

# Gaza Trauma Working Group

MoM from August 7<sup>th</sup> 2018 @12:30

Present: MSF; ICRC; MDN; MoH; UNWRA; Al Awda Hospital; WHO

## Agenda (see attached presentation)

- Opening remarks and introduction
- Trauma update / Health Cluster news
- Partner updates
- Outcomes from:
  - Post-op and Rehab sub-group meeting
  - Limb reconstruction sub-group meeting
  - TSP Workshop
- Action points from last meeting
- AOB (Any Other Business)

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## Opening remarks and introduction:

### WHO: Welcome to partners

- Welcome to WR (Dr Gerald Rockenschaub) and Emergency Lead (Dr Ayadil Saparbekov)
- Review of the agenda
- There is now a “Working Groups” Tab on the Health Cluster website at: [healthclusteropt.org](http://healthclusteropt.org) (MoM and supporting documents can be found there)

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## Trauma update / Health Cluster news

### WHO: Latest updates from the cluster

- Updated situation report can be found at: <http://healthclusteropt.org/pages/3/situation-reports>

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## Partner Updates

**MDM France:** Starting a project on Post-Op, upgrading MoH clinics. Bringing 5 nurses and 1 doctor to start capacity building.

**ICRC:** The Al Shifa ward has not yet opened. One floor of 10 beds will be open tomorrow. Deployed one OT and one surgeon currently deployed for the surgical unit.

**MDM Spain:** Will follow the agreed definition of limb reconstruction and will update the EMTs calendar. Four medical teams from October 13th for 8 weeks for limb reconstruction at Al Aqsa Hospital. Late August there will be another screening session. The middle area is underserved area, so teams moved from Nasser Hospital to Al Aqsa (at MoH request). The primary pool of patients will come from the Middle Area. They are aiming for more than 60 surgeries. MDM France will be providing the rehabilitation to the patients as a follow-up.

**Ministry of Health (MoH);**

**Rafah:** there is currently only one TSP in Rafah. All cases are going through the TSP. There is a dedicated scissor staff and a dedicated oxygen staff, plus a cannula and assistant. Lessons from the TSP workshop have been already incorporated.

**Khan Younis:** 40 injured patients were seen last week, 10 were gunshot injuries. Only 10% are referred to hospital. On Friday the TSP coordinator conducted a follow-up session with the staff of the TSPs. Feedback from colleagues is positive.

**MSF France:** Closed one clinic in Nasser Hospital and will relocate in Juhor Adheek in order to reach more patients in need of physiotherapy. 4 clinics running post-operative care for physiotherapy and dressing. Two surgical teams will work in Dar e-Salam and Shifa Hospital, 5 cases per day mainly orthopaedic and plastic. In Al Shifa Plastic surgery and in Dar-e-salaam for early limb reconstruction work. MSF to support the increased waiting list for elective surgery by conducting some elective surgeries. MSF France planning on referring patients to Amman, approximately 15 patients per months, but bureaucratic visa restrictions are making it challenging. MSF is continuing to support the central laboratory to upgrade the local capacity. Until the central laboratory is up-scaled, samples are being sent outside of Gaza for testing and diagnosis. Moving the samples from Gaza to the laboratory outside of Gaza is again another obstacle. At the end of august, MSF will be deploying a microbiology specialist. Major gaps in equipment and supplies in order to upgrade the laboratory. Will be deploying a surgeon next week and will be sharing his experience with the cluster in addition to conducting surgeries.

MSF to liaise with WHO to support the delivery of the samples.

There was some confusion on the amputation committee. All patients in need of amputation are in need of a second clearance from the amputation committee.

WHO to follow up on understanding the requirements for limb amputation.

**MSF Belgium:** Continuing efforts in Al Awda Hospital for surgery, post-operative and rehabilitation.

**UNRWA:** UNRWA continues to provide post-operative and rehabilitation care at the 22 primary healthcare centers. UNRWA is receiving referrals from the ICRC. UNRWA will be receiving the fund for covering the costs for elective surgery, but funding for this is still pending.

**Al Awda Hospital:** Providing services to injured patients every Friday and offering surgical and elective cases during the week. All patients arriving at Al Awda Hospital are first stabilised at the TSPs.

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## **Outcomes from:**

### **WHO: Post-op and Rehab sub-group meeting**

- Agreement on an online system to prevent duplication of services - Live in one week
- Online survey to map available resources have been almost completed (waiting UNRWA input)
- Mental Health Support is limited for the post-op cases. Only ICRC providing.
- Next step is to design a “tick box” discharge form for hospitals that will also include the availability of services and contacts of the different providers.

**MDM France:** is opening a project in Al Aqsa Hospital in order to follow patients from the emergency department to other area as an offer for psychosocial services at the acute phase of the support and also to follow the patients.

Partners asked for clarity on the patients: NO explained that the initial total number of caseload from the first survey revealed that only 3.456 patients are currently receiving services from the different providers. MoH also does follow up of physiotherapy services which has not been mapped on this system.

- WHO to contact MoH physiotherapy department.
- Partners are requested to provide the location of the facilities.











### WHO: Limb reconstruction sub-group meeting

- Agreement on the definitions of early limb and late limb reconstruction
- Agreement on the principle that a single centralized, well equipped, limb reconstruction unit and microbiology lab, would be beneficial for the patients and the system.
  - The aim is to achieve a Center of excellence for limb reconstruction and osteomyelitis treatment.
- Next step is to bring together MoH and partners to discuss the way forward
- Meanwhile, there is a need to set up and standardise the limb reconstruction protocols and guidelines.

### WHO: TSP Workshop

- MoH and PRCS were invited by WHO to agree on the general concepts, design, equipment, HR composition, and training needs.
- Next step is to finalize the report and get MoH endorsement. After that, start the procurement process and identify a provider for the training.
- ICRC trained instructors for ERTC courses or MAP-UK, PTC trained instructors ?

### Action points from last meeting

Partners requested feedback on MDS	Partners	
Agreement with MoH on reporting modality from partners who work imbedded	WHO/MOH	
Partners to provide the definition of limb reconstructive surgery and then to take the key overlapping elements and agree the definition. MAP-UK suggested to have limb reconstruction defined at different levels.	Partners and Chair	
Partners to write to the Health Cluster Coordinator to highlight any problems of suppliers, available of medical supplies.	Partners	
MDM France to provide the curriculum of the training package for TSPs and PHC	MDM France	
Request for a follow-up meeting with all the rehabilitation providers	Chair	
Partners to update the EMT calendar	All partners	
MAP-UK to set up a centralised database of limb reconstruction	Partners	
Limb reconstruction meeting to set standardised protocols.	Partners	
WHO conducts TSP workshop	Partners who are all involved in the TSPs	

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## Action Points

- WHO to meet with MOH to initiate the trauma care checklist in the hospitals.
- WHO to keep developing the EMT-CC setup
- WHO to get endorsements of the TSP –WS report
- WHO to organize a workshop to discuss Limb reconstruction strategy
- Partners in the Post-Op and Rehab group need to send the exact location of their services in order to create a geographic map of services.

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## AOB

- Partner raised the issue of counting osteomyelitis cases – NO explained that this will be included in the MDS.
- Partner- how often will the discharge form from the hospitals be updated? – NO explained that the doctors do not sufficiently complete the discharge form. Post-op and rehab group agreed that the minimum to act upon is to develop a local database amongst the key partners. In addition, WHO will provide a minimalist form in order to try to get doctor's collaboration

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