



Health Cluster Meeting Minutes

Date: Tuesday June 12, 2018

Time: 10:00 AM-11:00 AM

Venue: WHO Office – Gaza

Chair: Dr. Abednaser Soboh, Health Cluster Coordinator-Gaza (HCC)

Participants: 29 participants representing 17 organizations (refer to annex 1).

Meeting Agenda

Agenda Item	Organization
Humanitarian Update on casualties and needs.	WHO/ MoH
The second Humanitarian Fund Reserve Allocation.	WHO
Health Cluster Emergency Response Infographic.	WHO

Meeting Highlights

1. Purpose of the focus group

- The Health Cluster Coordinator (HCC) started the meeting by welcoming and thanking all participants for their attendance, and explained that this meeting has been conducted to update partners on the humanitarian situation in the Gaza Strip.
- The meeting also aims to discuss the allocation of the second Humanitarian Fund Reserve: how to apply, urgent needs and priority projects.

2. Humanitarian update

- Health Cluster and WHO publish regular updates on the humanitarian health situation in the weekly situation reports. All situation reports are available on the Health Cluster website.
- Drug and disposable shortages have reached unprecedented low figures. 50% of the drugs are at zero-stock levels last 2 months. This increased the out-of-pocket expenditure on health care, which adds extra burden on patients.
- The HCC advised that all proposed projects to include a component for the needed drugs, disposables or laboratory reagents if that is applicable.
- It is also important to allocate some funds to procure urgently needed spare parts.
- The Health Cluster supports MoH and NGO health facilities with fuel through the Humanitarian Fund. The available fuel is enough to cover health facilities until the end of August.
- MoH stated that the total number of injuries resulting from the current event (14,601) has surpassed those resulting from 2014 war. Out of this number, 7,885 required hospitalisation.
- MoH is still in need for vascular, orthopedic and limb reconstruction specialists.
- A total of 4,971 lower limb injuries have been hospitalized. The Trauma Working Group (TWG) has, so far, identified 350 - 500 casualties with comminuted tibial fracture. Those patients will need further management and intervention for the upcoming two to six years.
- MoH has created a committee to identify complex tibial fracture cases and to coordinate management efforts among partners. MoH is in the process of establishing a database of all patients (in particular those with comminuted tibial fracture) to regulate service provision.
- PMRS has stressed the importance of referring early-discharged patients to other NGO facilities for provision of postoperative and rehabilitation services.
- MoH, with the help of MSF, has developed a referral form in order to manage and regulate postoperative care provision among partners.
- The HCC has commended MSF on their role in managing vascular and reconstructive cases. He praised their role in alleviating some of the burden from the MoH by providing good-quality services, free of charge.
- Morocco has established a field hospital in Al-Zahra area. The hospital comes equipped and staffed by Moroccan military doctors and nurses.

- MoH also has provided the health cluster with the updated lists of MoH needs. These lists were uploaded to the cluster website where they are available to all partners.
- The MoH expressed a need for ambulances, as many of the ambulances are in bad shape and a lot of them were also targeted during the event.
- The Disability Working Group (DWG) that usually reports to the Inter-Cluster Coordination Group (ICCG) was recently established. Since disability is a cross-cutting group between all clusters, the DWG will be a coordination body that is responsible of highlighting issues related to disability and to ensure continuous care provision to people with disabilities (PWD) after crisis. The Group will also be responsible of collecting data and information on who does what, where and when, mapping service providers and monitoring service provision.

Action point 1 All proposed projects to include a component for the needed drugs, disposables or laboratory reagents.

Action point 2 MoH to share the methodology used in assessing complex tibial fractures with the TWG partners.

Action point 3 MoH to share referral form with TWG partners.

3. Allocation of the Humanitarian Fund Reserve

- The reserve allocation is intended for rapid and flexible allocation of funds in the event of unforeseen circumstances, emergencies, or contextually relevant, systemic needs. It can be used to fund projects that respond to the current events.
- The Humanitarian Coordinator (HC) has allocated a Reserve Fund with a total value of USD 3.75M to the Health Cluster. Another USD 500k were allocated to the protection cluster.
- This situation comes as a crisis on top of a catastrophe. Therefore, when responding to the health sector's needs, partners need to consider the impact of both the protracted catastrophe and the acute crisis.
- The trauma pathway follows the patient from the time of injury, management at TSPs, transfer to hospital, management at hospital departments, and finally to postoperative and rehabilitation care. Partners have played leading roles in providing services at every step of the pathway. PRCS in TSPs and transporting patients, PRCS, MAP- UK, PCRf, MDM- France and ICRC for hospitalisation services (through deployment of EMTs), and MSF, UNRWA and DWWT in postoperative care.,.
- People (beneficiaries) are always the health systems' main concern. The best projects are those that ensure delivery of good-quality health services to vulnerable populations, free of or at affordable charge.
- The preferred projects are:
 - Those aiming to improve healthcare services at any stage of the trauma pathway.

- Those that aim to reduce the impact of the current crisis on the public health sector and alleviate the burden on the health system.
- Those targeting patients with comminuted tibial fracture, including vascular and reconstructive surgeries, physiotherapy, rehabilitation, mental health care and psychosocial support.

4. Emergency Response Infographic

- The HCC has distributed an infographic of the Health Cluster emergency response. An updated version is available on the Cluster website.

Annex 1: Participants

No.	Organization
1	MoH
2	DWWT
3	MSF
4	UNRWA
5	PMRS
6	Hayat Center
7	Islamic Relief
8	UHWC
9	CBBS
10	HI
11	QRC
12	IMC
13	MDM- Spain
14	PCRF
15	El Wafa Hospital
16	PRCS
17	WHO