

# Meeting Minutes

## Central Health Working Group Meeting

### Friday 30 July 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 30 July 2021 between 9:00 AM and 11:00 AM.

#### Topics of Discussion

---

1. Field news and information on outbreaks
2. Child health/vaccination
3. Reproductive health
4. Nutrition
5. Mental health and psychosocial support
6. LCRP updates
7. AOB
  - a. Upcoming Health Projects Funded by LHF

#### Main Discussions

---

<b>Topic 1</b>	<b>Field news and information on outbreaks</b>
<i>Topic Details</i>	<p><b>WHO, Dr Alissar Rady</b></p> <p><b>COVID 19</b></p> <ul style="list-style-type: none"> <li>- Flare up in number of cases; most hospitalized cases are admitted to regular beds (&lt;5% in ICU) and mainly for the need of oxygen to be used at the hospital due to electricity cuts at home</li> <li>- Alarming figures from the EMR over the past week: increase in death rate and number of cases daily; this is concerning as there are expected visits to religious sites during this period – need for vigilance and looking into new travel recommendations by the government.</li> </ul> <p><i>Q: Any change in regulation around travel from MOPH regarding COVID?</i></p> <p><i>A: Mainly all travellers arriving to Lebanon should have a negative PCR irrespective of their vaccination status. A vaccinated traveller (15 days after second dose) can present vaccination proof without a PCR after verifying the airline requirement on this. An update of the countries labelled red (COVID flare up) will be updated weekly for quarantine considerations upon arrival to Lebanon for at least 72 hours.</i></p> <p><b>Other diseases</b></p> <ul style="list-style-type: none"> <li>- Increase in diarrheal diseases, hygiene-related diseases, and food poisoning cases during current season and more concern considering electricity cuts; need for vigilance and awareness raising on food safety, water chlorination, etc.</li> <li>- First reported multidrug resistance TB case was reported for this year from a traveller; contact screening is being done.</li> <li>- No noted outbreak on vaccine preventable diseases; polio active surveillance is up and going.</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>- Medication shortage at pharmacy level; current discussions with MOPH and the central bank for a shortened list of priority medications that will be made available through the private system.</li> <li>- For PHC, WHO and partners are trying to fill the medication shortage gap based on estimation and morbidity of cases; analysis is being conducted with YMCA for NCDs           <ul style="list-style-type: none"> <li>• There has been a 10% increase in demand Jan-June 2021; this figure is usually observed per year.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Patients presenting to PHC centres are eligible for medications following opening of medical file at the PHCC and documentation on medical need for the medication.</li> <li>• There is a discussion with the MOPH and concerned national authorities on the need to issue decrees on eligibility and utilization of NCD medications for patients with governmental insurance.</li> </ul> <p>- There is a gap in catastrophic illnesses medications; lack of support as there was no emergency plan for these medications.</p> <p><i>Q: As health partners how can we support YMCA with chronic medications?</i>  <i>A: Support should be through the government regulations of bidding and according to YMCA requirements.</i></p>
--	--

<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>- Expanded Program on Immunization (EPI) team conducted EPI cold chain and IT training to nurses in dispensaries to address issues identified in the audits; 26 sessions from March-June.</li> <li>- Trainings conducted for district offices physicians and focal EPI teams covering vaccine stock management, cold chain management and equipment, etc.</li> <li>- EVM trainings (including default tracking and microplanning) started for EPI outlets and caza offices; due completion in August.</li> <li>- EVM assessment findings showed the need to conduct a cold chain assessment for EPI outlets and dispensaries; this is currently in progress. The assessment will support MOPH to recommendations specifications for optimal cold chain equipment.</li> </ul> <p><i>Q: With electricity cuts, any immediate actions will be taken by MOPH for PHC centres that do not have solar fridges?</i>  <i>A: Currently no additional solar fridges to support all PHC centres; however, the cold chain assessment will allow for recommendations to be raised by MOPH including on support for solar fridges.</i></p> <p><i>Note (health sector): PHC cold chain upgrade is included in the ERP proposed activities</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>- With the support of UNFPA and in collaboration with LOM, MOPH conducted training for midwives of 17 governmental hospitals on reporting on consumption of contraceptives. It included a refresher session on family planning counselling and family planning (FP) indicators.</li> <li>- Eight governmental hospitals received contraceptives from the MOPH; follow up is ongoing on delivery to hospitals maternity wards.</li> <li>- Evaluation of the FP counselling program supported by UNFPA is being conducted; it will cover evaluation the training on FP counselling over the past 4 years and recommend any need for amendment. Midwives in governmental hospitals and PHCCs that are not yet trained will receive the training before end of 2021</li> <li>- FP methods are available at MOPH warehouse and can be provided to NGOs and health care centres as needed with conditional monitoring and reporting. Contact PHC department on <a href="mailto:phc-rh@hotmail.com">phc-rh@hotmail.com</a> for availability of contraceptives.</li> <li>- 2021 Q2: MOPH data shows an uptake in RH services; including increase in newly registered pregnant women, utilization of antenatal and postnatal care and family planning.</li> <li>- LOM established a system to monitor deliveries by midwives in their clinics and home deliveries; 2021 data showed an increase for these deliveries. This reporting is not yet included in MOPH VDO system.</li> <li>- The National Maternal Mental Health Guidelines are finalized; IPC material and job aids for health care providers on the guidelines will be developed. There will be integration of</li> </ul>

	<p>content from the guidelines for the PHCs on the national packages of mental health care, and training on this will be part of the Immediate Response Model for the PHC project.</p> <ul style="list-style-type: none"> <li>- The National CMR strategy is finalized, and an action plan is being developed; launch of the strategy is expected in September.</li> </ul> <p><b>WHO, Ms. Danielle Inaty</b></p> <ul style="list-style-type: none"> <li>- WHO is supporting 3 SRH projects including: (1) conducting near-miss assessment in hospitals; (2) training for liberal midwives on IPC measures in collaboration with LOM; and (3) developing of the SRH action plan.</li> </ul> <p><b>WHO, Dr Alissar Rady</b></p> <ul style="list-style-type: none"> <li>- VDO shows an increase in maternal mortality, partly attributed to COVID19 and partly to other conditions that need to be looked into. The near-miss case assessment (last conducted in 2009) is important to validate there are no missing atypical or unexpected trends in near-miss cases, which also reflect antenatal and obstetric care.</li> </ul>
--	---

<b>Topic 4</b>	<b>Nutrition</b>
<i>Topic Details</i>	<p><b>ACF, Ms. Patricia Moghames (<i>presentation shared</i>)</b></p> <ul style="list-style-type: none"> <li>- Determinants of under-nutrition are continuing to rise; MOPH PHC data show an increase in malnutrition cases.</li> <li>- There will be a new toll-free hotline to be launched with the IYCF campaign (planned for end of August); the current IYCF hotline will also remain functional.</li> <li>- The national IYCF campaign launching date postponed until end of August; however, community activities will continue as planned. MOPH in collaboration with Nutrition Sector Partners will celebrate the World Breastfeeding Week with specific activities linked to the IYCF Campaign.</li> <li>- A national SMART survey is being rolled out; survey results are expected in mid-September.</li> </ul> <p><i>Q: Are we seeing any severe acute malnutrition cases referred to hospitals and did the four trained hospitals receive a refresher training on case management?</i></p> <p><i>A: No severe cases have been seen yet; a refresher training is being coordinated with UNICEF and MOPH.</i></p>

<b>Topic 5</b>	<b>Mental health and psychosocial support</b>
<i>Topic Details</i>	<p><b>MOPH- National Mental Health Programme, Ms. Nour Kik</b></p> <ul style="list-style-type: none"> <li>- In collaboration with MOPH-PHC department, work is ongoing on the development and integration of MH packages in primary care.</li> <li>- Work is being done in collaboration with WHO to streamline the dispensing process of mental health medications and have a harmonized system through PHC centres.</li> <li>- Capacity building for inpatient mental healthcare in Habtoor Hospital (North) in collaboration with Restart and UNHCR was completed; 5 beds for inpatients are available.</li> <li>- In partnership with WHO, preparatory work is being done to open an inpatient mental health unit in Tannourine Hospital.</li> <li>- A pilot project is planned by the NMHP and EMBRACE; a mobile health team (including psychiatrists and nurses) can be dispatched to respond to cases of MH emergencies and offer the needed support. A system is being put in place with the Lebanese Red Cross for transportation, in case hospitalization was needed.</li> <li>- Service provision through the step by step (e-mental health intervention) is ongoing.</li> <li>- A meeting was conducted with organizations providing substance use response services to assess the situation and challenges; flagged challenges namely on opioid substitution therapy and service provision. A brief is being prepared to flag urgent needs for support.</li> </ul>

<b>Topic 6</b>	<b>LCRP updates</b>
<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 PHC centres through MOPH network; may be related to wide country opening. Similar trend observed in PHC consultations outside MOPH network. The percentage of Lebanese people accessing subsidized care has increased and focus on refugees that may be pushed out due to increased financial hardships.</li> <li>- Increase in number of MH consultations; may reflect increase need, increased service availability and access to PHC.</li> <li>- Decrease in number of children under 5 receiving routine vaccination (April-May); need to re-assess whether financial hardships are affecting access to routine vaccination. The MOPH prepared and shared the list of needs (supplies, HR, etc) to intensify routine immunization activities; NGOs can contribute according to scope of work.</li> <li>- Decrease in number of uninsured Lebanese admitted to hospitals under MOPH coverage; lowest figures in the past years.</li> <li>- Main gaps described as consistent are shortage in medical supplies, gap in chronic and acute disease medications, dialysis support, and hospital support for vulnerable Lebanese</li> </ul> <p><i>Note (UNHCR): There has been an observed decrease in admission to hospitals by refugees for deliveries (after the onset of the epidemic in Lebanon); global figures shows a decrease in number of deliveries as a consequence of the COVID situation and postponing child-bearing.</i></p> <p><i>A: For Lebanon, the decrease observed may be multifaceted; there is lack of information on home deliveries, refugees delivering in Syria, unregistered births, financial crisis, etc. as such this requires more investigation.</i></p> <p><b>WHO, Dr Alissar Rady</b></p> <ul style="list-style-type: none"> <li>- UNICEF in partnership with WHO and MOPH are preparing a three-year plan for the EPI program which includes a plan of action on routine immunization to mainstream and channel support through this plan.</li> <li>- The health sector contingency planning is also being prepared and can be updated according to projected changes in the current context.</li> </ul>

<b>Topic 7</b>	<b>AOB</b>
<i>Topic Details</i>	<p><b>OCHA, Ms. Yendi Ghossein (<i>presentation shared</i>)</b></p> <p><b>Upcoming Health Projects Funded by LHF</b></p> <ul style="list-style-type: none"> <li>- The allocation mainly focuses target on Lebanese and migrant workers not previously assisted under existing response plans and refugees with increased vulnerability.</li> <li>- The allocation supports operational priorities for the Nutrition, Health, and Food Security sectors including: <ul style="list-style-type: none"> <li>• Nutrition: to scale-up programmatic solutions for the prevention and treatment of malnutrition at scale as well as strengthening surveillance for the nutrition situation.</li> <li>• Health: provision of life-saving support through COVID19 mitigation and strengthening access to essential primary and secondary health services;</li> <li>• Food security: provision of food assistance through food baskets complementary with WASH kits.</li> </ul> </li> <li>- The priority needs for the Health Sector include (1) emergency response to COVID19, (2) critical package of care through non-traditionally supported PHCs, (3) vaccination services for children under 5, (4) critical lifesaving hospital care including provision of psychiatric care and management of CMR support.</li> <li>- List of projects supported by organizations is included in the presentation [slide 6].</li> </ul>

*Annex: List of attendees*

Organization	Name	Position	Phone #	Email
Action Against Hunger	Patricia Moghames	Nutrition and Health Coordinator	03075916	pmoghames@lb.acfspain.org
AFD	Rouba El Khatib	Health Project officer	71129294	elkhatib@afd.fr
Caritas Lebanon	Dayane Daou	Head of Health Department	78 948 988	dayane.daou@caritas.org.lb
Caritas Liban	Cindy Hakme	Senior Grants Coordinator	3594977	cindy.hakme@caritas.org.lb
EU Delegation	Madhuri Severgnini	Health Programme Manager	71966983	madhuri.severgnini@ec.europa.eu
ICRC	Carla Zmeter	PHC Program Manager	70259144	czmeter@icrc.org
IMC	Iman Khalil	Health Director	70973248	ikhail@internationalmedicalcorps.org
IOCC	Dr. Hassan Kazem	Medical Advisor	78961595	hkazem@ioc.org
IOCC	Isabel Abou Samra	Mental Health Officer	70183097	iabousamra@ioc.org
LHIF	Jinane SAAD	Advocacy Advisor		advocacy@lhif.org;
Medair	Marie Gentner	Medical Quality supervisor	81 728854	marie.gentner@medair.org
Médecins du Monde	Chloë Lorieux	Medical Coordinator	70 582 072	medco.lebanon@medecinsdumonde.net
Medical Teams International - MTI	Samira Youssef	Program Manager	71330295	syoussef@medicalteams.org
MoPH PHC	Wafaa Kanaan	Chief Central Coordinator	70-982290	wafakan@hotmail.com
MSF	Karim Wannous	Medical Coordinator Assistant	71801358	msfch-lebanon-medcoassistant@geneva.msf.org
National Mental Health Programme- MOPH	Nour Kik	Governance and Projects Management coordinator		nour.kik@nmhp-lb.com
PUI	Rasha Al Askar	Health coordinator	76435803	lib.health@pu-ami.org
UNHCR	Edwine Abdo	PH Associate	03003582	abdoe@unhcr.org
UNHCR	Maguy Bou Tayeh	Assistant PH Officer	76421612	
UNHCR	Stephanie Laba	Associate Public Health Officer-Inter-Agency Coordination Unit	71911381	labas@unhcr.org
WHO	Christina Bethke	Health Sector Coordinator	WhatsApp +16173886323	dupinc@who.int
WHO	Danielle Inaty	Program Assistant	70488461	inatyd@who.int
WHO	Alissar Rady	Team Lead		radya@who.int
WHO	Yasmin Rihawi	Program Assistant		rihawiy@who.int