

Meeting Minutes

Health Working Group - Syrian Refugees

June 27, 2014

The central Health Working Group met, as planned on a monthly basis to discuss issues and plan actions for follow up concerning the Syrian Refugees crisis in Lebanon. The meeting was held at the premises of WHO – Museum Square, Glass Building, floor -1 - on Friday June 27th, 2014 between 09:00 AM and 11:00 AM.

Topics of Discussion

- 1- Action items and previous minutes of meeting
- 2- Vaccination updates
- 3- Updates on Outbreaks
- 4- Reproductive Health
- 5- Mental Health
- 6- Nutrition
- 7- AOB

Organizations present

See detailed List of Attendees annexed.

Main Discussions

<i>Topic 1:</i>	Action items and previous minutes of meeting	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> – The minutes of the meeting held on May 30th 2014 were approved by the meeting participants – The action points of the previous meeting were revisited 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Present on the PHC system in Lebanon	MoPH/WHO	July 2014

<i>Topic 2:</i>	Vaccination updates
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> – WHO: during the vaccination campaigns, children in Lebanon are usually vaccinated against rubella and measles, there are technical issues regarding vaccinating against mumps which are being considered and discussed at the MoPH – WHO: concerns regarding vaccination activities implemented through MMUs especially in terms of questionable reporting mechanisms, and essential cold chain maintenance

	<ul style="list-style-type: none"> – Casa physicians would have difficulty with the administration and logistics of MMUs vaccinating. – MoPH: MMUs to use the hotline 1214 to report any reportable cases – MoPH: the distribution of vaccines to all MMUs might cause a managerial issue given the numerous partners acting in the field in addition to ensuring proper reporting form the MMUs' behalf – Inter-agency – It would be unlikely that humanitarian partners would not be able to report appropriately. Also, Casa physicians need to develop systems to allow vaccinations to be distributed to MMUs.WHO: suboptimal vaccination is also found amongst Lebanese despite the highlight of the lack of vaccination amongst Syrians only, and the WHO Polio team is looking into options of better coverage and is in discussions with the MoPH – UNHCR Inter-Agency: 3W matrices to be updated regarding MMU rotating schedules for better coordination – WHO: key messages of vaccination campaigns shall be revised by UNICEF in addition to recommendations from the national infectious disease committee on thematic awareness to be implemented at large through the use of media to disseminate key health messages – UNHCR: SMS messages will be as usual used to promote the summer vaccination weeks <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> – WHO: oral polio vaccines may be safer to use at the MMU level as compared to injectable polio vaccine – Inter-agency – MOPH to support Casa Physicians with the admin and logistics to provide MMUs vaccinations. – PU-AMI: a common strategy must be established among all agencies to raise awareness and promote vaccination – WHO: regarding SMS messages to promote vaccination, it is important to consider whether or not mothers are the ones who have access to their family phones, to ensure the effectiveness of SMS messages 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Recirculate MMU operational guidelines to be agreed upon by all partners	UNHCR Inter-Agency	July 2014

<i>Topic 3:</i>	Updates on outbreaks	
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> - WHO: a WHO mission on the epidemic risk assessment for Cholera and epidemic diarrheal diseases has been undertaken between 18-20 June 2014 <ul style="list-style-type: none"> o The mission comprised of the following members: <ul style="list-style-type: none"> ▪ Engineer Hamed Bakir, Coordinator, Environmental Health Interventions and 	

	<p>Regional Adviser, WSH and Climate Change, CEHA/EMRO;</p> <ul style="list-style-type: none"> ▪ Dr Mamunur Rahman Malik, Regional Adviser, Pandemic and Epidemic Disease, WHO Eastern Mediterranean Regional Office, Cairo, Egypt; ▪ Dr Dominique Legros, Medical Officer. Control of Epidemic Diseases. Department of Pandemic and Epidemic Diseases, World Health Organization, Geneva, Switzerland <ul style="list-style-type: none"> ○ The significant findings of the draft of the report were shared with participants: <ul style="list-style-type: none"> ▪ Chlorination of water is essential, so is an improved mechanism of waste management and enhanced management of latrines ▪ It is estimated that, in the case of a diarrheal outbreak, there will be smaller numbers (of which 20% would possibly require hospitalization) spread in ITSs here and there, rather than disastrous uncontrollable outbreaks ▪ It is required that few PHCs are prepared in terms of diagnostics and rehydration mechanisms, especially in vulnerable areas ▪ Vaccination against cholera of ITS populations may be considered, and if approved it shall be done in the months of September and October 2014 ▪ A section on WASH must be added on the existing contingency plan for diarrheal diseases; the detailed related WASH plan would be an annex ○ The draft of the mission report is shared with the MoPH, and shared with partners for further feedback ○ In terms of water quality monitoring, the WHO, through EU-IFS funding is in the process of assessing to establish 8 water labs throughout Lebanon, to be operationalized within 2-3 months ○ It is mandatory for all partners to report cases of diarrhea to their respective district physicians <ul style="list-style-type: none"> - WHO: the first Lebanese case of Leishmania has been reported, the person has no history of travel <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> - WHO: it is important that at this point partners prioritize actions towards water quality assurance and vector control - WHO: to improve control on the spread Leishmaniasis cases it is essential to reinforce actions taken towards hygiene improvement and vector control 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Share an updated list of district physicians with all partners to report cases of	WHO	July 2014

diarrhea		
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Topic 4:	Reproductive health (RH)	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - UNHCR IA: The MoPH has agreed to use pregnancy cards for both Lebanese and Syrian women - UNHCR IA: The MoPH has also agreed for growth booklets to be used for both Lebanese and Syrian children, and partners are asked to report to UNHCR IA on hospitals who do not have growth booklets available at their facilities - Inter-agency – It was requested that the MOPH allow Syrian Refugees to use the Lebanese vaccination schedule and to add BCG and TT for the Syrians. 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
To contact GlobeMed contracted hospitals to encourage the promotion of growth booklets for newborns.	UNHCR	July 2014

Topic 5:	Mental health (MH)	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - WHO: the MhGAP training modules has been adapted to the context of Lebanon in the presence and consensus of key NGOs, societies, and MH experts in research. Expansion of training based on this adaptation will continue to include 75 new PHCs and IMC is to support field monitoring in this process - WHO: a draft national mental health strategy is to be revised and adapted to the current crisis and a 5 year strategy is to be discussed and launched within this year - IMC: self-care activities for field health providers is ongoing in all regions, through the implementation of several activities including group therapy 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Share updated information on self-care activities	IMC	July 2014

Topic 6:	Nutrition	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - IOCC: 15,000 children have been screened for malnutrition in the Bekaa, of whom 600 children have been referred for further investigation, and 200 have been diagnosed to have malnutrition ; a significant part of them have underlying 	

	<p>congenital diseases</p> <ul style="list-style-type: none"> - IOCC: training on nutrition in emergencies has been held at AUB with the participation of 30 participants - IOCC: there has been an agreement to reemphasize IYCF messages, and following that, the IOCC also presented on key IYCF factors as established nationally and internationally <ul style="list-style-type: none"> o In 2012 and IYCF joint statement was issued, this statement is to be revised and reissued soon - MoPH: the MoPH hosts the nutrition program headed by Dr. Ali El Zein <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> - MdM: information must be made available on the contributing and associated factors causing malnutrition, especially those related to congenital diseases ; the information as stated by UNICEF/ IOCC could be misleading and contradictory to other studies that indicate adequate access to food 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Share the malnutrition contributing and associated factors, and the household factors that may be contributing to malnutrition as well	IOCC	July 2014

<i>Topic 6:</i>	AOB
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> - Inter-agency: presented a UNICEF presentation on the critical situation in informal settlements and UNICEF wash partner's geographical dispatch <ul style="list-style-type: none"> o WASH commodities can be available at UNICEF for partners operating through MMUs, partners are asked to contact UNICEF to discuss the program. o tally sheets are available to locate the origin of cases detected though MMUs - Integrity Research: the institute is to conduct a 2 week field research on the perceptions of people on the Syrian crisis and conflict sensitivity to relevant issues. The institute representative requests meetings with agencies working in the field <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> - WHO: OCHA's ERF is funding several WASH projects which are not necessarily in partnership with the UNICEF, information on such projects should be made available for all WASH partners to ensure coordination - MdM: given the planned cut-down on the humanitarian budget as stated by the Humanitarian Country Team, it is important to meet with the core health group to discuss and

	<p>revisit the vision and funding plan of the health sector within the response to the Syrian crisis</p> <ul style="list-style-type: none"> - UNHCR IA: there are over 120 meetings being conducted across all sectors, therefore the UNHCR IA suggests that the health central frequency is reduced and subgroup objectives and timelines are revisited - WHO: suggests that the central HWG is kept to be held on a monthly basis especially that it is the only forum where the MoPH has constant presence, and however modifications may be done to the agenda to discuss major issues. Also, it should be noted that subgroups should usually conclude after a certain timeframe having had met their objectives 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
<ol style="list-style-type: none"> 1- Share WASH sector advanced 3Ws with all partners 2- A meeting will be held for MMU partners to discuss inclusion of WASH interventions 3- Revisit subgroup objectives and timeframes 	<p>UNHCR IA</p> <p>Inter-agency/UNICEF</p>	<p>July 2014</p> <p>July 2014</p> <p>July 2014</p>

Annex: List of Attendees

Health Working Group - Syrian Displaced			
Friday June 27, 2014			
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