Meeting Minutes
Central Health Working Group Meeting
Friday 27 November 2020

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 27 November 2020 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. Mental health and psychosocial support
5. Nutrition
6. LCRP updates
7. AOB
    a. Inter-Agency Referral Minimum Standards Training
    b. VASyR Health results

Main Discussions

Topic 1	**Field news and information on outbreaks**

Topic Details	**MOPH- Epidemiological Surveillance Unit**
	- As of Thursday 26 November, 122 000 COVID-19 cases were recorded in Lebanon. 974 deaths were recorded with confirmed PCRs. When looking at the main indicators are:
	  ○ Testing rate: slight decrease in testing is observed (drop from 3000 to 2700 tests per 100 000).
	  ○ Positivity Rate: 15% positivity rate, stable since the second week of November. It is important to note that these numbers include testing for the contacts. We have field testing for the contacts done in these regions, explaining that we have high numbers and positivity rate due to feel testing. 1800 cases were among them 250 from field testing and from a closed setting outbreak.
	  ○ Mortality rate: we are observing a 3.5 up to 4 deaths per 100 000 persons. For the past 14 days, the main indicator is the positivity rate, still at 15%, it is still stable with no increase.
	  ○ Incidence rate: this is dependent on the previous factors, the positivity rate and the testing rate, thus we are witnessing a decrease in the incidence rate but this is due to the decrease in the testing rate.
	  ○ Death rate: the highest case fatality rate is among elderly (up to 3%), for the 70-79 years is up to 6.5% and for the 80-90 years it is up to 12%. The case fatality is high around elderly, highlighting the need for ensuring correct access to health care. In previous weeks and days, some deaths at home were recorded. Currently, ESU is observing to understand why there are deaths at home; findings will be shared by next week.
	- By Mohafaza, different partners are observed in each Mohafaza, where Beirut and MLB, the increase was progressive since week 26, they had the same profile of the curve but with different scales. However, in Bekaa and Baalbak-Hermel, a rapid increase in week 38 and 42, respectively, which was not observed in other Mohafazas. Other Mohafazas, the increase observed in Nabatieh and Akkar is very progressive by week.
	- For the positivity rate, according to WHO guidelines, the positivity rate has to focus on Sentinel sites, not on asymptomatic cases or targeted people. 40 PHCS will be deployed in sentinel areas to test symptomatic people as well as adding ER from each Mohafaza, to monitor positivity rate for symptomatic cases going to healthcare facilities, not

	monitoring positivity for travelers or asymptomatic, which will lead to errors in computing and monitoring the positivity rate.
	- For other diseases:
	  o Rabies: 2 weeks ago, 1 case of rabies, a child was bitten by a dog and he did not report this to his parents, which resulted in symptoms and going to the hospital and he died. Highlighting the importance of treating the disease in dogs instead of treating humans.
	  o AFP and Polio: no cases were recorded up to now.
	  o Measles: rare cases were reported. Is it because of the absence of cases or the reporting? We have to resume services here for the surveillance activities in hospitals regarding measles and other diseases. In the last month working on COVID-19, activities for other reporting was halted.
	
	WHO
	- According to WHO classification of transmission, Lebanon is in the high community transmission phase. Currently looking into doing sentinel testing among pre-op cases and in the private sector. Trainings and reporting forms were finalized for PHCs.
	- We will be providing support for a campaign for the influenza. Between COVID-19 and Influenza, the symptoms can be very much alike, so we need to alert the community of what to do, where to go, what are the alarming signs to look for.
	- The routine surveillance is a critical issue in times of COVID-19 as well. For the national influenza center, the support is continued so they can do influenza-like testing. This is an ongoing discussion with the ESU about the type of support needed to make sure that other diseases surveillance is not left out.
	
	Question about availability of flu vaccine in enough quantity to cover the population.
	- There will not be enough quantities to cover the whole population market needs because Lebanon has been late in putting the order and for the flu vaccine, there are new strains produced every year. So, countries need to put forward their request yearly (in February the year before to be received in September the year after). Lebanon among many countries was not able to do that.
	- The campaign that will be supported with the MOPH will not be based on vaccines only, but on the physical distancing, alarming signs and self-protection, what to do at home if you have flu-like symptoms, etc. It will also partly target health care workers to know how to convey the information correctly to patients and how they protect themselves.
	- The MOPH has provided flu vaccine to health care workers; remaining vaccines in the market were set under instructions for the most vulnerable populations and groups at risk through a memo defining the at-risk groups. The vaccine shortage is not just in Lebanon. We are trying to counteract this shortage with awareness and prevention messages to minimalize co-infections or the number of people that will require hospitalization.

Topic 2	**Child health/vaccination**
Topic Details	**MOPH – Primary Health Care Department** *Update from MOPH on the Measles campaign* - Second phase of the national measles campaign currently being implemented in all districts that were not covered in phase 1 (Beirut, Mount Lebanon, South, Nabatieh, and Bekaa); not started yet in Zahle, West Bekaa and Rashaya covered. - The national measles campaign targets children aged 6 months till the completion of 10 years with an extra dose of measles-containing vaccine and an oral dose of polio vaccine. - Phase 2 launched in coordination with UNICEF, WHO, and implementing partner CRD. We have launched activities in all Cazas on November 2. UNRWA colleagues joined on 16 November and will be providing extra doses in all dispensaries and all primary healthcare centers till end of December.

	- Currently still looking and analyzing data to identify areas where we have low coverage and we have not reached the target population as desired and we are discussing with WHO and UNICEF the way forward in covering these gap areas in the upcoming ones. - Our way forward is starting the campaign in Zahle tentatively next week. Looking at the Cazas where we had low coverage to complete the vaccination activities in alternate modality in those areas. - Number of children vaccinated till date in Phase 2 is 180,000. The highest coverage (above 80%) was in small cazas such as West Bekaa, Hasbaya, Rashaya, Jezzine, Sour, Marjaayoun. Lowest coverage (below 20%) was in Beirut and Maten; specific activities will be targeting these challenging areas in coordination with the Caza physicians. - We were also approached by ICRC suggesting implementing measles campaign in the Tofeil area despite the fact that Tofeil area is in Baalbeck Hermel Caza which was covered in Phase 1. This specific area was not reached so we will be implementing the vaccination campaign with ICRC and the هيئة الصحية الاسلامية (HIS) in the coming weeks there. **WHO** - The campaign communication strategy is currently being rethought; we need to use more direct contacts with community influencers and/or other entities that will enhance adherence and acceptance of the vaccine, where people did not show up. - Routine vaccination also warrants some attention. Although it has improved over the last 2 months, it did not pick up its normal rate yet. It needs to be really enhanced at community level. Partners directly involved in supporting primary healthcare, or who are doing any other awareness activities at field level, are encouraged to put routine vaccination as priority because we do not want to lose the gains of all the routine vaccinations achieved over the last few years. Partners are encouraged to contact the MOPH PHC team.

Topic 3	**Reproductive health**
Topic Details	**Reproductive Health updates excluding COVID19 response and Beirut blast response – Stephanie Laba *on behalf of UNFPA (presentation shared)*** - Maternal Mortality report 2018-2019 to be shared soon: 33 maternal mortality cases were reported in 2018 and 2019. Among Syrians, the majority of the mortality cases are adolescents. - Continuity of RH services: they are in line with other services being provided in PHC centers in terms of rates. During the countrywide lockdown, the rate was lower and that it increased in post-lockdown.

Topic 4	**Mental health and psychosocial support**
Topic Details	**National Mental Health Programme** - Priority is scaling up community based mental health services in line with the model for the optimal mix of services and integration of mental health into PHC. - As part of the work for the IRM packages in PHCs in response to the Beirut Blast, longer term packages of care for mental health are being developed. These include services at the level of PHCs and specialized services in community mental health services and this will extend to various governorates in 2021. This is in addition to increasing the number of beds for in-patient mental health care in public hospitals. Preparatory work is being

	done to identify public hospitals ready and willing to collaborate on establishing in-patient mental healthcare wards. - On increasing access to quality, evidence-based mental health services, ongoing efforts to scale up local capacity in evidence-based therapy approaches; a third wave of trainings was just completed on the interpersonal therapy which is an evidence-based therapy approach recommended by WHO. This is in collaboration with Columbia university; now we have a pool of local master trainers and supervisors in IPT and a new batch of providers of IPT, which includes university professors, part of a plan to sustainably integrate capacity-building on IPT within university curricula. - In line with the same goal of increasing access to mental health services, there is an on-going project around step-by-step which is an E-mental health for intervention application for guided self-help targeting adults with common mild-to-moderate mental disorders like depression and anxiety symptoms. This is ongoing project over the last 4 years which went into different phases of development with WHO and other partners. Now two RCTs are almost completed with the recruitment of around 1000 persons. We are currently in the process of finalizing the RCTs. The next step will be implementation research to inform potential scale up of the intervention depending on the results of the RCTs. - MHPSS response to COVID-19, priority actions being worked on now include the Mental Health support for patients in COVID-19 Units as well as for the HCWs in covid-19 wards across the public hospitals. Different capacity building interventions and support interventions have started or are being scaled up based on the material developed in the beginning of the COVID-19 Response. - The development process of the 2021 MHPSS Task Force is ongoing and a draft will be shared soon for review. Any actor interested to be part of the MHPSS coordination meetings or in supporting MHPSS activities can reach out on: https://docs.google.com/forms/d/1Wf1w2CU5_nWMW0R9X59lVwLnnF-RpoiFo_4J_2kbImQ/edit

Topic 5	**Nutrition**
Topic Details	**Nutrition sector co-coordinator** - Nutrition has become a sector under the COVID-19 and the Beirut blast response, not LCRP. Engagement with the other sectors is vital and will continue. New UNICEF sector coordinator starting on Tuesday 1/12. Contact will be shared accordingly. - Mainstreaming of nutrition in the LCRP; nutrition indicators included in the 3RP and the 3RF (partly) were put in response to the emerging concerns on infant and young infant feeding and breastfeeding. - Nutrition assessment sub-group is progressing on designing a technical proposal for a nutrition survey, as the biggest challenge now is not having solid and up-to-date figures that cover all the population. The next step will be building consensus with all relevant stakeholders and fundraising, once agreed on the method. - Another working group is the infant and young child feeding led by the MoPH and by the IYCF committee. - Beirut blast donations: ○ Nutrition supplies donations: coordination is taking place across different NGOs for re-distribution. Actors working with vulnerable children under 5 are encouraged to approach the nutrition sector if they want to explore using some therapeutic foods for malnutrition prevention.

	○ New BMS donations are occurring despite publication of the call to action, but thanks to engagement with the Army/FER, it is possible to re-channel them. If partners are receiving BMS or powdered milk, please reach out to ACF because a specific distribution protocol should be used. Otherwise, this can put the health of the mother and child at risk. ○ If any health partner wants to distribute supplementary food for vulnerable children under 5 that present malnutrition, please reach out to ACF to continue using these programs. - Update of the pregnancy and delivery in COVID-19 guideline is needed, to avoid separation of new-borns from their COVID-19 positive mothers and foster skin-to-skin contact and early initiation of breastfeeding and such there will be a need how this guideline developed in April can be updated to be in line with national and international recommendations. - IYCF Hotline receiving more and more calls. In one month, it received around 60 calls, out of which 20 needed lactation support and 40% were because the mother required support on infant feeding or formula. We are seeing this as an emerging concern. We are also seeing cases of maternal malnutrition reported through the hotline.

Topic 6	**LCRP updates**
Topic Details	**Inter-Agency Health Sector Coordinator** **PART I. Continuation of care *(presentation shared)*** - Continuous monitoring of the situation through contingency indicators. - The presentation provides data on contingency indicators, namely PHC consultations, vaccination, secondary healthcare, mental health, etc. **PART II. LCRP Planning Process 2021 *(presentation shared)*** - LCRP sector strategy was updated based on findings from interagency, inter-sector and multi-stakeholder workshops, field consultations, health core group consultations, and bilateral consultations. - Check timeline on the presentation. - Reinforcing the need to initiate the health sector research committee for an evidence-based health programming. A health sector research committee was established; but due to competing priorities and all the emergencies that happened in 2020 it was not initiated; to be initiated in 2021. - The target population is still the same: displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria (PRS), Palestinian refugees from Lebanon (PRL). Displaced non-Syrians including migrant workers are not targeted under the LCRP, but they would benefit from packages offered by health partners based on a non-discriminatory approach. - Changes to the outcomes and outputs: ○ Long term subsidized protocols of care added ○ Output added on the availability of COVID-19 vaccine provided to priority groups ○ New indicators added: on children under 5 attending the clinic-based growth monitoring screening for acute malnutrition; on the number of PHC applying the LPSP model; and number of PHC reporting 0 medication shortage to monitor their ability to manage their supply chain. ○ Under outcome 2, a new target added is the vulnerable uninsured Lebanese covered by MOPH as a last resort. ○ Under output 2.2 which is private and public hospital delivery supported, the need to support hospitals in Lebanon was highlighted. The support

	provided to COVID-19 outbreak will serve in the future given the multi-use nature of the support like equipment. o A new indicator related to nutrition added: number of hospitals that will join the WHO Baby Friendly hospital initiative. o New targets were changed based on new population package, new VASyR data and estimated poverty of Lebanese population. **PART III. Ongoing health projects under LCRP *(presentation shared)*** - Overview of the health projects under LCRP (check presentation) - Dialysis and blood disease support is still a gap - Partners who have any referral that fits into the projects presented are encouraged to reach out for their referrals.

Topic 7	**AOB**
Topic Details	**Inter-Agency Health Sector Coordinator** **VASyR Health results** - The results will be shared separately via email; partners who would like to have specific information to reach out to us. **Briefing on the Interagency Referral Mechanism - by IM Unit** - For partners who wish to attend training on the referral mechanism, please get in touch with Ms. Tamara Stupalova (stupalov@unhcr.org). *Overview of all the IA referral tools developed:* - Minimum Standard Inter-agency on referral: guidance document available online, on the data portal. - Inter-sector service mapping: database to input your services, you can access it to see the available services. - Inter-agency referral monitoring platform: serves to better analyze the situation and what is happening with referrals, if you are making referrals, etc. Please report on this to help understand what is happening in the field. - Service mapping platform is an important tool that helps foster coordination and prevent duplication and it shows accountability to the affected population together with all these tools. - The referral process has 8 main steps (service mapping is essential to complete these steps): 1. Safely identify the individual/household 2. Provide information on available services 3. Obtain informed consent 4. Complete the IA referral form 5. Send the IA referral form to service provider as shown in the IS service mapping 6. Record the referral made 7. Follow up on the status of referrals 8. Report and respond to referral trends through IA referral monitoring platform

Annex: List of Attendees

Central Health Working Group- Attendance List - Friday 27 November 2020				
Organization	**Name**	**Position**	**Phone #**	**Email**
ACF / Nutrition sector	Aurélie du Châtelet	Nutrition sector co-coordinator	81686853	aduchatelet@lb.acfspain.org
AFD	Rouba El Khatib	Health Intern	71129294	elkhatibr@afd.fr

Amel Association International	Mohammad Al Zayed	Health Coordination	71552849	health@amel.org
Anera	Yara Shanouha	Junior Pharmacist	70-641342	y.shanouha@aneralebanon.org
EU	Sara Campinoti		81696468	sara.campinoti@eeas.europa.eu
HelpAge International	Hiba Shaer	Health Officer	71343717	hiba.shaer@helpage.org
ICRC	Carla Zmeter	PHC Program Manager	70259144	czmeter@icrc.org
Inter Agency	Hiba Ramadan	Senior Coord. Assistant	70616804	ramadanh@unhcr.org
Internews COVID-19 proj.	haley McCoin	Project Coordinator	81244846	hmccoin@internews.org
IOCC	Diana Alameh	IYCF Coordinator	03024636	dalameh@iocc.org
IOCC	Joyce Hayek	Senior Health Officer	3128781	jhayek@iocc.org
LHIF	Jinane SAAD	Advocacy Adviser	70606228	advocacy@lhif.org
Medair	Susan Brown	Health Manager	3425847	
Medair	Marie Gentner	Medical Quality Supervisor	81728854	marie.gentner@medair.org
Medair	Farah Darwiche	Health Project Manager	71072769	health-pm-leb@medair.org
Mercy-USA	Samah Ghamrawi	Project Manager	81277723	sghamrawi@mercyusa.org
MoPH -PHC-EPI	Rima Shaya	PHC-EPI Coordinator	03-581727	rgs066@gmail.com
MSF	Micheline Sarkis	Coordination advisor	76 174451	msf-lebanon-advisor@msf.org
National Mental Health Programme-MOPH	Nour KIK	Policy and Advocacy Coordinator	70804483	nourjkik@gmail.com
PUI	Rasha Al Askar	Health Coordinator	76435803	lib.health@pu-ami.org
Relief International	Layal Shayya	Health Program Coordinator	03 880 462	layal.shayya@ri.org
Restart Center	Rita Slim	General Coordinator	70-552423	rita@restartcenter.com
SAMS	Ola Mouheildine	Project Coordinator	76 962317	omouheildine@sams-usa.net
Skoun	Tatyana Sleiman	Development & Fundraising Manager	70380480	tatyana@skoun.org
UNHCR IA	Stephanie Laba	Health Sector Coordinator LCRP	71911381	labas@unhcr.org
UNICEF	Samar Bejjani	H&N	3972159	sbejjani@unicef.org
UNICEF	Joelle Najjar	Health & Nutrition officer	3425847	jnajjar@unicef.org
WHO	Christina Bethke	Health Sector Coordinator - BB/COVID	WhatsApp: +16173886323	dupinc@who.int
WHO	Katia Cheaito	Health consultant	70042148	cheaitok@who.int
WHO	Manar Al Harakeh	IMO	71818813	alma@who.int
WHO	Danielle Inaty	Program Assistant	70488461	inatyd@who.int
WHO	Edwina Zoghbi	National officer MH & NCD		zoghbie@who.int
WHO	Mona Haddad	Consultant	3363959	monah.ipc@gmail.com
WHO	Loubna Al Batlouni	National Professional Officer	70127891	albatlounil@who.int