

Health Sector Coordination Meeting

Date: Thursday, 26 August 2021	Venue: MS-Teams Virtual [UNHCR]	Time: From 10:30 to 12:30
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Attendance: UNHCR, WHO, MOH, IMC, IRC, JPS, Medair, HI, IOCC, IOM, RHAS, UNFPA, ICRC, MOH, EMPHNET, MSF, Caritas, UNFPA, SAMS, Humani-terra, ACTED, SDC, Help - Hilfe zur Selbsthilfe, TDH Italy, PRM, ACF, MIRRA, UPP, CVT

Agenda

1. Review of Action Points from the previous meeting.
2. WHO/MOH update on COVID-19.
3. UNHCR PPP on the COVID-19 vaccination at both camps (Zaatari, Azraq & EJC)
4. PPP on National Early Detection Early Intervention (EDEI) protocol by Humanity and Inclusion
5. Sub-Sector Working Groups: Reproductive Health (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF) and Community Health Platform (MEDAIR)
6. Partners updates Urban.
7. AOB

1. Review of Action Points from the previous meeting

Sector Chair [UNHCR]

Chair and Co-chair of HSWG welcomed the participants, introduced the agenda of the meeting.

Progress on action points from last month meeting:

- HTI to share HSWG partners with their surgical missions' criteria, both in Arabic and in English. **Done**
- MOH to present the framework of the national rehabilitation Strategic plan. **Postponed into next meeting**
- SAMS to share IMC with MHPSS focal point **No update**
- Medair to Add HTI to Referral WG contact list **No update**

2. WHO/MOH update on COVID-19	
WHO	<p>WHO Update:</p> <p>Global/Regional Epidemiological updates on COVID-19: (As of 25th August 2021):</p> <ul style="list-style-type: none"> • As of yesterday, 25th of August: Around 213 million confirmed cases of COVID-19 reported since the onset of the epidemic, with slightly more than 4.4 million cumulative deaths. • The latest epidemiological had 4.5 million new cases at global level, which is a slight decrease compared to the previous weeks. But still recording high number of cases every week. • There has been a slight increase in the Western Pacific and America region, with improved situation in all other regions. but in all the other regions, the situation improved slightly. It is the same for the Mediterranean region. • Eastern Medediterian Region recorded 450,000 new cases in the latest epidemiological week, with a slight decrease when compared to the 500,000 of the previous two weeks, with • 7100 new deaths recorded, which is the highest incidence together with the previous week. Two weeks ago, we had the new peak in our region which was higher than the previous peaks and it occurred in a very shorter time. This is mainly due to the effect of delta variant that showed a peak in mortality is occurring now because there is always a delay between morbidity and mortality. • The cumulative confirmed number of cases in our region is 14.2 million and the 260,000 confirmed deaths since the onset of the pandemic . Jordan is not anymore ranked the fourth major contributor in number of cases, but it is the fifth because the dramatic search in Morocco during the last three weeks turned the situation as Morocco become the fourth major contributor, Iran 4.7 million cases commutative followed by Iraq and Pakistan: then Morocco and then Jordan. So, Jordan is around 5.5% of the total cases and 4.0 total deaths. • In Jordan 800 new cases were reported yesterday 25th of August , since the 1st of August we had an average of 900 cases per day, which is a slight low when compared to the last quarter of July when we had 1000 cases per day. Jordan is in community transmission having around 60 new cases per 100,000 population per week.

<p>MOH</p>	<p>Update on the Global Vaccinations Status :</p> <ul style="list-style-type: none"> • Around 32.7% of the world population have received at least one dose of the COVID-19 vaccine and one out of four people in the world is fully vaccinated. 5 billion doses have been administered, China with almost 2 billion doses administered. Vaccination among low-income countries is low, with 4% of people received at least one dose. This is particularly important to notice, in terms of inequity. • In Jordan 3.9 million people have registered in vaccine platform, with 3.4 million people received the first dose and 2.8 million completed the vaccination. • Jordan is one of the best performing countries with almost 30% of the population fully vaccinated followed by Qatar, UAE, Bahrain, and Saudi Arabia in terms of total complete vaccinated people. • According to Government of Jordan, there are still gaps in vaccination coverage among vulnerable/at-risk population. Nearly ,192,000 people over the age of 60 haven't received coronavirus vaccine. However, it is worth to mention that 80,000 people aged between 12 and 17 received the vaccine and the vaccination rate exceeded 90% among the educational staff. This would support the sustainability of physical functioning of education sector. <p>MOH Update</p> <p>Dr. Tayseer Fardous and Dr. Jaber Al Daod attended the meeting. Planned briefing on National Rehabilitation strategic Plan and on new Project Management and International Cooperation directorate has been postponed into the next HSWG meeting.</p>
<p>3. UNHCR update on the COVID-19 vaccination at both camps (Zaatari & Azraq)</p>	
<p>UNHCR Updates [Camps]</p>	<p>Dr. Mohammad Fawad from UNHCR presented the overall COVID-19 situation in the refugee camps and the status of vaccination. The decline in numbers of confirmed COVID-19 cases in the refugee camps continues since week 19 .</p> <p>Zaatari Camp</p> <ul style="list-style-type: none"> • Confirmed cases: 2300 • Active Cases 2 formed 1% • Recovered 2274 • Deaths 24 formed 1% <p>Azraq Camp</p> <ul style="list-style-type: none"> • Confirmed cases: 1247

- Active Cases 5 form.04%
- Recovered 1223 form 98.1 %
- Deaths 19 form 1.5 %

EJC Camp:

- As of yesterday, 25th of August, 23163 individual have registered on the MoH registration system, of out of this, 2300 individuals have received the first dose of Covid-19 vaccine and 2253 have received both doses.
- We have observed a significant decline in the number of COVID-19 cases and mortality and in particular during epidemiological week 33.

Eligible population receive the vaccination in Zaatari and Azraq Camps :

Zaatari refugee camp		
Total Eligible Population	42,485	
Individuals who have registered on vaccine platform	22,856	54%

Azraq refugee camp		
Total Eligible Population	21,334	
Individuals who have registered on vaccine platform	16,271	76%

Total Eligible Population in both camps	63,819	
Individuals who have registered on vaccine platform	39,127	61%

Dr. Adam updated the partners on the Multi Donor Account to facilitate the urban refugee's population access to the MOH health facilities at noninsured Jordanian rate .

- The decree of the Prime Minister and MOH approval for the non- Syrian in June 2020 and the one for the Syrian refugees April 2019 from 80% of foreigner rate to a non insured Jordanian rate.
- Since the health access policy shifted to non insured Jordanian rate for all refugees , UNHCR in its efforts to maximize utilization of public health services directed the implementation of health urban programme through Cash modality for all vulnerable refugees. However, UNHCR through out implementation of new

	<p>inclusion strategy detected many barriers that are negatively impacted the access of refugees to public facilities at subsidized rate; those barriers were mainly related to clarity of decision at services provider level at both health centres and hospitals</p> <ul style="list-style-type: none"> • UNHCR held a number of meetings with MoH, MDA members and Insurance department to address those barriers, many waivers been implemented as outcome of our meetings and advocacy such as access of minor pregnant, neonate and infant and waiver for some others administrative requirements (MOI card for non Syrian and proof of residence for all refugees). All people of concern who are registered with UNHCR have access to the MOH facilities at anon- insured Jordanian and this is aligned with UNHCR long term strategy of the inclusion of refugees in National Health system.
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Action Point

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

<p>SRHWG</p>	<p>Pre-eclampsia: supplement on monitoring & managing :</p> <p>On 25th of August Pregnancy and Non-Communicable Diseases Committee of the International Federation of Gynecology and Obstetrics, otherwise known as FIGO, have just published a literature review as a new supplement in the International Journal of Gynecology and Obstetrics. This reviews the best practice advice for second and third trimester risk stratification, monitoring, and management of pre-eclampsia:</p> <p>Pre-eclampsia is one of the leading causes of maternal and perinatal morbidity and mortality. Globally, 76,000 women and 500,000 babies die each year from the disorder. In Jordan, the overall incidence rate of preeclampsia was 1.3%. Obesity and high blood pressure were significantly associated with increasing odds of preeclampsia. In Jordan, the risk of preeclampsia is 2.3 times higher in first pregnancies than that in second or more pregnancies.</p> <p>In the past decade, major efforts have been made to develop tools for risk stratification and prediction of pre-eclampsia in high-risk women, as well as for short-term prediction in women presenting with signs and symptoms of pre-eclampsia and those with confirmed pre-eclampsia.</p> <p>Through this new supplement, FIGO aims to:</p>
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- raise awareness of the links between pre-eclampsia and poor maternal and perinatal outcomes, as well as of the future health risks to mother and offspring, and demand a clearly defined agenda to tackle this issue globally
- create a consensus document, which provides guidance on prediction, risk stratification, monitoring and management of pre-eclampsia in the second and third trimesters of pregnancy, and to disseminate and encourage its use.

The supplement provides the most pragmatic advice for different resource settings – keeping in mind the feasibility, acceptability and ease of implementation of the advice – to significantly lessen the health and economic burden caused by pre-eclampsia.

For detailed guidance and reference, the supplement article was circulated, titled “A literature review and best practice advice for second and third trimester risk stratification, monitoring, and management of pre-eclampsia.

SRH sub working group member organizations who lead the operations of health facilities, are requested to adapt these recommendation into practice.

Link to the article:

[Pre-eclampsia – supplement on monitoring & managing \(FIGO\):
https://obgyn.onlinelibrary.wiley.com/toc/18793479/2021/154/S1](https://obgyn.onlinelibrary.wiley.com/toc/18793479/2021/154/S1)

COVID-19 and pregnancy:

SRH SWG members also discussed an article titled “Maternal and Neonatal Morbidity and Mortality Among Pregnant Women with and Without COVID-19 Infection: The INTERCOVID Multinational Cohort Study”. This study confirms that COVID-19 during pregnancy is associated with “*consistent and substantial increases*” in severe maternal morbidity and mortality, and neonatal complications. The findings call for a greater attention to pregnancy and COVID-19. Our focus will be on advancing information sharing and awareness raising within the communities, availing consistent supply of PPE items to health facilities as well as upscaling IPC measurements in service delivery points. Pregnant women should be provided with information about the risks of COVID-19 in pregnancy.

MHPSS SWG/IMC

Link to the article:

Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection:

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2779182>

Mental Health and SRHR:

We have also thoroughly discussed mental health and sexual and reproductive health and well-being. Mental health and SRHR are inherently linked – for instance, depression during and after pregnancy, depression among mothers and vulnerable populations trying to access SRHR services. The focus is on integrating mental health into the broader SRHR service package, ensuring the access to services by the most vulnerable - including minority ethnic groups, young people, people with disabilities, and migrants. The International Labor Organization provided a presentation on their project on mental health and SRHR focusing on migrants in Jordan.

SRHR core messages:

The SRH SWG embarked on an extensive process of developing Sexual and Reproductive Health (SRH) core messages back in 2016. The SRH SWG produced these core messages based on the inputs received from the various SRH SWG members and organizations who work in the field of SRH.

Given the current pandemic, and since messages developed at one point in time may become less relevant or stop having the desired impact during the course of its implementation, the SRH SWG initiated the process of reviewing and updating the 2016 SRH core messages (see attached .pdf version).

Therefore, we requested the feedback and inputs on the SRH core messages from the SRH SWG members. A draft version of the document has been circulated. We're expecting to incorporate all feedback by the end of September 2021.

MHPSS SWG update:

On the 18th of August our MHPSS working group meeting took place:

Updates from Camps and Urban.

- MHPSS discussed challenges and barriers for refugees' access, services provision/affordability, and the capacity for MOH to receive cases.
- The current highest new identify cases trend for anxiety and depression disorders among the new cases

<p>Medair/CHPF</p>	<ul style="list-style-type: none"> • Surge increase in the number of re-opening of cases “previously discharged cases” under emotional distress and recently diagnosed with Adjustment disorder due to the psychosocial impact of the beneficiaries caused by COVID-19 associated stressors such as losing livelihoods, difficult living conditions consequently we noted the increase of the reported domestic violence, child protection issues and unhealthy seeking attention behaviours” threaten to suicide and others) • FCDO fund and project are stopped, and IMC MHPSS clinics In Mafraq, Irbid-Hakama, Balqa and Jarash are no longer supported and are at risk of closing soon. • Presentations 1. on learning exchange: Mental Health Hub/Mentor Arabia awareness campaign 2. MHPSS program for SAMS • 4Ws consultant (Who is Where, When, doing What (4Ws) in Mental Health Psychosocial Support Services in Jordan): the consultant has been recruited in August and is currently in the data collection phase. Data collection is ongoing, deadline is September 2nd 2021. If you(MHPSS agencies) still didn’t fill out the sheets we shared in the previous meeting notes, please use the below URL to fill out the needed information before we start the analysis of the data. It consists of many sections, and the first section is related to your organization info which is mandatory to be filled. The other sections are related to the data of MHPSS services in each governorate. https://docs.google.com/forms/d/e/1FAIpQLSdaee7r4T913i7rsrXmtL-OiG7z6LKnisY2NMaY7a2x5TVnkQ/viewform?usp=sf_link to help you in filling the information, we attached the excel format of the activity and target group codes, for easier filling, make sure to print it out and keep it next to you while filling the data. If you have any questions or need any support, don’t hesitate to contact Bushra at bghannam@internationalmedicalcorps.org or Mobile: 0798197589 <p>CHPF and Medair’s update</p> <p>CHPF :</p> <ul style="list-style-type: none"> • No meeting CHPF was conducted in August, the next meeting will be in the first week of September Medair as the chair of the CHPF met with MOH yesterday to seek their recommendation related to community health work in the field and to get the updated guidance based on the current pandemic situation. the recommendation from Dr. Ali Al-zetawi is to keep following the preventive measures including maintaining social distance, mask wearing, encourage the CHVs to be vaccinated, and the only difference is the extension of the HH visit duration up to 1 hour rather than 15 minutes. <p>Medair :</p> <ul style="list-style-type: none"> • BPRM project will start in 1st of September 2021 • Medair met with UNHCR to discuss the referrals of the Improbably bailed out beneficiaries
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<p>UNICEF/ Nutrition Working Group</p> <p>NCD</p>	<ul style="list-style-type: none"> • Haneen Abu Layla is leaving Medair and the last day for her will be 7th of September 2021.. For the time being Amira Ameen, Medair current Health Manager, will be filling the Project Manager role in an acting capacity. • NA • NA
<p>5. Partners updates urban</p>	
<p>Partners updates [Urban]</p> <p>UNRWA</p>	<p>ABU-ZAYED, Ishtaiwi provided an update on behalf of UNRWA:</p> <ul style="list-style-type: none"> • Palestinian refugees are part of the Jordanian community and they hold the Jordanian ID and can access MOH services . • For Gaza refugees they hold special number issued by the Ministry of Interior so they can access any place of vaccination in the country. • UNRWA has no access to the database from the Ministry of Health to identify number of people vaccinated. • UNRWA established three vaccination in collaboration with Ministry of Health in Baqa , zarqa , Irbid Camps where they provided 115.000. vaccination. • They established a first line of defense team that take care of and 1100 case reported among • UNRWA lost eight staff members due of Covid-19. Staff is encouraged to take the vaccine and they reinforce staff care measures. • UNRWA medical system is an independent one from UN- system : They employed two medical officers and provided them with hotlines working for 24 hours to respond to the needs of the staff and follow those who admitted or admitted to the hospitals or declared positive cases at the beginning and at the middle of the isolation.

<p>Caritas</p>	<ul style="list-style-type: none"> • Caritas has continued to provide primary health care services. During July, Caritas provided 10188 primary health care services for refugees with different nationalities. • Caritas continues to support in the COVID 19 vaccination campaign, and we keep following up with any cases confirmed as a positive case where they provide the essential needed medication that is delivered through volunteers and the GP follows up with the pt and their family member through telemedicine. "
<p>SAMS</p>	<ul style="list-style-type: none"> • SAMS is starting Community-based Safeguarding capacity building , training for our staff through safeguarding specialist ,then to Build capacity of key staff among Jordanian CBOs by enhancing the response, management, and coordination of PSEA and safeguarding interventions , child protection ,and GBV , also SAMS will provide CBO staff with the tools and policies needed to Safeguarding prevention and response , if anyone interested to take such training and helping in developing the PSEA and safeguarding policies please reach our focal points , social workers , Irbid : 0798221319 Amman: 0770457714 , 0795506207 . • SAMS continued the capacity building program for MOH and MOSD staff in Irbid and Amman in mental health and psychosocial support topics . • SAMS had continued the internal medical mission for Syrian and Jordanians in ophthalmology , Urology and ENT . <p>Hi delivered a presentation on the National Early Detection Early Intervention (EDEI) protocol and guideline, she covered the following topic under her presentation:</p> <ul style="list-style-type: none"> • Overview on HI's Mandate, values, mission, Approach • ECD - Early Detection and Early Intervention project : Objectives, Targeted population, Areas on intervention , Achievements • Early Intervention – Community: • Improving the national Early Detection and Early Intervention (ED/EI) framework in Jordan • Early Detection guideline and clinical pathways • National referral system • MoH referral pathway • MoSD referral pathway • NAF referral pathway • MoE referral pathway • EI national protocol • Next steps
<p>HI</p>	

<p>HoM HumaniTerra – Jordan</p> <p>MSF</p> <p>RAHS</p>	<p>Rehabilitation</p> <ul style="list-style-type: none"> • The rehabilitation intervention is ongoing for our identified beneficiaries by HI partners, physiotherapist session, occupational therapy sessions and provision of assistive device. • The capacity building plan is ongoing for our partners which including training, case management meetings, coaching training...etc. • HI's Supported Jarash center during July 2021 by providing 3 trainings in MoSD coordination. Moreover, 4 trainings were conducted in August 2021. • At the community level, HI CBR volunteers provided basic rehabilitation intervention for our beneficiaries which the beneficiary's needs assessed by the technical people at the services provided level. • HI's Rehab Technical officers are planning for conducting a technical training, rehabilitation technical topics such as stroke assessment and management training, for our partners which one training for each partner per month until end of August. • In collaboration with MoH, assessment has been developed to assess the PHCs capacity to implement the new ED national clinical pathways. • Support the established Early Intervention (EI) units at MoSD level is ongoing by the technical team. <ul style="list-style-type: none"> • NA • NA <ul style="list-style-type: none"> • Ms. Deena ALzou'bi provided an update on behalf of RAHS: • RAHA is running multiple activities that pertain to SRHR in collaboration with UNFPA, as well as other partners and an elective course on SRHR is being offered currently now in 11 universities in Jordan . • Manual was established on developmental characteristics of adolescence has been approved by the Ministry of Education • Pilot training will be conducted in two schools to begin providing the content of this manual to the children. • RAHS had the first steering committee meeting for the five year and NCD project that will be implemented on a national level.
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CDE	<ul style="list-style-type: none"> • RAHS is planning raising awareness campaign on World, Alzheimer's Day, or Alzheimer's disease. it will be launched on September 1st at on and disseminated on social media as well as other. And media channels in different modalities <p>Dr. Alaa Al-Jawabreh provided an updated-on behalf of CDE:</p> <ul style="list-style-type: none"> • CDE conducted orthopedic for upper and lower limits surgery. Also, we conducted a cardiac surgical mission for children less than 18 years . • conducting early detection campaign in Amman and north Jordan to detect the orthopedic and a DH and clubfoot • For cardiac anomalies for Newborn stand six months ,the campaign is targeting older newborns normal diagnosed or not diagnose newborn children. • CDE provides full treatment plan Surgical or non-surgical treatment and the full off until recovery • Provide a capacity building activity for medical and non-medical concerns. • September CD will conduct an orthopedic surgical mission for lower limb deformities by international surgeon. They will provide the consultation for the children on the on the first day of the mission, and the operations will be performed for children from the beginning of the second day until the end of the mission solo. The PSS activity also will be held during the surgical mission and will be applied to the children and their caregivers. • PSS at the Parents Support group or the operated patient will be applied one in Mafraq, Emirati hospital and one in IRBID at Alfaroq charity center • Cardiac mission in October and one orthopedic in November. • CDE will conduct one L in diction campaign during September to take the orthopedic anomaly.
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5. AOB	
Action Points	
Next Monthly Meeting	Thursday, 30th of September 2021 from 10:30 to 12:30

