

Health Sector Coordination Meeting

Date: Thursday, 24^h November 2022	Venue: UNHCR- Fleet room 2	Time: From 10:30 to 12:30
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Attendance: UNHCR, WHO, Medair , IOCC, ICRC, Caritas, CVT, Save the Children Jordan, IOM, CDE, , RHAS, Health Appeal, , HI, Islamic Relief Jordan, AMR ,AICS, UNICEF.

Agenda

1. Review of Action Points from the previous meeting
2. WHO/MOH update on cholera outbreak preparedness plan
3. WHO update on cholera at regional level
4. UNHCR updates including PPP on Humanitarian Health Sector strategy and the way forward
5. Sub Working Groups updates
6. Partners updates Urban.
7. AOB

1. Review of Action Points from the previous meeting	
Sector Chair [UNHCR]	<p>Health Sector Co-Chairs Dr. Adam from UNHCR and Dr. Saverio from WHO, welcomed the audience and introduced the agenda of the meeting.</p> <p>Progress on action points from last month meeting:</p> <ul style="list-style-type: none"> • WHO to share with partners the national preparedness plan for the outbreak monkey pox (still pending, not finalized yet by MOH) • WHO to share the national preparedness plan for Cholera after the outbreak in Syria & Lebanon (Still pending, not finalized yet by MOH) • Reminder on reporting on ActivityInfo ongoing
2. WHO/MOH update on covid-19 and multicounty outbreak monkey pox	
WHO	<p>Dr Saverio from WHO provided an update on:</p> <ul style="list-style-type: none"> • Multi country monkeypox outbreak plan is frozen due to the focus on the Cholera • Global/Regional Epidemiological updates on COVID-19: No update as many countries have stopped reporting on at regular bases. • Cholera outbreak: description and situation update- <p>Cholera outbreaks in the WHO Eastern Mediterranean Region</p>

- Eight of the Eastern Mediterranean Region's 22 countries are grappling with outbreaks of cholera and acute watery diarrhea, with a total of more than 700,000 suspected cases, more than 7000 confirmed cases and 324 associated deaths.
- Cholera outbreaks were recently declared in Lebanon and Syria after decades of the countries being cholera-free. Pakistan, Afghanistan, I.R Iran, Iraq, Somalia, and Yemen are also reporting outbreaks of acute watery diarrhoea or cholera.

Situation and response in Syria and Lebanon

Syria

- The number of confirmed and suspected cases continues to rise. Suspected cholera cases/acute watery diarrhea (AWD) cases have also been reported from all 14 governorates in this reporting period.
- Between 25 August and 5 November, 35 569 suspected cases have been reported, including 92 attributed deaths to date at a case fatality rate of 0.3%.
- Of the 2,729 samples tested with rapid diagnostic tests (RDTs), 1,491 have tested positive. To date, 1,524 stool samples have been cultured, of which 511 have tested positive for Vibrio Cholera. The overall proportion of RDT-positive cases is 54.6%.
- 86 suspected cases and zero deaths have been reported from IDP camps in Northeast Syria (NES) and rural Aleppo, while in Northwest Syria (NWS), 2035 suspected cases (out of 7934 suspected cases) and 2 deaths (out of 7) were reported from IDP camps.

Lebanon

- As of 13 November 2022, a total of 3,369 suspected cholera cases (out of which 536 are laboratory-confirmed) and 18 associated deaths (CFR 0.5%) were reported across the country. Of these cases, 26% are under 5 years of age, 19% are age group 5 to 14 years, 15% are age group 15 to 24, 22% are age group 25 to 44, and the remaining 18% are distributed in the higher age groups.
- All eight governorates have reported laboratory-confirmed cases while 20 out of the 26 Cada's at the national level recorded laboratory-confirmed cases. The majority of cases continue to be predominantly reported from Akkar and the North governorates, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel.

Readiness in Jordan

- Zero cases recorded so far

- Three hospitable will be designated (The one used for Covide-19) to receives cases in the center ,north and south parts of Jordan.
- **Coordination and Leadership**
- The National Center for Security and Crisis Management is coordinating the development of a National Cholera Preparedness and Response Plan with roles and responsibilities for Ministry of Health, Jordan CDC, and other line ministries like Ministry of Water and Irrigation and Ministry of Agriculture . We have not seen a final version which should also include activities, roles and responsibilities, as well as timelines.
- WHO is preparing for a Joint Cholera Risk Assessment with health and non-health government and non-government actors to evaluate the Cholera risk at national and subnational levels . The initiative is to take place on 5 or 6 December and officers from health agencies will receive an official invite shortly.
- WHO has also been advocating for a multi-stakeholder platform that meets regularly to monitor activities and identify needs across the preparedness and response pillars. It will be one of the main recommendations from the Risk Assessment and health organizations contribution will be critical.
- **Surveillance**
- A Cholera case-definition is being applied at primary health care (PHC) level with rapid response teams involved in several investigations. In the last weeks there has been a spike in reporting of Acute Watery Diarrhea (AWD) above the usual seasonal trends. This is likely a reflection of enhanced reporting at PHC level due to enhanced community engagement. Up to 45% of samples are tested for Cholera via culture in several governorates.
- **Case Management and IPC**
- According to MoH, field hospitals used for COVID-19 will be utilized for severe Cholera cases. However, there is not yet clarity on referral strategies and training for human resources. Also, no information on stockpiles of oral rehydration solutions and other consumables.
- **Laboratory**
- All governorates can test for Cholera. Any positive cholera case is then sent to Central Public Health Laboratory for testing if it is an epidemic prone strain, i.e. O1 or O139. WHO is supporting the Central Public Health Laboratory (CPHL) with training of laboratory staff from all governorates to handle and process samples. Also, WHO is procuring laboratory reagents and rapid diagnostic tests (RDTs to be used only for

	<p>monitoring if an outbreak is declared). WHO is providing support to the CPHL to develop capacities for toxigenicity testing of O1 or O139 strains.</p> <ul style="list-style-type: none"> • Risk communication and community engagement (RCCE) <ul style="list-style-type: none"> ○ According to MoH, there is enhanced RCCE with tailored messages through community and religious leaders. WHO is exploring with MoH and JCDC which additional support is needed to reinforce messaging on prevention of Cholera. • WASH <ul style="list-style-type: none"> ○ Environmental Health Department at MoH and Ministry of Water and Irrigation are collaborating on routine Chlorine sampling from water sources. • Points of Entry (POE) <ul style="list-style-type: none"> ○ Public health contingency plans and SOPs at POEs are being developed by MoH, JCDC and IOM. <p>Dr. Buthyna UNICEF raised the following questions regarding:</p> <ul style="list-style-type: none"> ○ The Capacity of service providers ○ Inclusion of people in the remote areas ○ Testing of water samples from ITSs and remote areas and suspected areas <ul style="list-style-type: none"> - Saverio Answered: This is kind of data needed to be collected through the risk assessment. - Dr. Adam stressed on the important of response coordination between different actors including the JCDC, MOH, Donors UN- Agencies and partners . <ul style="list-style-type: none"> • Dr. Ibraheem from UNHCR stressed on the important of partners reporting on the ActivityInfo platform and JFT to support evidence base data regarding health interventions. • • Action Points: to circulate the 4Ws for partners to share their inputs to avoid the duplication of efforts.
<p>3. UNHCR update on the COVID-19 Vaccination, Cholera at Both Camps (Zaatari & Azraq)</p>	
<p>UNHCR Updates [Camps]</p>	<p>Dr. Mohammad Fawad from UNHCR provided an update as of, 24 of November 2022 on the refugee camps (Zaatari and Azraq and EJC).</p> <ul style="list-style-type: none"> - COVID-19 situation in the refugee camps has been stable with no recent escalation in the number of reported cases.

	<ul style="list-style-type: none"> - Surveillance activities for COVID-19 cases in the camps are continued. - Low reporting on Covid-19 - Maintained the essential services in the camps. - Primary Health care (PHC) clinics in village 3 and 6 will be merged into an extended PHC facility situated at a central location and easily accessible to the population residing in both the villages as part of the transition of health services in Azraq camp in 2023. Relevant partners providing health services in the camp have been involved in the discussions and necessary actions related to this transition. The transition has been planned to be completed in the first quarter of 2023. <p style="text-align: center;">-</p> <p>Update on Cholera</p> <ul style="list-style-type: none"> • Cholera preparedness and response plan for the refugee camps have been developed with the involvement of all the relevant partners, UN agencies and in coordination with the focal points for the camps from the respective DoHs. • The surveillance system in refugee camps is active to report any suspected cases and alerts and a minimum of 25% of the samples from the acute watery diarrhoea cases from the camps are tested. • Information dissemination and awareness raising of the communities on prevention from cholera and importance of hygiene is also underway. • The national level Cholera preparedness and response plan will provide further guidance for the camp level plans once it is finalized. •
4. UNHCR updates including PPP on Jordan Humanitarian Health Sector	
	<p>Dr. Adam briefed the participant on the changes of the coordination structure and the convert of Jordan Humanitarian partners Forum (HPF)</p> <p>JoSH is replacing the former Humanitarian Partner Forum (HPF). The Advisory Group (AG) itself should become a more strategic and robust body tackling more tangible and strategic conversations. This in turn will enable the JoSH to confront with setting strategic directions and handle advocacy issue including those relevant to dialogue with Governmental counterparts. Dr. Fawad will provide an update and present the same presentation UNHCR presented at JOSH meeting attended by Donors, Un-Agencies, INGOs and NGOs etc.....</p> <p style="text-align: center;">-</p> <p style="text-align: center;">Dr. Fawad delivered a presentation on: Jordan Humanitarian Health Sector.</p>

	<ul style="list-style-type: none"> - The overall objective is Improve the health status of Jordanian host communities and refugees by meeting humanitarian health needs, promoting resilience, and strengthening the national health system and services - Health sector challenges: <p>Status of access of refugees to essential health services and access inadequacies should be analysed in more depth based on the available data. Different sources of the data for this purpose are assessments and surveys focused on supply and demand side inadequacies of the public health system conducted under the umbrella of Health Sector Working Group (HSWG) and assessments focused on evaluating the vulnerabilities of the refugee population. Some outcomes of the HDPF workshop were in line with the health sector’s challenges:</p> <ul style="list-style-type: none"> - The fragmented health information system across the kingdom - Turnover of MOH staff - Increased vulnerabilities and demand on humanitarian assistance and stressed public health facilities - Very long project approval process
5. Sub Working Groups updates	
UNFPA/ SRHWG NCD-Sub WG Nutrition Working Group Medair/CHPF	<ul style="list-style-type: none"> • NA • NA • No update the usual normal work <p>Ameera Amin provided an update on behalf of the Medair :</p> <ul style="list-style-type: none"> • Medair, is working to prepare a training material about Cholera for the community health volunteers and field staff, in the second week of December,

<p>MHPSS SWG/IMC</p>	<ul style="list-style-type: none"> • Medair will conduct training session for their CHVs, the material will be shared with all partners through CHPF. • Medair, is working to prepare a short key message about Cholera to be shared through WhatsApp with the beneficiaries. <p>NA</p>
<p>6. Partners updates urban</p>	
<p>Partners updates [Urban]</p> <p>Caritas</p> <p>IOM</p> <p>SAMS</p> <p>HI</p>	<p>Ms. Yara from Caritas provided updates on behalf of her organization:</p> <ul style="list-style-type: none"> • Caritas has continued to provide PHC services to registered refugees where during October 11,428 primary health care consultations have been provided and NCD medications have been dispensed for 3 months stock for stable patients and monthly for unstable patients where 1,954 patients have dispensed their medications. • No update on the SGFPN <p>No update</p> <p>NA</p> <p>Ms. Baraa provided an update on behalf of HI: On Rehabilitation level :</p> <ul style="list-style-type: none"> • Second meeting of “Higher National Rehabilitation and Assistive Products Committee”, was conducted in November, the goal of this meeting was to discuss with all members the objective six in the national rehabilitation strategy to draw the road map for the assistive technology

<p>MSF</p> <p>ICRC</p> <p>Islamic Relief Jordan</p> <p>HoM HumaniTerra – Jordan</p> <p>CDE</p>	<ul style="list-style-type: none"> • The referral process is ongoing for the beneficiaries that include CBR team identified the beneficiaries and then refer them to their partner to receive the appropriate rehabilitation and early intervention including physiotherapy, occupational therapy assistive devices needed, and P&O. In addition, to the children a speech therapy and early detection for the developmental delay. • HI with MoH started working with Sakra PHCs, HI team did an assessment to figure out the initial needs for the PHC. • HI participate in A workshop that conducted by WHO about the assistive technology <p>Early Childhood Development ECD:</p> <ul style="list-style-type: none"> • Training of the Ministry of Social Development staff • Starting maintenance work in early intervention units with our partners • Preparing to participate in the International Day of Persons with Disabilities • Starting to hold evaluation workshops for sensory aids, headphones and glasses • Starting to form a technical committee at the level of the Ministry of Health to develop a guide for training workers on early detection of developmental delay • NA <p>Ms. Nisreen from ICRC provided a short update:</p> <ul style="list-style-type: none"> • Working on the preparedness plan for Cholera • Providing Hygiene kit for prisoners and screening new prisoners for Cholera signs and symptoms. • Distributing fliers and videos awareness messages on Cholera to the prisoners . • NA • NA <p>Noor Dajani provided a short update on behalf of CDE:</p> <ul style="list-style-type: none"> • CDE completed their mission and planning to launch their new project. • Currently conducting gab health analysis. • Exploring collaborations opportunity with other partners.
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<p>RAHS</p>	<p>Mr. Mohammad from RAHS shared a short brief on the NCD conference</p> <ul style="list-style-type: none"> • NCD conference aiming to promote and integrating noncommunicable diseases within primary health care in Jordan, it will take place on November 28-29, This conference will provide a platform and space for exchanging experiences in this regard, and it will result in important connections that will be provided to the Minister of Health • it is prepared in cooperation between the MoH, RHAS, UNHCR, WHO & UNRWA).
<p>AMR</p>	<p>Esam From AMR provided an update on behalf of his organization:</p> <ul style="list-style-type: none"> • Reopening the Maternity and Childhood Center in Zaatari with a Gynecological clinic one day per week, dental care four days per week, general medicine three days per week, and an X-ray center that is operational. • The two primary health centers in villages 3 and 6 in Azraq camp will be merged into one comprehensive open area center • Start operating the mobile clinic in March 2022 to serve the most vulnerable people in the rural areas.
<p>Health Appeal Society</p>	<ul style="list-style-type: none"> • NA
<p>EMPHNET</p>	<ul style="list-style-type: none"> • NA
<p>IOCC</p>	<ul style="list-style-type: none"> • NA
<p>CVT</p>	<ul style="list-style-type: none"> • NA
<p>IRC</p>	<ul style="list-style-type: none"> • NA
<p>TDH Italy</p>	

7. AOB	
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Action Points	
Next Monthly Meeting	On 29th of December 2022 from 10:30 to 12:30 (TBD)