

Thursday 31st May, 2018

Meeting Called by	Sara Halimah, Health Cluster Coordinator, WHO
Type of Meeting	General Health Cluster meeting
Facilitators	Asaad al-Ramlawi - Deputy Minister of Health (Co-Chair), Sara Halimah, WHO (chair)
Venue	MoH Building, Ramallah
Agencies present	Palestinian Medical Relief Society (PMRS), The United Nations Relief and Works Agency for Palestine Refugees (UNRWA), Ministry of Health representatives Mobile Clinics and Primary Health Care (PHC); The United Nations Population Fund (UNFPA), International Committee of the Red Cross (ICRC), Medical Aid for Palestinians (MAP-UK), Welfare Association, UNICEF, Medico International, HWC, Coordination Office – AREA C – Office of the Prime Minister, World Health Organization (WHO).

Introduction

The focus of the meeting was to discuss the Cluster’s operational response ahead of the potential demolitions in Khan Al Ahmar and interaction with other sectors in advocating for the protection of this community.

10 mins	Agenda item 1. Review of the situation on the ground	Asaad Al-Ramlawi, Deputy Minister of Health (MoH)
<p>Deputy Minister Al-Ramlawi highlighted the fact that upcoming demolitions go well beyond issues of health or education but they have serious implications on the basic issue of Human Rights and deprivation of access to basic social services.</p> <p>From a health standpoint, Al- Ramlawi identified concerns of accessibility, availability and quality of services and interventions. As such, the right of Bedouin communities to health is being denied. Health determinants were identified, specifically those linked to housing, education, water and sanitation, among others. Water availability is perceived as a key survival precondition, as it has a direct impact on health, sanitation, farming, livestock, cost of living and income.</p> <p>Al-Ramlawi underscored the findings of a recent case study carried out jointly by MoH, UNICEF and WHO, which describes the growing incidence of stunting and malnutrition among Bedouin children, as well as anemia and other health-related complications facing lactating mothers along the disputed area.</p> <p>Al-Ramlawi stressed for the need to convene an urgent meeting involving Health Cluster partners in the visioning of emergency scenarios and the Ministry’s preparedness plan ahead of demolitions and violence in Khan al Ahmer.</p> <p>Lastly, Al-Ramlawi addressed the audience to insist on the urgent need for a common position and statement on the grave implications of eventual hostilities in Khan al Ahmer. Mobilization of the UN Agencies, NGOs and international community remains at the core of this effort.</p> <p>Health Cluster Coordinator explained that a joint statement by all UN agencies and humanitarian actors will have a stronger effect, rather than one addressing specific health issues alone.</p>		

Discussion (Key Elements)	Through the presence of the Ministry of Health and other agencies on the ground, a rapid needs assessment can easily be formalized.	
Conclusions	Establishment of a coordination mechanism to devise a plan identifying the frequency of visits by each agency, so as to avoid on site duplication of efforts.	
Action items	Person/organization responsible	Deadline
Scenario-based visioning and Emergency Preparedness meeting to be convened by MoH	MoH lead. PHC unit.	Btw. Friday, 1 June and Monday 4 June
Joint Statement on potential demolitions at Khan al Ahmer / Mobilization of International Community	TBC	June 4

30 mins	Agenda item 2. Contingency Planning – Khan Al Ahmer demolitions	MoH overview facilitated by WHO as Health Cluster Lead.
Discussion	<ul style="list-style-type: none"> PMRS is aware of the situation on the ground and will continue to provide Mobile Clinic services and add support during emergency peaks. Increased medical staffing + Emergency Teams and volunteer deployments are envisaged. First aid training to local health providers is going to be extended in two additional days. MAP UK is undertaking two visits per month, with focus intervention areas on maternal health, sanitation, and chronic disease, among others. 	
Conclusions	<ul style="list-style-type: none"> Health cluster partners to prepare for the upcoming emergency. As PMRS has staff at Khan Al Ahmer, they would be the best placed to serve as the first hand informers of the evolving situation on the ground. They would be expected to trigger alerts to MoH UNRWA, MAP UK, WHO and OCHA, who also have services in place and could rapidly upscale them. There will be an ambulance on standby as well. MoH to take the lead on scenario-based preparedness plan. The key advocacy objective of the proposed statement is to try and prevent demolitions from happening. A statement serve as a deterrent to violence, as well as future actions causing displacement and the forcible transfer of local communities throughout the West Bank. Preparedness plans should include a schedule of field visits before demolitions take place, as well as during Israeli intervention and post-facto – OCHA to mobilize international community. 	
Action items	Person/organization responsible	Deadline

See conclusions above	See above	Present week with a focus on imminent demolitions between today and 4 th June.
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20 mins.	Agenda item 3. HEALTH CLUSTER PARTNER UPDATES	Sara Halimah, WHO. Health Partners.
Discussion	Partners brief updates to the Health Cluster about their activities.	
<ul style="list-style-type: none"> • Agreement of an MOU between the Ankara Government and MoH will allow for a Turkey-funded hospital in Gaza to start running in a few weeks. Turkey will support the running and staffing costs in an estimated amount of USD \$20 million per year. • MoH shared updates on the delivery of 22 trucks with drugs and medical supplies to Gaza. Also, MoH sent 5 doctors: 1 Vascular Surgeon; 1 neurosurgeon; 1 paediatric surgeon, 1 emergency surgeon and 1 orthopaedic surgeon. • Medical Aid for Palestinians (MAP) has raised funds in the amount of £1.2 million, which will address needs in essential supplies for surgery, disposables for Gaza’s Central Blood Bank and limb reconstruction equipment, to name but a few. • UNICEF delivered 196 pallets of essential drugs and medical consumables to Gaza last week, which were procured on the basis of the Health Cluster needs list. Other items will be procured via the recently approved CERF funding and other UNICEF sources. Child development kits (toys, books) are available for immediate distribution at Khan al Ahmer, which serve children in the 0-6 age range. • WHO (on Gaza) - Most significant efforts in procurement are to happen at a later stage. With a dedicated budget of about USD 2 million, the list of drugs and disposables is presently being reviewed. WHO has also established a Trauma Working Group in Gaza, with the objective of bringing together all of the partners (prehospital, hospital and post hospital care). The Trauma Working Group includes representatives from the ICRC, PCRf, HI, PRCS, PMRS, MoH, MSF, UNRWA, MAP UK, Handicap International, the Wafa Rehabilitation Society, among others. Please explain the acronyms • ICRC highlighted its “Helping the Helpers” project, which provides training to facilitate psychosocial support in six major hospitals, as well as other emergency services in Gaza. • UNICEF to conduct nutrition interventions in Gaza. Comprehensive mapping of interventions is underway. • UNFPA to conduct training on the Minimum Initial Service Package for Reproductive Health in Emergencies. This training, to take place from 26-28th June in Ramallah, is meant for Health Cluster partners and a limited number of GBV Sub-Cluster partners using health as an entry point. 		
Conclusions	N/A	
<ul style="list-style-type: none"> • None 		
Action items	Person/organization responsible	Deadline

N/A	N/A	N/A
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WHO is the cluster lead agency.

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