

# Meeting Minutes

## (Joint) National Health Sector Working Group

28 January 2022, 9-11am, Virtual

### Topics of discussion

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#### Introduction & Opening:

- Co-chairs: Dr. Alissar Rady (WHO) and Dr. Jakob Arhem (UNHCR) welcomed all participants to the first *Joint* National Health Sector Working Group and expressed appreciation to all who've supported the integration.
- Overview of joining the coordination frameworks under one working group meeting was provided with a) an overview of the separate modalities under LCRP and ERP as categorized by UNHCT in September 2021, b) the objectives of the joint working group and c) a draft snapshot of the coordination structure which retains lines of accountability for all different frameworks: LCRP/ERP/3RF.. Suggestions for an improved joint working group are most welcome.

#### 1. Health sector situation overview and Updates

- Updates were provided by Health Sector Coordinator for the LCRP, Ms. Stephanie Laba - UNHCR Inter-Agency
- Situation update and overview of contingency indicators was provided including
  - *Achievements and challenges for 2021* – with an overarching takeaways of a) increased needs & demands; b) decreased health system capacity, c) decreased access among vulnerable population, partly due to increased barriers;
  - *Recommendations and priorities for 2022* – including continued focus on capacity-building, comprehensive packages, expanded access such as hospital support.
- Discussion: it was clarified that Lebanese comprise 48% of subsidized PHC consultations in 2021 (the highest percentage since 2018)

*All details are included in the attached presentation.*

#### 2. Surveillance: outbreaks and COVID-19

- Updates were provided by Head of Epidemiological Surveillance Unit (ESU), Dr. Nada Ghosn - MoPH
- COVID-19 surveillance slides were presented with key take aways being:
  - Increase in testing, plateau in positivity (~19%), incidence rate increased in weeks 1&2 of 2022 with most affected age groups being those in their 20s, 30s, and 40s.
  - Case fatality decreasing, overall 1.08% and less than 1% in ages up to 49 years, and daily rate plateauing.
  - Contact tracing - prioritization of testing for people in areas with low vaccination coverage namely Akkar, Bekaa, Baalbek-Hermel and North.

*All COVID-specific surveillance details are included in the attached presentation.*

- Other non-COVID disease (no presentation):
  - *Polio*: in 2021, 39 cases of acute flaccid paralysis detected & tested → NONE were polio; expanded wastewater surveillance to include total of 9 sites across Lebanon and awaiting December samples. Polio outbreaks reported in the region are Yemen and Afghanistan.
  - *Measles*: approx. 30 cases, need to be vigilant due to low routine immunization coverage

- *Enhancing events-based surveillance*: training on going, looking at collecting daily rumours from online sources.
- Discussion:
  - In terms of COVID deaths tracking: >90% of deaths are not vaccinated and most of admitted cases are also not vaccinated. Vaccine is severity-blocking. This is published in ESU's daily report, first page.
  - Food-borne illness: saw in summer an increase in food poisoning (at least 400 cases last year) but this was expected in terms of normal annual case load. For water-borne illness, Hepatitis A outbreak in Hasbaya affected 2 families.

### 3. COVID-19 response updates (WHO)

- Pillar 7: Case management – Dr. Solara Sinno, WHO: slight increase in total hospitals and increase 100 beds in last few weeks to reach 498 ICU and 653 regular. Overall decrease in bed occupancy rates across different areas of Lebanon is linked not only to decrease in patients but increase in beds.
- Pillar 10: Vaccines – Dr. Racha Hamra, WHO:
  - *Supply*: Donations of Pfizer (France) and Moderna (Denmark) newly received in last 2 weeks to reach over 7M doses.
  - *Registration*: Approx 68% of those 12 years and above registered but still low registration in 12-16 age bracket (just 46%). Registration opened for ages 5-11 in preparation for arrival of special Pfizer doses for this age group (1/3 of standard dose) in mid-February.
  - *Administration*: Around 5.1M doses administered (including army personnel) of which 78% are Pfizer and nearly 39% coverage of 2 doses. 15% of doses are administered to non-Lebanese
  - *Moderna*: offered in 5 different centres. Although approved for ages 12+ in Leb, it will be administered to women 18+ and men 25+ due some cardiac risk factors in young men.
- Updates relating to refugees (UNHCR) and migrants (IOM)
  - *Refugees* – Carmen Karim, UNHCR: overview of registered and administered vaccines as well as gender and age noting that partners are stepping up efforts to register school-age refugee children. Key focus is vaccine availability to rural and remote communities (all nationalities) via mobile outreach mainly in Bekaa & North. Recently: in schools in North and B/ML. 9,753 refugee COVID cases and 439 deaths. Coverage for refugee COVID hospital is “mainstreamed” and therefore coverage has changed from 100% in previous years to normal rates.
  - *Migrants* – Dr. Nada Najem, IOM: High # of migrants are registered constituting ~6% of total with approx. 220,000 first doses out of 260,000 registered. Simplification approach with same-day outreach, registration, transportation, vaccination all together via pop up clinics and weekend events. Given low coverage in Akkar – assisting with school vax using “whole school community” for registration and transport has been reaching ~600 students per week. GAP: trying to manage home care and isolation. With National TB Program – joint testing platform given similarity of symptoms.
- Discussion:
  - Noting significant difference between 1<sup>st</sup> and 2<sup>nd</sup> dose coverage among Syrians: it was clarified that this is due a) partly to delays in initial vaccine uptake as December 2021 was the highest number of refugees vaccinated (so they are due for their 2<sup>nd</sup> dose soon)

- and b) sometimes when mobile teams return the person is not on site so teams are calling and referring defaulters to national vaccination sites.
- High refugee uptake of vaccines at end of year due to many factors: i) efforts of mobile units, ii) opening up of Pfizer to all ages, iii) resolving documentation requirements at vaccination sites, iv) new lower coverage rates of COVID cases, v) refugees are accessing migrant weekend campaign events.
  - Despite strikes in public schools, to reach school age children the principals of the schools are still working to call school children, their caregivers, plus neighbors of the school to come for vaccination on a specific day. Additionally, even if schools are closed, children can still access vaccination through an IMPACT platform appointment.
  - ESU also added that rapid tests are increasingly being used in Lebanon in labs and some medical centers. Request for all medical centers doing Antigen tests to report positive cases to the MoPH. Call 1787 to request DHIS2 credentials & access.
  - PENDING – Inquiry for ESU to be discussed next meeting: as new positive cases are being asymptomatic and testing is not affordable is the MoPH organizing PCR testing for vulnerable communities?

*All COVID-specific response details are included in the attached presentation.*

#### **4. Continuity of care (primary, secondary, tertiary and community healthcare)**

##### **Child health and Expanded Programme on Immunization (EPI)**

- Updates were provided by Ms. Doaa Kamal MoPH Primary Health Care Department
  - Finalization of the update of national immunization calendar and dropout protocol.
  - Currently ongoing campaign on routine immunization in different Qadaas for children 2 months and up to 18 years (initiated in November 2021); UNICEF conducted needs based assessment which revealed need to extend campaign to new Qadaas in collaboration with Lebanese Red Cross.
  - There is a regional threat of polio following cases identified Yemen and Afghanistan; efforts are in place to amplify surveillance as well as a vaccination campaign will be initiated end of February to target children with extra doses of polio vaccines.

##### **Reproductive Health (RH)**

- Updates were provided by Ms. Maguy Ghanem, UNFPA (no presentation)
- Increased Maternal Mortality in 2021; almost double the number of cases compared to previous year (40 versus 16-18 cases, 17 are COVID-related and other are related to reasons such as post-partum haemorrhage, embolism etc).
- RH sub-working group calls for action at the national level with regards to COVID19 vaccination for pregnant women;
  - UNHCR planned awareness raising sessions on COVID-19 vaccines among Syrian refugees.
  - IMC is continuing home care to COVID19 infected cases including for pregnant women.
  - UNFPA is collaborating with the NTCCP for the establishment of referral pathways for pregnant COVID cases and establishment of rapid response team.
- Increase in utilization of services including for RH at primary health care level by 2-3 folds namely for the Lebanese beneficiaries; electricity cuts, fuel shortage and cost remain key barriers for delivery of services and access to care.
- PUMI is supporting coverage of delivery of pregnant women in North and Akkar for Syrian refugees having patient share with UNHCR. Women receiving antenatal care in PHC centres could be referred for delivery through UNHCR hotline.

- No shortage of RH drugs and contraceptives reported by MOPH; all actors can submit requests for contraceptives to be dispensed fully by MOPH.
- Increased rates of adolescent (10-19 years) pregnancies in 2021; ongoing monitoring for these cases.
- UNICEF in collaboration with LOM completed the development of the accreditation standards for liberal midwives clinics; assessment of the clinics will begin in February.
- Preliminary results of UNHCR 2021 Health Access and Utilization of Services (HAUS) survey reported a decrease in access to antenatal care by women while a slight increase in postnatal care services.
- A recent study conducted by UNFPA and BAU on unmet needs and impact of the COVID19 and economic crises on access to services showed that women reported that COVID19 and economic crisis prevented them from accessing antenatal care.

### **Nutrition**

- Updates were provided by Nutrition Sector co-lead Ms. Mira Mokdad – ACF,
- National IYCF campaign launched in October 2021; outreach activities were implemented through health and non-health partners as well as through the IYCF hotline and dissemination of social media package.
- SMART Survey final draft report finalized; a launch event followed by a press release and data sharing is planned for February. 2 policy briefs related to report results are also being finalized.

### **Mental Health & Psycho-Social Support (MHPSS)**

- Updates were provided by Ms. Nour Kik, MoPH National Mental Health Programme (no presentation)
- Development action plan 2022 by MHPSS Task Force is in process; Main priorities identified: increasing service availability and accessibility,, addressing shortage in human resources in MH professionals, continuity in sustainable provisions of MH medications across levels of care, strengthening coordination among other sectors and participation among service users, as well as strengthening advocacy efforts in the field.
- A new law for setting an Order of Psychologists was passed; elections for the first board members is planned before 13 March 2022.

### **Updates from partners**

- Updates were provided by Mr. Imad El Hajj, Children Cancer Center of Lebanon (CCCL): Marking the 4th and 15th of February to raise voice for cancer care. CCCL is a member of the Union for International Cancer Control launched a 3-year campaign on closing the care gap, with the aim of recognizing inequities in cancer care especially in low income countries. Continuous dissemination and support is needed from different partners. Please share the following materials:
  - Childhood Cancer awareness videos created with the support of UNICEF and Sanofi Espoir: <https://youtube.com/playlist?list=PLzr>
  - On the occasion of World Cancer Care, follow the awareness and messages by CCCL on how we are Closing the Care Gap in Lebanon by following the @ccclebanon media pages
  - On the occasion of Children’s Cancer Awareness Day, share their messages of hope and appreciation starting 15 February and continuing through 31 March 2022 on the digital tree of life by clicking on [www.iccd.care](http://www.iccd.care)) after February 15.
- Updates were provided by Ms. Giulia Gerosa, ARCS: AYOUNKON III project was launched in beginning January 2022 in partnership with Amel association and builds on previous phases. It aims

to increases access to visual health services for the vulnerable population in Aarsal. Further project details are available in the presentation.

## 5. Updates from response frameworks (LCRP, ERP, 3RF)

- Updates were provided by Health Sector Coordinator for ERP, Ms. Christina Bethke - WHO on ERP: CERF Under-Funded Emergencies allocation was made to Lebanon: 8 million USD; health will benefit from part of this allocation. Fund goes to UN agencies who can then partner with NGOs for activities as needed. Existing partners of ECHO were also reminded that new proposals under this year's HIP are due on 14<sup>th</sup> February.
- Updates were provided by Dr. Ghada Abou Mrad, WHO on 3RF: Currently in the process of forming a strategic group to look into the policy elements under the 3RF in addition to reviewing the reporting matrix to fill activities in Beirut Port Explosions area in relation to the 3RF.

### Review of action points (28 January 2022)

Action point(s)	Focal point/agency	Status
1. Request for all medical centers doing Antigen tests to report positive cases to the MoPH. Call 1787 to request DHIS2 credentials & access	All medical centers performing rapid antigen tests	Ongoing
2. Partners to share awareness messages during cancer awareness days (4 <sup>th</sup> and 15 <sup>th</sup> Feb) as detailed above	All Partners	Month of February

### Closing Note(s)

- **The next meeting will be held on 25 February 2022.**

### Annex: List of Attendees

Organization	Name	Position	Phone #	Email
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