

Meeting Minutes

Health Working Group - Displaced Syrians

January 27, 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 January 27th, 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
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>MOPH-ESU: http://moph.gov.lb/en/Pages/2/193/epidemiological-surveillance</p> <ul style="list-style-type: none"> - Polio: 0 polio cases in Lebanon. - AFP: 113 AFP cases in 2016. <p>Last year, the MOPH in collaboration with WHO started the environmental surveillance and 4 samples were collected from 2 sites: Jeb-Janine (Bekaa) sewage plant (covers more than 200 ITSs and covers West Bekaa) and Ghazir sewage plant (covers half of Beirut and south suburbs of Beirut); In 2017 more sites will be added (Akkar, Tripoli and Baalbek).</p> <ul style="list-style-type: none"> - Measles/Rubella: In 2016 no outbreak; ongoing monitoring for any increase in measles and rubella cases. - Cholera: 0 cholera cases in Lebanon. - Brucella: endemic in Lebanon; 2016 usual pattern during the summer. - Leishmania: decrease in number of new cases since there is no influx or new comers of refugees from Syria to Lebanon. - New emerging diseases (such as Zika and Dengue) will be added to the surveillance in Lebanon; i.e.: Integrate the Zika surveillance in the existing syndromes; any case with rash and fever will first be tested for measles and rubella if the lab tests are negative it will then be tested for West Nile virus if negative as well then it will be tested for Zika virus. Moreover, AFP cases will first be checked for Guillain-Barre syndrome if negative it will then be tested for Zika virus. - Rumour investigation: A death case due to influenza; after investigation the Lebanese male adult was diagnosed at the hospital with H1N1 influenza; died due complications and not from a novel influenza strain as rumours were going around.

Topic 2	Reproductive health	
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>UNFPA</p> <ul style="list-style-type: none"> - In collaboration with the MOPH, the Order of Midwives is developing a family planning counselling training package that will include FP during the antenatal period and FP during post-natal period. The manual has been sent to the ministry for final review; this will be followed by trainings for midwives at PHC and hospital levels. - In the process of expanding on the efforts to include family planning and the uptake of family planning services at PHC level; the process of identifying and deciding the AWP's with partners and as of February 2017 outreach work will start in terms of creating more awareness on available family planning services and how to access them through PHCs. - CMR: During a consultative meeting that took place in December 2016 with various NGOs, INGOs and UN agencies a draft CMR action plan for 2017 was developed and once finalized will be circulated; two announcements from the CMR action plan: ABAAD and IMC organizations will be covering the cost of Lebanese SGBV survivors and CMR services, diagnosis and forensic investigations; setting a supply chain through MOPH for the distribution of PEP kits to all partners and PHCs that provide CMR services (starting April 2017). - In the process of drafting the SRH sub-working group 2017 action plan, which will be shared once finalized; 1st meeting of the sub-working group will be on the 31st of February 2017. - Family planning assessment draft report has not been finalized and shared with the ministry; <p>WHO</p> <ul style="list-style-type: none"> - MOPH launched in November 2016 a publication titled "Maternal Mortality Rate in Lebanon: A success story". The government dropped MMR from 84/100,000 to 15/100,000 and MOPH has been auditing hospital maternal deaths since 2009. This is a great achievement for Lebanon. Hard copies are available at MOPH-PHC department. - WHO supported MOPH-department of statistics in designing a hospital based notification system to capture deaths and their causes at hospital level; the system has been piloted and hospital personnel trained and now information is being gathered. In 2017 the IT system will be coupled with a simplified guidebook for the doctors (what information to fill, how to fill the information and why this information is needed). 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
<ul style="list-style-type: none"> ○ Presentation family planning assessment conducted in 2016 ○ Presentation on youth policy 	<p>UNFPA</p> <p>UNFPA</p>	<p>Next CHWG meeting March 31, 2017</p>

Topic 3	Mental health	
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>MOPH- National Mental Health Programme</p> <p>http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program</p> <ul style="list-style-type: none"> - The Inter-ministerial substance use response strategy was launched in December 2016. - WHO supported the MOPH in conducting various training workshops on 	

	<p>mental health:</p> <ul style="list-style-type: none"> ○ Training on management of mental health in emergencies for around 200 doctors and nurses working in the ER from 105 private and public hospitals. ○ Training for around 222 PHC staff on the mental health Gap Action Programme (mhGAP) guide (v. 1.0) for detection, management, follow up, and referral of priority mental health conditions. ○ Training for around 29 PHC staff on advanced mhGAP (these staff have already received the basic mhGAP training). <ul style="list-style-type: none"> - E-mental health is an intervention based self-help tool on the internet about depression, anxiety and stress related disorders; it is a story that a person can read and perform the related exercise; the story is fully developed and the translation and adaptation to Arabic will be finalized in February and a planning meeting will take place to set the training and implementation dates in the field. - MOPH is closely working with MDM and IMC to develop the mental health information system component for PHCs and specialized mental health services; it constitutes a patient file with quality indicators, a referral system and medication management modules which will help in referred cases between PHCs and specialized service. Working on having the specialized service at least one in each Mohafaza to distribute the medications. - In Lebanon there are 7 short-stay hospitals and 5 long-stay hospitals for mental health cases. - Last year MOPH issued a decree that hospital admissions for Lebanese with mental health conditions will be covered by MOPH. <p>UNHCR</p> <ul style="list-style-type: none"> - Limited beds available for admissions of refugees with mental health conditions, therefore a lot of the patients who should be admitted are currently being cared for by partners in their communities which presents real challenges in trying to manage someone who is psychotic in the community; UNHCR have managed to contact Ain W Zein hospital (general psychiatry ward with currently 6 beds) in Chouf area; UNHCR will work with MOPH to assign more hospitals with general psychiatric services for referral. - It is difficult to find any accurate or reliable data on the prevalence of mental health conditions in Lebanon; partners are encouraged to share or suggest ways of addressing this issue. <p>MOPH-National Mental Health Programme</p> <ul style="list-style-type: none"> - There is not a lot of data available For Lebanon what we have as a summary is the mental health strategy for substance use. <p>WHO</p> <ul style="list-style-type: none"> - The only local survey done was 10 years ago and it showed the prevalence of mental health conditions among Lebanese and the delay in seeking appropriate health care. IDRAAC has proposed to update the prevalence survey but collectively as health sector we need to support this activity. The ATLAS and the WHO-AIMS reports available on the MOPH websites contain estimates on the prevalence of mental health in Lebanon and updated information of whatever services, access, and professional human resources available in mental health. - An increase in demand on mental health medications is observed by MOPH and among partners that provide mental health services. The technical explanation to this could be over diagnosing and over use of medications that pose a serious problem in the absence of national standardized
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	protocols and the people that pay for the service do not restrict used of medications in a way that allows evaluation; WHO will support the MOPH to look into the quality of the services and issues related to appropriate diagnosis, treatment and use of medications.
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Topic 4	Child health/vaccination
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>MOPH- PHC department</p> <ul style="list-style-type: none"> - MOPH conducted 2-day training for Qaza teams tackling the HIS program and data collection and report preparation for vaccination services at PHC level. - Conduct monitoring field visits to PHCs and dispensaries within MOPH network that provide vaccination services and follow up with Qaza physicians on cold chain and vaccine management. - Coordination with UNICEF to finalize “cold rooms” at Qaza level either in the MOPH Qaza office or in the nearest public hospital to ensure cold chain system; - Coordinating with UNICEF to put in place a maintenance contract with a local company to follow up on solar system cold chain and other cyber fridges that were put in PHCs and dispensaries in Lebanon. <p>WHO</p> <ul style="list-style-type: none"> - Supporting MOPH to elaborate the 5-year strategy for EPI; the situation assessment was conducted by an external expert who met with a lot of NGOs, iNGOs and stakeholders in the field and it took 6 months to be finalized; a consensus meeting will be organized to look at the final draft report and agree on the directions proposed as a strategy and then develop a plan of action for 5 years. The key headings in the strategy are refugee specific component, capacity building, the expansion, the involvement of the private sector in a more systematic way; it is important to support the government in putting all resources together towards achieving these goals that are key issues in the SDGs. - The cluster survey is completed and the report is now being fine-tuned with the MOPH; once cleared the results will be shared with the health sector. Results show that there are pockets of lower coverage than expected in few areas which means that we will have to plan some mop-up campaigns. - MOPH WHO, UNICEF, UNHCR and other stakeholders are planning for “THRIVE” project which is child survival concept where MCH as well as some key determinants of child mortality such as water safety are going to be put in a 4 year proposal that is in line with the LCRP, SDGs and UNSF packaged in a more appealing way to get funding.

Topic 5	Nutrition
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>UNICEF</p> <ul style="list-style-type: none"> - As recommended the national guideline on the management of acute malnutrition will be translated first to Arabic and then later to French. - In 2017 UNICEF’s focus will be on supporting MOPH in the area of infant and young child feeding (ensure exclusive breast feeding and appropriate complimentary feeding); UNICEF will work closely with MOPH to conduct an assessment to understand the context and what are the existing policies and guidelines that have been produced by stakeholders, universities and NGOs which will help in developing an evidence-based national policy.

	<p>WHO</p> <ul style="list-style-type: none"> - WHO and CDC Atlanta has supported the MOPH in conducting a sero-survey that was bridged to the cluster survey (where the same team went to the field and collected information for both the sero-survey and the cluster survey); the sero-survey covers around 4000 children under 5 (sample is taken from the cluster survey) to gather information on vaccination; blood samples are taken and tested for seroprevalence of measles, mumps and rubella and at the same time they are looking at the prevalence of anaemia. The last sample was taken on the last week of December and the analysis will be conducted at the CDC.
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Topic 6	LCRP 2017-2020 updates
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>UNHCR</p> <ul style="list-style-type: none"> - The official launch of the LCRP took place at the Grand Serail, Beirut, on 20 Jan 2017. - The appeal for required funding for Lebanon is \$2.75 billion of which \$308 million for the health sector; the health sector has 43 partners appealing for the LCRP. <p>https://www.dropbox.com/s/v9y8q093ikzv0nw/Health.pdf?dl=0</p> <ul style="list-style-type: none"> - On 24 Jan 2017 the Regional Response resilience plan was launched in Helsinki; the overall total appeal for Lebanon we are waiting to see the response in terms of commitment for funding. Lebanon apart from Turkey is hosting the largest number of refugees. <p>http://www.3rpsyriacrisis.org/wp-content/uploads/2017/01/3RP-Regional-Strategic-Overview-2017-2018.pdf</p>

Topic 7	AOB
<i>Topic Details</i>	<p><u>Main discussions:</u></p> <p>MOPH</p> <ul style="list-style-type: none"> - Launched IEC material related to Haemophilia. - MOPH covered dialysis for around 48 patients in Lebanon last year and due to funding constraints, they won't be able to continue supporting them after the end of Feb 2017; - MOPH announced at the beginning of this year that they will stop covering Syrians and Palestinians dialysis patients; around 48 patients were on the expenses of the MOPH. The Minister however last week announced that these patients will be covered for another 1 month (end of Feb 2017) till UNRWA, UNHCR and other health partners find means to cover these patients. <p>UNHCR</p> <ul style="list-style-type: none"> - The majority of these patients are in the Bekaa and the partner supporting the dialysis program is URDA. URDA is funded by the Norwegian government; UNHCR sent an advocacy letter to Norwac in order for them to kindly channel more fund to URDA so to increase the support to additional patients; In the meantime some health partners managed to secure some funding to cover some patients for the coming two months. - An estimation of Syrian patients on dialysis: URDA is covering around 110 Syrian patients and MOPH is covering around 48 Syrian patients; a total of 150 patients are in acute need of dialysis but the need is much higher than this. <p>WHO</p> <ul style="list-style-type: none"> - Last year an exercise was conducted in coordination with MOPH about

	<p>costing some of the health services that the ministry has been providing in the public sector for the Syrian Refugees and it has been estimated that there are around 200 refugees per year that will need dialysis. However dialysis is chronic so it is expected that the number is going to accumulate overtime and some people will die but there will always be new patients. There are incidents where for some conditions dialysis is done on a short term (for a month or 2 and then the condition stabilizes and they don't need dialysis). Planning is not possible since data is not made available and health partners report the number of cases but no patient profile, conditions, no underlying disease, or what was the disease that led to renal failure, so these are issues that will be asked for to conduct the analysis and advise accordingly the NGOs, and health partners who are willing to provide support or to donors who need this kind of information.</p> <ul style="list-style-type: none"> - This is one of the grey areas since there are always people coming in, people staying for a long time and people dropping out and there is a great need to have an average of estimate; so based on a 4 year support at the government level using the ministry's data we extrapolated on a population the incidence of renal diseases in this part of the world which is around 200 patients a year. - The cost does not only include the dialysis itself but also the cost of medications and the cost of the follow up with the patients. On average the cost is around 200\$ per session including other expenses so it's around 600\$ minimum per week per patient multiplied by 4. - The national NCD strategy doesn't include cancer; Cancer has a standalone strategy which is based on a cancer assessment that was conducted in 2012-2013. - The government is trying to estimate fixed cost that can allow terminally ill patients to have pain relief and die in dignity and this a project that involves a lot of stakeholders and it is in the final stages of having this as an official policy of the government; this is only for the Lebanese it does not involve the refugees or non-Lebanese; the cancer treatment protocols will be updated and shared. - No shortages of chronic medications, WHO has secured through funding from the EU and the Japanese government quantities sufficient till June 2017 and currently working on securing chronic medication for at least 2 years to prevent the anxiety for having shortages in chronic medication. <p>UNHCR</p> <ul style="list-style-type: none"> - There are a lot of unmet needs when it comes to chronic diseases especially cancers; it is important to show the situation today in terms of patients that are receiving support and those that are not to try and mobilize resources. - Secondary health care program for refugees: changed the third party administrator from Medi Visa to a company called Next Care (hotline is 01504020, 24hrs/7 days); there might have been some disturbances observed in the field due to recruitment gaps and other operational challenges; UNHCR is working to resolve these problems and challenges. <p>INARA</p> <p>Treat children who have injuries and need reconstructive plastic surgeries in partnership with AUB; Launching an orthopaedics project in March the funding is for around 15 children.</p> <p>Fondation Mérieux</p> <p>In 4-5 March there will be an infectious disease conference in partnership with the Lancet and the European society. There will be 3 talks related to the Syrian Crisis.</p>
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Annex: List of Attendees

Central Health Working Group- Attendance List			
Friday 27 January 2017			
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