



Middle East Response To Tuberculosis, HIV/AIDS and Malaria

Nada NAJEM, MD
Technical Officer TB/HIV

Outline

- MER
- Implementation Map
- Services
- Few Numbers

MER (Middle East Response)

- The Middle East Response (MER) is an initiative that will provide essential HIV, TB and Malaria services to key and vulnerable populations including refugees, Internally Displaced Persons (IDPs), women, children, other conflict affected populations in **Syria, Lebanon, Jordan and Yemen**.
- In June 2016, the Global Fund identified MHD IOM as the Principal Recipient for its Middle East Response Grant (MER). The Middle East Response (MER) is a **differentiated and innovative approach** to ensuring that current HIV, TB and malaria grants from the Global Fund to these countries are implemented more effectively and efficiently through an implementation approach using a unified regional platform managed by IOM supported with several policy exceptions from the Global Fund.

Objectives of MER in Lebanon

- Ensuring TB diagnostics and treatment for Syrian and Palestine refugees, including provision of drugs and commodities.
- Improving knowledge on the TB epidemic and improve coordination of the response to Syrian refugees.
- Providing treatment and care to Syrian and Palestine refugees living with HIV
- Supporting HIV testing and TB/HIV testing efforts among the Syrian refugee population and Palestine Refugee population.

Implementation map - Partners

- HQ level agreements: UNAIDS, WHO, UNHCR
- Regional Level agreements: WHO EMRO
- National Level partners:
 - Lebanon: WHO, UNHCR, UNRWA, UNFPA, NAP, NTP and NGO's

Key Dates

- Memorandum of Understanding with Ministry of Public Health of Lebanon : 29th of March 2017
 - MER: 1st January 2017 – 31st December 2018
 - Signature of the SR agreement with WHO (HIV): 30th January 2018.
 - Signature of the Cooperation agreement with UNRWA: March 2018.
 - Submission of the Proposal for MER 2: 6th August 2018.
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Lebanon

- Direct services to beneficiaries for both TB and HIV.
- System strengthening.

HIV

- VCT and self-testing (procurement and support to selected NGO's).
- Diagnostic testing
- Follow up testing
- Trainings
 - VCT trainings
 - Peer education
 - Train the trainers

Tuberculosis

- Coordination meetings with national partners, UN agencies.
- Primary Healthcare workshops
- Consultation meetings with UNRWA health staff
- National Program strengthening:
 - Staffing support (5 physicians, 6 nurses, 6 lab technicians, 4 radiology technicians, pharmacist, epidemiologist, 9 DOTS)
 - Support to sample transportation.

- Direct services:
 - Support for diagnosis of presumptive cases
 - Transportation of presumptive cases/patients/contacts
 - Sanatorium admission
 - Hospitalization if needed
 - Cash support to vulnerable cases
 - Follow up testing

- Active case finding and awareness raising:
 - through a network of 24 CHV's
 - Training on symptoms and referral pathways for OV's upon agencies request

Performance to date

- Number of PLHIV receiving ARV's: 70
- Notified TB cases on treatment: 180
- Notified MDR cases that began second line treatment: 5

- 1267 CXR done for presumptive cases
- 44 596 persons screened (29 active cases)
- 63 hospitalizations other than the sanatorium
- 73 persons received cash support
- 500 persons trained





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