

National Health Coordination Meeting



Date: Wednesday 24th May

Venue: WHO

Time: 10:00 – 12:00

Agenda:

<ul style="list-style-type: none">• Introductions
<ul style="list-style-type: none">• Review of last meeting action point
<ul style="list-style-type: none">• Situation Update
<ul style="list-style-type: none">• Health Care Costing Study- PPP by UNICEF
<ul style="list-style-type: none">• Launch of Health Sector Dashboard – Presentation by UNHCR/IM
<ul style="list-style-type: none">• Health Agencies Update
<ul style="list-style-type: none">• Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
<ul style="list-style-type: none">• Health Project Submission and Approval Process – PPP by UNHCR+MOH
<ul style="list-style-type: none">• Proposed Assessment/Research
<ul style="list-style-type: none">• AOB

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> ✓ EMPHNET to share with all partners the results of the neonatal death auditing: The results are ready to be shared ✓ IMC to share the national action plan for MHPSS workshop: waiting for MOH approval ✓ UNFPA to share the RH referrals of 2016 & 2017: Pending ✓ Filing gap interventions between UNHCR & JPS as no war wounded cases received in the last two weeks: Pending ✓ UNFPA to give updates regarding the RH protocol with MoH: Pending ✓ The launching of NCD taskforce: In the process of reviewing the TORs once they are ready it will be shared with MoH to activate NCD taskforce.
Action Points	✓ N/A

3. Situation update-UNHCR	
Iraqis Refugees	<ul style="list-style-type: none"> • Total Iraqi refugees registered with UNHCR is 63,024 • Newly registered in 2017 is 3,088 • 2,131, arrived in 2017
Yemeni Refugees	<ul style="list-style-type: none"> • Total Yemenis refugees registered with UNHCR is 7,916 • 2,225 refugees were registered is 2017
Sudanese Refugees	<ul style="list-style-type: none"> • Total Sudanese refugees registered with UNHCR is 3,567 with 314 arrived in 2017
Somali Refugees	<ul style="list-style-type: none"> • Total Somalis refugees registered with UNHCR is 799 • Other nationalities 1,497
Syrian Refugees	<ul style="list-style-type: none"> • Total Syrian refugees registered with UNHCR is 659,593 till mid of May • 11,858 were newly registered in 2017, of which 6,044 arrived are through normal and legal entries and the others are through the new born registration • Population in Zaatari camp is stable at 79,792 • Azraq camp have total population of 53,864 • Total population in EJC 7,483
Urban Verification	<ul style="list-style-type: none"> • As of end 30 Apr, total of 418,063 MOI cards were issued in different security centers • Of the total, 388,136 individuals registered with UNHCR which made 75% of urban registered refugees while there are 29,927 individuals are not registered with UNHCR. • 83% of confiscated documents in Raba'a Alsarhan were returned to the refugees and stage 55 has been completed
JHF Update	<ul style="list-style-type: none"> • 8 proposals were received from 7 organizations, 3 projects were approved by the board. For further information please contact Amani Saleh • Visit of Deputy High Commissionaire for inauguration of Azraq Solar Plant it was founded by IKEA Foundation's Brighter Lives for Refugees campaign, the solar farm brings power to population that lived for two years without security, the 2 megawatt solar plant provides electricity to 20,000 Syrian Refugees living in almost 5,000 shelters ion Azraq camp

Border Update

- A total of 3506 patients were received at the UN clinic for primary health care services since December 15th, 2016. A number of 197 patients were referred for secondary health care till May 23rd, 2017
- Access of the Syrian asylum seekers to the clinic is still a challenge at the berm. The utilization rate of clinic is still low. The average number of patients/day is 30-40
- 3 MOH staff and 3 staff from Mafraq health directorate will organize a training on OPV and Vitamin A supplementation for Syrian CHWs at the clinic on Thursday as per the written approval from JAF
- The implementation of the EVC (Polio & VIT A) will take place May 27th, 2017 if the Syrian CHWs are trained.
- Role of the UN agencies during the EVC as followed:
 - ✓ **WHO:**
 - Assigned one technical officer and two vehicles to support the training and EVC
 - Will pick up the MoH three trainers from Amman and will proceed to Ruwaished tomorrow.
 - On the following day (Thursday May 25) they will proceed together with MoH and UNICEF team to Rukban to support the CHVs training at Rukban clinic
 - ✓ **IOM:**
 - Agreed to provide a bus for the transportation of vaccine and vaccine requirement from Mafraq to Ruwaished tomorrow May 24.
 - From Saturday May 27 IOM Bus will carry the vaccine carries for tOPV from Ruwaished to Rukban till end of the Polio camping in NML.
 - ✓ **UNHCR:**
 - Provide technical support and monitor the training and implementation of the EVC
 - Provision of required Paracetamol for children received Measles vaccine in Rukban clinic
 - Daily Coordination of the EVC in Rukban clinic
 - ✓ **UNICEF:**
 - Provide required tally sheets, reporting forms and training materials for all CHVs
 - Provision of required bags for VIT A distributing as well as marked bags for collection of used and unused tOPV vials as well as VIT A.
 - Provide transport for Mafraq health directorate trainers and vaccination team tomorrow from Mafraq to Ruwaished.
 - Provide accommodation for six MoH trainer and MoH vaccination team at Ruwaished.

	<ul style="list-style-type: none"> ○ Will make sure most of the approved CHVs attend the EVC training ○ Provide snacks and water and some food for the CHVs during the training hospitality and to arrange for their return trip ○ Thursday May 25, UNICEF Health and Humanitarian sections will proceed together with MoH and WHO team to Rukban to support the CHVs training at Rukban clinic
Action Points	✓ N/A

4. Health Care Costing Study- PPP by UNICEF	
Background	<p>Jordan is an upper middle-income country that has made considerable progress in improving the health of its population despite :- The global economic downturn. The influx of refugees as a result of instability in the region. Epidemiological transition such as an increase in the burden of non-communicable diseases. The Government of Jordan (GoJ) is committed to sustaining these improvements going forward In 2015, GoJ adopted the Sustainable Development Goals, which includes the goal of achieving universal health coverage (UHC) by 2030 (United Nations 2015). Improving health equity is therefore a critical priority for GoJ and its development partners (GoJ 2015). The UHC vision is to ensure that everyone has access to needed healthcare services regardless of their place in society and without getting into financial ruin (WHO 2015).</p>
Policy Reform options	<p>Several policy reform options for modernizing health sector were suggested in Jordan such as:- PHC strengthening. Review of cost and assess barrier to access to services by those receiving no financial protection, harmonization of benefit package (and its costing) across main public health insurance programs mainly CIP.</p>
UNICEF Proposal	<p>It proposed that GoJ needs to :- A- Articulate a clear plan for how the country will bring more people into financial risk pooling arrangements. B- Increase the percentage of services covered by the benefit package, and reduce the amount of co-payment. C- Increase coverage and reduce fragmentation of risk pools by attracting those who are:- Uninsured from the bottom two quintiles (Jordanian). Other vulnerable segments (other nationalities) into the Ministry of Health (MoH) scheme through partial subsidies seems like a promising way.</p>

<p>JUSTIFICATIONS</p>	<p>UNICEF Jordan is increasingly engaged in supporting health financing and policy related in Jordan to address inequitable health service access by the most vulnerable children and women.</p> <p>UNICEF will support the Government of Jordan to achieve its goal of achieving Universal Health Care (UHC) by 2025.</p> <p>In this context, UNICEF Jordan seeks consultants support in order to support MOH to conduct detailed costing analysis on how to integrate refugees into existing schemes (CIP) which contributes to UHC in Jordan.</p>
<p>OBJECTIVES</p>	<p>The core objectives of this Study are the following:</p> <p>1-To conduct & assess current cost of health care services at MoH facilities for Jordanian and Syrian refugees and estimate the cost of providing health care (through CIP or any other modalities);</p> <p>2-To provide projections (simulation model) for various options for financing arrangements and modalities to include</p> <p>A-Those who are uninsured from the bottom two quintiles (Jordanian) into the Ministry of Health (MoH scheme through partial subsidies.</p> <p>B-Those other vulnerable segments (Syrians in particular) into existing scheme through full subsidies from donors.</p> <p>3-To support Ministry of Health/ Health Economy Directorate to build their capacities in the following subjects:</p> <p>Conducting costing and financing studies in the health care sector.</p> <p>How to develop simulation models /schemes for financing arrangement and modalities.</p> <p>Educate MoH about UHC Schemes in similar countries with Registered and non-registered refugees.</p>
<p>Consultants Tasks</p>	<ol style="list-style-type: none"> 1. Review of existing literature on costing, health financing related studies submit draft Inception report (data collection methods, data collection tools for costing analysis, work schedules) 2. Inception visits, technical committee and stakeholder consultation, and final Inception Report. 3. Data collection visits phase 4. Interpretation and analysis, cost analysis phase 5. model/scenario building and validation of findings 6. Re-analysis, Final report writing.
<p>Supervision / Reporting</p>	<p>(UNICEF) Primary supervision by Chief Health and Nutrition with technical support from Social Policy Chief. Ministry Of Health (Planning Administration).</p>
<p>Action Points</p>	<p>✓ UNHCR to share the presentation</p>

5. Launch of Health Sector Dashboard – Presentation by UNHCR/IM	
	<ul style="list-style-type: none"> • UNHCR/IM unit presented the sectors dashboards presenting the data from ActivityInfo entered by the partners in a categorized manner through an online platform: http://scs.raisunhcr.org • The dashboards are composed of sectors, area-based coordination and project location websites and are used for both analysis and for informing the achievements of the sectors. • Each of the dashboards is divided into several sections presenting progress of the sectors, their monthly highlights as well as the option of filtering through different criteria. • The presentation of the sectors dashboards was followed by Q&A session to further improve the understanding of this online tool.
Action Points	✓ N/A

6. Health Agency Updates	
QRC	<ul style="list-style-type: none"> • Due to lack of funds and change of donor interest and priorities, QRC was forced to stop their programme that assisted people with kidney failure that has been implemented since 4 years in non-camp settings. By end of June QRC will enter the end of programme funding phase of that will impact around 120 patients' needs weekly lifesaving procedures will be out of coverage starting mid-June. • Sector Coordinator highlighted his serious concerns regarding QRC Kidney Failure funding issue and stopping the programme as it is a lifesaving intervention, advocacy and fund raising actions was taken into place by the HSWG to the Gulf and some NGOs but still not promising. Sector coordinator encouraged members that are interested to fill this gap to move forward and contact QRC to try to find solutions for at least the 120 patients that needs lifesaving assistance.
CDE	<ul style="list-style-type: none"> • CDE Announced that they are officially registered as an NGO and will work with government partners, additionally a cardiac mission is on-going, a total of four surgeries took place last week and will continue to reach 12 on Saturday.

<p>WHO</p> <p>JPS</p>	<ul style="list-style-type: none"> • Since 23 of May, WHO has elected a new director general – Doctor Tedros from Ethiopia and he will be elected for the next 5 years. • WHO faced some Issues against the revival of the NCDs group by the MoH, WHO is planning to start an NCD Step (risk factor) survey that will conducted 6840 household between Jordanian and Syrian households to advocate the revival of the NCDs working group, WHO will keep members updated regarding the finding of the survey • WHO started a national activity called “The multi hazard national public health emergency preparedness and response plan” since 2 weeks ago, the activity witnessed some partners and members that were invited and were actively participating. This activity was supported by Ministry of Health and Crises management Unit in MoH and Emergency Operation Center EOC and will start drafting the first national plan on preparedness and response, first workshop took place and the first draft will be shared soon. A second workshop will be held early July, members with expertise that are interested are welcome to participate by approaching WHO. <ul style="list-style-type: none"> • JPS General Referral project activities in May included hosting and serving for a group of vulnerable Syrian refugees from UNHCR waiting list of pre-assessed cases for surgical intervention. The beneficiaries were from both camps and urban setting. They were admitted prior to the operation for re-assessment. Camp residents stay at the hospital extended for 3 days to accommodate for re-assessment and logistics constraints. • JPS General Referral Project, May figures: <ul style="list-style-type: none"> ○ 8 Day Cases, 1 One Day Admission Case, 4 Life Saving Emergency, 25 NVD, 6 C/S, 5 NNC ○ The project is partially on hold due to budget control process, reconsolidation with hospitals is in progress.
<p>Action Points</p>	<p>✓ N/A</p>

<p>6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)</p>	
<p>Mental Health (IMC/WHO)</p> <p>Nutrition (Save the Children Jordan/UNICEF)</p>	<ul style="list-style-type: none"> • The working group are discussion the pilot project of the Online 4Ws exercise, implementation will be during June. • A comprehensive assessment for mental health and psychosocial services will be conducted by IMC for camps and urban, the assessment will identify the gaps and learn more about the coping mechanisms for children and adults. The assessment will start in June • WFP presented on the food security outcome monitoring report , and agreed with the nutrition partners on the referral pathways for malnourished children who may be in need for additional assistance.

Community Health Task Force (Medair/IRC)	<ul style="list-style-type: none"> • Plans to work with the reproductive health working group on ensuring that nutrition activities are covering and targeting adolescent girls. • Another training for Jordan university hospital on management of inpatient severely malnourished children is planned to take place in August. • CBO selection criteria were discussed. There is a need in community health to make it more sustainable. Working through already existing CBOs and help to build their capacity could be a good way. • Services for other nationalities were discussed. CH services cover for now mainly Syrians and vulnerable Jordanians. • JICA gave a presentation about their program. • Next meeting CHTF meeting will be Wednesday 12 July in IRD (Abdelli) – which means during Ramadan there will be no CHTF meeting.
Action Points	✓ N/A

7. Health Project Submission and Approval Process – PPP by UNHCR+MOH	
	<p>Goal: provide clear guide on project submission process for health sector group members, national and international organizations who plan to implement health activities in Jordan.</p> <p>Purposes:</p> <ol style="list-style-type: none"> 1. Facilitate application and follow up process 2. Expedite application and feedback steps 3. Avoid confusion and unnecessary steps 4. Decrease probability of major modifications or rejection of projects <p>Submission Phase:</p> <ol style="list-style-type: none"> 1- Submit project to MOPIC using standard form through Jordan Response Information System for the Syria Crisis (JORISS) http://www.jrpsc.org/systemlogin 2- Follow up directly with the Ministry of Health (MoH) through Planning Administration/ Health Economy Directorate immediately after the submission and acceptance of the application by the electronic website JORISS 3- Fill up the required documents for the ministry of health project review committee. 4- The Ministry of Health will send its recommendations within 2 weeks to the Ministry of Planning and International Cooperation (MoPIC) 5- The Ministry of Planning and International Cooperation (MoPIC) and/or the Prime Minister will share the final decision <p>Implementation Phase:</p>

	<ul style="list-style-type: none"> • In case of approval, the organization begins the implementation of the project in cooperation with the Ministry of Health (MoH)/ Planning Administration/ Health Economy Directorate • The organization should coordinate with the relevant Health Directorate at the site of implementation and provide them with the approval document and the operational plan of the project. • Organization should be committed in submitting quarterly, semi-annual and annual reports of their projects performance using the standardized Ministry of Health form (see Annex 2). • The organizations should facilitate the field visits of MOH and Health directorate staff to the implementation sites. <p>Contact Info: For more information Contact Dr. Tayseer Fardous, Health Economy Directorate economics@MOH.gov.jo 079 906 38 23</p>
Action Points	✓ UNHCR to share full documents including guidelines

8. Proposed Assessments/Research	
	✓ N/A
Action Points	

9. AOB	
Action Points	✓ Next HSWG meeting will on the 6 th Jul, venue to be confirmed later