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بريد الكتروني:

Gaza Strip Health Cluster Meeting

14 October 2009

WHO Board Room, UNDP Building, Gaza

Time: 11:00 am – 12:30 pm

Attendants: (Please see attendants list)

Agenda:

- Health sector CAP projects summary (including Disability, Nutrition and MHPSS)
- Winterization: health issues for Gaza
- UNEP report on Gaza
- Merlin Nurse-Led Home Visit Project presentation
- Health Cluster contingency plans next steps
- AOB

The HCC welcomed and thanked participants for attending the meeting and requested a minute of silence in memory of Rami Hamarna a former health cluster colleague from the USAID Flagship project who passed away in a car accident while visiting Cairo.

Health and Nutrition sector CAP 2010 projects summary

A total of 29 projects were included under the health and nutrition sector for a sum of \$21,852, 355 with 32 implementing agencies of which 5 are UN agencies, 27 NGOs and 2 Palestinian Authority Ministries. The projects can be divided according to their field of expertise as follows; 5 in Nutrition, 3 in Disability, 6 on Mental Health and Psychosocial and the others in health as general.

The CAP objectives address the issues of health care accessibility, assistance to the most vulnerable, protection of health as a human right and improve coordination.

A significant budgetary decrease was noticed from \$47.5 millions on 2009 to \$21.9. Different comments and reasons were considered as possible explanation for this marked decrease:

- Donors already have funded and/or promised funds for the NGOs projects with no need to use the CAP as “funding” mechanisms
- Gaza is a long term crises, not an acute emergency as per the CAP approach; there is a need to increase the Early recovery and development approach
- The OPS system difficult to local NGO's
- Language barrier, Arabic should be use
- MHPSS projects better cluster classification and distribution in Health, Protection and/or Education clusters

Winterization: health issues for Gaza

This is the first winter after the war and according to some reports we still have over 5,000 people living in tents. OCHA reports at least 200 families. Although the number of people in tents needs to be clarified is known that there are villages such as the Bedouins village in Beit Lahia which is all tented.

Although previous distribution of blankets by several organisations, the MoH central stock is out of these items. Hospitals in specially maternity and neonatal wards are in need of wool blankets and electric portable heaters to prevent newborns hypothermia. Risk factors for hypothermia include: older age, homelessness, poverty, mental illness, dehydration and malnutrition, chronic diseases such as hypothyroidism and prolonged exposure to materials that promote heat loss. HI informed that previously they distributed heaters and blankets to approximately 2,000 disabled people but the needs are higher. In addition, hospital fuel for generators needs and use will increase as well as hot water consumption as expected.

MSF-France noted their concerns and the need to prepare for an increase number of accidental burns due to poor fuel and/or gas quality and storage and boiling water. The hospital need for increase laundry services was also noticed. NORWAC informed the participants of the installation of an industrial central laundry in Al-Shifa Hospital capable to cover the North Gaza needs and a future one to cover the South of Gaza at the European Hospital.

Carbon monoxide poisoning was suggested due to the known risk of CO poisoning and death grows during the winter, because of the increased use of heating systems, space heaters and/or improvised fireplaces; the participants considered this not a risk in Gaza.

WHO and OCHA raised the issue about the damage health facilities and the bed capacity as the winter comes. The winter cold weather and rainy season in Gaza will increase common flu plus most probably will see the first cases of Influenza A. As presented in the last cluster meeting, 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.

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. Not only the antiviral Tamiflu and Influenza A vaccines will be needed, but stock of antibiotics and other intensive care drugs to take care of the increase load of patients.

WHO reported that the deal to acquire the Influenza A vaccine between the pharmaceutical producer Glaxo and the PA MoH felt trough. WHO is monitoring this issue closely and will request from UNICEF (not present) to assist.

Besides the possible need of winterised tents, shelter in damaged houses is another concern. Leaky roofs and the rush and need of reconstruction materials will increase, forcing the population to look into the rubble and as a consequence increasing the possibilities of UXO accidents.

HelpAge notice the needs for high calorie food for the elderly and others vulnerable people will also need to be considered.

Action points:

- For OCHA to identified the real number of beneficiaries leaving in tents and houses in need of temporary assistance during winter
- OCHA to coordinate an inter-cluster approach to the winter
- To follow up with the shelter cluster
- WHO to follow up with the MoH the Influenza A vaccines status plus monitor the needs for additional medical supplies such as antibiotics
- Safety public awareness campaigns by several NGOs
- UXO awareness to follow up with UNMAS and MAG

UNEP report on Gaza (http://postconflict.unep.ch/publications/UNEP_Gaza_EA.pdf)

The HCC distributed the below health related *extracts of the UNEP report* for discussion.

- **Asbestos assessment**

During UNEP's mission to the Gaza Strip in January 2009, asbestos was observed in several buildings that had been destroyed during the recent events. Limited sampling undertaken at that time also confirmed the presence of asbestos in some areas. The assessment mission in May 2009 therefore included an international asbestos expert. During the mission, asbestos was observed to be present in a number of locations. The results indicate that levels for all respirable fibers were very low in comparison to the UK control limit and may be indicative of a local ambient environmental level.

- **Hazardous healthcare waste (HHCW)**

Management of HHCW is a serious environmental issue in the Gaza Strip that pre-dates the recent escalation of hostilities. Although the problem was exacerbated during this period, the management challenge itself needs to be addressed in the long term.

- **Water contamination**

The pollution of groundwater is contributing to two main types of water contamination in the Gaza Strip. First, and most importantly, it is causing the nitrate levels in the groundwater to increase. In most parts of the Gaza Strip, especially around areas of intensive sewage infiltration, the nitrate level in groundwater is far above the WHO accepted guideline of 50 mg/litre as nitrates (see Palestinian Water Authority, 2002). Second, because the water abstracted now is high in salt, the sewage is also very saline and hence infiltrating sewage only adds to the salinity of the aquifer. It has been well known and well documented for decades that higher levels of nitrates in drinking water can induce methemoglobinaemia in young children.

- **Blue babies in the Gaza Strip**

Methemoglobinaemia is a blood disorder characterized by higher than normal levels of methemoglobin, a form of haemoglobin that does not bind oxygen. When haemoglobin is oxidized it becomes methemoglobin, its structure changes and it is no longer able to bind oxygen or deliver it to the tissues, and anaemia can result. This state is referred to as methemoglobinaemia.

Infants suffering from methemoglobinaemia may appear otherwise healthy but exhibit intermittent signs of blueness around the mouth, hands and feet. They may have

episodes of breathing trouble, diarrhoea and vomiting. In some cases, infants with methemoglobinaemia have a peculiar lavender colour but show little distress. Blood samples appear chocolate brown and do not turn pink when exposed to air. When the methemoglobin level is high, infants express a marked lethargy, excessive salivation and loss of consciousness. Convulsions and death can occur when methemoglobin levels are extremely high. Reduced oxygen transport capacity becomes clinically manifest when methemoglobin concentrations in the blood surpass 10 percent of the hemoglobin concentrations. The normal level of methemoglobin in the blood of adults is <2 percent; of infants under three months of age <3 percent (WHO, 2007).

WHO established a guideline values for nitrates already in 1958. The 1993 guidelines concluded that extensive epidemiological studies supported the guideline value for nitrate at 10 mg/litre (as nitrogen) but that the value should be expressed as nitrates as this is the chemical entity that concerns public health. The current (WHO 2008) guideline value for nitrate is 50 mg/litre.

A disturbing feature of nitrate as a contaminant is that it is colourless, tasteless and odourless. This, and the fact that the population has not been warned about it, means that people will continue to consume drinking water with high nitrates unless they are informed about it.

Monitoring of groundwater in the Gaza Strip indicated the presence of nitrates as early as the 1990s. It emerged that the elevated levels of nitrate were primarily caused by the infiltration of sewage from domestic septic tanks as well as agricultural runoff into the groundwater. Nitrate values in the Gaza Strip have continued to rise and currently present a health risk throughout the territory. Since the aquifer is a continuum and pollution is occurring across the Gaza Strip, albeit in varying degrees, it is not surprising that high levels of nitrate are found throughout the Gaza Strip.

In the 1990s, data began to emerge about the incidence of blue babies in the Gaza Strip. A 1998 survey (Al Absi 2008) studied 640 blood samples from children in paediatric hospitals across the Gaza Strip. The presence of 10 percent methemoglobin was taken as the minimum level indicating methemoglobinaemia.

The study showed that the prevalence of methemoglobinaemia – or “blue babies” – in the Gaza Strip, according to this criterion, is 48 percent. In a more recent study (Abu Naser et al. 2007), 338 babies under one year old who attended 12 primary health centres for vaccination were tested for methemoglobins between June 2002 and November 2002. The study group was 53.3 percent male and 46.7 percent female; the mean age of the group was 4.5 months.

The main source of water that they consumed was tap water from groundwater (59.5 percent) followed by treated water (20.4 percent), home filtered water (11.2 percent). The rest used private wells. The proportion of children with methemoglobin higher than 5 percent was 48.5 percent. The current status of methemoglobinaemia in the Gaza Strip is unknown as there are no systematic studies available in the public domain. However, as mentioned previously, nitrate levels in the groundwater have increased and nitrates are more widespread in the area. Consequently, it can be expected that the problem is still prevalent in the Gaza Strip, and in the absence of widespread awareness, a large number of children are at risk.

The following **actions points** are proposed to address this challenge.

- Provide safe water for infants: There is enough evidence to suggest that some children in the Gaza Strip are at risk of consuming water with elevated levels of nitrates, leading to methemoglobinaemia. Immediate action should be taken to provide all children under one year old with adequate clean, safe water. The WASH cluster is following this issue and public awareness campaign need to be developed and follow by the health cluster.
- A study on the prevalence of methemoglobinaemia: Due to the reported prevalence of methemoglobinaemia in the Gaza Strip, a comprehensive study/mission should be undertaken by WHO expertise. WHO oPt is following up this issue with WHO HQ.

Merlin Nurse-Led Home Visit Project presentation

-see attached presentation

Health Cluster contingency plans next steps

Due to time constraints the HCC will send the resource availability inventory via email so agencies can complete as part as a common contingency plan and ad-hoc meeting will be call later in the month with the interested parties. In addition, the HCC will follow with the Gaza EMS director to obtain a copy of their response plan.

Attendance List:

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2. Margaret Chilcott, Help Age International, mchilcott@helpage.org
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