



## Health Cluster Meeting Minutes

**Date:** Monday 12 November 2018

**Time:** 10:30 AM-12:00 PM

**Venue:** WHO Office – Gaza

**Type of meeting:** General

**Chair:** Sara Halimah, oPt Health Cluster Coordinator (HCC)

**Participants:** 36 participants representing 24 organizations: MoH, MdM-France, MdM-Spain, WHO, RCSGS, UNICEF, OCHA, QRC, MSF- Belgium, MSF- Spain, MSF-France, IRPAL, GVC, HI, MAP-UK, PRCS, AAH, NCCR, UNRWA, Diabetes Palestine, PMRS, Wafa hospital, Central Blood Bank and Taawon.

**Working Groups represented** Trauma Working Group (WHO & MoH). Nutrition Working Group (UNICEF)

### Meeting Agenda:

1. Opening remarks (2 mins)  
Welcome remarks by the oPt Health Cluster Coordinator, Sara Halimah.
2. Health Humanitarian Update (30 mins)
  - 2a) Update from the MoH
  - 2b) Update from the Trauma Working GroupMoH to provide an update on the health situation in the oPt. This will be followed by an update from the Trauma Working Group. Partners will have the opportunity for questions and answers.
3. Summary of the HRP (20 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.
4. Introducing the SMS (20 mins)  
Bo Andren to introduce the new supplies monitoring system for the Cluster Partners. Partners provide feedback.
5. Update on attacks against healthcare (20 mins)  
WHO will provide an update on the current situation and the increasing number of attacks against healthcare. What can be done to improve the data collection and advocacy?
6. Partner Updates (15 mins)  
Partners will have the opportunity to give brief updates to the Health Cluster about their activities.
7. AOB and dates of the next meeting (2 mins)

## Meeting Highlights

### Agenda item 1. Opening remarks

- The Health Cluster Coordinator (HCC) welcomed all participants for their attendance. Although the meeting was originally called as a general meeting, conflict from the previous night has meant that the Cluster is now in preparedness mode.
- The HCC expressed her appreciation for partners' cooperation and complementarity in responding to the crisis.

### Agenda item 2a. Humanitarian update

- Ashraf Abu Muhadi (AM), Director of International Relations Department at MoH, provided the Health Cluster partners with an update:
  - **Conflict related trauma casualties:** from the 30<sup>th</sup> March until the 3<sup>rd</sup> November, 227 people were killed and 24,516 were injured. From this total, 11,637 were treated at the TSPs and immediately discharged and the remaining 12,879 injured patients were transferred to hospitals for treatment.
  - **Drugs and disposables:** 47% of essential drugs and 30% of essential disposables are at less than one month's supply. For the primary healthcare facilities, drugs at zero stock had reached 66%.
  - **Burden on health sector:** While focussing on the current emergency, it is important to continue to address the needs of the whole health system. AM provided an example; many cardiac surgeries had to be delayed due to shortages in disposables needed for cardiac catheterization.
  - **Electricity crisis:** With the improvement in the electricity situation, the average cut off time at hospitals is now 11 hours per day. However, the emergency fuel will run out at the end of November; approximately 450,000 litres of fuel is required every month to sustain the essential health services in the MoH. AM stated that hospitals in the south governorates, in particular those receiving electricity from the Egyptian side, are the most vulnerable and in need of emergency fuel due to poor infrastructure and supply lines. OCHA explained that, despite efforts for fundraising, no funding has been received. If this situation continues, the emergency fuel program will come to an end. **Partners agreed that there should be a dedicated section on the upcoming Health Cluster Situation Report. HCC requested that the MoH provide further details on the impact;** i.e. updated number of postponed elective surgeries, diagnostic services etc.
- Update from Majdi Dhair (MD), head of Communicable Diseases Department, MoH:
  - **H1N1:** Since the end of October, there have been a number of cases presented to health facilities with flu-like symptoms. The MoH collected 25 samples for lab investigations. Out of those, 12 cases were confirmed to have Flu-A, 11 of those were identified to have H1N1. Out of the 11 confirmed H1N1 cases, 7 cases died; they were already immunocompromised. MoH Ramallah is supporting Gaza in the delivery of supplies.
  - Samples were taken from ICU patients and were all treated with Tamiflu. However, Tamiflu is most effective within 48 hours after infection, and notably most of the 7 cases were presented to health facilities at a very late stage.
  - The current situation constitutes an episode of seasonal influenza and not an outbreak.

- Tamiflu and flu vaccine are not available at MoH facilities but maybe available at the private level.
- Younis Awadallah, UNICEF, enquired about the condition of the flu vaccine present in the private market. MD stated that flu vaccine one of the stable vaccines as long as the cold chain is maintained.
- Abdelrahman Abu Hassanain, Humanity and Inclusion (HI), asked if every patient presented with flu-like symptoms is tested for H1N1. MD explained that if an otherwise healthy individual showed flu-like symptoms, they are provided with symptom treatments. However, if the patient was immunocompromised, they will be treated with Tamiflu and/ or referred to the hospital.
- UNRWA stated that it is not possible to test all cases for H1N1. WHO has established a case definition that categorizes patients according to the severity of symptoms. Cases presented with Severe Acute Respiratory Infections (SARI) are referred to hospitals for further investigation. UNRWA explained that the way forward would be to rely on the case definitions, have a good surveillance system, monitor the condition and strengthen the public's health awareness.
- MD clarified that all cases suffering from flu-like symptoms are diagnosed with H1N1 (the seasonal virus) by epidemiological link. He also stressed the importance of raising the community's health awareness in dealing with the disease.
- HCC supported MD; she stressed the importance of community awareness to help tackle the matter. The joint efforts of UNRWA and MoH will be critical in managing this.
- WHO explained that the MoH has requested support in procuring lab kits needed for H1N1 testing. WHO will also support the MoH by supplying Tamiflu to Gaza and the West Bank. HCC enquired the expected timeframe and delivery dates. **WHO confirmed that they would update the Health Cluster partners on the timeframe.**
- Ayadil Saparbekov (AS) pointed out that the Israeli authorities at the airport hold vaccines procured by the MoH. WHO will be supporting the coordination of these vaccines and a meeting is scheduled to take place later today between Israeli MoH, UNICEF and WHO.
- Hamada Bayyari, OCHA, enquired about the reasons behind the H1N1 deaths in Gaza. MD from the MoH explained that the vaccines, which were supposed to be available in September, are still unavailable until now. Death also occurred in cases that were immunocompromised and suffered from underlying causes.
- MD also expressed his concern if the Israeli authorities continue to restrict entry of vaccines. Until now, the MoH have not been able to receive many of the vaccines from the West Bank. He pointed out that **many of the vaccines will run out by January, including Oral Polio and PCV, which will compromise the whole vaccination program.**

Action points	Person/organization responsible	Deadline	Comments
WHO and UNICEF to support entry of vaccines to Gaza. Meeting arranged with Israeli authorities.	WHO	12 November	The meeting was postponed

Health Cluster and MoH to hold a joint seminar on the impact of drug shortages in primary health care. MoH will first send the data and analysis to the HCC and then further arrangements will be made.	MoH & Health Cluster	To be confirmed	
MoH to provide further details on the impact of the electricity crisis on the health sector. HCC to include these details in the upcoming Health Cluster Situation Report.	MoH & Health Cluster	20 November	

**Agenda item 2b. Update from the working groups: Trauma Working Group**

- Nelson Olim, the WHO Trauma Coordinator, stated that Trauma Working Group (TWG) meetings are resumed and will be co-chaired by the MoH.
- **Composition of the group:** NO explained that the TWG have 2 sub-groups: The Limb Reconstruction Sub-group and Post-operative and Rehabilitation Sub-group. A third Pre-hospital Sub-group will be established that will track patients from the point of injury until they are discharged from the Trauma Stabilisation Points (TSPs).
- **Prehospital:** NO commended MoH TSPs on the quality of their data. He mentioned that MoH TSPs were able to manage and discharge 67% of the patients received without needing to refer them to hospitals. This has lessened much of the burden from hospitals.
- **Hospital:** MoH hospitals manage around 75% of cases referred to hospital emergency departments, while 25% are managed at NGO hospitals.
- **Upcoming TWG events:** NO stated that the TWG is holding a seminar on health information systems that will aim to streamline information flow for trauma patients. The seminar will be held on 21 November and **an invitation will follow shortly.**
- **Dedicated limb reconstruction unit:** MoH, supported by WHO are establishing a limb reconstruction unit at Nasser hospital. The unit will have 2 operating theatres and 60 beds. It will be managed by a steering committee representing partners working in limb reconstruction. The unit will be a centre of excellence for limb reconstruction and osteomyelitis treatment. There will be standardised protocols and practices and all incoming EMTs will be deployed to work at the unit. The creation of a unified limb reconstruction unit would bring together all the different partners currently performing reconstructive procedures. This important step would centralize knowledge while rationalizing human resources, time, equipment and costs. Visiting medical teams would also be able to focus their interventions in a centralized way
  - The HCC asked if the MoH has committed dedicated staff at the new unit. MoH has skilled teams working on limb reconstruction across the Gaza Strip, but lacked the space and bed capacity; the establishment of the unit will solve this issue.
  - MAP-UK enquired about the existing limb reconstruction services at Shifa Hospital and European Gaza Hospital. MoH explained that they would keep these services for now but with the intention of eventually closing them so that all efforts can be concentrated at Nasser Hospital. Partners felt that this matter required more clarity.



Action points	Person/organization responsible	Deadline
OCHA was requested to provide further support on the online system to all nNGOs	OCHA	N/A
Health Cluster was requested to enhance resource mobilisation efforts	Health Cluster	December

#### Agenda item 4. Supply Monitoring System

- Bo Andren, Logistics Support Officer, presented the Supply Monitoring System (SMS) to the partners; Supply Monitoring System (SMS) is a new tool designed by the Health Cluster to have a better understanding of all cluster partner procurement activities. This will allow for improved coordination and procurement efforts. For the full presentation, please refer to Annex 2 SMS Presentation.
- Partners will need to submit stock reports by the end of each month so that we all have an overview of what has been delivered, what items are in the preposition and what is in the pipeline (4Ws). All this information will be displayed in a dashboard that is accessible to all partners.
- Islamic Relief asked if it would be easier if the MoH simply supplied their stock reports. BO replied that this tool will be used to coordinate all procurements, including those supporting NGOs.
- The HCC explained that this is still a test version that needs improvement. She also encouraged partners to contact BO for suggestions on improving the tool or if partners are facing any challenges in logistics.

Action points	Person/organization responsible	Deadline
Bo to review the SMS with key members of the Health Cluster, including the MoH	Bo Andren	20 <sup>th</sup> - 21 <sup>st</sup> November

#### Agenda item 5. Update on health attacks

- 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.
- BB asked partners whether they believe that a more strategic approach would be helpful and how this could be achieved.
- Heba Sharif, MdM- F, stated that the existing strategy is quite broad and can be used a basis for the advocacy working group to build on. Furthermore, there is a need for bottom-

up advocacy, by empowering CSOs and local NGOs; this should be the focus of the Health Cluster. HS stressed the importance of increasing partners' awareness of what is considered as a health attack. It is essential that partners understand the comprehensive definition of the attacks. Local partners need to be supported through protective measures.

- Mariam Muhanna, MdM- Spain, stated that the Health Cluster must have its own specific advocacy strategy. She also stressed that it is important to document all types of attacks on health. This includes compromised access to primary health, shortages in drugs and disposables, fuel and restrictions on entry of vaccines.
- The HCC agreed that it is important to include the impact of lack of funding would have on the already vulnerable health system.
- The HCC stated that partners in the cluster have been very vocal this year in advocating for the health needs; the regular Situation Reports, infographics and other material have all been developed with input from partners. These tools need to be better capitalized and promoted through various channels. The focus for the coming year should be on systematizing these efforts.
- Partners agreed to have a clear advocacy and resource mobilization strategy. WHO Advocay team would be keen to support this strategy and facilitate its development.

Action points	Person/organization responsible	Deadline
Establish a resource mobilisation and advocacy strategy for the Health Cluster. .	Health Cluster	TBC

#### Agenda item 6. Partner Updates:

- **NCCR** secured funds from the Humanitarian Reserve Allocation Fund. The main activity of the project is to provide rehabilitation services to families and to those injured from the mass demonstration. Four trained teams will provide outreach services, including providing assistive devices. The project also encompasses a clear referral mechanism, should patients need follow-up at the hospital.
- **UNICEF:**
  - United Nations Children's Fund (UNICEF) provided thirty-one pallets of Vitamin A and D (131,690 bottles), estimated to benefit 12,000 children for 9 months. UNICEF has also procured twenty phototherapy machines and five double wall incubators to support lifesaving services at the six neonatal units in Gaza. The machines will benefit 600 newborns each month.
  - UNICEF and Save the Children supported a study of the nutritional needs in Gaza. The initial findings of the report will be presented at the Nutrition-Working group on Wednesday 14 November 11:30am. UNICEF and Save the Children also conducted a workshop on infant child deeding during emergencies.

Action points	Person/organization responsible	Deadline	Comments
Nutrition Working Group meeting on 14 November @ 11:30am.	UNICEF	14 November	Meeting was postponed

**Any other business (AOB):**

- HCC explained that the Health Cluster will be conducting a review of its activities and laying the groundwork for 2019; this will be part of the Cluster Coordination Performance Review (CCPR); which will be followed by a one-day workshop. Further information will follow.
- The Health Cluster will be responding to the recent escalation of violence by releasing and repositioning supplies.

Action points	Person/organization responsible	Deadline	Comments
Health Cluster Partners to provide the HCC with an updated list of propositioned supplies	All partners	14 November	This information was collected and will be presented at the next Health Cluster meeting

**For further information:**

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