

Meeting Minutes

Health Working Group - Displaced Syrians

March 31, 2017

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 Friday March 31st, 2017 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
Topic Details	<p>MOPH- Epidemiological Surveillance Unit</p> <p><i>Communicable diseases updates:</i></p> <ul style="list-style-type: none"> - Polio: 0 case; 2 points for sewage sample collection; - AFP: 28 cases for Syrians; indicators are good so far; - Measles: increasing numbers; around 34 cases so far; 2 profiles, one among children (in different Mohazafas) and one among adults (2 clusters: one in private hospital and one in private company as well as 13 other cases, one of them is among a pregnant woman with premature delivery); <ul style="list-style-type: none"> o Bio-sequencing requested to find out if the same as 2013 or new; and to identify the channels of transmission as well as the link between the 2 clusters; - Influenza: season H3 and 2 like other areas worldwide; <p><i>Mission to Jordan:</i></p> <ul style="list-style-type: none"> - With WHO support, the mission to Jordan was to identify how they are working with their integrated electronic reporting system for communicable diseases using android tablets, and if this system will be replicated in Lebanon; - In terms of Syrian population in Jordan, UNHCR reported 1 million refugees, but the surveys conducted show 2 million Syrian refugees; same proxy measure will be applied in Lebanon (numbers should be multiplied by 2; or have 2 rates to monitor); <p><i>National Cancer Registry:</i></p> <ul style="list-style-type: none"> - Data on childhood cancer for 2015 is posted on the MOPH website, showing increased counts but the rate is still similar to previous years (due to the Syrian population); - Usually the count is around 230 paediatric cases (<20 years old), in 2015, the number is 471 cases; the rate is 18 per 100,000 under 20 years old; - For segregation in terms of Nationality, the NCR forms have nationality however, the forms received from the laboratories do not mention the nationality or the area of residence (only medical report with age, name, and gender); the MOPH

	<p>issued a decision requesting from anatomy/pathology labs to gather additional data (nationality, ID number, and area of residence); UNHCR could also report on the cases of Syrians;</p> <ul style="list-style-type: none"> - For 2015 cases, data will be analysed to segregate nationality; - Decentralization reporting system data flow: report to Qada level, the latter will report to regional and central levels for coding and data entry; - Duplication is common; i.e. for 2015, 600 cancer cases were reported; after data cleaning, 471 cases remained; - Inter-Agency UNHCR: partners were requested to share data on cancer patients they are supporting; IOM and Caritas replied so far; - UNFPA asked about data on STIs from labs that confirm cancer cases; <ul style="list-style-type: none"> o Two labs can confirm cancer; we are asking from them to report on tests done and culture isolates; MOPH can discuss to add STI in the forms for next year; <p><i>Ersal:</i></p> <ul style="list-style-type: none"> - Health centres in Ersal received training sessions in the past 2 weeks in order to improve reporting; 1 session for field hospitals and 1 for PHC centres working in Ersal; planning to do 1 session for volunteers; this was in collaboration with UNHCR Bekaa office; - Based on observations and discussions, many centres are working in Ersal, and many deliveries and C-sections are happening there; important to look at the conditions in which these are happening.
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Topic 2	Reproductive health
<i>Topic Details</i>	<p>UNFPA</p> <ul style="list-style-type: none"> - Presentation a rapid assessment conducted in 2016 on the unmet needs of family planning of Syrian refugees in Lebanon (attached); <ul style="list-style-type: none"> o Action points for 2017: development of a comprehensive family planning strategy and action plan with the MOPH; 4 main pillars (system strengthening, strengthening of the logistics management system, building programs, and outreach programs) o The numbers in this rapid assessment are estimates, due to the issues related to population size; estimates made on available data; accuracy 80 to 85%; - Update on youth policy: <ul style="list-style-type: none"> o UNFPA and UNICEF are collaborating with the Ministry of Youth and Sports to implement the youth policy and develop a 3-year action plan (2017-2019); o Background on the policy: was joint between Ministry of Youth and Sports in partnership with Youth Forum on Youth Policy; endorsed in 2012; 5 priority sectors (demographics and migration liberal and economic participation; education and culture; health; social integration and political participation); o Working with the MOPH on youth health is part of the action plan; - Finalized a set of indicators in regards to assisting and facilitating data collection for the MOPH on the use of FP commodities; generation of quarterly reports to provide updates on the number of people accessing FP services; this will be done at 2 levels (75 centres in the MOPH PHC network and the 57 RH centres that are not part of the MOPH network but that are receiving commodities from the MOPH); - The MOPH has already drafted with the SRH sub-working group a 2017 work plan which is already been reviewed by the core group; - CMR updates from SRH meeting: there will be 2 training workshops; one on the new PEP protocols that will be carried out for all existing CMR facilities in 2017 as well as providing the new PEP kit;

	<ul style="list-style-type: none"> - Cost of FP commodities: a circular will be shared by MOPH to PHC centres ensuring that pills and condoms dispensed by nurses/pharmacies to beneficiaries are free of charge; medical consultation including IUD insertion is between 8000LL and 18000LL; if a PHC does not abide, the contract will be broken. <p>MOPH - Health Education Department</p> <p><i>Figures from the maternal mortality observatory at MOPH:</i></p> <ul style="list-style-type: none"> - Maternal mortality in 2016: 13 deaths among Syrians versus 11 among Lebanese; increase from 2015; 2 of the cases due to obstetric causes; the rest are related to chronic or acute conditions mainly cardiovascular, that could have been prevented if followed up; - Observatory's committee classified the reasons into 2: <ul style="list-style-type: none"> o Delay in identification of high risk cases; o Delay in reaching the hospital either because of geographic location or coverage issues (1 case is due to delay of coverage from the TPA); - Normal deliveries: <ul style="list-style-type: none"> o Among Syrians, in 2016: 43,788 deliveries (hospital-based); in comparison to 39,269 in 2015; showing an increase; o Among Lebanese, in 2016: 69,892 in comparison to 69,948 in 2015; stable number; - C-section: <ul style="list-style-type: none"> o Among Syrians, in 2016: 15,000 cases (34.3% of all deliveries); o Among Lebanese, rate is higher, around 54%. <p><i>Figures from the national network established with AUB on birth defects:</i></p> <ul style="list-style-type: none"> - Between 2012 and 2015, most birth defects among new-borns are higher for Syrians compared to Lebanese for all types of birth defects; due to consanguinity; and more than 60% of cases are due to women not having the folic acid during pregnancy. <p>MEDAIR</p> <ul style="list-style-type: none"> - Home deliveries are increasing; based on MEDAIR data, 2.6% for 2016; for the first quarter of 2017, it is around 3.6%; paying for the service more than what they are paying in the hospitals; once names are available they will be shared with the MOPH; <p>UNFPA</p> <ul style="list-style-type: none"> - Part of the action plan is to make use of the Syrian midwives in providing FP services in IS; discussing how and if this doable; any information on this is appreciated; <p>Inter-Agency UNHCR</p> <ul style="list-style-type: none"> - UNHCR has shared its delivery rates; the patient share for normal delivery versus the patient share for C-section on all hospitals contracted by UNHCR; any observations on higher charging of beneficiaries are to be reported; <p>MOPH- Health Education Department</p> <ul style="list-style-type: none"> - The observatory committee recommends 3 basic things: (1) to strengthen FP counselling; (2) to emphasize on pre-conception counselling for women who already have medical problems; and (3) pre-natal care. <p>MOPH- PHC department</p> <ul style="list-style-type: none"> - In addition to early marriage because there are around 40 mothers aged less than 15 years old in the Syrian community.
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Topic 3	Mental health and psychosocial support
<i>Topic Details</i>	<p>MOPH- National Mental Health Programme</p> <ul style="list-style-type: none"> - Training workshops ongoing with the support of WHO; Psychological First Aid training for around 17 staff in PHC and 17 outreach volunteers in Bekaa; mhGAP training for different staff of previously trained centres; either as refresher (40 staff trained) or to include new staff from these centres (55 staff trained); mhGAP training for midwives (80 trained) and for nurses (15 trained), focusing mainly on depression (maternal depression); - Meeting on Quality Rights toolkit in March to introduce the toolkit to organizations; the toolkit aims at enhancing the quality of care and human rights standards in mental health facilities and social care; a 3-day workshop followed for a group of people to train them on how to conduct surveys on Quality Rights toolkit in facilities; it is possible to pilot this toolkit this year in a psychiatric inward; - Celebration of the World Health Day on April 7; theme is depression; slogan will be Let's talk about Depression; the campaign will include posters, flyers, TV spot, and around 35 facilities (PHC centres, and university hospitals) will be able to provide services for persons with depression; the aim is to encourage people to talk about depression, to seek help and to decrease stigma; a list of centres will be posted and shared and a hotline can be called (1214) to access the centres; <p>MOPH- Health Education Department</p> <ul style="list-style-type: none"> - WHO EMRO will be doing the regional celebration in Lebanon; celebration; all agencies invited; April 7, at 11h AM, in Grand Serai; confirmation is a must for security reasons.

Topic 4	Child health/vaccination
<i>Topic Details</i>	<p>MOPH- PHC department</p> <ul style="list-style-type: none"> - Launching the awareness campaign on vaccination on 21 February 2017 in the Grand Serai under the slogan: "Vaccination before everything"; 2 TV spots, brochures, and posters; messages were sent to people; good impact; - Planning for communication for development with UNICEF: planning with community to ensure demand and connecting with pharmacies, markets, public spaces, schools, and NGOs on this issue to create and ensure demand in the community; PHC centres will have outreach activities in their communities on vaccination awareness; - World immunization week: from 23 to 30 April; stands, posters and brochures in the malls and public spaces; PHC centres will have outreach activities in schools and communities; a bus tour is organized (MOPH- WHO- UNICEF), introducing them to the system; - Recruitment of new staff to support Qada physicians; 3 per Qada (1 nurse, 1 public health officer, and 1 IT); main job is on EPI program especially for the nurse and the IT, but will support the Qada physician on other health issues; - Continuous field visits to the PHC centres to manage cold chain and other stock management issues on vaccination; - Continuous collaboration with WHO and UNICEF mainly with surveillance departments for following up on reported cases; <p>MOPH- PHC department</p> <ul style="list-style-type: none"> - No problems at PHC centres; training of nurses at PHC centres with the Order of Nurses as well as production of a checklist and a protocol for the nurses to vaccinate the children; free of charge; - Problem of nurses reluctant to vaccinate still exists in other dispensaries due to the lack of registered nurses; children need to be vaccinated by physicians, requiring a fee for service; MOPH receiving calls on the hotline regarding this issue and working

	on solving it; - Vaccination coverage survey report cleared but not yet shared.
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Topic 5	Nutrition
<i>Topic Details</i>	<u>Main discussions:</u> MOPH- PHC department <ul style="list-style-type: none"> - Regional consultant in February conducted field visits to PHC centres to check the implementation of the malnutrition institutionalization in PHC centres and to plan and prepare for a referral system from PHC centres to governmental hospitals; this referral system is currently being piloted in Bekaa, in a governmental hospital; currently preparing for the assessment of the needs in the Bekaa due to the fact that they have the highest numbers of malnutrition there; - All PHC centres within the network are screening for malnutrition; 53 treatment centres.

Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	Inter-Agency UNHCR <ul style="list-style-type: none"> - Consultant looking at M&E frameworks of the different sectors within the LCRP especially that it is a 4-year plan so it is important to assess impact; currently many indicators measure outputs (i.e. number of consultations, number of medications, etc.); surveys conducted but not published therefore no information on impact; all agencies are requested to report on on-going or planned surveys; - VASyR 2017: <ul style="list-style-type: none"> o Launched; data collection expected to take place before Ramadan to allow comparability of data; o This is an Inter-Agency exercise, all NGOs are asked to give input on new questions suggested to be included (i.e. no questions related to mental health); - Monthly dashboards based on activity info entries; power point produced for January and circulated; positive feedback received as well as requests for more frequent dashboards; overview for February produced and will be shared; transitioning to automatic interactive online dashboard; all information will be available automatically online; - Quarterly narrative dashboards are due by mid-April; as data retrieved from activity info is mostly quantitative, partners will be requested to send major achievements in the last 3 months (to have some qualitative data); - There are indicators reported on monthly and others quarterly (mainly related to vaccination, family planning, and support to institutions in terms of staffing, equipment, etc.), mainly those that are not captured by activity info; - THRIVE: <ul style="list-style-type: none"> o Initiative led by 2 ministries (MOPH and Ministry of Energy and Water) and UNICEF (developing the concept note and designing the project); o Pillars: institutional strengthening, health (especially maternal health and children <5), and WASH; o 3-year project; reaching most vulnerable people; o UNICEF was asked to present the project on April 5th at 10h30; - 4Ws matrices were sent as activity info are not enough; the aim is to make them public; - Reminder coming from coordination platform at the field to consider the forums for planning and not just for informing due to problems of duplication of services; - Situations of dialysis patients: UNHCR received a list of 49 patients from the MOPH and contacted all patients; using this list and the one received from referrals of other partners (not covered by URDA), there are around 50 patients not covered, mostly Syrian refugees and few Palestinians; some donors approached UNHCR and

	<p>checking modalities of support; as the biggest number of patients are in the South, partners have contributed financially, securing the coverage for end of June (Qatar Red Crescent, Kuwait Red Crescent (in Ersal particularly), SAMS association, Salam NGO, and Caritas);</p> <ul style="list-style-type: none"> ○ MOPH: to date, the MOPH is still covering 41 Syrian and 52 Palestinian refugees; - Secondary health care mapping: if any change in support or updates, partners are urged to share ASAP to update the list; - UNHCR delivery data already shared; - MSF France opened their paediatric ward in Zahle hospital; waiting for updates on the referral lists to be used.
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Topic 7	AOB
<i>Topic Details</i>	<p>Dr Fatima Ghaddar– Lancet AUB commission</p> <ul style="list-style-type: none"> - The commission has local, regional, and international experts looking at the Syrian crisis; launched in Dec 2016; includes multiple disciplines (health, economics, political science, etc.) - The work is divided into 6 thematic groups, each of which is a hub of experts addressing the topic: <ol style="list-style-type: none"> 1. dealing with the context and framing of Syria from economic, social, and historical perspectives 2. people inside Syria; building networks within Syria to understand the burden of the crisis and its impact 3. looking at refugees 4. looking at health systems 5. looking into humanitarian crisis and aid 6. recommendations based on all the above thematic groups - Interested in doing key informant interviews and understanding what is happening on the ground; this health working group fits in the 3rd thematic group; - Academicians are on board and trying to do literature reviews and analysing data sets; - All this will feed into the commission report due March 2018 (Lancet's deadline is May 2018);

Annex: List of Attendees

Central Health Working Group- Attendance List				
Friday 31 March 2017				
Organization	Name	Position	Tel.	E-mail
AMEL	Ali Ghassani	Medical coordinator	76-788977	aghasani@gmail.com
ANERA	Lina Atat	InKind pharmacist	03-976016	latat@aneralebanon.org
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