

Meeting Summary	
Meeting Purpose	West Bank TWG
Date and Time of Meeting	23.10.2022 1200hrs
Meeting Organizers	WHO
Meeting Notes Taken By	TG
Next Meeting	

Attendance at Meeting:	
<ul style="list-style-type: none"> MoH Omar Algheikhali 	<ul style="list-style-type: none"> WHO Dr Ahmed Abouteir
<ul style="list-style-type: none"> PRCS Randa Bani Odeh 	<ul style="list-style-type: none"> WHO Dr Husam Abuolwan
<ul style="list-style-type: none"> PRCS Rasha Bakeer 	<ul style="list-style-type: none"> WHO Dr Thanos Gargavanis
<ul style="list-style-type: none"> MSF F Medco Dr Aline Plener (Jerusalem) MSF Hebron (additional info unavailable) 	<ul style="list-style-type: none"> WHO Asmaa Elnajar
<ul style="list-style-type: none"> MDM F Medco Norie Omamalin 	<ul style="list-style-type: none"> WHO Chipo Takawira
<ul style="list-style-type: none"> UNRWA Dr Wohoush 	<ul style="list-style-type: none">

Points to discuss:

WHO: TG highlighted a summary of the recent findings in Jenin district. There is an informal Trauma system in place, responsible for the management of trauma patients during escalation, that includes the two MoH Hospitals, Jenin and Rafidia, along with Al Razi NGO hospital and Ibn Sina Hospital. Patients are treated on a severity basis. The two MoH Hospitals have participated a WHO Mass Casualty Management training activity, but many things are missing to optimise readiness on the ground. Additional equipment, medications and supplies are always required. Moreover, better coordination among actors is needed, PRCS, UNRWA, MoH and private sector have to intensify their collaboration to improve the health system's efficiency. One of the biggest issues seen on the ground is that the two MoH Hospitals, Jenin and Rafidia have insufficient crowd control during mass casualty incidents, and a part of it is related to the poor infrastructural design, there is only one entrance in the emergency department. Opening a second door would be a solution for improved patients' flow.

WB MoH Omar Ashaikhali, department of Emergencies

Omar highlighted the value of each partner's support, especially for the recent escalations in WB.

Prehospital: PRCS is lifting the lion's share of referrals and we see severe delays in the different checkpoints. Moreover, PRCS is always in need of support with equipment, supplies, medications, and spare parts. Special mention has to be done for the attacks against health workers and the delays in different checkpoints.

Hospital: MoH is trying to prioritise the list of needs and consolidate different requests from different levels of care. Until now, Emergency Beds have been identified as a top priority, so that the different Emergency Departments will be able to expand their capacity when needed. Moreover, defibrillators and ECG devices have been identified as missing.

Regarding the renovation/ rehabilitation of the Jenin Hospital Emergency Department: The MoH main issue is where to resettle the Emergency department of the hospital while the renovation takes place. The cost of the renovation is supposedly addressed by PCRFB, and it is about to be initiated any given time.

During times of crisis, the major issue is always crowd control, that is impossible to be imposed: ED are overflowed with people reaching the hospital for non-essential issues.

UNRWA, Dr Wohoush:

UNRWA is serving the refugee population and is trying to address the excessive needs during the recent escalation of hostilities. UNRWA is addressing Hospital level needs through the Qalqilya Hospital, while different PHCCs are addressing field needs. Unfortunately, no proper capacity for the management of trauma patients is readily available in the Jenin PHCC. Additional staff is needed, to expand the operational hours, additional equipment and supplies for the management of trauma cases is required, defibrillators, stretchers and basic trauma kits are required. For the training component, a part of it is addressed through a collaboration with PRCS, where PRCS is offering BLS training. Consumables and supplies are also required, like IV fluids and dressing material.

PRCS, Randa Bani Odeh

PRCS has 5 Advanced Medical posts available, and out of them one is positioned in Jenin, and the other in Hebron, to address the immediate needs of trauma patients during times of conflict. PRCS would like to update its MCM capacity and they would like to see the support WHO is providing to WB MoH to be including PRCS as well.

Regarding the training activities, PRCS is organising community training, including refugees, for the optimal care of injured people in the first moments of the disaster.

Special mention has to be done for the attacks against Health Care Staff, a concerning issue with recently increased prevalence.

WHO:

Chipso Asked PRCS for community training and type of training to cover the refugees' needs, besides host.

Health Cluster: The InterAgency coordination group and the Health Cluster are monitoring closely the rise in tension in WB, and field assessments are organised based on the immediate field needs. On the 24th of October, a joint field visit is organised for Nablus, with OCHA coordinating and the participation of WHO, UNRWA, UNICEF. The visit includes a site visit to Rafidia Hospital and MSF F and MDM F will also be on the spot.

MDM F Norie, Omamalin

MDM F are not actively involved in Trauma activities, but this can change based on the availability of funds. Moreover, MDF F are in process of finalising a field assessment in PHCC, regarding the emergency preparedness and response capacity. Findings will be shared accordingly whenever the report is internally cleared. Several training needs have been identified, regarding PFA and MISP, but this is an ongoing task.