

Exceptional CHWG meeting about COVID-19

3 March 2020

Minutes of Meeting

9:00AM-9:10AM

WHO presentation:

- WHO presented about COVID-19 Preparedness and Response Measures (ppt presentation attached in email)

9:10AM-10:10AM

Q&A:

- **Q:** A few Italian nationals who work in a certain NGO were coming from Syria to Lebanon and were denied entry at the borders. Are GSO officers at borders being trained on proper COVID-19 screening?
- **A:** WHO: No restriction for travelers on borders (until Thursday). We need to see why they were denied entry their entry (maybe something in their papers, nothing related to COVID-19).
UNICEF: UNICEF, WHO, and MOPH are reinforcing training for nurses who are repurposed from vaccination to screening for COVID-19. Training on screening and IPC is taking place. Training for GSO are also being planned.
- **Q:** What are the hospitals that will be designated as referral hospitals for COVID-19?
- **A:** Assessment started today for the following hospitals: Army hospital, Nabatieh governmental, Tripoli El Ebbeh, Zahleh governmental, Baabda governmental. They are not yet officially designated, it will depend on the assessment and need.
- **Q:** Is there any information about a school where 30 students were sent home?
- **A:** UNICEF: UNICEF and WHO are monitoring situation in the schools. A training for directors of public schools on disease prevention, IPC, hand washing, and referral to be done when a child is sick. Case to case basis monitoring for such cases. UNICEF wants schools to remain safe for children. Schools will be training in this time so that the children are welcomed in a safe environment. Schools are being supplied with soap and needed supplies. As soon as schools re-open there will be intensive messaging for students and their parents. We need everyone to cooperate to stop rumors and to stop the panic.
WHO: When 20% of the students are absent because of the flu during the flu season, the school will close. A lot of closing of schools is sometimes because of absenteeism and not because of corona. There is an early warning system to monitor this; No alert so far for corona. The MEHE issued a decree about closure of all schools and universities and nurseries for one week to make sure they can train everyone.
- **Comment:** Parents think that school closure is to protect their children from corona not for hygiene reinforcement. Parents should be informed that teachers are being trained

- **Reply:** UNICEF: TV spots are being developed to raise awareness, targeting children. We will make sure that the right reason for closing will be highlighted so that parents do not panic. WHO: A meeting took place after MEHE decision was released and it was discussed that they need to explain why they issued the decision to avoid panic.
- **Q:** Other rumors exist: some are saying that the test is not for free? Another rumor is about one of the cases: one COVID-19 patient is in a critical condition but it was not made clear that he had cancer.
- **A:** WHO: The medical condition of the patient was kept confidential because his family members did not know about his cancer diagnosis. He is known in his community, so such information cannot be disclosed. The COVID-19 test can be done only in lab safety level 2. Most commercial labs do not have this level of safety so they buy panel corona tests; it is not specific for COVID-19. Some university hospitals bought the testing kits and they do the test but the patient must pay. They cannot be referral unless they have EQA. Only RHUH has EQA and the test is for free at RHUH. But not anyone can go to RHUH and get tested. There is an algorithm that should be followed. The patient should have certain risk factors.
- **Q:** Can the MOPH send a message that RHUH is the only referral lab?
- **A:** WHO: the MOPH already did that; Check MOPH website.
- **Q:** What would happen if there is an outbreak?
- **A:** WHO: During containment phase you go for restriction of confirmation. When it becomes an outbreak you go to the mitigation phase. Now we are assessing the capacity of the private sector labs to see if they can have EQA to be designated referral labs in case of outbreak. So far we are in the containment phase. The approach will change once there is an outbreak.
- **Comment:** Inter-sector asking if there is a possibility to translate daily brief to Arabic.
- **Q:** UNHCR: We are observing confusion around front-liners and actors working in the field about the decision to close schools; there is panic. Some NGOs are closing their activities and community centers. Who is the authority who should be providing recommendations for field workers on when to stop and what to do in certain cases? We need clear guidance. What is the threshold to declare outbreak and to start with different stage of response?
- **A:** When WHO declares a pandemic all countries will have to approach it differently and move to mitigation. Lebanon is not an epi-center, we are not transmitting locally. The weakest part in Lebanon is self isolation. It is not recommended to isolate all those exposed in one area. Those who are suspected and have symptoms are quarantined. The rest are requested to be self isolated. Discussion with Ministry of Interior and Municipalities, and Ministry of General Security, to see the level of enforcement that a village or small town can be involved in. Some municipalities are sending volunteers to houses asking if the self-quarantined needs any groceries or medications, but not all municipalities can do that. UNICEF: UNCT strategic guidelines; among key pillars of access is continuity of services. Closing NGO activities may feed the panic. It is essential that the services continue with preventive measures. Humanitarian actors need to have a unified message for NGOs and service providers

of continuing the provision of services to vulnerable communities who rely on this support. With the MOPH we are making sure that PHC services remain open, safe, and clean.

MOPH: We cannot stop PHC services, they now have a big role to play. We are supporting PHCs with all their questions and requests. The vaccination centers at borders are supporting other health centers at borders. We need to coordinate. MOPH sent all the information and a circular to PHCs. We still need to train PHC staff and we are looking into that.

UNICEF: we have been working on front-liners' awareness material with WHO and MOPH. We can share this.

WHO: the Infectious Disease Committee met and recommended not to restrict training to MOPH network. There are many other dispensaries that provide services. We are considering to have TOTs with YMCA to reach all service providers.

- **Q:** What about home isolation in the context of ITSs? Is there any suggestion about an isolation center?
- **A:** UNHCR: Right now the focus is on prevention and awareness. 70% of refugees live in urban settings like Lebanese. ITSs are a small part of the refugee population. Following the development of the outbreak we will need to see if there is anything that can be done specifically for this segment of the refugee population. We do not take this matter lightly but right now the refugee community is not the primary community where spread will be suspected. But this is something that is being followed.
- **Q:** What are we doing to ensure that cases from refugee community are seeking care and not shying away from seeking healthcare because they fear being attacked or deported? What can the WASH sector do to help with this matter? Some municipalities are requesting UNHCR to do some measures for refugees and to screen refugees. How can we mitigate the communities fear? Who can assist in raising awareness among municipalities?
- **A:** Lebanese Red Cross: Municipalities are requesting LRC to provide them with PPEs so they can screen people in their villages. This reflects panic. In order to combat this behavior we need risk communication and community engagement; we need trust, scientific information, and regular brief messaging. Collaboration between LRC, MOI, MOPH, MEHE, UNICEF and WHO to develop unified training material. Material is ready and LRC trained medical students from LeMSIC and volunteers of LRC. 772 people trained to deliver awareness session spread all over the country. A hotline is created to avoid duplication of awareness sessions. Also age appropriate sessions for different age groups.
IA: inter agency will be conducting training for non-health workers on COVID-19. A mapping will be produced after these training to know who from non health partners will be able to mobilize to raise awareness on COVID-19. We will also send an email for a 4W only for COVID-19 for health sector to see where are the gaps and who will be working where. We will send an email to ask who from the health partners are willing to take TOT. You can then transmit this knowledge to your communities. We will make a package of IEC material that will be disseminated to you.
- **Comment:** University of Balamand: UOB worked jointly with WHO, UNICEF and MEHE to roll out training with all school health supervisors on the 25th of February. On the 27th of February the training was rolled out with all school health educators. Today there is a training going on for

community mobilizers for UNICEF partners in Beirut. More training are planned and will be rolled out over the coming weeks.

- **Comment:** UNICEF: Through the material that will be shared with you, please continue displaying the same messages to reinforce these messages in the community. Messages should not contradict each other. Messages should be based on evidence. This will help in decreasing panic. Community engagement and risk communication training will also take place.
- **Q:** Most PHCs are assessing every patient coming in to the centers. Is a referral plan shared with all PHCs? Is there likelihood for outbreak? What are the next steps? Are we still going to do the measles campaign?
- **A:** MOPH: Circular # 31 mentioning all steps to be taken at PHC will be disseminated today to PHCs. Regarding measles campaign; second phase should take place beginning of April. WHO: there is a call center at MOPH. Every suspected case needs to call 76 592699 they follow protocol for triage and severity. Pulmonologists will be consulted to decide on severity. Severe cases will be transported by LRC. The other cases will be advised to drive to RHUH. No personal decisions; call the call center first and abide by directions given through the call center. UNICEF: In the measles campaign we may need additional IPC measures to be taken by vaccinators, and screening of fever and not giving vaccine in case of fever or flu like symptoms.
- **Q:** when do we consider that we should start the mitigation phase? Are all staff trained in hospitals to send the right messages to the patients?
- **A:** WHO: When Lebanon becomes an epi center or if when a pandemic is declared we start the mitigation phase. All hospitals received WHO case definition and guidelines. All head nurses have been trained by the order of nurses through a TOT. Each trained nurse is transmitting the knowledge to their colleagues at the hospital where they work. All hospitals have been advised to have separate ER entries for patients with respiratory symptoms if there is an outbreak.