

Responding to crisis: a retrospective analysis of services provided by International Medical Corps Emergency Medical Team facilities in Gaza, 2024



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Background

- Intensification of violence in Gaza since October 2023 has had devastating effects, including death, displacement and decimation of healthcare infrastructure.
- Since January 2024, International Medical Corps deployed Emergency Medical Teams (EMTs) to Gaza, providing health, nutrition, protection and WASH services (Figure 1)

Objectives

- To provide a snapshot of immediate healthcare needs in Gaza
 - To describe the volume and characteristics of services provided by International Medical Corps EMTs
 - To compare group-specific and temporal trends
 - To estimate rates of key health services and outcomes

Methods

- Retrospective analysis of secondary data from International Medical Corps EMT registers maintained in 2024 calculating delivery coverage and rates of miscarriage
 - Restricted to deliveries and miscarriages reported in EMTs in Deir Al-Balah governorate
 - Estimated denominator as number of deliveries in Middle Area using pre-escalation birth rate and population estimates from August 2024 vaccination campaign
- Assessing change in trend over time
 - Poisson regression model for weekly number of miscarriages and wound-care surgeries as a function of month, offset by number of live births assisted and total surgical interventions, respectively

Conclusions

- High need for immediate quality lifesaving interventions, evidenced by high proportion of trauma-related and wound-care surgeries among all demographic groups, including children.
- Large unmet needs in maternal, newborn and child health, as evidenced by high rates of pregnancy loss and increasing proportion of low birthweight newborns.
- Urgent need for long-term comprehensive and integrated healthcare response beyond immediate surgical and medical services.

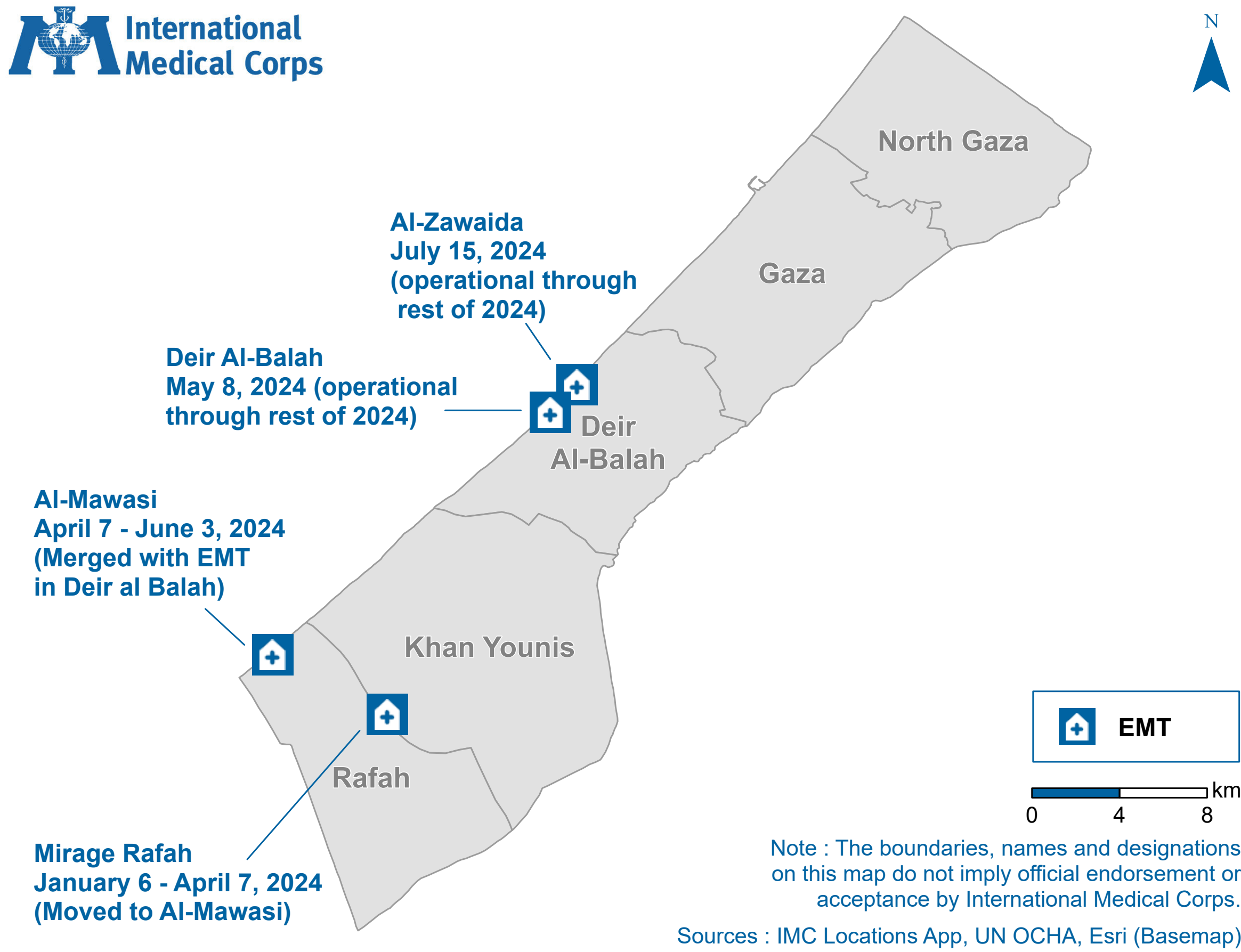


Figure 1. Map of Emergency Medical Team facilities operated by International Medical Corps in Gaza, 2024

Volume of outpatient consultations decreased dramatically during periods when EMTs were forced to relocate.

Maternal, reproductive newborn and child health

4,525 Assisted Deliveries

22% Deliveries Assisted*

21% Cesarean Sections

7% Low Birth Weight

52% ANC1 Coverage*

*Estimated coverage in Middle Area based on expected number of deliveries during study period

From May 15 to December 18, 2024, Middle Area EMTs recorded 362 miscarriages, corresponding to 25.1 miscarriages per 1,000 expected births in the Middle Area, or 116 miscarriages per 1,000 live births assisted in International Medical Corps EMTs.

- For each additional month, the expected count of low birth weight newborns increased by 5.4% [95% CI [1.6%; 9.4%]], holding number of live births constant.

Results

Surgical interventions

- 10,375 surgeries carried out
- Of 8,841 surgeries (excluding gynecologic and obstetric interventions), 69% were among male patients and 26% were among children
- Higher proportion of reconstructive surgeries (39%) were among children

- Younger age was not associated with less severe surgical interventions ($p=0.65$).
- Children had similar proportion of wound-care surgeries (50% vs. 51% in adults), with no evidence of decrease over time.

Outpatient consultations

- 305,521 outpatient consultations, with majority (54%) among girls and women, and 42% among children
- Majority of consultations were for infectious diseases (36%)
- Evidence of ongoing transmission of diseases of epidemic potential, e.g., acute jaundice syndrome (9,591 cases), skin diseases (30,786 cases) and acute respiratory infections (63,012 cases) (Figure 2)

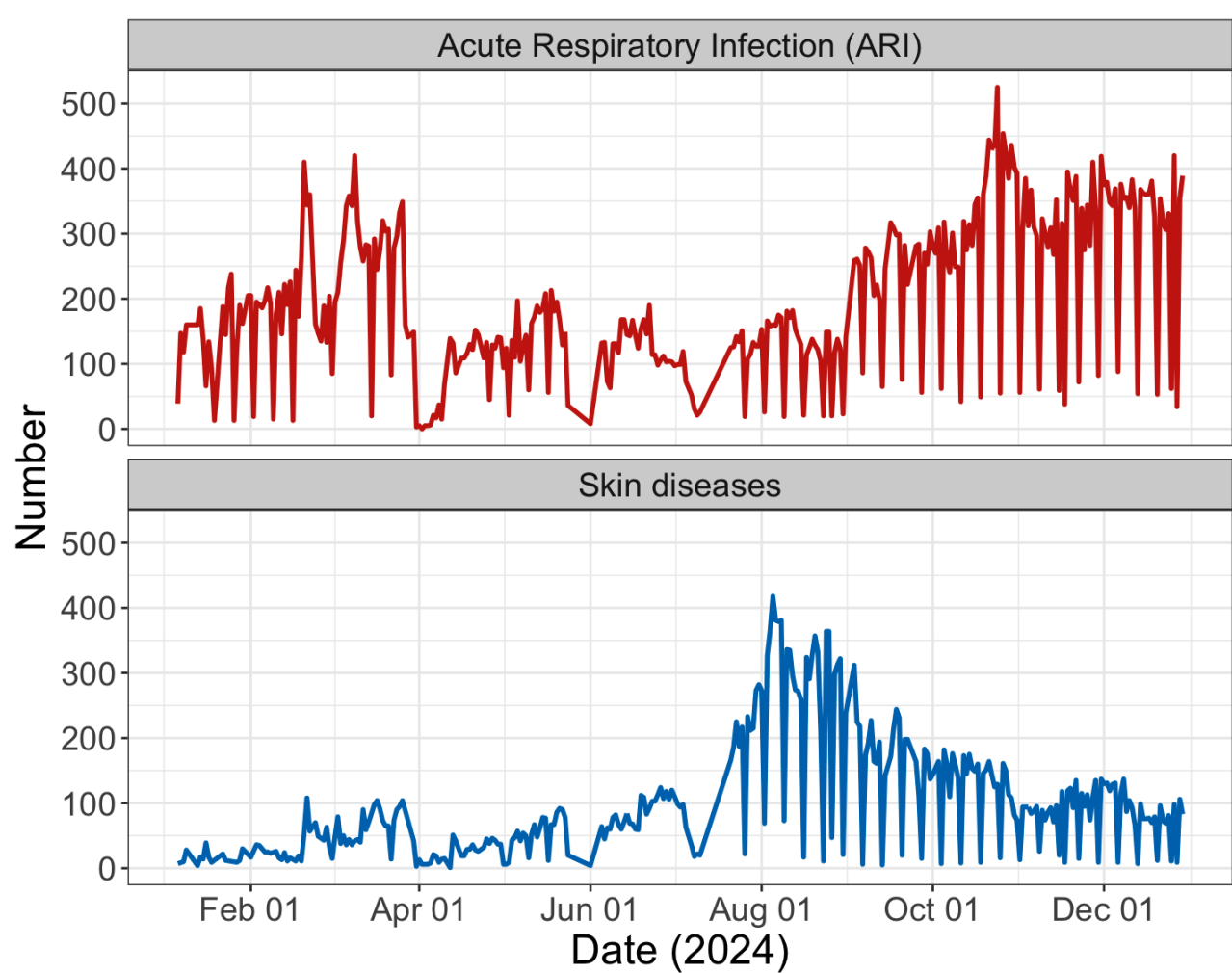


Figure 2. Daily volume of consultations for selected notifiable diseases

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