Uniting Knowledge, Resources and Solidarity

Gaza Health Initiative Conference Amsterdam

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Gaza Health Initiative
مبـادرة صحـة غـزة

Welcome remarks

Ali Al-Jaberi

Moderator of the day

Lina Shadid

Gaza Health Initiative (GHI)

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Keynote addresses

HRH Princess Dina Mired

Head of the Advisory Board for the Gaza Health Initiative and the Palestine Children Relief Fund,
Former President of the Union for International Cancer Control

Dr. Mustafa Barghouti

President of the Palestinian Medical Relief Society

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Words from Palestine

Stephanie Nadi Olson

Founder of We are Rosie

Tamer Almisshal

Al Jazeera

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Video address

Sigrid Kaag

United Nations Senior Humanitarian and Reconstruction Coordinator for Gaza

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Framing the Conversation on Health Systems

WHO and World Bank Conflict Recovery Framework

Ramin Ziwary

World Bank

Rik Peeperkorn

WHO Representative

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Framing the Conversation on Health Systems: Conflict Recovery Framework

Gaza Health Initiative Conference – KIT Amsterdam, 13th Sept 2024

Rik PEEPERKORN
WHO Representative for the occupied Palestinian Territory

Situation in Gaza

40,972 People Killed

94,761 People Injured

~6% of the population affected

10,000+ People under the rubble

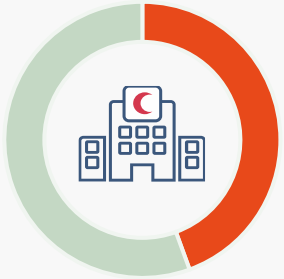
1.9 million People displaced

Disease and malnutrition

- **Confirmed cVDPV2 case** and detection in environmental samples.
- 181 Patients admitted due to severe acute **malnutrition** with complications (Mar-Sept 2024)

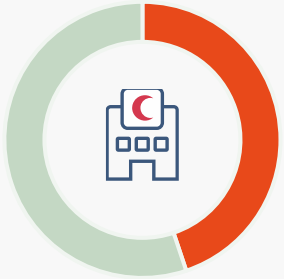
Acute respiratory infections	**974,253**
Diarrhea	**562,753**
Scabies and lice	**103,385**
Skin rashes	**65,368**
Chickenpox	**11,214**
Acute jaundice syndrome	**104,766**

Hospital Functionality



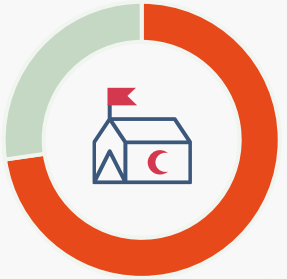
17/36 (47%)

Hospitals partially functional



58/132 (44%)

Primary health care facilities functional



9/10 (90%)

Field hospitals functional

506 Health Attacks

756 People Killed

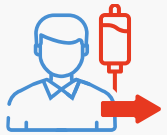
984 People injured

128 Health workers remain detained/arrested

110 Health facilities affected including 32 hospitals damaged

115 Ambulances affected including 63 sustained damage

Medical Evacuation



5,227 Patients evacuated

WHO estimates over 10,000 patients still need medical evacuation outside Gaza. On 11 Sept WHO supported the largest medical evacuation yet from Gaza – 97 patients and 155 companions

Challenges and Operational Constraints

- Insecurity affecting access and mission safety
- Extensive coordination requirements and lack of reliable deconfliction
- Lack/irregular supply of fuel affecting humanitarian operations
- Shortage of supplies and equipment
- Displacement of medical and humanitarian personnel
- Attacks on health

WHO Response - Gaza

Ongoing missions to hospitals to conduct assessment, transfer patients, deploy EMTs, and provide fuel, medical supplies and equipment.

196 missions since Oct 2023

- **86** facilitated
- **40** impeded
- **1** cancelled
- **52** denied

$34 million worth of health commodities produced - 54% delivered to Gaza.

Organize and support medical evacuation

Coordinate deployment and support Emergency Medical Teams (EMTs)

- 14 EMTS functional in Gaza , operating 4 field hospital, 1M+ consultations provided

Supporting 3 malnutrition stabilization centers

Supporting disease surveillance and other health information system functions

Primary health care restoration

Health information – advocacy

Coordinating the health response of 61 Cluster partners

Health Cluster Partners Response

Since the beginning of the war, through 34 Health Cluster partners and 20 EMTs there have been:

- **1.4 million consultations by the EMTs**
- **250,000** Primary healthcare consultations
- **18,200** Children immunized
- **19,700** Ante-natal consultations
- **6,300** Post-natal consultations
- **62,000** NCD management consultations
- **5,000** Multi-disciplinary rehabilitation consultations
- **26,500** MHPSS-related consultations mainly focused on the provision of basic psychosocial support and psychological first aid
- Trauma and emergency-related **supplies prepositioned**

Polio (VDPV2) in Gaza

- On 16 July 2024, the Global Polio Laboratory Network (GPLN) notified the detection of six circulating variant poliovirus type 2 (cVDPV2) isolates in environmental samples from Deir al-Balah and Khan Younis in Gaza.
- Further genomic sequencing of these isolates by the US Centers for Disease Control and Prevention (CDC) in Atlanta indicates that these isolates have close genetic linkage with each other and are also related to the cVDPV2 that was circulating in Egypt during the second half of 2023 – which was last detected in Egypt in samples collected in December 2023.
- Based on the analysis of genetic changes in the isolates, the variant poliovirus could have been introduced in Gaza as early as September 2023.

Polio (VDPV2) in Gaza

- Five cases of Acute Flaccid Paralysis (AFP) reported to the MOH, following efforts to enhance poliovirus surveillance by WHO in Gaza. WHO coordinated transportation of these stool samples from Gaza to Jerusalem for testing in a WHO-accredited polio laboratory in Jordan.
- In August, a 10-month-old unvaccinated child from Deir al-Balah, Gaza, was confirmed to have polio—the first case in Gaza in 25 years.
- Two of the other reported cases tested negative for poliovirus. Laboratory results are pending on samples from the fourth and fifth AFP case.
- Based on a risk assessment conducted by the MoH, WHO and partners, the risk of spread within Gaza and internationally, especially to neighbouring countries is high, given significant gaps in children's immunity and lack of access to healthcare, safe water and poor hygiene and sanitation conditions.

Response

- To mitigate the risk of spread of poliovirus, WHO, UNICEF and UNRWA in - collaboration with MOH and Partners - implement a two round of polio vaccination.
- The campaign was being delivered in three phases, starting with central Gaza, south Gaza and north Gaza. Campaign was implemented over three days in each zone It was extended for one additional day in the south. Humanitarian pauses were observed in each zone during campaign the implementation.
- During each round of the campaign, two drops of novel oral polio vaccine type 2 (nOPV2) were provided to 552451 children (as of 11 Sept) under ten years of age. Campaign first round closed on 12 Sept. Post campaign monitoring to start 14 September.
- WHO, partners and the MOH have jointly developed a Polio Surveillance Recovery and Strengthening Plan. As part of the plan, sensitization of key health officials and health staff on the detection and immediate reporting of suspected AFP cases is ongoing. Further efforts are underway to strengthen and expand poliovirus surveillance and routine immunization.

Campaign Implementation

Total children vaccinated: **552,451**

South

250820 children vaccinated

470 teams:

- **71** Health facilities
- **159** fixed site teams
- **33** Community based service points
- transit points
- **45** Special teams
- **230** Mobile teams

Middle Area

195,722 children vaccinated

532 teams:

- 91 fixed teams
- 74 fixed sites
- 384 mobile
- 42 special
- 16 teams transit teams

North

105909 children vaccinated

231 teams:

- 104 Mobile teams
- 127 Fixed teams

Situation in the West Bank

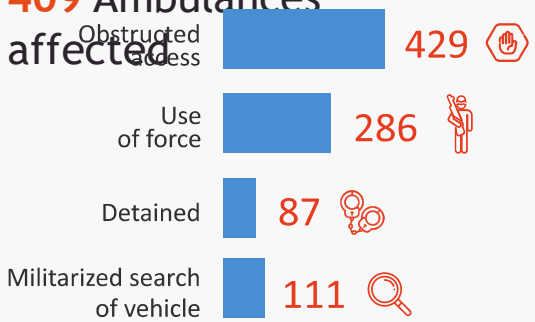
547 Health Attacks

25 People Killed

105 People injured

54 Health facilities affected including 20 mobile clinics

409 Ambulances affected



~ 674 People killed

Continued military operations and increased settler violence

Ongoing fiscal crisis resulting in stockouts of over 50% items on EML.

Closures and delays at check points affecting access to health care.

Decreased permits to East Jerusalem for specialized care

Hospitals operating on reduced workforce capacity, PHCs open 2 day/week.

Latest escalation

- Siege of Jenin hospital
- Bulldozed roads in Jenin and Tulkeram obstructing access of patients and ambulances
- ID checks and attacks on health workers in Jenin, Tulkarem and Nablus.

WHO Response – West Bank

- Ongoing distribution of trauma supplies and equipment for UNRWA primary health care clinics.
- In-hospital stockpile has been re-initiated for key hospitals.
- Emergency Stocks prepositioned in the North (Nablus) and the South (Hebron).
- Establishing a strategic stockpile of essential supplies in the West Bank. A portion is destined for three key hospitals (in Jenin, Nablus, and Ramallah), while the rest is available for rapid deployment to address critical humanitarian needs.
- Services mapping and inputs are ongoing by the trauma technical working group.
- Procurement initiated for high priority medications currently out of stock
- Technical assistance includes – oncology, PHC, and health financing to address the underlying drivers of fiscal crisis; health information systems; MHPSS activities ongoing; GBV protocol disseminated by MoH; finalization of national mental health strategy

Way Forward – Support to Gaza and West Bank

- Delivery of essential health services
- Public health intelligence, early warning, prevention and control
- Supplies and logistics support
- Coordination
- Early recovery, rehabilitation and reconstruction

WHO Operational Response Plan:
April- Dec 2024

Early recovery, Rehabilitation and Reconstruction

- **Interim Damage Assessment completed by the World Bank, UN and EU in February 2024:**
  >$500 million in damage to health infrastructure, which is a underestimate
  >80% of health facilities damaged or destroyed

- **State of Palestine:** Gaza Relief and Early Recovery Plan Ministry of Health, Ministry of Relief, Ministry of Planning

- **UN-World Bank-EU:** Conflict Recovery Framework
  Health Sector paper led by WHO and the World Bank in collaboration and coordination with MoH, recovery and reconstruction committee under the leadership of the Deputy Minister of Health

Gaza Health Sector

Conflict Recovery Framework (CRF)

Draft for Discussion

Overview

- What is the need for a CRF?
- Expectations from a CRF
- Principles, Pillar and high-level interventions
- Key risks/challenges
- Next steps

Why is a Conflict Recovery Framework Critical?

- Delayed recovery **prolongs suffering** for affected populations.
- Lack of comprehensive planning leads to **resource waste** (e.g., oversized infrastructure).
- Aid influxes are often **mismanaged** without proper preparation.
- Poor institutional coordination creates **gaps between relief, recovery, and development**.
- **Recovery efforts are hindered** by weak policies, siloed sectoral approaches, inadequate capacity, and insufficient resources.

Conflict Recovery Framework: Guiding the Transition from Emergency to Sustainable Development

- The CRF builds a Humanitarian-Recovery-Development Nexus, transitioning from emergency to resilient recovery and sustainable development.
- It supports multi-sector recovery planning, activity prioritization, funding decisions, and strong stakeholder coordination, increasing confidence in the recovery plan.

Rapid Damage and Needs Assessments inform the CRF to ensure recovery plans are based on accurate, up-to-date assessments.

Sector vision and guiding principles

→ **Sector Vision: Given the dismantling of the health sector in Gaza, the recovery approach should follow the principles of Universal Health Coverage, ensuring everyone has access to quality health services without financial hardship.**

→ **Guiding Principles:**

1: *Integration of humanitarian emergency response with national service delivery*

2: *Local leadership and good governance*

3: *Strong donor support alongside plans for longer term financial sustainability*

4: *Investing in local health workforce*

5: *Decentralization and community mobilization*

6: *Person-centered primary care approach and protection of the vulnerable*

7: *Do no harm: Prioritize immediate life-saving interventions while considering long-term impacts*

Four main focus of recovery

1

Maintain and restore delivery of essential health services with a whole-of-sector approach

2

Strengthen human resources for health

3

Restore and rebuild a resilient health infrastructure

4

Ensure coordinated governance and sustainable financing

Key interventions

Strategic Objectives	Key Activities for Relief (First 100 Days)	Key Activities for Recovery (Short to Medium Term)	Key Activities for Resilience (Longer Term)
Maintain Essential Health Services	Restore essential services	Address backlog in chronic care	Expand service delivery via private sector and telehealth
Rebuild Health Infrastructure	Rehabilitate damaged facilities and deploy mobile units	Prioritize infrastructure rebuilding based on damage and feasibility	Build resilient infrastructure, buffer stocks, and ICU spaces
Strengthen Human Resources for Health	Deploy emergency medical teams, task-shifting Leverage international medical expertise	Scale-up training, reactivate medical education	Ensure workforce retention
Ensure Strong Governance and Financing	Mobilize resources (access tax revenue, international aid), coordinate aid efforts	Develop unified recovery framework, strategic purchasing	Establish sustainable health financing mechanisms and reforms

Key risks and implementation requirements

- → Uninterrupted entry of physical and human resources to enable recovery/reconstruction
- → The Ministry of Health will need to expand its essential management capacity
- → Strengthen institutional arrangements to enhance management of sectoral recovery and intersectoral coordination
- → Sufficient and Sustainable financing for the recovery efforts
- → Safety of Health Workers
- → Ensure sustainable supply chain
- → Sustainability: avoiding future conflicts and improving the sector's resilience

Next steps

→ Consultations with partners and MOH

→ Detailed data collection for damage/needs quantification

→ Detailed sub-sector strategies for nutrition, human resources for health, reconstruction and post conflict service delivery prioritization

Introduction to the programme

Ali Al-Jaberi

Moderator of the day

Health Emergency and Transition Breakouts

Session 1: Expansion of basic service delivery:
Maternal Health and Mental Health

Maximazaal

Session 2: Supporting the health workforce during crisis

Mauritszaal

Session 3: Access to essential medicines and commodities in Gaza

Council room

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Rebuilding Breakouts

Session 4: Revitalizing & Rebuilding the Health Information System — **Maximazaal**

Session 5: Strengthening the workforce and the medical education system — **Council room**

Session 6: Health sector governance and finance for early recovery and transition — **Mauritszaal**

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