

PEOPLE AFFECTED

28,000 people injured (30 March 2018-31 January 2019)

50% of all people injured transferred to emergency departments

44% of people hospitalized suffer from gunshot wounds

122 amputations (30 March 2018-31 January 2019)

PROGRAMME PRIORITIES

Provide leadership, coordination and information for the health sector trauma response in Gaza.

Ensure that the Trauma Stabilisation Points are able to appropriately triage, stabilise and refer injured people from the point of injury to hospitals.

Enhance the ambulance system to ensure that prehospital care is coordinated and effective.

Establish an Emergency Medical Teams Coordination Cell (EMT-CC) in the Ministry of Health.

Designate and upgrade emergency major trauma hospitals and emergency back-up hospitals.

Establish a centralised surgical multi-disciplinary Limb Reconstruction Unit.

Strengthen post-operative care and rehabilitation.

FUNDING REQUIREMENTS

US\$ 5 331 275 required over 12 months from January to December 2019

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Programme title: Trauma & Emergency Care: Strengthening the trauma system in Gaza

Intended impact: Enhance the quality of trauma & emergency care in Gaza to reduce conflict related mortality and morbidity among an at-risk population of 2 million people.

Situation

Since the mass demonstrations began in Gaza on 30 March 2018, huge numbers of patients requiring trauma care are overwhelming an already fragile health system. Complex and serious injuries require specialised treatment over a period of time, which is currently not available or with limited capacity in the Gaza Strip. Meanwhile, rates of bone infection amongst injured patients have continued to grow, increasing the risk of amputations and even death.

Increasing numbers of injuries affects not just the injured, but also puts a strain on the provision of regular healthcare in Gaza. In order to cope with this weekly influx of trauma casualties, there has been a direct impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning.

The surge in humanitarian needs takes place against a backdrop of an overall precarious situation in the Gaza Strip, with a health system on the verge of collapse and increasing, widespread despair as basic resources deplete. According to the MoH, in 2018, the availability of essential medicines reduced to 46% at less than one month's supply; the lowest rate of availability since 2012. When categorised, lifesaving emergency related medicines were at 23% less than one month's supply throughout much of 2018.

Additionally, many health professionals have little or no access to training to update their skills and the remaining workforce struggle to get access to medical training. Options to refer patients for care outside Gaza remain extremely limited. As such, the potential impact of the current crisis on the people of Gaza – and on the already fragile health system – should not be underestimated.

Programme activities

Provide leadership, coordination and information for the health sector trauma response in Gaza

Partners: MoH & Trauma Working Group

As lead technical agency, WHO will continue to coordinate the Trauma Working Group, working with over 20 partners. Coordination during the emergency response is essential to ensure an effective and efficient delivery of health care services.

Ensure that the Trauma Stabilisation Points are able to appropriately triage, stabilise and refer injured people from the point of injury to hospitals

Primary partners: MoH & Palestinian Red Crescent Society (PRCS)

By continuing to support the trauma stabilisation points (TSPs) currently managed by MoH and the PRCS, WHO will strengthen the level of pre-hospital care during times of emergencies. With WHO's efforts, the trauma stabilisation points (TSP) will be able to resuscitate, stabilise, and refer patients to the emergency departments; decreasing risk associated with mortality or the loss of limbs.

Enhance the ambulance system to ensure that prehospital care is coordinated and effective

Primary partners: MoH, Palestinian Red Crescent Society (PRCS) & other ambulance providers

In Gaza, there are multiple ambulance providers with varied standards and no centralised method of communication. WHO will work with the PRCS to develop and standardise levels of care, upgrade the communication system by providing the essential supplies, and invest in developing a cadre of pre-hospital managers. With WHO's intervention, ambulances in the Gaza strip will be able to respond to emergencies within an adequate timeframe and appropriate level of care.

Establish an Emergency Medical Teams Coordination Cell (EMT-CC) in the MoH

Primary partner: MoH

Emergency Medical Teams from around the world have been offering their assistance to the health sector. Making sure these teams meet the minimum standards of care, tasking and monitoring their activities is the role of the EMT-CC, a command and control centre for all matters related to national or international EMTs. WHO will set-up this coordination cell. It will give the local health sector a tool to optimize, coordinate and integrate emergency health activities that are being performed by a multitude of actors.

Designate and upgrade emergency major trauma hospitals and emergency back-up hospitals

Primary partners: MoH, NGO hospitals

The proper organization and distribution of trauma casualties and emergency non-trauma patients is essential in order to save lives. WHO will work with MoH to identify one trauma hospital in each governorate and one non-trauma emergency hospital. Through a range of activities, WHO will upgrade the emergency departments at these hospitals, including strengthening clinical care, organization of services and staff, improved patient information and small scale infrastructure interventions. By doing so, WHO will promote and optimise existing hospitals by allocating the right patient to the right hospital, ultimately saving lives.

Establish a centralised surgical multi-disciplinary Limb Reconstruction Unit

Primary partners: MoH, MAP-UK, MDM Spain

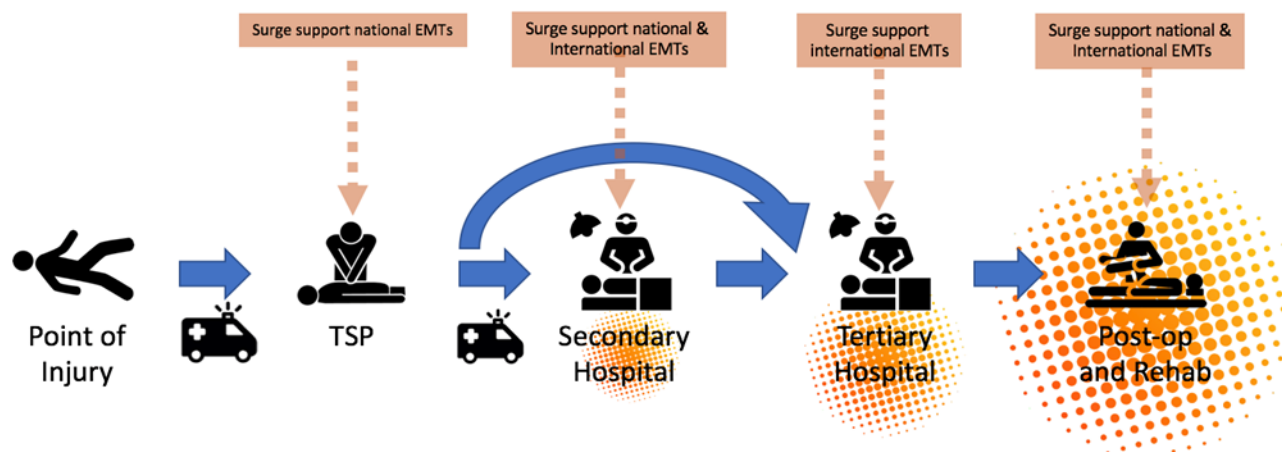
In the current Gaza context, severe limb injuries from gun shots are very common. This has resulted in wounds with more extensive composite tissue losses, often complicated by ongoing bone infections. So far, reconstructive resources are scattered across Gaza and there is neither dedicated operating room capacity or ward bed capacity. WHO will work with the MoH to establish a limb reconstruction surgical unit, staffed by MoH staff, including orthopaedic surgeons, nurses, physiotherapists and MHPSS support staff. The unit will receive visiting foreign medical teams to support the work and maximise on the job training opportunities.

Strengthen post-operative care and rehabilitation

Partners: MoH & partners in the Post-Operative & Rehabilitation Working Group Partners

Although the health sector continues to rely heavily on NGOs for rehabilitation, the ability to meet this demand remains insufficient. WHO proposes to enhance rehabilitation services across all governorates in Gaza by working in partnership with key rehabilitation service providers. The aim will be to expand the existing network of multi-disciplinary rehabilitation outreach teams, develop protocols for quality care, and coordinate and connect service providers to overcome the fragmented approach to rehabilitation. Working in collaboration with agencies, the goal would be to serve wounded patients restore functionality through clinic, hospital and community level interventions, the latter of which would include home visits. Finally, WHO and the partners will play a critical role in raising awareness and promoting rehabilitation across the health sector and other sectors by harnessing this momentum and laying the groundwork for a more systematic approach to rehabilitation.

Trauma Care Pathway



WHO is moving away from pure response mode into pro-actively building a resilient health system

Funding requirements

A total budget of **US\$ 5 331 275** is required over 12 months from January to December 2019 for the implementation of the programme.

Output	Requirements US\$
Provide leadership, coordination and information for the health sector trauma response in Gaza	306 000
Ensure that the Trauma Stabilisation Points are able to appropriately triage, stabilize and refer injured people from the point of injury to hospitals	517 000
Enhance the ambulance system to ensure that prehospital care is coordinated and effective	579 000
Establish an Emergency Medical Teams Coordination Cell (EMT-CC) in the MoH	190 000
Designate and upgrade emergency major trauma hospitals and emergency back-up hospitals	1 067 000
Establish a centralised surgical multi-disciplinary Limb Reconstruction Unit	1 136 500
Strengthen post-operative care and rehabilitation	38 000
Core Emergency & Trauma team staff costs	1 104 000
Visibility	45 000
Total Direct Costs	4 982 500
Program Support Costs (7%)	348 775
Total required	5 331 275