



# Health Cluster Meeting Minutes

**Date:** Wednesday July 18, 2018

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

**Venue:** WHO Office – Gaza

**Chair:** Dr. Abednaser Soboh, Health Cluster Coordinator-Gaza (HCC) and co-chaired by Dr Ashraf Abu Mahadi, MoH.

**Participants:** 43 participants representing 29 organizations (refer to annex 1).

## Meeting Agenda

Agenda Item	Organization
Opening remarks.	HCC
Health Humanitarian Update.	WHO/ MoH
Fuel availability for hospitals' electric generators.	HCC
Impact of Kerem Shalom closure on partners' operations.	Partners
Partners Update	Partners
AOB	

# Meeting Highlights

## 1. Opening remarks

- 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 HCC expressed his appreciation for partners' cooperation and complementarity in responding to the crisis.
- The HCC also stated that the Health Cluster and WHO publish regular updates on the humanitarian health situation in the weekly situation reports. All situation reports, as well as other health information, are available on the [Health Cluster website](#).

## 2. Humanitarian update

- MoH indicated that drugs and disposables supply is mostly limited to those related to emergency healthcare services. This has affected other non-emergency services.
- Shortages in drugs and disposables have reached unprecedented low levels. 48% of drugs in the essential drugs list are at zero-stock levels. The main services affected by these shortages include oncology (65%), primary health care (61%) and kidney and haemodialysis services (41%). 29% of medical disposables are at zero-stock levels. The main services affected by these shortages are cardiac catheterization and open-heart surgeries (62%) and colostomy (33%).
- Israeli authorities have banned entry of helium gas. A quick assessment indicated that the total annual need of helium is currently 2500 litres (1000L for MoH and 1500L for NGOs).
- MoH expressed the need for allocating funds for spare parts procurement. Currently, there are 350 non-functioning items of medical equipment, at MoH facilities, in need of spare parts and maintenance. MoH annual need of spare parts procurement and maintenance is around 4 million USD.
- UNICEF has stated that the Japan Supplementary Fund has reallocated some funds to procure spare parts needed by the MoH. UNICEF has requested MoH to provide them with the updated list of the urgently needed spare parts to accelerate the process of procurement.
- MoH stated that the cleaning companies contracted by MoH to provide services at health facilities have not received any salary payments for 6 months. This threatens continuity of services if cleaners go on strike. The monthly cost of cleaning services is about 277,000 USD.
- Since May, provision of catering services to patients have been stopped in all hospitals. Catering is provided only to medical staff by some charity organisations.
- MoH stated that the PA contribution to the health system, for the months of May and June, was 2,257,916 USD. (refer to annex 2)
- In a meeting with the Humanitarian Coordinator, the HCC expressed the need to review the white paper, since the number of casualties resulting from the ongoing mass demonstrations has surpassed expectations. This is highly affecting the health system and draining its resources.

- This situation comes as a crisis on top of a catastrophe. Therefore, while focusing on the current emergency, it is crucial to consider the impact on the wider health sector. Some of the main issues facing the health system include the fuel crisis, service rationalisation and shortages in drugs, disposables and equipment.
- The HCC stated that approximately 7,000 elective surgeries have been postponed due to the influx of trauma casualties and the lack of bed capacity.
- Approximately 1,200 cases of injured people will be in need of limb reconstruction, and will require up to 7 surgeries each. More than third of those cases are expected to develop osteomyelitis, third of which might undergo amputations. The estimated cost of care for these patients is about 30K- 40K USD per case.
- When dealing with prolonged emergencies, it is easy to become desensitised to the events. However, as humanitarians, it is important to remember that those numbers represent patients that have a right to health. Therefore, service providers need to tell the story behind the numbers to portray patients' suffering and advocate for their rights.
- The HCC has commended the work of Al-Salama Society in sharing the story of 5 patients injured in the events.

**Action point 1:** To allocate funds for spare parts procurement.

**Action point 2:** MoH to provide UNICEF with an updated list of the urgently needed spare parts.

### 3. Fuel availability for hospitals' electric generators.

- With a rational use of electricity, MoH hospitals need a total of 500KL\month of fuel. The Health Cluster also supports UNRWA and NGO hospitals with 25KL\mon and 35KL\mon, respectively. This fuel is essential to sustain the health services and alleviate the burden from the MoH.
- Shortages in fuel availability have forced service providers to rationalize further electricity consumption, which has affected negatively some services.
- The available fuel is enough to cover approximately 3 weeks of August. This might drive the MoH to close some of their hospitals to sustain certain services. It might also force the Health Cluster to cut the NGOs' fuel share.
- The HCC asked all parties to take their responsibility in protecting the health system. The Health Cluster is pushing towards securing funds to avert the crisis. However, in light of the current situation, the HCC has urged organisations that have allocated emergency funds to consider using them to overcome the impending fuel crisis.
- In response to this crisis, the WASH cluster has agreed to support the health sector with some of their fuel allocation, so Health Sector can secure 42KL for MoH and NGOs Hospitals during August. OCHA clarified that this is only a temporary solution that helps delaying the impact of fuel shortages on health services delivery but is not enough to meet the needs. The HCC mentioned that the Health Cluster is aware of the severe

consequences that WASH fuel shortages may have on the health system and will be keeping a close eye on the public health hazards.

- The HCC stated that alternative energy generation options are under study. Solar panels are already being used to generate electricity in some hospitals. However, due to space limitation, which does not allow setting enough panels, the generated power is insufficient to operate all hospital services.

#### 4. Impact of Kerem Shalom closure

- Israeli authorities claim that, despite the closure of Kerem Shalom crossing, they are allowing entry of medical supplies.
- The HCC stressed on the importance of reporting any obstacles encountered in delivering medical supplies through Kerem Shalom.
- OCHA stated that these procedures are considered a collective punishment and, while addressing priority needs, we also need to advocate for lifting the blockade as a whole.

**Action point 3** Partners to report any obstacles encountered in the delivery of medical supplies through Kerem Shalom.

#### 5. Logistics support from the Health Cluster

- The HCC introduced Mr Bo Andren, the new Health Cluster Logistics Officer. Mr Andren has previously worked with other agencies in the oPt and is familiar with the Palestinian context. He will be responsible of supporting the Health Cluster with logistics issues.
- Mr Andren asked all partners to report back to him if they face any issues, so he can properly channel their complaints to the right party and guide them on how to proceed.
- Mr Andren could provide help and guidance at the procurement, transport and storage stages. Partners are to report to him about the types and quantities of drugs, disposables and equipment they plan to procure, keep him updated on shipping status and inform him of items in the pipeline and those that are prepositioned.
- Mr Andren explained that the Health Cluster got a preliminary green light from the Israeli authorities for exporting items from Gaza was only for medical samples for testing at laboratories in Israel. Further efforts will be spent to obtain the same green light for medical equipment. There will be a meeting with the Israeli authorities on the first week of August to work out the procedures.
- Ahli Arab Hospital complained that some pieces of equipment were missing from a recent shipment. The Logistics Officer will be following the issue.

**Action point 4** Partners to update the Logistics Officer on all stages of procurement, shipping and storage.

**Action point 5** Logistics officer to design a template to track procurements and other logistics issues.

## 6. Cluster updates

- WHO has asked all partners to report any attacks on health to ensure proper documentation.
- The Nutrition Working Group (NWG) has been reactivated as a sub-cluster led by UNICEF. NWG include all partners working in nutrition and report to the Health Cluster. Three meetings have been conducted to map service providers and consolidate data from all organisations.
- A nutrition needs assessment is planned by Save The Children to assess the local needs.
- The Disability Working Group (DWG), which reports to the Inter-Cluster Coordination Group (ICCG), has conducted one meeting last month. Another meeting will be conducted this coming week to collect data and information on who does what, where and when, map service providers and monitor service provision.
- The Trauma Working Group (TWG) continues to monitor the follow of patients at every stage of the trauma pathway, from the moment of injury, management at TSPs, transfer to hospital, management at hospital departments, postoperative and finally to rehabilitation and psychosocial care.
- OCHA has asked to add a section in the weekly situation reports that indicates the remaining gaps in the health sector's needs.
- Ahli Arab Hospital (AAH) said that they are expecting an orthopaedist from USA to perform reconstructive surgeries. All services are provided for event's casualties free of charge.
- AAH warned that many of the received injuries are infected with Klebsiellae.
- Humanity and Inclusion (HI) stated that some assistive devices are not available in the Gazan market and advised partners to place early orders to avoid delays in delivery. The top priority assistive devices needed include wheelchair with extended leg (45 and 50), crutches and air mattresses.
- PCRF are in the process of procuring 230 wheelchairs and 200 external fixators.
- MSF introduced a new partner under the MSF umbrella from MSF- Belgium.
- Ard El Insan provided a table showing the number of iron-deficiency anaemia and rickets cases. (refer to annex 3)

**Action point 6** To add a section in the weekly Sit-Rep to indicate the remaining gaps in the health sector's needs.

**Action point 7** To add Ahli Arab Hospital to the Trauma Working Group.

## Annex 1: Participants

No.	Organization
1	MoH
2	OCHA
3	GVC
4	MSF- France
5	MSF- Belgium
6	MAP
7	ICRC
8	Ahli Arab Hospital (AAH)
9	Ard El Insan (AEI)
10	UNRWA
11	PMRS
12	UNICEF
13	National Society for Rehabilitation (NSR)
14	Public Aid Hospital
15	Hayat Center
16	Islamic Relief
17	UHWC
18	CBBS
19	HI
20	DCA \NCA
21	IMC
22	MdM- Spain
23	MdM- France
24	PCRF
25	El Wafa Hospital
26	PNGO
27	Baitona
28	UNSCO
29	WHO

## Annex 2: PA contribution to the health system

### Total donations to MoH from 1/5/2018 to 30/6/2018

#	Item	Needs	PA contribution	Donations	Total	Remaining needs
1	Drugs	7,200,000	1,623,507	3,452,055	5,075,562	70%
2	Medical disposables	2,200,000	448,903	851,847	1,300,750	59%
3	Lab reagents	1,000,000	185,506	145,437	330,943	33%
4	Spare parts/ maintenance	2,500,000	0	59,471	59,471	2%
5	Medical equipment	2,100,000	0	1,939,839	1,939,839	92%
6	Ambulances and spare parts	1,400,000	0	0	0	0%
7	NGOs	3,000,000	-	-	-	-
<b>Total</b>		<b>19,400,000</b>	<b>2,257,916</b>	<b>6,448,649</b>	<b>8,706,565</b>	<b>45%</b>

## Annex 3: Distribution of IDA and Rickets cases among children under five, in the last 3 years.



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Distribution of cases of nutritional Anemia and Nutritional (Vitamin D deficiency) Rickets amongst children under age five detected in AEI centers in Gaza and Khanyounis during 2016, 2017 until 17/7/2018

Diagnosis	Years			Total
	2016 (1/1/2016-31/12/2016)	2017 (1/1/2017-31/12/2017)	2018 (1/1/2018-17/7/2018)	
Mild Anemia <11gm/dl	5459	7513	3541	15513 541 Cases/m
Moderate Anemia <10gm/dl	1951	1632	1567	5150 169 Cases/m
Severe Anemia <7gm/dl	28	31	41	100 3 Cases/m
Total IDA	7438 372 Cases/m	9176 456 Cases/m	5149 502 Cases/m	20763 433 Cases/m
Rickets	1413 118 Cases/m	1278 107 Cases/m	819 126 Cases/m	3510 115 Cases/m