

## Health Sector Coordination Meeting

<b>Date: Thursday, 30<sup>th</sup> June2022</b>	<b>Venue: MS-Teams Virtual [UNHCR]</b>	<b>Time: From 10:00 to 12:00</b>
<b>Attendance: UNHCR, WHO, MOH, IMC, IRC, JPS, Medair, HI, IOCC, ICRC, Caritas, CVT, Save the Children, , Islamic Releif Jordan, , Health Appeal, UNFPA, ICRC</b>		
<b>Agenda</b>		
1. Review of Action Points from the previous meeting		
2. WHO/MOH update on covid-19 and multicountry outbreak monkey pox		
3. UNHCR Humanitarian update		
4. UNHCR presentation on VAF for both Urban & camps (30 minutes)		
5. CVT presentation on professional quality of life (15 minutes)		
6. Partners updates Urban.		
7. AOB		
<b>1. Review of Action Points from the previous meeting</b>		
<b>Sector Chair [UNHCR]</b>	Dr. Adam Khalifa / UNHCR the Health Sector Chair welcomed the audience and introduced the agenda of the meeting .  Progress <b>on action points</b> from last month meeting: <ul style="list-style-type: none"> <li>• No pending action points</li> </ul>	

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**2. WHO/MOH update on COVID-19**

<b>WHO</b>	<p>Dr Nazeema Muthu from WHO provided an update on:</p> <ul style="list-style-type: none"> <li>1- Multi-country monkeypox outbreak: description and situation updates</li> <li>2- Global/Regional Epidemiological updates on COVID-19: (As of 30th June 2022):</li> </ul> <p><b>Monkeypox</b></p> <ul style="list-style-type: none"> <li>a. Monkey pox is caused by a member of Orthopoxvirus genus in the family Poxviridae.</li> <li>b. Monkeypox is a zoonotic diseases, primarily occurs in tropical rainforests of west and central Africa and is exported to other regions.</li> <li>c. It is transmitted to humans through close contact with an infected person or animal, or with materials contaminated with the virus (such as when they come in close contact with lesions, body fluids, respiratory droplets, and contaminated materials such as beddings)</li> <li>d. incubation period (from infection to onset of symptoms) is 6-13 days; symptoms include rash, fever, swollen lymph nodes and may lead to a range of medical complications, including other bacterial infections expected. symptoms last for 2-4 weeks; fatality ratio is 3-6 % (but historically 0-11)</li> <li>e. Monkeypox severity is less than smallpox, so mass vaccination not required</li> <li>f. WHO has formed new emergency team for monkeypox and International Health Regulation has assessed the situation as medium with no declaration as Public Health Emergency of International Concern yet.</li> <li>g. First case was reported on 1 Jan 2022; 3413 laboratory cases and 1 death reported from 50 countries globally.</li> <li>h. 1310 new cases reported this week, mainly from European region, followed by Africa, America, and Eastern Mediterranean regions</li> <li>i. In EMR: UAE (13 cases), Lebanon (1) and Morocco (1); Jordan has no case so far</li> </ul>
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	<p>j. As only very few cases are reported in the region, not much surveillance systems being initiated. No cases reported in Jordan</p> <p><b>2. COVID-19</b></p> <p>a. Cumulative number of confirmed cases reported at global level: 540 million with over 6.3 Million deaths.</p> <p>b. Number of cases have increased for third consecutive week, with over 4.1M new cases reported leading to 18% of increase in cases when compared to last week.</p> <p>c. In Eastern Mediterranean Region, 74,000 new weekly cases are reported representing 47% increase in cases compared to previous week. Number of new deaths in the region has increased by 22% when compared to the previous week, Islamic Republic of Iran reporting highest number of new deaths.</p> <p>d. Jordan recorded no cases with 881 new cases as of 24 June 2022. Positivity rate are on slight increase (6.7% from 5.5%), number of tests per week is between 10K and 15K. hospitalization is low.</p> <p>e. Globally 66.9% of population has received at least 1 dose of COVID-19 vaccine. 12.1 billion doses have been administered globally and 5M each day. ; in LIC 18.6% has taken at least 1 dose; in Jordan 44% of total population have been vaccinated with two doses.</p>
<p><b>3. UNHCR update on the COVID-19 vaccination at both camps (Zaatari &amp; Azraq)</b></p>	
<p><b>UNHCR Updates [Camps]</b></p>	<p>Dr. Mohammad Fawad from UNHCR provided an update as of, 30th of June 2022 on Covid-19 situation and the vaccination status in the refugee camps (Zataari and Azraq and EJC): Dr Mohammad Fawad (UNHCR)</p> <p><b>1. COVID in camps update</b></p> <p>a. Vaccination is continuing – 15195 have received 1<sup>st</sup> dose in Azraq, 34 500 have received 1<sup>st</sup> dose in Zaatari</p> <p>b. Zero cases for both camps</p> <p>c. Suspended isolation services available previously at both camps, in line with national health policy</p>

d. COVID-19 treatment centers will be on standby mode from June, with significant vaccination and decline in cases

2. Shared request for providing inputs for health services in detention; only 9 organizations have provided feedback; call for more inputs

Dr. Adam / UNHCR provided a short update on the overall of the health program.

- Inclusion of refugees (both Syrian and non-Syrian)
- Funding is shrinking, donor fatigue
- Multi-donor account (contributions from Denmark, Germany, WB, USA, EU, Canada, Qatar) -- \$85 million
- All registered refugees (Syrian and non-Syrian) have access to MoH facilities
- Jordan Health Development Partner Forum
- Service guide, policy guide are geared towards inclusion of refugees in national health systems

#### 4. UNHCR presentation on VAF for both Urban & camps

**Maria from UNHCR delivered a presentation on VAF for both Urban & camps:**

1. Since 2015 sectors came together to come up with vulnerability indicators for each respective sector
2. Aim of VAF (biannual survey which tracks multi-sectoral vulnerability over time)
  - a. Obtain shared and consistent data; agreed vulnerability threshold – to target programs, and strengthen coordination over delivery of services
3. Methodology – over 8000 households (Syrian and non-Syrians) interviewed
4. Findings
  - a. Refugees residing in host communities were significantly more vulnerable
  - b. Refugees go into debt to receive healthcare
5. VAF Health Score (aggregation of various indicators – registration, household size, existing medical conditions)

- a. Trend of Syrians having higher dependency ratio (due to family size) and thus more vulnerable across all sectors
6. Health medical access
  - a. 13% increase in Syrian families who needed access to medical facilities and did not receive it
  - b. Strongest predictor of likelihood of access is number of chronic illnesses
  - c. Demographic factors also play a role – male and elderly most likely to access
  - d. COVID vaccination increases access
  - e. Higher level of debt – higher level of access
7. Health needs are getting more severe
  - a. Especially for out of camp, chronic illness found to affect daily life
8. Health expenditure (as a proportion of total budget)
  - a. If more than 10% -- vulnerable; if more than 25% -- significantly vulnerable
9. Coping strategies
  - a. 91% of refugee families resort to at least 1 negative coping strategy
  - b. 50% resort to crisis-related coping strategies e.g. selling assets, and reducing non-food expenditure
  - c. Resorting to debt – 25% increase in Syrian families in debt from 2018-21; reasons for debt – rent (for urban), health, food

**Ibrahim from (UNHCR) commented :**

- Looking to have more integration into national system; trying to enhance refugees' access to MoH as refugees still prefer to use private health facilities
- VAF has informed us to work on supply side (MOH) and demand side
- Trying to formulate policy guide to inform MOH of privileges of refugees
- At the same time need to convince more refugees to visit MoH
- Changing health-seeking behavior is difficult
- Service guide speaks to refugees – to help them understand their refugees and educate them on what they can receive at subsidized rates
- Monitoring and evaluation are a continuous process
- Non-insured rate also available to camp refugees (many move in and out of camps)

**Dr Ahmed Bawaneh (IMC) asked :** disability inclusion – does it include only physical, what about mental health? Understand the Washington Group Questionnaire was geared towards COVID – able to distinguish from that?

- Maria answered : We use Washington Group Questionnaire, and from enhanced Questionnaire, just took the depression part. Not able to distinguish from depression from impact of COVID

**5. Sub-Sector Working Groups: Reproductive Health (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF) and Community Health Platform (MEDAIR)**

**UNFPA/ SRHWG**

**UNFPA Update:**

Dima Hamasha from UNFPA provided an update on the SRH-WG:

- DKT international presented the benefit of using the Manual vacuum aspirator on the outcome of Miscarriage mainly in humanitarian settings.
- Comprehensive presentation from MSD – Levant about cervical cancer and the importance of HPV vaccine and screening.
- In collaboration with Takatoat, UNFPA celebrated world menstrual Hygiene day (on the 28<sup>th</sup> of May 2022) by publishing the outcome of a policy paper about period poverty.
- UNFPA started the preparation phase for the national EmONC assessment that will target all healthcare facilities that provide EmONC services at the national level. A workshop conducted from 23-25 of June 2022 for the national technical committee that consists of representation from RMS, MOH, Universities, Private hospitals, and HCAC, to review and customize the modules that will be used in the assessment. The assessment will target public and private hospitals, university hospitals, and Zaatari and Azraq camps. We are expecting a comprehensive EmONC assessment report to be published by the end of the year.
- National Sexual and Reproductive health strategy 2020-2030: A workshop to discuss and develop the action plan for the national SRH strategy conducted in Dead sea from 28-30<sup>th</sup> of June 2022 with the participation of all SRH service providers at the national level.
- UNFPA is working with its implementing partners NWHCC and HCAC to develop the recognition system for the women Friendly healthcare services initiative and revise the standards that will be used to assess services provided in 10 PHC from MOH, MOH, IFH, and NWHCC to check if they

<p><b>MHPSS SWG/IMC</b></p>	<p>adhere to the established standards so they will be accredited and recognized as women-friendly healthcare centers.</p> <ul style="list-style-type: none"> <li>○ Quarterly partner-focused report</li> <li>○ Most successful system is by USAID</li> <li>○ Hope to build a list of indicators from hospitals</li> </ul> <p><b>MHPSS Sub-working group updates:</b></p> <ul style="list-style-type: none"> <li>● Dr. Ahmad Bawaneh from IMC, provided an update on the MHPSS working group: <ul style="list-style-type: none"> <li>○ Criminalization of suicide – in end April Parliament voted to criminalize anyone committing suicide in public; this came as a surprise; Upper House endorsed decision two weeks later</li> <li>○ Fear is that people will stop seeking psychiatric help</li> <li>○ Working to modify the law but if law is adopted, need to come up with measures</li> </ul> </li> <li>● Planning annual conference for mental health – to take place end August</li> </ul> <p><b>IMC –</b></p> <ul style="list-style-type: none"> <li>● Transition needed at the end of an emergency</li> <li>● In addition to provision of access, need to work on attitude of people providing services, capacity, follow-up and monitoring</li> <li>● There is no monitoring system at MoH</li> <li>● Rely on WHO and UNHCR who have presence unlike NGOs in the Development Forum</li> </ul>
<p><b>UNICEF/ Nutrition Working Group</b></p>	<p>NA</p>
<p><b>NCD-Sub WG</b></p>	<p>NA</p>
<p><b>Medair/CHPF</b></p>	<p><b>Amira Amin provided an update on behalf of CHPF and Medair</b></p> <p><b>CHPF</b></p> <ul style="list-style-type: none"> <li>● The CHPF meeting was held on Tuesday 7th of June 2022,</li> </ul>

- Eng. Amani from MOH shared the latest activities for the Directorate of Health Awareness and Media and focused on the smoking risks awareness campaign
- In collaboration with IRC, MOH launched campaign named by “خلي عيلتك بأمان وابعدهم عنهم” “الدخان” to raise the awareness about tobacco risks on maternal and child health
- CHPF members voted to select the Co-chair, I’m thrilled to announce that RHAS is the new co-chair for CHPF
- The latest update from all partners about the community health activities was shared
- **Medair:** Continue working on the same activities for cash for health project in Amman, Irbid, Mafraq ,Zarqa , Balqa’a ,Madaba, Jerash and Ajloun.
- Medair received a 1.250.000 Euro top-up for the C4H project from ECHO for a 1-year duration , will continue with the same activities, in addition to covering transportation for the BNFs , and providing ANC/PNC incentives.
- Last month , Medair conducted a refresher training for all CHVs.
- Starting from the 1st of June, in coordination with UNHCR and JRC, Medair cover the HD sessions for 51 HD BNFs under the PRM grant and will continue with this activity until the end of August
- In June , in collaboration with CDE , Medair covered the cost of treatment for 4 BNFs for advanced cardiovascular surgeries.

## 6. Partners updates urban





<p><b>Islamic Relief Jordan</b></p> <p><b>CDE</b></p> <p><b>HoM HumaniTerra – Jordan</b></p> <p><b>MSF</b></p> <p><b>RAHS</b></p> <p><b>Qatari Red Crescent(QRC)</b></p> <p><b>Health Apeal Society</b></p> <p><b>AMR</b></p> <p><b>ICRC</b></p> <p><b>EMPHNET</b></p> <p><b>IOCC</b></p> <p><b>CVT</b></p>	<p>Ms. Dania provided brief on IRJ activities:</p> <ul style="list-style-type: none"> <li>● Islamic Relief Jordan Monthly report that is shared with focal point at MoH .</li> </ul> <ul style="list-style-type: none"> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> <li>● NA</li> </ul> <p>Ms. Ahmad Shouly provided an update on behalf of CVT:</p> <p><b>CVT Presentation</b> on professional quality of life Introduction of CVT</p> <ol style="list-style-type: none"> <li>a. Help individuals and families suffering from PTSD resulting from torture</li> </ol>
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	<ul style="list-style-type: none"> <li>b. Pyschotherapy, physical therapy and social services</li> <li>c. Capacity-building</li> </ul> <p>2. Professional Quality of Life (porQOL)</p> <ul style="list-style-type: none"> <li>a. Intended to serve anyone who is providing direct services e.g. healthcare professionals, social service workers, teachers, attorneys, emergency response; but now shifting to those providing healthcare</li> <li>b. Currently evaluating efficacy of this tool; hope is to get 5 organizations to participate in a single workshop</li> </ul>
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<b>7. AOB</b>	
<b>AOB</b>	<p><b>Samira (UNHCR) provided an update on :</b></p> <ul style="list-style-type: none"> <li>• ActivityInfo - due date for third extension; urgent call to upload data by today</li> <li>• ActivityInfo data is critical for information-sharing</li> <li>• Service Advisor – tells us who is doing what, what wheren and to who</li> </ul>
<b>Action Points</b>	
<b>Next Monthly Meeting</b>	<b>Shifted into Sunday, July 31<sup>st</sup> due to the official nation Holiday on 28<sup>th</sup> of July 2022</b>