

# Meeting Minutes

## Central Health Working Group Meeting

### Wednesday 31 March 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 Wednesday 31 March 2021 (*exceptionally*) 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
6. LCRP updates
  - a. Hospital care support
  - b. Presentations by partners on their activities (La Chaîne de l'Espoir, Heal Beirut)
7. AOB
  - a. Long-term subsidization packages at PHC by MOPH
  - b. Updates on Tuberculosis by MOPH

#### Main Discussions

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<b>Topic 1</b>	<b>Field news and information on outbreaks</b>
<i>Topic Details</i>	<p><b>MOPH- Epidemiological Surveillance Unit, Dr Nada Ghosn</b></p> <p><b>COVID19 updates</b></p> <ul style="list-style-type: none"> <li>- To date, up to 465,000 confirmed and reported cases, 61,884 confirmed deaths, up to 2,651 healthcare workers affected</li> <li>- High local testing rate; high local incidence rate</li> <li>- Testing rate per 100,000 inhabitants is stable since March</li> <li>- Positivity rate is around 17% since mid-February; peak in cases in January with a decrease following lockdown</li> <li>- Stability in mortality rate since February (around 14 deaths/100,000 inhabitants)</li> <li>- Case fatality rate is different between age groups, increased rate observed with age from 50 years old</li> <li>- Cumulative number of persons receiving 1st vaccine dose: 139,623 (around 2.8% of the population age 80+); 2nd vaccine dose: 77,249</li> <li>- Week 10 is taken as reference to compare situation in relevance with vaccination start and status; this allows to compare the number of cases and death rate with respect to age group following start of vaccine which was initiated on week 7</li> <li>- In Beirut and Mount Lebanon, peaks in number of cases in January and then a decrease observed following lockdown, while in other governorates there remains a peak in cases</li> <li>- &gt; 80% of the cases are related to local cases</li> <li>- Increase in number of calls on both hotlines (Covid19 and vaccination hotline); majority of queries related to vaccinations</li> </ul> <p><b>Other diseases</b></p> <ul style="list-style-type: none"> <li>- Working on resuming activities; restart of issuing of reports (medical centres report to be issued this week)</li> </ul>

<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>- February- March: a vaccine assessment was run with the support of UNICEF to identify gaps in the system and propose comprehensive planning</li> <li>- 50 national assessors trained in December 2020 (28 performed field visits)</li> <li>- 114 EPI vaccination sites and district offices were assessed; results to be delivered 1st week of April</li> <li>- Virtual refresher training for PHC centres on EPI (started for 17 centres) including: cold chain, immunization calendar, vaccination protocols, drop out protocol – to be further rolled out to all PHC centres in the network</li> <li>- Face to face refresher trainings for dispensaries on EPI including: cold chain, immunization calendar, vaccination protocols, drop out protocol - covered 7 Qaza, total of 156 dispensaries to date</li> <li>- Continuation of EPI routine activities; conducting field visits to district offices, PHC centres and dispensaries to conduct coaching, ensuring implementation of EPI policies and procedures, controlling quality of services provided, conducting of improvement activities with the IT department to optimize functioning of electronic data (MERA, PHENICS)</li> <li>- There was an observed decrease on coverage of EPI activities (between Jan-Feb 2020 and Jan-Feb 2021)</li> </ul> <p><i>Q: Is the reduction in coverage different per region or has it decreased across all regions?</i>  <i>A: Coverage has decreased across all regions, and not only on EPI but on other services like reproductive health.</i></p>

<b>Topic 3</b>	<b>Reproductive health</b>
<i>Topic Details</i>	<p><b>UNFPA, Ms. Maguy Ghanem</b></p> <ul style="list-style-type: none"> <li>- UNFPA supported recruitment of 25 midwives in PHC centres across the country to promote RH services, in addition to supporting different partners’ activities on outreach and referral to PHC centres for RH services.</li> <li>- UNFPA in partnership with the MOPH and in collaboration with the NMHP is working on the development of maternal mental health guidelines; working on the different steps to operationalize the monitoring and evaluation system and capacity development plan for health care providers.</li> <li>- Review of RH service delivery guidelines started in 2020 to reflect the following: development of new chapters including selfcare, COVID-19 and pregnancy, and emergency preparedness; review of chapters on antenatal care and CMR. This initiative continues in 2021 to ensure an update of all chapters, in addition to setting a capacity development plan for the updated guidelines.</li> <li>- Promoting of RH and GBV integrated approach: UNFPA in partnership with MOPH has started sensitization for PHC centres on the integrated approach/models – to be followed by upgrading the capacity of a number of PHC centres to be able to deliver integrated RH and GBV services as per the models.</li> <li>- There are ongoing discussions by UNFPA on a training on safe identification and referral for staff at PHC centres.</li> <li>- Family Planning: MOPH added indicators on family planning counselling to the VDO – monthly reporting to be done by the different hospitals (namely governmental hospitals)</li> </ul> <p><i>Q: Has the 2020 Maternal Audit report been finalized with the MOPH?</i>  <i>A: The maternal mortality report for 2018-2019 has been finalized and will be shared in the coming week and the 2020 report may be shared in the next couple of weeks.</i>  <i>Q: Are there any gaps related to RH drugs or commodities?</i>  <i>A: No shortage was reported on RH drugs or contraceptives, this is followed up on with the different RH actors. Procurement for 2021 is also being done.</i></p>

<b>Topic 4</b>	<b>Nutrition</b>
<i>Topic Details</i>	<p><b>ACF, Ms. Patricia Moghames on behalf of the Nutrition Sector (<i>presentation shared</i>)</b></p> <ul style="list-style-type: none"> <li>- VASyR 2020 data: partners are encouraged to download the latest draft of the report.</li> <li>- There is deterioration in rates of exclusive breastfeeding and minimum diet diversity (between 2019 and 2020).</li> <li>- MOPH preliminary analysis shows an increase in rates of GAM 2019 – 2020; alarming rates in areas such as Baalbek-Hermel</li> <li>- Following Beirut port explosion and to date there remains an ongoing concern with the unsolicited and untargeted donations of Breast Milk Substitutes; should not be provided by organizations due to multiple consequences</li> <li>- A national hotline (70/231739) was created to accommodate the surge in request for IYCF support; caregivers can request counselling and support on breastfeeding and complementary feeding, and possibly be linked with other services if needed. <ul style="list-style-type: none"> <li>o Increased requests for food and cash assistance in addition to MHPSS services via hotline</li> <li>o Hotline reached more Syrian refugees, working on improving reach to more Lebanese and other residents (i.e. migrant workers)</li> <li>o IYCF hotline data shows that the number of calls and referrals to IYCF specialists has been increasing since September</li> </ul> </li> <li>- Meetings with parliamentarian Dr Inaya Ezzedine to explore how to improve IYCF practices in the community and the need to support complementary feeding <ul style="list-style-type: none"> <li>o 6 months nutrition emergency plan being drafted- falls under LCRP and EOC</li> <li>o Planning a National IYCF campaign (with the MOPH and UNICEF); launching in June 2021</li> </ul> </li> <li>- Lack of up to speed nutrition data for Lebanon; no data on malnutrition expect HIS system annual data <ul style="list-style-type: none"> <li>o Working with UNHCR and UNICEF, and PRIME team to draft and revise a concept note for a SMART+ survey to collect nutrition-related data (to be finalized in Q2/3)</li> </ul> </li> <li>- Currently IOCC with UNICEF are supporting various malnutrition treatment centres by training, support in personnel, etc.</li> <li>- Nutrition sector currently drafting a guideline for nutrition cash assistance guidelines; discussions to be planned with basic assistance, food security, and cash assistance task force.</li> <li>- A set of questions on nutrition have been developed by the nutrition assessment task force and were suggested to be added in multisectoral needs assessments – to be shared end of this week.</li> <li>- Reporting on 4Ws matrix for nutrition partners is available for the sector to have information on nutrition interventions.</li> </ul> <p><b>WHO, Ms. Edwina Zoghbi</b></p> <ul style="list-style-type: none"> <li>- WHO supported the MOPH in devising a National Nutrition Strategy which currently being finalized and is planned to be launched next month.</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. Nour Kik</b></p> <ul style="list-style-type: none"> <li>- The NMHP is working closely on the development and roll out of the MH packages (included in the basic benefit packages) at PHC level <ul style="list-style-type: none"> <li>o Trainings will be completed for PHC staff on MH gap and MH packages</li> <li>o Costing of MH packages is being done as part of overall costing analysis being carried out for the LPSP</li> <li>o Indicators for MH were identified and will be integrated in PHENICS</li> </ul> </li> <li>- Opening of MH units in hospitals: <ul style="list-style-type: none"> <li>o Habtour hospital (Akkar) completed required works for opening; next step is formal contracting of the hospital</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Discussions started with UNHCR and Restart on capacity building of staff that will be operating the MH unit</li> <li>○ Tannourin Governmental Hospital; concept note sent by hospital and is currently being reviewed by NMHP and WHO</li> <li>○ Tripoli Governmental hospital: a ward will be dedicated for COVID and MH patients and will be opening soon (expected bed capacity: 10)</li> </ul> <p>- Step by step is an e-guided self-help intervention developed by WHO in collaboration with the NMHP. It was tested in Lebanon for Lebanese and Syrian refugees through a randomized control trial. Results revealed that it is effective for depression, anxiety, and PTSD.</p> <ul style="list-style-type: none"> <li>○ Currently the NMHP with WHO and partners is moving to the implementation research phase to inform the scale up of the intervention; the hosting organization for the initial implementation study phase will be EMBRACE</li> <li>○ Details on implementation phase and recruitment of participants to be presented in upcoming CHWG meeting</li> </ul> <p>- NMHP is also working with UNFPA on the development of maternal health guidelines and related activities.</p>
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<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>- Decrease in the number of beneficiaries accessing basic services at PHCCs through MOPH network (Jan 2020 versus Jan 2021); mainly related to the country-wide lockdown</li> <li>- Increase in PHC consultations outside the MOPH network from Jan to Feb 2021; probably related to reinitiating partners' activities after ease of lockdown</li> <li>- Number of subsidized consultations are decreasing overall (2019 versus 2020); however, the percentage of Lebanese people accessing subsidized care has increased</li> <li>- Increase in number of MMUs consultations from Jan to Feb 2021</li> <li>- Increase in number of specialized MH consultations from Jan to Feb 2021; highlighting the increased need for MH support</li> <li>- Decrease in number of children under 5 receiving routine vaccination (Jan 2020 versus Jan 2021, and decreased trend is continued in February); possibly related to delay of preventive care by beneficiaries</li> <li>- No challenges in chronic medications supplies; however, the situation of medical supplies is challenging</li> <li>- Decrease in the number of refugees supported for hospital care comparing 2021 to 2021.</li> <li>- Slight increase in number of hospital admissions of MOPH patients from Jan to Feb 2021 noting that Lebanese people with no insurance or NSSF are admitted to the hospital under MOPH coverage</li> <li>- Majority of indicators show the consequences of the multifaceted crises which is leading most of the times to a decrease in primary and secondary care for the vulnerable populations</li> </ul> <p><b>Challenges and gaps</b></p> <ul style="list-style-type: none"> <li>- Hospital care meeting was conducted earlier and a common challenge raised was in outreaching people in need, mainly Lebanese people</li> <li>- Main challenges are related to decreased access to preventative care, delayed access to hospitalization, shortage in medical supplies, shortage in medical supplies, dialysis support, and hospital support</li> </ul> <p><b>Priorities for LHF standard allocation for 2021</b></p> <ul style="list-style-type: none"> <li>- Main priorities under LCRP: Vaccination, MH, Nutrition, medication &amp; Hospital care.</li> <li>- Ophthalmological services and dialysis support TBC and discussed with OCHA LHF.</li> </ul>

- Priorities will be discussed with OCHA LHF to prioritize them in the 2021 standard allocation and then partners will be able to apply/suggest proposals and eventually to implement related activities

**Hospital care support**

- It is considered under the LCRP Health Sector Strategy for 2021; under outcome 2
- All the refugee population are eligible for coverage
- Vulnerable Lebanese have been newly added under outcome 2 in response to the increased financial hardship; coverage will be done under a cost-sharing scheme that includes public and private hospitals for those covered by MOPH as last resort, in addition health sector partners can still cover patient share

**LCRP Health Sector Research Questions and Research Committee**

- Research committee was established earlier; email to be circulated with a guide on the committee in addition to sharing a research matrix to see which research works are in line with the sector priorities and possibly to support it via data sharing, discussions, etc.
- Every year all sectors under LCRP list questions for partners to answer as means to program interventions' designs and evaluate interventions; some questions for 2021 have been drafted

*Q: Is there possibility of more support on malnutrition screening and treatment at PHCC level?*

*A: It can be discussed with MOPH to be included in the priorities for LHF.*

*Q: If possible, considering migrant workers for hospital care support as well?*

*A: This will need to be discussed to see how it can be done, not sure if it could be included under LCRP since migrant workers are not a target for hospital care under LCRP.*

*Q: Are there surgeries not covered by MOPH?*

*A: The MOPH usually covers the majority of cases, eligibility is not related to the nature of the case but more related on availability of MOPH beds at the hospital levels in addition to consideration that the patient is not insured anywhere else.*

*Q: Hospital care support for vulnerable Lebanese will be for all health conditions?*

*A: Yes they will only need to be admitted under MOPH.*

*Q: Any updates on coverage of Dialysis and blood disorders following end of URDA support?*

*A: There are ongoing discussions on this however there is still no definitive answer; some partners are studying the possibility of extending dialysis support. Also, IMC has been covering the patients until the end of June 2021 for 31 patients that has been shifted from the URDA support in BML mainly.*

*Q: Would Tuberculosis patients with life threatening conditions (requiring ICU admission) be considered under the project?*

*A: For the vulnerable Lebanese if admitted under MOPH they might be under the project however this needs to be discussed further with the NTP in the MOPH to check if there are any programmatic constraints for eligibility of coverage.*

**La Chaîne de l'Espoir, Ms. Dana Sebaaly (presentation shared)**

- Specialized in giving access to medical and surgical care to populations in need, main focus is children; actively working in over 30 countries
- Operating in Lebanon through local partners since 2012; main actions aim to provide paediatric cardiac surgeries in addition to orthopaedic surgeries

	<ul style="list-style-type: none"> <li>- Formally set operations following Beirut port explosion, currently implementing two projects: (1) providing access to surgical care for people up to 60 years old based on set selection criteria (bills for medical devices may also be covered) and (2) supporting congenital orthopaedic anomalies in Lebanon (start up phase)</li> <li>- For referrals; hotline and email available</li> </ul> <p><b>Heal Beirut, Dr Noel Ayoub (presentation shared)</b></p> <ul style="list-style-type: none"> <li>- Heal Beirut is an online platform which provides free international teleservices to anyone in Lebanon by licensed healthcare providers within the US; services include mental health, general-medical, dental speciality medical services</li> <li>- Aim is to support the vulnerable population and offset the burden off local healthcare systems; patients can benefit from provision of long-term care and follow up in addition to education for care providers/patients</li> </ul> <p><i>NMHP highlighted the legal framework in Lebanon with regards to the psychology profession; psychotherapists need to have a license from MOPH in order to practice and as such it is important that psychotherapists providing telehealth services have a license from MOPH in Lebanon.</i></p>
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<b>Topic 7</b>	<b>AOB</b>
<i>Topic Details</i>	<p><b>MOPH- Primary Health Care Department, Ms. Christina Khoury</b> <b>Long-term subsidization packages at PHC (presentation and IRM report Q4 shared)</b></p> <ul style="list-style-type: none"> <li>- Immediate response model was adopted following the Beirut port explosion starting with 23 PHC centres affected by the blast; 17 PHCCs have an active IRM status with respective supporting iNGO; rehabilitation has been done and ongoing subsidization of services in these centres</li> <li>- Q4 2020 data: 14 centres with active IRM status <ul style="list-style-type: none"> <li>o Lebanese citizens were the majority of the beneficiaries presenting to PHCCs</li> <li>o Percentage of Lebanese seeking care has increased since 2019 from 52% to 60%</li> <li>o Increase in the number of beneficiaries after contracting the PHCCs and the provision of subsidized services at low cost (it is expected that the number of beneficiaries and of consultations subsidized to be higher in the coming months)</li> <li>o A total of 7,139 consultations were subsidized over the course of 3 months, the number of consultations subsidized showed a steady increase</li> </ul> </li> <li>- For Q1 2021 NGOs will be reporting on patient satisfaction surveys</li> <li>- PHCCs staff have been undergoing training sessions on MOPH programs and pillars of PHC (with pre/post-test)</li> <li>- Challenges identified at the start of the support have been addressed and lessons learned from these experiences are crucial to build a comprehensive LPSP</li> <li>- Currently the basic benefit packages modules have been wrapped up (pending mental health package – last round of revision being done), early intervention for children with disabilities still ongoing (ESCWA, UNDP, Arcenciel working with the task force on the packages)</li> <li>- Monitoring and Evaluation framework has been finalized, target population and baseline to be set during costing module</li> <li>- Costing and PPM module: situational analysis in PHCCs conducted in addition to comparison of model with the PPM adopted in previous subsidization projects. <ul style="list-style-type: none"> <li>o Ways forward: to complete the comparative analysis and cost analysis of all services within PHCCs in addition to developing budgeting tool and setting baseline for the monitoring and evaluation framework.</li> </ul> </li> <li>- LPSP communication and outreach module; strategy being framed (primary and secondary audience for LPSP decided), next step with the working group is to identify gaps in resources and accordingly develop needed tools/channels</li> <li>- Hybrid model to be adopted for the training sessions; in house at the ministry and external by partners (May-June 2021)</li> </ul>

*Q: Has there been any challenges in availability of resources in PHCCs (supplies, medicines) or challenges due to increased demand?*

*A: No reported shortages on medications or medical supplies; supply chain has been adaptive to the increase in demand of services.*

**National TB Program, Ms. Anne-Marie Farhat (presentation shared)**

- Trends in notified TB cases shows an increased percentage of foreign-born TB cases since 2006
- Number of notified TB cases among Lebanese has been decreasing; however, increasing among refugees and migrants since 2012
- In 2020, notification dropped by 13% compared to 2019; mostly noticed among migrants and refugees
- Q1 2020, 8% increase in total TB notification compared to the same period in 2019; however, the rest of the year was marked by a decline in notification possibly related to COVID19 pandemic and changes in health seeking behaviours, decline in number of migrants, damage of Karantina centre which serves more than 50% of cases in the country; raised the possibility of undiagnosed cases and higher transmission
- Several measures were implemented during the COVID19 pandemic to ensure continuity of TB services
- The NCC decided to include active TB patients as part of first phase priority for COVID19 vaccinations and currently a protocol for COVID19 testing in TB patients is being developed in line with WHO recommendations to be adapted to the Lebanese context

**Inter-Agency Health Sector Coordinator, Ms. Stephanie Laba**

**Other updates**

- Email sent to partners including a survey on NCD care during COVID19 pandemic in humanitarian settings; input is needed from organizations working on NCD management
- Survey to be circulated on perceptions and attitudes of Reproductive Health professionals towards ANC, PNC and SGBV survey (drafted by PU-AMI)
- HCT as part of immediate next steps on contingency planning were requested by OCHA to initiate a 3W to identify active partners that may be mobilized in case of need to respond to new emergencies; all partners will be requested to contribute to this exercise
- Another survey to be circulated to all health partners to see preference on frequency and contents of meetings (Health sector and CHWG)

*Annex: List of attendees*

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