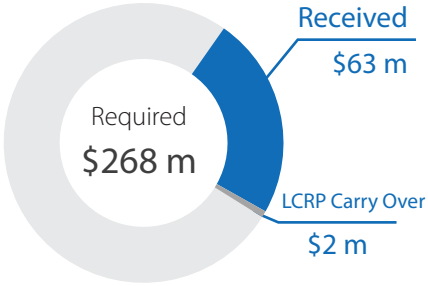
HEALTH Mid Year 2019 Dashboard

Inter-Agency Coordination Lebanon

The January - june 2019 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak Control; OUTCOME 4) Improve Adolescent & Youth Health.

2019 Funding Status
as of 31 June 2019



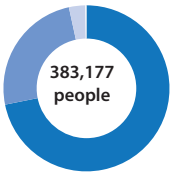
Targeted Population groups

2.4 m (People in Need)

Reached 383,177

1,563,800 Targeted

Population reached by cohort



Syrian	275,323
Lebanese	94,799
PRS	12,184
PRL	871

Progress against targets

Outputs

reached / target

	reached / target
# of subsidized primary healthcare consultations	732,763 / 2,150,000 (34%)
# of patients who received chronic disease medication (Source: YMCA)	189,304 /175,100 (108%)
# of PHCCs within MoPH-PHC network (Source: MoPH)	220 / 250 (88%)

0% 100%

Outputs

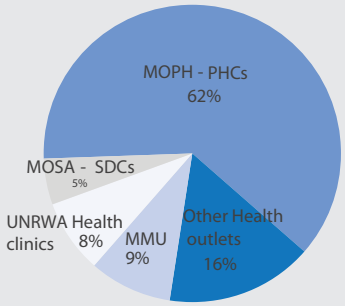
reached / target

	reached / target
# of primary health care staff receiving salary support at MoPH - PHCcs level	147/ 250 (59%)
# of cases receiving financial support for improved access to hospital care among targeted population	33,844 / 111,206 (30%)
# of functional EWARS centres	706 / 929 (76%)
# of public schools adhering to at least one component of the school health program	1,240 / 1,200 (103%)

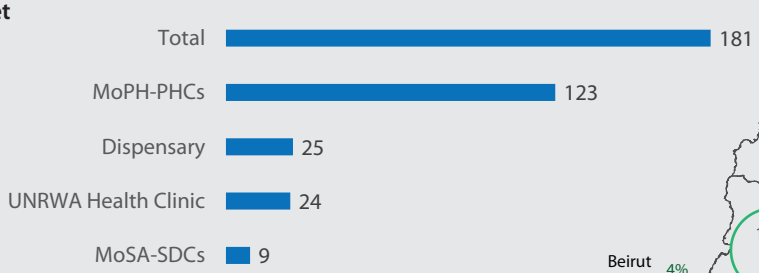
0% 100%

Analysis

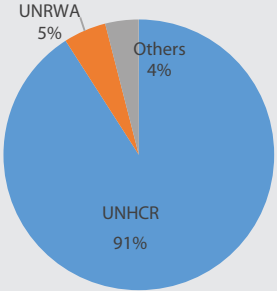
Percentage of consultations by type of primary healthcare outlet



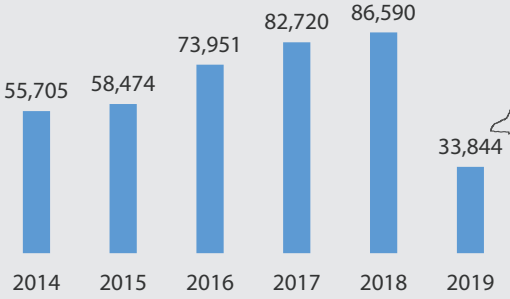
of supported primary healthcare outlets by type



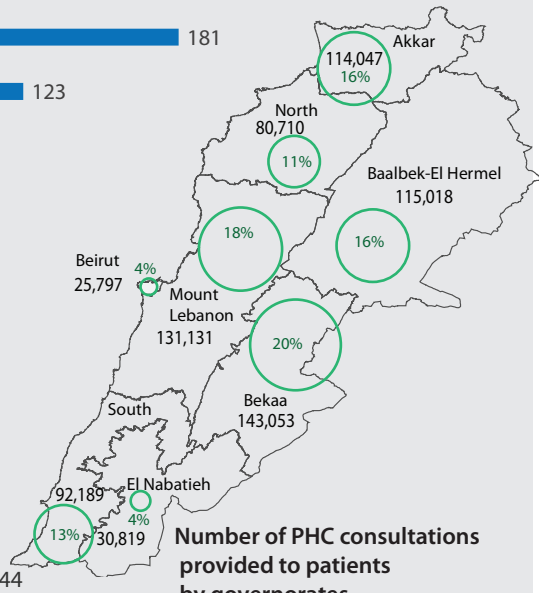
Percentage of support to Secondary health care (SHC) admissions by organization



of SHC admissions supported by UNHCR , 2014 to 2019



UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017,2018,2019



Number of PHC consultations provided to patients by governorates

Prepared by the Inter-Agency Information Management Unit | For more information contact Inter-Agency Coordinators Margunn Indreboe margunn.indreboe@undp.org and Carol Ann Sparks sparks@unhcr.org.

KEY ACHIEVEMENTS

Around **181** facilities as well as **10** Mobile Medical Units were supported by partners for the provision of subsidized PHC services which enhanced the financial accessibility for primary health care

732,763 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases

189,304 Lebanese and Syrian refugees were able to receive free medications for chronic diseases through the MoPH YMCA program during Q1 of 2019 which contributed to a decreased mortality and morbidity

Accelerated Immunization Activities were strengthened in light of the emergent measles outbreak while a national measles campaign is being planned for the country.

33,844 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care

1,858 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care

177 displaced Syrians with chronic renal failure continued to receive access to free dialysis care which enhanced their quality of life

Facts and Figures

34%

of the vulnerable Lebanese, displaced Syrians Palestinian Refugees from Syria & Palestinian Refugees from Lebanon were able to access subsidized primary health care consultations.

30%

of displaced Syrian, received financial support for improved access to hospital care among targeted population.

55%

of Syrian Refugees reduced their expenditure on health to cope with the lack of food according to VASyR 2018 compared to 11% according to VASyR 2017.

2013

Year of last measles outbreak in Lebanon when **1,760** cases were confirmed

March 15th, 2018

MoPH declares a measles outbreak

1,195

confirmed measles cases from Jan 1st to June 28th, 2019.

86% Leb/ 13% Syr

Percentage of measles cases by nationality

53% Males/ 47% Females

Percentage of measles cases by gender

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

In the first half of 2019, the Health sector continued to provide equitable and quality primary, secondary and tertiary healthcare to displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL) through direct service delivery and health system strengthening. Support was provided all over Lebanon while focusing on the most vulnerable cadasters and gap areas.

To provide access to primary health care services, partners supported 732,763 subsidized consultations for vulnerable Lebanese, displaced Syrians Palestinian Refugees from Syria & Palestinian Refugees from Lebanon; however, this represents a 16% decrease from the first half of 2018 when partners provided a total of 873,650 subsidized consultations. This reduction can be explained by the decrease of mobile medical units, as the sector is increasingly moving towards health system strengthening in addition to the funding challenges that the sector is facing. In the first half of 2019, displaced Syrians (66%) made up the biggest share of people benefiting from subsidized consultations, followed by vulnerable Lebanese (25.8%), PRS (8%) and PRL (0.2%).

In the first half of 2019, 91.5% of subsidized consultations were provided through fixed health outlets compared to 84.8% in 2018, marking a shift towards health system strengthening and strengthened institutional resilience. The remaining 8.5% of subsidized PHC consultations were provided through Mobile Medical Units (MMUs). Of the consultations subsidized through fixed health outlets, 68.4% were provided through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), 18% through other health outlets, 8.3% through UNRWA clinics and 5.3% through Ministry of Social Aff¬airs (MoSA) Social Development Centers (SDCs). This represents an increase in the percentage of primary healthcare services provided through fixed clinic compared to 41% in 2018 which reflect the increasing shift toward health system strengthening and strengthened institutional resilience. Overall, 61% of subsidized consultations were provided to females and 39% to men which reflects relatively gender balanced access to primary healthcare services. Moreover, 189,304 displaced Syrians and vulnerable Lebanese were able to receive medications for chronic diseases at primary healthcare facilities. This constitutes a 2% increase from 2018 and is likely due to people being more aware of the availability of these medications in the health facilities; 57% of these patients were female and 43% were male, which reflects a gender-balanced service delivery.

Obstetric and emergency/life-saving care[1] was provided to displaced Syrians, with 33,844 hospitalizations supported in the first half of 2019. This represents a 21% increase in the number of supported hospital admissions from the first half of 2018. (43,328 admissions). The considerable increase is explained by a change in health seeking behaviors at the hospital level that might by due to the new referral policy imposing a higher patient share on the refugees. Another possible explanation is the noticeable decrease in deliveries. Through UNRWA, 1,858 PRS received hospital care, which represents a 13.5% decrease from the first half of

2018 as a result of the decreased PRS total[1] caseload. 177 displaced Syrians with chronic renal failure continued to receive free dialysis care, which enhanced their quality of life. Awareness on maternal new-born child and adolescent health through improving Infant and Young Child Feeding (IYCF) best practices, and dissemination of health integrated messages through community mobilization and referral was provided to around 13,000 caregivers across Lebanon and 12 hospitals were engaged in the Baby Friendly Hospital Initiative (BFHI). In an effort to increase quality of life for some individuals, medical missions or projects were organized to complete specific surgeries such as ophthalmological activities, cleft lip/palate surgeries and surgeries for congenital orthopedic malformations among others on a more limited basis, and covering a smaller number of patients.

The Health sector continued to provide support to the national health system by procuring vaccinations, medications, reproductive health commodities, as well as other medical supplies and equipment to facilities including MoPH-PHCCs and dispensaries. Accelerated Immunization Activities were strengthened in light of the emergent measles outbreak while a national measles campaign is being planned for the country. Support was provided to the national health system through 147 staff at the MoPH-PHCCs level which constitutes a decrease from 2018 linked to multifactorial considerations. As part of health system strengthening and to ensure more sustainable service delivery, trainings and coaching visits continued with a focus on immunization, Clinical Management of Rape (CMR), Baby-friendly Hospital Initiative (BFHI), Infant & Young Child Feeding (IYCF), surveillance and response related to the measles outbreak among others.

CHALLENGES

Funding, political and communication with the community issues have posed the biggest challenges to Health sector partners in the implementation of the sector strategy in the first half of 2019. As a result of insufficient funding, many referrals of patients in need of secondary healthcare or specialized diagnostics were not covered by partners. These include serious chronic diseases and catastrophic illnesses. As a result, many patients did not receive needed hospital care as they were not able to pay for the fees themselves. This has further negatively affected their health status. For displaced Syrian patients in need of in-patient psychiatric care, admission was often delayed because of the limited number of hospital beds. In addition, at the primary healthcare level, the unavailability of funds challenged the planning of a national wide measles campaign. Furthermore, the political situation in the country have hindered the transfer of some funds, which reflected in a decrease in the number of MoPH staff supported by health partners and in severe shortages in medications for chronic diseases. As contingency funds were not available, it was challenging to secure funds to fill the gaps in a timely manner. On the other hand, displaced Syrian women's access to ante-natal care and post-natal care remained relatively low and so it is important to enhance displaced Syrians knowledge of available services through intensifying awareness raising on the location of health facilities providing subsidized primary healthcare services. In addition, increasing reports on home based deliveries reflect a need to monitor the situation more closely. Based on previous trends, it is estimated that for the first half of 2019 the Neonatal Mortality Rate (NMR) and Maternal Mortality Rate (MMR) among displaced Syrians will continue to be higher than the NMR and MMR among Lebanese. This could be attributed to the lower levels of ante-natal care visits among displaced Syrians, the higher rates of adolescent pregnancies, the higher frequency of home based deliveries, and the delayed access to obstetric care.

KEY PRIORITIES AND GAPS FORESEEN FOR 2019

At the primary healthcare[2] level, the Health sector prioritizes the support to MoPH with complementarity models that offer more coverage of people in need. In addition, the sector aims to improve outbreak and infectious disease control through strengthening and expanding the Early Warning Alert and Response System (EWARS) and by strengthening the national tuberculosis and AIDS programmes. The sector aims as well at improving adolescent and youth health through the school health programme.[2] At the secondary and tertiary healthcare level, the sector is focused on improving access to hospital care to displaced Syrians and Palestinian Refugees from Syria, and therefore is dedicated to sustain and increase financial support to hospital care. The Health sector prioritizes the mainstreaming of institutional support to: 1) promote country ownership and sustainability; 2) scale up solutions; and 3) promote greater efficiencies in health investments. In light of the emergent measles outbreak and challenging funding situation, the Health sector in the first half of 2019, advocated for additional funds to implement a national measles outbreak, to ensure the supply of reproductive health and medications for acute and chronic diseases, to strengthen the accelerated immunization activities, to support hospital care for Syrian refugees and to fund MoPH staffing.

1) Obstetric and emergency life-saving care is covered by UNHCR based on its Standard Operating Procedures (SOPs) through a network of public and private hospitals contracted by a third party administrator.

2) Primary healthcare includes access to vaccination, acute and chronic medication, family planning, pregnancy care, non-communicable diseases (NCDs) care, mental healthcare as well as laboratory diagnostics through both support of primary healthcare centres for the provision of subsidies and community outreach.

CASE STUDY : Improving Lebanon timely identification and response to outbreaks and hazards: automating the national Early Warning Alert and Response System (EWARS)

As part of the country's preparedness and capacity building for outbreaks early identification and response, WHO initiated the reinforcement of the national Early Warning Alert and Response System (EWARS) since 2015, within the context of the Syrian crisis and the overall national health security and international health regulations response plans.

The data received at the epidemiological surveillance unit at the Ministry of Public Health (MoPH) is crucial to analyzing communicable disease trends for surveillance, early detection of outbreaks and timely response. The health data related to communicable diseases and potential health hazards is obtained from health outlets such as hospitals, medical centers and laboratories as primary data sources.

Prior to 2016, the data flow from primary data sources focused on 4 pillars:

1. Completion of reporting forms at the source;
2. Form sharing with peripheral MoPH through fax machines;
3. Data entry of the forms at peripheral local databases;
4. Form sharing from the local databases with central MoPH team.

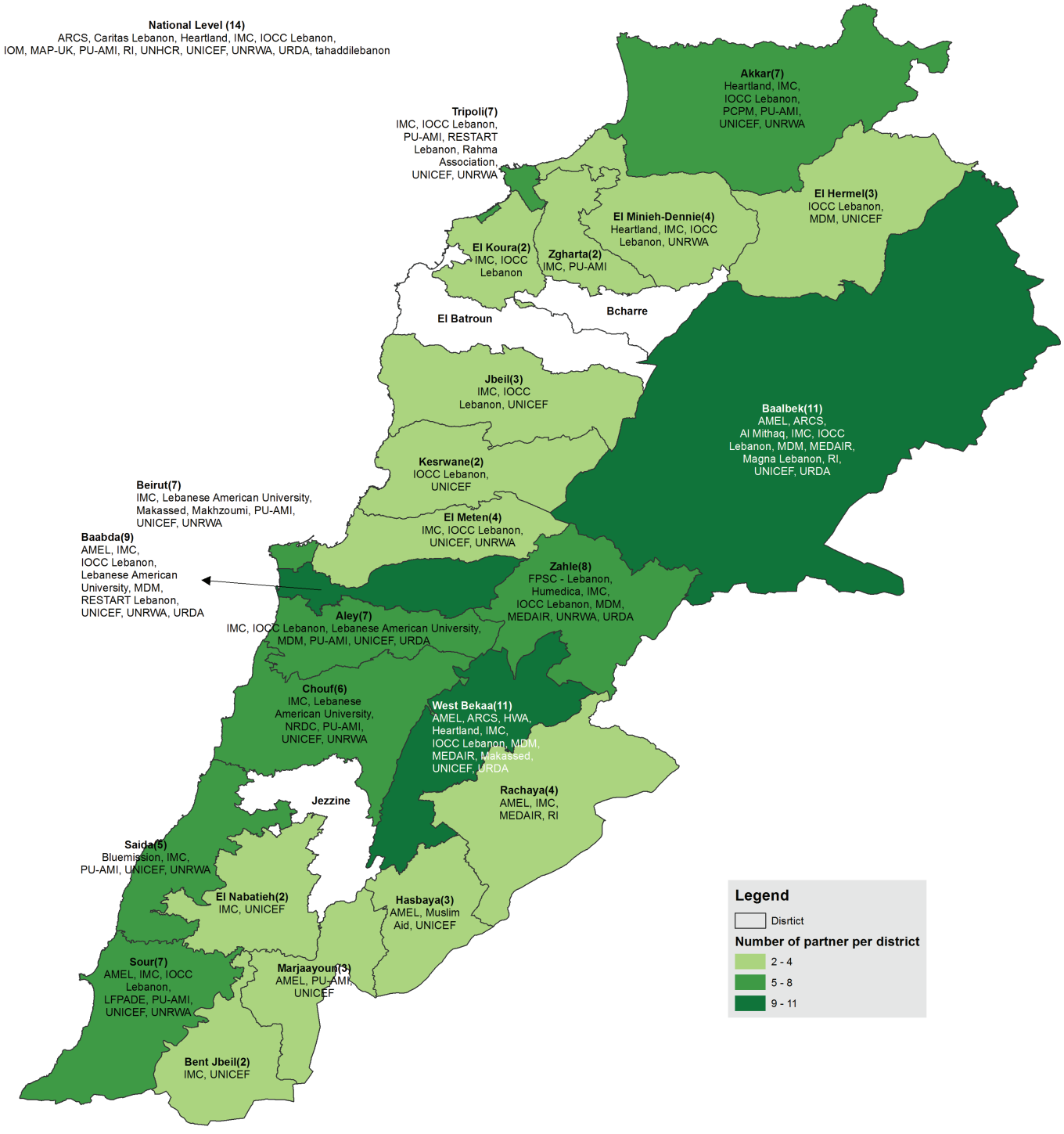
Evidently, the process was extensive resulting in: delays at all levels, decreased reporting, loss of reporting forms and delays and errors in data entry. These factors resulted in delayed analysis of trends which could only be done centrally in order to alert the actors. Alerts were mostly received past the recommended response timeframe.

Between 2016 and 2017, WHO supported the MoPH in updating the surveillance guidelines, developing a national guidebook for surveillance and response for 43 communicable diseases, and in producing standard operating procedures for surveillance and response. Starting 2018, WHO initiated the automation of the EWARS system, using the district health information system (DHIS2). During the first half of 2019, the automation of the EWARS expansion was accelerated, paralleled by a steady reinforcement of routine surveillance. The DHIS2 software is easily accessible using mobile devices such as smartphones and tablets. The software provides peripheral teams and health outlets with access to their own database and programmed analysis of trends, generation of pivot tables and graphs at facility level. DHIS2 provides a dynamic platform whereby the database is continuously updated. This allows the generation of national weekly bulletins and reports with timely analysis of trends and response, as well as the close monitoring of completeness, timeliness of data, and quality of reporting.

To date, 100% of all hospitals (149 hospitals), around 90% of medical centers, primary healthcare centers and dispensaries (937 medical facilities) and around 40% of medical laboratories (152 laboratories) are trained on reporting and data analysis at the source. On average, 141 hospitals, 706 medical facilities, and 131 laboratories are regularly reporting through DHIS2 to the epidemiological surveillance unit at MoPH.

Organizations per District

All 34 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.
ARCS, Al Mithaq, AMEL, Bluemission, Caritas Lebanon, FPSC - Lebanon, Heartland, Humedica, HWA, IMC, IOCC Lebanon, IOM, Lebanese American University, LFPADE, Magna Lebanon, Makassed, Makhzoumi, MAP-UK, MDM, MEDAIR, MoPH, Muslim Aid, NRDC, PCPM, PU-AMI, Rahma Association, RESTART Lebanon, RI, tahaddilebanon, UNHCR, UNICEF, UNRWA, URDA, WHO.



Note: This map has been produced by the Inter-Agency Information Management Unit of UNHCR based on maps and material provided by the Government of Lebanon for operational purposes. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

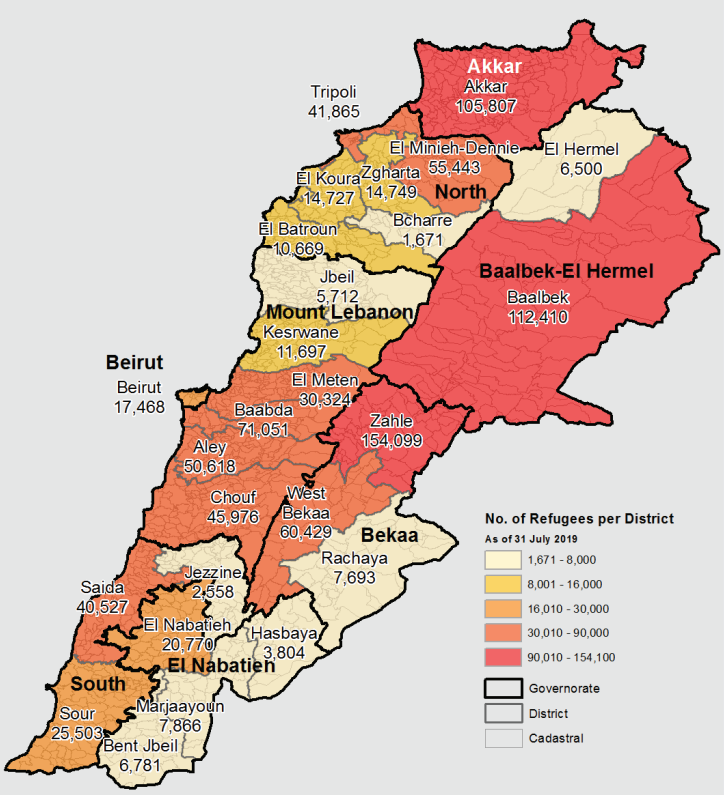
Annex 1: Key Figures

Syrian Refugee Population

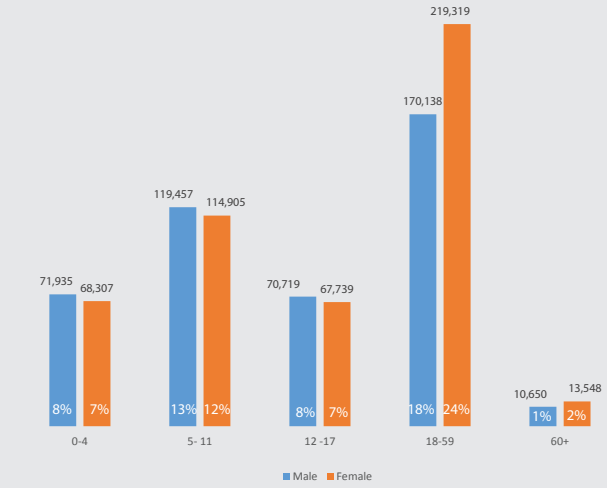
926,717 # of Registered Syrian Refugees (UNHCR, 31/07/2019)

210,770 # of Syrian Refugee Households (UNHCR, 31/07/2019)

Location in Lebanon (UNHCR, 31/07/2019)



By Age and Gender (UNHCR, 31/07/2019)



Syrian Refugee economic vulnerability - % households (VASyR,2018)

51%	Severely Vulnerable
16.6%	Highly Vulnerable
10.6%	Mildly Vulnerable
21.8%	Least Vulnerable

Mental Health

19,633 # of subsidized mental health consultations provided by health partners (AI, Jan-Dec 2018)

Outbreak Control

974 institutions with surveillance data at the source:

149 are operational for zero reporting (target: 150)
138 are operational for laboratory reporting (target: 152)
687 are operational for medical center reporting (target: 953)

21 operational surveillance sites newly established

Health Research or Assessments recently shared:

- Health Access and Utilization Survey (UNHCR, 2018)
- Vulnerability Assessment of Syrian Refugees in Lebanon (UNHCR, UNICEF, WFP, 2018)

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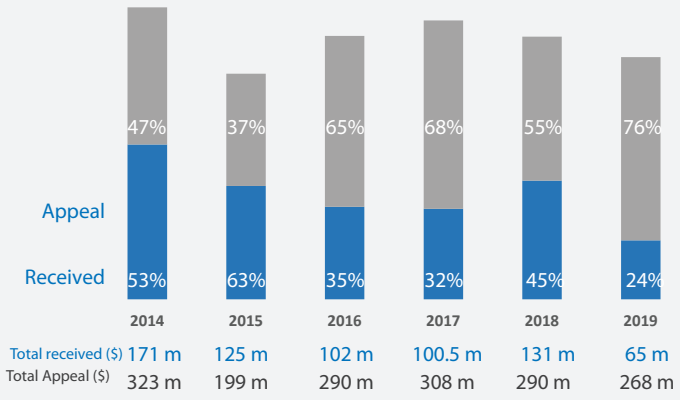
Annex 2: Sector Funding Status

Sector Funding Status 2013-2018

Source: Inter- Agency financial tracking system



Notifiable Diseases in Lebanon, as of August 2019

(Source: MoPH and WHO,Lebanese Epi-Monitor, August 2019)

Disease	TOTAL	January	February	March	April	May	June	July	August
Vaccine Preventable Diseases									
Acute Flaccid Paralysis	54	9	9	9	9	5	5	7	1
Acute Poliomyelitis	0	0	0	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0
Measles	1061	126	155	270	294	139	39	29	9
Mumps	84	9	9	16	9	11	11	12	7
Pertussis	54	7	2	7	3	8	4	12	11
Rabies	0	0	0	0	0	0	0	0	0
Rubella	14	2	8	2	2	0	0	0	0
Tetanus	0	0	0	0	0	0	0	0	0
Tetanus neonatal	0	0	0	0	0	0	0	0	0
Viral Hepatitis B	199	21	15	27	17	28	32	35	24
Water/Food Borne Diseases									
Brucellosis	145	8	12	18	13	16	30	23	25
Cholera	0	0	0	0	0	0	0	0	0
Dysentery	222	24	10	17	30	33	47	30	31
Food Poisoning	484	15	14	20	28	54	53	258	42
Hydatic Cyst	24	0	3	4	4	2	6	2	3
Parasitic Worms	3	2	1	0	0	0	0	0	0
Trichinosis	2	2	0	0	0	0	0	0	0
Typhoid Fever	173	22	19	24	9	21	20	32	26
Viral Hepatitis A	292	69	39	26	20	29	24	64	21
Other Diseases									
Bilharziasis	0	0	0	0	0	0	0	0	0
Creutzfeld Jakob Disease	0	0	0	0	0	0	0	0	0
Ebola	0	0	0	0	0	0	0	0	0
Gonorrhea	0	0	0	0	0	0	0	0	0
Leishmaniasis	0	0	0	0	0	0	0	0	0
Leprosy	0	0	0	0	0	0	0	0	0
Meningitis	313	23	21	43	37	30	50	63	46
Plague	0	0	0	0	0	0	0	0	0
Syphilis	34	4	3	3	4	4	2	10	4
Typhus	13	1	1	3	3	1	1	2	1
Viral Hepatitis C	53	9	5	6	9	6	3	10	5
Yellow Fever	0	0	0	0	0	0	0	0	0