

Health Sector Coordination Meeting

Date: Thursday, 27th October 2022	Venue: UNHCR- Fleet room 2	Time: From 11:30 to 13:00
---	-----------------------------------	----------------------------------

Attendance: UNHCR, WHO, IMC, Medair, IOCC, ICRC, Caritas, CVT, Save the Children, SAMS, IOM, TDH Italy, AMR, QRCS CDE, UNFPA, FOCCEC, CVT, IRW, RHAS, Health Appeal, EMPHANET, IRC, CDE, HI, IOM, MSF, Islamic Relief .

Agenda

1. Review of Action Points from the previous meeting
2. WHO/MOH update on Covid-19 and multicounty outbreak monkey pox
3. WHO update on cholera at regional level
4. UNHCR updates including PPP on mapping of health services
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: description and situation updates • Cholera outbreak: description and situation update- • Global/Regional Epidemiological updates on COVID-19: (As of 27th of October 2022): <p>Monkeypox</p> <ul style="list-style-type: none"> • From 1st January to 22 September 2022, around 73,400 laboratory-confirmed cases of monkeypox to WHO from 109 countries/territories/areas with 29 deaths.

- The number of weekly new cases reported globally decreased by 20% in the previous weeks.
- The largest proportion was observed in the European region by 20% and USA 26%; despite this, more than 4000 cases was reported from the same regions (88% USA and European region)
- In the middle East, 72 confirmed cases were reported since the onset of the outbreak where Sudan and Lebanon leading in 18 accumulative cases, UAE 16 cases, Bahrain 1 cases, Egypt 1 cases, Morocco 3 cases, Qatar 5 cases and Jordan one case that was reported on Sep 8.
- The data has to be treated with caution because monkeypox is related to Stigma and it's easier to seek medical attention and report cases in USA and European region compared to the middle East.
- GCC countries held a workshop few weeks back to evaluate the situation.

WHO Recommends to:

- WHO will soon receive consolidated vaccine indications.
- There will be specific categories to prioritize administration in case there will be a need.
- Most patients have mild uncomplicated signs and symptoms that can be treated.

COVID

- Globally cumulative number of confirmed cases reported is 624 million and the deaths is 6.5M
- The number of new weekly cases and deaths decreased by 15% globally.
- Jordan has stopped announcing number of confirmed cases and Dr Al- balbisi from MOH said that they would resume announcing confirmed cases if there is any increase in cases and the situation is stable now.
- For the Eastern Mediterranean region, the number of confirmed cases is less than 14000 with a 9% decrease compared to the previous week.
- All six countries slightly have increase in the cases which include: Lebanon, Morocco, Saudi Arabia, Qatar and UAE.
- Despite that the number of confirmed cases is not that high as it used to be, variance and sub variance are evolving that might be escaping vaccination but that needs to be verified using evidence based

Cholera

- After the Syrian MOH declared a cholera outbreak on 10 September 2022, Lebanon declared first cases on October 6th 2022, however the trend is alarming as in the 25th of October 809 confirmed cases were reported with 11 associated deaths. More alarming is out of the 803 cases declared, 305 were reported the day before yesterday only as confirmed cases.
- Cholera is reappearing in the region is very concerning and directly related to the conflict disaster, weak infrastructure, limited access to clean water, sanitary conditions, related wastewater and over rise in economical social vulnerability

- On the 13th of October, Lebanon requested the support from EU to respond in the cholera outbreak with cholera vaccine which is in shortage at global level, in addition they asked for Cholera rapid test, water test kits and hygiene kits.
- **Syria** on the other hand had decrease in the number of clinically diagnosed acute watery diarrhea by 25% compared to the previous week. As the number of cases reported was 4031 last week, however the decline of cases might be due to the delay in reporting, surveillance and detection at the central level.
- As of the 15th of October, the Syrian MOH reported 3683 acute watery diarrhea cases in 14 governorates, out of these cases 3.6 thousand cases 947 cases confirmed as Cholera with associated 43 deaths.
- Challenges: unavailability of microbiological lab, fragile system and limited access to some area due to conflict and instability
- **In Jordan**, the global taskforce manual on Cholera last updated in 2019 that accurately target the different pillars to address whenever a cholera outbreak happens. WHO, UNHCR, UNICEF and other agencies discussed with MOH the situation to support in the readiness phase that will be ready to move to response phase in case of outbreak.
- MOH is still finalizing the preparedness response plan on Cholera and will be ready to be shared with all stakeholders once ready.
- The Jordanian MOH is addressing all pillars intensively e.g.: weekly surveillance meetings.
- There is a trend in reporting acute watery diarrhea that is higher than the threshold of the previous year. Up to 20-40% of samples were tested every week and all were negative. Which could mean that the surveillance is working week not only because of active searching but because of the very impactful risk communication and engagement.
- Jordan reported zero cases of Cholera
- 80% of cholera cases are asymptomatic by evidence.
- Point of entry: MOH is trying to develop SOP's for screening, they are willing to use rapid test at point of entry, as WHO doesn't recommend that due to specificity and sensitivity issues.
- It's recommended to have a clear case definition and clear pathways for lab (PCR or culture) and MOH is intended to have mini lab at the point of entry, however the result will take up to 48 hours to appear, so they will track cases and document residency for follow up.
- From this weekend, awareness messages will be sent through community leaders, mosques and churches with specific message.
- The environmental health department is regularly testing the quality of water in many areas including dumps and the quality is good.
- WHO recommends to establish lower level committee to meet regularly and includes good representation from MOH, UNHCR, WHO and others to set objectives, activities, monitoring parameters and assign task and responsibilities .

3. UNHCR update on the COVID-19 Vaccination, Cholera at Both Camps (Zaatari & Azraq)	
UNHCR Updates [Camps]	<p>Dr. Adam from UNHCR provided an update as of, 27 of October 2022 on the refugee camps (Zaatari and Azraq and EJC).</p> <p>Update on Cholera</p> <ul style="list-style-type: none"> • The regular surveillance system in refugee camps is active to report any suspected cases and alerts. • Information dissemination and awareness raising of the communities on prevention from cholera and importance of hygiene has been enhanced. • The rapid response team has finalized the Cholera preparedness outbreak response plan and “Zero draft” has been released in the camps.
4. UNHCR updates including PPP on mapping of health services	
	<ul style="list-style-type: none"> • Dr. Adam presented the findings of the 4WS exercise where only 14 organizations have responded to the mapping of health services and NGO’s are encourage to participate more in it.
5. Sub Working Groups updates	

<p>UNFPA/ SRHWG</p>	<p>Mr Ali from UNFPA provided an update on the SRHWG</p> <ul style="list-style-type: none"> • The monthly meeting was conducted on 26 October, a presentation on SGMD was done by the GFP with identifying the gaps and providing recommendations. • As October is the breast cancer awareness month, a presentation was done by the Jordan breast cancer program. • IRC delivered a presentation on women perception and prevalence of Anemai in Azraq camp.
<p>NCD-Sub WG</p>	<p>Dr Dina from UNHCR gave update on the sub working groups as follows: NCD SWG:</p> <ul style="list-style-type: none"> • The meeting was conducted last Tuesday, Currently conducting the 4W's exercise where WHO has hired a consultant to work in the 4W's for NCD activities so partners shall expect and email soon to participate in a simple questionnaire assessment. • The national conference for NCD in humanitarian setting by RHAS is taking place on the 28th to 29th of Nov, where key partners are invited. • Another conference happening in December 2022 which is the global NCD in Humanitarian settings by WHO in Cairo, Egypt.
<p>Nutrition Working Group</p>	<p>For the Nutrition SWG:</p> <ul style="list-style-type: none"> • A meeting was conducted last Sunday where they announced the launching of the national nutritional strategy for 2023-2030. The strategy was drafted in collaboration between nutrition department in MOH funded and lead by WHO with contribution from UNHCR and others. A follow up meeting with key stakeholders will be the next step with concrete action and costing plan.
<p>Medair/CHPF</p>	<p>For the CFH SWG:</p> <ul style="list-style-type: none"> • The meeting was held with key partners that provide CFH services: UNHCR, IMC, Medair, Caritas and now IRC is a big player for CFH for NCD • There is a big CFH activities in the South, so UNHCR is encouraging organizations who are interested in doing CFH to consider the gap in the Southern governorate and UNHCR is willing to provide guidance and support.

<p>MHPSS SWG/IMC</p>	<p>MHPSS SWG: Mr Ahmad from IMC provided an update on the MHPSS SWG:</p> <ol style="list-style-type: none"> 1. National Public Health policy: Access levels remain as follows <ol style="list-style-type: none"> 1. While Camp: refugees can access the MOH facilities at the foreigner rate only. 2. Urban: refugees in urban can access the MOH facilities at a noninsured Jordanian rate: Syrians have to show up with valid ASC & MOI, while for non-Syrians have valid ASC. However, a waiver granted expired ASC until December 2022. 2. Among refugees, Still, the highest age group is adults 18-59 followed 5-17 yrs. old, 51% Male and %49 Female 3. Majority of MH services seekers in Urban: 76% Syrians, 8% Jordanian, Iraqi 5%, ,11% others (Sudanese 3.5%, Yamani 3%, Palestinian3%, Egyptian 1%, Somalian 0.5%) 4. MH referral breakdown: 55% Walk-in VS 45% Referrals; so, the breakdown for referrals = 73% (Local actors, I/NGO, CBO), 15% Child Protection department, 12% MOH). 5. The highest accumulative number of new and accumulative cases of Depression, Anxiety, and Epilepsy 6. Most common reported barriers: <ol style="list-style-type: none"> 1. The user fee approach cannot carry on even the subsidies rate 2. Physical/mobility limitation (so a home-Visit approach is needed) 3. Transportation Cost (remote areas) 4. Provision of a comprehensive package of specialized MHPSS services, including both some pharmacological and nonpharmacological interventions <p>Mr Ahmad from IMC provided an update on behalf of his organisation:</p> <ul style="list-style-type: none"> • In the camps, IMC will support the MOH Cholera screening program by collecting samples from watery diarrhea cases and transporting them directly to Zarqa public health laboratory as per MOH recommendations. • In Azraq Camp, The Community COVID-19 response project activity is concluded in Azraq camp by end of October 2022, COVID-19 vaccination will be shifted to regular vaccination clinics in Azraq camp as coordinated with MOH focal points.
<p>SRH</p>	<p>Mr Ali from UNFPA provided an update on the SRHWG</p> <ul style="list-style-type: none"> • The monthly meeting was conducted on 26 October, a presentation on SGMD was done by the GFP with identifying the gaps and providing recommendations. • As October is the breast cancer awareness month, a presentation was done by the Jordan breast cancer program. • IRC delivered a presentation on women perception and prevalence of Anemai in Azraq camp.

6. Partners updates urban	
Partners updates [Urban]	<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 September 7,982 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 1,705 patients have dispensed their medications. • A breast cancer awareness session was held in October for females Caritas staff in collaboration with King Hussein Cancer Center.
Caritas	
IOM	<p>Mr. Murad from IOM provided an update on behalf of his organization:</p> <ol style="list-style-type: none"> 1. Health settlement program 2. Draft of standard operating procedures for the communicable disease at four borders: Jaber, AL Karameh, Adureh and Wadi araba) covers (detection, notification and escalation of care) sent for the final approval. 3. Front- line staff training of SOPs will conduct after SOPs approval. 4. Risk mapping studies on truck drivers crossing borders 5. a short-term intervention and project with an overall objective to improve access to protection and health for refugees and vulnerable Jordanians residing in informal tented settlements in Jordan by mobile health team and supporting cash for health
SAMS	<p>Mr. Mohammad Hareri provided an update on behalf of SAMS:</p> <p>Medical mission program:</p> <ul style="list-style-type: none"> • SAMS implemented the international medical mission on October.2022 where the medical team conducted more of 150 surgeries in Cardiology, ENT, Dental, and Neurosurgery specialties, nationalities of beneficiaries are Jordanian, Syrian, Sudanese and Egyptian. The surgeries were located in two main hospitals; Istishari Hospital and Luzmela Hospital. • In collaboration with local societies and MOSD in Jordan, the medical team reached more than 1900 patients with Secondary consultations and dental Interventions. The medical team consists of the following

specialties; Cardiology, Dental, Dermatology, Internal Medicine, Radiology, Pediatric, Neurology, Family medicine and Nephrology.

- The Mission team conducted one training for the dentists over the course of three days, attended by 29 dentists from MOH health medical teams from different hospitals and other NGOs. Also a lecture was given in the neurosurgery for the neuro surgeons, in cooperation with the Jordanian Society of Neurosurgeons, attended by 22 Neuro surgeons.
- SAMS conducted awareness sessions for benefactrices about the cholera, the seasons reached more of 100 beneficiaries.
- SAMS is planning for next mission where it will be on Jan.2023, types of surgeries will be Cardiology (Catheter and intervention stent) , Ophthalmology , GI endoscopy, Plastic surgery and dental surgery.

MHPSS program:

1. Psychiatric Clinic Continuing to provide psychological and pharmacological treatment in Amman and Irbid Center and in cooperation with psychiatric clinics in Irbid Jannati Clinic and Amman Dr. Hashem Fakhoury Clinic
2. Continuing to provide case management sessions for domestic violence cases in Irbid and Amman
3. Continuing to provide awareness-raising workshops on gender-based violence in cooperation with local associations
4. Irbid team provided safeguarding training to a number of associations in Irbid, such as the sos and the . roabet al salaam, the goal of the training is to educate employees on the importance of building a safeguarding policy in associations.

Rehab Project:

- SAMS rehab project in Wadi Al Seer comprehensive center is providing rehab services, physical therapy session and assistive devices distribution for the beneficiaries through 1 rehab doctor, 2 PTs and support staff.
- Referral are accepted for treatment or for assistive devices with clear medical report, services will be provided after SAMS doctor evaluation.
- Working days are from Saturday to Thursday from 8-4. Rehab doctor is available 3 days Sunday Tuesday Thursday.
- SAMS is providing assistive devices through the rehab project.
- SAMS is planning to add extra services including OT.

SAMS medical center in Zatari camp:

- Providing dental services 4 days per week Sunday Monday Wednesday Thursday.
- Providing oral and dental hygiene awareness sessions in schools will be implemented.

<p>HI</p>	<ul style="list-style-type: none"> • Providing vaccination services in coordination with MoH. • Providing radiology services for the referred cases <p>Ms. Baraa provided an update on behalf of HI: On rehabilitation level:</p> <ul style="list-style-type: none"> • HI started the “Higher National Rehabilitation and Assistive Products Committee”, one meeting conducted in the first week of Oct and will do another one next week. • The referral process is ongoing for their beneficiaries that include CBR team identified the beneficiaries and then refer them to our 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 identification PHCs to establish rehab which could be the first one in Ajlun/Sakhra. <p>Early Childhood Development ECD:</p> <ul style="list-style-type: none"> • EI unit established in Dhulil- Zarqa. • 2 PHC identified in Dhulil and Hallabat – Zarqa. • 17 new volunteers recruited . • Two EI units identified in Sahab and Mafraq, as maintenance and accessibility work will start in November.
<p>MSF</p>	<p>Ms Azhar from MSF provided an update on behalf of her organisation:</p> <ul style="list-style-type: none"> • Reconstructive Surgery Hospital\ MSF-OCP • They have 3 types of surgeries (Orthopedic, Plastic, and Maxillofacial), and all cases will be discussed by the Validation Committee, which has the authority for the final decision of accepting or not accepting a case, while sometimes making a few occasional exceptions. The Reconstructive Surgery Program focuses on treating victims of violence related to ongoing crisis. We bring patients from Home countries to treat them (Yamen, Iraq, Palestine (From Gaza)), also they accept cases from other nationality whom live in Jordan and all ages. • they have physiotherapy services and Mental health, but it's only available for cases whom accepted for surgeries. • small new department for 3D printing upper prosthesis for all nationality and ages.

<p>ICRC</p> <p>Islamic Relief Jordan</p> <p>CDE</p> <p>HoM HumaniTerra – Jordan</p> <p>RAHS</p> <p>Health Appeal Society</p> <p>AMR</p> <p>EMPHNET</p> <p>IOCC</p> <p>CVT</p> <p>IRC</p> <p>TDH Italy</p> <p>AMR</p>	<p>Ms. Nisreen from ICRC provided a short update:</p> <ul style="list-style-type: none"> • Providing Hygiene kit for prisoners and screening new prisoners for Cholera signs and symptoms. • NA • NA • NA • NA • NA • NA • NA • NA • NA • NA • NA • NA • NA

7. AOB	
AOB	Samira (UNHCR) provided an update on partners reporting on the Activity Info
Action Points	
Next Monthly Meeting	On 24th of November 2022 from 10:30 to 12:30