

## Maintaining health services for cancer patients in a Specialized Cancer Hospital in the occupied Palestinian territory, including east Jerusalem<sup>1,2</sup>

Country / Institution  
oPt, Augusta Victoria Hospital

Authors

Ali Sabateen- Head of Infectious Diseases, Augusta Victoria Hospital, Jerusalem, Palestine

Merette Khalil- Universal Health Coverage and Health Systems Department, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt

Munia Abu El Hawa- World Health Organization, Jerusalem, Palestine

Richard Peeperkorn- World Health Organization, Jerusalem, Palestine

Awad Mataria- Universal Health Coverage and Health Systems Department, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt

Hamid Ravaghi- Universal Health Coverage and Health Systems Department, World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt

### Key learning points

- Proactive planning was key; AVH was prepared to manage the COVID-19 outbreak before the first case was detected in the country.
- Supportive leadership and multidisciplinary team approach in decision-making and clear coordination allowed for swift actions and immediate implementation of preparedness and response strategies.
- Establishment of COVID-19 committee evaluating epidemiological data, strategies, risks, and daily updates allowed the senior management team to make more evidence- based decisions and protect immunocompromised patients.
- Commitment to optimizing infection prevention and control in this high-risk setting was central to reduce the risk of nosocomial COVID-19 infection and continued hospital operations to maintain health services.
- Continuous and clear communication between hospital management and staff along with community engagement was central to creating, implementing, and evaluating the facility-level response plan.

### Background

The prolonged ongoing conflict in the region exacerbated socioeconomic conditions and weakened the health system, complicating the management of COVID-19 pandemic, especially for cancer patients who are doubly-at risk. Augusta Victoria Hospital (AVH) is the only specialized cancer hospital, receiving patients from the Gaza Strip and the West Bank for oncology, nephrology, hematology, and radiotherapy. Almost all patients receiving care at AVH are immunocompromised patients.

### Impact of COVID-19 on essential health services

In July 2021, the oPt recorded one of the highest COVID-19 outbreak rates globally compared to its population size. AVH was one of the three hospitals that were designated for COVID-19.

<sup>1</sup>Hereinafter referred to as « oPt ».

<sup>2</sup>This action brief is extracted from the article "Sabateen A, Khalil M, Abu El Hawa M, Peeperkorn R, Mataria A and Ravaghi H (2022). Proactive Innovation in a Prolonged Conflict Setting: Facing COVID-19 in a Specialized Cancer Hospital in Palestine. Front. Public Health 10:873219." Readers are encouraged to read the article for more in-depth information about this experience.

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## What was the intervention or activity?

AVH implemented proactive and innovative interventions to minimize the risk and spread of COVID-19 among health workers and immunocompromised patients.

Hospital interventions included the development and implementation of a facility-level COVID-19 Preparedness and Response Plan with a dual focus on continuous COVID-19 and cancer care. This included establishing a multidisciplinary COVID-19 committee, effective communication and scaling up screening, testing, identification, and diagnosis.

To maintain essential services, AVH reduced the hospital load by stopping all outpatient clinics, suspending elective surgeries, and postponing non-urgent radiotherapy for a few months. Another strategy in managing surge capacity was shifting either entire teams or departments to support critical and essential services.

Further, AVH reassigned the staff of an entire department to a sister hospital in Bethlehem to support cancer patients. The chemotherapy was prepared at AVH and sent to the team in Bethlehem who provided care and worked over 10 hour shifts daily to provide critical care for patients who could not reach AVH.

The mobile clinic department was reassigned to support with the tele-screening and referrals coordination.

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## How did this intervention/activity contribute to the maintenance of EHS?

AVH's proactive and innovative preparedness and response strategies prevented the spread of COVID-19 among immunocompromised patients and enabled the maintenance of daily, continuous, essential, and critical cancer care.

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## What were the key challenges involved?

### How were these challenges overcome?

The high-risk setting in the oPt characterized by the physical, political, and economic barriers, protracted humanitarian situation in both the West Bank and Gaza Strip, strains on the health system, increased economic degradation, high unemployment and mobility restrictions challenged AVH's response to COVID-19.

At the facility level, one of the top challenges faced by AVH was the type of patients treated. Almost all patients receiving care at AVH are immunocompromised patients, whether receiving oncology or nephrology health services.

At the health system level, lack of preparedness plans and limited hospitals' agility was another challenge.

Furthermore, political instability and restrictions of movement not only inhibited health services accessibility and utilization but also resulted in pressures on staff.

AVH's flexible financing, hospital accreditation, and strong leadership and coordination enabled its agility and resilience.

Despite the challenges of human resources shortage and harsh working conditions in responding to COVID-19, AVH offered health workers additional incentives, including "hardship" allowances, accommodations, and meals.