April 2024 – December 2024

WHO operational response plan: occupied Palestinian territory

World Health Organization

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Introduction

WHO's Operational Response Plan for the occupied Palestinian territory (oPt) for April 2024 to December 2024 follows from the existing plan, published in November 2023. The initial plan was developed in the early weeks of the escalation in hostilities in October 2023 and has been a guiding document for WHO and our health partner's operations.

As the situation has steadily deteriorated over the last six months, WHO and health partners within the Health Cluster and beyond are assessing and recalibrating our response to adapt to the volatile and highly concerning situation in oPt. The health needs are overwhelming on a scale that has not been seen before in this setting, amidst a restrictive operational context and limited humanitarian space for action.

The previous plan, aligned with the broader humanitarian Flash Appeal, was approximately 50% funded with US$ 107 million received by various partners (as of 18 March 2024). This April 2024 to December 2024 plan is also aligned with the updated Flash Appeal, including the Health Cluster response plan.

While the underlying principles of WHO's response remain unchanged, the operational priorities and planning for different scenarios reflects the current and foreseen magnitude of the challenges and recognizes the long-term impact this crisis will have on the population of Gaza in particular.

This current operational plan was informed by the outcomes of the intra-action review that has evaluated the WHO's response to the humanitarian crisis in the occupied Palestinian territory from October 2023 to March 2024. WHO used the methodical approach through a survey, focus group discussions, and an integrative meeting and identified strengths in the health response over the past six months despite severe operational challenges and critical areas needing improvement such as partner coordination, resource mobilization, and security.[1]

Moving forward, WHO identified and prioritized the implementation of identified corrective and preventive actions to enhance operation effectiveness and inform the objectives of the operational plan for April 2024 to December 2024. With strategic improvements and operational readiness, WHO aims to refine response mechanisms to better serve affected populations and adapt to evolving crisis scenarios, ensuring optimized health service delivery amidst ongoing challenges. The ongoing focus on the humanitarian health response is complemented by the critical component of early recovery, rehabilitation, and reconstruction.

Palestinian child with severe acute malnutrition and dehydration transferred from hospital in Gaza to a field hospital in the south. © WHO

1 World Health Organization. Intra-action review report for the occupied Palestinian territory response. WHO Geneva/Cairo/Jerusalem. May 2024. In Press.

Current situation[2]

Since 7 October, large-scale fatalities and casualties have occurred in the Gaza Strip with continued airstrikes and siege preventing entry of essential supplies at scale including water, food, fuel, non-food items (NFIs), essential medical and trauma supplies, and essential medicines. According to the Ministry of Health, between 7 October 2023 and 28 March 2024, 30 228 Palestinians have been killed and at least 71 377 have been injured in the Gaza Strip. An estimated 70% of fatalities are among women and children. There has been mass internal displacement of 1.7 million people,[3] as people sought safety in ever-smaller areas. This is over 75% of the population. The average number of internally displaced persons (IDPs) per the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) shelter has reached four to 10 times their designated capacity with insufficient clean water and sanitation services. As conditions deteriorate daily, reports of malnutrition and disease are increasing with insufficient resources to address the unfolding humanitarian crisis.

There has been minimal evacuation of the injured or ill, and a limited number of humanitarian workers have been able to enter or exit. An estimated 8000 people need to be evacuated, including over 6000 with severe injuries and at least 2000 patients presenting chronic medical conditions requiring ongoing health services not currently available in country.

The West Bank, including east Jerusalem, has also seen escalations of Israeli settler and military violence, including use of live ammunition and airstrikes, as well as complete obstruction at checkpoints between Palestinian towns and closure of several communities, preventing entry/exit for patients, health personnel and ambulances. As of 28 March 2024, 399 Palestinians have been killed, including 102 children (25.5%), and 4545 Palestinians have been injured, including 702 children, in conflict-related incidents across the West Bank, including East Jerusalem, and Israel. In addition, there has been forced displacement of nearly 4000 Palestinians from their homes in the West Bank since 7 October 2023.

According to Israeli authorities, over 1200 Israelis and foreign nationals have been killed, more than 6829 injured and more than 250 taken hostage. As of 28 March 2024, it has been reported that 123 out of 257 hostages have been released or rescued.

The conflict has also affected surrounding countries. There have already been hostilities in southern Lebanon and the Syrian Arab Republic, with the possibility of violence spreading to other countries in the region. In Lebanon, the Ministry of Health has reported 331 deaths and at least 1207 injured as tensions have escalated in the last six months, and the threat of further military action increases. As per the International Organization for Migration (IOM), an approximate 91 288 people have been internally displaced from the south of Lebanon due to the ongoing conflict. Since 7 October 2023, seven health care workers have been killed and six health care centres attacked because of increasing hostilities. As of 19 March 2024, 90 491 have been internally displaced, according to IOM.

Given the potentially severe humanitarian and health impacts, WHO is working to ensure readiness to respond to health needs including the pre-positioning of emergency medical supplies and coordination among partners in Lebanon, Syria, Jordan, Iran, Yemen and Egypt. Egypt has opened its border with the Gaza Strip to allow for the passage of medical supplies and the referral of patients seeking specialized medical care unavailable in Gaza. Jordan is a neighboring country with oPt and mainly supports people in the Gaza Strip through humanitarian aid. WHO is closely monitoring the situation and is prepared to provide additional assistance as needed.

Health needs and health risks

In the Gaza Strip, a public health catastrophe is ongoing amid continuing bombardment, mass displacement, overcrowding of shelters, unprecedented levels of food insecurity, severe damage to the water and sanitation infrastructure, and limited medical and humanitarian supplies able to enter Gaza. Repeated denials of humanitarian missions across Gaza restrict efforts to resume critical services provided by hospitals.

The health system of Gaza continues to be systematically degraded and must be supported to recover fully and stronger. Availability of health services continues to be limited by lack of fuel, drugs, supplies, food security and sufficient presence of health care workers, who are affected by the same conditions. Conditions to implement basic public health measures for disease control are absent.

WHO teams participate in dignified burials for unidentified bodies at Al-Shifa Hospital in Gaza city. © WHO

2 As of 31 March 2024.
3 As of 5 February by UNRWA

Fig. 1. Significant public health challenges

High incidence of casualties and fatalities. Among Palestinians in the Gaza Strip there have been 75 392 injuries and 32 845 fatalities while in the West Bank, there have been 4750 injuries and 456 fatalities. There is a lack of data on types and severity of injuries, and location of patients making planning for future service needs challenging.

Rehabilitation needs are enormous. Thousands of complex injuries, around one-third are in children. UNICEF estimates at least 1000 pediatric amputees.

Non-communicable disease burden. About 350 000 people with chronic illnesses continue to experience disruptions in their treatments. As of 22 January 2024, there were 1100 patients (including 38 children) in need of kidney dialysis, 225 000 people with high blood pressure, 45 000 patients living with cardiovascular disease, and 71 000 patients living with diabetes.

Maternal and neonatal health under threat. 60 000 pregnant women are at risk of not receiving adequate care in case of complications. An estimated 40% of current pregnancies are considered high-risk, with approximately 20 000 women giving birth in extremely challenging circumstances.

Mental health crisis. More than 1.7 million displaced people in Gaza are under a huge distress and in need of mental health and psychosocial support (MHPSS). 485 000 people who were affected with mental health disorders before the conflict continue to experience disruptions in their treatments, and are in need of specialized mental health services, including medications. In light of the ongoing aggression, mental health and psychosocial needs are expected to dramatically increase for people in Gaza, specifically for children and adolescents, women, elderly and people with disabilities. Gender-based violence (GBV) will increase given the ongoing crisis. There is an acute need for effective protection from sexual exploitation and abuse (PSEA). This situation is exacerbating pre-existing gender inequalities and vulnerabilities, with women and girls facing heightened threats and risks as they seek life-saving services and assistance.

Infectious diseases outbreaks. Grave concerns about waterborne diseases due to water consumption from unsafe sources persist across the Gaza Strip, particularly in the north, where the water desalination plant and the pipeline from Israel was shut down. Coupled with the lack of access to health care compromises early detection of water, sanitation, and hygiene (WASH) related outbreaks/diseases. Furthermore, there are increasing and concerning trends of acute respiratory infections, diarrheal diseases, hepatitis A, suspected cases of meningitis and other health conditions within a very limited health care and surveillance system.

Food insecurity and malnutrition. Food insecurity has greatly increased the malnutrition risk for the population, more importantly for the children, as 100% of the population at IPC Phase 3 + (crisis or worse). Among these, at least one in four households (over 500 000 people) faces catastrophic conditions (Phase 5) and about 50% of the population (1.17 million people) is in an emergency state (Phase 4).[4] This threat continues to rise across the Gaza Strip due to the lack of food, water, and health and nutrition services. The risk of famine is high and increasing each day with persistent hostilities and restricted humanitarian access. In Northern Gaza, 1 in 6 children are acutely malnourished, with an estimated 3% facing the most severe form of wasting and requiring immediate treatment.

Water unavailability. Before the current crisis the water availability was 100 litres per day per person. In a rapid assessment conducted by WASH partners from 4 to 29 February 2024, an average of seven litres of water per person were available across the UNRWA and public collective centres and the makeshift sites. The median of available water for the sites was three litres per person per day, largely below the 15 litres according to the SPHERE standard minimum. Several water stations are no longer functional due to lack of power and destruction, further decreasing the availability of water in Gaza. These widespread water shortages are forcing people to drink contaminated or highly saline water which is unacceptable for drinking.

No (or very poor) sanitation. All six wastewater treatment plants in Gaza are not operational, due to lack of electricity and fuel. Wastewater pipes are damaged, with no viable immediate solution. Standing wastewater in streets and shelters increases the risk of diseases, and open defecation is widespread. There are poor conditions in IDP shelters and tents, including health facilities, due to crowding and the lack of safe water and sanitation services.

Hygiene issues. Minimal or non-existent hygiene and waste management, including in partially functioning health facilities: A severe lack of hygiene supplies and waste collection due to lack of fuel and accessibility, and lack of critical humanitarian items allowed entry into Gaza. Hospitals are operating beyond capacity with limited to no WASH facilities.

Acute shortage of fuel and electricity. This is affecting all critical humanitarian functions, including all health facilities and the ability of ambulances to respond. Health services and medical equipment are increasingly non-functional, affecting diagnostic and treatment capacities. The lack of fuel and an acute shortage of the necessary medical supplies have pushed functional centres to ration care, shortening the frequency and duration of dialysis sessions. Many patients face an imminent death should the situation of fuel shortage and lack of access and supplies continue.

4 IPC Famine Committee. (2024). Review Report: Gaza Strip Acute Food Insecurity (February – July 2024). https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf

Health system functionality[5]

Gaza

Primary health care

- More than 80% of the of the primary care centres (PHCs) are not functional, including:
  - 44/51 (86 %) of Ministry of Health 7/23 (30 %) of UNRWA as of 28 March 2024.
- There are currently 63 UNRWA medical teams in 52 designated emergency shelters serving more than 1. 5 million people.

Secondary health care

- Only 12 out of the 36 hospitals with inpatient capacity are now partially functional, which represents only 31% of the total pre-crisis inpatient bed capacity, out of these, four are in the North and six in the South. The estimated average bed occupancy is of almost 300%. Currently functioning hospitals are running with overwhelming numbers of patients and a lack of essential supplies, resources and fuel to operate the hospital's critical functions. There are four field hospitals operating in Gaza, providing another 314 beds and basic services including trauma, emergency care, maternity and child health services.

Emergency medical team (EMT) services

- As of March 2024, there are currently 19 operational EMTs providing support for an additional 428 inpatient department beds and seven operating theatres. There are currently 18 new organizations that have expressed interest in deploying to Gaza. As of yet, no EMT activities have been conducted in hospitals in the north of the Gaza Strip, due to access constraints.
- Increased number of consultations in March 2024 could potentially be attributed to the expanded presence of EMTs who are providing primary health care services through Type 1 clinics, both mobile and fixed.
- As of 18 March 2024, there are 114 EMT international staff present in Gaza, demonstrating ongoing efforts to provide crucial medical support in the region amidst challenging circumstances.

Limited health services

- The only cancer facility in Gaza was forced to close on 8 November 2023 due to frequent attacks, lack of fuel and medical supplies.
- Maternity, trauma, and emergency care services are highly limited. In the north of Gaza, only 13 incubators needed to keep premature babies alive are still working, and power shortages limit the use of such lifesaving equipment.
- The collapsing health system and limited medical and nutritional supplies available make addressing large numbers of severe acute malnutrition (SAM) challenging.
- Although some routine vaccination services have resumed in large part due to the efforts of UNRWA, the risk of disruptions, lack of diagnostic testing and limited epidemic surveillance systems continue to pose a high risk of outbreaks.

There are two Ministry of Health PHC centres providing MHPSS services with psychotropics in Rafah, in addition to few UNRWA PHC facilities; local non-governmental organizations (NGOs) and international NGOs are providing psychosocial support for people and children in shelters. GBV services, including clinical management of rape (CMR) and intimate partner violence (IPV) case management is lacking and in need to be strengthened.

West Bank

- Movement restrictions and checkpoints are severely impeding access to and provision of health care. Medical referrals outside of the West Bank are a challenge with all crossings closed.
- Even before the escalation, there were multiple barriers to accessing mental health services in Palestine, such as limited specialized mental health staff lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination. The information from partner HMIS and screenings shows a 50% increase in need from January 2023 to January 2024.
- Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. Movements between governorates and cities within the West Bank remains challenging, as ad hoc closures and restrictions are put in place by Israeli Authorities.

Attacks on health

- As of 28 March 2024, 406 attacks on health care in the Gaza Strip have resulted in 682 fatalities and 901 casualties, including 348 fatalities of health care workers on duty. The attacks have affected 99 health facilities including 30 hospitals that have been damaged and have also affected 104 ambulances. As of 3 March 2024, 118 health workers have either been detained and/or arrested.
- As of 28 March 2024 in the West Bank, 398 attacks have caused 11 deaths and 69 injuries since the conflict escalated in October 2023. In addition, 45 health facilities have been affected including 15 mobile clinics and 261 ambulances. Attacks on health care in the West Bank include attacks on ambulances; obstruction to delivery of health care; physical violence towards health teams; detention of health staff and ambulances; and militarized search of health assets.

WHO mission to Gaza to assess the capacity of Shifa Hospital after its destruction. © WHO

5 All data as of 31 March 2024.

Concept of operations

The overall aim of this plan is to continue to provide an emergency health response for the Palestinian population that reduces mortality and morbidity in the setting of the current escalation of hostilities. The response activities are highlighted below.

A. Health service delivery

- Provide support to the existing health system.
- Expand PHC and hospital capacity by bringing in EMTs and through partners, establishing field hospitals and temporary facilities when and where needed.
- Re-establish trauma pathways from the point of injury through rehabilitation.
- Resume and maintain the continuity of essential health services across the life course and address emerging health risks.
- Re-establish the referral pathway at the primary, secondary and tertiary levels, supporting medical evacuation as needed.

B. Public health intelligence, early warning, disease prevention and control

- Alongside key partners, re-establish and implement a robust early warning mechanism for disease surveillance that will consider information flows from communities, IDP shelters and health facilities.
- Respond to outbreaks and other emerging health threats and improve the infection prevention and control (IPC) and WASH conditions in health facilities and shelters as far as possible.
- Address the emerging effects of SAM focusing on treatment of SAM with medical complications and in infants (0–6 months), nutrition surveillance and infant and young child feeding in emergencies promotion.

C. Supplies and logistics support

- Procure and deliver life-saving medical supplies, equipment, and medication to support current structures and revitalize health services.
- Manage and coordinate the entry of essential health commodities to Gaza and the West Bank through different entry points and humanitarian corridors.
- Provide strategic supply chain management and prepositioning of medicines and supplies for all health partners through a network of warehouses and agile logistic support, optimizing distribution efficiency and readiness to meet health care demands effectively.

D. Partner coordination

- Coordinate with health authorities and partners, and deliver life-saving health services to the population, working through local, regional and global operational partnerships.

E. Mainstream early recovery elements into humanitarian response and lay foundation for Gaza's health system rehabilitation and reconstruction

- Where and when the security situation allows, conduct an in-depth socio-economic impact assessment of service delivery jointly with the partners on recovery and rehabilitation needs to pave way for future health system plan for Gaza.
- Provide temporary solutions to ensure access of Gaza population to essential health services at primary and hospital level, including transfer of patients for treatment outside of Gaza.

The health response will need to be flexible to respond to the evolving security and access conditions imposed by the conflict. A monitoring and evaluation framework will be put in place to ensure that the WHO response is delivering on the key areas above (see Annex).

West Bank

In the West Bank and East Jerusalem, WHO's approach will continue to focus on:

- Supporting the trauma pathway.
- Prepositioning medications and other medical supplies at key health facilities and governorates level to be mobilized in line with any emergency response.
- Training on mass casualty management and trauma response through the trauma pathway, from community first responders to the hospital level, including scale-up of mass casualty management training (response will evolve in line with changes to the public health situation).
- Procuring medical supplies to address critical stock outs and shortages.
- Providing strategic advice to the health authorities on optimizing health care delivery and addressing increased barriers for access across oPt.

A WHO official carries a child during a field mission. © WHO

Security requirements

Operations will be severely limited and, in some cases, impossible unless the following preconditions are met:

- **Liaison arrangement for deconfliction.** To continue to provide humanitarian services effectively and as safely as possible, the United Nations/WHO require timely deconfliction during field activities, and the transportation of medical supplies, health workers and patients. WHO will work closely with United Nations Office for the Coordination of Humanitarian Affairs and United Nations Department for Safety and Security to ensure all necessary arrangements are in place.
- **Sustained humanitarian access for sufficient quantities of supplies** (water, sanitation, food, fuel, medication, medical supplies and equipment, telecommunications capacities) and people to and from the Gaza Strip.
- **Sufficient road/transportation infrastructure in the Gaza Strip** to allow ambulance and logistical access and transportation.
- **Mitigation measures to reduce risk to staff.** The importation and use of equipment such as armored vehicles and ballistic personal protective equipment to reduce risk to staff.
- **Coordination by the Health Cluster.** Operations require continued coordination by the Health Cluster, led by WHO, that includes a liaison function with different stakeholders available to provide services.

Fig. 2. Principles that require adherence to ensure implementation of operations

Innovate and remain agile. Support operations with an innovative and agile operational support platform based on a no-regrets principle, particularly in the deployment of expertise, staffing, supplies and resources. Develop preparedness and contingency plan as dictated by the evolving situation.

Maximize impact. Ensure all health interventions are evidence-based and tailored to the context to maximize impact.

Build and maintain situational awareness. Monitor and assess the situation, including through a security analysis on an ongoing basis, to determine the appropriateness of the response across the country.

Avoid duplication. Implement directly whenever possible, through local partners when appropriate/needed, and never duplicate existing systems but rather reinforce and support them.

Localize the response to build and support local capacity, mobilize local partners, local professional networks and local contractors first and foremost, and engage international partners when necessary.

Implement with partners. Implement through partner field offices and hubs in collaboration with Health Cluster partners and health authorities.

Coordinate. Coordinate with health authorities and other organizations to ensure complementarity of activities and full implementation of flash appeals and Humanitarin Response Plan strategic objectives.

Safeguard. Embed and mainstream protection from sexual exploitation, abuse and harassment (PSEAH) and safeguard at all levels of the response, and in all aspects of operations, taking into consideration country specificities and in alignment with IASC PSEAH guidelines and protocols, including access to reporting, and referral and access to victim support services.

Map risks. Contribute to risk mapping and risk mitigation efforts in support of operations.

Work with Health Cluster. Work within the established interagency coordination mechanisms, such as the Health Cluster.

Continue ongoing negotiations for deconfliction and the safe passage of evacuation of civilians and wounded, and for the provision of humanitarian aid.

Implement actions. Implement actions (including direct implementation, supervision, and monitoring) to manage risks, including risk of aid diversion.

Accountability to affected populations. WHO's primary accountability is to the populations it serves, but also to Member States, partners and donors. WHO strengthens accountability through evidence-based programming, clarification of roles and responsibilities, transparent information sharing, participation of affected populations, securing feedback from communities and other stakeholders, and maintenance of a risk register.

Strengthening the humanitarian development nexus. Consistent with the Grand Bargain and the New Way of Working, WHO looks to engage more effectively with development partners to reduce risks and vulnerabilities of communities, working towards collective outcomes. During the response, WHO oPt and its partners aim to lay the foundation for health sector recovery, based on a health systems approach.

Response strategy

A. Essential health services

Maintain and scale-up lifesaving, essential health service delivery, aligned to a priority health services package, by:

- supporting existing, operational hospitals and primary health centres, with personnel, medications and other health products and specialized care teams:
  - » adapt the package of priority primary and secondary health care services, agreed by all partners, with standard level of core services that can be scaled up with conditional services as the operational environment and access allows;
  - » coordinate and support partners to implement and deliver the priority services package.
- establishing temporary facilities to address critical gaps
- developing referral pathways within the Gaza Strip and medical evacuation (medevac) pathways outside Gaza into Egypt for acutely injured and chronically ill patients.

Health service delivery support will be determined by needs and accessibility. Uninhibited, safe and sustained access to health care facilities across the Gaza Strip, for hospitals as well as primary health care providers, is essential for humanitarian supplies to reach them, and for the population to access the services. The health system in Gaza must be protected as per international humanitarian law, supported, re supplied and supplemented. Access to health care through hospitals and primary health centres must be re-established and expanded.

WHO equips UNRWA with 'EWARS in a box' for disease surveillance in power and internet-deprived areas. © WHO

A.1 Support delivery of essential health services

Priority health services package

A package of priority primary and secondary health services was developed to maintain it as simple, practical, and adaptable as possible. The package is agreed by all key partners presenting a standard level of core services (try to deliver in all situations) and then scaling up with conditional services as the conditions and access allow.

Primary health care package

Available services within the primary health care package will be determined by the location of delivery:

- medical points, in shelters and areas with IDPs;
- mobile medical teams, for shelters and communities that cannot be served by static medical points;
- primary health centres.

Given the current extreme conditions (including security constraints), the minimum/core services will focus on provision of urgent curative care, dispensing of medications for diagnosed chronic illnesses, treatment of pregnant and lactating women when having symptoms, child health, nutrition, and immunization services, basic wound-care, and the first entry for the referral pathway for other conditions. Treatment for the identified potentially epidemic diseases will be integrated in the priority services.

This includes preventive, curative, rehabilitative and management care for reproductive, maternal, newborn, child and adolescent health, and non-communicable diseases. Vaccination has been relaunched in several PHCs; this is a critical service to continue deliver and scale-up especially for children under five, to prevent outbreaks of epidemic prone diseases. Community based management of acute malnutrition is integrated into primary health services. Multi-disciplinary rehabilitation services at outpatient level access to assistive devices for the injured, people with disabilities, and those with chronic conditions.

MHPSS services would be integrated in health facilities (PHC and general hospitals) and in EMTs. In addition, to support UNRWA and local NGOs to provide MHPSS services in shelters. WHO and partners will provide and scale MHPSS in Gaza according to needs, with a focus on the special needs of women and children and adolescents, elderly, people with mental disorders, substance use and with disabilities. Ensure helping the helpers as a first step and provide support to health workers. WHO is also procuring psychotropics and mental health emergency kits.

In addition, WHO in coordination with the United Nations Population Fund, Health Cluster and GBV area of responsibility, will provide support to health facilities in building their capacities to provide support for GBV cases (including clinical management of rape/inter-personal violence), and procure dignity kits and post-exposure prophylaxis kits.

Hospital package

The secondary care hospital package was developed using the H3[6] package, considering EMT standards and assessments from front-line medical workers. Elective surgeries have been suspended and will resume conditionally on the context and as supply management capacities allow.

The main emergency services needed include:

- emergency departments
- operating theatres
- in-patient departments.

As conditions allow, services will scale-up and include:

- continue to support the emergency departments to manage the influx of casualties and the management of patients with exacerbations of medical, surgical, obstetric and other emergencies;
- support reproductive, maternal and child health and nutrition services, including basic and comprehensive emergency obstetric and neonatal care in existing health facilities;
- support management of chronic diseases (e.g. diabetes, hypertension, renal failure/hemodialysis), including procurement of medication, diagnostics, consumables and equipment;
- support management of severe acute malnutrition with medical complications;
- hospital and PHC MPHSS interventions and GBV services, including CMR and IPV;
- provide comprehensive multi-disciplinary rehabilitation services at the hospital level, including access to assistive devices for the injured, people with disabilities, and those with chronic conditions.

EMT coordination and support

EMTs are supporting the existing health system in Gaza, across all levels of health care, including integration of specialized teams within the Ministry of Health facilities or implementation of standalone structures (Type 1 Fixed and Type 2 hospitals).

WHO will continue to coordinate and support the work of EMTs, and will:

- deploy specialized EMTs to selected hospitals and primary care centres to supplement and relieve existing health workforce according to the essential health service package;
- deploy national and International EMTs throughout the Gaza Strip, establishing new facilities including prefabricated structures according to need and feasibility.

Infrastructure

- Assess and address infrastructure recovery and rehabilitation needs, including through temporary facilities.

Fig. 3. EMTs operational presence in Gaza Strip | Week 18, 2024[7]

	Total	T1 Mobile	T1 Fixed	T1+ IPD	T2	T3	SCT Surgery	SCT EM/Referrals	SCT Obs-Gyn	IPD Beds	OTs
Operational EMTs	20	06	06	02	04	00	12	01	03	498	08

T1 = Type 1 | IPD = In-patient department | SCT = Specialised care team | SCT EM = Specialised care team emergency medicine | OT = Operating theatre

Palestinians injured in bombardments and receiving treatment at hospital in Gaza. © WHO

6 High-Priority Health Services for Humanitarian Response (H3 Package). The H3 Package defines a set of prioritized health interventions that can feasibly be delivered to populations affected by humanitarian crises during protracted emergencies.

7 https://www.who.int/emergencies/partners/emergency-medical-teams/emt-global-classified-teams

A.2 Continue to operationalize referral pathways within the Gaza Strip and support medical evacuation (medevac) pathway outside Gaza for critically injured and chronically ill patients.

- Develop triage protocols and referral criteria for pre-hospital to hospital and between facilities within Gaza aligned to the essential health services package.
- Support medical evacuation of critically ill and injured patients and those with other medical conditions requiring advanced care lacking in Gaza.

A.3 Responding to severe acute malnutrition

- In coordination with the Nutrition Cluster, scale-up mid upper-arm circumference (MUAC) screening for children 6–59 months of age presenting at the health facility for any service. This activity will include screening for acute malnutrition using MUAC, case referral to the appropriate services, data analysis and dissemination.
- Introduce anthropometric measurements to identify persons with global acute malnutrition (GAM), when feasible.
- Scale-up the coverage of services for the inpatient management of severe acute malnutrition with medical complications and strengthen the services: stabilization centres.
- Scale-up the coverage, including through deployment of EMTs and equip the stabilization centres with essential medical supplies, nutrition commodities and equipment.
- Strengthen counselling activities and support on infant and young child feeding in emergencies) at health facilities, to improve breastfeeding practices.

B. Public health intelligence, early warning, prevention and control

B.1 Strengthen disease surveillance system

- Scale-up the early warning mechanism for priority conditions that will consider information flows from communities, partners, IDP shelters, and health facilities along with partners.
- Support data collection and reporting tools.
- Facilitate communication of health information across different levels, and support data analysis and reporting.
- Support point of care diagnostics and referral lab capacity for priority infectious disease risks. This includes sample transport outside Gaza, options for mobile lab deployment to support existing facilities or EMTs, and procurement of critical reagents and equipment.

WHO and partners deploy first international emergency medical team to northern Gaza, comprising essential specialists for urgent care. © WHO

B.2 Prevent and respond to potential outbreaks

- Establish and deploy rapid response teams as required.
- Provide contextualized clinical management protocols.
- Support expanded programme on immunisation (EPI) services, vaccination campaigns as needed, in coordination with partners.
- Inter-sectoral collaboration for physical improvements of shelters, nutrition, infection prevention and control (IPC) and water, sanitation and hygiene (WASH).
- Improve risk communication, community engagement and public awareness with focus on infectious disease risks.
- Establish a local risk communication and community engagement coordination mechanism to mobilize local partners and networks linking people to services.
- Support community mapping to identify key community stakeholders and partners, local capacities and to identify gaps in community uptake of safe behaviors.

B.3 Improve infection prevention and control & water, sanitation and hygiene

- Assess the IPC and WASH in health care facilities and identify gaps and needs.
- Support health facilities with IPC supplies and protocols.
- Provide comprehensive IPC training to health care workers and IPC focal points, including proper hand hygiene, use of personal protective equipment, and IPC protocols according to the availability of supplies and in accordance with guidelines.

B.4 Health information analytics and reporting

- Establish an integrated health information system to improve health information availability, optimize resource utilization across the three levels of the organization and enhance coordination between partners. This will include, but not limited to, the following: Improved routine public health data analysis, visualization, and presentation (e.g. through operational dashboards).
- Provide recommendations, operational support, and equipment to Ministry of Health and partners to maintain key health information system functions.
- Monitor, document and report barriers to health care access and attacks against health care, undertaking capacity-building activities to strengthen health care worker understanding of barriers to health access.
- Produce public health situation analysis and regular situation reports.
- Scale-up health facility assessment, including HeRAMS, and continue monitoring the continuity and quality of essential health services.
- Revive the Public Health Emergency Operation Centre functionality to support public health emergency coordination.

C. Supplies and logistics support

C.1 Logistics coordination

- Coordinate with the supplies and logistics coordination hub for the United Nations (currently Cairo) to:
  - » consolidate demand and forecast supply needs;
  - » prioritize supply needs according to disease burden and essential/priority health services;
  - » monitor and coordinate supply pipeline with health cluster partners;
  - » optimize entry of products through the use of all available access points (Jordan, Cyprus, Erez, other crossings).

C.2 Supply logistics and warehousing

- Transport of medical supplies to and within Gaza Strip, closely coordinating with the Logistic Cluster and other partners.
- Within Gaza, strengthen and restore WHO warehouses, cold chain and distribution centres.
- Procure and distribute essential medications, disposables, diagnostics, equipment and fuel to support prehospital (ambulance) and primary health care and hospital services.

C.3 Provide health operations support

- Support health service providers' stock management including deployment of logistics personnel to improve the identification of supply needs and maximize utilization of available stocks.
- Provide technical guidance on power usage, hospital infrastructure, supply management, water sanitation, dead body management to existing and temporary health facilities as required.
- Provide adequate security and safety equipment and measures for WHO personnel and partners.

D. Coordination

WHO (as the United Nations lead agency for health and the Health Cluster lead in oPt) is uniquely placed to coordinate and deliver life-saving health services to the population of Gaza and to coordinate early recovery and rehabilitation efforts for the health sector. This includes supporting the health authorities and working through local, regional and global partners and mechanisms, including the Global Health Cluster, Health Sector Working Group Local Aid Coordination Secretariat (LACS), EMT Initiative, Global Outbreak Alert and Response Network, and Standby Partners, among others.

D.1 Coordinate the delivery of health response with all partners involved including health authorities, United Nations agencies, international NGOs, national NGOs and donors

- Guided by the six core functions of the Health Cluster, coordinate the efforts of 56 partners to respond in alignment with the humanitarian response strategy articulated in the oPt inter-cluster Flash Appeal.
- Ensure that adequate human and financial resources and administrative structures are available to fulfil its obligations as the Health Cluster lead agency.
- Liaise and collaborate with other clusters and sectors to enhance holistic multi-sectoral responses for improved health outcomes.
- Engage in advocacy at all levels of the humanitarian coordination structure, and with donors and other stakeholders to highlight humanitarian health needs and response priorities.

D.2 Communications, advocacy and visibility for public health impact, health and human rights, and WHO role in response and coordination

- Develop communication and advocacy products for the media and social media, including photos, videos, and interviews/stories.
- Advocate for human rights, humanitarian access/response in health, protection of civilians and protection of health care facilities, personnel and assets.

Life-saving humanitarian supplies entering Gaza, passing through the Rafah Crossing. © WHO

E. Early recovery, rehabilitation and reconstruction

WHO as the United Nations lead agency for health is uniquely placed to coordinate early recovery, rehabilitation, and reconstruction efforts for the health sector, to support health authorities.

E.1 Mainstream early recovery into the humanitarian response using the principles of the Humanitarian Development Nexus (HDNx)

- Support health service delivery through the establishment of temporary health facilities for primary health care and hospitals, including through prefabricated structures and tents as appropriate. This includes deploying Type 1, Type 2 and Type 3 EMTs deployed according to needs with services as outlined by the classification and minimum standards as well as the emergency health services package.
- Rehabilitate existing facility infrastructure according to needs and priorities.

E.2 Develop coordinated recovery-related health interventions contributing to a smoother transition between emergency relief and development assistance, including a more efficient use of resources, and integrate risk reduction measures at the very early stages of emergencies and beyond

- Revise and expand the health service package to respond to the health context in the recovery period.

E.3 As technical lead agency of the Health Sector Working Group (under LACS), support the development of the oPt Health Sector Component of the Recovery Framework in close coordination with the identified governance structures, including health authorities, partners, donors, private sector and civil society organizations

- Conduct assessments of health sector damage, losses, and needs and ensure inclusion in joint United Nations processes such as the Rapid Damage and Needs Assessment and Conflict Recovery Framework.
- Support the Ministry of Health to develop principles and priorities for health sector recovery and reconstruction, and accompanying operational strategies and plans, in collaboration with NGOs, private sectors, and donors.
- Provide technical guidance to reconstruction efforts including facility master planning and guidelines for facility standards and principles of health facility design.
- Reestablish the medical supply chain.
- Reestablish health information systems.
- Support the health workforce through provision of salaries, incentives, and capacity building.

WHO and partners cleanup work at Nasser Medical Complex to restore functionality, ensuring continued care for patients. © WHO

Annex. Budget

Response pillar		Proposed activities	Target	Cost (US$)
A. Essential health services				**110 000 000**
A.1	Support essential health services, including EMT coordination and support across the occupied Palestinian territory	• Procurement and delivery of essential pharmaceuticals, disposables and medical equipment, including kits for treatment of trauma, non-communicable diseases, MHPSS, maternal and child health, etc. • Support the partners, including the EMTs to deliver of the PHC package to all people in need (e.g. PHC, health points, mobile teams). • Support the partners, including the EMTs to deliver the service package for hospital care. • Support health partners with fuel procurement and delivery. • Support the EMT coordination cell. • Human resources costs.	1.2 million people	105 000 000
A.2	Continue to operationalize referral pathways within the Gaza Strip and support medical evacuation	• Coordinate with the health authorities and EMTs the safe transfer of patients within Gaza and outside Gaza. • Procure essential pharmaceuticals for key categories of patients evacuated to Egypt (oncology). • Human resources costs.	20 000 people	3 000 000
A.3	Respond to severe acute malnutrition	• Procurement and delivery of SAM kits and nutrition products for treatment of SAM with complications and SAM in 0–6 months. • Capacity building of health workers on SAM treatment protocols, MUAC screening and anthropometry. • Dissemination of video and printed materials to health workers on SAM treatment. • Print and disseminate materials on IYCF. • Human resources costs.	2000 children 0–5 years	2 000 000
B. Public health intelligence, early warning, prevention and control				**37 000 000**
B.1	Strengthen disease surveillance	• Support health authorities, partners, including EMTs to impelemtn the simplified approach to surveillance of communicable diseases focussing on outbreak-prone diseases. • Procure and deliver laboratory supplies and equipment for screening and confirmation of key outbreak-prone diseases, including through support to EMTs and mobile laboratories. • Human resources costs.	1.5 million people	5 000 000
B.2	Prevent and respond to the potential outbreaks	• Procurement and delivery of essential pharmaceuticals, disposables and medical equipment, including kits for treatment of outbreak-prone diseases (e.g. measles, cholera, pneumonia). • Human resources costs.	1.5 million people	15 000 000
B.3	Improve IPC and WASH in health facilities	• Procurement and delivery of essential infection prevention and control items and medical equipment for health facilities. • Development and implementation of simple medical waste management interventions. • Human resources costs.	1.5 million people	15 000 000
B.4	Health information analytics and reporting	• Support health authorities, partners, including EMTs to implement the health information management systems. • Human resources costs.	All health facilities	2 000 000

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C. Supplies and logistics support				**50 000 000**
C.1	Logistics coordination	• Coordinate the entrance of health humanitarian and recovery supplies for the health authorities, health partners and EMTs via designated hubs in Al Arish, Jordan, Gaza, Israel, Jerusalem and elsewhere. • Support EMTs with fuel to transfer patients. • Procure and coordinate the distribution of fuel for all health partners to ensure provision of health services. • Human resources costs.	All health partners (59)	20 000 000
C.2	Supply logistics and warehousing	• Ensure sufficient storage and transportation capacities for health supplies for WHO and partners. • Human resources costs.	All health partners (59)	15 000 000
C.3	Provide health operations support	• Provide support for establishment of field hospitals, temporary structures to run the health facilities (e.g. generators, WASH facilities). • Human resources costs.	All health partners (59)	15 000 000
D. Partner coordination				**5 000 000**
D.1	Coordinate the delivery of health response with all partners involved including UN agencies, international NGOs, national NGOs and donors	• Partner coordination and monitoring progress on reponse activities across the Health Cluster against set common targets, ensuring inter-cluster coordination. • Capacity strengthening of cluster partners on health needs assessment and to mainstrea cross-cutting issues including MHPSS, GBV, PSEAH and risk communication and community engagement. • Human resources costs.	All health partners (59)	2 000 000
D.2	Communications, advocacy and visibility for public health impact, health and human rights, and WHO role in response and coordination	• Communications and visibility for public health impact, health and human rights, and WHO role in response and coordination. • Advocacy for human rights, humanitarian access/response in health, protection of civilians and protection of health care facilities, personnel and assets. • Human resources costs.	All health partners (59)	1 000 000
D.3	Support and enhance the function of the public health emergency operations center	• Support the establishment of a public health emergency operations centre in the West Bank and in Gaza Strip. • Human resources costs.	All health partners (59)	1 000 000
D.4	PRSEAH	• Conduct PSEA risk assessment on health services and facilities. • Implement PSEA risk assessment recommendations for all partners.	All health partners (59)	1 000 000
Total for programme activities cost				**202 000 000**
Operational and security costs		• Office premises, IT, communication and security and transport costs (e.g. AV, PPE) and human resources related to the operations support.		20 200 000
Grand total for Pillars A to D				**222 200 000**

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Response pillar		Proposed activities	Target	Cost (US$)
E. Early recovery, rehabilitation and reconstruction				**250 500 000**
E.1	Mainstream early recovery into the humanitarian response using the principles of Humanitarian Development Peace Nexus (HDPN)	• Support health service delivery through the establishment of temporary health facilities for primary health care and hospitals, including through prefabricated structures and tents as appropriate. This includes deploying Type 1, Type 2 and Type 3 EMTs deployed according to needs with services as outlined by the classification and minimum standards as well as the emergency health services package. • Rehabilitation of existing facility infrastructure according to needs and priorities. • Human resources costs.	• All health partners (59) • Existing hospitals (36) and primary health centres (72+)	100 000 000
E.2	Develop coordinated recovery-related health interventions contributing to a smoother transition between emergency relief and development assistance, including a more efficient use of resources, and integrate risk reduction measures at the very early stages of emergencies and beyond	• Revise and expand the health service package to respond to the health context in the recovery period. • Support coherence across humanitarian and development health sector coordination mechanisms (Health Cluster and Health Sector Working Group).	All health partners (59)	500 000
E.3	As the technical lead agency of the Health Sector Working Group (under LACS), support the development of the health sector component of the Conflict Recovery Framework in close coordination with the identified governance structures, including health authorities, partners, donors, private sector and civil society organizations	• Carry out assessments of health sector damage, losses, and needs and ensure inclusion in joint United Nations processes such as the Rapid Damage and Needs Assessment and Conflict Recovery Framework. • Support the development of the health sector component of the conflict recovery framework, in collaboration with health authorities, donors, private sector, NGOs, and other partners. • Support health facility reconstruction efforts including facility master planning and guidelines for facility standards and principles of health facility design. • Reestablish the medical supply chain. • Reestablish health information systems. • Maintain the current health workforce through provision of salaries and incentives along with other United Nations partners and strengthen in-service and pre-service training mechanisms for critical health workforce. • Human resources costs.		150 000 000
Total for programme activities cost				**250 500 000**
Operational and security costs (10%)		Office premises, IT, communication and security transport costs (e.g. AV, PPE) and human resources related to the operations support.		25 050 000
Grand total for Pillar E				**275 550 000**

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