

Meeting Minutes

Central Health Working Group

24 July 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 24 July 2020 between 9:00 AM and 11:00 AM.

Topics of Discussion

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

Main Discussions

Topic 1	Field news and information on outbreaks
<i>Topic Details</i>	<p><i>Presentation on COVID-19 by WHO (presentation attached)</i></p> <p>Covid-19 updates – WHO</p> <ul style="list-style-type: none"> - Epidemiological context: <ul style="list-style-type: none"> ○ 25% to 30% from the positive cases are travellers (Lebanese coming from abroad) and 70% to 80% are local communities (residents) ○ The country has clusters of transmission: groups of cases seen together in a definite region for a short period of time and they are linked to each other. So far 122 clusters with 8 active ones ○ 50% of the cases are asymptomatic discovered during the contact tracing, the rest are moderate to mild cases with 3% only in need to oxygen therapy ○ 84% of the cases are Lebanese and 16% are non-Lebanese (workers, migrants, refugees.)2 major outbreaks were reported for Bangladeshi and Syrian workers (Ramco) ○ The exposure modalities: 50% are contact-confirmed, 26% are travel-related, 19% are under-investigation, and 1% from unidentified source ○ Many of the infections were acquired at community level. This is an alert for a potential transmission to phase 4 community transmission. ○ The age distribution: 70% are less than 20 years due to the fact of family infection and younger went out frequently and smoking. Unlike the European countries, the percentage of older population is low 6% ○ 30% of the cases are hospitalized with 4% of patients are in ICU and less than 2% need mechanical ventilation. ICU admission has lately increased and ICU patients are carefully observed (more patients are from abroad) for any change in the virus infection patterns and age group targets - Continuity of Care: <ul style="list-style-type: none"> ○ The continuity of care has been affected by issues related to: <ol style="list-style-type: none"> 1. Shortage of human resources 2. Cold chain maintenance (fuel and electricity problems) 3. Financial sustainability of services 4. Physical geographical access

- Discussion are active with the ministry to support the cold chain maintenance in order not to lose the vaccines quality
- WHO transmission scenarios:
 - Lebanon is in phase 3 of cluster of transmission and one step ahead of entering the phase 4 of community transmission
 - What is currently seen in the country is increase in the number of cases from local transmission and they are not linked to each other which is an index in favor with the community transmission in the different areas of the country.
 - Based on the Oxford model that considers the population size, population demographics, and the public health measures adopted in the country Lebanon is on its phase 3 where mortality is spread on a longer period. If the lock down measures are totally lifted in the country, the health care system will not be able to cope with the intense increase in cases. All efforts are toward containing the cases, isolate the positive ones, and referral to treatment the cases that need to.
- Mitigation measures for Phase 4:
 - Reinforce awareness activities
 - Aggressive surveillance activities
 - Intensify risk communication and community engagement
 - Rigorous infection prevention and control in health facilities
 - SOPs for referral, home care, and protocols for quarantined
 - Ensure enough PPEs are available (with major focus on health-care workers)
 - More designated hospital for Covid-19 in case of a surge in cases
 - Support for the laboratory by testing kits and PPEs (quality assurance RHUH, academic centers waiting for their certificates, and 25 waiting to do the test of external quality assurance)
 - Discussion with the syndicate of lab to establish an external quality assurance team
- Response indicators:
 - Set of indicators for the 8 pillars established with the MoPH
 - 42 laboratories are now doing the PCR tests
- Mortality rate:
 - All the deaths till now had serious medical conditions and are linked to age and secondary health conditions
 - 2 asymptomatic cases linked and investigation is done by careful consideration to their medical charts and files. These 2 cases were atypical in term of age group and degree of exposure
 - Rumors about an imported virus strain that is more virulent than previous ones circulating: Second round of genetic sequencing is being done in Lebanon to track any new virus strains because till now 2 main virus strains have been determined (similar to viruses circulating in Turkey and UAE)
- Hospital capacities:
 - WHO has done an assessment of the public hospital capacities and the report will be soon shared
 - On paper 460 beds are available for Covid-19
 - Beds currently available for Covid-19: 23 in RHUH, 9 in Nabatieh Governmental hospital, 6 in Zahle Governmental Hospital with 20 potential additional beds to be established by the UNHCR
 - List of private hospitals is currently being updated with the MoPH, and the problem to deal with in the public system is with the insufficient numbers of trained health care workers

	The 2 major problems are: shortage in medical equipment not available for the private sector due to financial restrictions, and the human resources
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Topic 2	Reproductive health
<i>Topic Details</i>	<p>WHO</p> <ul style="list-style-type: none"> - Few projects that WHO is working on: <ul style="list-style-type: none"> o Documenting best practices for RH services during Covid-19 o Develop a plan of actions for the continuity of reproductive, maternal, neonatal, child, and adolescent health o Revision of the essential list of RH medications and compare it to WHO essential medications list o Project on Robson Classification System for C-sections. <p>UNFPA</p> <ul style="list-style-type: none"> - Launch a campaign on RH in partnership with the MoPH and key UN agencies in response to the decrease in RH utilization rate in the PHCs comparing data this year to the previous one - Campaign focus: continuity of care and preventive measures taken for Covid-19 at the PHCs to encourage people to access the services - 4 regional Workshops to stress on Covid-19 and pregnancy with the Lebanese Society of Obstetric and Gynaecologist in North, South, mount-Lebanon, Bekaa, and Beirut - Continuing training on family planning counselling to have enough trained midwives and in agreement with the MoPH family planning counselling and commodities will be available in the public hospitals. The MoPH will be tracking the indicators on commodities usage by following the hospital data and monthly reports will be generated. This to be started with 14 governmental hospital and extended later for many public hospitals. This project is in partnership with the order of midwives

Topic 3	Mental health and psychosocial support
<i>Topic Details</i>	No updates were provided

Topic 4	Child health/vaccination
<i>Topic Details</i>	<p>MoPH</p> <ul style="list-style-type: none"> - The immunization services have been resumed since May 2020 and there is an increase by 37% in the number of vaccinated children and the reporting is one line - Ongoing process for the phase 2 national immunization campaign with UNICEF, CRD, and WHO with 2 separate media campaigns for routine immunization and measles immunization - Major challenge is in the electricity problems cut off in the PHCs and its effect on the vaccines - Second and third batches of PPEs were distributed to the PHCs with UNICEF and IMC. UNFPA will provide 82 dispensaries who provide RH services with PPEs - Inventory for essential medications has been developed and linked to the PHENICS - Screening for Covid-19 is done in all the PHCs - Information on Covid-19 have been disseminated to all PHCs using the different platforms - Monitoring field visits to all PHCs have been resumed by field coordinators

Topic 5	Nutrition
<i>Topic Details</i>	<p>UNICEF</p> <ul style="list-style-type: none"> - Preparing a nutrition survey with the different stakeholders as cases for malnutrition are expected to increase considering the current situation to get evidence on the nutritional status

Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	<p>Inter-Agency Health Sector Coordinator <i>Presentation on continuity of care and contingency indicators as an analysis of the current situation with Covid-19 (presentation is attached)</i></p> <ul style="list-style-type: none"> - The continuation of care of PHC and SHC was mainly affected by the economic crisis, the Covid-19 situation and the monetary situation comparing this year to the previous one. This is noticed by the following contingency indicators: <ul style="list-style-type: none"> 1- decrease in the number of PHC beneficiaries for basic services by 37% in May 2020 compared to May 2019 although there is an increase by 12% from April 2020 to May 2020 2-decrease in the number of PHC consultations outside the MOPH network by 38% June 2020 compared to June last week although 9.5% increase is noticed from May 2020 to June 2020 3-14% decrease in the MMUs consultations comparing this June to June last year with no changes seen from May 2020 to June 2020 4-increase by 17% in the number of vaccinated children from April to May 2020 5-Gaps in medications availability: 12% out of stock medications for chronic diseases, 20% for acute diseases, gap in specialized mental health services especially in North and South, and cases of malnutrition are expected to be increased 6-23% increase in the number of Syrian refugees receiving financial support for improved access to hospital care although there is 12% decrease comparing June 2020 to June 2019 7-34% increase in the MOPH hospital admission for Lebanese with no changes seen comparing June 2020 to June 2019 - Gaps in the health sector are also noticed with a shortage by 12% in the chronic medications, 20% for acute diseases, and disruption for dialysis and blood diseases activities with a gap expected to be extended till end of 2021 - The planning process of the LCRP for 2021 is ongoing by many multistage activities to take place all over 2020 and until the end of 2021. The planning process for 2021 will be focusing on adjusting the suspected log frames and the response plans in line with the overall strategy as well as monitoring and evaluation framework draft and SRP guidance finalized - The agency will seek more engagement from national NGOs - UNHCR will be revising the hospital cost sharing plan for Syrian refugees considering the economic crisis and the Covid-19 situation. The UNHCR will increase their paying shares to the hospitals and in parallel decrease the amount that the refugees will have to pay. This will be based on assessment to the hospitals on the bulk of refugee's patients they receive with monitoring for 3 months for the service utilization

Topic 7	AOB
<i>Topic Details</i>	<p>WHO</p> <ul style="list-style-type: none"> - Following an assessment of the prison status and to increase preparedness and monitor any outbreak between inmates in the prison, WHO has provided a team of 5 nurses to operate the isolation site in the prison.

Annex: List of Attendees

Central Health Working Group- Attendance List - Friday 24 July 2020				
Organization	Name	Position	Phone #	Email
MSF	zeina gphantous	deputy head of mission	71 326 052	msff-beirut-deputyhom@paris.msf.org
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IMC	Anil Kangal	Deputy Country Director	71777493	akangal@internationalmedicalcorps.org
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