

## Gaza Trauma Working Group Meeting Minutes

**Date:** Thursday 21<sup>st</sup> November 2019

**Time:** 12:30-13:30 PM

**Venue:** MoH Meeting Room

**Chair:** Sara Halimah, WHO.

**Participants:** 35 participants representing 17 organizations.

### Meeting Agenda

Agenda
Introductory remarks
Presentation on the Emergency Medical Teams Coordination Cell- EMT-CC
Questions and answers from partners
AOB <ul style="list-style-type: none"><li>• Limb reconstruction needs</li><li>• Update from partners on their progress</li></ul>

## Meeting Highlights

### 1. Welcoming remarks

- SH (chair) welcomed all the partners to the Trauma Working Group and welcomed any additional items to the agenda. Partners agreed to also discuss the limb reconstruction needs under AOB.

### 2. Emergency Medical Teams Coordination Cell (EMT-CC)

- The Ministry of Health (MoH), presented the EMT-CC. It has been widely recognised that, following sudden onset disasters a large number of international actors often arrive in-country to provide emergency care to patients with traumatic injuries and other life-threatening conditions. In the context of the oPt, the chronic crisis means that EMTs are often deployed even during stable settings. Experience shows that in many cases the deployment of International Emergency Medical Teams (I-EMTs), formerly known as Foreign Medical Teams, is not based on assessed needs and there remains wide variation in their capacities, competencies and adherence to professional ethics. Such teams are often unfamiliar with national or international emergency response systems and may not integrate smoothly into relevant coordination platforms. Lessons learned from recent international operations have led to increased awareness of the need for flexible and effective Emergency Medical Team coordination mechanisms that may be adapted for different types of emergency scenarios. The EMT Coordination Cell led by the MoH, operationalised by WHO, is responsible for coordinating registered and ad-hoc I-EMTs during each phase of the response.
- The EMT-CC ensures quality EMTs, tasks the EMTs to appropriate locations and ensures proper coordination and follow-up. The EMT-CC sits within the MoH International Cooperation Department MOH and liaises closely with the licensing department, in addition to the PHIC.
- Within the EMT-CC spectrum of activities, these are some of the key expected tasks:
  - Collecting and updating data for the classification of the actual type, capability and services of the incoming EMTs.
  - Screening incoming EMTs based on approved global professional standards leading to on site deployment.
  - National registration of authorized EMTs, based on the global classification and registration formats.
  - Ensuring and reinforcing the EMTs accountability to the health authorities, including compliance with existing or national guidelines and reporting requirements.
  - Providing background and up to date information on the situation and assigning a place of operations and local reporting/liaison contact.
  - Providing sound and valuable support to speed up all the related authorizations for 'authorized' EMTs.
  - Providing standardized forms for periodic reporting (Minimum Data Set - MDS), exit reporting, and referral of patients to national facilities.
  - Providing and supporting the strategic and operational framework of the EMTs response.
  - Formulating priorities on the basis of analysis.
  - Mapping of 'who does what, where, and when' and 'how' through quality assurance field visits.

- Informing the local emergency management authority and other national or international authorities, to ensure embedding in the broader health sector emergency coordination
- Participating in relevant working groups such as the Trauma Working Group and the Health Cluster Meetings

### 3. Questions and Answers on the EMT-CC

- UHWC welcomes the initiative and expressed a willingness to work closely with the EMT-CC. UHWC explained the challenges in obtaining permits for incoming EMTs; especially during times of crisis. UHWC recommended to develop a national roster of pre-screened EMTs that can be fast tracked for permits and deployed to Gaza in times of need. The MoH and other partners welcomed this suggestion and agreed to work towards developing such a preparedness roster.
- The MoH also explained the need to have a list of identified EMT needs to respond to the chronic situation, by speciality. Partners could then respond to the listed needs; such a list would include needs for elective surgery as well.
- All partners welcomed the EMT-CC and emphasised the importance of sustaining its services.
- The partners also requested the entry and exit forms for feedback. Refer to [Annex 1](#) and [Annex 2](#).

Action points	Person/organization responsible	Deadline
MoH and partners to develop a roster of pre-approved EMTs to be fast tracked during emergencies	EMT-CC, MoH	January 2020
MoH to develop a list of needed speciality EMTs for 2020 in order to respond to the chronic needs	EMT-CC, MoH	January 2020
Partners to provide feedback to the entry and exit forms. Annex 1 and 2.	MoH	January 2020

## 4. AOB

### 4.1. Limb reconstruction

- MSF Belgium explained that they were still waiting for the outcomes of the limb reconstruction conference to materialise. MoH had agreed to share the detailed outcome of the screening process with all partners but to date had only referred some patients. MSF- Belgium had received 154 cases of which 2/3 have already been operated. Other partners, including UHWC and WHO, agreed that MoH had confirmed to share this list for the sake of transparency and better use of resources. As it stands, there is no clarity on the overall needs of limb reconstruction in the Gaza Strip, if these figures are not shared. The MoH explained that a steering committee was established and will be sharing results in due course.

Action points	Person/organization responsible	Deadline
MoH to share the outcomes of the LR screening process with all partners in the trauma working group	MoH	December 2019

## 4.2 Partner updates

- PMRS continues to provide prehospital care services (predominantly first aid) and multidisciplinary rehabilitation services, in the North Gaza, Gaza City, Middle Area and Khan Younis. PMRS expressed the need to restart the efforts on the PAT to avoid duplication of services in rehabilitation.
- ICRC continues to provide support to the emergency departments and surgical care (vascular and basic trauma). ICRC is also providing equipment and disaster management. In addition to supporting the ALPC. ICRC is considering the possibility of sending patients to their limb reconstruction unit in Tripoli. Partners suggested that it would be better to have the team visit Gaza.
- MDM Spain is deploying a paediatric orthopaedic EMT. They have also delivered anaesthesia machines to Nasser Hospital.
- Al Awda is continuing its services to the GMR patients (covering 50% of the needs in the North of Gaza). 107 bed capacity.
- HI is continuing the rehabilitation efforts.
- Al Ahli Hospital has the capacity to treat 130 LR patients with 200 procedures.
- PCRf is continuing to deploy EMTs, including the following specialities; kidney transplantation, hand and nerve trauma, and support to the cancer centre.
- MSF-B is continuing its efforts at Al Awda Hospital with 17 beds for limb reconstruction, of which 11 are isolation beds and 6 normal.
- WHO is continuing its support to the TSPs, the EMT-CC, and five key emergency departments (the latter is a partnership with MDM-France). The Limb Reconstruction Unit at Nasser Hospital is now functioning.

Action points	Person/organization responsible	Deadline
MoH and WHO to initiate the PAT tool to prevent duplication of services	MoH	January 2020

For further information, please contact:

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