

Meeting Minutes

Central Health Working Group

27 March 2020

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 **virtually** (via WebEx) on Friday 27 March 2020 between 9:00 AM and 11:00 AM.

Topics of Discussion

1. Field news and information on outbreaks – COVID-19
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><i>Presentation on COVID-19 by WHO (presentation attached)</i></p> <p>Discussion and questions – WHO</p> <ul style="list-style-type: none"> - Modelling tools: <ul style="list-style-type: none"> o Five modelling tools used by several countries, to be applied for Lebanon to check potential scenarios that will be discussed within the National Committee; to be shared after consensus. - Flu clinics: <ul style="list-style-type: none"> o The idea is to decongest the emergency rooms in case phase 4 is applied; o Some hospitals have prepared themselves for flu clinics (i.e. AUB, RHUH, HDF, LAU, Rizk); o PHCs can do triage and referral (to designated hospitals, or isolation, or home care) o Flu clinics in PHC will not be testing because this requires rigorous methodology and lab standards o Services of the flu clinics are for everyone (not only Lebanese) - Isolation sites: <ul style="list-style-type: none"> o Partnerships are being set-up between hotels, with cooperation with the order of nurses and syndicate of social workers as well as municipalities o Opportunities will be available for refugees o The isolation sites will not be 'accredited' but they will be assessed (using a checklist) o Considerations for persons with disabilities and gender specific considerations (privacy, safety) are being addressed - Refugees' access to current health care: <ul style="list-style-type: none"> o UNHCR trying to support the capacity of the call center at RHUH to ensure refugees have access - Current admission rate: <ul style="list-style-type: none"> o Only 8% of patients have severe symptoms to be admitted (this data is skewed because this are active case finding, in level 4 the percentage will likely increase) - Trainings <ul style="list-style-type: none"> o PHC network already trained; training for dispensaries focused on IPC and not case management; will be done through virtual training (piloting this currently to see capacity) - Vaccination continuation:

	<ul style="list-style-type: none"> ○ National committee on vaccination will be meeting to decide; vaccination campaign most probably be postponed; routine vaccination should continue; the flu clinics will allow continuation of these services - Plan B - Capacity of beds: <ul style="list-style-type: none"> ○ The total capacity of the public hospital is 1400 beds; the private sector could liberate 1000 beds; ○ WHO is calculating the need for approximately 2700 beds, and 700 ICU beds for the worst-case scenario (utmost peak) in a COVID outbreak in Lebanon ○ There is an on-going assessment for T-1 hospitals (class A; tertiary hospitals) done in collaboration with the syndicate of labs - Community spread: <ul style="list-style-type: none"> ○ As long as contact tracing can be done, will not be moving to level 4 (which is when index trace case is lost) ○ Some private labs are doing rapid tests that are not approved by the committee; we know how much PCR tests taking place; - If we move to level 4, the priority will be given for the Lebanese: <ul style="list-style-type: none"> ○ UNRWA has a plan for Palestinian refugees' access ○ UNHCR has a plan for Syrian refugees' access (Dr. Assad): - Involvement of military hospitals: <ul style="list-style-type: none"> ○ Is being discussed in the ministerial task force ○ Started with prisons to minimize the risk of introducing the virus (training of ISF staff; decongestion of Roumieh; etc.) - MoSA's role in medical care: <ul style="list-style-type: none"> ○ Already been trained on IPC (through the network) ○ Strong in the social aspect, but needs to be improved in health care ○ Coordination: MOSA, Municipalities, social workers, health authorities in the area, referral - Possibility of moving into level 4 <ul style="list-style-type: none"> ○ The government will declare level 4 (not WHO) - Considering telemedicine <ul style="list-style-type: none"> ○ This depends on internet capacity specially to upload CT scans, etc. ○ Medical doctors are currently using WhatsApp as telemedicine ○ Maybe can used for triage <p>UNHCR</p> <ul style="list-style-type: none"> - Increasing the capacity of the hotline to respond to 3-5 callers at the same time - Working with partners about guidance on isolation in overcrowded settings such as settlements; still looking at the hotels model - Assessing private hospitals that are willing to be part of the COVID-19 response (aiming at adding 100 ICU beds) <p>UNICEF</p> <ul style="list-style-type: none"> - Working on pathway for anyone to know where to go (flu clinic) and criteria for shelter - Vaccines are available in stock (including the measles and polio) 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Conduct session for modelling	WHO	TBD

Topic 2	Reproductive health
<i>Topic Details</i>	<p>MOPH- PHC department</p> <ul style="list-style-type: none"> - Coordinating with UNFPA on the annual workplan; - Developed RH messages for COVID-19, and a new committee is working on pregnancy surveillance. <p>UNFPA</p> <ul style="list-style-type: none"> - Decrease in utilization of services in relation to the crisis and decreased mobility but partners are following up - No shortage of drugs and commodities reported; provided for beneficiaries for 3 months where possible - Outreach put on hold; following up by phone or social media - No COVID-19 cases so far amongst pregnant women - Information material will be shared next week - A hotline will be available to provide information on family planning, managed by the Order of Midwives - UNFPA partnered with the Syndicate of Social Workers for support at the community level (identification of cases in need of health and protection support) - PEP drugs are now provided by MOPH

Topic 3	Mental health and psychosocial support
<i>Topic Details</i>	<i>Presentation - Overview of the MHPSS COVID-19 response by the MOPH- National Mental Health Programme (presentation attached)</i>

Topic 4	Child health/vaccination
<i>Topic Details</i>	<p>MOPH- Primary Health Care Department</p> <ul style="list-style-type: none"> - Field coordinators conducting regularly call (at least twice per week) to PHCs to ensure that they are open and active in their catchment areas; PHC centres working per appointment basis for vaccines and contacting people for this; - Vaccinations of children (Lebanese and refugees) need to be prioritized under COVID. As of now, routine vaccination remains on-going (there is some rescheduling, and there is a slight decrease). Rural areas have been disproportionately affected due to strict measures; - Vaccines supplied monthly to the Qada physicians; - Vaccinations not provided at border as they are closed. <p>UNHCR</p> <ul style="list-style-type: none"> - Refugees are reminded of their routine vaccination in PHC centres; monitoring the rate of consultation and segregating by nationality

Topic 5	Nutrition
<i>Topic Details</i>	<p>UNICEF</p> <ul style="list-style-type: none"> - Preparing with WHO documentation vis-à-vis pregnant and lactating women with Balamand University <p>WHO</p> <ul style="list-style-type: none"> - Working on national nutrition strategy and second draft under review - Key messages on COVID-19 related to breastfeeding - Guidance for the food parcel composition developed - WFP already shared with guidance with MOSA

<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Share guidance on food parcel	WHO	Done

Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	<p>Inter-Agency Health Sector Coordinator</p> <ul style="list-style-type: none"> - Linking between LCRP partners and national taskforce; Dropbox available with IEC materials, training materials, etc. https://www.dropbox.com/sh/c8prp4negm3qwlx/AACa_xU1iBgkLLIVE4zrxQ0oa?dl=0 - Service mapping available on Dropbox - Messages for refugees are available, to be used by partners if needed - LRC providing online and live sessions and will be launching e-course; NGOs are encouraged to inform in case they need any training - Business continuity plan for the health sector developed <p>WHO</p> <ul style="list-style-type: none"> - Specialized mental health medications will be secured under the CERF - Chronic medications will be procured (supported by the EU-MADAD and the CERF)

Topic 7	AOB
<i>Topic Details</i>	<p>IOM</p> <ul style="list-style-type: none"> - For TB and HIV: no stockouts expected; field coordinators are coordinating with the centres to ensure continuity of the treatment and diagnosis for any patient or suspected case who is not able to make it to the centre. <p>UN Women</p> <p><i>PSEA – Preventing Sexual Exploitation and Abuse</i></p> <ul style="list-style-type: none"> - All health working group actors must integrate key PSEA 1) messaging and 2) ways to report in health care facilities and remote training. - Further guidance will be shared by the PSEA task force by March 31. - Any questions on this can be directed to Claire, Claire.wilson@unwomen.org and Eva, modvig@un.org

Annex: List of Attendees

Central Health Working Group- Attendance List - Friday 27 March 2020				
Organization	Name	Position	Phone #	Email
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