[April 29th, 2020] 10:00 – 11:30 AM

Meeting Notes

Attending (list not exhaustive)

Sara Halimah, Trauma & Emergency Care Manager/Health Cluster Coordinator, WHO
Thanos Gargavanis, Emergency Care Technical Officer, WHO
Waed Abbas, T&E Team Assistant, WHO
Dr. Abdullatif Al-Haj, Director of ICD Gaza, MoH
Ghada el-Najjar, Al-Ahli Arab Hospital
Zuhair el-Khatib, UNRWA
Yehya Shraim, MDM-Spain
Mahmoud Shalabi, MAP-UK
Dr. Hussam Abu Luan MDM-France
Dr. Nasser, PFBS
Helen, MSF-Belgium

Agenda:
The purpose of this meeting is to provide updates on how the current situation of the Covid-19 has affected Trauma activities on the ground through the eyes of health care providers partners and the MoH:

• Understand the current impact onto the delivery of trauma services in the Gaza Strip
• Partners feedback on the trauma program activities in the Gaza Strip
• AOB (Any Other Business)

Discussion

• Dr. Abdullatif Al-Haj, from MoH, to provide updates on Trauma activities from MoH perspective and provide insight into any gaps that partners could contribute into filling:
  o As the Ministry of Health ICD, and according to Dr. Abdullatif the Covid-19 situation is not affecting the trauma situation significantly in Gaza.
  o Regarding Emergency Departments (EDs): There were some projects and efforts towards the improvement of MoH’s hospitals emergency departments,
but they are now on hold, while these efforts were re-directed to the COVID-19 response.

- Al Shifa Hospital’s project for the improvement of the ED, along with WHO, ICRC, MDM-France, has been put on hold.
- The current response plan entails the transformation of the adjacent schools to the major Gaza ED to reception center for respiratory cases (or as what the MoH refers to as the Triage Respiratory Centers) in order to avoid any entry of a suspected covid-19 cases to the EDs.
- A center in the North besides the Indonesian Hospital, one next to Shifa Hospital, one center besides al-Aqsa Hospital, another center beside Naser Hospital, and the last one next to al-Najar Hospital.

- It would be preferred to allocate resources (material, human resources, equipment, training, policies ... etc) to support the work and development of the EDs as they are working in full-capacity now, regardless of the Covid-19 which haven’t hindered people’s movements and the hospitals in Gaza are still receiving, for instance, car accidents injuries into the EDs and other Trauma cases (that are currently not related to Israeli aggressions).
- The numbers of Trauma cases received by the EDs is decreased but trauma is always the major concern.
- MoH requests from the partners support for covid-19 response as well as EDs equipment and supplies.
  - EGH has been designated as the Covid-19 receiving hospital, and additional equipment is needed, like material, consumables... etc.

- Dr. Thanos, from WHO, added that Gaza has shown great resilience in its response to the Covid-19 pandemic: According to statistics gathered by WHO in March regarding the EDs in Gaza; more than 86% of the cases that were admitted to EDs were trauma related, close to the percentage of trauma-related cases received in February and January, prior to covid-19 outbreak.

- There was a question regarding the MoH preparedness for the surge of casualties in the COVID-19 setting be it trauma patients or covid-19 patients, for the ED and the OT, as well as the ICU:
- Dr. Abdullatif responded with that the previous structure (at the health level response) was not affected by the covid-19 situation and protocols for mass casualties have not changed. This applies to the EDs and the Operation Theatre teams, as well
- As for covid-19 response, as explained before, there will be 5 centers (almost done constructing) to triage suspected cases of covid-19 and hence no case will enter the hospitals first, they will be assessed in the centers before either transferring them.

- **Question by MDM-Spain**: is there a triage system for covid-19 cases at Shifa Hospital?
  - Dr. Abdullatif response: Al Shifa Hospital have not started receiving COVID-19 cases yet. In terms of preparedness, the MoH has disseminated the COVID-19-
specific protocols to the ED of all Gaza MoH Hospitals, along with PPE. In case a suspect patient arrives by himself/herself, in the Shifa ED, they'll be isolated in a special place in the hospital, and then referred to the covid-19 hospital in Rafah.

- Zuhair, UNRWA, comment:
  o Is the MoH taking any steps towards recruiting a new staff, to enhance COVID 19 response?
  o For example, have they coordinated with universities to use final year students or the freshly graduated students or those who have just completed their internship and are ready to work but still waiting for their license ... etc.
  o UNRWA regarding their services have applied a separation of respiratory cases from non-respiratory cases in order to minimize the exposure of people and to contain the covid-19 issue. Moreover, it was decided to postpone physiotherapy-related services, but still some patients do attend the health centers.
     ▪ Physiotherapy is critical since some of the injury cases have got nerve injuries and they need to have frequent sessions for nerve stimulation, and this would definitely affect the trauma patients and the progress of their treatment.
     ▪ To mitigate this impact, they've been working on stabilizing patients with such injuries for the past month. Hence, they've reintroduced some of the services like the cases related to nerve injuries and so they can still be in touch with the physiotherapy specialists.
     ▪ Mental health services and support is still provided through different means, whether phone calls or Whatsapp.
  o MoH's response to staffing issue:
     ▪ Since the MoH staff alone will not be enough, there will be some recruitment from the government in Gaza, as well as personnel to be hired from the Ministry of Labour as a temporary procedure. Additionally, UNDP will provide 600 or 700 employees to help replace those who will leave hospitals and centers to work at the designated covid-19 facilities. There was coordination with universities and trade unions, to share with the MoH rosters with licensed doctors and nurses, as well as those who have finished their training at least, and if this was not enough, they'll recruit those medical students who've just graduated.
- **Regarding Limb Reconstruction Centre in Nasser Hospital:**
  - The LR center is always operational as before covid-19. The whole team including: psychosocial support, physiotherapy, nurses, doctors ... etc. The number of patients is increasing, because it’s the only place for Limb Reconstruction cases in hospitals of the MoH.

- **Regarding physiotherapy treatment:**
  - The MoH has re-opened centers that they’ve closed before, mainly because of the necessity as explained by Dr. Zuhair.

  - **Mahmoud Shalaby, MAP-UK, update and questions:**
    - Question regarding LRC: Asked Dr. Abdullatif to address the rumors that the current staff will be replaced end of April with a new staff entirely. Knowing that there are already shortages of staff due to the current situation, how feasible is this going to be? Have the MoH already identified those people who will replace the current staff?
    - Question for the partners who work with the Limb Reconstruction services for feedback and what are their future plans.

  - **Dr. Abdullatif’s response, MoH:**
    - He reaffirmed that the LRC at Nasser Hospital is still working at full capacity, but that there was an issue with the salaries for 17 of the staff, 11 of them are nurses and the rest are technicians and psychosocial specialists. There was a project that was supposed to be funded by OCHA, implemented by the Qatar Red Crescent Society but unfortunately this fund was cancelled. The MoH couldn’t continue with staffing of these nurses. Right now, they are working on means to compensate the salaries of these nurses, while they continue with the services provided.

  - **Comment by Sara Halimah, WHO:**
    - Suggestion to open up the conversation as to what partners, particularly service delivery partners, are doing during this current emergency to continue their trauma care service.
    - Also, what is their capacity to upscale some of the trauma services in the unfortunate event of a surge of COVID 19 cases?

  - **Dr. Hussam, MDM-France:**
    - MDM France’s plan is to conduct training to the respiratory centers in addition to participating in developing the policies and the pathways
inside those centers. The training sessions will start in the next few days, in cooperation with WHO.

- Question to MoH: Since EGH is the designated hospital for covid-19 cases what are the last updates?

- **Dr. Abdullatif’s response, MoH:**
  - EGH needs lots of equipment, preparations and planning to be able to properly respond to a mass outbreak of covid-19.

- **Ghada el-Najjar, Al Ahli Arab Hospital:**
  - COVID-19 outbreak happened while they were already implementing a Limb Reconstruction project that started in December. The majority of the cases treated at Al Ahli Arab Hospital were those who were already treated there, in need of further LR intervention.
    - There is an ongoing discussion on the critical cases which of them are not, to reduce the number of surgeries.
  - As of precautionary measures to covid-19, they’ve set up two tents outside the hospital to triage cases following the protocols of MoH.
  - The OPD work is also minimised, and IPC protocols are applied for both staff and patients.
  - In general, the number of patients scheduled for surgeries has been minimized.

- **Dr. Nasser, PFBS:**
  - They’re working in accordance with the protocols and recommendations of MoH and WHO, including the triage system, health education ... etc.
  - They’re currently dealing with increased numbers of elective surgeries, since the elective numbers of MoH hospitals has been reduced or even stopped.
  - **Question:** in case of covid-19 surge, what is the plan by MoH regarding Trauma cases?

- **Dr. Abdullatif, MoH:**
  - There is a covid-19 committee at the MoH coordinating with health partners. If an outbreak occurs, this committee will recommend necessary measures that would include a curfew, establishing a system to communicate with the population at home, coordinate with clinic and measures on how to reach people in their homes ... etc.

- **Sara Halimah question for MAP-UK:**
MAP-UK’s core of activities was based on the deployment of experts in Gaza, from abroad, to provide training in Limb Reconstruction and other Trauma-related services. How does MAP UK adapts now that they cannot deploy experts from abroad?

What are the plans to move forward?

What are the measures taken by such organizations to follow through with their activities, it seems that covid-19 situation will be staying on for a long period of time?

Mahmoud Shalabi, MAP-UK:

MAP-UK has been adapting to the current situation focusing on telemedicine or communications using different technologies (such as zoom, webex and other medium). The multidisciplinary team meeting; where the difficult cases that need MDT approach will be discussed over an online platform with MAP’s UK consultants. Obviously, this will include patients with different kind of needs, like LR, Neuro-surgery, cancer .. etc

MAP has also intensified their support to General Surgery residents by supporting their registration to an online surgical training platform, called Incision Academy: they provide online courses for surgical residents at the MoH. Their current program includes 92 residents, from different specialties. This academy also offered to provide these courses to any resident of the MoH.

They’re also examining the curriculums with the MoH and the Palestinian Medical Council for specific windows of opportunities with the previously mentioned academy or other partners. Virtual Reality (VR) was also presented as an option as a learning opportunity, but it’s still under discussion.

Despite the fact that there are no missions, MAP-UK still continue to do procurement for the local teams in Gaza, in order to follow through with trauma-related surgeries that did not stop so far.

Sara Halimah suggestion based on Mahmoud's (MAP-UK) response:

Would it be possible, among the Trauma Group members, to create a simple google excel sheet that lists the online trainings? Like this everyone will be having a clear understanding on who’s doing what. Additionally we instigate a mechanism for feedback on which method for online training has worked and which methods present challenges.

Helen Helen Ottens-Patterson, MSF-Belgium:

Regarding Limb Reconstruction Surgery, MSF Belgium’s unit is at Al-Awda Hospital in Northern Gaza, and the services continue there. Some
services had been reduced or reoriented. The victim of GMR are still a major concern and they’re still focused on them.

- MSF-Belgium, considering the difficulties faced by the MoH, are looking into providing support in the fields of Orthopedic Trauma pathologies for pediatrics but this is that is still under discussion with the MoH.
- MSF-Belgium are missing a few items of surgical equipment, and so will share with the Working Group to seek some support.

Muhammed, MSF-France:

- MSF-France’s focus on trauma and burn patients. Regarding the trauma patients, they’ve decreased their activities in their four clinics and they have minimized the staff.
- Regarding the project of osteomyelitis in Nasser the ward was handed over to MoH to be used for quarantine for patients coming from Egypt or Israel.
- They’re facing some challenges regarding their supplies and demands because of the global shortage. Hence, they’re currently waiting for some supplies to arrive so they can resume working on the osteomyelitis project – nonetheless, they’re in communication contact with Dr. Mattar from the LRC and MoH’s ICD.

**Action points:**

- Partners to send short written feedback on how the current Covid-19 situation has affected their Trauma activities.
- Create a centralized file (google excel sheet) that captures who’s doing what training online, and demonstrate whether such course or methods worked and what didn’t for future learnings (Online Distance Learning).
- MSF-Belgium to share a list with the working group on some of the surgical equipment that they need and currently missing.
- To the next Trauma Working Group to discuss further the issue of global procurement issue, the difficulty of obtaining necessary equipment that is not related to COVID 19.

We would like to thank profoundly Waad Abbas, Emergency and Trauma Team Assistant for keeping the Minutes of this meeting.