

<p>Welcome</p>	<p>Thanos: today's meeting is about updates and major needs. Other meetings will follow, and we will enhance coordination and make sure all needs on the ground are met. Thank you all for joining.</p>	
<p>EMTCC</p>	<p>Riham: MoH and EMTCC are experiencing a critical situation. Until now more than 200 have been killed and more than 1,000 injuries have been reported to different hospitals: Shifa, Indonesian and EGH. I can distribute an update of the statistics of MoH injuries, and the people killed during this escalation and the needs of drugs and equipment and assistive devices.</p> <p>We have many people killed and injured. MoH received cases and did surgeries yesterday. We are trying to widen operations in Shifa Hospital. We have shared with the Health Cluster: MoH needs – drugs, disposables, equipment, tools for physiotherapy and other related emergency supplies.</p> <p>These requests come in three colours: red (high priority), yellow and green – most of you have this list. We emphasize coordination with different parties to avoid duplication and ensure proper distribution of these items.</p> <p>We received an immediate response from different partners who responded on the appeals of MoH and ICD, most related to emergency items.</p> <p>A word of gratitude for WHO, for donating another order of drugs & disposables & equipment yesterday.</p> <p>I have to highlight the efforts that some medical EMT from outside Gaza are showing, to support our local staff here. We invited many doctors and specialists like vascular surgeons.</p> <p>Thanos: how many cases have been postponed because of lack of specialised surgeons?</p> <p>Riham: our teams are treating any immediate intervention as the capabilities allow them. Next phase, we are waiting for expat doctors to do the treatment. MoH is trying to coordinate for transferring some</p>	<p>Riham: close coordination and collaboration is important for the rapid response to MoH needs. We will keep you updated. If you could help us in any means or any way to help these medical teams enter Gaza, it would be great. We have many requests, but we need help coordinate their entry. If anyone attending this meeting can help with this, we will be very thankful.</p> <p>(PCRF) Suhail: I am working with Gaza MoH right now to bring the two doctors from Norway. Both are in Cairo right now. We are still waiting for Egyptian authorities' approval. I am in contact with chairman office. I sent a letter yesterday. They promised to ask our ambassador in Cairo to speak with the Egyptians. We will hopefully get the approval today or tomorrow to cross to Gaza. We have many doctors in the region asking us to come and give a hand during this hard time. As Riham said, the problem is how to bring them in to Gaza through Egypt. Not sure if Israel will allow foreigners in through Ben Gurion because it is closed right now. Does the Israelis still require 10 days quarantine for foreigners if they want to come in?</p> <p>Thanos: I am not in a position to provide clarification. I will research and get back to you. For every incoming support, it is important to bring staff that is vaccinated.</p> <p>Suhail: I am working with ICD right now in bringing disposables based on the red colour (top priority) requests. I think we will be able to provide the ministry with what is available at local companies and market. If there is a shortage, we will of course go to the vendors in the West Bank to bring the rest.</p> <p>Thanos: I want to clarify for everyone, PCRF is contracting the two physicians that Riham referred to, to come through Rafah.</p>

	<p>injuries for outside, like in Egyptian hospitals. This is still under coordination.</p> <p>Riham: we have high shortages in different specialities, especially in intensive care doctors and vascular surgeons. Two doctors are coming in through Erez today (ED specialist, and Anaesthesia) both from Norway. They landed in Cairo, and we are waiting for Egypt to allow them in). We are waiting for more doctors to come. We wish the coordination would allow these teams to come through Rafah. There is high shortage of specialists.</p>	<p>Natalie: our trauma surgeon arrived yesterday to Jerusalem, fully vaccinated. We are hoping for a corridor open through Erez, but this is not that guaranteed. Who is the person to coordinate entry through Rafah?</p> <p>Riham: any partner sending anyone in, contact me and I will contact ICD. Ministry of Interior and Foreign Affairs will assist. There is some paperwork. There is a special coordination. Send me an email with all related documents and I will help with Ministry of Interior coordination.</p>
<p>MSF-France</p>	<p>Thanos: we have all witnesses damages to our activities on the ground. What has happened to your clinic?</p> <p>Natalie: Our clinic in Gaza was damaged in Gaza – by the so-called collateral damage. We had some significant damage to our sterilisation room. We hope to open our clinic within a few days and start providing care again.</p> <p>Thanos: your staff if all safe?</p> <p>Natalie: Yes.</p> <p>Thanos: you're assessing structural damage to know when you'll be operational in the next days?</p> <p>Natalie: Correct.</p>	<p>Thanos: what are your immediate needs for now? Do you plan to focus on something specific?</p> <p>Natalie: Want to open the clinic. There are needs for outpatient burns and dressing. We will be working on that. We will support surgical capacity at Nasser. We will try to bring in additional HR when the border opens.</p> <p>Thanos: what's your capacity at Nasser?</p> <p>Natalie: We have 5 patients remaining in our IPD. We have 18 beds available and two OTs. We have been discussing with MoH to keep these going to support acute trauma. We have two local surgeons available but we need to make sure we are coordinated with MoH and security situation is under review. We will hopefully start operating this week. I will keep you updated.</p>
<p>MSF-Belgium</p>	<p>Gino: from the beginning of the escalation of hostilities, we are supporting Al Awda Hospital with our staff, 24 hours a day. Before the escalation, we were working with our doctors, nurses and medics 8 hours a day, but now we are available 24 hours.</p> <p>We are receiving referrals and cases from Shifa and Indonesian. Our OT is working 24/24hrs. We are making 5-7 surgeries per day. Our capacity is 20-25 beds, if necessary, we can put more beds. Last couple of days we are continuously using OT and our doctors are arriving and working intensely.</p>	<p>Thanos: How many OTs you have?</p> <p>Gino: we have two.</p> <p>Thanos: What's your immediate plan? Do you expect additional HR?</p> <p>Gino: for now, we don't need, there are no immediate problems or necessities. It might change. If this continues, we will probably have some gaps in HR. For now, we can continue supporting al-Awda ED, and receiving cases from Shifa and Indonesian without any problem.</p>

<p>PRCS</p>	<p>Dr. Bashar: We have been under attack for a week. A lot of ICU beds in MoH are occupied by COVID-19 patients. When the war started, we had direct communication with MoH and informed them about our facilities in Al-Quds and Al-Amal hospitals where we have ICU departments. In Al-Quds hospital we have 85 beds. Before this operation, we had a meeting and we followed the situation in Jerusalem and we suspected this will happen and adjusted accordingly. In the first day, we increased the number of ambulances all over Gaza governorates. In each branch and EMS station, we have 8 ambulanced active 24 hours. In the north - Jabalya, we have 12 ambulances active – number of casualties there is very high. People now don't have any safety place. They destroyed the infrastructure of the main streets in Gaza city and the north. We have difficulties to respond for some areas because we don't have access. The response time in the last two-3 days increased because we started using collateral roads. We have comms with our colleagues in Egypt where they are waiting for a list of patients who need treatment in Egypt. We informed MoH but we haven't received feedback yet from MoH.</p> <p>Fuel: we have an agreement with WHO that will supply our ambulances and hospitals with fuel to continue providing health services in the field. We have a fuel deficit in our society. Now we have a chance to supply our hospitals and EMS services with fuel from WHO and UNRWA.</p>	<p>Thanos: what is the daily needs in terms of fuel?</p> <p>Dr. Bashar: We now don't have electricity. Hours of working of generators increased in all branches. The number of ambulances increased and movement increased. Daily needs for PRCS are 5,000 liters of fuel.</p> <p>Dr. Bashar: Medical disposables and equipment is needed. Casualties are more than 1200 cases. We don't receive any support from the outside, and casualties' numbers are high, with burns and amputations. We launched an appeal from our society that covered all WB and Jerusalem and Gaza. We can share this appeal with the colleagues.</p> <p>Thanos: how many ambulances were ruined because of the attack?</p> <p>Dr. Bashar: We lost partially solar panel, electricity not working there. are using generators there now. No ambulances were ruined. We are distributed all around the Gaza Strip in the main focal areas. When they attack Jabalya and Gaza station, we have partial damage of our parking. The ambulances weren't parked there during the time of the attack.</p>
<p>PMRS</p>	<p>Bassam: We could return to work today. We had a meeting with MoH last night and went through the needs and priorities in this emergency situation. They identified some actions. They will set up a committee to organise and prevent duplication. The risk pregnancy, COVID-19 and shelters. Don't see much priory of shelters because no massive of influx of people to shelters yet. This file might be handed to UNRWA to manage.</p> <p>Salamah association are visiting all hospitals and are providing kits for early discharged patients.</p>	<p>Thanos: do you have an estimate number of people who received the dressing kits and who you will be targeting?</p> <p>Bassam: we are talking about 200 patients. I am talking in the future too. We don't know how long this will be needed and how many people will need it in the future. This will be organized by MoH Salamah PMRS that every patient gets care.</p>

	<p>This activity will be organised through Salamah to run mobile clinics for those who need dressing at home or those who have continuous dressing at their clinics.</p>	
<p>UNRWA</p>	<p>Ibtisam: I hope safety for all. This is difficult time in Gaza. There are 38,000 persons in 48 schools. These schools are open for people and they are now in 48 UNRWA schools. The emergency procedure is still in process. There is a focal point of medical team in each school – still in process. We need doctors and nurses and it is challenging to have this staff. Health program provides comprehensive plan based on COVID-19 guidelines. UNRWA health centre: there is daily assessment to open which clinic to open. We have early morning situation evaluation.</p>	<p>Thanos: you reevaluate whether you can open the clinic or not? Ibtisam: Yes, 6am daily assessment. For safety of staff and clients, we have to decide every day if we can open the clinic or not. Thanos: UNRWA primary healthcare centres all operational? Can they all function? Ibtisam: I don't know this information. Will get back to you. Health program has emergency mass displacement. This provides any clients to have their medical service in any clinic. Dr. Bashar: the relief – non-food items. We joined with ICRC we have capacity to respond to 2,700 families. The plan is three kinds of shelters: UNRWA schools, public schools (still closed, will open after UNRWA capacity is full), people who go to relatives. We started response for some people who lost their homes. We distributed food items for 1000 families. Some families are using Shifa hospital as shelters. We gave blankets for 200 families (after Al Wihda street attacks). We have non-food items enough to cover jointly with ICRC 2,700 families.</p>
<p>MDM Spain</p>	<p>Simone: At this moment at Gaza level, we don't have capacity to intervene but we are thinking about something we did in the past, bringing doctors from Spain if there is a need. They will come with material that is needed by MoH. We need more time and coordination to prioritise according to actual needs.</p>	<p>Thanos: Important to highlight that incoming specialist should bring some needed medical equipment to support the health system and not use available resources. This is something that has to be coordinated through emergency coordination cells.</p>
<p>Humanity inclusion</p>	<p>Riham: Hope this situation ends soon. For HI activated its emergency response plan 3 days ago. We have implementing partners who are leading the emergency response. We have 5 partners in all governorates. We have an MOU with UNRWA to help with displaced people. We are collecting needs IDPs and newly injured people. We are in touch with MoH daily to identify needs of these injuries and we will assist if needed. We haven't yet received the list of needs. We are ready to support people, elderly and injured, after they are discharged from the hospital. Volunteers are working on needs assessment. We activated</p>	<p>Thanos: for how many people your stock is able to cover? Riham: 1,500 IDPs. For the EMT, we have practice from 2018 and previous wars that we witnessed, WHO used to develop calendar for EMTs to improve their work and coordination with different partners. I would appreciate using the same calendar. Thanos: Right now, EMTCC is the one that updates the needs. We will ask Riham to share a plan of the incoming EMTs and physicians so that everyone is aware.</p>

	referral pathway with our partners and the protection working groups. We also respond to the needs of people with disabilities. We receive daily requests who lost their assistive devices to get support in their houses.	
WHO update	Husam: yesterday we delivered to MoH tents for two national EMTs, there are supplies delivered yesterday for Central Drug Store. WHO is supporting the EDs by offering supplies for emergencies two months ago in preparation for such situations. WHO is supporting PRCS through fuel to keep the operation available for all ambulances.	Thanos: how many tents were delivered to central warehouse? Husam: 4 big tents (7x6 – 42 sq m.), and 12 small (5x6) tents. They are supposed to be used in front the EDs to triage and manage green cases to elevate the load and decrease crowded EDs.
PHR	Ariel: We are raising funds and hoping to send surgeon team in the coming weeks. We could help with coordination with Israelis about permits and quarantine.	
Wrap up	Thanos: we will strengthen coordination. Through health cluster, we will map down needs in terms of funds and coverage.	