

Health Cluster Meeting Minutes

Wednesday, 27th November, 2019

Chair by	Dr. Sara Halimah, Health Cluster Coordinator, WHO, Ms. Maria Al-Aqra, International Coordination Department Ministry of Health (MoH), Dr. Abdelnaser Soboh, Officer in Charge WHO Gaza office.
Type of Meeting	General Health Cluster meeting
Venue	MoH Building in Ramallah with TC from Gaza City, PMRS Building.
Agencies present	UN Woman, UN OCHA, GVC, MDM Spain, MDM France, PMRS, UNDP, UNICEF, PCRF, MAP-UK, PRCS, MSF, Italian Agency for Development Cooperation, ICRC, JICA, World Vision, PHR, Turkey Doctors World Wide, El Wafa Hospital, Humanity & Inclusion, UNRWA, WHO, NCCR, Bethlehem Rehabilitation Society, UHWC, Al Ahli Arab Hospital, Qatar Red Crescent Society, Medico International, CARE, War Child, Danish Church Aid, MoH, HWC, MDM Switzeland, National Society for Rehabilitation, Polish Center for International Aid (PCPM), Welfare Association, Norwegian Representative Office (38)

1:15 hrs	Agenda item 1.2.3 Meeting Highlights	
Discussion	<ul style="list-style-type: none"> • Welcome remarks • Introduction by Her Excellency Palestinian Health Minister, Dr. Mai al-Kaila • Humanitarian Update followed by Q&A 	
Welcome remarks		
<ul style="list-style-type: none"> ■ Her Excellency the Minister of Health welcomed all partners, West Bank and Gaza to the Health Cluster meeting and thanked everyone for their attendance. The Minister emphasised the importance of transparency and openness amongst all players to help respond to the urgent priority humanitarian needs in Gaza and the West Bank. A joint meeting allowed the opportunity to collectively plan, prepare and respond to the ongoing chronic emergency and the ad-hoc acute events that negatively impact the health sector. All partners were thanked for their contribution to the health sector and in particular, WHO was thanked for their ongoing commitment to coordination as well as the Italian Cooperation Agency for their support in re-establishing the development coordination mechanism, namely, the Health Sector Working Group. ■ WHO representative, Dr Gerald Rockenschaub, welcomed MoH commitment to responding to the humanitarian needs in Gaza and the West Bank, and highlighted the importance in maintaining an operational space for NGOs to respond to the emerging needs in Gaza. 		

Humanitarian update followed by Q&A

- Her Excellency the Minister of Health outlined key humanitarian priorities:
 - The deficiency of MMR vaccines remains an outstanding obstacle and needs urgent attention.
 - Checkpoints, barriers, obstacles and the lack of permits to be able to deliver basic healthcare services to communities in Area C is a major obstacle to ensuring lifesaving healthcare to some of the most vulnerable communities. 185 communities have been identified as in need of urgent humanitarian health care.
 - Political prisoners in oPt is an ongoing priority and their rights must be protected under international law.
 - Shortages in vaccines threatens the public health situation.
- A further updated was provided by the MoH in Gaza, Dr. Medhat Abbas (MA), Head of the Primary Health Care services. MA thanked everyone for the opportunity to come together to plan, respond to and prepare for any shocks to the health system in Gaza. Key priority areas for outlined as in need of humanitarian interventions:
 - Medicine and disposable shortages in Gaza: In October, **46% out of the essential medications were reported at less than one-month supply** at the Ministry of Health Central Drug Store in Gaza, 2% less compared with last month; out of which 91% were completely depleted.
 - Trauma caseload: From 30 March 2018 until 31 October 2019, a total of 321 people have been **killed** and 32 512 **injured**³. Of those injured, 16 081 were treated at the **Trauma Stabilisation Points (TSPs)** and discharged. This has reduced the burden of casualties arriving at the **hospitals by an average of 49%**. The remaining 19 230 casualties arrived at the emergency departments (ED) of Ministry of Health (MoH) and NGO hospitals. Of them, 4328 were children. Out of 19 230 casualties presented to emergency departments (ED), 7824 cases were gunshot injuries; this accounts for 41% of the total casualties arriving at the hospitals. Of these gunshot injuries, 88% are limb injuries. Figure 3 provides a breakdown by affected body part.
 - School health: MA expressed a lack of hygiene and health promotion activities which has led to over 3,000 children with head lice.
 - Malnutrition: according to MA there is also an increasing rate of chronic malnutrition, and in particular high rates of anaemia. This is leading to poor growth and defects in growth and neurological development in children.
 - Spare parts: over 600,000 USD worth of spare parts for essential equipment is missing. This is hindering the ability to provide appropriate care to patients in Gaza.
- Her excellency welcomes the update from Gaza and confirmed that these issues will be made a priority. Malnutrition was a growing concern in Gaza but also in pockets of the West Bank, in particular in Area C. Health Cluster partners agreed that issues of malnutrition required a multi-sectorial response. UNICEF and WFP elaborated on their newly designed programme which will aim to tackle issues of malnutrition in the most vulnerable communities. A detailed plan will be developed and shared with all partners.
- Health Partners agreed that school health was a priority area. PCRF explained that in 2020 they have designed a project focussing on hygiene in schools, alongside increasing education awareness to improve knowledge and behaviour. WHO are also working on hygiene and

awareness and have recently procured and dissemination educational materials. HCC requested them to liaise with PCRf and MoH to ensure a properly coordinated approach.

- UNRWA also highlighted the increasing burden of NCD patients on their clinics. Minister stressed the importance of continuing to support UNRWA.
- UNFPA used the opportunity to highlight their programme on providing folic acid and micronutrients to Gaza. UNFPA also noted the deteriorating maternal mortality. Minister agreed that maternal mortality was a priority issue. However, there was some confusion amongst partners about the different layers of committees and coordination mechanism for MCHRN and neonatal care. MoH agreed to share the coordination mechanisms with all partners.
- WHO and Italian Cooperation stressed on the important of humanitarian development nexus programming, so that humanitarian activities were reinforcing the health system and consolidating efforts to strengthen the overall approach. Humanitarian response programming and development efforts should be closely aligned to financing streams to ensure a level of sustainability and avoid donor dependency.

Action items	Person/organization responsible	Deadline
UNICEF and WFP to present their new project to the Health Cluster	UNICEF /WFP	Following Health Cluster meeting
WHO, PCRf and MoH to meet and coordinate the school programme	WHO, MOH, PCRf	January
PCRf to coordinate their new neonatal programme with the MoH	PCRf	ASAP
MoH to share a list with partners on the different coordination committees concerning MCHRN	MoH	ASAP

30 mins	Agenda item 4 A brief summary of the HRP outcomes and Q&A	
Discussion	A brief summary of the HRP outcomes	

A brief summary of the HRP outcomes and Q&A

- HCC presented the outcomes of the HRP. Refer to Annex 1 and 2 for the summary.
- HCC noted that fewer local partners were applying for the HRP directly and were increasingly partnering with international NGOs or UN agencies. The number of local NGO self-led projects have decreased over the past few years. Furthermore, there was a significant decrease in the number of projects for the East Jerusalem.
- HWC and PMRS explained that this was a result of fewer donors wanting to directly fund local NGOs. The Italian cooperation explained that they would be willing to accept proposals that

were submitted through an Italian NGO for their upcoming humanitarian fund. Partners all highly appreciated this intervention and support from the Italian Cooperation. UNFPA explained that the lack of self-led projects by NGO is also due to the inaccessibility of the HRP; the whole process is only available in English and OCHA should look to make the process more accessible.

Action items	Person/organization responsible	Deadline
OCHA to conduct a review on how to make the process of the HRP more accessible for local NGOs	OCHA	ASAP
Partners agreed that East Jerusalem must remain a key priority for interventions in 2020	All Partners	None

15 mins.	Agenda item 4. AoB	Health Cluster Partners.
Discussion	<ul style="list-style-type: none"> ■ PRCS requested further discussion on the EMS needs and the constant delays and attacks facing prehospital care staff. Partners agreed that this was indeed priority area and should be tabled for discussion at the next health cluster meeting. ■ The Minister acknowledged that priority issues were not previously being discussed due to the lack of a coordination mechanism under the LACS. This will now be initiated once again and there will be clear coordination mechanism for strategic and development discussions to take place, with thanks to the Italian Cooperation onco-chairing such a mechanism. 	
Action items	Person/organization responsible	Deadline
Health Cluster to put prehospital care as a key agenda item at future Health Cluster meetings	Health cluster	Following Health Cluster meeting

The meeting was closed, and the Minister thanked all the partners for their participation.

For further information, please contact:

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