

Notes for the Record

Health Working Group - Displaced Syrians

February 28, 2014

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 Friday February 28th, 2014 between 09:00 AM and 11:45 AM.

Topics of Discussion

- 1- Central Health Working Group approach/direction
- 2- Health reporting and indicators
- 3- Communicable diseases
- 4- Child health and vaccination
- 5- Reproductive health
- 6- Mental health
- 7- Nutrition
- 8- AOB

Organizations present

See detailed List of Attendees annexed.

Main Discussions

<i>Topic 1:</i>	Central health working group approach/direction	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - UNHCR: <ul style="list-style-type: none"> o to ensure that all partners equally take part in decision-making and participating in overseeing health care matters within the humanitarian response scope, it has been agreed that NGOs/INGOs by nomination take part in the technical committee that is to discuss core issues before taking the group's consensus o the technical committee is to include the following organizations: WHO, UNHCR, MoPH, MoSA, and an NGO/INGO <u>Recommendations:</u> <ul style="list-style-type: none"> - WHO: suggesting that local NGOs working in the health sector be also considered to take part in the technical overseeing committee 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>

E-mail partners for NGO/INGOs nominations that will take part in the technical committee	UNHCR	March 2014
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Topic 2:	Health reporting and indicators	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - UNHCR: <ul style="list-style-type: none"> o Health indicators have been published, although not fully agreed upon, but they will be mainly used to report to donors through the Activity Info Tool o There is a discrepancy between the RRP6 indicators and those used for Activity Info Tool, and activities that do not fall within those indicators may be reported on through the RRP6 narrative instead - WHO: the idea of the activity info tool is to report on case load rather than themes - Several partners raised an issue regarding the need to clarify the exact purpose and objective behind reporting through the use of Activity Info Tool - UNHCR: The multi-sector needs assessment (MSNA) is a short study that will be gathering information on all assessments/surveys/studies done across the sectors in order to come up with a list further assessments needs 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
1-Call for a meeting to further discuss and decide on a common understanding/approach for Activity Info Tool	UNHCR	March 2014
2-Share data and previous assessments with UNHCR to be included in the MSNA study	All partners	March 2014

Topic 3:	Communicable diseases	
<i>Topic Details</i>	<u>Main discussions :</u> <ul style="list-style-type: none"> - MoPH/ESU: <ul style="list-style-type: none"> o The MoPH Epidemiological Surveillance unit has started publishing a weekly EpiMonitor newsletter which focuses on current major diseases of epidemiological significance in Lebanon o The MoPH/ESU unit in Bekaa has developed reporting forms for MMUs, and given their success, this will be also extended to the North, whereby MMUs will be requested to report to the MoPH using those developed forms o Hepatitis A: 	

	<ul style="list-style-type: none"> – cases are on a rise, with a peak in December 2013 and January 2014, especially in the North and Bekaa, discussions regarding which are ongoing in terms of introduction of Hepatitis A vaccines to prevent further increase of case load – The provision and introduction of IgG treatment for Hepatitis A cases is to be discussed and decided by the relevant national committee – There is a confirmed outbreak of Hepatitis A in the village of Kfeir in Nabatieh, where more than 20 cases of Hepatitis A have been detected. The MoPH is performing its studies to confirm the source of contamination. If the outbreak is a results of water networks, repair works shall be done, whereas if the outbreak is due to the water itself, then chlorination shall be done ○ Measles: <ul style="list-style-type: none"> – after cases of measles had been decreasing in number, a new upward trend in the number of cases is detected again, where in February 2014 only 24 cases have been reported already – there is a rumor of measles case outbreak in the village of Jezzine, in the South, where an MoPH/ESU team has already been deployed for further investigations – WHO: for the treatment of Leishmaniasis, the WHO is in contact with the MoPH for any request of medication that may be needed for treatment of cases – IMC: 2 pediatric (6 months old, and 8 months old) cases of bloody diarrhea have been detected in Minnieh, MoPH requested to further investigate – IOM: <ul style="list-style-type: none"> ○ working on strengthening the National TB Program by the provision of material and equipment assistance along with data collection and reporting ○ In January 2014 the following TB cases have been reported: <ul style="list-style-type: none"> – 59 TB cases of all types (26 Lebanese, 9 Syrians) <ul style="list-style-type: none"> • Smear positive TB cases (12 Lebanese, 4 Syrians) ○ The MoPH is discussing and estimating the cost of the possibility of reinitiating the PPD test for children – WHO: response teams of the MoPH are fully prepared as per MoPH Cholera response guidelines to respond in case of a cholera outbreak <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> – WHO and MoPH/ESU: recommend that partners follow up on
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	food, water, and hygiene practices to prevent the further spread of Hepatitis A cases	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
1-Share TB information of 30% case load increase in 2013	WHO	March 2014
2-Share TB national protocol	WHO	March 2014
3-Share Cholera management SOPs and WHO recommendation on Hepatitis A management	WHO	March 2014

<i>Topic 4:</i>	Child health and vaccination	
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> – UNCHR: several PHCs are still charging fees for routine vaccination, despite of the letter issued by the MoPH, which requests PHCs to do it for free to reinforce access – MoPH: provides measles and polio vaccination at UNHCR registration sites, in addition to providing the routine vaccination card to ensure that all registered children are properly immunized – WHO: the vaccination coverage survey done by the WHO shows that coverage for measles is suboptimal, whereas Polio coverage has improved – UNICEF: upcoming vaccination campaigns in March and April 2014 <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> – WHO: since waiving routine vaccination fees has repeatedly failed, it is advisable that the group discusses other special ways for fees to be waived for Syrians at least – WHO: MoPH to verify any shortages in vaccine stocks throughout different regions – MdM: suggests that PHCs taking fees for routine vaccination are reported to the MoPH for further investigation – WHO: it is important that all partners discuss and agree upon the targeted media strategies to be used accompanying the upcoming vaccination campaign 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
1-Share vaccination coverage survey results with all partners	WHO	March 2014
2-Share targeted vaccination media coverage of upcoming vaccination campaign	UNICEF	March 2014

<i>Topic 5:</i>	Reproductive health	
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> – UNFPA <ul style="list-style-type: none"> ○ Clinical Management of Rape: UNICEF and Abaad are in the process of preparing for 15 health-facility-based training sessions for physicians ○ Reproductive health research: The planned research is postponed to wait for the MSNA results and to base its methodology and research questions based on the MSNA findings ○ Youth RH assessment covering Syrians and Lebanese, Led by UNFPA along with partners: UNESCO, UNICEF, UNHCR, and STC: The assessment has ended, and the finalization of its second draft is ongoing ○ Family planning: The UNFPA and the School of Nursing of the American University of Beirut are jointly assessing SDCs to design a training module to train service providers on counseling for family planning After the module is designed, UNFPA is ready to share it with partners who wish to use it for training to accelerate the dissemination of the material – UNHCR: covers IUD insertion fees, yet some physicians require ultrasound post insertion, the cost of which is not covered by the UNHCR – MoSA: raises concerns regarding physicians who consider IUD insertion time consuming, and hence refuse to do so 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Share Youth RH assessment results	UNFPA	March 2014

<i>Topic 6:</i>	Mental health	
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> – MoPH: a mental health unit is established at the MoPH under the umbrella of the PHC program, and it will be overseeing the mhGap expansion, utilization of mental health services, and other mental health related issues 	

	<ul style="list-style-type: none"> – IMC: expanding its mental health program at the SDC in Jbeil for case management, and also exploring the possibilities of working in the South and in Akkar – UNHCR: The report on mental health service assessment of December 2013 has been published on the UNHCR web portal at: http://data.unhcr.org/syrianrefugees/documents.php?page=1&view=grid&Language%5B%5D=1&Country%5B%5D=122 – WHO: has rolled out its mhGap training sessions and plans to continue with the expansion of mhGap soon <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> – MDM: suggestion to assign a focal point at PHCs that deliver mental health services, to follow up on case management and proper referral, to ensure that MH services are sustainable – IOCC: make use of the nutrition focal points at PHCs experience to apply the same to PHCs providing and trained on mental health issues – WHO: recommendation to refer to the MoPH's 2010 SOPs and the service profile of PHC staff to ensure that all activities are in line with them 	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
1-Share mhGap training final report	WHO	March 2014
2-Share mhGap Arabic version with partners	WHO	March 2014
3-Refer to MoPH to receive the PHC package details	All partners	March 2014

<i>Topic 6:</i>	Nutrition
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> – UNICEF: nutrition assessment report has been finalized and will be published online by March 3rd 2014 – IOCC: recommendation of the 2013 nutrition assessment include the following; <ul style="list-style-type: none"> ○ Increase infant and young child feeding guideline awareness ○ Conduct a mass screening campaign by MUAC ○ Establish a nutrition task force ○ Integrate nutrition and WASH initiatives ○ Increase nutrition assessment during vaccination campaigns – WHO: Based on the study findings, anemia is not found to be statistically significant, but it has worsened since 2012 <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> – WHO: recommends that the methodology of nutrition is revised for the next assessment

<i>Topic 6:</i>	AOB	
<i>Topic Details</i>	<p><u>Main discussions :</u></p> <ul style="list-style-type: none"> – The MoPH briefly presented on its activities since the beginning of the Syrian Crisis and the displacement of Syrians to Lebanon: <ul style="list-style-type: none"> ○ 2013 National campaign against measles and oral polio for 9 month olds up to 18 year olds ○ Continuous delivery of measles, polio, and vitamin A supplements at UNHCR registration sites in Tripoli, Beirut, Tyre, and Zahle ○ Delivery of measles, polio, and vitamin A supplements at borders with coordination of the general security in the North, Bekaa, and Beirut ○ Joint nutrition activities with the UNICEF and IOCC to detect SAM in addition to capacity building of PHC staff in terms of nutrition ○ The MoPH runs 30 MMUs in 249 different ITSs in coordination with Beyond, to provide outreach medical services ○ All MoPH network PHCs are providing medical services to displaced Syrians throughout the country <p><u>Recommendations:</u> UNHCR: recommends that partners meet with the MoPH/PHC department separately to discuss certain field issues that they are facing while working through PHCs</p>	
<i>Action Items:</i>	<i>Person responsible:</i>	<i>Deadline:</i>
Call for a meeting/workshop to discuss field PHC relating issues	UNHCR	March 2014

Annex: List of Attendees

Health Working Group - Syrian Displaced			
Friday February 28, 2014			
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