

Meeting Minutes

Central Health Working Group

29 May 2020

The central Health Working Group met, as planned on a bi-monthly basis to discuss issues and plan actions for follow up concerning the displaced Syrians crisis in Lebanon. The meeting was held **virtually** (via WebEx) on Friday 29 May 2020 between 9:00 AM and 11:00 AM.

Topics of Discussion

1. COVID-19 updates
2. Field news and information on outbreaks
3. Reproductive health
4. Mental health and psychosocial support
5. Child health/vaccination
6. Nutrition
7. LCRP updates
8. AOB

Main Discussions

Topic 1	COVID-19 updates
<i>Topic Details</i>	<p>WHO</p> <p>-Latest cluster: migrant workers of Bangladesh:</p> <ul style="list-style-type: none"> ○ 68 tested positive among 165 residents cluster. The positive who had moderate to severe infection (around 30) were transferred to RHUH for monitoring of symptoms and the others who were asymptomatic or very mild remain in the residence with support from MSF. Those who are asymptomatic and tested negative were transferred to two hotels in Hamra region. ○ Hotels in Hamra were financially supported by UNDP and IOM. WHO supported nursing and medical staff. MSF also supported medical staff. UNICEF is providing PPEs and the Embassy of Bangladesh is providing food. ○ MOPH is trying to Liaise with the ministry of labor and IOM to get a mapping of the groups of migrant workers and see if sample testing could start among them for early identification of the clusters and for early containment. ○ WHO, UNHCR, MOPH and UNHCR have initiated the PCR testing among the Syrian refugees in ITs. Samples were taken based on geographical distribution, population, demographics and risk factors. Around 4,500 Syrian refugees will be tested. ○ The Syrian refugees in urban settings are being tested as part of the community through the targeted testing that is conducted with MOPH. ○ For the Palestinian refugees, WHO finalized the sampling frame and it is trying to liaise with UNRWA to organize the testing in the Palestinian camps. ○ The government is so far paying the hospitalization at RHUH for the positive migrants, but if the numbers increase, this need to be subsidized by the humanitarian community. ○ WHO secured large quantity of tests for the government to be able to continue testing. The capacity reached 2,000 tests per day (except the weekend); on average, it is around 1,700 tests capacity per day. The threshold of 15,000 per one million tests were reached. <p>-Case management:</p> <ul style="list-style-type: none"> ○ The support for the public hospitals is ongoing. WHO teams are doing the assessment for the laboratory capacity for the 10 designated hospitals by the government. ○ The public hospitals, the lab capacity will go beyond the PCR testing, to include the microbiology and the chemistry testing and the medical lab testing for taking care of patients with severe complications because these hospitals might be requested to take care of ICU patients or severe cases.

	<ul style="list-style-type: none"> ○ Another group from USJ is doing the detailed assessment of the ICU capacity of these 10 hospitals in terms of the available equipment, human resources, the safety measures taken, the protocols and the SOPs. WHO will be supporting the capacity upgrade if it is sub optimal. - The isolation sites <ul style="list-style-type: none"> ○ The issue of the isolation sites is still not final and not fully settled. ○ The Ministry of Interior and Municipalities with the support of the Order of Nurses have identified 42 potential sites (either hotels or abandoned convents or dormitories); 38 out of these 42 sites were considered to be isolation or quarantined sites. ○ The formalization/official designation of these sites is still pending for the humanitarian partners to be able to provide support. An unofficial email was received designating 29 sites for phase one. ○ Another issue hindering WHO and humanitarian partners from moving fast is that for each site there should be a site manager not yet designated by the government to do the coordination with all the humanitarian partners. ○ It is proposed that these isolation or quarantining sites will be under the jurisdiction of the Mohafez/governor who will create a multidisciplinary committee to follow up on the sites within the Governorate. For each site there will be a committee overseeing the work of the of the site. The committee will include district’s doctor from MOPH, a representative from the municipality, and all partners and NGOs contributing to the running of the site. The proposed documents prepared for this management issue will be shared ○ The emergency support that was provided for the Bangladesh residents was very fast and it will not be as fast for the next sites. The hotels rental would be supported by the government, and the humanitarian partners will support the other aspects of care like the human resources (health nurses and medical doctors that supervise these patients) and other type of support (washing machines, some minor rehabilitation to be able to accommodate additional patients, etc.).
--	---

Topic 2	Field news and information on outbreaks
<i>Topic Details</i>	<p>WHO</p> <ul style="list-style-type: none"> - Measles cases indolent probably because the schools and nurseries are closed and many groups of people at risk are not exposed. - The diarrheal season has not started yet; therefore, a surge in watery diarrhea has not been yet observed.

Topic 3	Reproductive health
<i>Topic Details</i>	<p>UNFPA</p> <ul style="list-style-type: none"> - To date 9 pregnant women infected with COVID19. - Similarly to all health care services and according to information from RH actors in the RHSWG, provision of RH services decreased at the primary health care level; however in the past couple of weeks the number of beneficiaries started to improve. - Based on RH actors’ observations from the field there is no reported increase of adolescent pregnancies or home deliveries. - To date there is no shortage of RH drugs or commodities in the health facilities There were reporting of shortage of condoms in some centres so the MOPH was informed and followed up on this matter by providing needed condoms. - Capacity development on COVID19 and Pregnancy was conducted for more than 1000 health care providers such as around 300 doctors, 500 midwives and around 300 social workers. Sharing of information and awareness raising on COVID 19 and pregnancy is being one through social media platforms and face to face during beneficiary encounter in health facilities. - MOPH and UNFPA conducted a quick assessment of CMR services in Lebanon. The survey aimed to assess the variation of CMR services during COVID19. Findings show that there was

	<p>no variation for the provision of CMR services. UNFPA procured ERH Kit post rape treatment to the CMR facilities to ensure medium to long term capacity in these facilities.</p> <p>MOPH</p> <ul style="list-style-type: none"> - MOPH who is currently in charge of PEP replenishment ensured delivery of the PEP kit to all CMR facilities through Qadaa's Physicians offices communicated by PHC team. - RH drugs and commodities are regularly provided to all PHC centers and RH dispensaries.
--	---

Topic 4	Mental health and psychosocial support
<i>Topic Details</i>	<p>MOPH- National Mental Health Programme</p> <p><i>Presentation – national Action Plan for the MHPSS response to Covid-19 in Lebanon (presentation attached)</i></p> <p>WHO</p> <ul style="list-style-type: none"> - In April, around 25% of the calls received at the Embrace lifeline were related to Covid 19 - Nurses who will work in the isolation centres will be trained on basic MPHSS at the first stage and will also distribute leaflets on how to cope with the stress in quarantine sites and kits for children on how to cope better with the current time situation.

Topic 5	Child health/vaccination
<i>Topic Details</i>	<p>MOPH</p> <ul style="list-style-type: none"> - Immunization services <ul style="list-style-type: none"> o Maintained during Covid 19 pandemic o The numbers of children vaccinated has dropped from 156,520 children vaccinated during March & April 2019 compared to 75,221 children vaccinated during March & April 2020, hence decrease by 52% from last year due mainly the lock down, transportation challenges, fear of getting the Covid infection o Vaccines and supply provision by Qadaa offices to the EPI outlets is maintained o A circular was sent to all PHC centres, and Qadaa physicians to stress the importance of resuming immunization services o Routine follow up with the Qadaa offices and EPI outlets on utilization of the MERA, all outlets have access to the system and are reporting online with very few exceptions. o The EPI technical committee recommended to commence the second phase of the Measles campaign in September 2020 with the start of the scholastic year, bearing in mind the development of a contingency plan in case the schools do not reopen o Borders and UNHCR vaccination sites are still closed - PPEs <ul style="list-style-type: none"> o PPEs were distributed to all PHC centres with UNICEF and IMC and PU support o Module for supply inventory developed on the PHENICS to track the utilization of the PPEs that were distributed. - Covid 19 response <ul style="list-style-type: none"> o Screening tool was updated as per the new case definition (14/5/2020) o Covid 19 screening is being performed in all PHC centres (91 centres documenting on PHENICS others do not have suspected cases) o Communication of Covid 19 related messages are disseminated through available PHC social media platforms including FB and Whats app daily to all PHC centres focal persons. o Remote daily phone call follow-up performed by PHC coordinators o Field visits resumed starting mid May 2020, taking into consideration standard precautions o Collaboration with INGOs (IMC and PU) to increase the efficiency of field visits - Challenges

	<ul style="list-style-type: none"> ○ Cold chain maintenance especially that the contract has expired ○ No PPE distributed to Qada teams ○ Limited HR resources at central and peripheral level in both PHC department and EPI <p>UNICEF <i>Presentation/slides - Maintaining essential health services beyond COVID 19 by UNICEF (slides attached)</i></p> <p>Child Protection <i>Presentation-Child Protection Hotline for Health and Frontline workers by (presentation attached)</i></p> <p>Save the Children</p> <ul style="list-style-type: none"> - National Child Protection Hotline to ensure health practitioners throughout Lebanon are able to quickly and easily access Child Protection (CP) agencies to make referrals <ul style="list-style-type: none"> ○ SoPs developed ○ Posters in progress ○ Dissemination Plan developed ○ Dissemination in the field - Safe Identification and Referral training to be provided
--	---

Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	<p>Inter-Agency Health Sector Coordinator</p> <ul style="list-style-type: none"> - Continuation of Care: COVID-19 <ul style="list-style-type: none"> ○ Situation Update ○ Contingency Indicators' Figures <p><i>Presentation – Continuation of care-Covid 19 by Inter-Agency Health Sector Coordinator (presentation attached)</i></p>

Topic 7	AOB
<i>Topic Details</i>	<p>WHO</p> <ul style="list-style-type: none"> - WHO is coordinating Covid 19 response in prisons, with partners who are already engaged in Covid 19 in prisons namely, the Ministry of Interior and Municipalities through ISF, the MOPH, the Lebanese Society of infectious disease and microbiology in addition to UNODC UNDP and ICRC. An initial risk assessment was already conducted at the beginning of the Covid 19 and based on which WHO had conducted initial training sessions and developed an action plan. - No cases were reported so far in prisons. The work is focusing on strengthening the preparedness and infection prevention measures and on training physicians on early detection and referral. - With the focus on Roumieh prison, WHO will undertake a joint risk assessment visit to strengthen the infection prevention and control measures with focus on Roumieh prison, this would be followed by training for medical staff. - The main focus will be prisons with higher risk specifically Roumieh prison, Qobbe prison in Tripoli and zahle prison in Bekaa <p>URDA For thalassemia and dialysis patients covered by URDA, a major cut is faced in the fund to cover the dialysis and thalassemia patients URDA is used to support. All are Syrian refugees, except for four patients.</p> <p>Action: looking for health partners who could fund URDA in this particular activity while looking for other approach such as to discuss this issue in the UNCT meeting.</p>

Annex: List of Attendees

Central Health Working Group- Attendance List - Friday 29 May 2020				
Organization	Name	Position	Phone #	Email
Action Against Hunger	Patricia Moghames	Nutrition and Health Co.	3075916	pmoghames@lb.acfspain.org
UNHCR	Stephanie Laba	Health Sector Coordinator	71911381	labas@unhcr.org
UN OCHA	Sandy Maroun	Humanitarian Affairs Officer	81 211 674	sandy.maroun@un.org
HelpAge International	Hiba Shaer	Health Officer	71343717	hiba.shaer@helpage.org
URDA	Abdullah El Omari	Healthcare Program Manager	76845419	abdullah.omari@urda.org.lb
UNICEF	Genevieve Begkoyian	Chief Child Survival	7111 2296	gbegkoyian@unicef.org
MoPH PHC	Wafaa Kanaan	Chief Central Coordination	70982290	
CDLL	Grace El-Bitar	Services' coordinator	79-316758	grace@cdll.org.lb
YMCA Lebanon	Cynthia Kheir	Program Manager	3184462	cynthia.kheir@ymca-leb.org.lb
Plan International	Lama Naja	GBV SRHR Program Manager	3382132	lama.naja@plan-international.org
World Rehabilitation Fund (WRF)	Eliana Mikhael	Monitoring and Evaluation Officer	03/160588	eliana@wrf.org.lb
University of Balamand	Bashayer Madi	Coordinator	3480954	bashayer.madi@balamand.edu.lb
UNICEF	Nour Rahhal	Health and Nutrition Associate	3409651	nrahhal@unicef.org
Medical Teams International	Samira Youssef	Program Manager	71330295	syoussef@medicalteams.org
UNFPA	Maguy Ghanem	Program Specialist	79151823	maghanem@unfpa.org
Order of Malta	Ranwa Abdel-Ahad	Project assistant (MMU)	71138305	RanwaAAhad.Malte@fattal.com.lb
EU	Sara Campinoti	Programme Manager		
Skoun	Tatyana Sleiman	Development Manager	70380480	tatyana@skoun.org
UNICEF	Farah Mazloun	Health Officer	3167990	fmazloun@unicef.org
Lebanese Red Cross	Patricia Khorshidian	PHC Accreditation Project Advisor	81479394	patricia.khorshidian@redcross.org.lb
Lebanese Red Cross	Amani Haidar	MMU Coordinator	81479393	amani.haidar@redcross.org.lb
humedica	Tatjana Bojarski	Country Coordinator	76065117	t.bojarski@humedica.org
IOCC	Pressila Derjany	Health Program Coordinator	3146812	pderjany@iocc.org
NMHP - MOPH	Alain Gebrayel	MHPSS TF Officer	70054754	gebrayel.alain@gmail.com
AFD	Farah Asfahani	Regional health and social protection manager	70826620	asfahanif@afd.fr
UNICEF	Joelle Najjar	Health and Nutrition officer	3425847	jnajjar@unicef.org
UNICEF	Sabeen Abdulsater	Health and Nutrition Officer	76774417	Sabdulsater@unicef.org
Humanity & Inclusion	Reem Khan	Technical coordinator Inclusive humanitarian action	79 10 48 01	r.khan@hi.org
Medair	Susan Brown	Health Manager	76890143	susan.brown@medair.org
SAMS	Sebouh Arjinian	Medical Coordinator	71686645	sarjinian@sams-usa.net
WHO	Alissar Rady	Technical Team Lead		radya@who.int
WHO	Loubna Al Batlouni	Country Preparedness & IHR		albatlounil@who.int
WHO	Edwina Zoghbi	NCDs and MH		zoghbie@who.int
WHO	Nohal Al Homsy	Environmental Health		alhomsin@who.int
WHO/UNWOMEN secondment	Claire Wilson	Humanitarian Officer COVID-19 Response		claire.wilson@unwomen.org