Meeting Summary	
Meeting Purpose	(via Teams) 2021 project plans
Date and Time of Meeting	Thursday, January 21st, 2021 @12:30
Meeting Organizer	Thanos Gargavanis
Meeting Minutes Taken By	Reem Makhool, Hazem Khwais, Thanos Gargavanis

Attendance at Meeting:	
• Thanos Gargavanis WHO • Hazem Khweis WHO • Reem Makhool WHO • Ahmed Abuteir WHO • Dr. Bashar Murad, PRCS • Arel Jarus-Hakak, PHR • Yasser Abu Jamei • Reham Shaheen, HI • ICRC	• Dr Abdullatif Al Haj, Director General of the ICD • Dr. Mahmoud Mattar • PMRS • MAP-UK (Mahmoud Shalabi) • Al Ahli Arab Hospital • Al-Awda Hospital and MSF Belgium • EMTCC • Suhail Flail (PCRF)

	Updates and Summary
Introduction and Overview Dr Abdulatif Al Haj (MoH ICD)	**Thanos**: Want to hear about all partners' activities. This is the first Trauma Working Group of the year, and I thought to do a brief update on the trauma activities, and hear from the partners what is the purpose of their activities and make sure that the COVID-19 pandemic did not hit that hard all the trauma activities in the field. **Dr. Abdellatif:** thank you, all and welcome to all partners to joining this important meeting. Last month we were focusing on COVID-19, the situation is still mainly working on COVID-19 for MoH and all our partners, NGOs and our partners from international organizations. More than 90% of our work is COVID-19 related. This last week we have seen a decline in admission of severe cases. We are measuring how our health facilities are coping with this pandemic. We could pass this at the end of March, middle of March. There are talks about another

	wave that will have a peak in February. In the north governorate in Gaza Strip, some are 50% of more are infected. Our second main challenge in Gaza is COVID-19, and the first challenge was trauma regarding emergency. We are still dealing with the consequences of the GMR either in the health facilities of the ministry of health mainly in Nasser Hospital at the LRC. MSF established the osteomyelitis unit at Nasser Hospital. This unit was also affected by COVID-19. It was occupied with cases of COVID-19 and now they have released almost 95% of that unit working at full capacity. There are many COVID-19 cases at Nasser Hospital but we don't have enough beds. EGH is closed, and all surgical services are shifted to Nasser. There is high pressure of cases. We are still using 50% of the unit's capacity. We are shifting, and stopped working on bone culture at Rantissi (which was established with the support of MSF France). It will be shifted to Nasser now. We have at Nasser an osteomyelitis unit. Online communication between our staff and experts from outside the Gaza Strip. We still have a big percentage of accidents in Gaza, trauma patients, before GMR our LRC was working on these groups of people who suffer from accidents that require reconstruction for the limbs. It is possible in the coming weeks, to make it possible for missions to come in. Hopefully next week will give back the remaining space of osteomyelitis unit to MSF. We are shifting the laboratory services as well. We stopped working with Rantissi, shifted to Nasser. We will have a unit for these cases and special intervention. He mentioned the complementarity of service at Nasser: Lab, Ost and LR surgery. He alluded to online communication with external parties. Trauma cases are not only the result of GMR but cases from accidents which still need LRC interventions. Hopefully international missions will start come into Gaza after travel restrictions easier due to COVID-19 which might require a meeting for the steering committee for the LRC and multidisciplinary team to agree on and update a workplan for all stakeholders. Hope to take place in March. EGH hopefully will resume its medical services in march and not only for COVID-19 treatment and will allocate the Turkish hospital as a CVOID-19 hospital. He asks both Dr. Mahmoud and Dr. Attar to provide briefing Challenges: • Biggest challenge at the moment is the COVID-19 outbreak. More than 90% of our work is COVID-19 related. • MSF F established the osteomyelitis unit at Nasser Hospital, but the unit was also affected by COVID-19. • Big numbers of COVID-19 cases at Nasser hospital, but not enough beds.

	• EGH is closed and all surgical cases were transferred to Nasser Hospital. Future: - Hopefully international missions will start come into Gaza after travel restrictions easier due to COVID-19. - EGH hopefully will resume its medical services in March, not only for COVID-19 treatment and MoH will allocate the Turkish hospital as a COVID-19 hospital Still dealing with GMR related cases, especially in the LRC at Nasser Medical Complex. Second main challenge is trauma. Trauma was main challenge for the health sector in Gaza, until COVID 19 hit. Thanos: COVID-19 is the major issue of concern in Gaza, but right now we see that 80% incoming patients in the Gaza MoH Emergency Department have as their main complaint Trauma, minor injuries included This is a huge number. While COVID-19 is an issue, we should continue paying attention to other causes of disease as well. It is encouraging that COVID 19 patient numbers are in decline because this gives the opportunity to fully optimise the osteomyelitis unit that MSF-France has supported in Nasser Medical Complex which is highly needed for osteomyelitis patients.
Dr. Mattar (MoH Manager of the LRC)	The major remaining problem is always COVID 19. Stock for implants for the LRC patients: • According to Dr. Mahmoud: there is enough supplies to accommodate the needs for 150 patients. Challenges: • Some of our medical staff got infected from COVID • Patients with scheduled surgeries refused to come to the hospital. • Some of our health staff, working in the LRC are still on temporary contracts, especially nurses. Because of COVID 19 they are re-positioned to other programs and this is causing disruption. It is a waste of time to be training new staff, for the needs of the LRC, all over again. • Microbiology: we used to take two samples, one at Nasser Hospital and one at Rantissi Hospital, but there was a big discrepancy between the results of the two lab tests. Out of 25 bone samples sent for lab tests per month, the results of 80% of them were different, a different germ was detected. • We don't have enough isolation rooms in the LRC. We are obliged sometimes to be keeping two patients in the same room – this is against international protocols. • The LRC patient database is still not ready to be shared with partners Present:

	• The LRC surgical activities were never put on hold. Our average rate is approximately 15 surgeries per month. Number of consultations in the outpatient clinic is nearly the same, as before the pandemic. • We have an online training program. The first part of it was supported by WHO, with weekly case discussion meetings with Professor of Orthopedics Malizos. For the next part of this online training we aspire that this becomes an official part of the residents' curriculum. • Another training activity is taking part with the support of MSF-Fr and MSF Belgium, where again, Limb reconstruction cases are discussed. • Moreover, MAP UK is also supporting us with material and consultations over distance, with specialised Limb Reconstruction surgeons from UK. • Currently there are 15 beds in the ward, covering most of our requirements and demands. We hope that COVID 19 pandemic gets controlled soon, so that we stop to be obligated to hospitalise COVID 19 cases, whenever there is a lack of beds for hospitalisation • We need to continue ensuring our patients' post-operative rehabilitation, especially after discharge Needs: • We need a room with good ventilation system – currently not available. • We aspire to intensify and improve the online training activities. • Currently in the LRC we operate civilian and non-civilian injuries (expl: Conflict and non-conflict injuries). The facility is covering post traumatic rehabilitation. We are still looking to further improve these services. • We need to increase the number of available health staff. We want to upgrade our lab capability at Nasser Hospital, and increase cooperation between MoH and MSF France to include non-war related patients.
Q&A	Q1: Percentage of discrepancy in the bone samples lab results: 25 sample per month – an estimate of 15-20 samples/case. More than 80% of these results come with different germ, as the main pathogen. Q2: Are the results consistently reliable from the Rantissi lab? Yes. Are the variations from both sides? The last samples shifted to Nasser. I rely on the Rantissi lab, because it is the only one equipped for osteomyelitis. Q3: Any updates on LR database? All our database is kept with the technical coordinator who is collecting the cases. We have our own data list (not included in Nasser Hospital). We have our registry books. We have about 50 patients waiting for surgeries (this includes civilian and non-civilian injuries – (Thanos: better to call them conflict or non-conflict related patients, better terminology) We are operating about 250-260 patients.

	Most of our patients don't get operated and go home. We need to secure their post op rehabilitation. Thanos: we are expecting a moment where all partners will be having access to the LRC database. This is ongoing process and sharing of LRC patient's data has to be encouraged by the LRC steering committee. It has to be emphasised again that the LRC is not only supported by WHO. MSF-F, MSF-Belgium and MAP-UK contribution has to be highlighted, for their work on LR patients, as well. Q4: can we extract the number of people in need for rehabilitation services to enhance referral among different actors? We started with a specially adapted rehab protocol since the beginning. Dr Mattar can provide info to partners bilaterally Q5: Suhail Fleil, from PCRF highlighted that if there is a need for orthopedic equipment like external fixators, PCRF have a pre-positioned stock that can be donated if needed.
Mahmoud Shalabi (MAP-UK)	Challenges: • We had a trauma project specifically dedicated to working with emergency departments. However, this project has been closed for various internal and external reasons. • COVID 19 situation dictated to us not to have any medical missions in 2020 • COVID 19 pandemic changed everything: Apart from the risks associated to us, being in the field as a health organisation, it affected us also by not allowing international missions to reach Gaza, resulting in the cancelation of 33 missions in 2020, out of 34 planned. We were able to conduct only one mission This reduced the linkage between local teams and international surgical teams. This affects patients. The majority of missions that we bring are for critical and very complex cases, sometimes life-saving cases. • Online courses are great, but not easy. This is a new form of training, and people have to adapt to it. Future: • The project we want to implement in the near future will reduce the load on emergency departments and at the secondary level. We need to coordinate with partners, like WHO and others who are working on TSPs, Primary Healthcare clinics, etc. • We have partnership with external partners. We have a program targeting 110 residents at MoH, providing them access to an online academy, InCision Academy, providing them online training courses in orthopaedics, general surgery and neurosurgery. The training modules are chosen by the MoH based on the provided curriculum. For a Resident to fulfil successfully the distance module, they have to succeed in the final test. These courses are chosen carefully. • We will coordinate with Dr. Mattar about their needs at the LRC. • We encourage multidisciplinary team meetings. We started this with limb reconstruction since 2016. Thanos:

	Can you summarise the biggest issue you face with COVID-19, apart from the danger of infection? Mahmoud: Apart from the risks associated to us, and being in the field as a health organisation, it affected us by not allowing international missions get in, cancelling 33 missions in 2020 out of 34. We were able to conduct only one mission This reduced the linkage between local teams and international teams. This affects patients. Majority of missions that we bring are for critical and very complex cases, sometimes life-saving cases, so we have to adapt. Going to online courses is great but it is not easy. This is a new form to people to adapt to. They have to learn the means, proper internet connection, the interest of people is something you have to invest in, and have to have the input from MoH. One investment was a failure because MoH wasn't a great encouragement (last year). We are investing more with them this year. We agreed with them that some will be part of the curriculum and that people have to pass 60% to pass the course. I believe that getting ceremonies, rewards, who have completed levels and graduated, to recognise their efforts to move forward. Thanos: engagement is difficult but we should all be working on it. We faced the same with the WHO distance learning initiative.
Dr. Mohammad Al-Attar (MoH ED)	Plans for next year, the operation plan at MoH and emergency department: two levels 1. Emergency Medical Residents who are participating in emergency program. More than 20 persons involved. We want to invest in this project to improve quality of health services in all hospitals designated as trauma hospitals. Main goal for the comping year. 2. Mass Casualty Management training – focus on the same hospitals (6 main hospitals in the Gaza Strip) to establish a strong for disaster and emergencies and mass casualties training. We will focus on emergency departments, and then we will involve other levels in the hospitals.

Al-Ahli Arab Hospital	Dr. Fady, Orthopedic surgeon in Al Ahli Arab Hospital: Work the last two years: We managed 517 patients. 750 surgeries done in the last two years. 4,500 patients visited our outpatient departments. 90 internal fixations were done. Joint fusion about 46 cases. 30 cases internal fixation???. Bone 30 cases. Challenges: • COVID-19 has affected our work. Because of the special regulations and the consecutive lockdowns, number of patients has decreased. We tried to benefit from this situation, and we worked on other projects, attempting to relief the waiting list for elective operations on MoH hospitals. We didn't work on trauma patients, but we worked on elective cases. Dr. Mattar talked about patients moving from one medical centre to another, and how patients move after they are operated in one place and decide to go somewhere else, what is known as health services shopping. **Dr. Mattar requested to comment**: I want to add that regarding the number of patients moving from one centre to another: one patient operated in MSF or Ahli, he is shifted and is relied on himself and went to Ahli and then to MSF and then to LRU, this is challenging. Because patients can leave us and go somewhere else. **Thanos**: This is major issue faced regarding patients at LRC. We encourage transparency by sharing the patients' database among partners.

MSF-Belgium and Al-Awda Hospital	**Rachelle**: we were fortunate to stay open and functional throughout the pandemic. It affected us in several ways: Reduction of numbers of patients gathering. Restructuring how we would be servicing the patients. Surgical and operations decreased in the last months making sure that patients had negative PCR tests. Reduction in capacity. But we were able to stay open and functional this entire time. Activities: we are continuing. We opened the intervention in the first place for GMR patients. We have opened up our criteria, and we take non-conflict related injuries if they can be serviced amongst our criteria. Patients have the opportunity to be receiving orthopaedic and plastic surgery. We've been taking paediatric patients since June. We've been trying to work on a clear referral pathway for patients coming from different MoH structures to have a smoother transition between their structure and our structure. **Dr. Ola:** 1032 trauma patients, 837 were GMR, rest are trauma adult and paediatric cases. 438 GMR patient underwent operations. 1590 surgical cases. Numbers decreased because no new GMR cases in 2020. 78 new GMR were newly admitted in 2020. 300 surgical interventions were provided to these 78 cases.
Reham Shaheen (Humanity & Inclusion)	• Faced COVID 19 related challenges, mainly of decreased number of beneficiaries. This is due to suspending of rehabilitation services (primary health care centres, UNRWA, MoH) suspending HR partners activities, we adjusted our activities to sustain basic level. • Went to remote module for rehabilitation services. • Sessions by zoom or Teams, and we were able to change the modality to central base instead of outreach. • We faced decrease in number of beneficiaries. • We faced delays of provision of medical supplies because we were waiting for shipment. • We constantly face a lack of funding for rehabilitation. • We faced many challenges, mainly lack of central database at the level of MoH. • The delays in validation of the online training and capacity building directed to rehabilitation. • Some delays from partners to share their info to contribute to the health cluster reports. Rehabilitation Task Force The main purpose was to ensure proper response to Trauma and non-Trauma cases. Ensuring accurate data collection. We conducted regular meetings. We will continue our work of coordination and information sharing to avoid duplication of services. We conducted mapping of rehab services. We are planning to conduct training in the coming month on the protocol of patients' management, but we are waiting validation of MoH to conduct this training. We are facing delays in conducting this training and receiving validation from MoH.

	Future: • We are planning to conduct training in the coming month on the protocol of patients' management, but we are waiting validation of MoH to conduct this training.
Wrap-Up	**Dr. Abdellatif:** all partners are in need to meet. We haven't done it in a long time. We hope that it is the time for starting again to coordinate our work towards trauma. All presentations were interesting. I would like to thank all partners for their efforts, all organisations, international and local. We will in the coming weeks maybe have other meetings. This group could arrange efforts again with a dedicated agenda on the work of Trauma.