

Jordan

Joint Collaboration Programme 2016–2017

Achievement Report



**World Health
Organization**



Joint Collaboration Programme 2016–2017

Achievement Report

World Health Organization. Regional Office for the Eastern Mediterranean

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Foreword



I am very pleased to introduce the World Health Organization (WHO) report for Jordan for the 2016–2017 biennium. The report notes many achievements by the Ministry of Health of Jordan, working together with WHO and partners in the field of health policy and public health, as well as challenges that we still need to overcome.

I hope that the report provides our health partners and donors with a useful snapshot of WHO's contribution to the health sector during this period, and also a good opportunity to reflect on the progress we have made together with the Ministry of Health, national institutions, our sister United Nations agencies, civil society organizations and other partners.

I am very grateful for the efforts of the Health Information and Communication unit of the Jordan Country Office for leading the development of this report and coordinating all inputs from technical staff. They have documented the many projects that we worked on together while also providing insights into what lies ahead.

With technical assistance from WHO, the Ministry of Health of Jordan developed some key policy documents in 2016–2017, including the: Comprehensive Multi Year Plan for Expanded Programme of Immunization (2018–2022); National Mental Health and Substance Use Plan (2018–2021); Health Sector Reform Action Plan (2018–2022); Ministry of Health National Strategic Plan (2018–2022); Roadmap of Jordan's National Tobacco Control Strategy (2017–2019); National Action Plan for Health Security (2018–2022); National Action Plan to Combat Antimicrobial Resistance (2018–2022); Emergency Response Plan for Health (2017); Emergency Operations Center (EOC) Operations Plan (2017); Polio Preparedness and Response Plan; and Pandemic Influenza Preparedness and Response Plan (2017). A notable number of assessments were also carried out, including: an in-depth assessment of health inequity and social determinants of health in Jordan (January 2016); qualitative assessment of public perceptions regarding Pictorial Warning Labels (PWLs) on cigarette packs in Jordan (January 2016); assessment of the status of the mental health situation in Jordan to inform policy revision (June 2016); cutaneous leishmaniasis in Jordan: a need assessment. Amman, South Shuneh, Al-Azraq, Ajloun (May 2017); schistosomiasis in Jordan: a need assessment. Irbid, Al Karak, Tafilah, Aqaba Governorates (July 2017); situation analysis of quality and patient safety in the Jordanian health care system (December 2017); assessment of the Jordanian health information system (June 2017); and assessment of governance arrangements in the health sector of Jordan: option for modernizing health sector institutions (October 2017). These are significant achievements within a short time and should be celebrated.

However, big challenges lie ahead. There is still much to do. Population growth in Jordan together with the epidemiological transition towards noncommunicable diseases (NCDs) and increases in determinants of poor health (tobacco use, unhealthy diet, and physical inactivity) continue to challenge the fragmented health system. NCDs are becoming increasingly prevalent and are now the main cause of mortality and morbidity among the Jordanian population and refugees alike, accounting for almost 80% of all deaths. Incidence of mental health disorders is on the rise. As for communicable diseases, the MoH with the support of UN agencies and health partners has increased its efforts to prevent and control vaccine-preventable diseases. The Comprehensive Multi-Year Plan for Expanded Programme of Immunization (2018–2022) advocates for sustained efforts in maintaining high coverage rates and introducing new vaccines.

As we enter the 2018–2019 biennium, continued joint efforts are needed in many areas, especially in preventing NCDs including mental health, and communicable diseases, with increased community awareness of disease risk factors, vaccination coverage of hard-to-reach areas and efforts to improve the integration of the country's health system.

Together, we need to work towards "Jordan Vision 2025" to achieve universal health coverage (UHC) with a focus on primary health care (minimum health care package for services and medicines), human resources for health, prevention and management of NCDs including mental health, emerging and re-emerging diseases and emergency medical services as priorities. These are important milestones for Jordan to contribute to the ambitious transformation programme of the World Health Organization, summed up in the phrase "Promote health, keep the world safe, serve the vulnerable." The new approach is reflected in the Organization's Thirteenth General

Programme of Work (GPW 13) covering 2019–2023, which was unanimously endorsed at the Seventy-first World Health Assembly in May 2018. The interconnected strategic priorities in GPW 13 are based on the UN's Sustainable Development Goals and are aimed at ensuring healthy lives and promoting well-being for all at all ages by achieving UHC, addressing health emergencies and promoting healthier populations.

I would like to like to thank all our partners and stakeholders from different entities at the national and subnational level, experts from WHO and our UN partners, civil society organizations and donors for their contribution in making this biennium a successful one. As this report shows, we share the vision of achieving better health for everyone living in Jordan, and we work together to make it happen.

Dr Maria Cristina Profili
WHO Representative to Jordan

Acronyms

AFP	Acute Flaccid Paralysis
AMR	Anti Microbial Resistance
bOPV	Bivalent Oral Polio Vaccine
cMYP	Comprehensive Multi Year Plan
CRA	Civil Registration Authority
CRVS	Civil Registration and Vital Statistics
cVDPV2	Circulating Vaccine Derived Polio Virus
DFID	Department for International Development
DG	Director General
DHIS2	District Health Information System 2
DPT	Diphtheria-Pertussis-Tetanus
ES	Environmental Surveillance
EMPHNET	The Eastern Mediterranean Public Health Network
EMRO	WHO Regional Office for the Eastern Mediterranean
EMVAP	Eastern Mediterranean Vaccine Action Plan
EOC	Emergency Operation Center
EPI	Expanded Programme on Immunization
ERP	Emergency Response Plan for Health
EU	European Union
EVC	Emergency Vaccination Campaign
FAO	Food and Agriculture Organization
FBD	Food Borne Disease
FCTC	Framework Convention on Tobacco Control
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HCW	Health Care Workers
IASC	Inter-Agency Standing Committee
ICD	International Classification of Disease
IERS	Interactive Electronic Reporting System
IHEK	Inter-Agency Health Emergency Kits
IHR	International Health Regulations
IPC	Infection Prevention and Control
JCP	Joint Collaboration Program
JEE	Joint External Evaluation
JPD	Joint Procurement Department
JUST	Jordan University of Science and Technology
LQMS	Laboratory Quality Management System

Acronyms

mhGAP	Mental Health Gap Action Program
MMR	Measles-Mumps-Rubella
MNH	Mental Health
MOA	Ministry of Agriculture
MOH	Ministry of Health
MP	Member of Parliament
MR	Measles and Rubella
NAP	National Action Plan
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Diseases
NID	National Immunization Day
NITAG	National Immunization Technical Advisory Group
NTDs	Neglected Tropical Diseases
PHC	Primary Health Care
PIP	Pandemic Influenza Preparedness
POSE	Polio Outbreak Simulation Exercise
PPE	Personal Protection Equipment
PZDD	Parasitic and Zoonotic Diseases Department
QSEs	Quality System Essentials
RD	Regional Director
REC	Reach Every Community
RI	Routine Immunization
RMS	Royal Medical Services
SDGs	Sustainable Development Goals
SDH	Social Determinants of Health
SIA	Supplementary Immunization Activity
SMoL	Start-Up Mortality List
SOPs	Standard Operating Procedures
TB	Tuberculosis
tOPV	trivalent Oral Poliovirus Vaccine
UHC	Universal Health Coverage
UNCERF	United Nations Central Emergency Response Fund
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNSDF	United Nations Sustainable Development Framework
USAID	United States Agency for International Development
VDPV	Vaccine-Derived Polioviruses
WHO	World Health Organization
WPV	Wild Polio Virus



Introduction

The Joint Collaboration Programme 2016-2017 (JCP 2016-2017) is the outcome of the process of joint planning for the biennium 2016–2017 between the Ministry of Health, key national stakeholders, the World Health Organization Country Office in Jordan and WHO's Regional Office for the Eastern Mediterranean. The programme areas are aligned with the national health strategy, harmonized with the United Nations Assistance Framework (UNAF) for the period 2015-2017, and reflected the WHO Programme Budget 2016-2017. The JCP 2016-2017 was operationalized through the Activity Workplan.

This report reflects the achievements and challenges of the joint collaboration between the WHO, the Ministry of Health and key partners.

Highlights of Programme Achievements 2016-2017

Category 1:

Communicable Diseases

- **Need Assessment of Cutaneous Leishmaniasis in Priority Sites (South Shuneh, Al-Azraq and Ajloun)**
(May 2017)
- **Need Assessment of Schistosomiasis in Priority Sites (Irbid, Al Karak, Tafilah and Aqab)**
(July 2017)
- **Comprehensive Multi Year Plan for Expanded Programme of Immunization (2018-2022)**
(December 2017)

Category 2:

Noncommunicable Diseases

- **Policy dialogue to scale up NCD implementation**
(August 2016)
- **Roadmap of Jordan's National Tobacco Control Strategy (2017-2019)**
(January 2016)
 - Qualitative assessment of public perceptions regarding pictorial warning labels (PWLs) on cigarette packs in Jordan (January 2016)
 - Tobacco use investment case (ongoing)
 - 550 tobacco control officers trained (June 2017)
- **National Mental Health and Substance Use Plan (2018-2021)**
(December 2017)
 - Assessment of the status of the mental health situation in Jordan to inform policy revision (June 2016)

Category 3:

Promoting Health Across the Life Course

- **Assessment of Health Inequity and Social Determinants of Health**
(January 2016)
- **Assessment of Environmental Surveillance of Legionella Laboratories in Priority Sites (Amman and Aqaba)**
(April 2017)
- **Assessment of Environmental Surveillance of Polio Virus**
(January 2017)

Category 4 :

Health System

- **Health Sector Reform Action Plan (2018-2022)**
- Desk Review of Universal Health Coverage and Public-Private Partnership in Jordan (September 2017)
- **Ministry of Health National Strategic Plan (2018 -2022)**
(December 2017)
- Assessment of governance arrangements in the health sector: option for modernizing health sector institutions (May 2017)
- Policy Dialogue: The Role of Parliamentarians and Civil Society in advancing towards Universal Health Coverage and achieving Sustainable Development Goals in Jordan (August 2017)
- Development of a National Quality Policy and Strategy in Jordan: Situational Analysis (December 2017)
- **Assessment of Jordan Health Information System**
(October 2016)
- **National Coverage through Public Health Surveillance/ Interactive Electronic Reporting System (IERS)**
- **Civil Registration and Vital Statistics workshop**
(April 2017)

Category 5:

Preparedness, Surveillance and Response

- **Joint External Evaluation of IHR Core Capacities**
(August/September 2016)
- **National Action Plan for Health Security**
(December 2017)

National Action Plan to Combat Antimicrobial Resistance 2018-2022

(December 2017)

- Antimicrobial Resistance Country Capacity Review for early implementation of the National AMR Surveillance System in Jordan (January 2017)
- **Emergency Response Plan for Health (ERP)**
(November 2017)
- **Emergency Operations Center (EOC) Operations Plan** (December 2017)
- **Foodborne Disease Outbreak Response Manual**
(May 2017)

Polio Eradication

- **Polio Vaccination Campaigns**
 - 13 896 Syrian children vaccinated (March-April 2016)
 - 10 582 Syrian children vaccinated for polio, measles and tetanus (May - June 2017)
 - 13 865 Children vaccinated at the Berm for polio (December 2017)
- **Polio Preparedness and Response Plan**
(March 2017)
- **Polio vaccine synchronized switch from tOPV to bOPV**
(April 2016)
- **Award Certification for Polio Eradication**
(2016 -2017)

Outbreak and Crisis Response

- **Assessment at Ruwaishidah Hospital followed by WHO support for laboratory supplies, medication and equipment**
(March 2016)
- **Support for noncommunicable diseases services for refugees at the primary health care level through Royal Health Awareness Society**
(December 2017)

Category 9:

Pandemic Influenza Preparedness (PIP)

- **Jordan Pandemic Influenza Preparedness and Response Plan followed by WHO support for laboratory supplies, medication and equipment**
(January 2017)
- Infection Prevention and Control Manual at Health Care Institutions (December 2017)
- National guideline for respiratory diseases and pandemic influenza preparedness (December 2017)

WHO Support in Development of National Action Plans 2016–2017 by category

Category	National Action Plans completed
Category 1	Comprehensive Multi-Year Plan for Expanded Programme of Immunization (2018-2022)
Category 2	National Mental Health and Substance Use Plan (2018-2021)
Category 4	Health Sector Reform Action Plan (2018-2022) Ministry of Health National Strategic Plan (2018 -2022)
Category 5	National Action Plan for Health Security (2018 -2022) National Action Plan to Combat Antimicrobial Resistance (2018-2022) Emergency Response Plan for Health (ERP) Emergency Operations Center (EOC) Operations Plan Polio Preparedness and Response Plan
Category 9	Pandemic Influenza Preparedness and Response Plan

Overview of Equipment, Medication and Consumable Donation 2016-2017



6176 Laboratory equipment/consumables

6176 laboratory items donated in 2016 and 2017 that includes laboratory equipment for: Ruwaished hospital, PIP central lab in Amman, MOH Polio Lab.



173 Information technology equipment

173 items of IT-related equipment distributed that includes android tablets to support the real time/tablet based Interactive Electronic Reporting System; desktops, laptops, printer, and projector among other items.



108 Medication/kits

108 items related to medication/Kits for MOH central lab (2016 and 2017) donated. This includes:

- Chloroquine base 150mg tabs/PAC-100
- Sodium Stibugloconate
- Mefloquin tabs 250mg
- Cholera kits
- Rapid diagnostic tests for cholera
- Personal Protection Equipment (PPE) kits
- 3 Inter-agency Health Emergency Kits



7 Caravans

Donation of 7 caravan containers for humanitarian agencies working at the Azraq refugee camp and to Al Hussein Society (2016)



2 Mobile clinics

Two mobile clinics donated to Royal Medical Services to reach vulnerable Jordanian and Syrian refugees in remote areas.



Miscellaneous

Other miscellaneous items under donation include items for MOH central Laboratory such as mosquito larvae and marker pen for immunization campaign.



Tablet for the Interactive Electronic Reporting System for Public Health Surveillance 15 May 2015



RMS Mobile Clinics donation 24 August 2016

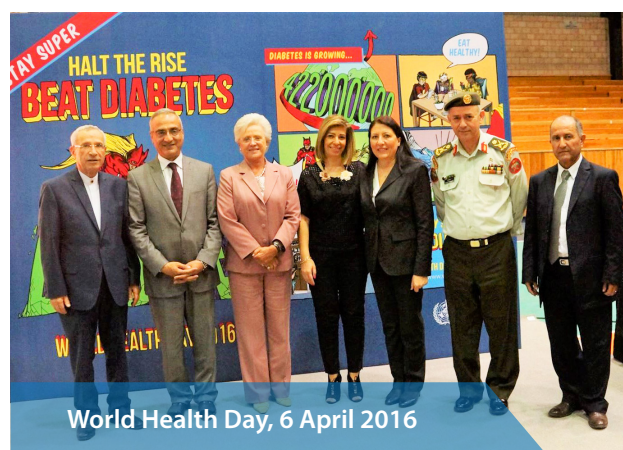
Highlights of Awareness Campaigns 2016-2017

Year 2016

- **World Health Day**
7 April 2016
- **World Immunization Week**
24-30 April 2016
- **World No Tobacco Day**
31 May 2016
- **World Blood Donor Day**
2016
- **Breast Cancer Awareness Month**
1-31 October 2016
- **World Mental Health Day**
10 October 2016

YEAR 2017

- **World TB Day**
24 March 2017
- **World Immunization Week**
24-30 April 2017
- **World Health Day**
7 April 2017
- **Fourth United Nations Road Safety Week**
8-14 May 2017
- **World No Tobacco Day**
31 May 2017
- **World Mental Health Day**
10 October 2017
- **World Antibiotics Awareness Week**
13-19 November 2017



Description of Programme Achievements 2016-2017

Category 1: Communicable Diseases

Tuberculosis

In 2016, WHO supported the Ministry of Health to develop standard operating procedures (SOPs) for continuation of TB treatment among Syrian refugees under Global Fund Grant to fight Tuberculosis, AIDS and Malaria (GFATM). The SOPs considers various scenarios of refugee movement and the forms that should be carried by patients or shared across borders between health facilities in Jordan and Syria and to other neighbouring countries.

Tuberculosis in children represents one of the main challenges for TB programmes in Jordan. In order to achieve effective TB management in children, Jordan has embarked on improving children access to diagnosis using chest X-rays and Gene Xpert machines. It has also recommended the introduction of the new child-friendly anti-TB medicines. In 2016, these medicines were procured in Jordan through global Drug Facility. Accordingly, WHO supported the capacity of health workers in the TB centres through training workshops to ensure maximum use of pediatric drugs.

Neglected Tropical Diseases

Need Assessment for Leishmaniasis and Shistosomiasis in Priority Sites

Cutaneous leishmaniasis is endemic in some geographical areas of Jordan, where its epidemiology and distribution are generally well known. The disease is known in Jordanian dialect as "gwedha" - a reference to the traditional treatment of the lesions, based on heating or burning). The most common form is zoonotic cutaneous leishmaniasis due to *L. major*, present in several rural foci especially along the River Jordan valley (lowlands) and the desert areas in southern Jordan. Overall, 200-300 cases of cutaneous leishmaniasis are reported every year from Jordan. Since 2012, a progressive increase in number of reported cases has been observed and largely related to the inflow of refugees from Syria, since (the country is endemic for both anthroponotic form (*L. tropica*) and zoonotic forms (*L. major*) of cutaneous leishmaniasis.

JCP outcomes 2016-2017

Outcome 1.2. Universal access to quality tuberculosis care in line with the post-2015 global tuberculosis strategy and targets

Outcome 1.4. Increased and sustained access to neglected tropical disease control interventions

Outcome 1.5. Increased vaccination coverage for hard-to-reach populations and communities

200-300 cases of cutaneous leishmaniasis are reported every year from Jordan.

In May 2017, WHO supported MOH to conduct a situation analysis on cutaneous leishmaniasis in three locations in the country, to review the epidemiology of cutaneous leishmaniasis in South Shuneh, Al-Azraq and Ajloun and the control measures currently implemented in the country. As an outcome of the assessment.

Assessment recommendations included:

- ▶ Building capacity of primary health care doctors and dermatologists on the diagnostic algorithm and the management of cutaneous leishmaniasis in line with the WHO manual for case management of cutaneous leishmaniasis in the WHO Eastern Mediterranean Region.
- ▶ Development and update of yearly procurement plans for Sodium Stibogluconate (SSG) to ensure wide availability of this medicine throughout Jordan and to sensitize communities living in endemic foci on leishmaniasis so as to raise awareness and ensure prevention, early case detection and management.
- ▶ Seasonality of transmission/appearance of lesions as well need to comply with full treatment protocol.
- ▶ Ensure differentiation between cutaneous and visceral leishmaniasis in Jordan's electronic surveillance/reporting system. WHO also purchases leishmaniasis drugs biannually for MOH.

Further to this, from 23-27 July 2017, a need assessment of Schistosomiasis was also carried out in Irbid, Al Karak, Tafilah, Aqaba governorates. Urinary schistosomiasis is a notifiable disease, and therefore required to be reported to Parasitic and Zoonotic Diseases Department of the Ministry of Health (PZDD) within one week. Schistosomiasis is included in the Public Health Surveillance System, whose data are entered through electronic handheld devices distributed to health staff across the country. Imported cases of Schistosomiasis have been reported in the country. With regard to urinary schistosomiasis, the number of cases was 153 in 2014 (all imported), 46 in 2015 (all imported) and 23 in 2016 (all imported). Additionally, during the same timeframe, 11 cases of imported intestinal schistosomiasis were reported.

WHO mission conducted meetings with key personnel in MoH, traveled to areas where presence of the snail intermediate host has been documented and/or cases of schistosomiasis have been reported from, and met local health authorities as well as university researchers working in schistosomiasis in Jordan.

Assessment outcome included:

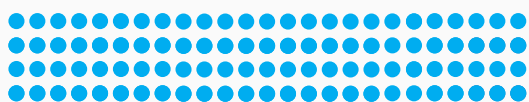
- ▶ Verification of elimination of schistosomiasis, through the collection of *Bulinus truncatus* snails from sites where transmission has previously occurred, the collection of urine sample from high risk population, and the collection of blood spots from paper filters for detection of anti-*S. haematobium* antibodies.
- ▶ Establishment of surveillance mechanisms to prevent the introduction of schistosomiasis transmission, through urine examination in high risk groups, monitoring of snails infestation in water bodies, and the potential introduction of urine sampling for *S. haematobium* eggs among the immigrant workers medical examinations.
- ▶ Capacity building of Jordanian health staff, oriented at maintaining the necessary level of expertise with regard to surveillance and snail control.

Since transmission of urinary schistosomiasis has never been continuously established in any focus, Jordan was not considered a schistosomiasis endemic country properly. Nevertheless, local transmission has indeed occasionally been introduced in *Bulinus*-infested water bodies, most likely by infected foreigners, and has given rise to isolated cases or small, short-lived outbreaks, which need to be managed.

Vaccine-Preventable Diseases

The Expanded Programme of Immunization (EPI) is very well established in Jordan and amongst the best EPI programmes in the region.

DPT3 and MMR1 and MMR2 coverage of 100% achieved in 2017



Coverage for MMR1 and MMR2 with NO cases of measles

In an effort to strengthen the EPI programme and surveillance, the MoH in collaboration with WHO conducted comprehensive EPI sensitization workshops throughout May-December 2017 covering more than 1200 health care workers from all governorates.

In addition, to bridge some of the gaps in EPI programme performance at sub national levels, the MoH in collaboration with EMPHNET and WHO conducted a capacity-building training workshop in August 2017 on Microplanning for Routine Immunization (RI) for EPI focal points from all governorates. A total of 27 EPI focal points were trained.



27 EPI focal points were trained on Microplanning for RI

Hexavalent vaccine (combined vaccine against diphtheria, tetanus, pertussis, poliomyelitis, Haemophilus influenzae type B and hepatitis B) was introduced into EPI in May 2017. Diphtheria-Pertussis-Tetanus (DPT3) coverage of 100% was achieved in 2017. As part of the measles elimination effort,

the country has maintained high immunization coverages for measles, (Measles-Mumps-Rubella (MMR1 and MMR2) at more than 95%), which resulted in no confirmed cases of measles reported for the last three years.

Comprehensive Multi-Year Plan (cMYP) for Immunization

WHO and UNICEF in collaboration with other partner agencies have developed a methodology for comprehensive multi-year planning – “guidelines for multi-year planning for immunization” (2013) and “A Tool and User Guide for cMYP Costing and Financing” (2014). In August 2017, the MoH in collaboration with WHO organized workshop to initiate the process of development of the cMYP 2018-2022 development through application of the WHO-UNICEF methodology and in accordance with Eastern Mediterranean vaccine action Plan (EMVAP). The workshop was attended by 33 participants representing all key stakeholders of the national immunization programme including the Ministry of Health of Jordan, National Immunization Technical Advisory Group (NITAG), Joint Procurement Department (JPD), Royal Medical Services, Ministry of Finance and International Development Partners: WHO and UNICEF. Overall the goal, objective and strategic objectives elaborated by workshop participants set the key directions and informed the development of the full-scale cMYC 2018-2022. The workshop was considered as a significant step forward for development of a full-scale cMYP for the country, which would be instrumental for advocacy, fundraising and providing key decision makers with a platform to make evidence-based decisions. The key stakeholders also found C-MYP as an effective tool for advocating for EPI and introduction of the new vaccines in the national immunization program.

Category 2:

Noncommunicable Diseases

Noncommunicable Diseases

Jordan has undergone a significant epidemiological transition in recent years towards noncommunicable diseases (NCDs) as a major cause of mortality and morbidity. Jordan is also experiencing a changing demographic profile, with increasing burden on national health care systems and services. Determinants of poor health such as tobacco use, unhealthy diet and physical inactivity and other unhealthy behaviors are becoming increasingly prevalent in Jordan and are contributing to the increased incidence of NCDs. Additionally, there is a high burden of NCDs among refugees with high costs of secondary and tertiary care.

NCDs are estimated to account for about 80% of all deaths. There is an increasing trend in the number and severity of NCDs, particularly cardiovascular diseases, cancer, diabetes and chronic respiratory conditions. Over 30% of Jordanians aged 25 years and above have elevated fasting blood sugar; over 80% suffer from overweight or obesity; about 30% are hypertensive; 50% have high cholesterol levels and many have a sort of dyslipidaemia. Levels of physical inactivity are high and estimates show moderate inactivity at 32%.

The crude incidence rate for all cancers among Jordanians in 2014 was 85.3 per 100,000 populations. Accidents and injuries constitute the third leading cause of death in Jordan and have become an increasingly significant problem.

JCP outcomes 2016-2017

Outcome 2.1. Increased access to interventions to prevent and manage NCDs and their risk factors

Outcome 2.2. Increased access to services for mental health and substance use disorders

Outcome 2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence

Outcome 2.4. Increased access to services for people with disabilities

Outcome 2.5. Reduced nutritional risk factors



of deaths in Jordan are because of NCDs



of Jordanians aged 25 years and above **have high blood sugar levels**



suffer from **overweight**



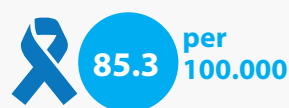
are **hypertensive**



have high **cholesterol** levels



levels of **physical inactivity**



population rate of cancer among Jordanians



most common cause of deaths in Jordan are accidents

Source: MoH Annual Report, 2016

Policy Dialogue to scale up NCDs implementation

During 2016, WHO invested in many activities to tackle the rise of NCD in the country. A high-level policy dialogue on NCDs to scale up implementation of the UN political declaration on prevention and control of NCDs was held on 23 August 2016 in Amman.

The recommendation of this meeting included:

- ▶ To build the consensus on the need for holistic approach for NCDs prevention and control, based on WHO's whole of society, whole of government approach;
- ▶ To review the progress in implementing the NCDs key strategic interventions outlined in the updated EMR Regional Framework for Action guided by the process indicators;
- ▶ To review and address the key challenges faced by Jordan in implementing the strategic interventions;
- ▶ To engage with key national stakeholders and partners around common objectives and agree on their respective role, responsibilities and contributions, monitoring and evaluation and technical support needed from WHO and partners;

The framework is to be used for reporting achievements at the national level for the implementation of the UN Political Declaration.

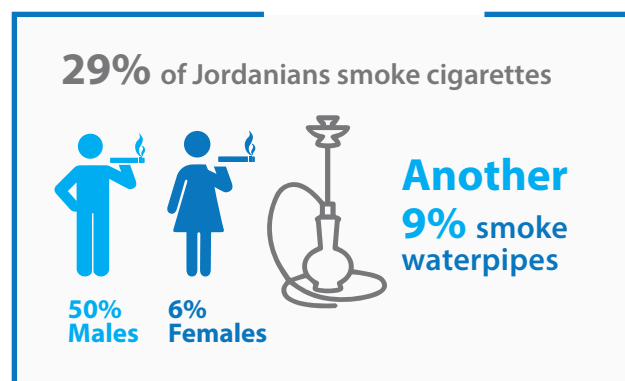
The workshop was a way forward to for implementing the four NCDs strategic interventions and priority areas (governance, prevention and reduction of risk factors, surveillance, monitoring and evaluation and health care) of the EMRO updated NCDs regional framework.



Tobacco Control

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing around 7 million people a year. More than 5 million of those deaths are the result of direct tobacco use while more than 890 000 are the result of non-smokers being exposed to second-hand smoke. Tobacco is a major public health challenge and epidemic. 1 in 8 deaths are attributable to tobacco.

The situation of tobacco use in Jordan is alarming. Almost 29% of Jordanians smoke cigarettes regularly (50% males, 6% females) and another 9% smoke water pipe.




Roadmap of Jordan's National Tobacco Control Strategy (2017-2019)

WHO supported the MoH in January 2016 for the development of road map of Jordan's National Tobacco Control Strategy 2017-2019. The main goal of Jordan's National Tobacco Control Strategy (2017

– 2019) is a 30% relative reduction in the prevalence of current tobacco use in persons aged 13 years or above by 2025 (from the baseline of 2018) with the purpose of reducing the prevalence of NCDs. The strategy and its road map come to bring all efforts together and align them with the WHO Framework Convention on Tobacco Control (WHO FCTC), a treaty ratified by Jordan in 2004 that can only be fulfilled through a whole-of-government approach to planning and execution.

Tobacco Control Road Map, Jordan 2017 - 2019

GOALS	Milestones				
	2017	2018	2019	2020	2021
1 Advance tobacco control as a national priority	 <ul style="list-style-type: none"> • National TC Strategy officially adopted • Prevalence of tobacco use adopted as a national KPI 				
2 Monitor the epidemic of tobacco, the response to the epidemic, and the progress of tobacco control policies through systematic and periodic surveillance	 <ul style="list-style-type: none"> • Mechanisms for periodic surveillance or monitoring in place, and baseline data available 				
3 Protect Jordanians from exposure to second-hand tobacco smoke	 <ul style="list-style-type: none"> • Public places in Jordan enforce full ban on smoking (100%) 				
4 Offer help to quit tobacco; promote cessation and make adequate treatment for tobacco dependence available and accessible to all users	 <ul style="list-style-type: none"> • Brief advice offered by primary healthcare • Comprehensive cessation services offered in all healthcare facilities 				
5 Warn against the harms of tobacco use (health, social, economic, environmental) through implementing effective graphic warning labels (on all products) and impactful mass media campaigns	 <ul style="list-style-type: none"> • The public is better aware and more supportive of tobacco control 				
6 Enforce comprehensive ban on all direct and indirect tobacco advertising, promotion, and sponsorship (TAPS)	 <ul style="list-style-type: none"> • Tobacco advertising, promotion, and sponsorship activities are controlled 				
7 Reduce the affordability of tobacco products and supplement tobacco control funding	 <ul style="list-style-type: none"> • Tobacco products are sustainably less affordable 				
8 Effect supply-control measures in line with FCTC	 <ul style="list-style-type: none"> • Strengthened supply-control measures 				

One of the goals of the road map is to warn against the harms of tobacco use (health, social, economic, environmental) through implementing effective graphic warning labels (on all products) and impactful mass media campaigns.

WHO conducted qualitative assessment of public perceptions regarding Pictorial Warning Labels (PWLs) on cigarette packs in Jordan (January 2016). A tobacco use investment case study is still ongoing with the support of FCTC/WHO/UNDP.

In June 2017, WHO supported the Moh in conducting training for more than 550 tobacco control monitoring officers from different ministries and institutions from all the governorates on the dangers of tobacco use. Those officers are entrusted with the legal authority to enforce and implement the public health law No. 47 of the year 2008 with its amendments. The tasks of the monitoring officers are to ensure the implementation of the tobacco control public health law by inspecting public places, monitoring violations and preparing of periodic reports.



Tobacco Control Monitoring Officers Training, 31 May 2017

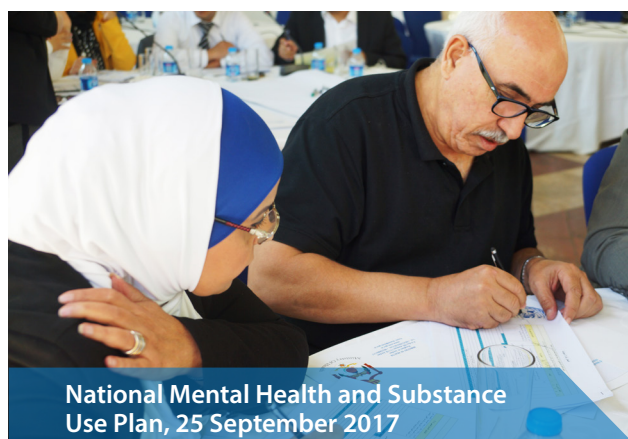


"Every person should be able to breathe tobacco-smoke-free air. Smoke-free laws protect the health of people, are popular, do not harm business and encourage smokers to quit."

Dr Maria Cristina Profili
WHO Representative to Jordan



Mental Health and Substance Abuse

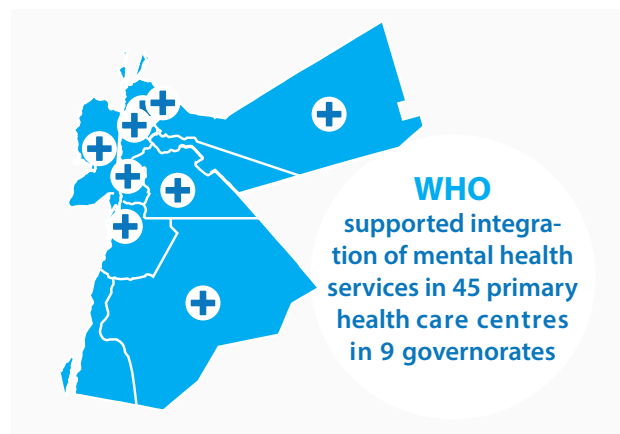


One of World Health Organization's top public health priorities in Jordan is to support and strengthen mental health services, and work closely with the concerned partners to achieve the set objectives.

Over the past 5 years, the Eastern Mediterranean Region has witnessed an increasing number of complex emergencies involving conflict, violence, insecurity and displacement. The emergencies in neighbouring countries, especially Syrian Arab Republic and Iraq, have placed a strain on Jordanian national infrastructure, resources and services, including health and mental health care. However, the situation has also provided an opportunity to strengthen the mental health system and services in Jordan, given the increasing need and demand for mental health services both the refugees and the host communities. In Jordan, recent figures on the prevalence of mental health conditions are not available. Jordan Health Profile 2015 revealed that neuropsychiatric disorders are estimated to contribute to 15.7% the burden of diseases and the suicide rate is estimated at 2.0 per 100 000 population per year. Globally, mental disorders accounts for 13% of the total global burden of disease; stigma towards mental conditions prevents patients from seeking treatment.

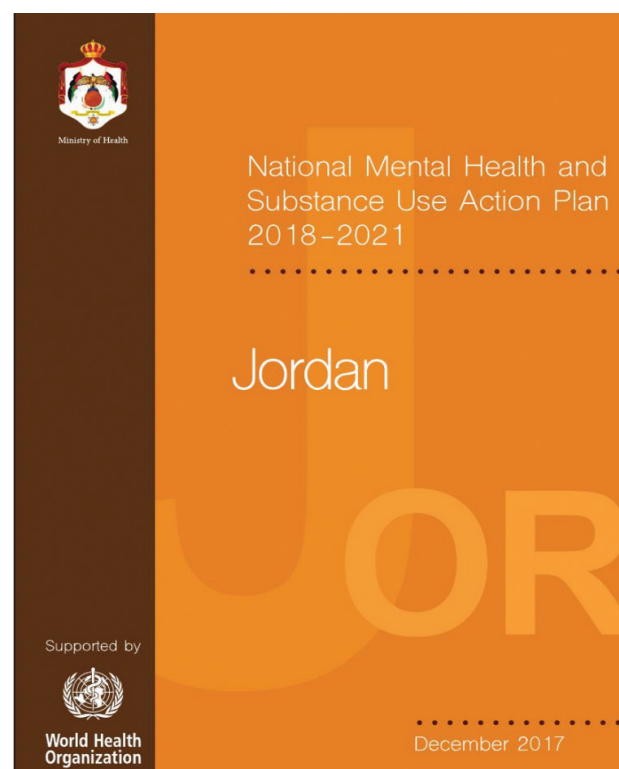
Neuropsychiatric Disorders
are estimated to contribute to
15.7% of the total
burden of
disease

Since 2008, through the WHO Mental Health Gap Action Program (mhGAP), WHO has supported 45 primary health care centers in 9 governorates of Jordan (North: Irbid, Mafraq, Jerash, Ajloun; Center: Amman, Zarqa, Balqa; South: Tafilah, Ma'an, Karak governorates) with approximately 180 primary health care staff. Currently, mental health services in Jordan are somewhat limited, relying mainly on expensive tertiary care in psychiatric hospitals instead of cost-effective primary health and community-based care. Child and adolescent mental health services are even more lacking of services. The primary health care (PHC) system is widely distributed, encompassing all governorates including peripheral areas; however, the mental health component is not well integrated within its services. Further, mental illnesses are not usually covered by insurance in the private sector which exacerbates the problem (National Health Sector Strategy 2017-2021).



Following resolution EM/RC62/R.5 "Scaling up mental health care: a framework for action", endorsed at the Sixty-second session of the WHO Regional Committee for the Eastern Mediterranean and recalling resolution WHA66.8 on the comprehensive global mental health action plan 2013-2020, a WHO expert mission took place in June 2016 in partnership with the MoH. The mission conducted an assessment and an analysis of the mental health situation in Jordan, in order to inform policy revisions and generate key recommendations to address the needs of Jordanians and refugee populations.

As a result, a road map was developed and was used to develop the national Mental Health and Substance Use Action Plan (2018-2021).



Category 3: Promoting health throughout the life-course

Social Determinants of Health

Assessment of Health Inequity and Social Determinants of Health

For sustainable development aiming to achieve the highest attainable standard of health and well-being of the whole population, it is necessary to address the social determinants of health in order to reduce health inequalities.

Jordan has substantially improved access to health services and health care. Consequently, life expectancy has increased, maternal and child mortality decreased and health outcomes in general have improved. However, achievements in terms of access to health care and health outcomes remain challenged by unacceptable vulnerabilities and inequalities between different groups of the Jordanian population according to the level of education, the wealth status, geographic areas, residency and other related factors. Significant vulnerabilities and inequalities still exist for maternal and child health in Jordan. Micronutrient deficiencies such as iron deficiency, anemia are a public health problem in refugee children under five and women of reproductive age. Only one third of Jordanian mothers were protected against neonatal tetanus in 2012 and routine vaccination coverage is lower among high-risk populations, including Syrian refugees.

In this context an in-depth assessment of health inequity and social determinants of Health in Jordan was carried out in 2016 using data from Jordan Population and Family Health Survey (JPFHS) 2012. The assessment showed that although Jordan has substantially enhanced access to health services and health care, still achievements in terms of access to health care and health outcomes remain challenged by unacceptable vulnerabilities and inequalities between different groups of the Jordanian population according to the level of education, the wealth status, regional residency and others.

JCP outcomes

Outcome 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents

Outcome 3.2. Increased proportion of older people who can maintain an independent life

Outcome 3.3. Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes

Outcome 3.4. Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health

Outcome 3.5. Reduced environmental threats to health

Health and the Environment

Assessment of Environmental Surveillance of Legionella Laboratories in Priority Sites

Monitoring of water systems for legionella is a crucial step for risk assessment. In May 2017, WHO Jordan supported MOH with legionella assessment that included advocacy and guidance to laboratories towards evaluation and accreditation for legionella testing. The assessment showed that generally all laboratories have spaces, equipment, instruments and personnel adequate for legionella testing. With the exception of two facilities, all the other laboratories apply internationally recognized legionella detection and enumeration methods. However, the main area of concern was the lack of adoption of internal and external quality assessment for legionella detection and enumeration. Such quality assessments should be integrated over time.

The recommendations from the assessment mission included:

- Laboratories should improve the training of personnel using internal quality assessment and using legionella certified reference material;
- Laboratories should participate annually to external quality assessment schemes for legionella.
- Reporting should always include the methodology and the limit of sensitivity. Whether specific methods are utilized (ISO 11731-2: 2004), the reporting should accurately include the appropriate number of colonies. Eventually, laboratories should always indicate the actual level of colony-forming unit (CFU) detected for alert actions.
- The use of Real Time PCR is suggested for screening of samples especially in outbreak investigation. Indeed, Real Time PCR is a rapid and sensitive method to detect and quantify legionella. However it is not able to discriminate dead from live bacteria. Also, results are expressed in GU/L,

while the action and alert level are expressed in terms of CFU/L. For this reason a positive result cannot be used to assess the risk.

- Since sampling for Legionella is not performed in the visited laboratories, capacity building in legionella risk assessment and Legionella sampling is necessary.
- A national legionellosis surveillance system should be implemented in Jordan by promoting more awareness among clinicians of on this severe pneumonia, identifying at least one national reference laboratory able to perform diagnosis of legionellosis using the three validated methods.



Assessment of Environmental Surveillance of Polio Virus

Assessment of environmental surveillance of polio virus was conducted in January 2017. The implementation of Environmental Surveillance (ES) in the selected high risk areas as a supplement to the existing AFP surveillance is also a strong evidence showing the country's commitment and determination in contributing to the global effort as we are heading towards the last stages of polio eradication.

Category 4: Health Systems

National Health Policies, Strategies and Plans

Jordan has one of the most modern but fragmented health systems in the Middle East. Jordan's health system is a complex amalgam of three major sectors: public, private, and donors. The public sector consists of two major programs that finance and deliver care: the Ministry of Health and Royal Medical Services. Other smaller public programs include several university-based programs, such as Jordan University Hospital in Amman and King Abdullah Hospital in Irbid. Each of the public subsectors has its own financing and delivery system. Problems related to equity, duplication of services, coordination among major providers, limited quality improvement programmes, and inappropriate health information system are the main challenges facing all providers of health care in Jordan.

Health Sector Reform Action Plan 2018-2022

The key themes under Health Sector Reform Action Plan include; primary healthcare, health insurance, rationalizing healthcare expenditure, public-private partnership (PPP), and human resources for health. The MoH requested WHO technical assistance, to put the framework of the action plan and compiling all necessary documentations and materials. Furthermore, WHO supported a mission oriented at assessing the status of PPP in the health sector as part of WHO support to the development of the Health Sector Reform Action Plan. The mission's key recommendations included mainly defragmenting the healthcare sector and switch into a single-payer system, and enhancing MoH role in policy formulation and coordination.

Desk Review of Universal Health Coverage and Public-Private Partnership (PPP) in Jordan

A mission to assess the status of PPP in the health sector visited Jordan as part of WHO support to the development of the Health Sector Reform Action Plan was conducted in September 2017. The mission collected related data, and conducted field visits to inspect and review any PPP project under implementation. The mission team conducted meetings with government officials, private sector representatives, other donors' representatives with relevant experience in

JCP outcomes

Outcome 4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage

Outcome 4.2. Policies, financing and human resources in place to increase access to integrated, people-centred health services

Outcome 4.3. Improved access to, and rational use of, safe, efficacious and quality medicines and other health technologies

Outcome 4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities

PPP and key personnel who are directly/indirectly involved the PPP design and implementation. The mission's key recommendations included mainly defragmenting the health care sector, switch into a single-payer system, and enhancing MoH role in policy formulation and coordination.

Ministry of Health National Strategic Plan (2018- 2022)

In 2017, the MOH of Jordan embarked on developing a new Health Strategic Plan (2018-2022). In 2017 number of consultations were conducted to gather the relevant policy and strategic documents related to health development in Jordan and their comparisons. This included governance mapping exercise to review the existing governance structure and functions in the health sector with special focus on the role of Ministry of Health as well as to review the achievements and gaps in the implementation of the MoH Strategic Plan (2013-17), together with key documents, reports and legislations. This process is ongoing and expected to complete in early 2018.

Assessment of Governance Arrangements in the Health Sector: Option for Modernizing Health Sector Institutions

As part of the Jordan Collaboration Programme 2016-2017, MoH requested support from WHO to review the existing governance structure and functions in the health sector with special focus on the role of Ministry of Health and the achievements and gaps in the implementation of the MoH Strategic Plan (2013-17), together with key documents, reports and legislations. The assessment was conducted in May 2017. The main recommendations were to modernize governance arrangements in Jordan health sector. The key options included; reestablishing and reinforcing the Higher Health Council in its role of formulating a strategic vision, formulating policies that target the entire sector and convening and coordination of stakeholders, reinforcing the role of the MoH in

primary health care, prevention and promotion and consolidating and strengthening the health financing system.

Policy Dialogue: The Role of Parliamentarians and Civil Society in Advancing towards Universal Health Coverage and Achieving Sustainable Development Goals in Jordan

Parliamentarians play a key legislative and oversight roles to strengthen health system response and improve equitable access to available, affordable, quality health care services with dignity and without discrimination. Effective participation and regulatory oversight is essential to ensure effective and efficient use of domestic resources and promote accountability. This in turn requires engagement and better communication with civil society. In response, MoH, in collaboration with WHO, organized a workshop from 2-3 August 2017 to introduce Members of the Parliament among other stakeholders to the global and national developments towards achieving Universal Health Coverage and Sustainable Development Goals.

Key recommendations are:

- Strengthening the stewardship role of the MoH within the health sector governance at the central and local level to advance towards UHC, taking in account decentralization.
- Strengthening PPP, and health legislations.
- Strengthening MoH role in delivering primary health care in terms of increasing allocations, establishing well-integrated health services at the level of primary health care and scaling up (HRH).

In addition, promoting the role of parliamentarians in advancing towards universal health coverage and achieving the SDGs , engaging with different stakeholders and enhancing health equity.

Integrated People-centred Health Services

Development of a National Quality Policy and Strategy in Jordan: Situational Analysis (December 2017)

Improving quality and patient safety is part of Jordan's vision to achieve universal health coverage. The comprehensive situation analysis conducted on quality and patient safety aimed at formulating a framework to develop the policy and guide the strategy development. It encompassed all existing policies, programmes, interventions, laws and regulations related to quality of care and patient safety. It also identified the stakeholders to be involved later on in the process of developing the policy.

The key recommendations included:

- Develop a national quality policy and strategy, taking into consideration the following essential elements:
 - Involve all stakeholders of the health care system in the all stages of the policy and strategy development from the initial stage of brainstorming up to monitoring its implementation.
 - It should be comprehensive, covering dimensions that were missing from the previous quality and patients' safety plan such as patients and public members' engagement and empowerment, staff engagement and empowerment and leaders' empowerment through decentralization of decision-making and delegating authorities to leaders at facility level.
 - Consider the strengths, opportunities, weaknesses and threats that have an impact on the implementation of the policy and strategy.
 - Establish a national body (e.g. HHC) that supervises the implementation of the national quality policy and strategy.
- Support and facilitate developing the national quality policy and strategy through below:
 - Upgrade the High Health Council to its earlier status (to be under the direct supervision of the Prime Minister).
 - Upgrade the quality directorate at the MoH to be under the direct supervision of His Excellency the Minister of Health. This will boost the role of the directorate at the national level.
 - Establish and standardize quality and patient safety structures in all facilities that include departments/units and committees, which will supervise the implementation of the national quality policy and strategy at the facility level.
 - Introduce/reinforce leadership walk rounds as one of the basic and regular tasks run by the leadership of the facility. This will enable leaders to identify successes, strengths and challenges that are faced at various areas in their facilities. In addition, it will enable them to come across patients' perception about service they receive; also, it will send a message to all leaders who are committed toward improving quality and safety.
 - Develop, review and update legislations that have direct or indirect link with quality and patient safety such as the professional malpractice law and staff protection law.
 - Establish national guidelines and protocols to ensure the standardization of care delivery, particularly for chronic illnesses thus reduce variation in care.
 - Introduce/reinforce the teaching of quality and patient safety (e.g. WHO Patients' Safety Curriculum Guide) into the curricula of all academic health programs.
 - Develop a "quality and patient safety" website at the national level supervised by a national body (e.g. HHC). This would work as a hub and platform that facilitates networking among professionals and health care facilities for knowledge and experience sharing within the country. For example, this website can be used as a source of policies and guidelines in different fields of medicine as well as sharing experiences and lessons learnt by staff in different regions/facilities. In addition, it would

help in updating knowledge through answering questions staff may raise to the experts in different fields of medicine.

- Strengthen linkages among stakeholders as well as among health care facilities through activating the role of members in the boards of health care facilities and institutions. Furthermore, establish a forum of hospitals' directors (may include private sector hospitals) in which they meet on regular basis (e.g. quarterly) under a specific agenda. A similar forum is to be created for the primary health care facilities.
- Develop a facility performance measurement system that is supervised by a national body (e.g. HHC or MoH). This body is to be given the full support to access and collect data using valid and reliable KPIs from all health care facilities in the country. The body should be responsible for running analysis and reporting of results with recommendations for improvement and following up on developments afterward.
- Develop a national Incidence Reporting and Learning System (IRLS) policy, which includes a list of terms and their definitions in order to avoid ambiguous interpretations of terms, thus misreporting.
- Develop a national Incidence Reporting and Learning System (IRLS)
- Establish a Medical Error Discloser System that will help staff communicate errors occurring during health care delivery to patients and their families.
- Strengthen the staff performance measurement system.
- Establish a rewarding system (individuals, groups and facilities) that supports both the commitment to quality and patient safety, and the motivation to strive for excellence.
- Strengthen the role of patients, their families and public members at all levels of health care system by introducing engagement, empowerment and patient-centred care concepts. This can be done through different ways such as involving the public in the boards of hospitals and activating patients' role in their own care during service delivery.

Health Systems Information and Evidence

Assessment of Jordan Health Information System (October 2016)

An assessment of the Jordanian Health Information System (HIS) was conducted by WHO in October 2016. A team of international consultants collaborated with WHO and the MoH to review two main systems for generating HIS data: (1) institution-based systems which are used to manage service delivery and that provide information on health care utilization and on the related resources; and (2) population-based systems, such as census, vital events, and health surveys, that provide information on the health status and behaviours of the entire population. Information from both types of systems is essential to improve health status and health systems' performance. Some key recommendations of the assessment include: ensuring the role of the MoH as the leading entity for HIS and coordinating HIS-related activities in collaboration with relevant stakeholders; strengthening and supporting the Information Technology and Information Studies Directorates in setting standards for data collection, processing, dissemination and use; developing unified HIS short- and long-term strategic plans including clear priorities for action and responsibilities to guide implementation of activities; strengthening the IT Directorate to provide the state of the art ICT infrastructure for an effective HIS; improving the capacity of IERS to produce the WHO/International Society of Hypertension risk prediction charts; developing a data repository for the entire HIS to enable data extraction, linkage, triangulation with other sources such as population-based data (e.g. census) and institution-based data (e.g. service records) and compilation into usable statistics and information for in-depth analysis and comparison of various health indicators; completing national coverage of IERS as a surveillance tool as well as a tool for collection of causes of death from health facilities.

Following the assessment, WHO Jordan in collaboration with the Information and Studies Directorate, MoH conducted a three-day workshop from 17-19 October 2017 for the development of National strategy for Health information systems (HIS) in Amman, Jordan. More than 60 participants from different departments within the Ministry of Health, governmental institutes, NGOs and related partners from other United Nations agencies attended the workshop. The objectives of the workshop were to prepare an HIS strategic activity work plan; review and agree on the terms of reference for the national steering and national technical committees for HIS; and map out strategies to improve reporting of WHO core health indicators. The workshop was considered a step forward in strengthening the current systems that provide health-related information, since its activity work plan will be integrated into the HIS strategy.

National Coverage through Public Health Surveillance/ Interactive Electronic Reporting System (IERS)

Since 2015, a national programme of public health surveillance called Interactive Electronic Reporting System (IERS) has been implemented across Jordan. IERS introduces case-based, integrated disease surveillance to be used by clinicians within the consultation, and provides clinical-decision support, as well as best practice prescribing guidance and real-time reporting of information.

During 2016-2017, modules for communicable diseases, noncommunicable disease, mental health, pandemic influenza preparedness, foreigner screening and event-based surveillance have been developed and implemented within IERS. Outcomes for health care access and utilisation, communicable and noncommunicable disease have been monitored, including for refugee populations living in Jordan. Seven manuscripts using data from IERS have been published, submitted or are in preparation.

**A total of
550** sites in primary and secondary care facilities are currently included in the system, using approximately
1000 mobile tablets, across all 12 governorates of the country.

The reporting system has been successfully implemented and scaled up to cover 539 health facilities in Jordan as of December 2017. In this biennium, a total of 550 sites in primary and secondary care facilities are currently included in the system, using approximately 1000 mobile tablets, across all 12 governorates of the country.

The project introduces case-based, integrated disease surveillance that is coded according to the International Classification of Disease (ICD-10). The system is open source and free and has been successfully piloted in Iraq, Kenya, South Sudan and Ukraine and is now implemented as a national programme in Djibouti and Jordan. The clinician uses the system within the consultation, which introduces clinical-decision support, as well as best practice prescribing guidance and real-time reporting of information.

Reported information is made available at all levels of Ministry of Health and Royal Medical Services within one hour via an online framework with automated generation of SMS and email alerts and support for mapping and reporting. Essential health system indicators are also collected through the system as defined by the WHO framework for health information systems and core indicators in the Eastern Mediterranean Region.

IN 2017 BELOW INDICATORS WERE CAPTURED THROUGH IERS:

Communicable Diseases

Communicable disease cases coded according to ICD-10



51 566

1912

Automated real-time notifications and alerts were generated within one hour

347 (18.1%)

Alerts investigated Ministry of Health Jordan Interactive Electronic Reporting System

Noncommunicable Diseases

Non-communicable disease cases coded according to ICD-10



33 329

Civil Registration and Vital Statistics Workshops (CRVS)

Vital events registration in Jordan is the responsibility of the Civil Registration Authority (CRA) which belongs to the Ministry of Interior. The MoH, the Directorate General of Statistics, Higher Population Council and municipalities also play a key role in the CRVS process. The automated civil registration system enables the CRA to collect vital registration data and produce its vital statistics annual report with indicators disaggregated by sex, age of mother (for births), age at death, date of events, and country of birth/ death at the national, sub-national and district levels, for Jordanians and non-Jordanians. The annual vital statistics report is produced on time, distributed to all relevant stakeholders, and is available on the CRA web site. However, the system lacks verification mechanisms between the registered events and the events take place in health facilities. This verification needs a direct link with the MoH to receive copies of birth/death notifications. In this connection, WHO following recommendation of CRVS 2014 assessment and conducted two back to back two-day workshops in April 2017 to follow up on CRVS progress and to provide capacity building in certification of deaths, collection of cause of deaths statistics and the use of the DHIS2-SMoL web-based platform as an electronic deaths notification tool. Twenty-two physicians were trained on DHIS2-SMoL.

Category 5: Preparedness, Surveillance and Response

Alert and Response Capacities

Provision of support to strengthen the country's capacity in surveillance and use of immunization data for programme monitoring and reporting is one of the strategic priorities of the joint agreement (JCP) between WHO and the MoH. It is one of the key strategic priority areas designed to address some of the surveillance gaps at national and subnational levels.

Joint External Evaluation (JEE) for International Health Regulations (IHR)

The JEE helps countries to identify the most critical gaps in the IHR core capacities of health systems and IHR-related sectors in order to prioritize opportunities for enhanced systematic preparedness and response capacities. Over the biennium 2016-2017, the activities related to preparedness surveillance and response were driven by the joint external evaluation of the International Health Regulations (IHR) core capacity mission, conducted from 28 August to 1 September, 2016. Jordan established capacity in numerous areas relevant for the IHR and Performance of Veterinary Services, resulting in key priority actions identified to strengthen national implementation of the Regulations.

National Action Plan for Health Security (NAPHAS) 2018-2022

The Joint External Evaluation (JEE) paved the way for the development of a National Action Plan for Health Security 2018-2022. In this regard, a national workshop to support the finalization and costing of the Action Plan (as well as to advocate for bridging PVS and IHR) was held in Amman over the timeframe 29 October – 2 November 2017.

JCP outcomes

Outcome 5.1. All obligations under the International Health Regulations (2005) met

Outcome 5.2. Increased country capacity to build resilience and adequate preparedness for mounting a rapid, predictable and effective response to major epidemics and pandemics

Outcome 5.3. Countries with the capacity to manage public health risks associated with emergencies

Outcome 5.4. All countries are adequately prepared to prevent and mitigate risks to food safety

Outcome 5.5. No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally

Outcome 5.6. All countries adequately respond to threats and emergencies with public health consequences

The National Action Plan for Health Security 2018-2022 is focused on priorities to enhance the country's preparedness and response capacities. Key priorities include: legislative to pave the way for implementing the NAPHS by 2022; enhancing country preparedness capacity by 2018; making multisectoral collaboration for One Health fully functional; improving the national laboratory quality system; supporting workforce capacity for One Health; enhancing national capacity to respond to One Health-related events; systematizing collaboration and the exchange of information; expanding the capacity of immunization programme to include the increasing number of refugees and introducing new vaccines like pneumococcal vaccine; and ensuring the sustainability capacity of cold chain. The activity plan is budgeted across objectives and each technical area. The plan will be endorsed by the MoH in 2018. The government of Jordan with the support of the WHO Country Office and Regional Office is communicating with partners and donors to discuss the mobilization of external resources for the implementation of the plan.



Antimicrobial Resistance National Action Plan (NAP) 2018-2022

An Antimicrobial Resistance Country Capacity review for early implementation of the National AMR Surveillance System in Jordan was undertaken in January 2017. One of the priority recommendations was implementation of the national Antimicrobial Resistance Action Plan. In November 2017, WHO Jordan provided technical support to the MoH to develop and implement a National Action Plan for the Containment of Antimicrobial Resistance (NAP). Around 60 national experts participated in the workshop.

A draft AMR National Action Plan was developed. In 2018, the Ministry of Health will take necessary steps towards official endorsement of the National Action Plan and initiate implementation based on the priorities and resources available. The costed National Action Plan will be used as a tool for resource mobilization.

Emergency and Crisis Management

Emergency Response Plan for Health (ERP)

The ERP is the result of a concerted effort by the MoH to provide a tool for effective coordination with other Governmental bodies and agencies to deliver health care to people in time of disasters and emergencies. The Plan is to help the MoH to coordinate its activities within the health sector, including external stakeholders from private or international bodies. In May 2017, WHO provided technical support to the MoH to develop the Multi-hazard National Public Health Emergency Preparedness and Response Plan. WHO in collaboration with the MoH initiated the process for drafting the Emergency Preparedness Response Plan for Health (ERP). Three workshops were held for this process:

- the first national workshop took place on 15-16 May 2017 with 63 participants who reviewed requirements, methodology, the template and core parts of the EPR.
- A second national workshop was convened on 18 July 2017, to develop the ERP. At this national workshop the Health Emergency Policy Group (executive management) was formed.
- A third national workshop was convened on 17-19 December 2017 to discuss the operationalization and implementation of the ERP for Health and the MoH Public Health Emergency Operations Centre. The ERP was disseminated among relevant stakeholders and a common methodology and template for drafting Standard

operating procedures (SOPs) for the ERP and for the operationalization of the MoH Public Health EOC (PHEOC) was introduced.

WHO in collaboration with the MoH held three national workshops on multi-hazard public health emergency preparedness and response planning and the operationalisation of the Public Health Emergency Operations Center.



Emergency Operation Center (EOC)

For the operationalization of the EOC, a joint WHO/ CDC mission was conducted in April 2017 to support MoH's review of its EOC and to build on teamwork for the development of an implementation plan. The

mission recommended that the fundamental requirement for an EOC to be able to fully function is a clear mandate and role of the EOC, established in a national plan. WHO committed to support the MoH in drafting a new comprehensive multi-hazard Emergency Response Plan for Health in which the mandate and roles of the MoH Public Health EOC (PHEOC) will be clearly defined as well as national response to health emergencies.

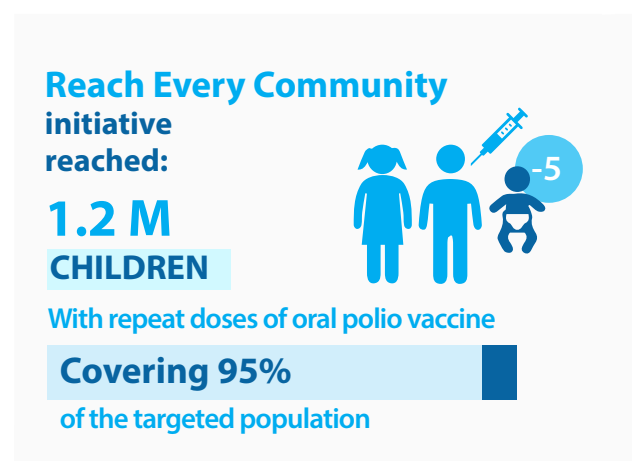
Food Safety

Food-borne Disease (FBD) Outbreak Response Manual 2017

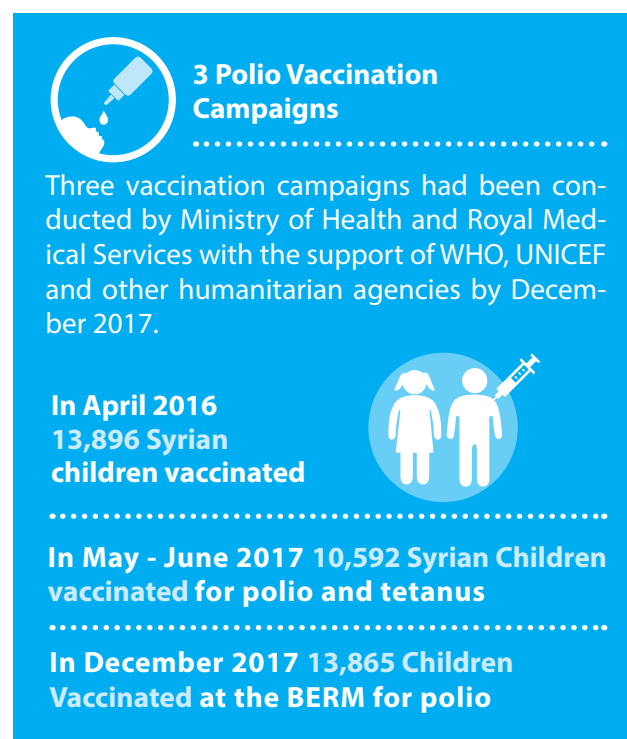
WHO supported the MoH in development of a practical operational guide to support food poisoning incidents and food-borne disease outbreak investigation activities in Jordan. The manual defines the roles and responsibilities of key agencies and institutions involved in food safety, food-borne disease surveillance and outbreak response. It also provides a framework for the coordination of an investigation. The manual supports the core competencies for food safety required under the International Health Regulations by outlining a mechanism for detecting and responding to food-borne disease and food contamination events.

Polio Eradication Outbreak and Crisis Response

Vaccination Campaigns: Following the polio outbreak in Syria in October 2013, and later in Iraq in April 2014, the Ministry of Health of Jordan with the support of WHO and United Nations Children's Fund (UNICEF) implemented eight mass vaccination campaigns, adopted a Reach Every Community (REC) initiative and reached approximately 1.2 million children under five years of age across the country with repeat doses of oral polio vaccine. Post-campaign monitoring conducted by Royal Medical Service (RMS) after each round showed campaign coverage consistently above 95% of the targeted population.



Three vaccination campaigns had been conducted by the Ministry of Health and Royal Medical Services with the support of WHO, UNICEF and other humanitarian agencies by December 2017 for Syrian asylum seekers.



Vaccination campaigns conducted in 2016 and 2017

Type campaign	Antigens involved	Target population	Coverage	Place	Date for the campaign
NID	tOPV	0 – 5years	100% (total of 1,221,914 children less than 5 years including Syrians and all other nationalities)	Jordan nation-wide	March 2016
EVC	bOPV, 015 yrs Measles, 6m- a5 yrs - Tetanus, 15-49 yrs Vitamin A: 6-59 months	0 – 15yrs(bOPV)	>90% for all as following: OPV: 13,896 children - Measles:13,053 children Vit A: 6,278 children TT : 5,423	Ruqban	April 2016
EVC	bOPV and vit A	0 -15years(bOPV) Vitamin A (6 - 59 months)	44%= 10,592 children 64%= 5254children	Ruqban(inside the BERM)	May/June 2017
EVC	bOPV and vit A	0 – 15 years(bOPV) Vitamin A(6 – 59 months)	>80%(bOPV) 100%(Vit A)	Ruqban(inside the BERM)	December 2017

Polio Preparedness and Response Plan: Important work was undertaken in collaboration with an MoH/EPI team and support from the WHO Regional Office to update the country's polio preparedness and response plan in line with current WHO recommendations to deal with outbreaks including Circulating Vaccine Derived Polio Virus type -2 cVDPV2. All efforts were made to make the plan comprehensive enough to deal with all aspects of the polio preparedness and response plan including coordination, immunization, and surveillance for AFP – a major indicator for polio, and communication and social mobilization. The last Polio Outbreak Simulation Exercise (POSE) training was conducted in November 2016. The purpose of POSE is to test Jordan's preparedness and capacity to respond to a potential polio outbreak.

The country has a strong and sensitive AFP surveillance system in place and, over the biennium 2016-2017, conducted active AFP surveillance nationwide. The surveillance focal points at the governorate and district levels play a key role in addressing the surveillance gaps at subnational levels. All Governorates and 12/13(92%) of the Districts (in 2016 and 2017) met the minimum surveillance requirement.

WHO continued support to build national capacity in surveillance, diagnosis and testing for acute flaccid paralysis (AFP), a major indicator for polio, through training of health workers. In last two years, the country has maintained high immunization coverage of more than 93% both in 2016 and 2017 for all antigens including bOPV/IPV, thereby maintaining the country's polio-free status.

A total of 28 AFP/MR sensitization workshops conducted covering all the 12 Governorates and more than 1200 health care workers including pediatricians, general practitioners, EPI/AFP focal points, infection control and public officers with a coverage of more than 100% against a target of 185 HCWs have been sensitized. from the MoH, RMS, university and private hospitals as well as Primary Health Care (PHC)/Comprehensive Care Centers (CCC) under MOH. In addition a capacity-building training workshop and review meeting for EPI/AFP focal points were conducted in December 2017.

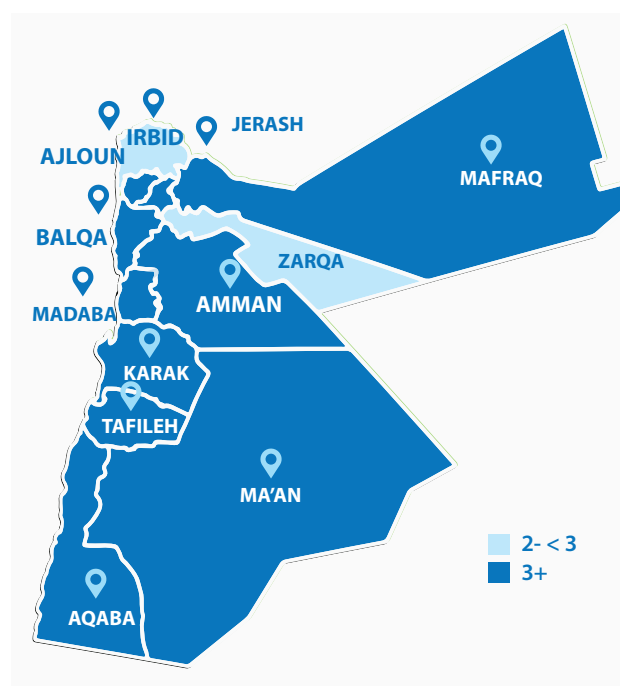
Polio Vaccine Switch: Jordan has also contributed to the global effort for polio eradication. In April 2016, the country was part of the synchronized OPV switch programme.

Award Certification for Polio Eradication: WRO assisted in preparing the Annual Update of National Documentation for Certification in 2016 and 2017. Both updates were fully accepted by the Regional Certification Committee.



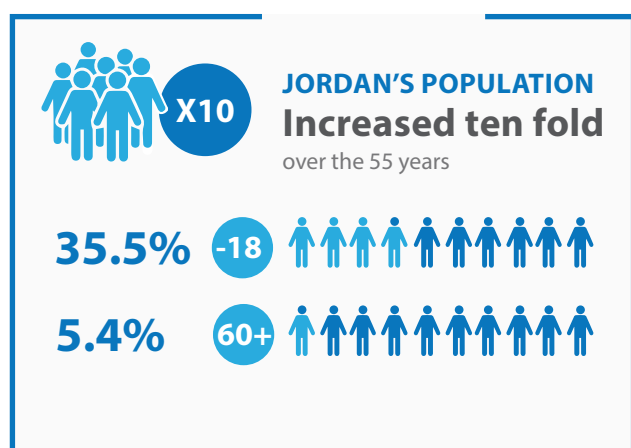
WHO surveillance officer conducting retroactive search for AFP case in a Hospital

Non-polio AFP rate by province 2016



Emergency and Humanitarian Response

The Kingdom's population has increased more than 10 times in 55 years. The largest increase was over the past decade, especially since the year 2011. According to the 2015 census, the total population of Jordan was estimated at 9.531 million. Over 2,000,000 Palestinian and 657,628 Syrian refugees are hosted in Jordan with support from UNRWA. Iraqis still amount to 65,120 while there are also 14,850 other nationalities including Yemenis, Sudanese and Somalis, as UNHCR data show. The 2015 census highlights that 35.5% of the population is <15 years of age, whereas 5.4% is >60 years of age. Life expectancy is 73.2 years.



The health system in Jordan is vulnerable and continues to face increasing demand associated with demographic and epidemiological issues; including the influx of refugees and increasing rates of determinants of poor health. Currently, 55% of the population and 68% of Jordanians are covered by a health insurance scheme. The density of doctors, nurses, midwives declined from 77.2 per 10,000 population in 2013 to 42.9 in 2015 due to rapid increase in population and brain drain migration.

Eighty percent of Syrian refugees are living in the host community while the remaining 20% are settled in camps managed by UNHCR. The total direct financial costs of Syrians crisis on the health sector is estimated to be around US\$ 115.5 million per year, over the period 2018-2020.

Between 2011 and November 2014, registered Syrians refugees could access health care at the Ministry of Health facilities for free, and were treated like insured Jordanians. In November 2014, the government changed its policy and required Syrian refugees to pay the same rates as uninsured Jordanians. Syrians without registration in Jordan are treated like other foreigners accessing public services and required to pay a 'foreigners rate' which is 35-60% higher than the uninsured Jordanian rate. A policy change in January 2018 requires all Syrian refugees to pay the 'foreigners rate'. User fees are not the only costs related to health care borne by refugees but there are additional costs such as transportation to health facilities and other payments that Syrian refugees have to pay. Syrian refugees still have access to a free package of services which includes immunization as well as some reproductive health services. The rest of costs for primary, secondary and tertiary health services are covered by international organizations.

The refugees' health profile reflects a worrying country situation with a high burden of noncommunicable diseases responsible for 80% of all deaths and 45% of all the population not covered by any form of health insurance (Census, 2015). A recent survey showed that 42% of Syrian refugee adults with NCDs were unable to access needed medicines or other health services primarily due to inability to pay fees. This will result in more disease burden of NCD with consequent shift in burden to secondary and tertiary health facilities already overburdened, also, reducing the quality of life.

The Berm

Since 2013, there had been a steady flow of Syrian seeking asylum in Jordan at the north-eastern Syrian-Jordanian border called "Berm" in two spontaneous settlements of Rukhban and Hadalat.

Humanitarian assistance and delivery of life-saving and basic services has been provided to this population by UN agencies and their implementing partners facilitated by the Government of Jordan. Several emergency vaccination campaigns (polio,

measles, Vitamin A and tetanus) were conducted during this period for children aged 0–15 years and mother child-bearing age.

In June 2016, an incident led to the closing of the border crossing. Since then, two spontaneous settlements, Ruqban and Hadalat at the Berm, started growing providing shelter to approximately 80 000 Syrian people.

Since the June 2016 incident, as no feasible option could be found to reach this population with humanitarian assistance from within the Syrian Arab Republic,, UN agencies in Jordan, advocated to resume humanitarian assistance from Jordan. As results, the Jordanian authorities agreed to a resumption of food, water and health assistance with different modalities.

For health, in December 2016, a UN clinic was allowed to be established to the south of the Jordan Berm. Patients for consultation are screened at the distribution point and then transported by ambulance to the clinic. Primary, reproductive health care services and routine immunization are provided on a daily basis through implementing partners at limited hours with low fluctuating patient numbers due to security constraints and lengthy screening procedures prior to admission

In 2017, two emergency rounds of oral polio vaccinations and Vitamin A supplement were allowed inside the berm with the support of WHO, UNICEF and other humanitarian agencies using trained Syrian Health Care Volunteers (HCV) vaccinating children aged 0–15 years.

As of December 2017, the situation for thousands of Syrians stranded at the Berm is dire. To date, between 30,000 and 55,000 people -70 to 80 per cent of whom are estimated to be women and children - are living in the spontaneous settlement under very difficult conditions and without consistent access to basic services including health that are a prone scenario for diseases outbreaks. This population remains the focus of humanitarian aid.



WHO response

WHO activities continue for improving communicable disease surveillance and outbreak response preparedness. WHO donated Inter-Agency Health Emergency Kits (IHEKs) covering 10 000 people for 3 months as emergency contingency stock. In addition, it provided support for laboratory supplies, medication and equipment to Ruhweished hospital, PIP central lab in Amman, and MOH Polio lab.

Assessment at Ruhweished Hospital

Ruhweished Hospital is located in Ruhweished, a remote town in Al Mafraq region, north-east of Jordan. Ruhweished suffered socio-economically from the conflict in Iraq and the Syrian Arab Republic, and the subsequent border closure which led to a steep downturn in passenger and commercial traffic. The hospital serves a community catchment population of 8000 community individuals, plus 20 000 soldiers based nearby.

Assessment at Ruhweished Hospital: A joint UN assessment led by the MoH and conducted in March 2016, showed that the hospital suffered from shortage of human resources and lack of essential medical equipment and drugs. The hospital's infrastructure including utilities such as the water supply system, was in need of maintenance. In addition, there was no reliable surveillance system to monitor health events at the hospital. The health delivery system did not have necessary elements such as rapid response teams or prepositioned stocks of supplies to respond to disease outbreaks.

Ruhweished Hospital is the closest health facility to the asylum seeker spontaneous settlements of Hadalat and Rukban. As hospital resources were depleted, and the hospital could not cope with the influx in Syrian asylum seekers referrals for urgent treatment, WHO provided laboratory supplies, drugs and equipment to Ruhweished Hospital and supported health workers on Infection Prevention and Control (IPC) training to be better prepared to receive emergency referral cases from the Berm.

Noncommunicable Disease Services for Refugees at the Primary Health Care Level, Royal Health Awareness Society (RHAS)

Since 2011, RHAS has been working closely with the Ministry of Health (MoH) in the implementation of the HCC Program. The HCC Program targets both Syrian refugees and vulnerable Jordanians. Its objective is to improve the capacity of targeted primary health centres to respond to NCDs, at both preventative and management levels. Such improved response is obtained through awareness-raising campaigns targeting the communities as well as through the provision of capacity-building activities targeting MoH staff in the facilities.

In October-December 2017, WHO supported RHAS to expand an additional health centre to empower 200 beneficiaries in the catchment area of the selected health centre in the prevention and control NCDs, and strengthening 5 MoH medical staff in delivering awareness sessions, following up chronic patients and referring patients.

Category 9:

Pandemic Influenza Preparedness (PIP)

Since 2014, Jordan has been one of the beneficiaries of EMRO Pandemic Influenza Preparedness (PIP) financial and technical support. Over the biennium 2016-2017, WHO supported the country in enhancing its capacity to respond to potential emergencies, by strengthening its policies, digitalizing surveillance, building the capacity of frontline staff, and supporting the procurement of equipment and supplies.

Pandemic Influenza Preparedness and Response Plan: In January 2017, Jordan developed its Pandemic Influenza Preparedness and Response Plan, whose aim is to provide an operational framework to reduce the morbidity, mortality and social disruption that would result from a pandemic influenza outbreak. The Plan targets public health and medical officials at both national and governorate levels, as well as technical colleagues from other sectors involved in the management of potential epidemics. Accordingly, the Plan is the result of a collaborative and multisectorial process. The Pandemic Preparedness and Response Plan applies to all departments under the authority of the MoH, which - in turn - responds to the authority of the National Center for Security and Crisis Management (NCSCM). Furthermore, several technical guidelines were updated in order to support specific aspects of outbreak management: the Infection Prevention and Control Manual at Health Care Institutions, 2017 and the National guideline for respiratory diseases and pandemic influenza preparedness, 2017.

Using mobile health for event-based surveillance: PIP funds have enabled the MoH to digitalize the event-based surveillance system by introducing the technology in mobile tablets, which are generally available in national clinics. The surveillance system has strengthened the capacity to respond to outbreaks, by enabling real-time information to be promptly delivered at decision-making level. Additionally, the event-based surveillance system reflects International Classification of Diseases 10 (ICD-10), and is based on a case-based reporting form, which is available in both Arabic and English and which allows collection of demographic, clinical, and laboratory information. Also, hospital sentinel sites utilize the digital system for submission of severe acute respiratory infections (SARI) case-based data. Data are anonymized and aggregated as well as uploaded to a server based at the MoH.



Surveillance: Several trainings targeting the laboratory staff of the National Influenza Center (NIC) were delivered, with a focus on characterization of influenza virus specimens. Additionally, specific workshops related to influenza-like illness (ILI) and severe acute respiratory infections (SARI) data analysis/interpretation as well as related to the strengthening of electronic reporting were successfully conducted.

Procurement of Equipment and Supplies: A cornerstone of laboratory preparedness is the ability to perform real-time polymerase chain reaction (RT-PCR) for influenza testing. Accordingly, WHO supported the MoH by purchasing RT-PCR for the Central Public Health Laboratory (CPHL), in order to facilitate the processes of laboratory surveillance and virus sharing. Moreover, laboratory capacity to perform sequencing of influenza virus is a critical function for influenza preparedness. Since Jordan had minimal sequencing capacity, samples were largely shared with the WHO Collaborating Centre (WHOCC) in London. In order to address the gap, WHO supported a study visit of two CPHL staff members to the WHOCC in London. Eventually, WHO also supported the purchase of IT equipment and furniture to establish SARI training centre at MoH Department of Communicable Diseases.

Two manuals were developed by the MoH supported by WHO under the PIP framework in 2017.

Infection Prevention and Control Manual at Health Care Institutions: Hospital-acquired infections (HAIs) are a major safety concern for both health care providers and patients. Considering morbidity, mortality, increased length of stay and cost, efforts should be made to make the hospitals as safe as possible by preventing such infections.

This Manual has been developed for health care personnel involved in patient care in wards and critical care areas and for persons responsible for surveillance and control of infections in hospital.

National Guideline for Respiratory Diseases and Pandemic Influenza Preparedness: A practical preparedness plan is crucial for health care systems to predict, manage and mitigate possible influenza pandemics. The national preparedness plan endorsed in December 2017 was developed to provide a framework for MOH and other partners to work together to reduce morbidity, mortality and social disruption that would result from a pandemic influenza outbreak. The plan provides health care providers working in various settings knowledge about respiratory viruses, epidemiology of respiratory infections in Jordan, and guidance to manage expected different types of chest infections during pandemics.

Equipment, Medication and Consumable

Donations 2016-2017

Donation Overview of Equipment, Medication and Consumables 2016

Laboratory

Ruhweished Hospital Amount US\$27 312

- 1 Light Microscope
- 1 Hematology Analyzer (Low Throughput)
- 1 Chemistry Analyzer
- 1 Tube Centrifuge (Electrical)
- 4 Automatic Pipette Fixed 1ml
- 4 Automatic Pipette Fixed 5-50ml
- 4 Automatic Pipette Fixed 50-200ml
- 1 Water Bath

PIP central Lab in Amman Amount US\$ 23 644

- 1 CO2 Incubator 60 L
- 1 Cryotube Centrifuge
- 1 Chemistry Analyzer
- 1 High speed refrigerated centrifuge 3000 for Eppendorf tubes
- 12 Water bath with shaker

PIP central Lab in Amman Amount US\$ 64 565

- 1 Real time PCR
- 1 Micro Volume spectrophotometer(Nano drop)
- 1 NP Dacron swab to collect specimens for diagnosis of viruses
- 1 Microtube incubator with shaker

MoH Polio Lab Amount US\$ 41 093

- 2 Culture Flask, 75 cm², ster., vent cap, angle neck, TC treat., box-100
- 15 Tube Culture, PS, TC treat., 16 x 110 mm, ster., flat sided, screw cap, bag-75, case-450
- 1 Tube Cryogenic, PP, 4 ml, ster., self stand., ext. thread + cap, natural, box-300
- 1 Tube Cryogenic, PP, 2ml, ster., self stand., ext. thread + cap, natural, box-500
- 5 Hepes, 500 g, Biotechnology Performance Certified, >=99.5% (titration), cell culture tested
- 100 Glove Examination, nitrile, pf, size L, ext. cuff min. 28 cm, case-1000 (10x100)
- 20 Trypsin, 500 ml, EDTA solution BioReagent, 1 x, 0.5 g porcine trypsin and 0.2A g EDTA . 4Na per liter of Hanks' Balanced Salt Solution with phenol red, sterile-filtered, suitable for cell culture
- 15 L-Glutamine (BioXtra) , solution 200 mM, 100 ml, ster., for cell culture
- 60 Emem, 500 ml, with Earle's salts and sodium

- bicarbonate, without L-glutamine, liquid, sterile-filtered, cell culture tested, pack-24
- 4 Tube Centrifuge, PP, 50 ml, sterile, screw cap, rack-25, pack-50
- 1 Safety Cabinet (Esco AC2-4S8-NS) , 1.2m, microbiological, class II/Type A22, HEPA filter, unit
- 200 Decontamination Solution (Decon 90) , 5 l, unit
- 1 Bag Biohazard Autoclavable, 91 x 114 cm, transparent, w/ red print, thick. 1.5 mil, pack-100
- 6 Support Stand, steel, base 10 x 15 cm + rod 46 cm

MoH Polio Lab Amount US\$ 71 791

- 2 Cryogloves
- 2 Vestfrost Refrigerator model MK 304
- 2 Haier Freezer, -80C model DW-86L486
- 1 Incubator IN450
- 200 Jerry Cans, 1L, HDPE plastic with white 38mm screw cap
- 1 H055N230 ELOS Heat 55l, without fan, 230 V
- 1 7500 Real-Time PCR System, laptop
- 1 pipet4u pipette 0,5-10 µL, CE-mark certified carton/1 pipettor
- 1 pipet4u pipette 20-200 µL, CE-mark certified carton/1 pipettor
- 1 pipet4u pipette 100-1000 µL, CE-mark certified carton/1 pipettor
- 1 pipet4u 8-channel pipette 0,5-10 µL, CE-mark certified carton/1 pipettor
- 1 Top Line filter tips 0,5-10 µL, clear, non sterile carton/10 rackboxes/960 tips cristal
- 1 Top Line filter-tips 1000 µL, clear, non sterile carton/10 rack boxes/960 tips graduated
- 1 Top Line filter-tips 1-200 µL, clear, non sterile carton/10 rack boxes/960 tips graduated, bevelled
- 1 Top-Line micro-tubes 1,5 ml, clear carton/1 bag/1000 tubes
- 3 Nitrile glove
- 3 Nitrile glove
- 10 MicroAmpTM Optical Tubes, 8 string Tubes/Strip, 0.2 ml, 125 strips per pack
- 1 MicroAmpTM Optical 8-Cap Strip, 300 strip-caps/pk
- 1 Fisher Scientific vortex mixer, 0-3000rpm, touch/continuous operation, model Zx3, 100-230V, 50/60Hz.
- 1 Centrifuge MiniSpin plus, inkl. Rotor Black Line, 230V/50-60Hz
- 1 Pico 17 microcentrifuge
- 1 Mini centrifuge

IT

MoH Amount US\$ 75 541

- 100 Desktop (Dell Optiplex 5040)
- 100 Monitor 24" (Dell P2414H)
- 1 Laptop 14" (Dell Latitude E7470)

PIP central Lab in Amman Amount US\$ 22 639

- 24 Lenovo S510 CORE I5 4 G RAM 500 HDD
Windows 7 Pro 64 bit 24 (Led Screen)
- 1 Lenovo E460 Notebook Core I7 8 G Ram 1 T
HDD 14 Screen Windows 7 Pro
- 1 NEC NP - VE281 3D DLP Digital Projector
- 2 Portable AC
- 24 Computer table

RMS Amount US\$ 7954

- 1 HP ProLiant DL380 Generation 9 (G9) Server
- 5 Dell Inspiron 5559 Core i5 4 G Ram
500 HDD 15.6 Screen
- 8 Lenovo Tablet A3000 7" screen 1.2 GHz
Processor, 1 GB Ram Wifi 3G 16 GB HDD

MoH Amount US\$ 68 312

- 640 Lenovo Tablet A3000 7" screen 1.2 GHz
Processor, 1 GB Ram Wifi 3G 16 GB HDD
- 1 NEC NP-VE281 3D DLP Digital Projector

Drugs/Medications

MoH central Lab in Amman Amount US\$ 2 220

- 1 Chloroquine base 150mg tabs/PAC-100
- 1 Sodium Stibugloconate
- 1 Mefloquin tabs 250mg

Caravans

- 3 Caravan unit Type B size 8*4m
- 1 Caravan unit Type D size 8*4m
- 3 Meeting Type C caravan 12*4*2.40M

Miscellaneous

MoH Jordan Laboratory Director Amount US\$ 866

- 1 Deltamethrin 0.05% Box of 8
- 1 Adult Mosquito (Diagnostic)
- 1 Mosquito Larvae
- 1 Mosquito Larvae
- 1 Control in silicone oil (PY control)

Donation Overview of Equipment, Medication and Consumables 2017

Laboratory

MOH PIP Lab Amount US\$ 88 509

- 1 Integrated Sterilizer and Shredder
- 1 Fridge Freezer

MoH PIP Lab Amount US\$ 15 398

- 4 Computer Desktop
- 4 Air Conditioners
- 1 Portable Air Conditioner 1 Ton
- 45 Laboratory chair

Ruhweished Hospital Amount US\$ 184 315

- 1 Integrated Sterilizer and Shredder
- 1 Full automated chemistry analyzer + Electrolytes analyzer
- 1 Diff. hematology analyzer
- 1 ELISA reader
- 1 ELISA washer
- 1 Computer Desktop
- 3 Air condition 2 tones
- 1 Tube Centrifug
- 1 Slide shaker
- 1 Tube roller
- 2 Lab Refrigerator
- 1 Vortex
- 1 Incubator
- 1 Biosafety cabinet
- 4 Pipettes (fixed) 1000 µ
- 2 Pipettes (fixed) 100 µ
- 2 Pipettes (fixed) 500 µ
- 1 Variable Pipettes 10-50
- 1 Variable Pipettes 50-200
- 5 Pipettes holder
- 3 Digital thermometer
- 1 Bunsen Burner

MoH Amount US\$ 83 428

- 1 Integrated Sterilizer and Shredder

MoH PIP Lab Amount US\$ 12 938

- 2 CULTURE FLASK, 75 cm2, ster., screw cap, PCR free, pack-120

- 2 AUTOCLAVE (Tomy ES-315) , 53 l, unit
- 3 CRYOBOX, 93 mm, 9X9, for 81 tubes, unit
- 3 RACK, 50 places, autoclavable, for cryo tube, pack-4
- 2 TUBE CENTRIFUGE, PP, 50 ml, sterile, screw cap, rack-25, pack-300
- 3 VIRAL RNA EXTRACTION KIT (QIAamp) , for RNA preps, kit-250

MoH PIP Lab Amount US\$ 63 417

- 10 HEPES Biotechnology Performance Certified, >=99.5% (titration), cell culture tested-100G, Trypsin
- 1 L-Glutamine Powder, 99.0-101.0%, from non-animal source, cell culture tested
- 20 Minimum Essential Medium (MEM) , with Earle's salts and Sod. Bicarbonate without L-glutamine, Liquid, sterile-filtered , 500 ML
- 5 Ethanol, SIGMA ALDRICH 99.8%
- 5 PH strips , HYDRION (5.5-8.0)
- 10 Chloroform stabilized with ethanol
- 2 Crystal violet, powder, ACS Reagent ≥90.0% anhydrous, 25 g (MDL: MFCD00011750)
- 1 Cell Banker 1, Cryopreservation Medium containing serum, 100ml (For EMBARGO Countries)
- 1 Ethylenediaminetetraacetic acid anhydrous (Versene-EDTA)), crystalline, cell culture tested-500G, (High Workload, AFP + ES)
- 1 HEPES solution, 1 M, pH 7.0-7.6, sterile-filtered, BioReagent, suitable for cell culture 100ML
- 1 Fetal Bovine Serum, Certified, US Origin, 500 ml
- 2 Cryovials Sterile 5ml external thread
- 1 Ice maker for PCR section
- 2000 VWR Basic SMS labcoat M
- 4 Powerpette plus ,pipette controller with charger with bench stand
- 1 Eppendorf research plus, single –channel ,variable ,incl. 10-100 ML
- 1 BENCH PROTECTOR BENCHKOTE SHEETS 46X57CM
- 1 Milli Q-reference system
- 3 Milli Q, Q-gard T2 ,Pack(1/pk) , cat NO. QGARDT2*1
- 3 Milli Q,Quantum TEX(1/PK) , Cat NO. QTUMO-TEX1
- 5 PARAFILM® M
- 1 PCR Workstation
- 2 Gentian Violet Powder, 100 gm
- 3 the base support stand STC -4A0,for bio-safety cabinat clase II,type A2
- 2000 VWR Basic SMS labcoat L
- 2 Top Line filter tips 0,5-10 µL, clear, non sterile carton/10 rack boxes /960 tips cristal

MoH Polio Lab Amount US\$ 4816

- 200 LDPE Plastic Bottle 1L, with screw cap leak proof lids, Withstand temperatures from -80 up to 100C (non-autoclavable). Origin: Italy or Germany
- 200 Bucket Plastic with handle 3.5-5L
- 10 Disposable Gloves, Nitrile (Latex-Free, Powder-Free) for medical use Non-sterile
- 10 Non-woven mask for doctors (tie-on)
- 100 Non-Woven Lab Coat Size Large, White
- 200 Zipper Bag X-Large
- 4 Permanent Marker Assorted Black, Origin: Nalgene/USA
- 10 Gauze Roll 35cm x 90 meter
- 5 Liquid Bleach 2.5L
- 5 Sealing Parafilm Tape 4" x 125ft
- 10 Thermometer-Hygro
- 400 Large Sticker
- 5 Transport Box with 5 Ice Packs and Zipper Envelope for Lab Request Form
- 100 Rope Roll

MoH Polio Lab Amount US\$ 27 291

- 1 Benchtop Centrifuge, Refrigerated ROTANTA 460 R, without rotor, 200-240 V 50 Hz, Max. RCF: 24,400, Dimensions (H x W x D): 456 x 770 x 706 mm & Andreas Hettich GmbH & Co. Cat. No. 5660
- 1 ROTANTA 460 R (MEG) Rotor 4-place, Hettich 5669, (Swing-out rotor for 4 x 750 ml (90°) for Rotanta 5699, max. speed: 4.600 rpm/ RCF 5.063
- 1 Round Carrier bucket for 500 ml tubes, Light-metal grooved suspension size 8, Hettich 4885
- 1 Round Carrier bucket for 50-250 ml tubes, Light-metal grooved suspension, Hettich, 4895
- 1 Biocontainment lid with silicone sealing diam. 118, Hettich 4883
- 1 Adaptors for round carrier bucket 5620-A, 500 ml tubes with cone support (96x147 mm), Reducing-part, size 6 for Corning bottle of 500 ml, Hettich 4449
- 1 Adaptor for Carrier Bucket 5623-A, 200 ml/250 ml tubes, Reducing-part, 1-place, size 6, Hettich 4430
- 1 Adaptor for Carrier Bucket 5623-A fitting 5 conical Falcon tubes 50 ml, Reducing-part, 5-place, size 6 for Falcon tubes of 50 ml, Hettich 4441
- 1 Adaptor for Carrier Bucket 5623-A fitting 15 conical Falcon tubes, Reducing-part, 14-place, size 6 (23x17x102), Hettich 4469
- 1 Milli-Q® Reference water treatment system
- 2 Q-Gard Pack
- 2 Quantum Cartridge
- 1 UV 185 nm Lamp

IT

MoH PIP Lab Amount US\$20 444

- 24 Lenovo S510 CORE I5 4 G RAM 500 HDD windows 7 Pro 64
- 1 Lenovo E460 Note book Core I7 8 G Ram 1 T HDD 14
- 1 NEC NP-VE281 3D DLP DIGITAL PROJECTOR
- 2 Portable AC
- 24 Computer tables

MoH Amount US \$6003

- 50 Lenovo Tab 3 710 3G

MOH Polio Lab Amount US\$ 5687

- 5 Computer Desktop
- 2 Laptop
- 1 Data show
- 1 Printer

MoH Surveillance project Amount US \$7444

- 62 Lenovo Tablet A3000 7" screen 1.2 GHz Processor, 1 GB Ram Wifi 3G 16 GB HDD

Drugs/Medications

MoH Amount US\$ 1010

- 40 RDT CHOLERA (Crystal VC - Dipstick), Ag, stool, test, kit-10

MOH Amount US \$63 672

- 3 KIT, INTERAGENCY EMERGENCY HEALTH KIT 2015 (IEHK 2015) Complete, 10,000 persons for 3 month

MOH Amount US\$ 31 534

- 30 Module A PPE Basic kits
- 15 Module PPE B

MOH Amount US\$ 51 974

- 2 KIT, CHOLERA CENTRAL REFERENCE (1), complete
- 5 KIT, CHOLERA PERIPHERY (2), complete
- 10 KIT, CHOLERA COMMUNITY (3), complete

Miscellaneous

WHO Store Amount US\$ 350

- 400 MARKER PEN indelible ink, for immunization campaign, violet, unitl

Awareness Campaigns: 2016-2017

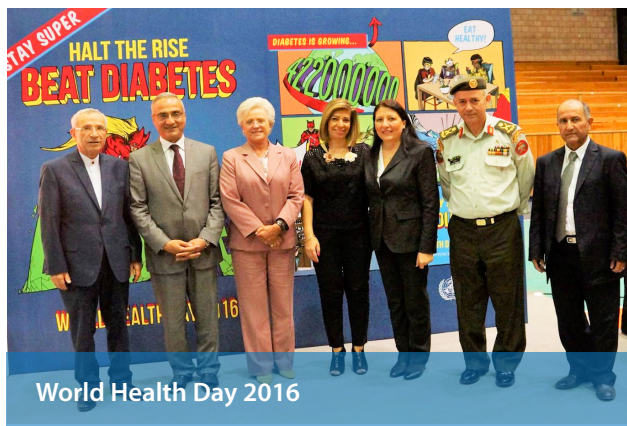


YEAR 2016

➤ World Health Day

7 April 2016

Under the patronage of HRH Princess Muna Al Hussein, WHO in Jordan and the Ministry of Health, in collaboration with local partners, marked the celebration of World Health Day this year with a number of activities aimed at spreading awareness of diabetes, the theme of this year's campaign. The number of people living with diabetes has almost quadrupled since 1980 to 422 million adults, with most living in developing countries. Factors driving this dramatic rise include overweight and obesity, WHO announced ahead of World Health Day. With physical activity playing a big part in improving the lifestyle of all Jordanians, the Jordanian Olympic Committee enlisted the support of some of the country's biggest athletes to join children in a morning of fun-filled activities. Hundreds of children were given the opportunity to learn about a number of sports from the stars themselves, who taught them the importance of staying healthy throughout their lives.



World Health Day 2016

➤ World Blood Donor Day

2 June 2016

was conducted on 2nd of June 2016 in national blood bank under the theme "share life, give blood".

➤ World "No Tobacco Day"

31 May 2016

For "World No Tobacco Day", 31 May 2016, WHO called on countries to get ready for plain (standardized) packaging of tobacco products. Plain packaging concept builds upon other measures as part of a comprehensive multisector approach to Tobacco Control. The

World Health Organization in Jordan in collaboration with Ministry of Health and King Hussein Cancer Foundation/Centre marked the World No Tobacco Day this year with a stakeholder's workshop to discuss Tobacco Control National Strategy Road Map 2016–2018 where policy-makers from different Ministries and Institutions, civil society and media met to discuss role and responsibilities to fight tobacco use.

➤ World Mental Health Day

10 October 2016

The theme of 2016 World Mental Health Day, observed on 10 October, covered "Psychological First Aid". On this occasion WHO Jordan supported a series of workshops in different governorates conducted by Ministry of Health and concerned NGOs. These workshops focused on basic pragmatic psychological support by people who find themselves in a helping role whether they are health staff or community workers.

➤ "Breast Cancer Awareness" Month

1-31 October 2016

In the efforts to promote the early detection of breast cancer WHO staff in Jordan gathered to show their support to the globally celebrated world initiative "Breast Cancer Awareness Month". This event was part of the national annual awareness campaign, which was organized by the Jordan Breast Cancer Programme and King Hussein Cancer Foundation. WHO promoted comprehensive breast cancer control programmes as part of national cancer control plans.



Think Pink Event 2016

YEAR 2017

➤ **World TB Day** **24 March 2017**

In collaboration with the Ministry of Health, International Organization for Migration and The National Anti-Tuberculosis Association, WHO in Jordan marked World Tuberculosis Day under the theme "Unite to end TB".

➤ **World Immunization Week** **24-30 April 2017**

The theme for this year's World Immunization Week was "#Vaccines work". The main goal of the campaign was to raise awareness about the critical importance of full immunization throughout life. WHO in Jordan, in collaboration with the Ministry of Health and UNICEF, launched World Immunization Week 2017 at Al Hashmi Al Shamali health centre which conducts vaccination. World Immunization Week aimed to promote the use of vaccines to protect people of all ages against disease.

➤ **Fourth United Nations Road Safety Week** **8-14 May 2017**

According to a study conducted by the Jordan Traffic Institute, the official body for the issuance of statistics and figures related to road accidents in Jordan, the number of human casualties of traffic accidents in Jordan was 10 835 injuries in 2016, with the rate of 29.7 accidents, 2.1 deaths and 47.8 injuries occurred per day. In collaboration with Jordan Road Traffic Institute, Greater Amman Municipality and Royal Health Awareness Society, WHO in Jordan marked the fourth United Nations Global Road Safety Week 2017 with an event held at the children's museum targeting school students from different governorates. The event included educational sessions about road safety issues with the emphasis on the theme of the year "speed management" conducted by the staff of Jordan Traffic Institute who delivered the information in fun and engaging ways that spoke to the kids.

➤ **World Health Day** **7 April 2017**

World Health Day 2017 focused on depression, what depression is, and how to prevent and treat it. The slogan for 2017 was "Depression: let's talk". Talking about depression helps break down stigma and encourages more people to seek help. The one-year campaign launched by WHO aimed to reduce the stigma associated with depression and to encourage people who

are depressed to seek help. WHO launched an awareness campaign on 15 March 2017 in all governorates working with the Ministry of Health and health partners.

➤ **World No Tobacco Day** **31 May 2017**

The theme of the World No Tobacco Day on 31 May 2017, was "Tobacco – a threat to development". Under the Patronage of H.E Minister of Health Dr Mahmoud Al-Sheyyab, WHO in Jordan in collaboration with concerned institutions and nongovernmental organizations marked World No Tobacco Day 2017 with a media briefing in the presence of multiple media outlets in Jordan. H.E Minister of Health announced the countdown - as of 1 July 2017 - for the enforcement of the public health law and its recent amendments that forbids smoking in public places. Adherence will be monitored by more than 500 trained liaison officers. He also emphasized the importance of the tobacco control strategy and the road map (2017-2019) at the launch of the tobacco control national awareness campaign.

➤ **World Mental Health Day** **10 October 2017**

WHO in Jordan in collaboration with Ministry of Health and concerned partners marking World Mental Health Day 2017 under the theme of "Mental health in the workplace" with the focus on depression. As part of the Mental Health Campaign 2017, 18 awareness workshops were conducted in all governorates. Attended by professionals including mental health care providers, these gatherings provided a unique opportunity to raise awareness and share experiences.

➤ **World Antibiotics Awareness Week** **13-19 November 2017**

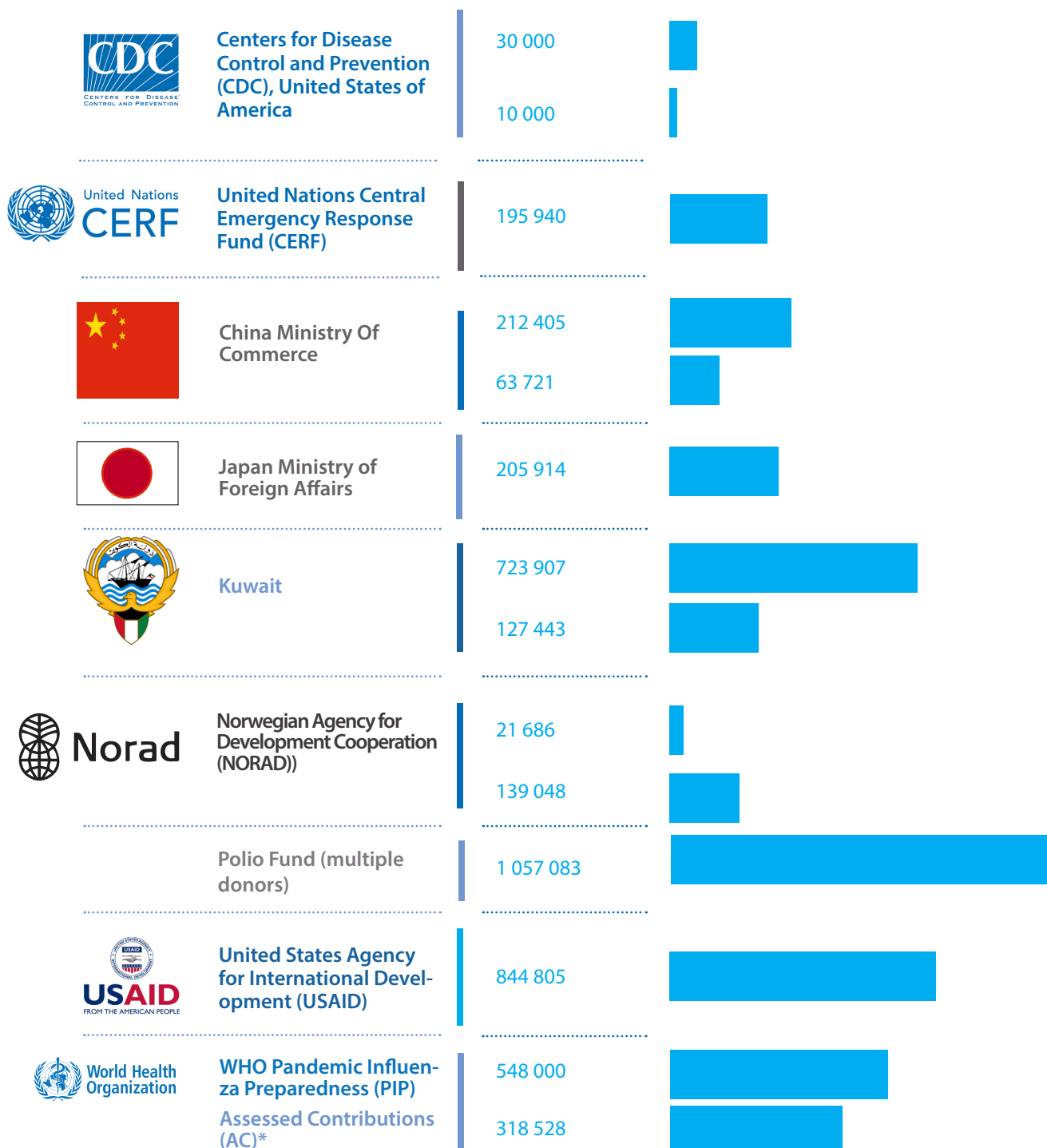
During World Antibiotic Awareness Week, 13-19 November 2017, WHO and partners reached out to the general public, health professionals, governments, farmers, veterinarians, and concerned partners (Ministry of Health, Ministry of Agriculture, Food and Drugs Administration, FAO and academia) via awareness raising lectures that witnessed advocacy materials dissemination (posters, handouts, etc), a social media campaign using infographics Q&A and workshops with decision-makers to raise awareness of the need to act on antibiotic resistance and what kind of steps we can take.

Financial Contributions

WHO Funding by Donor for Biennium 2016-2017

Total Amount Allocated

4 498 480



*Contribution from Member States

Challenges

Category 1: Communicable diseases

Jordan has addressed its efforts to prevent and control communicable diseases. The Comprehensive Multi-Year Plan for Expanded Programme of Immunization 2018-2022 highlights immunization coverage rates above 85%. However, several challenges threaten the sustainability of the immunization programmes. Jordan's population growth rate and the refugee influx call for scaled-up efforts to maintain the high coverage rate. There is also a need to introduce new vaccines, such as Pneumococcal Conjugate Vaccine (PCV), Hepatitis A, and Varicella among children under 5. Nevertheless, the high cost of introducing new vaccines remains a challenge to the Government of Jordan. Moreover, certain communicable diseases are starting to re-emerge, especially among Syrian refugees.

Category 2: Noncommunicable diseases

Jordan has undergone a significant epidemiological transition towards noncommunicable diseases (NCDs), in recent years. NCDs are the major cause of mortality and morbidity among the Jordanian population and refugees, accounting for 80% of deaths as well as contributing to lower workforce participation, higher costs to public health care, and lower productivity. Determinants of poor health such as tobacco use, unhealthy diet, and physical inactivity are becoming increasingly prevalent risk factors and contributing to the increased incidence of NCDs. Additionally, the incidence of mental health disorders is increasing, especially among Syrian refugees. Additional challenges are related to the complex governance of NCDs, which in return is related to the fragmentation of the national health system and coordination among different health providers.

Category 3: Promoting health through the life-course

Jordan has substantially improved its health outcomes. However, access to health care remain challenged by inequalities between different groups of the Jordanian population according to the level of education, income, employment, regional residency and others.

Category 4: Health system

Although the Government of Jordan is committed to achieving Universal Health Coverage in line with the 2030 Sustainable Development Agenda, Jordan is challenged by a fragmented health system. Jordan's health system is a complex amalgam of different sectors, public and private. Each of the health care sub-sectors has its own financing and delivery system. This kind of health system structure leads to inequity, duplication of services, inadequate participation of the private sector, limited quality improvement, inefficient use of available resources, poor management of human resources for health, and an inappropriately governed health information system.

Category 5: Preparedness, surveillance and response/emergency

According to the Joint External Evaluation of International Health Regulation core capacities carried out in 2016, Jordan still faces challenges related to the governance of antimicrobial resistance activities, emergency operating procedures and plans, and effective public health response at points of entry. Regarding polio, Jordan has an active acute flaccid paralysis (AFP) surveillance system in place. However, threats remain high due to recent outbreaks of circulating Vaccine-Derived Poliovirus (cVDPV) in the neighbouring countries and continuous efforts are needed.



WHO Field visit to Zaatari Camp



About us

The World Health Organization (WHO) Country Office in Jordan is a part of the WHO Eastern Mediterranean Regional Office (WHO/EMRO) located in Cairo which covers 21 Member States (including Jordan) and the occupied Palestinian territory (OPT). The Representative Office in Jordan was established in 1985 to provide technical support to the Ministry of Health and coordinate country health activities with other health partners.

In line with the delegation of authority from the DG and RDs, the WHO Representative is the Senior Officer responsible for all aspects of the collaborative activities of WHO in the country and credentials are accredited with the Government.

The collaboration of the WHO Country Office with the Ministry of Health in Jordan is based on the signed biennial Joint Collaboration Program (JCP). Strategic priorities of the JCP are jointly identified by parties in the framework of global and regional priorities and tailored to country needs.

These are the bases for WHO technical cooperation. In line with the JCP strategic priorities, in close collaboration with national beneficiaries, the WHO Country Office in Jordan is implementing projects/activities funded by different donors. These projects are providing substantial WHO technical assistance and expertise in selected areas of the country to support emergency response and/or public health programmes in need of policy changes.

Who is WHO in Jordan?

Currently the WHO Country Office in Jordan has about 20 staff. In addition, several short-term consultants are on-going to support the implementation of JCP expected results. Currently, three consultants are supporting mental health, health information systems, and programme.

The WHO Country Office in Jordan is located in a hub together with the WHO Regional Centre for Polio and Emergency, the WHO Regional Centre for Environmental Health and the office to support WHO's Yemen operations. A Common Service Unit in the WHO Hub provides logistical, operational and security support to the WHO Country Office in Jordan as well as all other regional activities.

WHERE WE ARE

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WHO Collaborating Centre in JORDAN

The WHO collaborating centres are institutions which are designated by the WHO Director-General or Regional Directors to carry out international activities in support of the Organization's programmes. The following are the collaborating centres located in Jordan:

Institution	City	Country	Name	Active till
Jordan University of Science and Technology (JUST)	Irbid	Jordan	WHO Collaborating Centre for Nursing Development	2019
National Centre for Diabetes, Endocrine & Inherited Diseases	Amman	Jordan	WHO Collaborating Centre for Diabetes Research, Education and Primary Health Care	2019
King Hussein Cancer Center	Amman	Jordan	WHO Collaborating Center for Cancer Education, Training	2019
The National Woman's Health Care Center	Amman	Jordan	WHO Collaborating Center for Training and Research on Women's Health Issues	2019
National Blood Bank, Ministry of Health	Amman	Jordan	WHO Collaborating Centre for Transfusion Medicine	2018

Annexes

WHO National Events 2016

14 January 2016	Mission	<i>Mission to assess the urgent needs of the Ministry of Health Ruhweished Hospital. To conduct formal assessment of hospital capabilities, referral pathways and surveillance needs</i>	Ruhweished, Jordan
6 March 2016	Meeting	<i>Technical meeting for the presentation of preliminary findings of an in-depth assessment of health inequity and social determinants of health in Jordan</i>	Amman, Jordan
14-16 March 2016	Training	<i>Training of EPI Managers & selected WHO EPI/Polio field staff on different components of tOPV-bOPV switch</i>	Amman, Jordan
20 March 2016	Training	<i>Communicable diseases module training workshop through interactive Electronic Reporting System in Ruwaished Hospital</i>	Ruhweished, Jordan
21-24 March 2016	Mission	<i>Mental health field visit consultation mission to Jordan</i>	Amman, Jordan
24 March 2016	Celebration	<i>World TB day 2016 Celebration</i>	Amman, Jordan
27 March 2016	Training	<i>Communicable diseases module training workshop through interactive Electronic Reporting System in Ruhweished Hospital</i>	Ruhweished, Jordan
6 April 2016	Event/campaign	<i>World Health Day celebration under the patronage of Her Royal Highness Princess Muna Al Hussein, at Al Hussein Youth City</i>	Amman, Jordan
2 May-5 June 2016	Workshop	<i>Support the Ministry of Health in preparedness, response, and control of emerging and reemerging diseases workshops</i>	Amman and other governorates
31 May 2016	Workshop	<i>Tobacco Control Workshop to discuss strategy road map</i>	Amman, Jordan
31 May 2016	Celebration	<i>World No Tobacco Day 2016 under the theme "get ready for plain packaging"</i>	Amman, Jordan
1 June 2016	Meeting	<i>National Stakeholder Meeting for Mental Health</i>	Amman, Jordan
2 June 2016	Meeting	<i>Joint advocacy meeting with High Health Council on health financing/ equity study</i>	Amman, Jordan
2 June 2016	Event/campaign	<i>World Blood Donor Day 2016 celebration in national blood bank under the theme "share life, give blood"</i>	Amman, Jordan
28 July-04 August 2016	Study	<i>Public health consultant contracted to conduct the Health Cost of Tobacco Use Study in Jordan</i>	Amman, Jordan
7-8 August 2016	Mission	<i>Joint External Evaluation Mission of The International Health Regulations Capacities in Jordan</i>	Amman, Jordan
23 August 2016	Meeting	<i>First high-level policy meeting on NCDs - to scale up the implementation of UN Political Declaration for prevention and control of NCDs</i>	Amman, Jordan
28 August to 1 September 2016	Mission	<i>Technical support to the Joint External Evaluation (JEE) mission and MoH Emergency response Center</i>	Amman, Jordan
28 August to 1 September 2016	Workshop	<i>Joint External Evaluation Workshop for International Health Regulations Capacities</i>	Amman, Jordan
4-7 September 2016	Study	<i>Health Cost of Tobacco Use Study in Jordan</i>	Amman, Jordan
25-29 September 2016	Training	<i>Non Communicable Diseases Module refresher training workshop through interactive Electronic Reporting System</i>	Ruhweished
9 October 2016	Training	<i>TB foreigner screening module training workshop through interactive Electronic Reporting System</i>	Amman and other governorates
10 October 2016	Training	<i>TB foreigner screening module training workshop through interactive Electronic Reporting System</i>	Amman and other governorates
10-13 October 2016	Assessment	<i>Technical assistance to conduct a comprehensive assessment of the Health Information System, Ministry of Health</i>	Amman, Jordan
23-24 October 2016	Training	<i>Event-based Surveillance Training, use of IERS to notify unusual respiratory events Health Care Worker Sensitization workshop</i>	Amman, Jordan

31 October 2016	Workshop	<i>World Mental Health Day workshop under the theme "Psychological First Aid"</i>	Amman, Jordan
31 October 2016	Event/campaign	<i>Support Our Step Association Psychological First Aid training activities as part of World Mental Health Day celebration</i>	Amman and other governorates
9-10 November 2016	Workshop	<i>Polio Outbreak Simulation Exercise (POSE) Workshop</i>	Amman, Jordan
9-22 November 2016	Training	<i>IT & NCD training workshops in preparedness, response and control of diseases</i>	Amman and other governorates
23 November to 22 December 2016	Training	<i>IT technical workshops for configurations and update of tablets, software, and technical training for Public Health Surveillance Project</i>	Amman and other governorates
23 November to 22 December 2016	Workshop	<i>Noncommunicable diseases module training workshop through interactive Electronic Reporting System.</i>	Amman, Jordan
13-15 December 2016	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan
18 December 2016	Workshop	<i>Joint workshop for key Human Health, Animal Health, and laboratory staff on management of respiratory outbreaks of potential animal origin</i>	Amman, Jordan

WHO National Events 2017

18-19 January 2017	Assessment	<i>Establishment of Environmental Surveillance in high-risk areas in Jordan for detection of Polio Virus</i>	Amman, Jordan
22 January 2017	Training	<i>Integrated Electronic Reporting System Refresher Training in Primary and Comprehensive Health Centres in Jordan</i>	Amman and other governorates
22-26 January 2017	Mission	<i>Capacity Review mission for Early Implementation of the Antimicrobial Resistance Surveillance in Jordan (GLASS)</i>	Amman and other governorates
25 January 2017	Workshop	<i>Consultation Workshop Antimicrobial Resistance, to Develop the National Action Plan on AMR</i>	Dead Sea Jordan
5-9 February 2017	Mission	<i>Contingency Plan for Epidemic and Pandemic Response CPEPR\Pandemic Influenza Preparedness Plan mission in Jordan</i>	Amman, Jordan
9 February 2017	Training	<i>IT technical workshops for configurations and update of tablets, software, and technical training for Public Health Surveillance Project</i>	Amman and other governorates
11-17 February 2017	Workshop	<i>Technical Support for Development of National Mental Health Plan (2017-2021) and Revision of Mental Health Quality Rights Report</i>	Dead Sea, Jordan
13-14 February 2017	Training	<i>National Legionella Training Workshop</i>	Amman, Jordan
15-16 February 2017	Meeting	<i>National Mental Health Action Plan 2017-2021 Policy Consultation</i>	Amman, Jordan
26 February-2 March 2017	Mission	<i>WHO review and planning mission for Public Health Surveillance project for communicable diseases, noncommunicable diseases and mental health modules</i>	Amman, Jordan
12-20 March 2017	Training	<i>TB foreigner screening module training workshop through interactive Electronic Reporting System</i>	Amman and other governorates
15-16 March 2017	Study Tour	<i>Lebanon Ministry of Public Health-WHO mission to Jordan to explore the implementation of the interactive electronic surveillance system.</i>	Amman, Jordan
19 March-11 April 2017	Training	<i>Nationwide Interactive Electronic Reporting System Refresher Training in Primary and Comprehensive Health Centres</i>	Amman and other governorates
28-29 March 2017	Meeting	<i>Pre- mission for the Revision/Development of Health Strategic Plan (MoH) meeting</i>	Amman, Jordan
28-30 March 2017	Meeting	<i>Preparatory phase for the development of the National Action Plan for Health Emergency Preparedness and Health Security</i>	Amman, Jordan
1-6 April 2017	Consultation	<i>Technical Support and Guidance for Laboratories to test Legionella in Jordan</i>	Amman, Jordan
2-6 April 2017	Mission	<i>Technical support to review and amend the food-borne disease outbreak response investigation protocol</i>	Amman, Jordan

3-6 April 2017	Workshop	<i>Capacity-building workshop for improving cause-of-death statistics in Jordan</i>	Amman, Jordan
18-20 April 2017	Mission	<i>Joint WHO/CDC mission to Jordan to support the MOH Emergency Operations Centre</i>	Amman, Jordan
23-25 April 2017	Meeting	<i>Revision/Development of Health Strategic Plan (MoH)</i>	Amman, Jordan
25 April 2017	Mission	<i>Visit to Princess Haya Biotechnology Center in Jordan University of Science and Technology and the new BSL-3 Laboratory of the Ministry of Health on day mission</i>	Amman, Jordan
7-14 May 2017	Workshop	<i>Acute Flaccid Paralysis (AFP) Sensitization Workshop</i>	Amman, Jordan
14-18 May 2017	Mission	<i>Technical assistance to MoH on need assessment for Neglected tropical diseases</i>	Amman, Jordan
14-18 May 2017	Mission	<i>Technical Assistance to conduct Needs Assessment for Leishmaniasis in priority reported areas</i>	Amman, Jordan
15-16 May 2017	Workshop	<i>1st National Workshop to develop a Multi-hazard National Public Health Emergency Preparedness and Response Plan (ERP Plan)</i>	Amman, Jordan
17-23 May 2017	Mission	<i>Review of the Jordan health system governance and mapping of the roles and responsibilities of the key stakeholders</i>	Amman, Jordan
18 May 2017	Workshop	<i>Needs Assessment and Planning Workshop on Control of Leishmaniasis</i>	Amman, Jordan
24 May 2017	Workshop	<i>Training workshop for Anti-smoking Liaison Officers of Ministries and Institutions</i>	Amman, Jordan
9-10 July 2017	Training	<i>Refresher training for severe acute respiratory infections (SARI)</i>	Amman and other governorates
16-20 July 2017	Mission	<i>Collaboration between WHO and Center for Disease Control: Mission for Project Assessment on NCC and NITAG</i>	Amman, Jordan
18 Jul 2017	Workshop	<i>2nd National Workshop for Multi-hazard Public Health Emergency Preparedness and Response Planning Aligned with "Health Security"</i>	Amman, Jordan
23-26 July 2017	Training	<i>Refresher Training for Laboratory Technicians on Diagnosis of Suspected Cholera</i>	Amman, Jordan
23-27 July 2017	Workshop	<i>Event- base surveillance expert group meeting ,and training workshops facilitated by EMRO and CDC experts, under PIP 2017 funded activities</i>	Amman, Jordan
23-27 July 2017	Assessment	<i>Technical assistance to support Schistosomiasis Needs Assessment in Jordan</i>	Amman, Jordan
2-3 August 2017	Workshop	<i>Strengthening Health Systems for Achieving Universal Health Coverage and Health Related Sustainable Development Goals. An Orientation Workshop for Parliamentarians in Jordan</i>	Dead Sea Jordan
13 August to 11 September 2017	Workshop	<i>Acute Flaccid Paralysis (AFP) Sensitization Workshop</i>	Amman, Jordan
13-17 August 2017	Training	<i>polymerase chain reaction (PCR) Training for Identification of Polio viruses - National Polio Laboratory</i>	Amman, Jordan
21-24 August 2017	Workshop	<i>Training workshop on Development of Comprehensive Multi-Year Plan (cMYP) for Immunization</i>	Amman, Jordan
11-12 September 2017	Workshop	<i>Emergency Response Plan (ERP) Development Workshop</i>	Amman, Jordan
17-21 September 2017	Workshop	<i>Environmental Surveillance workshop for Iraqi Nationals</i>	Amman, Jordan
25 September 2017	Workshop	<i>Mental Health Plan Workshop</i>	Amman, Jordan
1-2 October 2017	Training	<i>Refreshing Training for SARI Sentinel Sites</i>	Amman, Jordan
8-10 October 2017	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan

8-10 October 2017	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan
10 October 2017	Workshop	<i>World Mental Health Day</i>	Amman, Jordan
17-19 October 2017	Workshop	<i>Workshop for the Development of National Strategy for Health Information Systems</i>	Amman, Jordan
22 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Amman, Jordan
23 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Amman, Jordan
24 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Irbid, Jordan
25 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Irbid, Jordan
29 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Jarash, Jordan
29 October to 2 November 2017	Workshop	<i>National Workshop on Bridging PVS and IHR, and Development & Costing of National Action Plans for Health Security</i>	Amman, Jordan
30 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Ma'an, Jordan
31 October 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Karak, Jordan
1 November 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Madaba, Jordan
5 November 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Al Mafraq, Jordan
6 November 2017	Workshop	<i>Awareness Workshops for Severe Acute Respiratory Diseases</i>	Al Zarqa, Jordan
6- 8 November 2017	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan
7 November 2017	Workshop	<i>Awareness Workshops for Sever Acute Respiratory Diseases</i>	Al Balqa, Jordan
12-16 November 2017	Consultation	<i>Follow Up mission : Technical Assistance to finalize National EPI Multi-Year Plan (2018-2022) -Second Mission</i>	Amman, Jordan
13-15 November 2017	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan
19-20 November 2017	Workshop	<i>Laboratory Biorisk Management Workshop</i>	Amman, Jordan
26-29 November 2017	Workshop	<i>Consultation Workshop Antimicrobial Resistance, to Develop the National Action Plan on AMR</i>	Amman, Jordan
26-30 November 2017	Workshop	<i>Consultation Workshop Antimicrobial Resistance, to Develop the National Action Plan on AMR</i>	Amman, Jordan
3-11 December 2017	Workshop	<i>AFP/MR Surveillance sensitization workshop</i>	Amman, Jordan
4-7 December 2017	Workshop	<i>National Training on Laboratory Quality Management System</i>	Amman, Jordan
11-18 December 2017	Consultation	<i>Follow up mission to Finalize Antimicrobial Resistance National Action Plan</i>	Amman, Jordan
17 December 2017	Workshop	<i>Expanded Programme for Immunization/ Acute Flaccid Paralysis EPI/AFP Surveillance workshop for paediatrics association</i>	Amman, Jordan
17-19 December 2017	Workshop	<i>Third National Workshop "Development of Standard Operating Procedures for MoH Emergency Response Plan for Health and Public Health Emergency Operations Center"</i>	Amman, Jordan
19 December 2017	Workshop	<i>Training workshop for Expanded Programme for Immunization/ Acute Flaccid Paralysis EPI/AFP focal points</i>	Amman, Jordan

WHO Regional Events (attended by Jordanians)

7-14 February 2016	Training	<i>Training on Public Health Emergency Pre Deployment Training</i>	Amman, Jordan
11-12 April 2016	Meeting	<i>Technical Consultation on the Implementation of the Regional Framework for Sound Management of Public Health Pesticides (2016-2020)</i>	Amman, Jordan
4-6 April 2016	Meeting	<i>30th EM Regional Certification Commission (RCC) Meeting</i>	Amman, Jordan
24-27 April 2016	Meeting	<i>WHO/UNFPA/UNICEF joint intercountry meeting of the national managers of maternal and child health: towards accelerating the reduction of neonatal mortality in the Region</i>	Amman, Jordan
9-12 May 2016	Training	<i>Training Course "Role of Law in Health System Strengthening in EMR: Introducing Practical Skills for Legislators and Regulators"</i>	Dead Sea, Jordan
13-17 May 2016	Training	<i>Regional Training of Trainers on School Mental Health</i>	Amman Jordan
30 May – 1 June 2016	Meeting	<i>Regional meeting on Tools and standards to assess and improve quality of care at primary health care level</i>	Amman- Jordan
11-12 July 2016	Consultation	<i>Expert Consultation to Review the Mental Health Nursing Training Package - Focus on Emergency Context</i>	Amman, Jordan
15-16 August 2016	Workshop	<i>WHO EMRO/NCD Alliance Capacity Development Workshop</i>	Amman, Jordan
21-25 August 2016	Mission	<i>Bridging Programme For Building Capacities Of General Practitioners In Family Medicine In Eastern Mediterranean Region</i>	Cairo, Egypt
18-20 October 2016	Meeting	<i>Fifteenth Meeting of the Regional Programme Review Group on Lymphatic Filariasis Elimination and Other Preventive Chemotherapy Programmes</i>	Amman Jordan
7-12 November 2016	Training	<i>WHO FCTC secretariat invitation for Conference of Parties invitations (COP7)</i>	India
20-24 November 2016	Workshop	<i>Capacity Review Mission for Early Implementation of the AMR Surveillance</i>	Amman - Jordan
29-30 November 2016	Meeting	<i>Meeting on WHO Global Action Plan for containment (GAPIII) Phase 1 activities for National Certification Committee (NCC) and Containment Coordinators</i>	Amman, Jordan
4-8 December 2016	Meeting	<i>2nd Round Of The "On-Line Course On Building Capacities Of General Practitioners On Family Medicine In The Eastern Mediterranean Region"</i>	Cairo, Egypt
5-8 December 2016	Training	<i>Capacity-building Workshop in IRIS automated coding ICD-10 of causes of death</i>	Dubai, United Arab Emirates
22-26 January 2017	Meeting	<i>The joint WHO/country capacity Review Mission for Early Implementation of the AMR Surveillance in Jordan"</i>	Dead Sea, Jordan
24-26 January 2017	Training	<i>Leishmaniasis control strategies and epidemiological situation update in the Mediterranean basin and Middle East. WHO Tri-regional consultation</i>	Amman, Jordan,
29 January – 1 February 2017	Training	<i>Regional Training Workshop on Diagnosis of Zika Virus</i>	Cairo, Egypt
26-28 February 2017	Meeting	<i>Health-In-All-Policies: An Approach To Achieve Sustainable Development Goals In The Eastern</i>	Cairo, Egypt
19-23 March 2017	Meeting	<i>Training of trainers (TOT) on new Multi Drug Resistant Tuberculosis short regimen, and ambulatory model of the Programmatic Management of Drug Resistant Tuberculosis</i>	Amman, Jordan
20-21 March 2017	Training	<i>Training Workshop on "Introducing WHO methodology on Antimicrobial Consumption Monitoring"</i>	Islamabad, Pakistan
20-21 March 2017	Meeting	<i>Joint UN Regional meeting on Global Accelerated Action for Adolescent Health (AA-HA) Implementation Guidance: Operationalizing the adolescent health component of the United Nations Global Strategy for Women's, Children's and Adolescents' Health 2016-2030</i>	Cairo, Egypt

26-27 March 2017	Meeting	<i>Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC)</i>	Amman, Jordan
27-28 March 2017	Training	<i>Training Workshop on "Introducing WHO methodology on Antimicrobial Consumption Monitoring"</i>	Khartoum, Sudan
3-4 April 2017	Workshop	<i>National workshop to follow up on the recommendations of the Civil registration and Vital Statistics (CRVS) comprehensive assessment</i>	Amman, Jordan
3-6 April 2017	Workshop	<i>Capacity-building workshop for improving cause-of-death statistics in Jordan health facilities, Amman (CRVs)</i>	Amman, Jordan
17-19 April 2017	Training	<i>Training of Trainers (TOT) Capacity building workshop in automated Verbal Autopsy methods</i>	Amman, Jordan
19-20 April 2017	Training	<i>Regional Training Workshop On Food Composition Tables Reflecting Sugar, Tfa, Sfa And Salt Contents</i>	Amman, Jordan
23 April To 4 May 2017	Training	<i>Eastern Mediterranean Regional Training And Certification Of Laboratory Assessors/Lead Assessors & Eastern Mediterranean Regional Train-The-Trainers Workshop For Technical Assessors Of Health Laboratories</i>	Amman, Jordan
23-27 April 2017	Mission	<i>WHO mission for the Revision/Development of Health Strategic Plan (MoH), Jordan, from 2013 - 2017 to 2018 - 2022</i>	Amman, Jordan
27-28 April 2017	Workshop	<i>Consultation On Development Of Guidelines On Procedures And Data Requirements For Changes To Approved Bio-therapeutic Products Including Bio-similars</i>	Seoul, Republic of Korea
8-11 May 2017	Training	<i>Regional Training Workshop on Diagnosis of Zika Virus</i>	Amman, Jordan
14-18 May 2017	Training	<i>Biosafety in Public Health Laboratories in the Eastern Mediterranean Region: Train-the Trainers Course</i>	Muscat, Oman
16-18 May 2017	Meeting	<i>31st Eastern Mediterranean Regional Certification Commission Meeting</i>	Casablanca, Morocco,
23-24 May 2017	Training	<i>Sub-regional Training Workshop on Roll out of Early Warning Alert and Response Network Evaluation Protocol</i>	Cairo, Egypt
19-23 June 2017	Meeting	<i>Eleventh International Seminar on the Public Health Aspects of Noncommunicable Diseases"</i>	WHO HQ Geneva
27-30 June 2017	Workshop	<i>Fourth Leadership Workshop for Cancer Control (CanLEAD)"</i>	Seoul, Republic of Korea
8-9 July 2017	Meeting	<i>Sub-Regional Meeting On Scaling Up Acute Watery Diarrhea/Cholera Preparedness And Response</i>	Beirut, Lebanon
12-14 July 2017	Meeting	<i>Regional Consultation on Accelerating Access to the Continuum of HIV Care: Focus on HIV testing</i>	Beirut, Lebanon
16-19 July 2017	Training	<i>Consultant Training Workshop On Hepatitis Programme Planning, Monitoring And Evaluation</i>	Beirut, Lebanon
31 July to 3 August 2017	Meeting	<i>Laboratory Management Course For National Influenza Centers And Influenza Laboratories For The Eastern Mediterranean Region</i>	Rabat, Morocco
2nd week of July 2017	Training	<i>PCR Training for Identification of Polio viruses - National Polio Laboratory</i>	Amman, Jordan
7 To 10 August 2017	Training	<i>Training On Defining Influenza Baselines And Threshold Values Using Surveillance Data</i>	Dubai, United Arab Emirates
22-24 August 2017	Training	<i>Training For Trainers (ToT) Course For The National Gynaecology And Obstetric Societies And Midwifery Associations On Evidence-Based Guidelines For Strengthening Family Planning Services In The Eastern Mediterranean Region</i>	Beirut, Lebanon
29 – 30 August 2017	Training	<i>Intercountry workshop for Training of Trainers (TOT) on physical activity in the EMR</i>	WHO premises, EMRO, Cairo, Egypt
29-31 August 2017	Training	<i>WHO Global Training of Trainers on IHR Monitoring and Evaluation</i>	Amman
30 August to 8 September 2017	Training	<i>WHO Global Learning Opportunities (GLO) Lot Release and Laboratory Access course</i>	Osong, Republic of Korea
11-14 September 2017	Meeting	<i>Third Annual Intercountry Meeting Of Maternal And Child Health Programme Managers In The Region</i>	Amman, Jordan

17-18 September 2017	Meeting	<i>Regional Launch of WHO's Third Global Patient Safety Challenge, Medication without harm</i>	Muscat, Oman
19-20 September 2017	Meeting	<i>Expert Consultation on Mental Health in Primary Health Care"</i>	Cairo, Egypt
22 September to 1 October 2017	Training	<i>Second Training on Public Health Emergency Pre-Deployment (PHEPD 2)</i>	Amman, Jordan
25-27 September 2017	Meeting	<i>FAO-OIE-WHO GLOBAL TECHNICAL MEETING on MERS-COV</i>	WHO HQ Geneva
25-28 September 2017	Training	<i>Training Of Trainers Of In-Country Rapid Response Teams (RRT) on Field Investigation And Rapid Response to Respiratory Outbreaks Caused By Novel Pathogens</i>	Beirut, Lebanon
25-27 September 2017	Meeting	<i>Inter-country meeting of Food Safety Focal Points on Operationalizing the Regional Plan of Action for Food Safety (2017-2022) at the National Level</i>	Amman, Jordan
25-28 September 2017	Meeting	<i>Consultative Meeting On What To Purchase/Provide For UHC – Designing, Financing And Delivering Health Service Package In EMR</i>	Cairo, Egypt
26-28 September 2017	Training	<i>Joint External Evaluation (JEE) of IHR Capacities In Crisis Countries: Training for National Support Networks</i>	Amman, Jordan
27-28 September 2017	Meeting	<i>Sub-regional Meeting For Tackling Obesity In Middle Income Countries Of The EMR</i>	Amman, Jordan
18-19 October 2017	Training	<i>Training W/S On Best Practices On Wheat Flour Fortification In The EMR</i>	Rabat, Morocco
23 – 24 October 2017	Meeting	<i>Meeting on Health Workforce Observatories in EMR</i>	Cairo, Egypt
23-25 October 2017	Meeting	<i>19th Intercountry Meeting of Directors of Poliovirus Laboratories in the Eastern Mediterranean Region</i>	Tunis, Tunisia
28 October to 2 November 2017	Workshop	<i>National workshop on bridging PVS and IHR and developing national plan of action for health security</i>	Amman, Jordan
30 October to 1 November 2017	Workshop	<i>Regional Capacity-building Workshop for the National Managers on Development of Services for Prevention and Management of Substance Use and Substance Use Disorders</i>	Abu Dhabi, UAE
30 October to 1 November 2017	Training	<i>Regional Training On Monitoring And Support For Implementation Of The International Code Of Marketing Of Breast-Milk Substitutes And Subsequent Relevant World Health Assembly Resolutions (Netcode)</i>	Muscat, Oman
5-9 November 2017	Meeting	<i>30TH IC Meeting of National Managers Of The EPI And The 17th IC Meeting on Measles and Rubella Control And Elimination</i>	Muscat, Oman
29-30 November 2017	Meeting	<i>Informal Country Consultation on Primary Health Care Performance Initiative (PHCPI) Measurement Products</i>	Johannesburg, South Africa
4-7 December 2017	Training	<i>The First Laboratory Quality Management System Training For Laboratory Personnel In Jordan</i>	Amman, Jordan
5-7 December 2017	Meeting	<i>Sixth Stakeholders Meeting to Review the Implementation of the International Health Regulations (IHR) 2005</i>	Amman, Jordan
10-13 December 2017	Meeting	<i>30TH IC Meeting of National Managers Of The EPI And The 17th IC Meeting On Measles And Rubella Control And Elimination</i>	Cairo, Egypt
11-14 December 2017	Meeting	<i>Fourth Meeting of the Eastern Mediterranean Acute Respiratory Infection Surveillance (EMARIS) Network</i>	Amman, Jordan

Activities status against JCP workplan

Category 1: COMMUNICABLE DISEASES

Reducing the burden of communicable diseases, including HIV/AIDS, hepatitis, tuberculosis, malaria, neglected tropical diseases and vaccine-preventable diseases.

TUBERCULOSIS

Outcome 1.2 Universal access to quality tuberculosis care in line with the post-2015 global tuberculosis strategy and targets

Output 1.2.1. Worldwide adaptation and implementation of the global strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution

Status

121C1 Support and strengthen country capacity in the adaptation and implementation of guidelines and tools in line with the post-2015 global strategy, current national strategic plans and national health reform

121C1- TB plan, guidelines, SOPs TB strategic plan (2016-2020), TB/MDRTB national guidelines finalised and SOPs developed in line with Sustainable Development Goal (SDG) targets

121C1- TB plan, guidelines SOP Technical Assistance to finalize the National Strategic plan (2016-2020), national TB/MDRTB national guidelines and develop SOPs for ambulatory care for MDR-TB patient



121C1- TB Capacity-Building National TB programme capacity-building, health promotional activities strengthened

121C1- TB Capacity-Building Technical Assistance to conduct workshop(s) for health workers and laboratory technicians on the reporting & recording system revised version and WHO WEBTBs



121C1- TB Awareness TB awareness, advocacy and resource mobilisation activities organised

121C1- TB Awareness Organise a World TB Day (24 March). Conduct health promotion activities, including printing brochures and posters



NEGLECTED TROPICAL DISEASES

Outcome 1.4. Increased and sustained access to neglected tropical disease control interventions

Output 1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support

142C1 Provide technical support to countries in designing relevant clinical trials; adapt technical guidance on the diagnosis, treatment, case management, transmission control and surveillance of neglected tropical diseases

142C1- NTDs Assessment Need assessment of Neglected Tropical Diseases (NTDs) in priority reported sites

142C1- NTDs Assessment Technical assistance to conduct needs assessment for leishmaniasis and schistosomiasis in priority reported sites



142C1- NTDs Capacity-Building NTDs capacity-building, drugs procured, health promotional activities for neglected tropical diseases, promotional activities strengthened in line with Sustainable Development Goal (SDG) targets

142C1- NTDs Capacity-Building Technical assistance to conduct workshop(s), procure anti-leishmaniasis drugs based on needs assessment. Conduct health promotion activities, including printing brochures and posters



VACCINE-PREVENTABLE DISEASES

Outcome 1.5. Increased vaccination coverage for hard-to-reach populations and communities

Output 1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines

Status

151C1 Support countries in developing and implementing national multi-year plans and annual implementation plans, including micro-planning for immunization, with a focus on under-vaccinated and unvaccinated populations	151C1-EPI Assessment EPI+ capacity-building, health promotional activities strengthened	151C1-EPI Assessment Technical assistance to conduct an assessment to develop standards for vaccination in primary care, including new vaccines	X
	151C1-EPI+ Plan Expanded Programme of Immunization (EPI) multi-year plan (2016-2018) including new vaccines developed in line with Sustainable Development Goal (SDG) targets	151C1-EPI+ Plan Technical assistance to conduct workshop(s) to develop national EPI multi-year plan (2016-2018) for routine EPI vaccination, including a plan for introducing new vaccines developed (pneumococcal, hepatitis A, chicken pox vaccine and upgrading cold chain)	✓
	151C1-EPI Rotavirus Capacity-Building Rotavirus study impact conducted, capacity-building strengthened, drugs procured	151C1-Rotavirus Capacity-Building Technical assistance to conduct a study on the impact of Rotavirus vaccine and workshop(s) to present the findings. Procure Rotavirus kits based on needs	X
151C3 Support the strengthening of country capacity in surveillance and use of immunization data for programme monitoring and reporting	151C3-EPI data	151C3-EPI data Technical assistance to conduct workshop(s) to strengthen National Public Health surveillance and using EPI strategic information for monitoring & reporting at central and peripheral levels	✓
	EPI surveillance is strengthened		

Output 1.5.2. Intensified implementation and monitoring of measles and rubella elimination strategies facilitated

152C1 Support countries in developing and implementing national strategies on measles elimination, rubella/congenital rubella syndrome elimination/control, and neonatal tetanus and hepatitis B control	152C1-MR Plan Measles/rubella and congenital rubella syndrome elimination plan developed	152C1-MR Plan Technical assistance to conduct workshop(s) to develop a national measles/rubella elimination action plan including congenital rubella syndrome	X
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Category 2: Noncommunicable Diseases

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancer, chronic lung diseases, diabetes, and mental disorders, as well as disability, violence and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors.

NONCOMMUNICABLE DISEASES

Outcome 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Output 2.1.1. Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated

Status

211C2 Provide technical support to jointly develop and implement country-led national multisectoral plans to combat noncommunicable diseases, in line with the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 and regional strategies, plans and frameworks

211C2-NCD Strategy and Plan NCDs national multisectoral strategy and action plan developed that integrates the major NCDs and their shared risk factors and setting NCDs national targets in line with Sustainable Development Goals (SDGs)

211C2-NCD Strategy and Plan Technical assistance to revise ToRs of the existing national NCDs Task Force, mapping exercise, review existing plan(s) and conduct workshop(s) to develop a multisectoral NCDs national strategy and action plan

X

211C2-NCD Strategy and Plan Technical assistance to organize NCDs high-level policy dialogue to present the NCDs national strategy and action plan

✓

211C2-NCD Strategy and Plan:

- Organize launch of the multisectoral NCD national strategy and action plan to develop a multisectoral NCDs national strategy and action plan

✓

- Technical assistance to organise NCDs high-level policy dialogue to present the NCDs national strategy and action plan

X

- Organize launch of the multisectoral NCD national strategy and action plan

X

211C2-Cancer Control Plan Cancer control strategy and plan revised

211C2- Cancer Control Plan Technical assistance to revise the national cancer control strategy

X

Output 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants

212C1 Lead WHO's inter-agency work in supporting multisectoral policy planning and implementation of policies and action plans to reduce modifiable risk factors for noncommunicable diseases

212C1-NCDs Capacity-Building NCDs risk factors capacity-building, health promotional activities strengthened











212C1-NCDs Capacity-Building Technical assistance to conduct training at PHC on NCDs risk factors and interventions. Printing manuals, brochures and guidelines related to NCDs

✓

212C1- Milk Substitute Norms Milk substitute national norms revised




212C1- Milk Substitute Norms Technical assistance to revise the implementation of the code for marketing of breastmilk substitutes

X

		212C1- Milk Substitute Norms Technical assistance to revise the implementation of the code for marketing of breastmilk substitutes	
	212C1- Food Standards and Specifications Regulation for food standards and specification	212C1- Food Standards and Specifications: Technical assistance to conduct stakeholders workshop(s) to review national food standards and specification to support legal regulation and develop/draft a circular for the enforcement of WHO set of recommendations (marketing of foods and non-alcoholic beverages to children; reduce salt and sugar content; eliminate industrially produced trans-fat; replace saturated fatty acids)	
	212C1- Physical Act Plan National multisectoral plan for physical activity developed	212C1- Physical Act Plan Technical assistance to conduct stakeholder workshop(s) to develop a multisectoral plan for physical activity. The plan should include actions related to building infrastructure, transport and settings; capacity-building; mass-media campaign (the team has already developed a national plan and they should implement it)	
	212C1- Physical Act Awareness Physical activity awareness activities, advocacy and resource mobilisation organised	212C1- Physical Act Awareness Organize a World Physical Activity Day (6 April) event. Conduct health promotion activities, including printing brochures and posters	
212C2 Provide technical assistance to implement cost-effective and affordable measures to reduce modifiable risk factors and lead implementation of the WHO Framework Convention on Tobacco Control	212C2- FCTC Capacity-Building WHO Framework Convention on Tobacco Control (WHO FCTC)/MPOWER implemented and Protocol to Eliminate Illicit Trade in Tobacco Products ratified in line with Sustainable Development Goal (SDG) targets	212C2- FCTC Capacity-Building Technical assistance to conduct a training of health inspectors	
		212C2- FCTC Capacity-Building Technical assistance to conduct a training/briefing of focal points from other sectors	
		212C2- FCTC Capacity-Building Technical assistance to conduct economic study of health burden of smoking	
		212C2- FCTC Capacity-Building Conduct a Tobacco Control study tour to a best practice country	
		212C2- FCTC Capacity-Building Technical assistance to brief government authorities on the step to ratify the FCTC Protocol to Eliminate Illicit Trade in Tobacco Products	
	212C2- Tobacco Control Awareness Tobacco Control awareness activities, advocacy and resource mobilisation organised	212C2-Tobacco Control Awareness: Organise World No Tobacco Day event (31 May). Conduct health promotion activities, including printing brochures and posters	





Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems

Status

213C1 Support the development/adaptation of national evidence-based guidelines/protocols/standards for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases	213C1- ISH/CVD Capacity-Building WHO/ISH (International Society Hypertension) Cardiovascular Diseases (CVD) risk stratification score implemented at PHC	213C1- ISH/CVD Capacity-Building: Technical assistance to conduct trainings for adaptation of WHO/ISH CVD risk stratification score at PHC	
	213C1-Cancer prevention Cancer prevention and capacity-building, health promotional activities strengthened	213C1-Cancer prevention: Conduct awareness and prevention activities for breast, cervical, colorectal cancer, etc	
	213C1-NCD Awareness NCDs awareness activities, advocacy and resource mobilisation organised	213C1-NCD Awareness: Organize World Diabetes Day (14 November) and World Cancer Day (4 February) events. Conduct health promotion activities, including printing brochures and posters	

Output 2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020

Status





214C1 Adapt and implement tools for monitoring and surveillance of noncommunicable disease morbidity and mortality and their related modifiable risk factors	214C1-STEP survey STEPS survey conducted	214C1-STEP survey Technical assistance to plan, conduct field work, analyse data, and produce the STEP survey report.	
	214C1- School-based students health survey (GSHS) survey School-based students health survey (GSHS) conducted	214C1-STEP survey: Organize launch of the STEP survey report	
	214C1- School-based students health survey (GSHS) survey School-based students health survey (GSHS) conducted	214C1- School-based students health survey (GSHS) survey Technical assistance to plan, conduct field work, analyse data, and produce the GSHS survey report. Organize launch of the STE GSHS survey report	
	214C1-Cancer Registry Capacity-Building: Cancer registry revised and updated	214C1-Cancer Registry Capacity-Building: Technical assistance to revise and update the cancer registry (including IARC s software) including breast cancer registry data	

MENTAL HEALTH AND SUBSTANCE ABUSE


Outcome 2.2. Increased access to services for mental health and substance use disorders

Output 2.2.1. Countries' capacity strengthened to develop and implement national policies, plans and information systems in line with the comprehensive mental health action plan 2013–2020

Status

221C1 Work with partners to support the development and implementation of national mental health policies, laws and regulations and plans in line with regional and global mental health action plans and human rights standards	221C1-MNH Strategy and Plan Multisectoral mental health strategy and national action plan revised in line with regional framework (EM/RC62/R.5) and Sustainable Development Goal (SDG) targets	221C1-MNH Strategy and Plan: Technical assistance to assess mental health outcomes and revise the multisectoral mental health action plan	
	221C1-MNH Law Mental health laws revised	221C1-MNH Law: Technical expert to review existing mental health laws in line with international covenants	
	221C1-MNH Quality Rights Country support for Quality Rights in mental health facilities	221C1- MNH Quality Rights: Conduct fieldwork to monitor implementation of the recommendations of the Quality Rights mission report (December 2013) using the WHO Quality Rights toolkit	
	221C1-MNH Awareness Mental health awareness activities, advocacy and resource mobilisation organized	221C1-MNH Awareness: Organize World Mental Health Day (10 October) event. Conduct health promotion activities, including printing brochures and posters	

Output 2.2.2. Countries with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment and recovery

222C1 Support organization of mental health and social care services and their integration in primary care	222C1- MhGAP Capacity-Building WHO mental health Gap Action Programme (mhGAP) strengthened	222C1- MhGAP Capacity-Building Technical assistance to conduct TOT on mhGAP to expand the national trainers team to integrate mental health services within primary health care	
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VIOLENCE AND INJURIES

Outcome 2.3. Reduced risk factors and improved coverage with interventions to prevent and manage unintentional injuries and violence

Output 2.3.1. Development and implementation of multisectoral plans and programmes to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011-2020

231C1 Coordinate the strengthening of country capacity to develop national model programmes that focus on achieving the targets set under the Decade of Action for Road Safety 2011-2020	231C1-Road Safety Awareness Road safety awareness activities, advocacy and resource mobilisation conducted in line with Sustainable Development Goal (SDG) targets	231C1-Road Safety Awareness Organize UN Global Road Safety Week (May) and World Day of Remembrance for Road Traffic Victims (WDR) (November) event. Conduct health promotion activities, including printing brochures and posters	
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Output 2.3.2. Development and implementation of policies and programmes to address violence against women, youth and children facilitated

233C1 Strengthen country capacity to develop and implement programmes that address violence against children, women and youth, and monitor their implementation	233C1- Violence Plan Action plan developed to prevent violence against children, women and youth	233C1- Violence Plan Technical assistance to revise action plan and convene partners in strengthening health systems' role in addressing violence in particular against women, youth and children including those with disabilities	
		233C1- Violence Plan Organize launch of action plan on violence against women, youth and children, including those with disabilities	

DISABILITIES AND REHABILITATION

Outcome 2.4. Increased access to services for people with disabilities

Output 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities

Status

241C1 Support countries in developing and implementing disability-inclusive health policies, programmes and services

241C1-CBR Capacity-Building Community-Based Rehabilitation (CBR) national capacity is built

241C1-CBR Capacity-Building Technical assistance to conduct CBR training modules to policy and decision makers and practitioners in various ministries to introduce CBR quality and minimum standards for each type of services, drawing on the CBR Guidelines and action plan

X

241C1-Disabilities Awareness Disabilities awareness activities, advocacy and resource mobilisation organized

241C1-MNH Awareness Organize International Day of Persons with Disabilities (3 December) event. Conduct health promotion activities, including printing brochures and posters

X

NUTRITION

Outcome 2.5. Reduced nutritional risk factors

Output 2.5.1. Countries enabled to develop, implement and monitor action plans based on the maternal, infant and young child nutrition comprehensive implementation plan, which takes into consideration the double burden of malnutrition

251C1 Support countries in setting targets and establishing national action plans in line with the comprehensive implementation plan on maternal, infant and young child nutrition

251C1- Nutrition Plan Nutrition action plan is revised and nutrient profiling is developed in line with Sustainable Development Goal (SDG) targets

251C1- Nutrition Plan Technical assistance to develop a national nutrition action plan consistent with the comprehensive implementation plan on maternal, infant and young child nutrition and WHO policies and seven strategic areas, including International Conference of Nutrition 2 (ICN-2) recommendations

X

251C1- Nutrition Capacity-Building Nutrition action plan is implemented at PHC level to promote healthy diets, effective nutrition actions, and monitoring progress towards achievement of global nutrition targets

251C1- Nutrition Capacity-Building Technical assistance to conduct workshop(s) for physicians, nutritionists and nurses in PHCs to introduce nutrition counselling to referral people, especially mothers

X

251C1- Nutrition Capacity-Building Provide technical support for setting up a Net Code project for Monitoring the Code of marketing for breastmilk substitutes and Baby-Friendly Hospital Initiative

X

251C1- Nutrition Surveillance Nutrition surveillance is strengthened

251C1- Nutrition Surveillance Technical assistance to conduct workshop(s) to strengthen National Public Health surveillance and using nutrition strategic information for monitoring & reporting at central and peripheral levels

X

Category 3: Promoting Health Across the Life Course

Promoting good health at key stages of life, taking into account the need to address health equity, social determinants of health and human rights, with a focus on gender equality

REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH

Outcome 3.1. Increased access to interventions for improving health of women, newborns, children and adolescents

Output 3.1.1. Countries enabled to further expand access to, and improve quality of, effective interventions for ending preventable maternal, perinatal and newborn deaths, from pre-pregnancy to postpartum, focusing on the 24-hour period around childbirth

Status



311C3 Strengthen national capacity for collection, analysis and use of data, as well as their dissemination and use, on maternal and newborn health, including documentation of best practices in order to improve access to, and quality of, interventions

311C3- RMNCH+A data Reproductive, Maternal, Neonatal, Child Health + Adolescent (RMNCH+A) surveillance is strengthened in line with Sustainable Development Goal (SDG) targets

311C3- RMNCH+A data Technical assistance to conduct workshop(s) to strengthen National Public Health surveillance and using RMNCH+A strategic information for monitoring & reporting at central and peripheral levels

Output 3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions

312C3 Strengthen national capacity for collection, analysis and use of data on child morbidity, mortality and causes of child deaths, in line with the overall strengthening of health information systems

312C3- IMCI Capacity-Building Integrated Management of Childhood Illness (IMCI) in primary health care strengthened

312C3- IMCI Capacity-Building Technical assistance to expand Integrated Management of Childhood Illness (IMCI) for health care providers at primary health care and integrate to medical and paramedical curricula



Output 3.1.5. Countries enabled to implement and monitor integrated policies and strategies for promoting adolescent health and development and reducing adolescent risk behaviours

315C2 Support countries in developing, implementing and monitoring comprehensive (or intersectoral) interventions for adolescent health, including strengthening linkages between activities and key programmes, such as those on sexual and reproductive health, HIV and sexually transmitted infections, nutrition and physical activity, violence and injuries, tobacco control, substance use, mental health, prevention of noncommunicable diseases, and promoting healthy lifestyles

315C2- Adolescent Plan Adolescent action plan integrated in the national health programme

315C2- Adolescent Plan Technical assistance to conduct trainings on adolescent risk behaviours, develop guidelines and promote healthy lifestyles



Output 3.2.1. Countries supported in developing policies and strategies that foster healthy and active ageing

321C1 Facilitate dialogue in countries on the development of multi-sectoral policies and plans to foster healthy and active ageing, and to facilitate the provision of long-term, palliative and end-of-life care

321C1-Ageing Capacity-building Capacity-building on ageing, health promotional activities strengthened

321C1- Ageing Awareness Ageing awareness activities, advocacy and resource mobilisation organized

321C1-Ageing Strategy Capacity-building to facilitate the provision age friendly services at PHC, including promotional material

321C1-Ageing Awareness Organize Elderly Day (1 October), including printing brochures and posters



GENDER, EQUITY AND HUMAN RIGHTS MAINSTREAMING

Outcome 3.3. Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes

Output 3.3.1. Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables

331C3 Contribute country-level analysis and sharing of experiences and lessons learnt, with recommendations, in integrating gender, equity and human rights in WHO programme areas at country level

331C3- Gender/HR Capacity-Building Gender, Equity, and Human Rights-Based Approach (HRBA) to health strengthened

331C3- Gender/HR Capacity-Building Technical assistance to conduct a training to enable capacity-building in gender, equity and human rights (HRBA), disability and the HRBA to health principles and elements in health policies and programming, for national officials implementing public health programs, taking into account framework for SDH



SOCIAL DETERMINANTS OF HEALTH

Outcome 3.4. Strengthened intersectoral policies and actions to increase health equity by addressing social determinants of health

Output 3.4.1. Improved country policies, capacities and intersectoral actions for addressing the social determinants of health and reducing health inequities through "health-in-all-policies", governance and universal health coverage approaches in the proposed sustainable development goals

341C1 Convene partners, conduct policy dialogue, and establish coordination mechanisms to support governance in addressing social determinants of health and implement a "health-in-all-policies" approach

341C1- SDH Plan Social Determinants of Health action plan to address health inequity developed

341C1- SDH Capacity-Building Country Support to implement policies and mechanisms to increase health equity addressing social determinants of health

341C1-SDH Plan Technical assistance to develop Social Determinants of Health action plan to address health inequity based on assessment conducted

341C1-SDH Capacity-Building Technical Assistance to conduct one training to implement a "health-in-all-policies" training package on how to integrate SDH with all health programmes



HEALTH AND THE ENVIRONMENT

Outcome 3.5. Reduced environmental threats to health

Output 3.5.1. Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks

351C1 Strengthen national capacity to assess and manage the health impacts of environmental risks, including through health impact assessments, and support the development of national policies and plans on environmental and workers' health

351C1-Environmental Policy Policy dialogue support on improving preparedness and mitigation and management of the health impacts of environmental risks and emergencies in line with Sustainable Development Goal (SDG) targets

351C1-Environmental Policy Provide technical assistance to conduct a risk assessment to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks



Category 4: Health System

Health systems based on primary health care, supporting universal coverage

NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Outcome 4.1. All countries have comprehensive national health policies, strategies and plans aimed at moving towards universal health coverage

Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and “health in all policies” and equity policies)

Status

411C3 Identify needs and provide support to strengthen country governance capacity, including the legislative and regulatory frameworks required to increase accountability and transparency and for making progress towards universal health coverage

411C3- Health System Decentralization Decentralization of health systems strengthened

411C3 - Health Strategy: National Strategic Plan (2013-2017) revised based on human rights

411C3- Public Health Law: Guidance developed based on public health laws revision

411C3- Health System Decentralization: Technical assistance to build capacity on decentralization of health systems

411C3- Health Strategy: Technical assistance to revise the National Strategic Plan (2013-2017) in line with National Health Sector Strategy (2015-2019), Jordan 2025 vision, taking into account SDGs, human rights-based approach and health equity

411C3- Public Health Law: Technical assistance to formulate guidance based on the revision of public health laws conducted to support priority health programmes towards universal health coverage



Output 4.1.2. Improved national health financing strategies aimed at moving towards universal health coverage

412C3 Support countries in developing institutional capacity to analyse, develop and implement options for health financing which incorporate lessons learnt from other countries, or regional and global experiences

412C3- UHC Policy: Strategic policy endorsed to move towards universal health coverage (UHC) in line with Sustainable Development Goal (SDG)

412C3 - UHC Policy: Technical assistance to conduct UHC needs assessment, including private sector

412C3 - UHC Policy: Technical assistance in health care financing strategies aimed at moving towards UHC

412C3 - UHC Policy: Technical assistance to conduct a UHC policy dialogue to promote multisectoral cooperation engaging non-health sectors relevant to public health



INTEGRATED PEOPLE-CENTRED HEALTH SERVICES

Outcome 4.2. Policies, financing and human resources in place to increase access to integrated, people-centred health services

Output 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened

421C3 Promote and disseminate, at national and local level, successful approaches based on public health principles in order to reduce inequalities, prevent diseases, protect health and increase well-being through different models of care delivery matched with infrastructures, capacities and other resources

421C3- PH Assessment Assessment of essential public health (PH) functions/human rights based conducted
421C3- PHC convening

Demonstration of a comprehensive model district based on pilot Primary Health Care (PHC)/Family Practice approach

421C3- PH Assessment: Technical assistance to conduct needs assessment of essential public health functions to identify capacity and strengthen needs, taking to account human rights-based approach to promote patient and provider rights

421C3- PHC convening: Technical assistance to conduct a stakeholder meeting to present pilot experience, reach consensus and develop a plan for the expansion of a comprehensive model district based on Family Practice approach



421C3- HCP Plan: Assessment of urban health inequities and promote Health Cities Programme (HCP) as a platform for multisectoral collaboration and community engagement

421C3- HCP convening: Technical assistance to assess health inequities based on WHO Urban HEART core indicators in one city of Jordan, identify gaps and establish a multi-purpose task force to develop action plan/projects to reduce health inequities, ensuring implementation of Health Cities Programme approach

X

441C3 Support use of international standards for health information and statistics and methods in order to increase the interoperability of data sharing and systems

441C3-HIS Framework: EMR regional HIS framework country capacity strengthened

441C3-HIS Framework: Technical assistance to conduct workshop(s) on EMR regional HIS framework of 66 health indicators

✓

441C3-CRVS Capacity-Building: Civil Registration and Vital Statistics (CRVS) country capacity strengthened

441C3-CRVS Capacity-Building Technical assistance to conduct a workshop to approve and disseminate recommendations of CRVS assessment

✓

421C4 Provide support for delineating the role and improving the performance of primary, hospital, long-term, community and home-based care services within integrated, people-centred health service delivery systems, including strengthening their governance, accountability, management, quality and safety, and respond effectively to emergencies and disasters

421C4- Hospital Assessment Assessment of hospital care status

421C4- Hospital Assessment Technical assistance to assess hospital care status and develop a road map on improving all key elements of hospital care management

X

422C2 Provide policy advice and support for strengthening country capacity to develop and implement human resources for health strategies in line with the global strategy on human resources for health: health workforce 2030 and the global strategy on people-centred and integrated health services

422C2-HRH Capacity-Building: Health workforce strategy developed and aligned with global and regional health workforce strategies in line with Sustainable Development Goal (SDG) targets

422C2- HRH Capacity-Building: Technical Assistance to conduct a consultative workshop on health workforce strategies

✓

423C1 Identify national capacity strengthening needs and support Member States in improving the quality and safety of health services, through regulation accreditation and measurement of outcomes

423C1- PHC Quality Assessment Quality of PHC care assessed at new sites

431C1-Pharm Profile: Technical assistance to conduct assessment and expand and improve the quality of care at PHC level using the framework and indicators developed by WHO/EMRO (10 facilities covered)

X

423C2 Facilitate the engagement and empowerment of communities and patients through patients' initiatives, networks and associations

423C2-PSFHI Assessment: Patient Safety Friendly Hospital Initiative (PSFHI) implemented in new sites

23C2-PSFHI Assessment: Technical assistance to expand the implementation of PSFHI in additional hospitals



ACCESS TO MEDICINES AND OTHER HEALTH TECHNOLOGIES AND STRENGTHENING REGULATORY CAPACITY

431C1 Support the collection of information on access to medicines and other health technologies and on countries' pharmaceutical and/or health technology sector situation and profile

431C1-Pharm Profile: Pharmaceutical profile updated

431C1-Pharm Profile: Technical assistance to disseminate key findings of country pharmaceutical profile



431C2 Provide technical support to Member States in revising and implementing national policies on medicines and other health technologies, including traditional and complementary medicines

431C2-Blood Safety: Blood and transfusion services, including blood and blood products strengthened

431C2-Blood Safety: Technical assistance to strengthen blood and transfusion services and to ensure safety, availability and rational use of blood and blood products



431C2-Blood Safety Awareness: Blood donor awareness activities, advocacy and resource mobilisation organized

431C2-Blood Safety Awareness: Organize World Blood Donor Day (14 June) event. Conduct health promotion activities, including printing brochures and posters



431C4 Support Member States in collecting and analysing data on consumption of antimicrobials and implementing policies to improve prescribing and dispensing

431C4 Support Member States in collecting and analysing data on consumption of antimicrobials and implementing policies to improve prescribing and dispensing

431C4-AMR: Technical assistance to develop and implement a guideline to improve prescribing and dispensing of antimicrobials including mass media awareness



HEALTH SYSTEMS, INFORMATION AND EVIDENCE

Outcome 4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities

Output 4.4.1. Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment

441C1 Regularly assess national and subnational health situation and trends using comparable methods, taking into account national, regional and global priorities, and ensure quality of statistics

441C1-Health Information System (HIS): Assessment Health information system assessed

441C1-Health Information System (HIS) Assessment: Technical assistance to conduct a comprehensive assessment of the health information system



Category 5: Preparedness, Surveillance and Response/ Emergency

Reducing mortality, morbidity and societal disruption resulting from epidemics, natural disasters, conflicts and environmental, chemical, radio-nuclear and food-related emergencies, as well as antimicrobial resistance, through prevention, preparedness, and response and recovery activities.

Outcome 5.1. All obligations under the International Health Regulations (2005) met

Output 5.1.1. Implementation and monitoring of the International Health Regulations (2005) at country level and training and advice for Member States in further developing and making use of core capacities required under the Regulations

Status

511C1 Support further development and implementation of the national plan for implementation of the International Health Regulations (2005) in countries and continue to support them in maintaining their capacities throughout the biennium

511C1-IHR Country Capacity IHR (2005) country capacities strengthened to early detection, assessment and response to public health events

511C1- IHR Country Capacity Technical assistance to facilitate monitoring (external assessment/EM/RC62/R.3) and evaluation (recommendations and priority actions) of implementation of IHR capacities



511C1- IHR Country Capacity Technical assistance to enhance IHR capacities at the points of entry (PoE) including for cross-border collaboration



511C2 Facilitate national dialogue across different disciplines, in particular on animal health, laboratory, food, chemical and radio-nuclear safety and points of entry

511C1-IHR Convening IHR country capacities strengthened in different sectors

511C1-IHR Convening Technical assistance to conduct workshop(s) to enhance multisectorial coordination and collaboration for IHR implementation including for conducting joint risk assessment of public health events



Output 5.1.2. Standing capacity to provide evidence-based and timely policy guidance, risk assessment, information management, response and communications for all acute public health emergencies of potential international concern

512C1 Use a common WHO event-based surveillance and risk assessment system and procedures for all identified public health events of international concern

512C1- Surveillance Strategy Strategy and action plan developed for case-based national public health surveillance

512C1- Surveillance Strategy Develop a strategy and action plan for national public health surveillance and develop road map to achieve implementation



512C2 Develop and maintain WHO capacities or ensure mechanisms are in place for adequate information management, risk assessment and risk communication for public health events of potential international concern

512C2-Surveillance data National Public Health surveillance is expanded and strengthened

512C2-Surveillance data Technical assistance to conduct workshop(s) to expand and strengthen National Public Health surveillance and to use strategic information for monitoring & reporting at central and peripheral levels



EPIDEMIC-PRONE AND PANDEMIC-PRONE DISEASES

Outcome 5.2. Increased country capacity to build resilience and adequate preparedness for mounting a rapid, predictable and effective response to major epidemics and pandemics

Output 5.2.2. Standing capacity to provide expert guidance and lead global networks and systems to anticipate, prevent and control epidemic and pandemic diseases

Status

522C1 Support countries in implementing projects, norms and standards in order to anticipate, prevent and control outbreaks of epidemic diseases

522C1-Outbreak Capacity-Building Country support for outbreak preparedness and response

522C1-Outbreak Capacity-Building Technical Assistance to enhance epidemic preparedness, readiness and response for epidemic and emerging diseases



Output 5.2.2. Implementation oversight of the draft global action plan on antimicrobial resistance, including surveillance and development of national and regional plans

523C2 Support national action against antimicrobial resistance, including development of plans and surveillance systems

523C2-AMR Action Plan National Action Plan on Antimicrobial Resistance in place and aligned with the global action plan (WHA68.7) on antimicrobial resistance and with standards and guidelines

523C2-AMR Action Plan Technical assistance to conduct a stakeholder orientation meeting for the establishment of the National Intersectorial Coordination Mechanism (NICM)



523C2-AMR Surveillance Global Antimicrobial Resistance Surveillance System (GLASS) in place

523C2-AMR Action Plan Technical assistance to conduct a comprehensive situation analysis to develop the national action plan by the National Intersectorial Coordination Mechanism (NICM)



523C2-AMR Surveillance Technical assistance to conduct joint country capacity review mission to develop a road map for implementation of the Global Antimicrobial Resistance Surveillance System (GLASS)



EMERGENCY RISK AND CRISIS MANAGEMENT

Outcome 5.3. Countries with the capacity to manage public health risks associated with emergencies

Output 5.3.1. Technical assistance to Member States for the development and maintenance of core capacities to manage risks to health associated with disasters and conflicts using an all-hazards approach

531C1 Provide technical assistance for emergency and disaster risk management for health in order to build national capacities, including for emergency preparedness, health sector response plans, and safer hospitals

531C1- Health Risk and Management (HRM) Plan including all-hazard risk management approach integrated in emergency preparedness and response in health developed in line with Sustainable Development Goal (SDG) targets

531C1-HRM Plan Technical assistance to support the Emergency Operation Centre, including integration with other MoH departments and Event Management System (EMS) WHO software



531C1- HRM Plan Technical assistance to conduct all-hazard risk assessment for health



Status

531C1- HRM Plan Conduct workshop(s) to review and update the all-hazard Health Emergency Response Plan including stakeholders in different sectors



531C1- HRM Plan Technical assistance to conduct training on Hospital emergency preparedness



531C1- HRM Plan Technical assistance to conduct a national course on public health emergency risk management



FOOD SAFETY

Outcome 5.4. All countries are adequately prepared to prevent and mitigate risks to food safety

Output 5.4.1. Technical assistance to enable Member States to control the risk and reduce the burden of food-borne diseases

541C1 Facilitate multisectoral collaboration between public health, animal health, agriculture and environment sectors

541C1-Strategy Food Safety Food-borne and zoonotic risks strategy and plan developed

541C1-Strategy Food Safety Technical assistance to conduct workshop(s) to develop multisectoral strategy with stakeholders around food-borne and zoonotic risks as part of food safety assessment recommendations





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