

## Health Cluster Meeting Minutes

**Thursday 22nd November 10:00-11:30**

Meeting Called by	Health Cluster Coordinator, Sara Halimah
Type of Meeting	General oPt Health Cluster Meeting
Facilitators	Sara Halimah, Health Cluster Coordinator (chair), co-chaired by Ministry of Health
Venue	MoH Building Ramallah
Attendees	MoH (representatives from the International Cooperation Department, PHC, Central Drugs Store, Public Health), ICRC, WHO, MSF- France, MSF- Spain, Area C Coordination Offices, LACS representative, UNICEF, UNRWA, PMRS, HWC, CARE International. Humanity & inclusion, Norwegian Representative Office, PRCS, MDM France, Medico International.
Working Groups Present	Trauma Working Group- represented by WHO Nutrition Working Group- represented by UNICEF

### Agenda:

1. Opening remarks (2 mins)  
*Welcome remarks by the oPt Health Cluster Coordinator, Sara Halimah and the MoH as the co-chair.*
2. Health Humanitarian Update (45 mins)
  1. Update from the MoH
  2. Update from the Working Groups

*MoH to provide an update on the health situation in the oPt. This will be followed by an update from the Working Groups. Partners will have the opportunity for questions and answers.*

3. Summary of the HRP (15 mins)  
*Health Cluster Coordinator presents a summary of the HRP projects. This will be followed by a discussion on what worked and what could be improved. The Health Cluster Coordinator will inform the partners about the upcoming CCPM.*
4. Update on attacks against healthcare and access to health (20 mins)  
*PRCS will provide an update on the recent attack on the ambulance in H2. This will be followed by an update from WHO on the overall numbers on attacks against healthcare and access challenges; including trends. What can be done to improve the data collection and advocacy? How can we improve our joint advocacy efforts?*
5. Partner Updates (10 mins)  
*Partners will have the opportunity to give brief updates to the Health Cluster about their activities.*
6. AOB and dates of the next meeting (2 mins)
  1. Emergency preparedness

10 minutes	Agenda item 1. Opening remarks	Sara Halimah, Health Cluster Coordinator (HCC)
HCC welcomed the partners to this general oPt Health Cluster meeting and asked if there were any matters to be added to AoB. The agenda was agreed and no additional items were added to AoB.		

45 minutes	Agenda item 2. Update on the health situation in oPt	MoH
<ul style="list-style-type: none"> <li>MoH International Cooperation Department provided a general overview: there is a growing number of attacks on healthcare and increased casualties caused by the conflict. The MoH called for stronger advocacy and accountability for these violations. Since the start of the demonstrations, the MoH stated that 291 people have been killed and over 33,000 injured across the oPt. 78 violations against ambulances and 27 delays, including 47 attacks against field medical teams and first aid responders. The latest attack against healthcare took place on a PRCS ambulance in the West Bank.</li> <li>MoH is scaling up preparedness measures: trauma kits donated by Russia will be sent to Gaza, in addition to donations from Turkish Red Crescent, which is expected to reach Gaza on the 2<sup>nd</sup> December. On 21 November, United Muslim Relief provided a shipment of drugs; which is currently under clearance. The MoH is also in the process of delivering drugs and disposables to Gaza.</li> <li><b>Primary Healthcare Directorate update:</b> <ul style="list-style-type: none"> <li>MoH Mobile Health Clinic serving Masafir Yatta has been confiscated since 14<sup>th</sup> August by Israeli authorities. This has left the community with limited access to basic primary healthcare services; they are having to walk long distances in harsh conditions. MoH called partners to intervene and fill the gap in health services for the time being. The Health Cluster partners agreed to look into this request if an official letter was issued. HCC explained that if an official letter from the MoH was issued, this would also help to highlight the issue to the broader international community. <b>ACTION POINT: MoH to issue an official letter requesting Health Cluster partners to provide essential primary healthcare services to Masafir Yatta.</b></li> <li>Khan Al Ahmar demolition has been postponed. The mobile clinic currently serving the community is working in two shifts. However, the clinic is facing major shortages in medical equipment. including nebulizers. <b>ACTION POINT: MoH to provide a list of essentially needed medical equipment for the clinics serving Khan Al Ahmar. ACTION POINT: ICRC offered support to the MoH in relation to the confiscated mobile health clinic.</b></li> </ul> </li> <li><b>MoH Central Drugs Store update:</b> <ul style="list-style-type: none"> <li>Provision of supplies to Gaza: In the month of May and June, MoH has sent 40 vehicles of drugs and disposables to Gaza. Also in August, another shipment of oncology drugs was sent. The last shipment sent to Gaza in November, included 630 pallets of drugs and disposables. On Saturday, the final shipment will arrive. The total cost of the latest shipment was \$14 million shekels.</li> <li>Donations arrived from Turkey, United Muslim Relief &amp; Japan.</li> <li>MoH Central Drugs Store in Nablus checks quality and expiry date of all drugs before being sent to Gaza.</li> </ul> </li> </ul>		

- WHO's recent visit to the Central Drugs Store in Nablus was welcomed by the MoH
- **Updates from the Public Health Department:**
  - The representative raised serious concerns over the shortages in vaccines. The current delays caused by Israeli regulations and bureaucratic procedures, means that vaccines will soon run out in the oPt.
  - Partners requested further information on the reasons for delay and what is being done to solve the issue. **ACTION POINT: MoH to provide further details on the shortages of vaccines in the oPt.**

#### **Update from Trauma Working Group:**

- **Deaths:** From 30 March until 17 November, 246 people have been killed. Out of them, 212 people have been killed during the mass demonstrations and 34 during Israeli attacks.
- **Injuries:** The total figure of people injured stands at 24,933.
- **Trauma Stabilisation Points:** Out of 24,933 people injured, 11,742 were treated at the TSPs and immediately discharged. This has reduced the burden of casualties arriving at the hospitals by an average of 47%. The TSPs are managed by MoH and PRCs; the breakdown of treated and discharged is as follows:
  - MoH TSPs treated and discharged 67% of the casualties.
  - PRCs TSPs treated and discharged 35% of the casualties.
- **Hospital caseload:** The remaining 13,191 casualties were stabilized and transferred for treatment at the emergency departments (ED) of MoH and NGOs hospitals.
- **Live ammunition gunshot injuries:** Out of the total 13,191 referred to emergency departments (ED) at hospitals, 5,981 cases were live ammunition gunshot injuries. This is 45% of the total casualties arriving at the hospitals. From the total of 5,981 live ammunition gunshot injuries, 5,178 are limb gunshot injuries (87%).
- **Long-term limb reconstruction needs:** According to Shifa Hospital, supported by MAP-UK, initial screening shows that 700 patients are currently on the waiting list for complex limb reconstruction surgery at the Hospital. However, the lack of dedicated operating rooms, patient beds and essential medical equipment has hindered limb reconstruction services. WHO is now working with the MoH and key partners to establish a dedicated limb reconstruction unit in Gaza.
- **Amputations:** As a result of the conflict, 106 amputations have taken place since the start of the mass demonstrations. This includes 17 children and 1 female. Out of this total, 91 were lower limb amputations and 15 upper limb amputations<sup>1</sup>.
- Partners agreed that the model of TSPs could potentially be applied to the West Bank as part of preparedness measures. In addition, partners agreed that the role of PHCs is critical as first responders in an emergency but are often under-utilized. The Health Cluster called for a meeting specifically on trauma and lessons learnt, and its application in the West Bank.
- Further information on the Trauma Working group can be found here: <http://healthclusteropt.org/pages/16/trauma-working-group>

<sup>1</sup> According to Assalama Society

<ul style="list-style-type: none"> <li><b>ACTION POINT: Trauma Working Group to conduct a seminar with Health Cluster Partners in the West Bank on how lessons learnt can be applied as part of preparedness measures.</b></li> </ul>		
Action items	Person/organization responsible	Deadline
MoH to provide the list of medical equipment needed for the mobile health clinic serving Khan Al Ahmer	MoH	2 <sup>nd</sup> December
MoH to provide further details on shortages of vaccines in the oPt	MoH	ASAP
MoH to issue an official letter requesting Health Cluster partners to provide essential primary healthcare services to Masafir Yatta	MoH	ASAP
ICRC and MoH to discuss what level of support is needed from the ICRC for the confiscated mobile health clinic	MoH & ICRC	Timeline was not agreed.
Trauma Working Group to conduct a seminar in the West Bank on trauma preparedness and lessons learnt from Gaza	WHO, Nelson Olim	January

25 minutes	Agenda item 3. Update on HRP	Sara Halimah
<ul style="list-style-type: none"> <li>HCC presented the key results of the HRP; 34 health projects were approved (including Gaza, WB and oPt projects) with a total of \$31,526,373 USD. Refer to Annex 1 HRP Results.</li> <li>Analysis by location of projects             <ol style="list-style-type: none"> <li>Gaza: 20 health projects approved, requesting \$ 23,56,2074 USD</li> <li>West Bank: 9 health projects, requesting \$ 4,140,716 USD</li> <li>oPt wide: 5 health projects, requesting \$ 4,524,319 USD</li> </ol> </li> <li>HCC also stated that the number of projects proposed from EJ was limited (only one project focussed solely on EJ).</li> <li>The HCC stated that the number of projects presented by national and international NGOs has decreased only marginally this year. nNGOs ask for lower percentage budgets compared to iNGOs and UN agencies.</li> <li>The MoH stated that it is important to build the capacity of local NGOs in writing proposals and determining the suitable budget.</li> <li>Norwegian Representative Office suggested a dedicated working group for all health players in the humanitarian and development areas. This could be led by MoH. MoH agreed that they would explore this option.</li> </ul>		

25 minutes	Agenda item 4. Update on attacks against healthcare and access to health	PRCS followed by WHO
<ul style="list-style-type: none"> <li>PRCS provided an update on the recent attacks on ambulances. In addition, OCHA</li> </ul>		

provided detailed information on each incident, below is a summary which captures all three recent incidences:

1. On 18 Nov, Israeli settlers attacked a Palestinian ambulance (PRCS) en route towards Tell Rumenda neighborhood to transfer an emergency case to the hospital. As per normal procedure, the ICRC had coordinated access for the PRCS ambulance, however, a group of settlers was waiting at the main road and blocked the ambulance and then attacked it (including with stones, breaking the rear windshield). The ISF were deployed in the location during the settlers' attack, which reportedly lasted 5-7 minutes. The ISF then made the ambulance depart citing that they cannot ensure the security for the medical crew.
  2. 8 Sep: Israeli settlers attacked Palestinian ambulance carrying a patient from Ashuhada street in Hebron H2 leading to minor damages in the car, and closed the road with stone, Israeli forces intervened and controlled the situation.
  3. 12 July: Settlers escorted by ISF prevented PRCS ambulance to pass through Ash Shohada Street in Hebron (H2 area) to return a sick elderly woman to her house in the early morning, coordinated by the ICRC. On the way back home, a group of settlers from Beit Hadassa settlement blocked the way and prevented the ambulance to pass. ISF, IL police and IL Civil Administration came to the scene, but the ambulance was still unable to proceed to home located in Tell Rumeida. The ambulance took a long detour through a newly erected checkpoint towards the destination. However, the same group of settlers blocked its again. Ultimately locals had to carry the woman on their hands using a long way to get to her house, which was also blocked by a settler vehicle.
- Update from Ben Bouquet (BB) from WHO: WHO defines attacks on health as any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies. From 30 March till 9 November, the total number of attacks on health stands at 301 incidents, 503 injuries and 3 deaths among health workers. 41 of the injuries were due to live ammunition, and 78 ambulances and 3 health facilities have been damaged. Partners requested further information on the access for people injured from the mass demonstrations. **Action point: WHO to share the latest figures on access for people injured from the mass demonstrations.**
  - HWC explained that the priority for all partners in the Health Cluster should be focused on creating a safe space for health workers and people receiving healthcare. However, this needs training and ongoing resources, which is limited. Many healthcare staff are simply unaware of their rights and what is classified as a violation.

Action items	Person/organization responsible	Deadline
WHO to share the latest figures on access for people injured from the mass demonstrations.	WHO, Ben Bouquet	26 <sup>th</sup> November

0 minutes	Partner Updates	Health Cluster
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| <ul style="list-style-type: none"><li>• No partners provided an update.</li></ul> |
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5 minutes	AOB	Health Cluster
<ul style="list-style-type: none"><li>• Emergency Preparedness: HCC asked which partners currently had stocks prepositioned in the West Bank. Notably, only PMRS and PRCS had stocks prepositioned in the West Bank.</li></ul>		

For further information, please contact:

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