



Gaza Health Cluster Meeting Minutes

Date: Tuesday 14 February, 2019

Time: 10:00 AM-12:00 PM

Venue: PMRS Meeting Room

Chair: Abdelnaser Soboh, Health sub-Cluster Coordinator (HsCC) and Sara Halimah, Health Cluster Coordinator (HCC).

Participants: 42 participants representing 28 organizations (refer to annex 1).

Meeting Agenda

Agenda Item
Health Humanitarian Update
Exercise: to reflect on the cluster work, on what are the current attributes of the clusters, respective roles of the coordinator and the lead agency, cluster priorities in light of limited funding, cluster strengths and weaknesses
PMRS presentation on Trauma Assessment including needs, gaps and recommendations for effective response

Meeting Highlights

1. Health Humanitarian update

Fuel Update:

- MoH have announced that some hospitals have run out of fuel and estimates that the other critical public hospitals in Gaza will run out of fuel if no fuel made available. So far charities have donated about 150,000 liters of fuel enough to sustain critical departments. Furthermore, the Electricity Distributing Company (GEDCO) has connected most of the hospitals with extra grid feeding lines, which decreased the electricity cut-out hours to less than 3 hours, which will prolong the lifespan of available fuel to operate them from 3 – 6 weeks.
- A draft of a memorandum of understanding (MOU) is awaiting final signatures between MoF and GEDCO; MoF will cover the cost of the extra feeding lines project to hospitals and GEDCO will ensure the constant 24/7 supply of electricity to hospitals through the extra feeding lines. Once the MoU signed, the international community will reconsider supporting with additional fuel.

Salaries Cut off:

- The MoH in Gaza reported that 263 Health employees had their salary cut from the month of January 2019. Out of which 213 are reporting to duty, including 73 doctors, 32 nurses, 13 pharmacists, 11 lab technicians and 7 X-Ray technicians.
- Out of the total 213 on duty employees, 129 are working in hospitals, 49 in PHCs and majority of the remaining are working in high rank administrative positions.
- The new salary cut of 263 is added to previous similar action against 608 employees since July 2007.

Drugs:

- The Central Drug Store in Gaza, which supplies all 14 MoH hospitals (2,243 beds) and 49 MoH primary healthcare clinics (PHC) in Gaza. These health facilities provide 40% of Gaza's primary healthcare, covering approximately 600,000 people and 90% of all hospital care services.
- According to Gaza's Central Drug Store, at the end of December 2018, **42% of essential drugs** (217 essential medicines out of the total 516 essential medicines list) **and 23% of essential disposables** (192 essential disposables out of the total 853 essential disposables list) **were at less than one month's supply** at the MoH store in Gaza
- The Health Cluster partners stressed the importance of illustrating the overall impact of drug shortages on the lives of patients. Cluster agreed that the narrative around our messaging and particularly from the MoH needs to change.

Action points	Person/organization responsible	Deadline
To monitor the fuel availability at Gaza Hospitals	Health Cluster	Monthly
To monitor the availability and sufficiency of drugs and disposables at MoH health facilities.	Health Cluster	Monthly
Illustrate the impact of drugs shortages on patients	MoH	ASAP

2. Exercise: to reflect on the cluster work, on what are the current attributes of the clusters, respective roles of the coordinator and the lead agency, cluster priorities in light of limited funding, cluster strengths and weaknesses.

- The Cluster members had a reflective discussion on the current cluster modality and provided feedback. The feedback is the first step on the process of streamlining clusters work, upon the request of the Humanitarian Coordinator.
- The participants concluded the following points:
 - The Health Cluster conducts regular coordination meetings in Ramallah, co-chaired by the MoH. However, the internal divide between the PA and the de-facto authorities has, in practice, led to separate West Bank Health Cluster meetings and Gaza Health Cluster meetings.

- The frequency of West Bank Health Cluster meetings depends on the availability of key MoH staff; this often makes it challenging to ensure regular monthly meetings. In addition, the “Area C Health Working Group” operates under the West Bank Health Cluster; which is also co-chaired by the MoH. The primary function of the working group is to coordinate the mobile health clinics in Area C, and ensure that the most vulnerable communities are prioritised within the limited available resources.
- Gaza Health Cluster meetings take place once monthly, with key working groups to ensure more technical and focused discussions. In Gaza, there are three technical working groups, these include:
 1. Trauma Working Group- including MSF and ICRC.
 2. Nutrition Working Group- which meets on an ad-hoc basis depending on the needs.
 3. Emergency Preparedness Group- activated at the end of 2018.
- The overall coordination in the OPT is led by the Health Cluster Coordinator based in Jerusalem; supported by a sub-cluster coordinator in Gaza. A Health Cluster website was created in 2018 to ensure improved communication and information sharing: www.healthclusteropt.org. Situation Reports are issued every two weeks and shared amongst the international community, including donors.

Proposed changes to the Health Cluster:

- In order to ensure a lighter coordination process for partners, and enhance support towards operational service delivery, the following changes are proposed:
 1. **Gaza Sub-Cluster Coordination:**
 - a. Gaza Health Cluster meetings can continue to take place **monthly** due to the nature of the humanitarian situation in Gaza.
 - b. Trauma Working Group: this is the most active working group and will remain in place.
 - c. Nutrition Working Group: the working group will remain activated but will meet based on demand. The Nutrition Working Group serves primarily as a **monitoring function** to ensure that nutritional needs do not deteriorate to a critical level.
 - d. Emergency Preparedness Working Group: given the nature of the humanitarian crisis in Gaza, the Health Cluster considers this group as a key priority in 2019.
 2. Establish a “**Strategic Advisory Group**” (SAG) consisting of 9 representatives to help guide the strategic direction of the Health Cluster. This process will improve the efficiency of decision making within the Health Cluster and will also ensure that messaging from the Humanitarian Coordinator is clearly communicated to all partners through the SAG (as opposed to only the Health Cluster Coordinator).
 3. **Vetting of projects:** The elected Health Cluster vetting panel will continue to provide technical feedback on all projects submitted, with the aim to enhance the partner’s capacity, particularly for strengthening the projects submitted by nNGOs.
 4. **Information:** In order to streamline information and avoid ad-hoc information requests, the Health Cluster secretariat has agreed to develop an online ‘partner platform communication system’. This will function as a centralized and collaborative platform

that details the needs, monitors response activities (including drugs delivered by partners), and provides dynamic visualized response information; this system will reduce the ad-hoc information requests.

5. **Task Groups:** when time-bound, specific tasks are requested by partners, such as the development of the 'partner platform communication system', task groups with a temporary function will be activated. This will ensure better utilization of partner expertise.
6. **Thematic focused meetings:** in order to allow thorough technical discussions on key health topics, each general future cluster meeting will have a specific thematic focus, such as reproductive healthcare, mental health and psychosocial support.
7. **Advocating all duty bearers:** Humanitarian challenges in the oPt remain closely linked to political decisions, one example is the electricity crisis facing hospitals. The Health Cluster has requested a more targeted advocacy approach aimed at holding **all duty bearers** to account. This would also aim to reduce the increasing dependency on humanitarian actors.

Streamlining the HNO and HRP process:

- One of the most time consuming and burdensome tasks is the HRP process, which requires some 2-3 months of intense partner engagement. The Health Cluster proposes the following changes to the HRP process to ensure that it is a lighter:
 - An integration of HNO and HRP documents, in line with the suggestion proposed by the Humanitarian Coordinator.
 - Projects that are still relevant and received funding from the previous year, should be automatically approved on the system.
 - Remove the current 3 tier categories for projects.

Action points	Person/organization responsible	Deadline
To inform the cluster partners on final changes suggested by the Humanitarian Coordinator	Health Cluster Team	Next Cluster Meeting

3. PMRS presentation on Trauma Assessment including needs, gaps and recommendations for effective response

- PMRS has conducted Trauma Response Study and presented their findings including needs, gaps and recommendations. The study is under MoH review for validation before publication.

Action points	Person/organization responsible	Deadline
To disseminate the presentation and the full study report to Cluster partners	Health Cluster Team	Once released by PMRS

Annex 1: Participants

No.	Organization
1	AAH
2	Baitona
3	Care
4	CBBS
5	DWWT
6	GVC
7	Hayat center
8	Hayfa hospital
9	HI
10	Human Appeal UK
11	IOCC
12	IRPAL
13	JICA
14	MAP-UK
15	MdM-France
16	MoH
17	MSF- F
18	NCCR
19	NECC
20	OCHA
21	PMRS
22	QRC
23	St John Hospital
24	UHWC
25	UNFPA
26	UNRWA
27	Wafa Hospital
28	WHO