The WHO pulse survey found that 80 out of 105 countries reported varying disruptions to their health services sector. During the COVID-19 pandemic, many governments implemented lockdowns, which subsequently affected residents’ daily lifestyles and access to essential health services. In April 2020, the Jordanian government implemented one of the world’s COVID-19’s strictest lockdown. This study assesses the effect of such measures on the routine immunizations program at the main health center in the Baqa’a refugee camp, managed by UNRWA.

Our assessment of the program’s performance quantifies the gap in service provision using the number of vaccine doses provided. The gap was compared to the COVID-19 mitigation measures quantified through the OxGRT Stringency Index. Therefore, a LOESS regression model was developed to represent the predicted values for 2020, using data from the previous years. Our model was then compared to the observed 2020 doses provided through the health center.

We found a correlation between the increase in the stringency index and the increase in the gap, where the strictest values of the index were associated with the highest gaps. Additionally, the 2020 values were much more dispersed with a wider range than our predicted model, reflecting the effect of the mitigation measures and the counteracting activities conducted by the health center staff. Overall, using the monthly values, a gap of 1199 doses (8.75%) in 2020 was calculated between the predicted and observed values. Furthermore, we found that the first dose of the 3-dose hexavalent vaccine showed a higher and earlier peak than the other doses after the lockdown period.

In conclusion, the implemented activities by UNRWA’s health center staff, use of a mobile application, and refugees-embracing health systems have successfully minimized the gap in service provision and provided alternative outlets to maintain an overall high coverage of routine immunizations.

A global movement is currently underway, spearheaded by the National Health Service (NHS) in England, to decarbonise healthcare. In this paper we explore some of the trade-offs involved by framing the path to ‘net-zero’ emissions within the language and practice of priority setting, a discipline centred on the efficient allocation of scarce financial resources to improve health. First, we consider the potential to reduce healthcare’s carbon footprint through clinical decision making (‘On the margin’), national resource allocation (‘The Priority View’) and an international perspective (‘A Global Outlook’). We then locate the broader ‘net-zero’ healthcare agenda within the Paris Agreement and highlight the need for scholars in priority setting to more fully consider the implications of carbon emissions for the fair distribution of healthcare. Our aim is to help healthcare workers, health system leaders and policy makers to identify optimal pathways to protect and improve health on the low-carbon transition.