

## Notes for the Record

### Health Working Group - Displaced Syrians

December 18<sup>th</sup>, 2013

The central Health Working Group met, as planned on a monthly basis to share updates 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 Wednesday December 18<sup>th</sup>, 2013 between 09:00 AM and 11:45 AM.

#### *Topics of Discussion*

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- 1- Field news and information on outbreaks
- 2- Child health/ Vaccination/ national Polio campaign
- 3- Reproductive health
- 4- Mental health
- 5- Nutrition
- 6- AOB added: activity information monitoring,

#### *Organizations present*

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World Health Organization (WHO), United Nations High Commissioner for Refugees (UNHCR), Ministry of Social Affairs (MoSA), United Nations Population Fund (UNFPA), United Nations Fund for Children (UNICEF), Médecins du Monde (MDM), International Medical Corp (IMC), Première Urgence - Aide Médicale Internationale (PU-AMI), International Organization for Migration (IOM), Medical Aid for Palestinians (MAP), Makassed, Restart Center, International Orthodox Christian Charities (IOCC), World Food Programme (WFP), Medecins Sans Frontiere OCB (MSF-OCB), Lebanon Support, United Nations Development Programme (UNDP), Heartland Alliance, CCP Japan.

See detailed List of Attendees annexed.

#### *Main Discussions*

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| <i>Topic 1:</i>      | <b>Field news and information on outbreaks</b>  |
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| <i>Topic Details</i> | <p><b>Main discussions :</b></p> <ul style="list-style-type: none"> <li>– There is a fear in case military actions escalate in Akkar, that Aarsal becomes isolated with serious repercussions on access to health services. The latest events uncovered a significant shortage in casualty management and medications.</li> <li>– WHO: the WHO along with the MoPH has stockpiled PHCs in the North and the Bekaa with medications of the standardized drug list and with surgical kits as well. These stockpiles shall be made available and deployed if an emergency is declared</li> <li>– IMC: underway to providing the setting to Leishmaniasis treatment for patients in Aarsal, where the MoPH has approved that the treatment is given in clinics but not in mobile medical units</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>– UNHCR: 2 cases of Acute Flaccid Paralysis (AFP) have been identified, 1 in Bekaa and another in the North</li> <li>– WHO: The Polio outbreak in North-East Syria has been confirmed, whereas no cases of confirmed Polio have been identified in Lebanon, although it is expected to identify cases of AFP on an average of 35-40 cases per year since the active surveillance has been reactivated</li> <li>– WHO: the national school-based surveillance system has been reactivated for influenza and influenza-like diseases, and so far reported numbers are within normally expected ranges</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>– MDM: security in the North and Baalbek regions is getting critical at most times, thus stockpiling medications is necessary in the case of a complete cut-off from those regions</li> <li>– MoSA: It is expected that there will be consecutive strikes on Aarsal, and considering the fact that Aarsal residents are not able to leave the village to seek health care for security reasons, it is necessary that the few health actors inside of Aarsal are provided with support in terms of medication and equipment to ensure that they will be able to provide health care services in case of emergencies</li> <li>– UNHCR: it is important that partners concentrate on improving PHC services in order not to overburden the health system's secondary and tertiary health care systems</li> </ul> |
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| <i>Topic 2:</i>  | <b>Child health/vaccination/national Polio campaign</b>  |                  |
| <i>Topic Details</i>   | <p><u>Main discussions :</u></p> <ul style="list-style-type: none"> <li>– UNICEF: announcing that there are current talks with the WHO and the MoPH concerning plans for vaccination campaigns in mid and end of February, where the former will be a Polio campaign, and the latter a Polio and Measles campaign</li> <li>– WHO: the vaccination cluster coverage survey results are being finalized and they suggest the need for a more targeted vaccination campaign ; however, results will be shared once finalized</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>– IMC: it is important to strengthen the routine vaccination activities to ensure that a better immunization is attained</li> <li>– WHO: it is important to harmonize all immunization strategies with Syria and other neighboring countries</li> </ul> |                  |
| <i>Action Items:</i>   | <i>Person responsible:</i>   | <i>Deadline:</i> |
| Share vaccination cluster coverage survey results with the members of the central health working group | WHO  | February 2014    |

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| <i>Topic 3:</i> | <b>Reproductive health (RH)</b> |
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| <p><i>Topic Details</i></p> | <p><u>Main discussions :</u></p> <ul style="list-style-type: none"> <li>- UNFPA: <ul style="list-style-type: none"> <li>o planning to conduct family planning counseling training sessions in all regions of Lebanon, prior to which a short assessment will be conducted to identify the different family planning services provided by partners</li> <li>o RH kits and supplements will continue to be provided</li> <li>o A comprehensive RH assessment is also being planned for XXX</li> <li>o The UNFPA is coordinating all its activities with the RH unit of the MoPH</li> </ul> </li> <li>- UNHCR: the antenatal care card designed especially for the minimum package of antenatal care services that will be provided by UNHCR implementing partners is now available at UNHCR and is to be circulated to all partners who are encouraged to use it</li> <li>- IMC: antenatal care data which has been collected showed the following: <ul style="list-style-type: none"> <li>o Initially, 32% of women presenting for delivery have not had any ANC visits to the PHCs, yet that number has eventually fallen down to 18-19% of women only,</li> <li>o whereas preterm deliveries comprise 3% of the total of deliveries, yet it may be considered a relatively big number where the number of deliveries high</li> </ul> </li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>- UNHCR: There are several pregnant women who present to hospitals for delivery, without having had attended any prior antenatal care services at PHCs, in addition to an increased number of premature deliveries that are increasing the cost of SHC services. Therefore, it is necessary for partners to ensure that and to encourage women to attend ANC services provided by PHCs, while at the same time ensuring the quality of these services</li> <li>- IMC: It is important for community health workers to encourage all mothers to benefit from ANC services at their local PHCs</li> <li>- WHO: share available data on antenatal and deliveries to be able to make sound decisions regarding related strategies</li> </ul> |
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| <p><i>Topic 4:</i></p>      | <p><b>Mental health (MH)</b></p>   |
| <p><i>Topic Details</i></p> | <p><u>Main discussions :</u></p> <ul style="list-style-type: none"> <li>- WHO: trained 16 centers, 40 health care providers, on MhGap, while facing several challenges such as failure to retain trained medical doctors, and difficulty to address several misconceptions relating to mental health</li> <li>- WHO: working with the MoPH to revisit the PHC financing system which includes 3 main pillars: Performance, Quality, and Services. The MoPH has agreed to add MH to the component of services, to ensure that provision of MH services is a prerequisite in the package of PHC services.</li> </ul> |

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|  | <p>Therefore, there is a clear effort made by the MoPH to integrate MH services within its PHC package</p> <ul style="list-style-type: none"> <li>– WHO: the UNRWA is planning on providing MhGap training to its centers starting February 2014, for which the WHO is providing technical support to</li> <li>– IMC: along with the MoPH and WHO is working on integrating MH into the MoPH through a special MH unit, to build capacities, provide continuous support to ongoing MH activities, and to coordinate all relevant MH activities</li> <li>– IMC: providing MH case management services throughout Lebanon, and planned training on MhGap in Labweh, Aarsal, Hermel, and the North</li> <li>– Restart: still providing psychosocial support and psychotropic medication in mount Lebanon, Beirut, and the North</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>– WHO: it is necessary to monitor the quality of mental health services provided at centers and to tackle ways to retain patients and keep them from visiting many PHCs at the same time, where proper follow up and adequate care may be compromised</li> <li>– IMC: it is important to take the capacity and the staffing of PHCs in relevance to mental health, before rolling out any MH training sessions , to ensure that these centers will be able to sustainably provide MH services</li> <li>– MDM: it is beneficial to assign focal points at MH trained centers to ensure and follow up the sustainability of MH services in each of the trained centers</li> <li>– MAP: Linking between health care providers and MHPSS care providers is helpful</li> <li>– WHO: It is important that all MH services are also coordinated with the MoPH for sustainability purposes</li> </ul> |
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| <i>Topic 5:</i>      | <b>Nutrition</b>   |
| <i>Topic Details</i> | <p><u>Main discussions :</u></p> <ul style="list-style-type: none"> <li>– UNHCR: a first draft of the Nutrition Assessment has been produced in mid-January, and a final draft/results will be shared early in February</li> <li>– IOCC: <ul style="list-style-type: none"> <li>○ Community screening activities of malnutrition and Infant and Young Child Feeding (IYCF) practices are taking place for 3-5 year olds throughout Lebanon, and so far 12,981 children have been screened where 60 cases of Severe Acute Malnutrition (SAM) and 64 Moderate Acute Malnutrition (MAM) cases have been identified</li> <li>○ So far, 38 cases of SAM with complications have been admitted to hospitals, some of which have co-morbidities such as cerebral palsy</li> </ul> </li> </ul> |

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|   | <ul style="list-style-type: none"> <li>○ The IOCC will be changing its screening strategies, where children living in ITSs will be screened first, and in regions where cases of SAM and/or MAM are found, the rest of the community shall be screened as well</li> <li>○ 50 clinics have been trained and retrained on management of malnutrition, and community health educators are to be hired for intensified promotion of nutrition related subjects</li> <li>○ Collaborating with the MoPH to issue a national protocol on the treatment of malnutrition in Lebanon</li> <li>○ Several forms screening, referral, and tracking of malnutrition cases are available at the IOCC, and will be made available when requested</li> <li>○ Individual counseling of mothers with difficulties in breastfeeding and different IYCF issues is also being undertaken</li> </ul> |                  |
| <i>Action Items:</i>  | <i>Person responsible:</i>  | <i>Deadline:</i> |
| 1-Share the results of the 2014 “Nutrition Assessment”  | UNHCR/UNICEF  | February 2014    |
| 2-Share list of trained PHCs and SHCs on malnutrition management, in addition to names and contact info of focal points | IOCC  | January 2014     |

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| <i>Topic 6:</i>      | <b>Activity Info Tool (AIT)</b>  |                  |
| <i>Topic Details</i> | <p><u>Main discussions :</u></p> <ul style="list-style-type: none"> <li>– UNHCR: all agencies that have received RRP6 funds, and those who are also outside of the RRP6 scheme, are asked to report on their sector indicators through the Activity Info Tool</li> <li>– IMC: raises concerns on differences in age grouping between the UNHCR’s HIS reporting system for health, and the UNHCR’s AIT, which may make it challenging to report to 2 different tools</li> </ul> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> <li>– MDM: <ul style="list-style-type: none"> <li>○ It is important to seek the consultation of INGOs in the process of establishing indicators for such tools in order to have them comply with reporting</li> <li>○ It is necessary to clearly separate between “RRP6 partners” and “non-RRP6 partners” to ensure that non-RRP6 activities are not mistakenly considered as part of the RRP6</li> <li>○ The central health working group should compile all its concerns regarding the AIT and submit it to relevant individuals</li> </ul> </li> </ul> |                  |
| <i>Action Items:</i> | <i>Person responsible:</i>   | <i>Deadline:</i> |

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| Compile all AIT relevant concerns and submit to the RRP6/AIT steering committee | UNHCR | January 2014 |
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| <i>Topic 6:</i>   | <b>Global Fund Initiative</b>   |                  |
| <i>Topic Details</i>  | <u>Main discussions :</u> <ul style="list-style-type: none"> <li>- UNDP: <ul style="list-style-type: none"> <li>o the Global Initiative Fund for Malaria, TB, and HIV is resetting its targets regionally for March 2014 to make funds available for crisis and emergencies, to cover projects or initiatives that are not usually eligible for this fund</li> <li>o UNDP and the RCO are to resource and contract consultants to draft a proposal in this regard</li> <li>o The health sector is requested to draft the proposal's section on health in terms of health needs and gaps that may be covered by such funds</li> </ul> </li> <li>- The WHO, MoSA, IOM, IMC, and MDM volunteer to draft the health sector section of the global Fund Initiative</li> </ul> |                  |
| <i>Action Items:</i>  | <i>Person responsible:</i>  | <i>Deadline:</i> |
| Meet and draft the health sector section of the Global Fund Initiative proposal | UNDP, WHO, MoSA, IOM, IMC, MDM  | February 2014    |

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| <i>Topic 6:</i>      | <b>AOB</b>  |  |
| <i>Topic Details</i> | <u>Main discussions :</u> <ul style="list-style-type: none"> <li>- UNHCR: <ul style="list-style-type: none"> <li>o contracted with GlobeMed, a third party private insurance company, to handle the admission of displaced Syrians to secondary and tertiary health care centers</li> <li>o GlobeMed is provided with a comprehensive list of Syrians registered with the UNHCR and eligible to be covered for secondary and tertiary health care services</li> <li>o Once life-threatening conditions are claimed, the cost of services of estimated upfront, and claims are evaluated based on the vulnerability of cases</li> <li>o Normally, 75% of the cost of services is covered by the UNHCR, unless the admitted patient claims that he/she is unable to cover the remaining 25%, based on which the UNHCR assesses cases individually and either increases the coverage to 90%, waives the 25% completely, or does not change its requirements</li> </ul> </li> </ul> <u>Recommendations:</u> |  |

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|  | <ul style="list-style-type: none"> <li>– MDM and WHO: agree that the central health working group lacks information regarding <b>WWW</b> of services provided by different partners, essentially to boost the role of the central health working group in making strategic decisions instead of dwelling into the details of implementation</li> <li>– WHO: it is important that all health related forms, brochures, lists of trained/designated health care centers, cost of training are shared with all partners, and this may be done by creating a shared forum such as a DropBox</li> <li>– MDM: advises the UNHCR to evaluate GlobeMed's administration of services/coverage within a 6 months' timeframe, to ensure that adequate secondary and tertiary health care coverage is being attained</li> </ul> |                  |
| <i>Action Items:</i>                         | <i>Person responsible:</i>  | <i>Deadline:</i> |
| Share GlobeMed SOPs with all health partners | UNHCR   | January 2014     |

*Annex: List of Attendees*

| Health Working Group - Syrian Displaced |                           |           |  |
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| Friday January 24th, 2013               |                           |           |  |
| Organization                            | Name                      | Tel.      | E-mail   |
| IMC                                     | Jamil Youssef             | 03-127692 | <a href="mailto:jyoussef@internationalmedicalcorps.org">jyoussef@internationalmedicalcorps.org</a> |
| IMC                                     | Ibrahim Abou Khalil       | 76-700345 | <a href="mailto:iakhalil@internationalmedicalcorps.org">iakhalil@internationalmedicalcorps.org</a> |
| IMC                                     | Diana Dagher              | 70-055647 | <a href="mailto:ddagher@internationalmedicalcorps.org">ddagher@internationalmedicalcorps.org</a>   |
| IOM                                     | Abdalla Mkanna            | 76-777103 | <a href="mailto:amkanna@iom.int">amkanna@iom.int</a>   |
| IOM                                     | Kaisa Kotunen             | 76-777106 | <a href="mailto:kkotunen@iom.int">kkotunen@iom.int</a>   |
| UNFPA                                   | Christelle<br>Moussallem  | 76-423227 | <a href="mailto:moussallem@unfpa.org">moussallem@unfpa.org</a>                                     |
| UNICEF                                  | Amalia Mendes             | 76-894799 | <a href="mailto:ammendes@unicef.org">ammendes@unicef.org</a>                                       |
| UNICEF                                  | Rindala Berro             | 03-638399 | <a href="mailto:rberro@unicef.org">rberro@unicef.org</a>   |
| MDM                                     | Baptiste Hanquar          |           | <a href="mailto:genco.lebanon@medecindumonde.net">genco.lebanon@medecindumonde.net</a>             |
| MDM                                     | Senop Tschakarjan         | 70-169513 | <a href="mailto:medco.lebanon@medecindumonde.net">medco.lebanon@medecindumonde.net</a>             |
| UNHCR                                   | Njogu Patterson           | 71-910611 | <a href="mailto:njogu@unhcr.org">njogu@unhcr.org</a>   |
| UNHCR                                   | Frank Tyler               | 71-911333 | <a href="mailto:tylerf@unhcr.org">tylerf@unhcr.org</a>   |
| MOSA                                    | Nellie Ghusayni           | 03-955168 | <a href="mailto:nellie.ghusayni.mosa@gmail.com">nellie.ghusayni.mosa@gmail.com</a>                 |
| PU - AMI                                | Fola Ogunbowale           | 76-435803 | <a href="mailto:lib.health@pu-ami.org">lib.health@pu-ami.org</a>                                   |
| WFP                                     | Catherine Said            | 76-320653 | <a href="mailto:catherine.said@wfp.org">catherine.said@wfp.org</a>                                 |
| IOCC                                    | Dima Ousta                | 03-899321 | <a href="mailto:dousta@iocc.org">dousta@iocc.org</a>   |
| Heartland Alliance                      | Marya AbdulRahman         | 03-041149 | <a href="mailto:mabdulrahman@heartlandalliance.org">mabdulrahman@heartlandalliance.org</a>         |
| CCP-Japan                               | Panji Dimas               | 70-087227 | <a href="mailto:dimaspanji279@gmail.com">dimaspanji279@gmail.com</a>                               |
| Handicap International                  | Mohamad Mansour           | 03-706174 | <a href="mailto:hom.assistant@hi-emergency.org">hom.assistant@hi-emergency.org</a>                 |
| Restart                                 | Rita Slim                 | 03-134575 | <a href="mailto:restart_beirut@hotmail.com">restart_beirut@hotmail.com</a>                         |
| Restart                                 | Maria Emanuella<br>Falchi | 70-005926 | <a href="mailto:memanuelafalchi@gmail.com">memanuelafalchi@gmail.com</a>                           |
| Makassed                                | Dania Hajj Ali            | 03-040861 | <a href="mailto:rania.hajjali@hotmail.com">rania.hajjali@hotmail.com</a>                           |
| MAP                                     | Wafa Dakwar               | 71-674635 | <a href="mailto:wafa.dakwar@map-uk.org">wafa.dakwar@map-uk.org</a>                                 |
| MAP                                     | Marta Petagna             | 03-406565 | <a href="mailto:marta.peragna@map-uk.org">marta.peragna@map-uk.org</a>                             |
| MSF-OCB                                 | Brett Adamson             | 71-932520 | <a href="mailto:msfocb-beirut-medco@brussels.msf.org">msfocb-beirut-medco@brussels.msf.org</a>     |
| MSF-OCB                                 | Liesbeth Leysen           | 76-136745 |  |
| Lebanon Support                         | Carole Kerbage            | 70-992049 | <a href="mailto:carolekerbage@gmail.com">carolekerbage@gmail.com</a>                               |
| UNDP                                    | Shombi Sharp              | 70-150492 | <a href="mailto:shombi.sharp@undp.org">shombi.sharp@undp.org</a>                                   |
| WHO                                     | Alissar Rady              | 70-111735 | <a href="mailto:radya@who.int">radya@who.int</a>   |
| WHO                                     | Lucie Sagherian           | 01-612007 | <a href="mailto:sagherianL@who.int">sagherianL@who.int</a>   |
| WHO                                     | Edwina Zoghbi             | 01-612007 | <a href="mailto:Zoghbie@who.int">Zoghbie@who.int</a>   |