

# Minutes of Health Working Group Meeting

28-March-2013

Location: Zahle

	<b>Issues discussed</b>								<b>Focal Agency</b>	<b>Deadline</b>																																																																																	
<b>1. Updates from MOPH</b> <ul style="list-style-type: none"> <li>• MoPH updated on measles and Leishmaniasis outbreaks in Lebanon.</li> <li>• <b>Measles Cases by age and mohafazat - Year 2013 as of 30/03/2013</b></li> </ul> <p>(Data source – MoPH website; &lt; <a href="http://www.moph.gov.lb">www.moph.gov.lb</a> &gt; Prevention → Surveillance→ Measles</p>	<table border="1"> <thead> <tr> <th>Mohafazat</th> <th>Under 1 year</th> <th>1-4 years</th> <th>5-9 years</th> <th>10-14 years</th> <th>15-24 years</th> <th>25+ years</th> <th>Unknown</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>Beirut</td> <td>2</td> <td>8</td> <td>7</td> <td>1</td> <td>1</td> <td>9</td> <td>1</td> <td>29</td> </tr> <tr> <td><b>Beqaa</b></td> <td><b>4</b></td> <td><b>5</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>0</b></td> <td><b>2</b></td> <td><b>0</b></td> <td><b>11</b></td> </tr> <tr> <td>Mount Lebanon</td> <td>18</td> <td>49</td> <td>36</td> <td>4</td> <td>4</td> <td>20</td> <td>1</td> <td>132</td> </tr> <tr> <td>Nabatieh</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>2</td> </tr> <tr> <td>North</td> <td>7</td> <td>26</td> <td>31</td> <td>4</td> <td>0</td> <td>1</td> <td>0</td> <td>69</td> </tr> <tr> <td>South</td> <td>1</td> <td>4</td> <td>26</td> <td>0</td> <td>2</td> <td>8</td> <td>1</td> <td>42</td> </tr> <tr> <td>Unspecified</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>2</td> <td>1</td> <td>5</td> </tr> <tr> <td><b>Lebanon</b></td> <td><b>32</b></td> <td><b>93</b></td> <td><b>101</b></td> <td><b>9</b></td> <td><b>7</b></td> <td><b>44</b></td> <td><b>4</b></td> <td><b>290</b></td> </tr> </tbody> </table>								Mohafazat	Under 1 year	1-4 years	5-9 years	10-14 years	15-24 years	25+ years	Unknown	TOTAL	Beirut	2	8	7	1	1	9	1	29	<b>Beqaa</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>11</b>	Mount Lebanon	18	49	36	4	4	20	1	132	Nabatieh	0	0	0	0	0	2	0	2	North	7	26	31	4	0	1	0	69	South	1	4	26	0	2	8	1	42	Unspecified	0	1	1	0	0	2	1	5	<b>Lebanon</b>	<b>32</b>	<b>93</b>	<b>101</b>	<b>9</b>	<b>7</b>	<b>44</b>	<b>4</b>	<b>290</b>		
Mohafazat	Under 1 year	1-4 years	5-9 years	10-14 years	15-24 years	25+ years	Unknown	TOTAL																																																																																			
Beirut	2	8	7	1	1	9	1	29																																																																																			
<b>Beqaa</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>11</b>																																																																																			
Mount Lebanon	18	49	36	4	4	20	1	132																																																																																			
Nabatieh	0	0	0	0	0	2	0	2																																																																																			
North	7	26	31	4	0	1	0	69																																																																																			
South	1	4	26	0	2	8	1	42																																																																																			
Unspecified	0	1	1	0	0	2	1	5																																																																																			
<b>Lebanon</b>	<b>32</b>	<b>93</b>	<b>101</b>	<b>9</b>	<b>7</b>	<b>44</b>	<b>4</b>	<b>290</b>																																																																																			

	<ul style="list-style-type: none"> <li>• <b>Leishmania :</b> <ul style="list-style-type: none"> <li>- 52 cases (as of 23<sup>rd</sup> March 2013 data) were reported out of which 12 cases were found among under 5 children. 63% of cases in Baalbeck, and 19% and 4% of cases were seen in Zahle and Hermel areas respectively.</li> <li>- MoPH has distributed the list of the governmental hospitals where the diagnosis and treatment are available for Leishmaniasis to all partners.</li> <li>- MoPH/WHO will conduct TOT training for 12 doctors how to take biopsy. The tissue samples taken at the referral hospitals in the field will be transported to the laboratory of American University of Beirut (AUB) for confirmation of diagnosis.</li> <li>- All confirmed cases will have to be transferred to the identified governmental hospitals to receive treatment for free but patient needs to cover for transportation costs and consultation fees (10-20 USD/consultation).</li> <li>- Partners addressed that there will be some constraints particularly from the north Bekaa to access to the referral hospitals due to security reasons and long distance. Therefore, partners suggested that the trained doctor should visit to the area where the highest number of cases was reported (e.g. Aarsal where 21 cases were identified) on-call basis as the patients might not be able to travel due to security concerns.</li> </ul> </li> </ul>		
2.	<p><b>Update from partners</b></p> <p><b><u>WHO</u></b></p> <ul style="list-style-type: none"> <li>• MoPH had already secured the medications for the treatment of Leishmania (10,000 doses for 600 cases) with the support from WHO.</li> <li>• Referral form will be used for referral of Leishmania cases to the MOPH.</li> </ul> <p><b><u>Action Point:</u></b></p> <ul style="list-style-type: none"> <li>• Leishmania treatment protocol will be shared to all partners.</li> </ul> <p><b><u>UNHCR</u></b></p> <ul style="list-style-type: none"> <li>• Shared the information on registration; as of 21 March 2013, 238,777 have been registered and 236,459 were scheduled to be registered in UNHCR all over the Lebanon. In Bekaa, 91,083 have been registered and 34,512 were waiting for registration in UNHCR.</li> <li>• Some partners raised issues on the delay of fast-track registration process and prolong waiting time for registration</li> </ul>	MoPH / WHO	April 2013

<p>(average waiting time is 3 months or more). The community service unit will coordinate with the registration unit to find out the reasons of bottle neck issues of the delay on fast-track registration process.</p> <ul style="list-style-type: none"> <li>• ICRC asked to be shared the updated UNHCR’s fast-track registration criteria and procedures to all partners.</li> <li>• UNHCR is developing 3W’s health matrix and waiting for the feedback/updates from some partners (MDM, IRC, and Islamic Relief Organization).</li> </ul> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• UNHCR will share the updated fast-track registration criteria and procedures to all partners.</li> <li>• The final health matrix will be shared to all partners.</li> </ul> <p><b>IMC</b></p> <ul style="list-style-type: none"> <li>• Started operation in two new PHC centers in Bekaa (Labwe and Zahle Maalaka PHC centers) since last two weeks under UNJHCR funding.</li> <li>• Updated health info notes (in Arabic) and already printed 20,000 copies.</li> </ul> <p><b>MDM</b></p> <ul style="list-style-type: none"> <li>• It is still in the recruitment process for mental health projects.</li> <li>• Will implement through AMEL mobile clinics.</li> </ul> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• MDM will share updates in the 3W’s health matrix.</li> </ul> <p><b>MSF-Ch</b></p> <ul style="list-style-type: none"> <li>• Although there is no plan for expansion geographically, they expanded additional services such as provision of chronic medications, ANC and PNC in all sites of its operations.</li> </ul>	<p>UNHCR</p> <p>MDM</p>	<p>April 2013</p> <p>5 April 2013</p>
--	-------------------------	---------------------------------------

	<p><b><u>SCI</u></b></p> <ul style="list-style-type: none"> <li>• SCI has negotiated with PHC centers to get free consultation for vaccination.</li> <li>• Continue its RH activities.</li> </ul> <p><b><u>IOCC</u></b></p> <ul style="list-style-type: none"> <li>• Through Amel health center in Kamed Loz, West Bekaa, IOCC covers the cost of 100 normal and 40 C-section deliveries for non-registered Syrian refugee pregnant women who are on high risks.</li> <li>• Cover the cost of 25 (probability to increase capacity) normal deliveries and 50 C-sections for high risk non-registered Syrian refugee mothers in addition to neonatal care in Taanayil Hospital.</li> <li>• Cover the 15% left after IMC coverage for 55 new-borns, up to a ceiling of 1000\$ supported by IMC in Taanayel Hospital.</li> <li>• Provides prenatal and post natal care.</li> <li>• Neonatal care (covers any illness, surgery or NICU if a new born needs during the first 40 days after delivery).</li> <li>• Weekly awareness sessions provided to the mothers by specialists.</li> </ul>		
3.	<p><b>Update on outbreak diseases (WHO)</b></p> <p>See updates from MoPH under section 1 and 2.</p>		
4.	<p><b>Update on vaccination</b></p> <ul style="list-style-type: none"> <li>• WHO continued its activities on immunization campaigns throughout the country.</li> <li>• Although it was updated in last month to roll out the vaccination activities for under 5 children at all registration centers, it was not implemented yet in the Bekaa region while it was implemented for 2 weeks in the Tripoli registration center in the north. UNHCR tried to identify the reasons of not being rolling out in Bekaa. It was identified that MoPH did not approve to carry out the vaccination activities in the registration sites.</li> <li>• UNHCR also addressed that there is a gap in provision of (TT) immunizations to pregnant women. Although this activity is not included in the national immunization policy, it should be considered for Syrian pregnant women as the immunization coverage is lower in Syria and there are evidence of delivery outside the hospitals among Syrian</li> </ul>		

	<p>refugees.</p> <ul style="list-style-type: none"> <li>• There is still an issue on charging consultation fee for vaccination in some PHC centers. According to PHC centre's rules, all children should be seen by a doctor before they receive vaccination.</li> </ul> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• IMC and UNHCR will carry out renegotiation with PHC centers and hospitals for the fees and new PCH support packages in April 2013.</li> </ul>	IMC & UNHCR	April 2013
5.	<p><b>Updates on RH</b></p> <ul style="list-style-type: none"> <li>• SCI/MDM/MSF are also developing a guidelines. A common standard of ANC package is required in order to offer the similar standards of reproductive health packages, so that there will not be a huge discrepancy of service provisions and will not recreate the burden to the partners.</li> <li>• IRC is implementing RH and SGBV activities.</li> <li>• Provided transportation of patient referrals and 15% coverage of ANC.</li> </ul> <p><b>Action Point:</b></p> <ul style="list-style-type: none"> <li>• UNFPA/MoPH to be shared the reproductive health protocol / guidelines.</li> <li>• IRC will update information in the health matrix.</li> </ul>	MoPH / UNFPA  IRC	April 2013  April 2013
6.	<p><b>Updates on Mental Health</b></p> <ul style="list-style-type: none"> <li>• Provided psychosocial counselling for adult and children.</li> <li>• Chronic mental health illness based on the specific needs are managed at 3 PHC centers (Taanayel PHC, El Labwe PHC and another one which is still under the process for final decision) and 2 SDC.</li> <li>• 4-5 days initial training of PHC staff (Doctors and nurses) and follow-up on-the-job trainings will be conducted by the Psychiatrist. Therefore, community centers will be integrated with clinical management of mental health illness such as provision of medications.</li> <li>• MDM is still in the process of recruitment process and did not operate mental health project yet.</li> </ul>		

	<ul style="list-style-type: none"> <li>• MSF-Ch refers mental health patients to IMC.</li> <li>• UNHCR had a bilateral meeting with a new mental health partner (Centers for Victims of Tortures) to discuss the gaps in geographical coverage and types of services to be implemented and its strategies etc. The project activities will be launched in September 2013 in Bekaa areas.</li> </ul>		
--	---	--	--

7.	<p><b>Updates on issues</b></p> <ul style="list-style-type: none"> <li>• Partners shared information on distribution of Infant formula by some local NGOs and hospitals for free. Islamic Relief Organization should not include infant formula in the general distribution activities.</li> <li>• MopH mentioned that MoPH should be included in the UNHCR's Web Portal as they are main counterpart and one of the implementing partners for emergency response for refugees in Lebanon.</li> </ul> <p><b><u>Action Point :</u></b></p> <ul style="list-style-type: none"> <li>• IMC will advocate to the hospital authorities not to distribute the infant formula and make sure that health education / awareness sessions on breast feeding are conducted in the PHC centers and referral hospitals.</li> <li>• UNHCR will update Web portal and include MopH.</li> </ul>	<p>IMC</p> <p>UNHCR</p>	<p>April 2013</p> <p>8 April 2013</p>
----	--	-------------------------	---------------------------------------