

	<b>Meeting Agenda</b>	<b>Action Points</b>
1	<p><b>Welcome and introduction:</b> Health Cluster team welcomed all partners to a virtual meeting using teleconference technology. Round table introduction of partners was done.</p>	
2	<p><b>Review of Previous Action Points:</b> Previous action points were reviewed; one pending action point was noted and discussed</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MOH to update health cluster regarding the focal point of west coast</li> <li><input type="checkbox"/> Health Cluster to share the flood response report</li> </ul>
3	<p><b>WHO Academy</b> WHO academy briefed the health cluster partners on new and more effective methods of conveying knowledge and skills to working people. New technologies like artificial intelligence and virtual reality. Experiential learning approaches that recognize what trainees already know while offering a more immersive, effective and impactful learning experience. The WHO Academy's mobile learning app was developed specifically for health workers and is designed to enable them to expand their life-saving skills to battle COVID-19. It delivers mobile access to a wealth of COVID-19 knowledge resources developed by WHO, including up-to-the-minute guidance, tools, training, and virtual workshops to support health workers in caring for patients infected by COVID-19 and in protecting themselves as they do their critical work. With content in seven languages – Arabic, Chinese, English, French, Portuguese, Russian and Spanish – the app focuses on providing health workers with critical, evidence-based information and tools to respond to the pandemic. For more detailed information please find in PowerPoint presentation.</p>	
4	<p><b>Epidemiological Update</b> WHO briefed the health Partners on the latest global, regional and Yemen epidemiological update on <b>COVID 19</b> (As of 7<sup>th</sup> September)</p> <ul style="list-style-type: none"> <li>- 1993 cases reported (2 cases reported in last 24 hours)</li> <li>- 574 cases of mortality reported (1 case in the last 24 hours)</li> <li>- Cases recovered stand at 1203</li> <li>- Gender Ratio: 75% male</li> <li>- Most affected age group is 45 to 59 for cases and deaths</li> </ul>	

	<ul style="list-style-type: none"> <li>- 11 governorates affected; Aden, Hadramout, Taiz are the most affected governorates</li> </ul> <p>Latest Epidemiological update: <a href="#">Yemen COVID 19 Dashboard</a></p> <p><b>Cholera Outbreak Update:</b></p> <ul style="list-style-type: none"> <li>- Significant reduction of cholera cases in 2020 compared to 2019.</li> </ul>	
5	<p><b>HRP Prioritization:</b></p> <p>Health cluster informed partners on the ongoing HRP prioritization exercise. Considering significantly reduced funding, the 2020 HRP is being prioritized. HRP strategic objectives were reduced from 5 to 3. Health cluster is now realigning the cluster objectives and prioritizing activities/programs as urgent necessary or desired along with new recalculated target/Population in Need (PIN) based on district level cluster severity scoring.</p> <p>For more detailed information please find in PowerPoint presentation.</p>	
6	<p><b>RCCE Update:</b></p> <p>UNICEF conducted and presented a second round Rapid Assessment of Knowledge, Attitudes and Practices related to COVID-19 in Yemen with the objectives of understanding knowledge, attitudes and practices related to COVID-19 in Yemen, with focus on:</p> <ul style="list-style-type: none"> <li>- Knowledge of COVID-19 symptoms, transmission and prevention.</li> <li>- Knowledge of COVID-19 spread and prevention methods.</li> <li>- Information Sources and Channels.</li> <li>- Risk Perception.</li> <li>- Information gap of respondents.</li> <li>- Stigma due to COVID-19</li> <li>- Track shifts in practicing COVID-19 preventive measures.</li> <li>- Assess the impact of interventions and address gaps</li> </ul> <p>Methodologically the assessment employed Random sampling of phone numbers/face to face across 22 governorates in the first 3 weeks of July 2020.</p> <p>Summary and Key Points:</p> <ul style="list-style-type: none"> <li>- Knowledge on COVID-19 generally improved compared to round 1.</li> <li>- Top 3 main sources of information remain TV, WhatsApp, Social Media</li> <li>- Most trusted sources are TV, Social Media, WhatsApp, volunteers, health workers.</li> <li>- Percentage of respondents who would go to health facilities if COVID-19 symptoms shown has significantly decreased from round 1 (community response that they don't trust services in terms of confidentiality and transmission risk).</li> <li>- Percentage of respondents who think they will likely to be infected with the virus has increased.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Gap between respondent's knowledge and practice of COVID-19 preventive measures (specially maintaining social distancing and wearing masks which they cannot afford).</li> <li>- Majority of the respondents would not be ashamed or afraid to tell anyone from their communities if they got infected with the virus. (yet still stigma increased within IDPs community)</li> <li>- Community complains being unable to access Hotlines operation (issues already shared with MOPH and WHO)</li> </ul> <p>For more detailed information please find in PowerPoint presentation.</p>	
6	<p><b>AOB</b></p> <p><b>1) Sub Agreement Procedures</b></p> <p>The deputy Minister clarified the procedures for sub agreements. The updated pathway of sub-agreement approval and projects implementation should be through:</p> <ol style="list-style-type: none"> <li>1) Submit to MoPIC: cover letter and copy of initial Sub-agreement and other requested documents.</li> <li>2) MoPHP is addressed through secretary office of minister who will further refer the process to the legal office at MoPHP and they will refer the documents to the relevant program sector for technical revision (needed document are Cover letter, sub-agreement copies and project documents)</li> <li>3) After sectors' revision and approval, it will be (internally) referred to legal office</li> <li>4) legal office of MoPHP will share the revised Sub-agreement to office of planning and cooperation at MoPHP</li> <li>5) The final approved version of Sub-agreement will be signed by MoPHP and handed to partners through legal or secretary office</li> <li>6) The partner must finalize the process by submitting the signed Sub-agreement to MoPIC.</li> </ol> <p><b>Note:</b> The relevant sector may communicate with the partner for clarifications, comments and adapting the needed amendments to rectify the sub-agreement before final approval and referring it back to legal office. In conclusion, the partner will handle the process through MoPHP secretary and legal office. Any delays, obstruction or mishandling can be complained about through the secretary or legal office.</p> <p><b>2) ORS and Aqua Tab –</b> WHO Logistics have stock of ORS and Aqua tab, any partner interested can make request through the cluster.</p> <p><b>3) UNICEF</b> in a bid to curb excessive plastic use, is promoting use of fabric bags instead. The UNICEF communications team designed fabric bags with promotional messages regarding COVID prevention and other health related issues and is advocating for the use of such bags instead of plastic bags.</p>	<p>For clarity and detailed information on the process, partners can reach out to Dr. Muhammad Mustafa Rajamanar in MOPH PHC sector who also serves as focal point for Health cluster</p> <p>UNICEF C4D team can be reached out for further information on the initiative.</p>

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8	<ul style="list-style-type: none"><li>- The chair adjourned the meeting at 11:30AM</li><li>- Next meeting will either be Tuesday 22<sup>nd</sup> September 10AM</li></ul>	
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