

<b>Meeting Summary</b>	LR subgroup TWG Partners meeting
<b>Meeting Purpose</b>	Situational update, progress, and challenges regarding Limb Reconstruction activities
<b>Date and Time of Meeting</b>	06.10.2021, 1000hrs
<b>Meeting Organizers</b>	WHO T&E care programme
<b>Meeting Notes Taken By</b>	Thanos GARGAVANIS
<b>Next Meeting</b>	

<b>Attendance at Meeting:</b>	
1. MSF F Mohammed Abu Mughaisib	14. MoH Director Deputy of NMC Dr Ayman El Farrah
2. MSF F Jose Pagawgan	15. MoH Medical director of EGH Dr Etihad Shbir
3. PUI Hazem Almadhoun	16. MoH Head Nurse of NMC Mr Bassam Msalam
4. MSF B Rachelle Seguin	17. MoH head of OT at Hospitals administration Mr. Hani Hamada
5. MSF B Ola Ziara	18. EMT CC Riham Shhada
6. MAP UK Mahmoud Shalabi	19. WHO Ahmed Abouteir
7. MAP UK Mohammed Aghalkurdi	20. WHO Husam Abuolwan
8. IDEALS Graeme Groom (over Teams)	21. WHO Mohammed Yaghi
9. IDEALS Sarah Philips (over Teams)	22. WHO Asmaa ElNajar
10. IDEALS Andy Ferguson (over Teams)	23. WHO Thanos Gargavanis
11. MDM Sp Ihab Saleh	
12. MoH Mahmoud Mattar	
13. MoH Director of NMC Dr Mohammed Zaquot	

<b>Points to discuss:</b>
– Situational update
– Challenges regarding LR projects
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Issues Discussed

Follow-Up Action

While ICD representatives were invited and had confirmed presence, an unplanned important meeting within MoH, requiring their participation, prevented them from joining this discussion.

WHO Team	Issues Discussed	Follow-Up Action
Partners	Short presentation of the WHO supported LRC activities  Brief presentation for partners: MSF B MSF F PUI MDM Spain MAP UK	
MoH Head of the the LRC in NMC, Dr Mahmoud Mattar	From his perspective the top priority now is related to the sustainable development of the LR Project	Promote educational activities including surgeons that would like to invest more in Limb Reconstruction
Dr Etihad	In the past there were 7 accredited LR surgeons in Gaza, right now we see only one, the rest of them have no right to perform LR operations Why should Gaza be having only one LR centre? What will be happening if suddenly Dr Mattar stops being available to perform LR operations? Gaza has 2 million inhabitants and accessibility is an issue, how one can be requesting patients from the North to be allocating the necessary fees for their transportation?	
Dr Mattar	To increase the number of surgeons with LR capacity we have discussed along with HE the Deputy Minister of Health back in July the possibility to be having a 6 months mandatory training in the LR unit for surgical residents	
Thanos	Training of residents in the LRC: Back in July 2021, HE the deputy Minister of Health had expressed that the MoH would be open to include the LRC in the official orthopedic surgical training curriculum, making it mandatory for surgical residents to spend 6 months in the	

	<p>LRC. Moreover, MoH would encourage Junior surgeons, as well as mid-level surgeons to be becoming more competent in LR procedures. In addition, MAP UK offer two positions for fellowship in the UK, and they are eager to support the plastic surgery curriculum, as well.</p> <p>MSF B and MSF F are also open to be inviting residents to their clinics, and initiate a discussion for inclusiveness of such participatory approach to the official surgical curriculum.</p>	
<b>Dr Etihad</b>	<p>How one can assure that a surgeon who is put in a mandatory training, of something so complex like LR, will ever be good?</p> <p>LR is something that you have to like to excel to.</p>	
<b>Dr Mattar</b>	<p>My concern has to do with the referral pathway. Right now there are MoH Hospitals that refer patients in need of LR, to the LRC, and there are other centres that refer these patients to the LSF B Clinic. Referral pathway has to be standardised, and the only way to do it is through the establishment of referral criteria</p>	<p>Agree with partners on the referral criteria for patients in need of LR</p>
<b>Thanos</b>	<p>Would it make sense if every Health Facility had a focal person, responsible to identify a patient in need of LR, and arrange the proper referral?</p>	
<b>Dr Mattar</b>	<p>There is no need, and if eventually we have such a focal person, then this person should be a surgeon, an orthopedic surgeon.</p>	
<b>All partners' discussion</b>	<p>Data sharing among LR actors:</p> <p>Until now, partners have not obtained MoH permission to share patients' data among themselves.</p> <p>Data sharing is essential for the avoidance of duplication of services, the promotion of best practices, optimal use of resources and optimisation of antibiotic stewardship.</p>	<p>Patients' data sharing, always in a confidential context has to be promoted and agreed with MoH.</p>
	<p>Other Issues that have not been properly addressed and have to be discussed in the near future:</p>	
	<p>Rehabilitation referral form:</p> <p>Partners working together in rehabilitation have developed a common document to be used as an official referral form. Until now, this referral form has not been validated/endorsed by the MoH. Adoption of a standardised referral document will</p>	<p>(THIS ISSUE WAS MAKING PART OF THE INITIAL AGENDA AND WAS NOT DISCUSSED BECAUSE OF TIME SHORTAGE)</p>

increase partners' accountability and improve coordination, avoiding duplication of services and increase transparency.

HI and WHO to share the Rehabilitation Referral Form with MoH and explore the pathway for its officialization