Gaza Strip Health Cluster Meeting

16 September 2009

WHO Gaza, UNDP Building, Gaza

Time: 11:00 am – 12:30 pm

Attendants: (Please see attendants list)

The Health Cluster Coordinator HCC welcomed and thanked participants for attending the meeting to discuss the following agenda.

- CAP 2010 projects
  - Health projects and OPS dateline
  - Vetting committee members
  - Projects vetting and prioritisation criteria to be discuss/agreed
- Influenza A (H1N1) update presentation by WHO
- AOB

CAP 2010 Projects submission:

All the organizations that expect to propose a project as part of the CAP 2010 must register (as Field staff) with OPS, (http://ocha.unog.ch/ops) so that they can upload their draft projects by **September 25 (dateline)**.

Vetting committee members

The committee will be composed of the Cluster Lead – WHO/Health Cluster Coordinator and 2 UN agencies, 2 NGOs, 1 MoH representative, 1 Early Recovery UNDP representative and 1 OCHA as an observer.

Vetting Criteria for Sector Panels

The following vetting questions were used in the previous year and presented to the participants for discussion and a decision.

Question	Answer	To include in CAP or not.
1 A Does the project target the geographical areas and vulnerable populations defined in the Needs Assessment Framework (NAF) and district workshop recommendations?	Yes/No	Must have a yes answer to either 1.A or 1.B
1. B Is the project ongoing and funded through the CAP **and** would its discontinuation lead to a serious gap.	Yes/No	
2. Is the project relevance to the health sector response plan	Yes/No	Must be Yes

3. Is the project in line with the sector response plan.	Yes/No	Must be Yes
4. Did the proposing agency attend the NAF-CHAP workshops	Yes/No	Preferred but not essential
5. Is the project logical and coherent?	Yes/No	Must be Yes
6. Is this project well coordinated with others in terms of geographical coverage and does it fill a well defined gap?	Yes/No	Must be Yes
7. Are the benefits of this project compatible to/equitable with similar projects?	Yes/No	Must be Yes
8. Is the project cost effective (e.g. budget/number of beneficiaries)	Yes/No	Must be Yes
9. Is this project gender sensitive? (includes sex-and age-disaggregated data, is based on gender analysis, outlines gender-specific outcomes)	Yes/No	In future years this will have to be yes but because of time limitations this year, some projects will be accepted even without clarity on this.
10. Is this project well coordinated in the community	Yes/No	Must be Yes
11. Does the implementing organization have proven capacity to implement the project?	Yes/No	Must be Yes

Conclusion Project (circle as appropriate)
1. Accepted 2.Rejected 3.For revision and reassessment

Action point:
The above questions/criteria used in the CAP 2009 was revised and agreed to be kept for this year CAP 2010 for the vetting process.

Project's prioritization criteria
Projects should be in line with the Needs Assessment Framework and the health sector response plan. The below questions/criteria for prioritizing of the projects in line with CAP guidelines was discussed and accepted:

1. Does the project **remedy, mitigate or avert** direct and imminent physical harm or threats (whether violence, disease, or deprivation) to affected people within a short time span? (2 points if yes)
2. Is the project **essential to enabling other projects** to remedy, mitigate or avert direct and imminent physical harm or threats to affected people within a short time span? (2 points if yes)
3. Does the project **build vulnerable people's resilience** to averting or mitigating harm? (1 point if yes)
4. Does the project **build institutional capacity** to remedy, mitigate, or avert direct and imminent physical harm or threats to affected people within a short time span? (1 point if yes);

5. Does the project target communities with restricted access to essential health services? (if yes, 1 point);
6. Does the project address other determinants of health such as (i) poverty; (ii) education; (iii) environmental issues e.g. access to safe water.

Action point:
The following question was identified in the meeting and added to the criteria;

7. Does the project address cross cutting issues such as gender and specific vulnerable groups such as disabled people? (if Yes 2 points)

Influenza A (H1N1) an update by WHO

Preparing for the second wave: lessons from current outbreaks Pandemic (H1N1)
WHO is advising countries in the northern hemisphere to prepare for a second wave of pandemic spread. Countries with tropical climates, where the pandemic virus arrived later than elsewhere, also need to prepare for an increasing number of cases.

H1N1 now the dominant virus strain

Evidence from multiple outbreak sites demonstrates that the H1N1 pandemic virus has rapidly established itself and is now the dominant influenza strain in most parts of the world. The pandemic will persist in the coming months as the virus continues to move through susceptible populations. Close monitoring of viruses by a WHO network of laboratories shows that viruses from all outbreaks remain virtually identical. Studies have detected no signs that the virus has mutated to a more virulent or lethal form. Likewise, the clinical picture of pandemic influenza is largely consistent across all countries. The overwhelming majority of patients continue to experience mild illness. Although the virus can cause very severe and fatal illness, also in young and healthy people, the number of such cases remains small.

Large populations susceptible to infection

While these trends are encouraging, large numbers of people in all countries remain susceptible to infection. Even if the current pattern of usually mild illness continues, the impact of the pandemic during the second wave could worsen as larger numbers of people become infected. Larger numbers of severely ill patients requiring intensive care are likely to be the most urgent burden on health services, creating pressures that could overwhelm intensive care units and possibly disrupt the provision of care for other diseases.

Monitoring for drug resistance

At present, only a handful of pandemic viruses resistant to oseltamivir have been detected worldwide, despite the administration of many millions of treatment courses of antiviral drugs. All of these cases have been extensively investigated, and no instances of onward transmission of drug-resistant virus have been documented to date. Intense monitoring continues, also through the WHO network of laboratories.

Not the same as seasonal influenza

Current evidence points to some important differences between patterns of illness reported during the pandemic and those seen during seasonal epidemics of influenza. The age groups affected by the pandemic are generally younger. This is true for those most frequently infected, and especially so for those experiencing severe or fatal illness.

To date, most severe cases and deaths have occurred in adults under the age of 50 years, with deaths in the elderly comparatively rare. This age distribution is in stark contrast with seasonal influenza, where around 90% of severe and fatal cases occur in people 65 years of age or older.

Severe respiratory failure

Perhaps most significantly, clinicians from around the world are reporting a very severe form of disease, also in young and otherwise healthy people, which is rarely seen during seasonal influenza infections. In these patients, the virus directly infects the lung, causing severe respiratory failure. Saving these lives depends on highly specialized and demanding care in intensive care units, usually with long and costly stays.

During the winter season in the southern hemisphere, several countries have viewed the need for intensive care as the greatest burden on health services. Some cities in these countries report that nearly 15 percent of hospitalized cases have required intensive care. Preparedness measures need to anticipate this increased demand on intensive care units, which could be overwhelmed by a sudden surge in the number of severe cases.

Vulnerable groups

An increased risk during pregnancy is now consistently well-documented across countries. This risk takes on added significance for a virus, like this one, that preferentially infects younger people. Data continue to show that certain medical conditions increase the risk of severe and fatal illness. These include respiratory disease, notably asthma, cardiovascular disease, diabetes and immunosuppression.

When anticipating the impact of the pandemic as more people become infected, health officials need to be aware that many of these predisposing conditions have become much more widespread in recent decades, thus increasing the pool of vulnerable people. Obesity, which is frequently present in severe and fatal cases, is now a global epidemic. WHO estimates that, worldwide, more than 230 million people suffer from asthma, and more than 220 million people have diabetes. Moreover, conditions such as asthma and diabetes are not usually considered killer diseases, especially in children and young adults. Young deaths from such conditions, precipitated by infection with the H1N1 virus, can be another dimension of the pandemic's impact.

Attendance List:

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