

SITUATION IN LEBANON

The ongoing civil war 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 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.

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 diseases are prevented and monitored, and that the population at large is prepared to face bigger challenges in health.

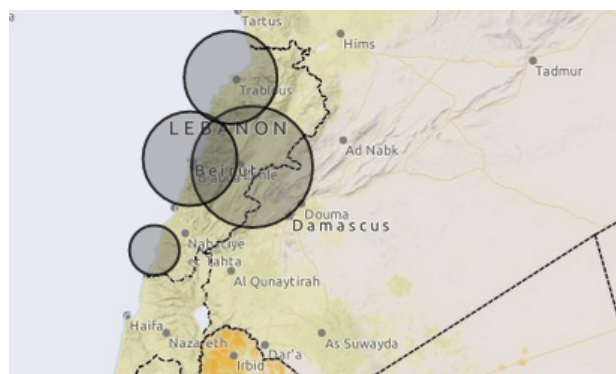
KEY HEALTH ISSUES AND NEEDS

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.



Distribution of Syrian refugees in Lebanon. Source: UNHCR



WHO staff with Ministry of Public Health representative listening to the concerns of displaced Syrians - informal tented settlement, Bekaa valley, April 2014

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, otoscopes, fetoscopes, glucometers, hemocue haemoglobin machines, and intra-uterine coil device kits. Health clinics are also in need of advanced equipments such as ultrasound, delivery tables, 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.

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 displaced Syrians.

In 2012 WHO Lebanon piloted the training module on the mental health Gap (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 launched a second round of mhGAP training at PHC level in June 2014. Thirty-five centres were trained and an additional 40 centres are in the planning phase.

WHO Lebanon efforts and advocacy have resulted in the recent establishment of a mental health unit 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 (JANUARY - JUNE 2014)

1. Medicine and medical equipment

WHO Lebanon is responding to the emerging health needs in Lebanon by supporting local health authorities with critical medicines and medical supplies. Through agency-specific deliveries, a shipment of 20 metric tonnes of life-saving medicines, intravenous fluids and surgical supplies to support more than 60,000 people reached the MoPH Karantina warehouse on Saturday 29 March 2014.

WHO DONOR SNAPSHOT — LEBANON

JANUARY - JUNE 2014

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 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 PHC and selected hospitals located in the areas with the highest concentration of Syrian refugees, that will increase the capacity to absorb a 40% increase in the utilisation of health services.

WHO Lebanon is supporting a YMCA project that has been initiated for the procurement and distribution of chronic medications for around 200,000 patients.

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).

Vaccination campaigns

Crucially, WHO Lebanon supported the MoPH's national immunization campaigns against polio, measles, and rubella. It is estimated that a total of 3 million individual doses of measles, polio and rubella vaccines were administered nationally. WHO Lebanon has supported campaigns planning and the training of nearly 4,200 vaccinators. In fact it is believed that the polio routine and campaigned immunizations helped Lebanon remain polio free.

3. Surveillance

WHO Lebanon supported the MoPH's Epidemiology and Surveillance Unit (ESU) in reporting on health data from different primary and secondary health care centres in the field, mainly those providing services to displaced Syrians. 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 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. Six training of trainers workshops on MERS Coronavirus management for around 30 staff each were completed in June 2014. Thirty-five training workshops for at least 30 health staff per training will be launched in August.

WHO Lebanon is currently developing an IT platform for immediate reporting of diseases introducing new DHIS 2 technology.

4. Establishment of WHO sub-office in the North

WHO opened a sub-office in Tripoli with the main objective of ensuring better presence of WHO in the field and facilitating liaison with key stakeholders.



WHO staff providing polio vaccine to a young child, Beirut, April 2014.

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.
- Limitedness of funds available for all health partners to equally provide health services and meet the health needs of displaced Syrians on primary, secondary, and tertiary health care levels.

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 operationalise 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 including: 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 adult 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