

Health Cluster Meeting Minutes

Tuesday 12th July, 2018

Meeting Called by	Chair: Sara Halimah, Health Cluster Coordinator. Co-chair: Maria Al Aqra, MoH
Type of Meeting	General Health Cluster meeting
Facilitators	Sara Halimah (chair) & Maria Al Aqra (co-chair)
Venue	MoH Building, Ramallah
Agencies present	World Health Organization (WHO), Ministry of Health (MoH) Palestinian Medical Relief Society (PMRS), The United Nations Relief and Works Agency for Palestine Refugees (UNRWA), The United Nations Office for the Coordination of Humanitarian Affairs (OCHA), MoH representatives of Primary Health Care (PHC) & Central Medical Stores (CMS), Italian Cooperation, The United Nations Children's Fund (UNICEF), MEDICO International, Médecins du Monde (MDM France), The United Nations Population Fund (UNFPA), Medical Aid for Palestinians (MAP-UK), Médecins Sans Frontières (MSF)France, Palestine Red Crescent Society (PRCS), St John of Jerusalem Hospital.

40 mins	Agenda item 2. Health Humanitarian Update	MoH. Various departments, including the Primary Health Care, Public Health, Central Drugs Store, International Cooperation Department and the Public Health institute
Discussion	Health humanitarian update provided by the MoH	

General Overview:

In Gaza:

- **Casualties:** Since the start of the demonstrations until the 11th July 12:00, 143 people have been killed¹. The figure of people injured amidst ongoing demonstrations stands at 16,071. From this total, 7,601 were treated and immediately discharged from the TSPs and the remaining 8,470 were transferred to a hospital.
- **Hospitalization:** Out of the total 8,470 injuries that required hospitalization:
 - 49% were live ammunition gunshot injuries, at a total of 4,116 cases.
 - 1,365 were children (16%), 571 (7%) were female and 7,899 (93%) were male.
 - 382 (5%) cases were critical, 3,909 (46%) were moderate, 4,030 (48%) were mild and 149 cases were unspecified.
- **Incidence of limb injuries:**
 - A total of 5,319 limb injuries have been hospitalized. This represents the highest type of injury at 33% of the total injured caseload.
- **Amputations:** Since the 30th March until the 11th July, the total number of amputations was 62, including 12 children and 1 female. Out of this total, 54 were lower limb amputations and 8 were upper limb amputations. Partners called for a further discussion on amputations and protocols. See agenda item 3 below.

¹ 137 have been reported by the MoH and an additional 6 have been held by the Israeli Authorities reported by OCHA

- **Paralysis:** Since the 30th March until the 11th July, the total number of patients with paralysis due to spinal cord injury was 10. Out of this total 2 with quadriplegia², 2 with hemiplegia³, 5 with paraplegia⁴, and 1 with monoplegia⁵.

In oPt:

- Since December 2017, a total of 183 people have been killed in the oPt, and an additional 24,000 injuries have taken place, which include 14,000 women, according to the MoH
- 320 attacks against healthcare have taken place, according to the MoH.
- There was confusion amongst the different numbers issued by MoH and WHO. Both explained that this was due to the time frame of reporting. Furthermore, WHO had sourced information from NGO health service providers as well as the MoH.

Drugs availability update from the Central Drugs Store, Nablus

- 98% of essential drugs are available in the central drugs store of MoH and 55% of essential disposables. MOH sent 25 trucks full of drugs and medical supplies to Gaza in the month of June, worth a total of 15 million NIS, according to the MoH. Since the start of July, vaccines and oncology drugs have been sent to Gaza.
- In response to the heightened conflict in the West Bank, supplies have been sent to Al Quds Arab Centre in Abu Dis and to Khan Al Ahmar.
- In 2017, approximately 27 million USD was allocated to drugs and disposables in Gaza, out of the needed 41 million USD for the MoH health facilities. Out of this total, 6 million USD was supplied by the MoH, 18 million USD supplied by international donations and the remaining 3 million USD procured locally.
- The MoH requested all partners to provide the list of medical supplies they plan to procure for Gaza; this will help streamline the resources and prevent duplication.

Primary healthcare update:

- MoH clinic and medical teams were not able to gain access to Khan Al Ahmar. The last attempt was at 6pm on the 12th July. These kits were donated by UNICEF – they include early childhood development kits.
- Further information provided under agenda item 3.

Public Health Update:

- According to the MoH, 215 cases of food poisoning were detected in Al Far'a Camp; no cases were admitted to hospital. Samples were collected in collaboration with UNRWA. Approximately 80 cases were treated at the PHC level. The water quality was tested, both at the supply and at the household level was clean.
- Vaccination supplies to West Bank and Gaza are on track.
- Meningococcal vaccine for pilgrims is currently not available. MoH explained that this was a recurring issue due to the lack of availability in the global stocks. UNICEF and WHO is working with MoH to support this issue, however, the International Coordinating Group, is only allowed to release the stockpiled vaccine for outbreaks- in which case, pilgrims for the oPt do not fit the classification. The MoH were advised to make the request one year in advance for the vaccine. WHO has agreed to follow up with EMRO to request an increase in the production of the vaccine, in order to meet the needs.

Earthquake preparation:

² Paralysis caused by illness or injury that results in the partial or total loss of use of all four limbs and torso

³ Paralysis of one side of the body

⁴ Paraplegia is an impairment in motor or sensory function of the lower extremities.

⁵ Paralysis restricted to one limb or region of the body.

- Partners felt that more could be done to better prepare for the risk of an earthquake.
- PRCS explained that they were ready to respond but would like a more coordinated approach amongst all the agencies and with the MoH and with the active involvement of the Disaster Risk Management Committee.
- PMRS explained that they are preparing 18 vulnerable communities by training on basic life support, advanced life support and management of onset disasters.
- Partners are ready to respond and would welcome an invitation from the MoH, Dr Firas, as the health of the Emergency Unit to contribute to the emergency preparedness and response procedures.
- The WHO focal point, Yousef Muhaisen agreed to follow up with Dr Firas from the Emergency Unit of the MoH to ensure that partners are involved in any preparedness plans.

Karem Shalom Closure:

- Refer to agenda item 4

Action items	Person/organization responsible	Deadline
Health cluster partners should update the MoH with any drugs and medical supplies planned for procurement to Gaza. Partners should also update the Health Cluster website – procurement activities page for the same purpose. http://healthclusteropt.org/pages/13/procurement-activities	Health Cluster Partners	Ongoing
WHO to follow up with EMRO to request an increase in the production of the meningococcal vaccine	WHO, Yousef Muhaisen	Mid- August
The WHO focal point, to follow up with Dr Firas from the Emergency Unit of the MoH to ensure that partners are involved in any preparedness plans for the earthquake	WHO, Yousef Muhaisen	ASAP

20 mins.	Agenda item 3. Khan Al Ahmar community	Health Cluster Partners.
Attachment: please click the right		http://healthclusteropt.org/details/108/pmrs-medical-team-use-sewage-pipe-to-access-khan-al-ahmar-community-to-deliver-essential-healthcare
Discussion	The common understanding and actions of humanitarian needs in the mass demolition in Khan Al Ahmar – Abu Al Helu	
<ul style="list-style-type: none"> • Emergency actions: MoH and Health Cluster partners are providing humanitarian assistance in Khan Al Ahmar: 		

- **PMRS:**
 - PMRS' mobile team consisting of 2 doctors, 2 health workers and one lab technician and one driver visit Khan Al-Ahmar regularly on Wednesday through the mobile clinics project. On Wednesday, July 11th, PMRS mobile clinic team was denied access to Khan Al-Ahmar Bedouin Community by the Israeli Occupation forces. The Israeli forces declared it a closed military area, restricting movement and preventing the entry of equipped medical teams. The team attempted to negotiate with Israeli forces to allow them entry. The team searched for alternative entrance to the community with no success as all roads leading to the community were blocked. On Thursday July 12th, after one hour of negotiation with Israeli Occupation Forces, PMRS mobile clinic team was allowed entry to Khan Al-Ahmar Bedouin Community with medications and supplies. The MC team was only permitted to stay for two hours. The MC team was able to provide curative services to 25 cases.
 - Health providers and volunteers from PMRS have stayed overnight with the community to ensure that emergency services are available around the clock.
 - PMRS pointed out the level of stress and anxiety amongst the community.

- **MAP-UK:**
 - MAP- UK in partnership with Al Islah Charitable Society is providing care to the community twice every month. These visits are coordinated between PMRS and ICS. Since the risk of demolition intensified, ICS visited the community more frequently. On Saturday 7th July, access was allowed and 25 kits were distributed for the families. **A further 26 patients were treated, including 3 injured men, 1 injured child and 2 injured women. As the mobile clinic was able to provide treatment for 26 people as follows:**
 - *13 Females (of whom 2 were injured through the clashes)*
 - *6 Males (of whom 3 were injured through the clashes)*
 - *7 children. One was a 2-year-old kid who was forcefully thrown on the ground and had severe injuries to his head*
 - On the 9th July, they were denied access and ICS had to use a donkey to distribute the kits. The staffs also tried to go in but were intercepted by the Israeli forces. On the 12th July, they were denied access. On the 13th July, they will attempt to visit the community again. Further information to follow.
 - Below is the timetable for the ICS/MAP mobile clinic during that week:

Date	In	Out	Had access to the clinic
7 July 2018	10AM	1PM	yes
8 July 2018	10AM	2PM	No
9 July 2018	10AM	1PM	No
10 July 2018	10AM	1PM	No
11 July 2018	10AM	1PM	No
12 July 2018	10AM	1:30PM	Yes (to Dawaheek 1 and 2, but not to Abu Falah)

- **UNRWA:**
 - UNRWA provides MHPSS services to the community.

- **MoH:**
 - Have been constantly denied access to the community. UNICEF donated early childhood development kits were denied entry as well.

- **OCHA:**
 - OCHA have led the development of an emergency preparedness and response plan. Health Cluster will continue to feed into the plan and update accordingly.
 - There is a WhatsApp group that was created for timely information. Health Cluster Coordinator has requested to be added to the group.
- *MoH called for partners to visit Khan Al Ahmar for a joint sit-in, in solidarity with the community*
- *Media sources say that the demolition is postponed until the 15th August according to the Israeli Supreme*
- *Israel plans to relocate the community to Al Jar West, about 12 kilometers away*
- *Health Cluster partners called for further advocacy, particularly highlighting the issue of access to health care. They agreed that more could be done to advocate on the issue of access.*
- *Ministry of local government, Palestine, officially declared Khan Al Ahmar a village.*

Action items	Person/organization responsible	Deadline
OCHA to add the Health Cluster Coordinator the “Khan Al Ahmar” Communication group so that the cluster can systematically provide information	OCHA	ASAP
Health partners to provide daily information on access issues and provision of services	PMRS, Health Cluster Coordinator, PRCS, UNRWA, MAP-UK, PRCS	ASAP
Health Cluster to take more advocacy initiatives to raise the issue of ‘access to healthcare’	Health Cluster and the MoH	ASAP

30 mins	Agenda item 4. Logistics support from the Health Cluster	Health Partners. Logistics Officer
Discussion	How to find a mechanism to facilitate all humanitarian needs and equipment supplies through crossing and borders	

Closure of Karem Shalom

- PRCS inquired about the closure of Karem Shalom and the impact on the health sector. The Health Cluster Coordinator explained that health supplies will still be allowed to enter. At the moment, it is difficult to predict how this will impact overall, however, prices from suppliers are likely to increase.
- Partners expressed a frustration about the disjointed approach to sending supplies to Gaza. There was confusion amongst the partners on who could facilitate the process. Some partners explained that AIDA could provide assistance; others had experience of working with the ACU. It is unclear if ACU monitors the access or also advocates and supports the entry of goods. OCHA explained that they would be able to advocate for the entry of goods into Gaza.
- Bo Andren, Logistics Officer, dedicated to the Health Cluster started two weeks ago. He has previous experience of working in the oPt on logistics. Bo introduced himself and explained that this is an opportunity to develop a more streamlined response to the full procurement and delivery process. Bo also explained the need to improve joint preparedness activities, such as the prepositioning of stock. Partners welcomed this approach.

Action items	Person/organization responsible	Deadline
Health Cluster Partners are	Health Cluster Partners	Asap

requested to make contact with Bo Andren (andrenb@who.int) if they are facing any challenges with logistics		
Meeting to be arranged with Bo and partners, and to invite the relevant stakeholders	Health Cluster, Bo Andren	

20 mins.	Agenda item 5. Partner Updates	Partners
Discussion	Partners updates	
<ul style="list-style-type: none"> No additional information was provided. Partners had already discussed the key areas of their work throughout the meeting. 		

15 minutes	Agenda item 6. AOB and dates of the next meeting	
Discussion		
HRP reporting:		
<ul style="list-style-type: none"> For those of you who have received funding through the HRP for your project, they are reminded to report periodically against the HRP indicators. The final date to submit information is the 15th July Sunday. Please note that you will first need to register on the Health Cluster website, so it advisable to complete the reporting as soon as possible. To register go to: http://healthclusteropt.org/register 		
Action items	Person/organization responsible	Deadline
UNRWA, PMRS to report to the Health Cluster on activities from January until June against the HRP	UNRWA, PMRS	15 th July

WHO is the cluster lead agency. MoH is the co-chair of the Health Cluster.

For further information please contact:

Chair: Sara Halimah
Health Cluster Coordinator
WHO
Halimahs@who.int
T: 0097 547179038

Co-Chair: Maria Al-Aqra
International Cooperation Department
MoH
alagra@yahoo.com