

# Meeting Minutes

## Health Working Group - Displaced Syrians

### May 31, 2018

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 Thursday May 31<sup>st</sup>, 2018 between 9:00 AM and 11:00 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  |
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| <i>Topic Details</i> | <p><b>MOPH- ESU department</b></p> <p><i>Updates on measles outbreak:</i></p> <ul style="list-style-type: none"><li>- Up to week 21, 566 reported cases (suspected) out of which 529 are measles, 14% lab confirmed, 11% epi-linked, and 75% clinically diagnosed;</li><li>- Most affected provinces are Bekaa, Baalbek-Hermel, and Mount Lebanon;</li><li>- 71% Lebanese; 21% Syrians;</li><li>- High risk age group is under 5 years old (incidence 52 per 100,000);</li><li>- 56% of the cases were hospitalized;</li><li>- Vaccination campaign under planning;</li><li>- Report available on MOPH website.</li></ul> <p><b>UNICEF</b></p> <ul style="list-style-type: none"><li>- From where are the cases in this report notified? Is every case of measles in Lebanon reported?</li></ul> <p><b>MOPH- ESU department</b></p> <ul style="list-style-type: none"><li>- Reporting sources: 56% from hospitals; 29% from dispensaries; and 14% other sources; reporting is from all areas;</li><li>- Problem of underreporting similar to any other country; the case definition is rash and fever and the physician may not report if convinced that this is not measles;</li><li>- Training and capacity building are ongoing for hospitals and medical centres; SOPs for measles and how to take specimens and the case definitions are available.</li></ul> |

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| <b>Topic 2</b>       | <b>Reproductive health</b>   |
| <i>Topic Details</i> | <p><b>UNFPA</b></p> <ul style="list-style-type: none"> <li>- Series of training in collaboration with the Lebanese Order of Midwives; expanding to the South, Mount Lebanon, and Beirut; planning to train more than 100 midwives on family planning counselling; they will be coached and assisted to integrate the service in the centre; all UNRWA midwives and nurses will be part of the project; the list of centres was shared through the Reproductive Health working group mailing list but any suggestions from partners for training are welcome;</li> <li>- Situational analysis on access to reproductive health rights; exercise led by the National Human Rights centre; it will be based on desk review and focus group discussions with NGOs and ministries;</li> <li>- Tackling the issue of near-miss cases based on a request from the MOPH and in collaboration with the Lebanese Society of Obstetrics and Gynecology (LSOG); the maternal mortality system will be updated following this assessment;</li> <li>- UNFPA's outreach program on family planning and early marriage: revising the package addressed to community members to help them acquire skills to become peer educators;</li> <li>- Continuing the procurement of reproductive health commodities; all agencies requiring any kits to contact UNFPA or MOPH;</li> <li>- UNFPA started working with men on family planning related topics and an evaluation in 2017 proved this initiative to be positive.</li> </ul> <p><b>MOPH- PHC department</b></p> <ul style="list-style-type: none"> <li>- Planning with LSOG to train physicians on using the colposcopy; in coordination with UNFPA, 10 accredited centres received colposcopies and will be trained;</li> <li>- Established a taskforce from the reproductive health sub-working group to review the IEC materials (STIs, family planning, and ANC/PNC are priority areas).</li> </ul> |

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| <b>Topic 3</b>       | <b>Mental health and psychosocial support</b>  |
| <i>Topic Details</i> | <p><b>MOPH- National Mental Health Programme (NMHP)</b></p> <ul style="list-style-type: none"> <li>- Recently updated the mapping of specialized mental health services (psychiatric consultations, psychotherapy consultations, and mental health services provided by GPs trained on the mhGAP); mapping shared online;</li> <li>- Finalizing online platform for 4Ws for MHPSS services; piloted a few months ago; currently working on the dashboard to visualize the services on maps in different governorates; platform will be ready in the coming few months;</li> <li>- Conducting mapping of substance use services at prevention, treatment, and rehabilitation levels; currently at the level of data collection phase;</li> <li>- Since beginning 2018, actors started to report on MHPSS indicators for the humanitarian field on a monthly basis; indicators cover service utilization and some quality indicators in addition to self-care and mechanisms for complaints redress; first report under preparation;</li> <li>- Finalizing a self-care manual for front-liners in collaboration with ABAAD; manual currently in its final phases and will soon be published and followed by capacity building;</li> <li>- Finalizing a media toolkit; currently in design phase; aims at empowering professionals working in the media and audio-visual sector to report and portray responsibly mental health and substance use in the media; capacity building also planned</li> <li>- Step-by-Step electronic self-help program developed by MOPH and WHO was piloted; pilot phase completed in May 2018; currently analysing the results and preparing for a randomized controlled trial during June 2018-2019 to assess effectiveness in the Lebanese context;</li> </ul> <p><b>Inter-Agency Health Sector Coordinator</b></p> <ul style="list-style-type: none"> <li>- Request from protection actors on PSS: to hold a meeting on stocktaking on PSS in the country if possible and maybe develop basic guidelines due to the gap in knowledge</li> </ul> |

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|  | <p>amongst health and protection actors when it comes to PSS</p> <p><b>NMHP</b></p> <ul style="list-style-type: none"> <li>- Started coordinating with the PSS committee in the child protection sector to develop jointly a work plan to address all the gaps around PSS and to harmonize the efforts between child protection and other sectors around PSS.</li> </ul> |
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| <b>Topic 4</b>       | <b>Child health/vaccination</b>  |
| <i>Topic Details</i> | <p><b>MOPH- PHC department</b></p> <p><i>Measles response:</i></p> <ul style="list-style-type: none"> <li>- The EPI targeted areas where several cases of measles were identified with vaccination activities directed at children who are drop-outs from routine immunization, especially on measles containing vaccines;</li> <li>- Accomplished activities: Shatila and Sabra (12,177 vaccinated), Faour and Zahle (13,829 vaccinated), and Jnah and Ouzai (1,100 vaccinated);</li> <li>- Activities planned to start in Bekaa: Bebnayel, Beit Chama, Kfardabach, Chmestar, Taraya, Rayak, Tamnine Tahta, Ksarnaba (Target 35,500), in coordination with UNICEF, WHO, and NGOs (MSF, LAECD, IHS);</li> <li>- Planning to initiate measles response activities in Nabatieh, Akkar, and Tripoli;</li> <li>- With UNICEF, consolidating the Accelerated Immunization Activities (AIA) in areas where initiated in Nov 2017;</li> <li>- Initiating AIA in new identified low-coverage localities based on EPI cluster survey (localities prioritized based on measles cases);</li> </ul> <p><i>Routine activities:</i></p> <ul style="list-style-type: none"> <li>- MOPH took over the border and UNHCR vaccination sites, starting April PHC coordinators in every Mohafaza are following up on the activities in these sites. Staff were recruited in collaboration with UNICEF, trained on vaccination protocols, cold chain, and infection control;</li> <li>- Online data collection module was developed by the MOPH IT team to collect data on vaccinated children and predict vaccine and supply needs based on the consumption;</li> <li>- Introduction of MMR vaccine for children aged 1 to 10 years at the borders and UNHCR vaccination sites, staff were trained on the relevant protocol of administration;</li> <li>- MMR vaccination will commence starting June 1, 2018;</li> <li>- Agreement in the EPI national expert committee to conduct a national campaign on measles in Oct 2018.</li> </ul> <p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>- MOPH took the lead in responding to the measles cases; supported by partners such as MSF; funding from EU allowed replenishment of MMR vaccines in addition to funding from USAID BPRM and OCHA (CERF – emergency funding for outbreaks) that allowed immediate response;</li> <li>- The strategy of UNICEF is to strengthen the system to respond to this outbreak; the maximum immunization done in the coming weeks, the less effort needed in Oct;</li> <li>- For any partner who will work in measles, the campaign is giving vaccines to children regardless of contracted diseases and previously given doses; the goal is to close localities (meaning that all children in a specific area are 100% immunized); the MOPH might consider mobile vaccination is there is a need in specific remote areas;</li> <li>- Also, to support MOPH, UNICEF is managing a communication strategy and a campaign to make sure that every child in need will be identified and to engage the community;</li> <li>- Calling partners to advocate that vaccination is a nursing act and not a medical doctor act.</li> </ul> <p><b>MSF</b></p> <ul style="list-style-type: none"> <li>- Few Lebanese came to the campaign in the last vaccination campaign conducted; what is the strategy in attracting Lebanese?</li> </ul> <p><b>MOPH- PHC department</b></p> |

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|  | <ul style="list-style-type: none"> <li>- The AIA enhances the routine activities; NGOs are conducting outreach activities and going back twice or more if the family does not show up to the PHC and can also send a mobile team if the family still does not show up;</li> <li>- Most important thing is to enhance the routine vaccination through these accelerated campaigns; and exploring the reasons behind the Lebanese not coming to the centres;</li> <li>- AIA is a free activity.</li> </ul> <p><b>Inter-Agency Health Sector Coordinator</b></p> <ul style="list-style-type: none"> <li>- Based on previous experience in AIA and in responding to the measles outbreak, is there any explanation as to why children are referred to PHC centres more than once and do not go?</li> </ul> <p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>- In the KAP survey 2017 and VASYR 2017, one of the first barriers, people do not know where to go and they perceive the quality of the vaccines in public system are of low quality; the reason behind this is that in some centres, some doctors tell people to go to their private clinics where the quality is better;</li> <li>- In addition, there is the transportation fees and doctors' fees; UNICEF is working with WHO and MOPH to look at the costing of access to PHC.</li> </ul> <p><b>MOPH- PHC department</b></p> <ul style="list-style-type: none"> <li>- The issue of quality is relevant in the dispensaries and not the PHC centres that are monitored and supervised.</li> </ul> <p><b>Karagheusian PHC centre</b></p> <ul style="list-style-type: none"> <li>- One of the reasons for Lebanese communities not accessing PHC is the Syrian crisis;</li> <li>- Suggestion for national campaign starting in October: many children come to the PHC centre to get health certificates in September before school admission;</li> </ul> <p><b>MOPH- PHC department</b></p> <ul style="list-style-type: none"> <li>- MOPH is coordinating with MEHE for children registered in schools; there is the issue of children registered without getting their vaccines.</li> <li>- Also, for children accessing borders, the new system will capture these children.</li> </ul> <p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>- Brief on the new system that is currently being developed by the MOPH IT: it is called the EPI registry information system; it is an interface linked with 3 modules; 1) outreach or screening module where the screener can register the vaccines from the card; the system can then indicate to the screener what are the missing vaccines according to the age of the child; 2) when the child goes to get the vaccines, the vaccines received also enter the interface and the missing vaccines are also indicated in front of the child's name; 3) application that can be downloaded on the parents' phone; it is similar to an electronic vaccination record and can be retrieved anytime even if the phone is lost; it informs the parents about the next dose and where they can vaccinate;</li> <li>- The MOPH wants all children in Lebanon to be part of the system; this will allow to understand where there are lacks in vaccination.</li> </ul> |
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| <b>Topic 5</b>       | <b>Nutrition</b>  |
| <i>Topic Details</i> | <p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>- Working closely with MOPH to develop an Infant and Young Child Feeding (IYCF) policy; 10 statements covering different areas of IYCF; conducted an assessment of the laws and practices available and 2 dialogues in order to develop the policy; will be finalized and shared officially in September;</li> <li>- In alignment with the policy, developing the strategy for the IYCF to include all activities planned; UNICEF is trying to focus more on complementary feeding as the assessment indicated gaps in this area; activities such as building the capacities of health workers as well</li> </ul> |

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|  | <p>as close monitoring;</p> <ul style="list-style-type: none"> <li>- Baby-friendly hospital initiative (BFHI): working on 16 hospitals (governmental and UNHCR contracted); hospitals trained and given the certificates and are ready to implement the guidelines; the plan is to expand and sustain the initiative, aiming to reach 26 hospitals by 2020.</li> </ul> |
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| <b>Topic 6</b>       | <b>LCRP 2017-2020 updates</b>  |
| <i>Topic Details</i> | <p><b>Inter-Agency Health Sector Coordinator (presentation shared)</b></p> <ul style="list-style-type: none"> <li>- Funding situation: total amount of 251 M USD (10% of LCRP 2020 appeal) received from Jan to March 2018; call for organizations to update their funding status before the next funding cycle</li> <li>- First standard allocation OCHA Lebanon fund: various partners applied and 3 projects were recommended for funding under health; URDA for surgeries (pediatric congenital malformations), ARCS (cataract surgeries and others), due to start implementation around June or July 2018; Welfare association (dialysis for Palestinian refugees);</li> <li>- Dialysis support: URDA supporting 100 patients till March 2019; SAMS supporting 32 patients; UNHCR Bekaa supporting 11 critical patients through Intersos; possibility for KSA to support 100 patients (TBC) and UAE and Kuwait interested to support children in dialysis;</li> <li>- Work plan for the sector developed (shared);</li> <li>- List of planned research for the sector (shared).</li> </ul> <p><b>EU</b></p> <ul style="list-style-type: none"> <li>- The EU committed to 24 M Euros since Jan 2018; there is a problem in reporting because donors do not report by sector but by plot; this has implications for appeal, it appears that health is financed by 8% which is not true; maybe there is a way to address this.</li> </ul> <p><b>Inter-Agency Health Sector Coordinator</b></p> <ul style="list-style-type: none"> <li>- There is an opportunity to explore whether the template can be changed to give room to disaggregate the donor funding by sector.</li> </ul> <p><b>MSF</b></p> <ul style="list-style-type: none"> <li>- Comparing Q1 2017 to 2018; relatively similar funding; what is the reason behind the change in UNHCR coverage criteria?</li> </ul> <p><b>Inter-Agency Health Sector Coordinator</b></p> <ul style="list-style-type: none"> <li>- Coverage criteria by UNHCR changed due to an expected decrease in funding for UNHCR and not the sector in general;</li> <li>- MSF and ICRC receive funding from independent donors; so it would be good to have an idea and put it under “non-LCRP” partners.</li> </ul> |

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| <b>Topic 7</b>       | <b>AOB</b>   |
| <i>Topic Details</i> | <p><b>1. Issue of shortage in medication</b></p> <p><b>Inter-Agency Health Sector Coordinator</b></p> <ul style="list-style-type: none"> <li>- Shortage of medications (chronic and acute) in PHC centres; partners raised the issue of gap in communication in this regard;</li> <li>- New complaint form for YMCA was previously shared; YMCA are very active in responding to the complaints.</li> </ul> <p><b>MOPH- PHC department</b></p> <ul style="list-style-type: none"> <li>- Situation of shortages in medications especially chronic medications because of delay in funds from the Ministry of Finance (MoF); by next month the issue should be solved; YMCA still waiting for the money in order to initiate the process; most of the acute drugs are in the pipeline; delay also because of funds but issue should be solved by the EU MADAD;</li> <li>- <u>UNICEF</u>: as soon as MADAD money is received the order will be placed.</li> </ul> |

**EU**

- Financing chronic drugs via WHO; clearance was provided; this should fill the shortage.

**YMCA**

- Received preliminary clearance from WHO and the process of procurement and shipping is initiated; which will solve part of the problem because the funds for chronic medication procurement is split between the MOPH and WHO;
- No delay was expected since the MOPH contract was signed in December; it was an unusual delay from MoF;
- The Arabic version of the complaint form will be shared shortly.

**2. Global fund presentation by IOM (presentation shared)**

- NTP central unit is in Qarantina and 8 other centres are available (available on the map at UNHCR data portal).

**3. Changes in UNHCR referral care program by UNHCR (presentation shared)**

- UNHCR facing reduced funds; it is not possible to continue with the same type of coverage;
- Main changes are in cost sharing arrangement; stricter follow up of NICU cases; coverage for deliveries only for pre-registered cases (no fast-track allowed);
- Cost sharing schemes found in details in the presentation;
- Changes implemented as of 1<sup>st</sup> of July (fast track will remain until 1<sup>st</sup> September).

**EU**

- It shows that the victims of the cut are mostly pregnant women; how will there be monitoring of the risk of increased maternal mortality? What will happen if women start delivering at home and start dying? There is a need for a house to house campaign.

**UNHCR**

- Maternal mortality is well documented; MOPH has accurate numbers in this regard so we hope to see changes if they occur; pregnant women are a vulnerable group but also a delivery, as opposed to other admissions, is something that can be planned; a refugee family can during the pregnancy save money to be able to pay for the admission during delivery;
- When this issue was discussed in a FGD, there have been divided opinions; the risk of increased home deliveries will need to be monitored;
- These problems are already present; there is already a group of persons delivering at home; also noting that delivering at home is not free (between 100,000 to 200,000 L.L.) so now it is cheaper to deliver in a hospital.

**UNFPA**

- Coordinating with UNHCR for key messages on importance of delivering in a hospital;
- Through the reproductive working group trying to track home deliveries.

**4. Update on public hospitals strike by MOPH (health education department)**

- Strike started almost 3 weeks ago; staff are asking the government and MOPH to receive the raise in the minimum wage like any other civil servants;
- MOPH did all what is required, led by the Minister; took approval from the council of ministers; list of revised wages sent to MoF that are studying this file and comparing with the law; problem of discrepancy between eligibility according to law and what they are asking for;
- Public hospitals are not accepting to withhold the strike; accepting few emergency cases.

**IOM**

- For the emergency cases, is there any work being done on the ethical considerations through the orders?

**MOPH**

- Weekly meetings are conducted with them (led by Minister) and asking them at least to

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|  | <p>receive the emergency cases; the MOPH has been attacked twice.</p> <p><b>UNHCR</b></p> <ul style="list-style-type: none"> <li>- The most frequented hospitals are not governmental; making sure to direct patients to functional hospitals; and most public hospitals are still receiving urgent cases; this was communicated with refugees to contact Next Care to know about the hospitals that are still receiving patients; so far, all urgent cases were handled.</li> </ul> |
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### *Annex: List of Attendees*

| Central Health Working Group- Attendance List |                       |                                      |            |   |
|---|-----------------------|--------------------------------------|------------|---|
| Thursday 31 May 2018                          |                       |                                      |            |   |
| Organization                                  | Name                  | Position                             | Tel.       | E-mail  |
| ACTED   | Nour Hayek            | Project development & communications | 76-313543  | beirut.reporting@acted.org                        |
| ARCS  | Adele Cornaglia       | Project assistant                    | 78-953137  | a.cornaglia.ccparks@gmail.com                     |
| ARCS  | Carolina Cinerari     | Program Manager                      | 76-384154  | arcs.livelihood@gmail.com                         |
| Balamand University                           | Bashayer Madi         |                                      | 03-480954  | bashayer.madi@balamand.edu.lb                     |
| CCP Japan                                     | Yuka Heya             | Program officer                      | 76-908892  | ccp.heya@gmail.com                                |
| EUD   | Sara Campinoti        | Programme Manager Health             | 81-696468  | Sara.CAMPINOTI@eeas.europa.eu                     |
| HelpAge                                       | Carla Jakarian        | M&E officer                          | 70-531613  | carla.jakarian@helpage.org                        |
| Humedica                                      | Roland Hassel         | Country coordinator                  | 76-065117  | r.hassel@gmx.de                                   |
| ICRC  | Charbel Elia          | Health officer                       | 79-303590  | chelia@icrc.org                                   |
| IMC   | Nada Awada            | Senior medical advisor               | 03-040955  | nawada@internationalmedicalcorps.org              |
| Inara   | Regina Kandler        | Country manager                      | 70-614255  | regina@inara.org                                  |
| IOM   | Nada Najem            | Technical officer                    | 81-707500  | nnajem@iom.int                                    |
| Karagheusian PHC                              | Nayiri Injeyan        | Health coordinator                   | 70-200617  | nayiri.injeyan@hkcc.org.lb                        |
| MEDAIR  | Ibrahim Saleh         | Health manager                       | 76-890143  | health-manager-zah@medair.org                     |
| MOPH- Health Education Dep.                   | Rasha Hamra           | Director of health education         | 03-707224  | rashahamra@yahoo.com                              |
| Makassed communal healthcare bureau           | Rania Zaatari         | Manager                              | 03-944170  | rzaatari@makassed.org<br>raniazaatari@hotmail.com |
| MOPH-ESU                                      | Hala Abou Naja        | Epidemiologist                       | 03-026751  | esu.abounajah@gmail.com                           |
| MOPH-NMHP                                     | Nour Kik              | Policy & advocacy coord              | 70-804483  | nourjikik@gmail.com                               |
| MOPH- NTP                                     | Hiam Yaacoub          | Manager                              | 03-786033  | hiamyaacoub@gmail.com                             |
| MOPH - PHC                                    | Wafaa Kanaan          | Chief Central Coord.                 | 70-982290  | wafakan@hotmail.com                               |
| MSF- Belgium                                  | Laura Rinchev         | Medical responsible                  | 07-932520  | msf-shatila-med@brussels.msf.org                  |
| MSF- OCP                                      | Zeina Ghantous        | Deputy hom                           | 71-326052  | msff-beirut-deputyhom@paris.msf.org               |
| MSF- Switzerland                              | Maria Fernandez       | Advocacy manager                     | 81-312016  | msfch-lebanon-advocacy@geneva.msf.org             |
| MSF- Switzerland                              | Stephanie Kebbe       | Coordination advisor                 | 76-174451  | msfch-lebanon-advisor@geneva.msf.org              |
| MOSA  | Bahia Sleiman         | Director- National program for RH    | 03-184401  | bahiasleiman@hotmail.com                          |
| MTI   | Samira Youssef        | Project manager                      | 71-330295  | chp7@medicalteams.org                             |
| PU-AMI  | Hassan Atwi           | Medical advisor                      | 03-582619  | lib.health.clin@pu-ami.org                        |
| SB Overseas                                   | Mura Jaafar           | Project development & comms officer  | 70-554657  | leb.com.off@sboverseas.org                        |
| UNICEF  | Genevieve Begkoyian   | Chief of Child Survival              | 71-11 2296 | gbegkoyian@unicef.org                             |
| UNICEF  | Joelle Najjar         | H&N Officer                          | 03-425847  | jnajjar@unicef.org                                |
| UNICEF  | Rouham Yammout        | H&N specialist                       | 81-696958  | ryamout@unicef.org                                |
| UNFPA   | Christelle Moussallem | Project manager                      |            | moussallem@unfpa.org                              |
| UNHCR-IA                                      | Hala Bou Farhat       | IA Health Coordinator                | 03-183067  | aboufarh@unhcr.org                                |
| UNHCR   | Jakob Arhem           | Public Health Officer                | 81-314292  | arhem@unhcr.org                                   |
| WHO   | Loubna Al Batlouni    | Public health officer                | 01-612007  | albatlounil@who.int                               |
| WHO   | Edwina Zoghbi         | Public health officer                | 01-612007  | zoghbie@who.int                                   |
| YMCA  | Cynthia Kheir         | Project Manager                      | 03-184462  | cynthia.kheir@ymca-leb.org.lb                     |