

Meeting Summary	
Meeting Purpose	Gaza Trauma Working Group
Date and Time of Meeting	23.10.2022 1000hrs
Meeting Organizers	WHO
Meeting Notes Taken By	TG
Next Meeting	

Attendance at Meeting:	
• MoH Dr Motassem Salah, PHEOC	• WHO Dr Ahmed Abouteir
• MoH PHC Dr Mussa Abed	• WHO Dr Husam Abuolwan
• PRCS EMS Anwar Abu Suleiman	• WHO Dr Thanos Gargavanis
• PRCS EMS Dr Mohammed Al-Bardawel	• WHO Chipo Takawira
• Al Awda Hospital Dr Mhanna Ahmed	• WHO Chipo Takawira
• ICRC Dr Vijay MARAPAKA	• DG ECHO Mohammed Ammar
• ICRC Ms.Sanaa Rajab	• DG ECHO Mohammed Ammar
• EMTCC Coordinator Riham Shorafa	• DG ECHO Mohammed Ammar

Points to discuss:
<p>MoH Dr Motassem Salah:</p> <p>No major challenge, besides the usual chronic blockade and occupation-related challenges.</p> <p>PHEOC development is ongoing, with the overall objective to coordinate the Gaza response against any public Health Emergencies.</p> <p>Until now a plan is in process of development, for all 7 major Gaza MoH Hospitals, to enhance and standardise the hospitals' emergency response.</p> <p>MCM and EMT updates</p> <p>MoH discussion started to study emergency care toolkit implementation in Gaza</p> <p>Emergency Management training is ongoing.</p>

PHEOC is planning to measure certain indicators to reflect the management challenges in emergencies and improve the overall emergency performance, during crises or routine times.

As an action point, we can all agree to share the indicators that the PHEOC is following up with, for the next TWG.

PRCS:

The trauma-related challenges faced extend to three different levels. All of them are chronic, related to the Gaza blockade and the occupation.

PRCS during the last escalation of August 2022, had an average of 10 ambulances per Gaza governorate, and one ICU ambulance. The cost of use for the ICU is really elevated though.

PRCS ambulance not only support emergency prehospital needs, but also needs of movement of patients with chronic conditions, like patients in need of haemodialysis.

PRCS are also supporting refresher training activities, in collaboration with ICRC.

The main issue though is the attacks against health workers, and lack of spare parts for the ambulances, and new communication devices: The old VHF devices are obsolete and in need of maintenance, and eventually the PRCS staff is using their own mobile phones for communication. In times of crisis, this is not sustainable.

PRCS advocacy team was unable to cover the last escalation due to high risk at the field and request protection material for ambulance staff.

MoH PHCC level of care:

Dr Musa Abed expressed appreciation to WHO and ICRC for the renovation of 3+3 PHCCs. He highlighted that in August 2022 escalation of hostilities 26 PHCC remained operational. With support from WHO and ICRC the PHCC level of care is expected to upscale its emergency response not only during routine times, but in times of crises as well. The renovated PHCCs will be available to the public in an estimate of 2 to 4 weeks from now, and then MoH will expand their operational hours, to cover two shifts, morning and evening. Right now, all but one PHCCs in Gaza are operational only during the morning hours. The PHCC that is the exception is the Old Nuseirat PHCC.

MoH Emergency level of care: Dr Al Attar did not join the TWG

Al Awda Hospital, Dr Ahmed Mhanna

Al Awda charitable society hospital took care of an estimate of 60 injured patients during the last August escalation, minor injuries included.

An extended training programme for the Al Awda Health workers is ongoing, with a focus on BLS.

Moreover, the Al Awda hospitals have finalised their HIS (Health Information System).

Al Awda charitable society would like to see the proper integration of NGO hospitals in Gaza as part of the national emergency response strategic planning.

WHO and PHEOC confirm that the overall strategic objective is to develop an all-hazards-all-partners emergency plan for Gaza. This is a process, and it takes time. Until now all major hospitals have been trained in MCM, and the next phase will follow, with participation from private and NGO hospitals.

ICRC:

No major challenge to share with partners.

Dr Vijay summarised the ICRC training activities: BEC training ongoing, BART training ongoing, ERTC has taken place, eFAST has taken place, while on-job-training took place the previous year, especially in Shifa.

It has been noted that during the last August escalation of hostilities, in Shifa, patients' management was rather organised, with Triage point in place and a relative crowd control.

WHO:

Dr Ahmed Abouteir gave a brief description of activities, regarding Trauma, summarising the prehospital, and hospital level of care work.

WHO:

Based on feedback from MoH and ICRC, there is an intercutting activity for BEC training, WHO, ICRC, and MOH will agree on next year strategy to include BEC training as one of the emergency care toolkit components.

No other comment or request was expressed.

Action points for next TWG:

MoH to share the PHEOC monitoring indicators