

Meeting Minutes:

Non Communicable Diseases (NCD) Task Force 1 st Meeting			
Date:	3 February 2014	Venue:	WHO office- Amman
Chair:	MoH: Dr. Mohammad Tarawneh	Co-Chair:	WHO: Dr. Sabri Gmach
Attendants:	MoH: Dr. Moh'd Tarawneh WHO: Dr. Sabri Gmach MdM-France: Reem Ajlouni EMPHNET: Lina Al-Hadid , Dr. Adel Belbeisi MSF-Holland: Dr. Sarwat Attas RHAS: Amal Ireifij, Maia Al-Masri IMC: Pranav Shetty IFRC: Nicholas Prince Save the Children-Jordan: Heba Ebbini Caritas: Dr. Fawwaz Awabdeh GRC		

Points		Action Points
1.Introduction:	<p>This is the first meeting for NCDs taskforce group. The aim of this meeting is to have a taskforce to support MoH, and for the actors and health care providers to share their experiences and consolidate their interventions regarding NCDs</p> <p>MoH expressed the big burden on MoH as a result of NCDs, especially after the Syrian crises. Some MoH health centers have up to 70% of their total beneficiaries Syrians.</p> <p><u>Some challenges:</u></p> <ul style="list-style-type: none"> • High turnover of the staff, which results in having a medical staff that is not well trained and experienced • Number of actors who provide NCD services is not enough • Already NCD is an issue in Syria, and the burden is high even before the crises • Low level of community awareness in regards to NCD 	

2. Objectives of NCD taskforce	<p>It was agreed by all to discuss the objectives as per the ToR</p> <p>MoH emphasized that for them the main objective is to increase the response capacity of healthcare actors</p> <p>IFRC highlighted the importance of the preventive approach, and having community health interventions targeting NCD, in order for the Jordanian health system to be more able to deal with this big influx.</p>	
2.1 Review of Sphere handbook, essential health services - NCDs	<p>WHO pointed that Sphere handbook was weak in addressing NCDs standards; section 2.6 in the handbook (Essential health services, NCDs).</p> <p>Also there is a lack of studies on NCDs in emergencies, as it was difficult for them to find enough reliable resources for NCDs in emergencies</p> <p>A question was asked for agencies who worked during the Iraqi crises, what standards and monitoring tools they used for NCDs?</p> <p>In the Iraqi crises, MoH and other health actors started to intervene directly, and each actor developed its own response and standards.</p>	<p>1. To see what recommendations and suggestions are needed to be added to Sphere handbook, section 2.6</p> <p>2. To share an article about NCD in emergency, circulated in October 2013 by UNHCR to the health working group</p>
2.2 Management protocols	<p>National protocols and guidelines exist for DM, hypertension, & Bronchial Asthma. Guidelines 1st edition was in 1994, last revision for them was in 2010. There is a need for another revision to adapt to the current situation</p> <p>The possibility for the treatment guidelines to be adapted to what the patients used to take in Syria was highlighted, as it's noticed that patients know what medication they want, and it is hard to convince them to take a different alternative. Actors who worked during the Iraqi crises faced the same problem, but it was possible to manage that by explaining for them that they are getting the same services as the nationals. It was pointed that patient counseling is essential</p> <p>MoH trust their protocols; they kept a space for the physician to act according to the resources he has, also the national list of drugs was produced by highly qualified technical experts</p>	<p>3. MoH to share the national guidelines with the taskforce group and a need for a new revision to adapt with the context</p>
3. AOB	<p>A query was raised whether information available about NCDs is enough to respond or there is a need to go for a rapid</p>	<p>4. Agencies who have performed</p>

	<p>assessment for NCDs in Jordan relevant to the Syrian crises.</p> <p>EMPHNET supported the point, that there is a need to generate key information on NCDs (prevalence, risk factors,..) to respond adequately . While other opinion saw that it is more efficient to use the existing data rather than going for an assessment.</p> <p>The WHO shared their experience of strengthening surveillance system in Jordan; they did not do an assessment at the beginning, they started by refreshing training for the staff, and on parallel they started improving the protocols</p>	<p>assessments, or have information about NCDs, to share with the taskforce group</p> <p>5. Rapid assessment will be added to the recommendations, but not as an objective.</p>
Next meeting	Next meeting the 10 th of February 2014, 10:00 am, WHO office-Amman	