

Meeting Minutes

Central Health Working Group Meeting

Friday 29 January 2021

The central Health Working Group met to discuss issues and plan actions for follow up concerning the displaced Syrians crisis in Lebanon. The meeting was held **virtually** (via Microsoft Teams) on Friday 29 January 2021 between 9:00 AM and 10:00 AM.

Topics of Discussion

1. Field news and information on outbreaks
2. Child health/vaccination
3. Reproductive health
4. Nutrition
5. Mental health and psychosocial support
6. LCRP updates
7. AOB
 - a. Programmatic updates from health partners

Main Discussions

Topic 1	Field news and information on outbreaks
<i>Topic Details</i>	<i>No updates were provided.</i>

Topic 2	Child health/vaccination
<i>Topic Details</i>	<p>MOPH – Primary Health Care Department, Ms. Wafaa Kanaan The National Measles/Polio Campaign in Lebanon – Phase 2 Wrap-up campaign In collaboration with WHO, CRD and UNICEF:</p> <p>Phase 1</p> <ul style="list-style-type: none"> - Implemented in December 2019 and January 2020 in schools, nurseries, informal settlements; implemented in Akkar, North, Baalbek and Hermel governorates. <p>Phase 2 – 2 November until December 2020</p> <ul style="list-style-type: none"> - Implemented in the remaining governorates: Mount Lebanon, Beirut, Bekaa, South and Nabatiyeh; implementation delayed due to COVID-19 pandemic. - Started with a pilot phase covering the districts of Hasbaya and Nabatiyeh, Kesserwan and Mount Lebanon from 15 till 21 October 2020. - Implemented in PHCs, dispensaries and temporary vaccination sites of educational institutions where schools remained closed. - Both phases targeted children between 6 months-10 years. <p>Campaign outcomes</p> <ul style="list-style-type: none"> - In terms of % of coverage, >90% coverage rate in: Akkar, Baalback- Hermel, Menieh-Dennieh, Saida, Sour, Jezzine, Hasbaya, Marjaayoun, West Bekaa, Zahle. - In the other caza, Zgharta and Nabatiyeh had around between 70% and 90%, Rashaya, Koura, Jbeil and Tripoli between 50%-70% and Bcharreh, Aley and Baabda it was around 40%-50%; Kesserwan and Beirut was around 30% while in Metn it was less than 30%, between the first and second phase. <p>Main challenges</p> <p>Phase 1</p> <ul style="list-style-type: none"> - Delayed implementation of the microplans due civil unrest (October 17 uprising), intermittent road blockages in all 9 districts coupled with closure of educational institutions including schools and nurseries. - Resistance of a number of private schools and nurseries to vaccination. - Resistance and acts of violence in some ISs mainly in Baalbek, Hermel, Koura and Batroun.

	<ul style="list-style-type: none"> - The utilization of the routine vaccination services at the PHCs by the under 3 years old was lower than expected. - Parents' reluctance to vaccination due to resistance of private physicians to the extra dose and lack of trust in the quality and safety of the vaccine <p>Phase 2</p> <ul style="list-style-type: none"> - Suboptimal demand for vaccination especially under the COVID-19 pandemic and the re-ordering of health-related priorities by the community and the local authorities (especially municipalities). - Parents reluctance to vaccination due to the lack of trust in the quality and safety of the vaccine as well as misconceptions about the vaccine (causes autism, used to insert microchips and control world's population, etc.) - Acts of resistance and non-cooperation witnessed from the side of private physicians (greatly affected coverage in ML districts) and from local authorities, public figures and municipalities. - The limited reach associated with vaccination and mobilization modalities adopted during the campaign as compared to the ones that used to be implemented during school-based campaigns. <p>For routine immunization activities, between 2019 and 2020 for Q4:</p> <ul style="list-style-type: none"> - Oct 2019: 37 000 children vaccinated; Oct 2020: 38 000 children vaccinated - Nov 2019: 39 000 children vaccinated; Nov 2020: 49 000 children vaccinated - Dec 2019: 40 000 children vaccinated; Dec 2020: 36 000 children vaccinated <p><i>Question about Vitamin A supplementation in the vaccination campaign. Is there any specific reason for not providing vit. A in the campaign modality?</i></p> <ul style="list-style-type: none"> - Vitamin A was not given in the campaign, it is only for the routine.
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Topic 3	Reproductive health
<i>Topic Details</i>	<p>UNFPA, Ms. Maguy Ghanem</p> <ul style="list-style-type: none"> - Under partnership of UNFPA, LSOG and the MOPH: Review of RH services delivery guidelines, such as adding 4 chapters: telehealth selfcare, COVID-19 and pregnancy and Emergency Response; 2 chapters on Antenatal care and CMR have been revised. The guidelines are currently being reviewed by MOPH. - Ongoing discussions with the MOPH on capacity development on these chapters in 2021 - Pregnancy card was revised, printing will be finalized very soon and disseminated to health facilities. - Family Planning: series of trainings targeted 81 midwives in 2020 on FP counselling. Midwives in governmental hospitals are conducting FP counselling sessions post-delivery in the maternity ward, they are providing contraceptives as well in the maternity ward before the woman is discharged. - Shipment of contraceptives arrived, and they are distributed to health facilities, as per MOPH. Limited shortages in some health facilities. - Maternal mortality wrap-up for 2018-2019 was developed and will be launched soon. - 2020: 16 cases of Maternal Mortality which a few were related to COVID-19. - 2021: 4 cases of maternal mortality, 2 of which were related to COVID-19 so far in January. - National TF for Pregnancy and COVID-19 is meeting on Tuesday and will put a plan of action for a thorough follow-up and provision of services needed in this regard, under the leadership of MOPH in collaboration with UNFPA. - Clinical management of rape: all facilities received PEP Kits. MOPH is responsible for the replenishment. Caza physician will be as well responsible to make sure all the expiry PEP Drugs will be returned to the warehouse of the MOPH. - No major changes in terms of continuity of RH services. UNFPA will be following up closely on home deliveries and teen pregnancy. In relation to the economic crisis, there are cases of home deliveries. No change so far in rate or trend however close follow-up is to be done in this regard.

	- On home delivery, recommendation for qualitative assessment: even though the numbers are low, what is the reason for the low numbers to deliver at home.
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Topic 4	Mental health and psychosocial support
<i>Topic Details</i>	<p>National Mental Health Programme, NMHP – Ms. Nour Kik</p> <ul style="list-style-type: none"> - MH integration in PHCs: ongoing work on the MH packages, initial training done, the rest of the trainings are planned for beginning of February. - Regular meetings conducted with NGOs and PHC centres in collaboration with the PHC Department. - Regarding increasing inpatient MH beds in general hospitals, there is a possibility of opening new inpatient ward in Akkar and there will be a field visit next week with WHO and UNHCR; also exploring possibility of opening unit for MH and COVID-19 patients in Tripoli G.H., field visit planned next week with WHO. - Mental health medications not out of stock according to the pharmacy directory at the MOPH. However, pharmacies are given only monthly quantities of medications for 3 main reasons: trafficking of meds between the people in the community, hoarding practices of the public buying more medications from different pharmacies, delay happening at central bank for exporters. Statement will be issued to the public to be clarified. - As part of COVID-19 action plan and in response to a flagged need of the MHPSS service providing organizations: guidance note for remote MH services provision draft is under development. The draft will be shared for revision from the MHPSS TF members before finalization. - Online selfcare training platform developed and will be piloted to build knowledge and skills to manage stress and focus on selfcare for healthcare workers. The piloting will be done by front liners and will implement the changes if any before launching. - Currently work prioritized towards MH Support system for patients and HCWs and support groups will start to take place for staff in the hospitals and ESU staff. - Regarding MHPSS TF Meeting schedule: 1 meeting per month at a national level. Regional meetings on ad hoc basis. New date: 1st Monday of every month, from 11 am to 12:30 pm. If any partner wants to join, please send us an email

Topic 5	Nutrition
<i>Topic Details</i>	<p>Nutrition sector co-coordinator – Mr. Odai Abdel Rahman</p> <ul style="list-style-type: none"> - Lack of data with no recent nutritional assessment done to identify the prevalence of acute and chronic malnutrition and inform the nutrition response. - Concept note for SMART survey was drafted in-line with the most recent standards and recommendations to ensure the immediate availability of information on the nutritional status of affected population in order to inform programming. - Supporting MOPH in strengthening nutrition programs: IYCF coordinator and malnutrition officer recruited to support the IYCF national taskforce and the PHC department on the malnutrition programs. - Continuity of services: different nutrition activities are ongoing like community outreach and distribution of micronutrients powder for children under 5, reaching acute malnourished children with the adequate treatment and reaching caregivers with awareness raising methods on IYCF. - Acute concern on rising IYCF needs, especially during the lockdown: the needs for breastfeeding support, complimentary feeding education, food and cash assistance and artificial feeding for certain cases. - In terms of key priorities for Q1 and Q2: the first one is to conduct the smart survey in Q2. In Q1: Map nutrition interventions in the country: who is doing what and where and when. Develop monitoring tool to support sector members in tracking the activities implemented and ensure the continuity of curative and preventive nutritional services including capacity building of HCWs

	<ul style="list-style-type: none"> - Strengthening referral system for nutrition and assess possibility to pathways for artificial feeding needs for cases only referred by lactation consultants for children and mothers who fall under the acceptable medical cases defined by WHO. - Ensure that nutritionists are better integrated in the existing humanitarian coordination and frameworks and policies.
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Topic 6	LCRP updates
<i>Topic Details</i>	<p>Inter-Agency Health Sector Coordinator, Ms. Stephanie Laba Main LCRP outcome (<i>Presentation Shared</i>)</p> <p>A. Analysis of achievements:</p> <ul style="list-style-type: none"> - The number of Subsidized PHC Consultations meaning all consultations provided by partners at a subsidized fee in the PHCs: between 2018-2019-2020: higher percentage of Vulnerable Lebanese seeking care at a subsidized level. This is highlighting the increased vulnerability of the Lebanese population and their needs to subsidized fees therefore their increased financial hardships and ability for care at the private level. - Number of consultations at MMUs: there is a considerable increase from December 2019 to December 2020. This is mainly explainable by all the MMUs being run more than the usual level because of the challenges in access, protests, Beirut Port Explosions. This is a different platform for reporting but maybe the partners were initiating the MMUs as part of the response but keeping it under the continuation of care. All these figures contributed to an increased percentage of MMUs from this year to last year. - Number of specialized MH consultations: reports of increased MH needs among the populations, increased anxiety and depression, thoughts of uncertainty, etc... due to the ongoing situation, multiple crisis (economic, COVID-19, Beirut Port Explosions...) in the countries. The needs increased and the access increased. - Number of children under 5 receiving Routine Vaccination: this increase is due to the measles vaccination campaign and the increased numbers after that. And there is a sharp decrease in the numbers in September 2020 as compared to last year. - Number of patients admitted for Hospital care by MOPH from vulnerable Lebanese, this is not under LCRP but it will be a priority for 2021. <p>B. Challenges: (<i>Presentation Shared</i>)</p> <ul style="list-style-type: none"> - Multiple/Multifaced crisis: all these crises contributed to increased financial hardships, decreased cash flow and LBP devaluation and COVID-19 was accompanied by a fear of infection and lockdown measures. All these lead to a decreased access to PHCs services for the vulnerable population across cohorts. All of these led to a decreased access to PHC and Hospital care services for the vulnerable population across cohorts. - PHC level: the population was deprioritizing preventive PHC services (postponing or cancelling preventive care, routine vaccination, consultations, antenatal and postnatal care...) because of the financial situation, as they are prioritizing money for rent, food... as well as fear to go to Health Facilities because of fear of infection. - At the operational level, organizations had to balance between the emergent crisis and the continuation of care. - At the coordination level, timely reporting and monitoring was crucial as the HS needed to communicate in near real-time on many time-sensitive issues to ensure the continuation of care in line with the sector strategy to contribute to the other responses. <p>Priorities for 2021: (<i>Presentation Shared</i>)</p> <ul style="list-style-type: none"> - Our figures are lower than 2019 however vis-à-vis the challenges, the continuation of care for the vulnerable population remained a priority. - Increase advocacy for the dialysis and blood disease support which is gap by far for the HS in 2021. <p>Recommendations for the Health Partners: (<i>Presentation Shared</i>)</p>

- Recommendation for partners to consider displaced non-Syrians (including undocumented migrant workers) based on a non-discriminatory approach, even though they are not targeted in the LCRP but if you are implementing any activity in a hospital or PHCCs, they have the right to be considered in these activities.

Questions:

- **Q: When we registered for the COVID-19 Vaccination for the staff in PHCCs and dispensaries, the staff did ask the Ministry representatives if they should register the MMUs, the answer was No. how should we register the MMU staff for the vaccination for COVID-19?**

- A: This will be covered in the HS meeting on Tuesday since it is related to COVID-19 and the Beirut Port Explosions.

- **Q: Any explanation for the decreased rate of subsidized consultations between 2019 and 2020?**

- A: This is all related to the multiple crises, the country-wide lockdown, economic situation... this is multifactorial, so all of these factors resulted in decreased rate of subsidization between 2019-2020.

- **Q: Any data on malnutrition SAM and MAM cases?**

- A: No available data, however we will work on this with the nutrition sector to retrieve these data.

- **Q: Regarding the decreased number of subsidized consultations, almost 25% of the rate of subsidized consultations and of hospitalization is seen in difference in 2019-2020 and considering the overall challenges, specifically the increase in the vulnerable Lebanese people, is it possible that people are not aware about the services in PHCS and there is need for raising awareness about the existence of these services? Is there any observation or indicator that we are monitoring that would show us the increase in mortality and morbidity, is there any system in place to follow up and see the impact of the decrease in health seeking behaviour at the PHCCs or the hospitals? Because the proportion is ¼ decrease which is alarming and we consider the increase in vulnerable people.**

- A: From the VaSyr and Health Surveys, the results are not published yet, but it doesn't seem that the information or awareness is the main problem. We believe that the accessibility itself in terms of geographic accessibility and financial accessibility are the problem of a main concern. Awareness raising remains crucial however we don't see it in our qualitative analysis as being the main factor in decreased access, be it PHC or Hospital care. On morbidity and mortality, there is some analysis on this being done but we do not have any conclusion yet. There is a report being done for the neonatal mortality rate only for Syrian refugees in the UNHCR contracted hospitals. It was shared already and we will be sharing quarterly reports. For more general reports, it will be considered throughout the year.

- **Q: Regarding the dialysis, after UNHCR stopped the coverage for 100 patients, we were covering 67 patients from a fund. We dropped the coverage for these 67 patients from 3 sessions per week to 2 sessions per week. Through this saving, we managed to cover patients in the Bekaa and the South area with a total of 40 patients. Now we are covering 107 patients but 2 sessions per week and they will pay for the rest of the session.**

- A: For all partners, we know that dialysis and blood diseases support is not something integrated within your programming, however this is a needed gap under the HS, this is lifesaving for a good number of refugees. If any partner has any intention to cover or support, please contact us. UNHCR Public Health unit will have a support program in some hospitals so this can be a joint programming for the partners interested

	<ul style="list-style-type: none"> - Q: Who are the actors that will be part of the research committee? Regarding the request to submit the questions for the HS, do you see it as being new questions or going to revising the research questions and adding some questions around covid-19? - This initiative started a year before, but because of all competing priorities in 2020, this was put on hold. This will be discussed in the coming months with the members. Usually, the members were supposed to be part of the core health working group. The research questions that will be supported under this committee are the LCRP questions. Everyone will be able to apply. However, there is a process for support for researches under the research questions. We will further update matrix and it will be available and the organizations will have an idea on what was done and will be advised on what to do to not duplicate and how to answer questions that will benefit the programming of the sector. - Q: Do we have the nutrition- related indicators for LPSP? - A: We have nutrition indicators, however we do not have them as numbers from 2019-2020. We were keeping it in the form of a narrative. Hopefully this year we will be working closely to be putting them in numbers and comparing them with previous years. - Comment: IMC are covering 30 patients at Makased and NDU hospitals for 6 months for dialysis. - Out of 200 cases, we have some of them covered and we still have a gap. Whoever has an intention to cover dialysis, we will provide you with all the programmatic support possible.
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Topic 7	AOB
<i>Topic Details</i>	Inter-Agency Health Sector Coordinator, Ms. Stephanie Laba <ul style="list-style-type: none"> - Next meeting will be held on the last Friday of March. - Everything related to Beirut Port Explosions and COVID-19 will be discussed in the Health Sector meetings on Tuesday.

Annex: List of Attendees

Central Health Working Group- Attendance List - Friday 29 January 2021				
Organization	Name	Position	Phone #	Email
ACF	Patricia Moghames	Nutrition and Health coordinator	3075916	pmoghames@lb.acfspain.org
AFD	Rouba El Khatib	Health Project Officer	71129294	elkhatibr@afd.fr
Amel Association International	Mohammad Alzayed	Health Coordinator	71552849	health@amel.org
Caritas Lebanon	Dayane Daou	Head of Health department	81311943	dayane.daou@caritas.org.lb
EU	Sara Campinoti	Programme Manager	81696468	Sara.campinoti@eeas.europa.eu
HelpAge International	Hiba Shaer	Health Officer	71343717	hiba.shaer@helpage.org
humedica	Tatjana Bojarski	Country Coordinator	76065117	t.bojarski@humedica.org
ICRC	Carla Zmeter	PHC Program Manager	70259144	czmeter@icrc.org
IMC	Iman Khalil	Health Director	70973248	ikhilil@internationalmedicalcorpors.org
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Medair	Marie Gentner	Medical quality supervisor	81728854	marie.gentner@medair.org
Medair	Isabelle Salameh	Health Manager	70120948	isabelle.salameh@medair.org
Médecins Sans Frontières	Caline Rehayem	Deputy Medical Coordinator	81 313 075	msfocb-beirut-depmedco@brussels.msf.org

Médecins Sans Frontières	Tania hachem	Medical coordinator		Mssf-Beirut-medco@paris.msf.org
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NMHP-MOPH	Nour Kik	Policy and Advocacy Coordinator		nourjik@gmail.com
Order of Malta	Ranwa Abdel-Ahad	Project Assistant		RanwaAAhad.Malte@fattal.com.lb
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