

# Meeting Minutes

## Central Health Working Group Meeting

### Friday 28 May 2021

The Central Health Working Group met to discuss issues and plan actions for follow up concerning the displaced Syrians crisis in Lebanon. The meeting was held **virtually** (via Microsoft Teams) on Friday 28 May 2021 between 9:00 AM and 11:00 AM.

#### *Topics of Discussion*

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1. Field news and information on outbreaks
2. Child health/vaccination
3. Reproductive health
4. Nutrition
5. Mental health and psychosocial support
  - a. Step-by-step presentation
6. LCRP updates
7. AOB
  - a. ELRHA research findings presentation (AUB-FHS)

#### *Main Discussions*

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<b>Topic 1</b>	<b>Field news and information on outbreaks</b>
<i>Topic Details</i>	<p><b>WHO, Dr Alissar Rady</b> <b>COVID 19</b></p> <ul style="list-style-type: none"> <li>- Currently at phase 3 of the COVID outbreak, possibility of moving back to containment phase and processes (i.e. contact tracing).</li> <li>- Additional measures put in place at the airport, particularly for arrivals from countries with variants of concern.</li> <li>- Occupancy rates for COVID hospital beds is going steeply downhill (&lt;30% of ICU beds and &lt;20% for regular COVID beds).</li> <li>- Decreasing number of deaths; however, crude fatality rate is increasing as it is proportional to the total number of cases referred to the hospitals.</li> <li>- Seroprevalence survey showed a rate of around 40% (excluding Syrian refugees), in addition to approximately 5% of the residing population receiving the vaccine.</li> <li>- Accelerating vaccination for all age groups can increase community protection if a next wave is expected - difficult to predict waves now in view of developments at country level.</li> <li>- Initiating 4<sup>th</sup> modelling for the COVID pandemic in Lebanon with WHO HQ team, results to be shared (first 3 modelling was consistent and adapted to Lebanon context)</li> <li>- There is a potential to increase capacity of existing vaccination sites particularly large academic institutions to accelerate provision of vaccinations.</li> </ul> <p><b>Other diseases</b></p> <ul style="list-style-type: none"> <li>- WHO is currently supporting the surveillance unit at MoPH with human resources to ensure reinitiating normal surveillance activities and early warning alert for non-COVID conditions; surveillance unit will need around 88 additional staff.</li> <li>- The country is going into more deterioration in terms of infrastructure and particularly for water and sanitation in addition to challenges with electricity, which increases the risk of waterborne diseases, diarrhoea among children and food safety related diseases and increase need for vigilance.</li> </ul>

	<ul style="list-style-type: none"> <li>- Vaccine preventable diseases warrant particular attention, considering the cold chain and electricity supply. Routine vaccination should be enhanced and supported.</li> </ul> <p><b>MSF, Dr Essa Djama</b> Note: Scabies cases identified in Camp 211 and 213- Zahle on 11 May, and food poisoning cases including hepatitis A were reported last weeks in Zahle.</p> <p><b>MOPH- Epidemiological Surveillance Unit, Dr Nada Ghosn</b></p> <ul style="list-style-type: none"> <li>- There is need to ensure reporting of cases to the surveillance unit as per protocols and communication with governorate teams to assist in in reporting.</li> <li>- MoPH ESU is currently working on COVID surveillance focused at enhancing contact tracing and at the same time resuming surveillance for other diseases like measles, mumps, meningitis, etc. to prepare for any potential outbreaks.</li> </ul>
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<b>Topic 2</b>	<b>Child health/vaccination</b>
<i>Topic Details</i>	<p><b>MOPH – Primary Health Care Department, Ms. Wafaa Kanaan</b></p> <ul style="list-style-type: none"> <li>- Following the EVM assessment conducted (Feb-March), data analysis and improvement plan was finalized in May and plan is to start its implementation in June. <ul style="list-style-type: none"> <li>o Plan is to initiate training on EVM for health care providers at PHC centres and dispensaries in addition to EPI focal persons at governorate level; and</li> <li>o Coaching inventory is planned to be initiated in June.</li> </ul> </li> <li>- Continuation of EPI routine activities; conducting field visits to district offices, PHC centres and dispensaries to monitor and control quality of services provided, in addition to conducting EPI and coaching training to all nurses in the centres and dispensaries (across 21 districts).</li> <li>- There is an observed decrease in the number of children vaccinated (around 19%) compared to Q1 2020, mainly in January and possibly due to lockdown measures.</li> <li>- MoPH with partners is preparing activities to enhance routine immunization, promote the service and increase demand.</li> </ul> <p><b>WHO, Dr Alissar Rady</b></p> <ul style="list-style-type: none"> <li>- WHO with MoPH and other partners are planning a 3-year strategic plan with the PHC on possibility of involving the private sector in immunization, as there is currently a risk of missing the children cohort for immunization due to decreased accessibility to the private sector as a result of financial reasons.</li> <li>- In collaboration with the MoPH, WHO is engaging with the society of oncology and paediatric oncology in preparing a childhood cancer strategy for Lebanon, to ensure quality cancer care for children. It is planned to be completed and costed by the end of this year for possibility of fundraising for it.</li> </ul> <p><i>Q: Is there any plan for starting vaccinations in a public/NGO run hospital?</i> <i>A: The national EPI strategy is due for revision early next year and this can be brought up in the discussions, usually vaccination centres have to be part of the PHC network or the vaccination network at large if they are a dispensary.</i></p>

<b>Topic 3</b>	<b>Reproductive health</b>
<i>Topic Details</i>	<p><b>MOPH – Primary Health Care Department, Ms. Wafaa Kanaan</b></p> <ul style="list-style-type: none"> <li>- VDO: Data received from 131 hospitals in Lebanon on delivery, still births, maternal mortality, neonatal mortality, etc. <ul style="list-style-type: none"> <li>o Additional indicators added and data is to be collected as of June on monthly basis on 1) Number of maternal COVID19 cases, 2) Maternal deaths due to COVID19, and 3) Maternal cases required intensive care or oxygen support.</li> <li>o For governmental hospitals, there is currently reporting on family planning counselling following trainings on FP counselling conducted for midwives in 14</li> </ul> </li> </ul>

hospitals. Delivery of FP commodities and IEC material are to be provided to the hospitals with trained midwives.

- Data to be further collected on the number of mothers/spouses receiving FP counselling in addition to beneficiaries of FP commodities including the type received (condoms/pills/injectables).
- There is now an automated process of stock management on FP counselling; hospitals can order through the system every 3 months.

**UNFPA, Ms. Maguy Ghanem**

- More detailed reporting for service delivery is now requested on activity info.
- Under the RH SWG, a mapping for RH actors (on geographic coverage, type of services provided, etc.) was done to ensure appropriate planning and coordination.
- Q1 data analysis was conducted in collaboration with MoPH for RH services provided at PHCs and dispensaries:
  - Low rates of antenatal and postnatal care services and other services related to cancer screening observed in comparison with the same period in 2020.
  - No reports on shortage of RH drugs or contraceptives at the field level, and no significant increase in delivery outside hospitals or in adolescent pregnancies.
- UNFPA in collaboration with LOM established a network of midwives to provide awareness raising on RH and COVID IPC measures and providing home care services to pregnant women with high risk pregnancies and infected with COVID19.
- The national maternal mental health guidelines are being developed with the NMHP-MoPH;
  - First draft reviewed and FGDs and interviews were conducted with healthcare providers for their input;
  - Prefinal document to be reviewed by the psychology committee and psychiatric society;
  - The launch is expected towards end of June, to be followed by an operationalization plan including a capacity development component and monitoring plan.
- A national CMR strategy is being developed by UNICE, MoPH and UNFPA:
  - Prefinal document is finalized and a series of meetings with relevant ministries and government entities will take place to discuss endorsement of the strategy; launch planned in July.
  - A workshop in relation to the strategy is planned in the next month with CMR facilities.
  - An introductory CMR training for GBV actors including social workers, case managers etc is also planned.

**WHO, Dr Alissar Rady**

- WHO is supporting the MoPH to finalize to develop an RMNCAH action plan, with detailing priority activities, costing, establishing a SRMH advisory committee, etc.
- WHO with MoPH and LOM is conducting a series of training targeting midwives operating private clinics in Lebanon, in order to build capacities of liberal midwives in implementing IPC measures during their practice. The trainings will be followed by visits to the midwives' clinics for observations and assessments on IPC measures in clinics.
- Another area of support is auditing of near miss cases of in public and private hospitals and to assess change in trends and possibly to integrate near misses reporting in the VDO.
- A workshop will be held by WHO EMRO on the adoption of caesarean Robson classification at the maternity hospital practice for different hospitals. Currently, at least 6 hospitals in Lebanon applied this classification and a drop in caesarean section rates were observed.

<b>Topic 4</b>	<b>Nutrition</b>
<i>Topic Details</i>	<p><b>UNICEF/Nutrition Sector, Ms. Abigael Nyukuri (<i>presentation shared</i>)</b></p> <ul style="list-style-type: none"> <li>- Nutrition situation is still experiencing changes in terms of the evolving context; nutrition determinants of IYCF practices and food security are still on the rise <ul style="list-style-type: none"> <li>o Data from MoPH shows an increasing trend of acute malnutrition cases in children</li> <li>o The sector coordinated support in establishing the IYCF hotline with the aim to enable communities to seek skilled assistance around IYCF practices</li> </ul> </li> <li>- There are around 28 malnutrition treatment centres across Lebanon. List of malnutrition treatment centres by MoPH attached.</li> <li>- The IYCF campaign planning processes are ongoing; expected to start in the next month and extend for 3 months; it includes mass campaign and media activities in addition to social behavioural changes activities</li> <li>- The national level smart survey is expected to start in July, with the aim to assess the scope and scale of the emerging nutrition problems in Lebanon including data collection on a range of nutrition indicators</li> <li>- Continued efforts on strengthening nutrition support at health facility level and undertaken by MOPH, with support of UNICEF and IOCC including on trainings, subsidization program for malnutrition cases, BFHI, etc.</li> <li>- Cash and voucher assistance guidelines are being developed; aim is to provide operational direction to agencies providing CVA while mainstream nutrition objectives.</li> </ul> <p><b>WHO, Ms. Yasmin Rihawi</b></p> <ul style="list-style-type: none"> <li>- WHO supported the MOPH in devising a National Nutrition Strategy which is currently being finalized and planned to be launched soon.</li> <li>- The Lebanese University with the support of WHO has conducted a food composition analysis for the first time in Lebanon and has published a report on food composition data which is accessible online.</li> </ul> <p><b>UNHCR, Ms. Marie Akiki Abi Safi</b></p> <ul style="list-style-type: none"> <li>- For refugees, access to government hospitals for SAM treatment is through NEXTCARE hotline 01504020 for medical emergency. UNHCR covers treatment for SAM 100%.</li> </ul>

<b>Topic 5</b>	<b>Mental health and psychosocial support</b>
<i>Topic Details</i>	<p><b>MOPH- National Mental Health Programme, Ms. Jinane Abi Ramia (<i>presentation shared</i>)</b></p> <ul style="list-style-type: none"> <li>- As part of the national mental health strategy, the e-guided self-help intervention, <i>step-by-step</i>, was developed by WHO in collaboration with NMHP-MoPH, hosted in Embrace</li> <li>- Described as a story-based intervention, participants can learn tips/tools/exercises to help with depression; in addition to access to trained e-helpers available to support users including motivational support or referral</li> <li>- It was tested in Lebanon for Lebanese and Syrian refugees through a randomized control trial; results showed that it is effective for depression, anxiety, and PTSD.</li> </ul>

<b>Topic 6</b>	<b>LCRP updates</b>
	<p><b>LHF 1st Standard Allocation for 2021</b></p> <p>The LHF launched its first SA 2021 to support needs of populations under the health, food security, and nutrition sectors. It includes a joint approach for health (COVID response and LCRP continuation of care).</p>

<i>Topic Details</i>	<p><b>Inter-Agency Health Sector Coordinator, Ms. Stephanie Laba (<i>presentation shared</i>)</b></p> <p><b>Situation update</b></p> <ul style="list-style-type: none"> <li>- Increase in number of beneficiaries accessing basic services at PHCCs through MOPH network; may be related to ease of lockdown measures. Similar trend observed in PHC consultations outside MOPH network. Decrease in number of MMUs consultations; may be related to increased access to PHCCs.</li> <li>- The percentage of Lebanese people accessing subsidized care has increased.</li> <li>- Increase in number of children under 5 receiving routine vaccination as of January; might be a result of the measles campaign that took place in November-December with a close follow up on targeted beneficiaries</li> <li>- No challenges in chronic medications; the situation of medical supplies is challenging</li> <li>- Main gaps described as consistent are shortage in medical supplies, dialysis support, and hospital support for vulnerable Lebanese</li> </ul>
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<b>Topic 7</b>	<b>AOB</b>
<i>Topic Details</i>	<p><b>AUB-FHS, Ms. Noura El Salibi (<i>presentation shared</i>)</b></p> <ul style="list-style-type: none"> <li>- More than half of the population reported having at least one NCD, with hypertension being the most prevalent and females having higher rates of all NCDs <ul style="list-style-type: none"> <li>o Around 1 in 5 were unable to manage at least one of their NCDs; including for reasons such as unaffordability to buy medications in addition to not accessing PHC with the main barrier being cost and not COVID related reasons</li> </ul> </li> <li>- COVID vaccine acceptance was not significantly associated with age or presence of chronic conditions</li> <li>- Data was collected mainly from Bekaa, Baalbek, North, and South NRC beneficiaries.</li> <li>- Findings call for a context appropriate assistance to overcome financial barriers and enable access to NCD medications and care in addition to addressing vaccine hesitancy among Syrian refugees particularly among high risk groups</li> </ul>

*Annex: List of attendees*

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