SITUATION IN LEBANON

The ongoing conflict in Syria continues to force masses of Syrians into neighbouring Lebanon. Lebanon counts the greatest number of displaced Syrians in the Middle East: according to UNHCR, there are currently more than 1.2 million registered Syrian refugees in Lebanon, 76% of whom are women and children. Unofficial numbers suggest a count in excess of 2 million, constituting around 45% of the Lebanese population.

Syrian refugees, for the most part, are sheltered among the poorest communities of Lebanon, sharing scarce resources with many Lebanese who live below the poverty line (85% of registered refugees are living in 182 locations in which 67% of the host population is living below the poverty line according to preliminary UNICEF data). Syrian refugees are spread over 1,400 localities, with many staying in informal tented settlements and collective shelters. Infectious disease outbreaks remain a risk due to increasing numbers of refugees living in unsanitary informal settlements.

Lebanon remains concerned with acute watery diarrhoea which is more prevalent in summer months. The risk of outbreak and spread across the country of tuberculosis, measles, mumps, hepatitis A, cholera and other diarrhoeal diseases that thrive under unhygienic, overcrowded and hot summer weather conditions cannot be overstated given frequent population movements between informal dwellings with limited access to health care services. Also of concern is the continued overburdening of primary health care services and the high hospital utilization rates of Syrian refugees.

Lebanon experienced a severe military event in Arsal that has raised the tension between host and Syrian communities across the country and increased urgent health attendance.

The WHO country office in Lebanon has been greatly involved in ensuring that displaced Syrians in Lebanon have access to primary and secondary health care services, that communicable disease are prevented and monitored, and that the population at large is prepared to face bigger challenges in health.

KEY HEALTH ISSUES AND NEEDS

1. Routine vaccinations

Many Syrian refugees are arriving in Lebanon having had no or limited access to health care for months and children have missed vital routine vaccinations. These vulnerable populations are at high risk of contracting communicable diseases, particularly when living in crowded conditions with limited access to safe water and sanitation facilities. Lebanon is taking all steps necessary in order to maintain its polio-free status (since 2002). Measles remains a major public health concern, particularly since the country witnessed a significant measles outbreak in 2013. Competition for scarce resources has also affected the access of the poor Lebanese population to routine vaccination, a problem that the Ministry of Public Health (MoPH) with the support of WHO and other health partners is trying to promptly address, through mass vaccination campaigns. With at least a five-fold increase in hepatitis A incidence in 2013 as well as increased incidence of ARI among children, the MoPH proceeded in revising the national calendar to introduce by the end of 2014, hepatitis A and pneumococcal vaccines.
2. Health system strengthening
With Lebanon supporting its own population and more than 1 million displaced Syrians, local and governmental resources are being strained to unparalleled levels, especially in the health sector. Syrian refugees are in great need of health care, and both refugees and at-risk local populations suffer from poor access to quality health services. This is a major concern for WHO and health sector partners.

Strengthening existing governmental primary health infrastructure and systems is essential through:

- reinforcing the capacity of MoPH in terms of communicable diseases monitoring, early warning and response; providing surveillance support; and infrastructure support to laboratories in public hospitals;
- reinforcing the capacity of the MoPH to deliver quality primary health care (PHC) and maternal and child health care. The focus is in supplying PHC centres with equipment and supplies and capacity building among health care providers;
- reinforcing the capacity of the MoPH in sustaining the provision of chronic medications.

3. Reproductive health services
With a high proportion of the Syrian refugee population in Lebanon being women, it is necessary to strengthen reproductive health services. Basic equipment and supplies are needed in order to strengthen maternal health. These include gynaecological examining tables, delivery tables, fetoscopes, glucometers, hemocue haemoglobin machines, and intra-uterine coil device kits. Health clinics are also in need of advanced equipments such as ultrasound, autoclaves and oxygen concentrators among others.

Public hospitals especially those in refugee concentrated areas are in need of neonatal intensive care equipment to increase capacity for treating neonatal complications.

In parallel, WHO initiated preparations for the expansion of the mother and child health outreach and care initiative, to be implemented in two areas with large concentrations of Syrian refugees, namely Rachayya in the Bekaa and a south eastern suburb of Beirut. The official launching is expected by the beginning of October. This initiative will allow for poor host communities most affected by the Syrian crisis to receive a standard package of pregnancy related services for women and pediatric care.

4. Mental health services
The influx of displaced Syrians and Palestinians has changed the context of mental health intervention in Lebanon. Around 300,000 displaced Syrians are estimated to be most vulnerable, 60% of them being women and children. In response to this urgent need, a mental health sub-working group has been formed, including more than 15 NGOs providing mental services at PHC level to Syrian refugees.

In 2012 WHO Lebanon piloted the training module on the mental health Gap Action Programme (mhGap), and tested it in the context of refugees. The mhGAP is a model guide that facilitates the delivery of evidence-based interventions, both pharmacological and non-pharmacological, in non-specialized health-care settings. In collaboration with the MoPH, WHO Lebanon launched a series of trainings between November and December 2013 on the mhGAP Intervention Guide. The total number of trained staff was 37 (doctors, nurses, social workers, etc.), distributed between 20 PHC centres, located in the four main regions of Syrian refugee settlements (Bekaa, north, Beirut and south). WHO Lebanon is planning a second round of mhGAP training in September/October targeting 35 centres, and training on psychological first aid for 30 centres across Lebanon.
WHO Lebanon efforts and advocacy have resulted in the recent establishment of a mental health programme at the MoPH. WHO Lebanon will continue its support to further expand the number of trained PHC centres, and to revise and update the management protocols and list of mental health medications subsidized by the MoPH.

**WHO LEBANON KEY ACHIEVEMENTS (JULY - SEPTEMBER 2014)**

1. **Medicine and medical equipment**

   WHO Lebanon provided local health authorities with critical medicines and medical supplies. Through agency-specific deliveries, a shipment of 20 metric tonnes containing 50 interagency emergency health kits of life-saving medicines, intravenous fluids and surgical supplies, intended to support more than 500,000 patients, was distributed to 25 health care centres across Lebanon. Additionally, 30 surgical kits were distributed to public hospitals. WHO initiated the provision of chronic medications through YMCA, for a total of 150,000 patients suffering from hypertension, cardiovascular diseases, dyslipidemias, diabetes, asthma, mental health and other chronic health conditions. Also, 70,000 vials of insulin were provided to the MoPH PHC network to serve vulnerable Syrian and Lebanese communities. 1,500 vials of tuberculosis (PPD test), and anti-TB drugs are under procurement.

   In light of the increased risk of cholera / diarrheal disease outbreaks, WHO and MoPH have reviewed national epidemic preparedness plans with an integrated WASH component, and taken practical steps to deal with any eventual epidemic scenario. Diarrheal kits that can serve around 3,600 patients were distributed to hospitals across Lebanon. A stock pile of kits was also stored at the Karantina warehouse to be used if an emergency is declared. WHO initiated the procurement of one million chlorine tablets to be used at schools and at household level in areas most at risk of water borne diseases.

   WHO Lebanon continues to scale up its efforts to provide and distribute medical supplies and equipment to people in need across Lebanon through local authorities.

   In the pipeline is a list of reagents is to be procured by WHO through the EU funded ‘Instrument for Stability project’ which will provide the MoPH both at central level (referral lab BRHUH) and peripheral (seven public hospital labs) with the capacity to monitor water quality and alert for any potential infectious outbreaks.

   Under preparation is also an exhaustive list of medical equipment that will be provided to 180 PHCs and select hospitals located in areas with the highest concentration of Syrian refugees, that will increase capacity to absorb a 40% increase in the utilization of health services.
2. Capacity building and training

WHO Lebanon increased its support for the MoPH and its capacity to coordinate the response to the refugee crisis, bolstering planning and management capacity by providing technical expertise in mental health, non-communicable diseases and epidemic surveillance (see below).

3. Vaccination campaigns

Crucially, WHO Lebanon is currently supporting the MoPH's national immunization campaigns against polio, measles, and rubella. It is estimated that a total of 1.2 million individual doses of measles and rubella vaccines and 472,000 doses of polio vaccine were administered nationally in the last April vaccination round. The coverage rate of the April vaccination round varies from 56% to 96.7% in different districts. A cluster survey about vaccination coverage has been done to map the few localities that are still suboptimal in coverage, to be targeted in the next vaccination rounds. WHO Lebanon has supported campaigns planning and the training of nearly 4,200 vaccinators. In fact it is believed that the polio routine and campaign immunizations have helped Lebanon remain polio free.

4. Surveillance

WHO Lebanon supported the MoPH's epidemiology and surveillance unit in reporting on health data from different primary and secondary health care centres in the field, mainly those providing services to Syrian refugees. WHO Lebanon in collaboration with the MoPH developed a brochure on hepatitis A to raise awareness at community level and supported the start of a set of community awareness activities in high risk areas. A series of trainings on hepatitis A in high risk areas were held and a total of 556 community members and leaders, school principals and PHC staff attended. A brochure on water and air borne diseases targeting informal tented settlements was also developed. In addition, WHO initiated an update of the epidemiology and surveillance and response guidebooks and SOPs, that will be used to train health care workers across the country. In order to reinforce the capacity of the MoPH in terms of communicable diseases monitoring and early warning and response, a series of trainings targeting 872 physicians and 432 focal points on response and surveillance, were carried out in August and September, respectively.

WHO Lebanon in collaboration with the MoPH, Order of Nurses and Syndicate of Hospitals conducted six training of trainers workshops on MERS-CoV management for around 30 staff each in June / July 2014; reaching a total of 136 trainees. These workshops were conducted to reinforce and intensify infection prevention and control measures (hand hygiene, personal protective equipments, droplet precautions etc.) and to prevent the spread of MERS-CoV in health care facilities. The trainees conducted the same training within their respective hospitals in August. WHO is also procuring personal protective equipments (PPEs) for health staff and establishing a respiratory isolation unit at the Rafic Hariri University Hospital.

An emergency operations centre (EOC) was launched at Rafic Hariri University Hospital on 8 July. The EOC is a hub for operations in Lebanon during public health emergencies, and uses state-of-the-art information technology. EOC is part of WHO’s global outbreak alert and response network system and is linked to the strategic health operations centre in Geneva and to a network of emergency operations centres around the world. The EOC is used in the event of epidemic-prone and environmental public health events caused by accidental or deliberate use of chemical, radio-nuclear and natural disasters.

The EOC links the surveillance unit of the MoPH with sentinel sites across Lebanon through a real-time connection, using a district health information system (DHIS2) application. It is backed up with satellite to provide continuous connection if landlines and internet fail in a disaster. The DHIS2 enhances surveillance capacities of the epidemiological and surveillance unit, enabling rapid detection of potential outbreaks and monitoring of routine timeliness and completeness of reporting. It also speeds up the reporting process as direct reports are transmitted
on a real-time basis. A five-day comprehensive training for the epidemiological and surveillance unit staff of MoPH has been conducted.

WHO in collaboration with the MoPH developed the Health Facilities Atlas 2013 for health facilities mapping in Lebanon, using GIS technology. These interactive maps can be used in responding to public health emergencies, and have been integrated into the EOC information system.

WHO initiated the acceleration of Early Warning And Response System (EWARS) training incorporating both surveillance and response into a total of 52 training sessions for health care workers across Lebanon.

5. Mental health
In collaboration with MoPH, WHO Lebanon is expanding training on the mhGAP-Intervention Guide in 45 primary health care centres and on psychological first aid in 30 centres across Lebanon in 2014. The mhGAP training follows the 2013 piloting phase in 20 centres across Lebanon, whereby 37 health care providers (doctors, nurses, social workers, etc.) were trained on assessment, management, follow-up and referral of mental health conditions. As a result of the pilot phase, mhGAP training materials were translated into Arabic and adapted to the Lebanese context. In addition, two rounds of training of trainers were conducted in 2014. These efforts are to address the need for mental health care for vulnerable Syrian refugees and Lebanese communities.

CHALLENGES FACED
• Constant increase in the number of Syrians fleeing to Lebanon has posed a great challenge in terms of meeting the continuous age-specific health needs of such a population presenting with several health service requirements: communicable diseases, chronic conditions, reproductive health issues, nutrition essentials, and mental health disorders amongst others

• Several partners acting in the field of health, making it challenging to coordinate all the ongoing health activities in terms of health activity planning, organizing, implementing, reporting and identifying gaps, as well as meeting different health needs

• Limited funds available for all health partners to equally provide health services and meet the health needs of Syrian refugees on primary, secondary, and tertiary health care levels

• The ITS setting and high mobility of Syrian refugees

• Limited resilience capacity of the health system with an increased utilization of around 50% for PHC and hospital services

• Negative impact of the crisis on the social determinants of health, namely safe water access, poverty, housing, among other things

KEY STRATEGIC INTERVENTIONS FOR THE REMAINDER OF 2014
1. Disease early warning system (EWARS) reinforcement
Continue expansion and support to EWARS including further expansion of the EWARS network to involve private sector. Develop a larger network of PHCs and hospitals and operationalize water monitoring labs.

2. Primary health care support
Continue to support the PHC system including: prevention and control of communicable diseases and immunization, maternal and child health care; reproductive health; chronic and non-communicable disease
management; and mental health support. Expansion of the support to MOSA run clinics is also planned.

3. Emergency preparedness acceleration

Provide support for an over-burdened health system; with the procurement of essential medicines and equipment; early warning systems; capacity building; and technical support; as well as reassessing outbreak risks and stockpiling necessary medical supplies accordingly.

KEY STRATEGIC AREAS IN RRP6 FOR 2014

WHO Lebanon estimates that to continue its work to support access for all residents in Lebanon to basic health services, USD 13,630,000 is needed. This is broken down to:

- Procurement medications and vaccines: USD 7,115,050
- Training/guidelines/awareness material: USD 1,412,300
- Capacity building MOSA: USD 350,000
- Human resources: USD 400,000
- Contingency supplies (medicine stocks for outbreaks): USD 352,800
- Assessments of needs and services (anaemia, health utilization, vaccine coverage): USD 180,000
- Polio outbreak response: USD 1,500,000
- Expansion of Maternal and Child Health project: USD 320,000
- Youth health and preparedness: USD 2,000,000