

Meeting Minutes

Health Working Group - Displaced Syrians

July 28, 2017

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 at the premises of WHO – Museum Square, Glass Building, floor -1 on Friday July 28th, 2017 between 9:00 AM and 10:00 AM.

Topics of Discussion

1. Field news and information on outbreaks
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>MOPH- ESU department</p> <ul style="list-style-type: none"> - Polio: 0 cases in Lebanon; 55 cases of AFP; weekly bulletin posted on website every Saturday; for non-polio AFP cases at national level it is 4.5 (it should be at least 2); segregated by nationalities, for Lebanese and Palestinians it is 4.9, for Syrians, 3.4; all governorates are reporting cases, however underreporting is still an issue especially in the North, the work is initiated on enhancing surveillance there - Outbreak of Vaccine-Derived Polio Virus (VDPV) Type 2 in Syria with more than 20 cases; alert issued in July; meeting done with MOPH, WHO, and UNICEF; the plan is to raise awareness in hospitals especially in the North and the Bekaa; alert algorithms are currently being revised, based on latest WHO guidelines issued in May 2017; training sessions will be conducted for hospitals and PHC centres as well as sensitization sessions for volunteers - Measles: up to 100 cases since January (children/adults) - Mumps: up to 176 cases - Cholera: workshop held 6-8 July in Beirut due to the outbreaks in the Region (Somalia, Yemen, Iraq); recommendations for Lebanon are to revise the plan and conduct simulation exercises in order to test the plan and identify gaps <ul style="list-style-type: none"> o Outbreak of acute diarrhoea in Aarsal; 2 options: (1) send stool culture specimens of Aarsal patients to RHUH, no cholera identified till now; (2) get rapid tests in order to test for cholera onsite and in case of positive results the specimens can be sent to RHUH for confirmation o When rapid tests are available, they will be distributed to relevant NGOs and the latter will be trained on how to use them where clusters of diarrhoea are reported o Important to add cholera to the volunteers sessions - District Health Information System (DHIS 2): <ul style="list-style-type: none"> o Upgraded this month with WHO support in order to have online lab surveillance (laptop, tablets, etc.); sessions scheduled for all hospitals and medical centres. This year all aggregate-based forms will be on DHIS 2 (lab forms, medical centre forms, etc.); next year all case-based forms will be on DHIS 2; o First stage is reporting by health staff; stage 2 is the MOPH investigation; stage

	<p>3 is the lab confirmation of results; every person involved in either of the 3 stages will have access to the data of these 3 stages</p> <ul style="list-style-type: none"> ○ 3 types of dashboards can be generated: (1) site specific (the entity reporting can see his/her own data), (2) public dashboard (to be posted on the website, data de-identified), and (3) MOPH dashboard with more detailed indicators ○ Link to bulletins/tables: http://www.moph.gov.lb/en/DynamicPages/index/2 <ul style="list-style-type: none"> - Chemical surveillance protocols adapted by MOPH and currently under revision; survey with the labs planned as part of these protocols in order to know the capacity of our labs to do chemical testing and subsequently, agreements with labs can be done for testing in case of any outbreak; one chemical event happened in June 2017 (CO intoxication) which was the driving force behind this initiative - Cancer registry: data entry on-going for the years 2011-2012-2014-2016; 2013 and 2017 data will be entered next year and data analysis can then start; in the forms, the nationality is not always mentioned in the lab reports which are the main source of information; - Meeting with WASH conducted and agreed to have weekly sharing of information <p>WHO</p> <ul style="list-style-type: none"> - Lebanon is not endemic to cholera and there is no outbreak; the vaccine is not recommended - Scaling up WASH interventions and awareness; for any educational materials required, liaise with WHO or MOPH for supply <p>UNHCR</p> <ul style="list-style-type: none"> - The vaccine is not indicated at this stage; however, although the risk is extremely low in Lebanon, the preparedness is very important especially that the borders are very porous here, referring to the experience of Haiti earthquake where risk of cholera was deemed very low but one of the biggest cholera outbreaks occurred
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Topic 2	Reproductive health
<i>Topic Details</i>	<p>UNFPA</p> <ul style="list-style-type: none"> - In the process of equipping 205 PHC clinics under the MOPH network and 26 hospitals with reproductive health related commodities and equipment; delivery by August - Supporting training for 140 hospital focal points on maternal mortality surveillance as of July; training to be continued for the same focal points on neonatal mortality and morbidity surveillance; the aim is to combine maternal and neonatal surveillance together by the end of 2017 and generate a report accordingly - MOPH, supported by UNFPA, will be extending the training on service delivery guidelines and sexual and reproductive health reporting to 54 other dispensaries - UNFPA supporting 8 partners with midwives and planning to support 3 PHC centres in the North with midwives through direct support (not through partners) - Planning to reach 44,000 to 50,000 beneficiaries by end of 2017 (centre-based counselling and outreach) - Initiated the consultancy for review and compilation of all reproductive health education materials in order to have standard IEC materials and messages that are agreed upon by partners and stakeholders - Issue of increasing home deliveries as reported by various partners (IMC, MEDAIR, etc.) especially in Bekaa; discussions on-going to encourage hospitals referrals <p>MDM</p> <ul style="list-style-type: none"> - UNHCR reporting C-section rates decreasing while MEDAIR's KPC survey shows the opposite; maybe this is due to the TPA refusing C-sections as they have stricter criteria and the women have to deliver elsewhere or in their homes; what is happening with refused cases? - Fees for family planning, specifically IUD insertion which costs up to around 50.000

	<p>L.L. in some centres; the circular is not applied in all centres; solutions are needed to impose the circular or maybe have midwives to do the insertion; suggestion to also collaborate with Lebanese Order of Physicians</p> <p>UNHCR</p> <ul style="list-style-type: none"> - Two sources of data regarding C-section; (1) UNHCR data from the TPA (Next Care), showing around 30 to 33%, and (2) national MOPH data from the National Observatory which is more accurate as every case of C-section is captured; this data shows 34% for Syrians, for Lebanese 54%; some cases undergo C-section although not indicated, this trend has decreased over time - The data is disaggregated by hospital (but the origin of the woman may be different) and by physician <p>UNFPA</p> <ul style="list-style-type: none"> - The IUDs are free of charge (provided by UNFPA and supported by the MOPH); the cost of 18.000 L.L. covers consultation including commodities; discussions with MOPH are on-going to have stricter mechanisms
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Topic 3	Mental health and psychosocial support
<i>Topic Details</i>	<p>MOPH- National Mental Health Programme (NMHP)</p> <ul style="list-style-type: none"> - Preparations on-going for the national mental health campaign on Depression for the occasion of the World Mental Health Day (10 October 2017); the upcoming campaign is a continuation of the campaign that was launched on the World Health Day (7 April 2017); it will take place during September until October 10; it will include a video clip, posters, brochures, talk-shows, etc.; the aim is to raise awareness on depression and its main symptoms as well as provide some self-help techniques and information on where people can seek help; - With the support of WHO, a set of training workshops is planned between September and November on mhGAP (for PHC centres) and on management of psychiatric emergencies (for ER in public and private hospitals); - Training on Inter-Personal Therapy (IPT) (1-20 July) in collaboration with Columbia University; piloting of IPT in one PHC centre in order to check the feasibility of scaling up this intervention - Agreement received to start the MH packages for the most vulnerable Lebanese accessing PHC centres; 4 packages planned: depression, psychosis, developmental disorders, and substance use disorders; currently assessing which centres are chosen to pilot these packages and a referral system will be established between these centres and the community mental health centres that are also under establishment <p>UNHCR</p> <ul style="list-style-type: none"> - Critical pressure on hospital beds for acute psychiatric emergencies; RHUH has agreed to open an 8-bed acute in-patient psychiatric unit which will be supported by the NMHP; expected to open in October <p>MOPH- National Mental Health Programme (NMHP)</p> <ul style="list-style-type: none"> - RHUH will also be establishing a community mental health centre and will be training nurses in all departments on how to recognize and refer mental health cases

Topic 4	Child health/vaccination
<i>Topic Details</i>	<p>WHO on behalf of MOPH- PHC department</p> <ul style="list-style-type: none"> - Enhancing vaccination activities at Qada and Mohafaza levels; a circular has been issued in May 2017 concerning the commitment to give the first IPV dose per the national calendar (at 2 months) - Updating the national polio preparedness protocols in coordination with ESU and with WHO technical support - Vaccinating and following up on the new comers from Syria especially those coming from Homs and Deir El Zor (in-camp vaccination, referral to PHCs and verifying by evidence they are vaccinated) in collaboration with UNHCR - Surveillance strengthening initiated in coordination with ESU in the North with the MMUs: 2 meetings done in July to stress on ESU reporting - For hot AFP cases (meaning incomplete vaccination, history of travel to endemic country), ESU team assesses the area around the case and if vaccination is less than 95%, PHC department is informed and vaccination will be conducted in the area - Continuous monitoring and field visits to cross-border sites, UNHCR sites and health facilities to ensure sustainable commitment to quality vaccination (cold chain, availability of vaccines, etc.)

Topic 5	Nutrition
<i>Topic Details</i>	<i>No updates as no nutrition partners were present in the meeting.</i>

Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	<p>Inter-Agency UNHCR</p> <ul style="list-style-type: none"> - Financial tracking: total LCRP 2017 financial appeal was 2.75 billion and the total received by quarter 2 for all sectors that was 515.2 million which is 19% - For the health sector, total appeal was 308 million and the total received by quarter 2 was 52 million (17%); compared to last year, the total received by quarter 2 in 2016 was 57 million (20%) - In comparison to other sectors, the health sector is in the 5th place (same as WASH) - Amongst partners, 18 out of 43 have received funding in 2017; other agencies might have received funding but they did not report it; all agencies are encouraged to report in order to reflect the real situation - From January till June, progress on key indicators: <ul style="list-style-type: none"> o Number of subsidized PHC consultations: 45% of the target - Activity Info dynamic dashboard updated monthly on the portal; it is a summary of all information that partners report on Activity Info; partners are urged to report before the 7th of each month - Number of health proposals submitted to OCHA was 12 out of 74 projects submitted by all sectors and only 3 were recommended (URDA, YMCA, FPSC); the total budget was the highest for health - VASyR 2017 preliminary results will be presented at the upcoming Inter-Agency meeting; for the health sector, the preliminary results will include the % of households with at least 1 member who needed PHC in the last 6 months and % of households who were able to access the PHC in the last 6 months; final results and full list of indicators will be shared with UNHCR, WFP, and UNICEF in Sept/Oct; final report will be published in Nov/Dec - Updated version of the Inter-Agency mapping platform is found on the portal; it includes summary of number of sites (4739), total of individuals; new health question added “where do residents of this IS receive primary health care primarily” (at PHC clinic, private clinic, pharmacy, MMU); agencies are encouraged to refer to this map in case they want to intervene in any IS and also to share the exact locations of their activities as well as the schedule of their visits - Aarsal situation updates: as a result of the military operation, influx of refugees from

	<p>Arsal to outskirts (157 families – 402 individuals); joint government-humanitarian actors contingency plan activated on 21 July; health response on-going at Wadi Hmayed check-point where MOPH and Beyond are providing vaccination to all new arrivals and high energy biscuits as well as ORS and first aid kits; Islamic medical association providing medical referral services; coordination between IMC and IRC for identification and referral of cases in need of MHPSS support; 10 family members with varicella were prevented from entering the check-point but were given medication and healthcare; LRC on stand-by at Laboueh PHC with 10 cars and 40 volunteers</p> <ul style="list-style-type: none"> - GBV guidelines roll-out within the health sector: training will take place on Aug 10, targeting program managers, coordinators at Beirut and national level.
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Topic 7	AOB
<i>Topic Details</i>	<p>UNHCR</p> <ul style="list-style-type: none"> - Meeting with NGOs, UNICEF, and Inter-Agency held in the previous week to discuss the concerns of NGOs in relation to THRIVE; a follow up consultation will take place <p>UNFPA</p> <ul style="list-style-type: none"> - Request to have the THRIVE updates as part of the agenda

Annex: List of Attendees

Central Health Working Group- Attendance List				
Friday July 28, 2017				
Organization	Name	Position	Tel.	E-mail
AMEL	Mohamad Al Zayed		71-552849	health@amel.org
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