WHO Operational Response Plan

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Children look out of a hole in the wall of a residential building. © WHO

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Situation analysis

Current situation

According to the Ministry of Health, between 7 October and 5 November 2023, 9770 Palestinians have been killed in the Gaza Strip, of whom approximately 41% are children (4008), 45% females (3610) and 55% males (4395). In addition, 153 Palestinians have been killed and 2300 injured in the West Bank and East Jerusalem, and 29% are children.

In the same period, according to Israeli authorities, approximately 1400 Israelis and foreign nationals have been killed, more than 5431 injured and more than 200 taken hostage.

Gaza

Large-scale fatalities and casualties have occurred with continued airstrikes and ongoing sieges preventing entry of essential supplies at scale, including water, food, fuel, medications and other health products. There has been mass displacement of 1.5 million people, including 600 000 from the north to south of Gaza and 710 000 taking shelter in United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) facilities. Each UNRWA shelter is now housing three times as many internally displaced persons (IDPs) as it was intended for. There has been minimal evacuation of the injured or ill, and only a few humanitarian workers are able to enter or exit. This has been declared a Grade III emergency by WHO.

West Bank, including east Jerusalem

Escalations of settler and military violence, including use of live ammunition and airstrikes, as well as complete obstruction at checkpoints between Palestinian towns and closures of several communities, preventing entry or exit for patients, health personnel and ambulances. In addition, there has been forced displacement of nearly 1000 Palestinians from their homes in the West Bank since 7 October. This includes at least 98 Palestinian households. Another 121 Palestinians were displaced following the demolition of their homes by the Israeli authorities on grounds of lack of Israeli-issued building permits or as a punitive measure.[1]

People shelter in the hallway of a hospital in the Gaza Strip. © WHO

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[1] While the focus of this document is the response to the Grade 3 emergency in the Gaza Strip, a brief small-scale plan has been provided in a separate section to clarify the WHO response to the worsening situation in the West Bank, in line with the Health Cluster Contingency Plan.

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Health needs and health risks

High incidence of casualties and fatalities, resulting from continued bombardment.

350 000 non-communicable disease patients (e.g. diabetes, heart disease, cancer and others).

1000 patients in need of hemodialysis (80% of dialysis machines are in the north).

50 000 pregnant women, with an average of **183** births per day.

130 premature infants are dependent on incubators (**61%** are in the north).

Heavy mental health toll affecting everyone facing bombardment and siege.

Thousands of cases of acute respiratory infections and diarrhea, as well chickenpox, according to UNRWA.

Imminent public health catastrophe anticipated with mass displacement, overcrowding of shelters and damage to the water and sanitation infrastructure.

Smoke billowing above buildings in the Gaza Strip. © WHO

Health service availability

Acute shortage of essential medical and trauma supplies, essential medicines, fuel and electricity is affecting critical functions at all hospitals, as well as the ability of ambulances to respond. Health services and medical equipment is increasingly non-functional, affecting diagnostic and treatment capacities.

Most primary health care facilities are not operational.

- **64%** (46/72) overall are not functioning.
- **74%** in Gaza City are not functioning.
- **92%** in northern Gaza are not functioning.

Many hospitals are not operational.

- **34%** (14/36) overall are not functioning.
- **126%** average hospital occupancy rate.
- Every hospital has activated emergency contingency protocols that impact operations and healthcare accessibility.
- Repeated calls for evacuation in multiple hospitals.

102 health attacks in the Gaza Strip have resulted in **491** fatalities and **372** casualties, including **16** fatalities and **37** injuries of health care workers on duty. The attacks have affected **39** health care facilities (including **22** hospitals damaged) and **24** ambulances.

55% of Health Cluster partners have suspended or limited operations due to insecurity and mass infrastructure damage.

Routine surveillance systems are not currently functioning, hampering effective detection, analysis and response to public health threats.

Damage to the Gaza Emergency Operations Centre and emergency medical services has negatively impacted coordination and communications.

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Concept of operations – Gaza Strip

The overall aim of this plan to is provide an emergency health response for the population that reduces mortality and morbidity during the current escalation of hostilities. The WHO operational response plan is part of and fully aligned with the overall 90 days Flash Appeal, in particular with the Health Cluster component. WHO's response includes:

- **Health service delivery:** management of casualties (e.g. re-establishing the trauma pathway from the point of injury to rehabilitation) while simultaneously maintaining continuity of essential health services and re-establishment of the referral pathway at the primary, secondary and tertiary levels.

- **Public health intelligence, early warning, disease prevention and control**

- **Supplies and logistics support**

- **Coordination**

WHO – as the leading United Nations (UN) agency for health and the Health Cluster lead in occupied Palestinian territory (oPt) – is uniquely placed to coordinate and deliver life-saving health services to the population of Gaza, working through local, regional and global partners and mechanisms, including the Health Cluster, Emergency Medical Team (EMT) Initiative, Global Outbreak Alert and Response Network (GOARN), and Standby Partners, among others. The health response will need to be flexible to respond to the evolving security and access conditions imposed by the conflict.

Below is a framework for WHO operations to respond to the health consequences of the conflict in the Gaza Strip. A monitoring and assessment mechanism, including security analysis, will be implemented to review the classification of zones on an ongoing basis to determine the appropriateness of response activities across the territory.

Safety and security

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

- **Liaison arrangement for deconfliction** – To maintain the effective and safe delivery of humanitarian services, UN/WHO requires timely deconfliction during the transportation of medical supplies, health workers and patients. UN/WHO are currently providing notification of movements to all parties through the Access Support Unit without agreement for deconfliction. A formal liaison mechanism for deconfliction, agreed by all parties to the conflict, is required (to be led by the UN Office for the Coordination of Humanitarian Affairs.

- **Sustained humanitarian access** for sufficient quantities of supplies (e.g. water, sanitation, food, fuel, medication, medical supplies and equipment and telecommunications capacities) and people to and from the Gaza Strip.

- **Sufficient and safe road transportation infrastructure** in the Gaza Strip to allow ambulance and logistical access and transportation.

- **Mitigation measures to reduce risk to staff** – importation and use of equipment such as armored vehicles, ballistic personal protective equipment.

- Operations require **continued coordination** by the Health Cluster, led by WHO, that includes a liaison function with different stakeholders available to provide services such as the Ministry of Health, Palestine Red Crescent, UNRWA, International Committee of the Red Cross and Médecins Sans Frontières. Maintaining robust inter-cluster coordination of the response is vital to ensure that key acute humanitarian needs affecting the health outcomes are addressed in coherent manner (water, sanitation and hygiene; nutrition; food security; logistics; and others).

Health supplies dispatched by WHO are delivered to Nasser Hospital in Khan Younis, southern Gaza Strip, in October 2023. © WHO

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Key principles and assumptions for all operations

These fundamental principles must be adhered to during implementation. WHO supports the health response with an innovative and agile operational support platform based on a no-regrets principle, particularly in the deployment of expertise, staffing, supplies and resources.

- **Build and maintain situational awareness:** monitor and assess the situation, including through a security analysis, and all-hazard risk assessment to continually determine the appropriateness of the response throughout oPt.

- **Implement directly** whenever possible, including through partners, and never duplicate existing systems, but rather reinforce and support systems.

- **Localize the response** to build and support local capacity, mobilize local partners, local professional networks and local contractors; only engage international partners when necessary.

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

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

- **Integrate and prioritize the prevention of sexual exploitation, abuse, and harassment** (PSEAH), along with safeguarding measures, by adapting and implementing PSEAH risk assessment periodically, at every level of the response and within all operational facets. Tailor these efforts to the unique context of the country, aligning with the Inter-Agency Steering Committee PSEAH guidelines and WHO's PSEAH policy, including cooperation with oPt Inter-agency PSEAH network (including ensuring clear avenues for reporting, as well as referral to, and accessibility of, support services for victims and dissemination of the agreed upon messaged for the community and beneficiaries).

- **Strengthen accountability to affected population (AAP)** 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 mapping.

- Contribute to **risk mapping and risk mitigation efforts** in support of operations.

- Work within the **established interagency coordination mechanisms,** such as the Health Cluster and inter-cluster coordination mechanisms.

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

- Continue to advocate for the **protection of health workers and health care facilities.** In compliance with its mandate and the centrality of protection in humanitarian response, WHO will continue to work with partners and strengthen the surveillance system for attacks on health and will lead advocacy efforts in ensuring that those attacks stop.

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

Two members of the Egyptian Red Crescent load WHO humanitarian supplies onto an aid convoy at the Rafah Crossing. © Egyptian Red Crescent

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Response strategy – Gaza Strip

Life-saving essential health services

Maintain and increase life-saving essential health service delivery (aligned to an essential health services package) by:

- Supporting and maximizing the capacity of existing operational hospitals and primary health centers with personnel, medications and other health products and specialized care teams.
- Complementary to the existing health system, deploying of specialized emergency medical teams (EMTs) and establishing temporary facilities, including field hospitals, where needed.
- Developing referral pathways within the Gaza Strip and medical evacuation (e.g. Medevac) pathways outside Gaza into Egypt, West Bank including east Jerusalem, Jordan and other locations.

Palestinian child injured in an Israeli rocket attack and rushed to the hospital in the Gaza Strip. © WHO

Health service delivery support will be determined by operational zones, and will need to adapt to evolving conflict scenarios due to high level of uncertainty and instability.

Zone 1 – Limited or no access
Support existing facilities and ambulances, as possible.
Provide medical supplies (e.g. medications, consumables, equipment) and fuel, remote support, where possible.
Zone 2 – Limited access
Support operational hospitals and primary health care facilities and ambulance services.
Provide medical supplies (e.g. medications, consumables, equipment) and fuel.
Support existing human resources with specialized care teams.
Deploy EMTs/support temporary facilities (including field hospitals) as needed, with emphasis on complementing existing facilities (Type 1, Type 2, Type 3).
Support referral pathways and onward evacuation.
Zone 3 – Limited access, entry point and/or exit point
Support operational facilities and ambulance services.
Provide medical supplies (e.g. medications, consumables, equipment) and fuel.
Support existing human resources with specialized care teams.
Deploy EMTs/support temporary facilities (including field hospitals) as needed, with emphasis on complementing existing facilities. (Type 1, Type 2, Type 3).
Establish Medevac pathways and needed triage, operational, and transportation capabilities.
Zone 4 – Outside Gaza
Medical evacuation into Egypt, West Bank including east Jerusalem, Jordan and other locations.

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Support essential health services in existing health facilities and ambulance services

Essential health services package

- Coordinate delivery of an updated essential health services package and regularly updated mapping to support partner delivery, including services for high-burden conditions across disease and life-course areas (sexual, reproductive, maternal, newborn and child health; non-communicable diseases; mental health and psychosocial support; gender-based violence; immunization; communicable diseases). Provide supplies related to the essential health package.

- Procure and distribute medications, disposables, diagnostics, equipment and fuel to support hospital emergency departments, inpatient departments, intensive care units, operating theaters, as well as cross-cutting capabilities such as oxygen, blood banks and diagnostic labs and diagnostic equipment.

- Procure and distribute essential health-related commodities to IDPs in designated shelters, including in preparation for weather changes and infection prevention and control.

EMT support

- Deploy specialized EMTs to select hospitals and primary health care centers to supplement and relieve existing health workforce, according to the essential health service package.

- Trauma stabilization points established at strategic locations, able to relocate based on needs.

Types of services

- Support emergency departments of targeted hospitals to manage influx of casualties and management of patients with exacerbations of medical, surgical, obstetric and other emergencies.

- Support reproductive, maternal and child health services, including basic and comprehensive emergency obstetric and neonatal care in existing health facilities.

- Support integrated management of newborn and childhood illnesses.

- Support management of chronic diseases, (e.g. diabetes, hypertension) including procurement of medication, diagnostics, consumables and equipment.

- Strengthen mental health and psychosocial services: further integrate mental health into health facilities including community mental health centers and psychiatric hospital care; provide support for first line health providers; ensure support for people with mental disorders, women, children and adolescents, GBV survivors and the elderly, with scalable evidence-based psychological interventions.

- Support EMTs to deliver essential health services, including full package support to select facilities with supplies and operational costs.

Infrastructure

- Assess and address immediate infrastructure restoration needs.

- Facilitate contractor services.

Palestinian child injured in an Israeli rocket attack and rushed in to the hospital in Gaza Strip. © WHO

Establish and support temporary facilities attached to existing hospitals to address critical gaps

Deploy Type 1, Type 2 and Type 3 facilities according to needs with the provision of services as outlined by the classification and minimum standards of EMTs. Based on current bed capacity and occupancy rates, the initial proposal is to add an additional 300 beds through three Type 3 EMT field hospitals. This capacity would be established in support of existing hospitals and managed through classified teams. These temporary hospitals are not intended to replace existing facilities, but rather to off-load the overflow of patients. WHO will continue to support the provision of medical supplies and logistics.

Set-up

Modular tented structures, weather-resistant, with HVAC systems for temperature and humidity control.

Segmented into various zones, including triage, patient care areas, diagnostics, pharmacy, administration, storage and sanitation facilities.

Secure perimeter fencing with security personnel for safety.

Triage area for rapid assessment and patient allocation.

Mobile laboratories for basic diagnostic tests.

Radiology unit with portable x-ray machines.

Fully-stocked pharmacy with essential medications.

Minor surgical unit for emergency procedures.

Treatment rooms for non-bedded patients.

Human resources

Multidisciplinary medical team: doctors, nurses, pharmacists, radiologists, laboratory technicians and support staff.

Administration and logistic teams.

Security personnel.

Utilities

Power: generators with back-up and uninterrupted power supply units.

Water: integrated water purification systems

Waste management: segregated waste disposal systems, including biohazard disposal.

Integrated communication systems: radios, satellite phones and internet connectivity.

Logistics and supplies

Storage tents for medical supplies, equipment and pharmaceuticals with inventory management systems.

Regular resupply mechanisms and channels.

Develop referral pathways within the Gaza Strip and support medical evacuation (Medevac) pathway outside Gaza for acutely 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.

- **Develop criteria and support medical evacuation** of critically ill and injured patients and those with other medical conditions requiring advanced care lacking in Gaza.

- **Triage team:** Assign trained medical personnel to perform triage assessments at the originating health care facilities based on established triage protocol.

- **Coordination and communication:** Ensure that referring health care facilities promptly notify the designated central coordinating entity (PRCS/ERC) when patients meet the criteria for medical evacuation. Implement a streamlined system for requesting transportation and obtaining confirmation of evacuation availability. Develop a scheduling mechanism to determine the order of patient evacuations based on triage categories, medical urgency, and bed availability at the receiving facilities.

- **Transportation and escorts:** Specify the types of vehicles to be used for patient transport, depending on patient needs, and ensure availability of qualified medical escorts.

- **Documentation and paperwork:** Agree on a standardized patient information and medical records system and on required documentation for patients and accompanying persons.

- **Security and safety:** Address security concerns and ensure the safety of patients and medical personnel during the transfer, and develop contingency plans for unforeseen security issues or emergencies.

- Develop **Medevac facility** on the Rafah border.

Reception and emergency clinic at Nasser Medical Complex in Khan Yunis. © WHO

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Public health intelligence, early warning, disease prevention and control

Reactivation and strengthening of disease surveillance system

- Establish and implement a robust early warning mechanism (i.e. EWARN) that will consider information flows from communities, partners, IDP shelters, and health facilities along with key partners (e.g. Ministry of Health, UNRWA).
- Work with health sector partners to align the list of events, notifiable diseases and syndromes with priority public health risks.
- Support update of data collection and reporting tools, facilitate communication of information across different levels, and support data analysis and reporting.
- Support point-of-care diagnostics and referral lab capacity for priority infectious disease risks.

Prevention of potential outbreaks

- Improve risk communication, community engagement and public awareness with focus on infectious disease risks.
- Support for EPI services as above, and vaccination campaigns as needed, focusing on emergency vaccination for measles and polio in coordination with UNICEF and other partners.
- Inter-sectoral collaboration for physical improvements of shelters, nutrition, infection prevention and control and water, sanitation and hygiene.
- Strengthen waste management in health care facilities.

Response and timely control of outbreaks

- Establish and deploy Rapid Response Teams, as required.

All-hazard risk and needs assessment to inform prioritization and implementation

- Aggregate, collate and analyze health information.
- Produce public health situation assessments and regular situation reports.
- Implement HeRAMS and monitor continuity of essential health services.

Health information analytics and reporting

- Establish a health information coordination hub linked to emergency operations centre.
- Produce routine public health data analysis, visualization and presentation.
- Develop dashboards on key operational data.
- Provide recommendations, operational support and equipment to Ministry of Health and partners to maintain key health information system functions.
- Monitor and report attacks on health.

Palestinians queue for water in Gaza. © WHO

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Supplies and logistics support

Health logistics coordination

- Establish a health logistics coordination mechanism with key partners to ensure an adequate flow of supplies and prioritization of key health items at all levels.

- Working closely with ERC, UNRWA, UNICEF and other operational health partners, establish an end-to-end health supply chain capacity, including cold chain, for all health actors, including:
  - Consolidation of demand and forecast of supply needs.
  - Monitoring and coordination of the supply pipeline with Health Cluster partners via the Health Logistics Working Group.

Supply logistics and warehousing

- Provide support for transport of medical supplies to and within the Gaza Strip.
  - Implement a phased approach (push mode, then planning and delivery based on screened needs).
  - Leverage capacities to establish logistic capability and ensure continuous flow of essential medical supplies towards Port Said, Ismailia, Al Arish, and Rafah, closely coordinated with ERC and the World Food Programme. Pre-position emergency supplies until access granted. Set-up cold chains in hubs as required.
  - In Gaza: strengthen and restore WHO and UNRWA warehouses and distribution centres.

Provide health logistics technical support

- Support EMTs and other partners in establishment of temporary facilities as appropriate and provide operational support to implement referral system for Medevac, as required and approved.

- Provide technical guidance on power usage, hospital infrastructure, supply management, water sanitation, and dead body management to existing health facilities.

- Deploy logistics personnel, as possible, to provide guidance, training, coordination and support.

Operational needs

- Operational support and Logistics Coordination Hub (Cairo)

- Supplies Warehouse and Distribution Hub (Ismailia)

- Supplies Warehouse and Distribution Hub (Al Arish)

- Supplies Warehouse and Distribution Hub (Rafah)

- Supplies Warehouse and Distribution Hub (in Gaza)

A plane carrying 78 cubic metres of health supplies from WHO's logistics hub in Dubai has landed in Al-Arish airport in Egypt. © Egyptian Red Crescent

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Health Cluster coordination

Coordinate delivery of the health response with all partners involved including Ministry of Health, UN agencies, international NGOs, national NGOs and donors

- Work with partners to map and monitor progress on all response activities towards set targets and identify activities to be incorporated into a longer-term humanitarian health response plan.

- Participate in inter-cluster coordination to ensure a robust inter-cluster response.

- Support cluster partners to mainstream cross-cutting issues in their programming (e.g. mental health and psychosocial support; gender-based violence; PSEAH; risk communication and community engagement, accountability to affected populations).

- Support partners in conducting health needs assessments (including strengthening HeRAMS and providing updated public health situation analyses).

- Conduct coordination meetings with key stakeholders.

- Advocate on health issues affecting humanitarian response.

- Once the security situation allows, establish field operations centre in Gaza (location to be determined).

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

- Advocacy for human rights, humanitarian access and response in health, protection of civilians and protection of health care facilities, personnel and assets.

- Develop and implement an advocacy strategy for key issues affecting health (with special consideration for the most-at risk population, including people with mental disorders, women, children, survivors of violence, and people with disabilities).

Support and enhance the function of the public health emergency operations centre, including on preparedness

- Enhance infrastructure.

- Facilitate contractor services.

- Procure IT equipment.

Delivery of WHO shipment of medicines and medical supplies to the warehouses of Nasser Medical Complex in Khan Younis, in southern Gaza. The supplies will be sorted and distributed to the hospital departments based on their needs. © WHO

Concept of operations and response strategy – West Bank

In the West Bank, WHO's approach will focus on:

- supporting the trauma pathway;

- the prepositioning Pf medications and other medical supplies to be mobilized in line with any emergency response;

- trauma response training throughout the trauma pathway, from community first responders to the hospital level, including scale-up of mass casualty management training.

The response will evolve in line with changes to the public health situation.

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Annex. WHO Emergency Operational Response Plan Budget for oPt[2]
(October 2023 – January 2024)

WHO activities included in this plan, which cover the period November 2023 – January 2024, and the associated budget have also been included in the October 2023 Flash Appeal Update issued through OCHA.

Table 1. Budget summary

Response areas	Cost (US$)
Life-saving essential health services	91 006 000
Public health intelligence, early warning, disease prevention and control	9 005 000
Supplies and logistics support	3 272 000
Health emergency coordination	1 275 000
West Bank response	3 200 000
Operational security and risk management	2 242 000
Total	**110 000 000**

Table 2. Detailed budget

Strategic objective/outputs	Activity description	Cost (US$)
Goal: Reduce avoidable conflict-related morbidity and mortality in Gaza		
Life-saving essential health services		**91 006 000**
Support essential health services in existing health facilities and ambulance services	Coordinate development of a minimum essential health services package and updating mapping of service delivery.	75 000
	Procure and distribute essential health-related supplies and commodities to primary health care facilities and pre-hospital services, medical points in IDP shelters, and hospitals in the Gaza Strip.	37 550 000
	Deploy Emergency Medical Teams to deliver specialized health services, including trauma and acute emergency care, and primary care, including full package support to augment selected hospitals and primary care facilities.	7 181 000
	Support infrastructure requirements of health facilities to reinitiate the provision of critical services.	1 100 000
Establish and support temporary facilities to address critical gaps	Deploy three additional 300 bed capacity Type 3 EMT facilities in line with exisitng hospital needs and accessibility.	30 000 000
Develop referral pathways within the Gaza Strip and medical evacuation (medevac) pathway outside Gaza for acutely injured and chronically ill patients.	Support referral of patients: Develop triage protocols and referral criteria, deploy triage teams, establish a central coordination and communication cell , support patient transport and escort, standardize patient information and medical records and ensure security and safety protocols.	8 000 000
	Medical Evacuation outside of Gaza: Support coordination of the medevac facility on the Rafah border and support the medical evacuation of critically injured and chronically ill patients to access life-saving health services.	7 100 000

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2 WHO's operational response plan for oPt is a further elaboration of activitiest for the oPt component included in WHO's Multi-Country Funding Appeal for oPt, Egypt, Lebanon, Jordan and the Syrian Arab Republic in October 2023, taking into account the need to scale up operations.
https://www.emro.who.int/images/stories/palestine/WHO_Funding_Appeal_oPt%2027_Oct_2023.pdf?ua=1

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Public health intelligence, early warning, disease prevention and control		9 005 000
Reactivation and strengthening of disease surveillance system	Reactivate an early warning and alert mechanism with robust information flows from communities, partners, IDP shelters and health facilities and work with health authorities on timely notification of diseases with priority health risks.	250 000
	Reporting and communication.	75 000
	Deployment of mobile labs and point of care diagnostics for priority infectious disease risks.	5 500 000
Prevention of potential outbreaks	Risk communication and community engagement around infectious disease risks.	50 000
	Support EPI services and vaccination campaigns as needed.	50 000
	Cross-cluster collaboration and inter-sectoral collaboration on enhancing IPC, WASH, nutrition and shelters.	2 000 000
Response and timely control of outbreaks	Training and depoyment of Rapid Response Teams (RRTs), operational support for investigations, sample collection and transport and supportive supervision.	150 000
Risk and needs assessment to inform prioritization and implementation	Implement HeRAMS, monitor continuity of essential health services and regular publication of public health situation assessments and situation reports.	250 000
	Monitor and report attacks on health.	125 000
Health information analytics and reporting	Establish a health information coordination hub (linked to emergency operations center).	200 000
	Data analysis and reporting and provision of technically sound recommendations on health information system function.	355 000
Supplies and logistics support		3 272 000
Logistics coordination	Coordination with the supplies and logistics coordination hub for the UN (currently Cairo) and health cluster partners of the supply pipeline , forecasting supply needs and ensuring prioritization and acess to essential health commodities.	862 000
Supply logistics and warehousing	Support for transportation and logistics of health commodities including the establishment of warehouses and distribution hubs in Ismailai, Al Arish and Rafah.	2 410 000
Health emergency coordination		1 275 000
Coordinate the delivery of health response with all partners involved including UN agencies, INGOs, NNGOs and donors	Partner coordination and monitoring progress on reponse activities across the health cluster against set common targets. Ensuring inter-cluster coordination.	125 000
	Capacity strengthening of cluster partners on health needs assessment and to mainstrea cross-cutting issues including MHPSS, GBV, PSEAH and RCCE.	150 000
Support and enhance the function of the public health emergency operations center	Support the establishment of a public health emergency operations centre in Gaza.	800 000
Advocacy and communications	Communications and visibility for public health impact, health and human rights, and WHO role in response and coordination.	100 000
	Advocacy for human rights, humanitarian access/response in health, protection of civilians and protection of health care facilities, personnel and assets.	100 000
West Bank response		3 200 000
Response to the evolving emergency situation in the West Bank	Procurement, prepositioning and trauma response and mass casualty management capacity building.	3 200 000
Operational security and risk management		2 242 000
Mitigation of risks to staff and creating operationally safe environment to deliver a response	Staff safety and security, health and well-being: Operational risk management, procurement of armoured vehicles, telecommunications, provision of PPEs and firt-aid kits, prevention of sexual exploatation, abuse and harassment mechanisms and mental health and psychosocial support for personnel.	2 242 000
Total budget		110 000 000

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