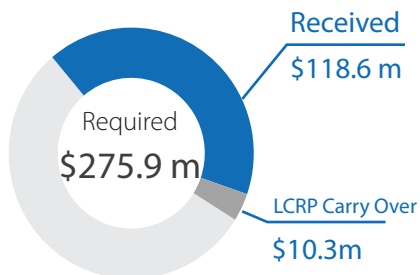




The January - September 2020 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak & Infectious Diseases Control; OUTCOME 4) Improve Adolescent & Youth Health.

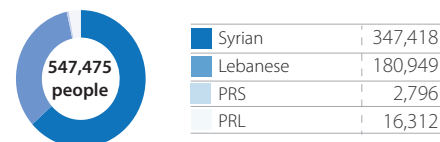
2020 Funding Status as of 30 September 2020



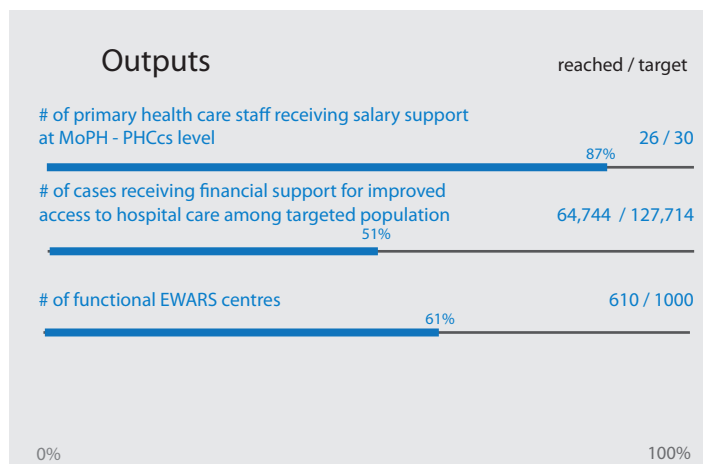
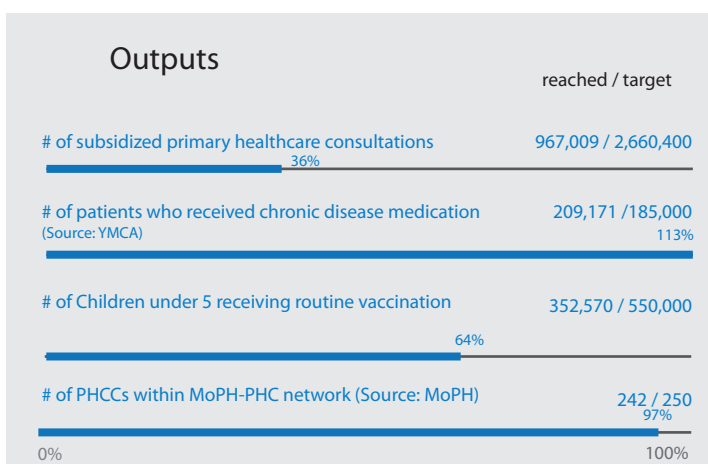
Targeted Population groups



Population reached by cohort

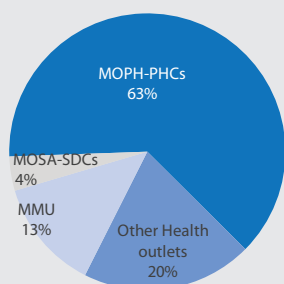


Progress against targets

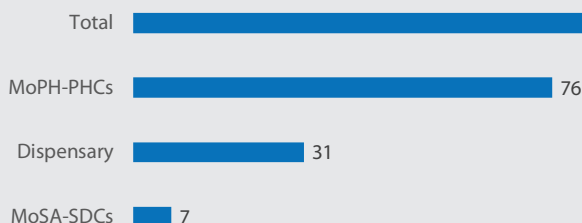


Analysis

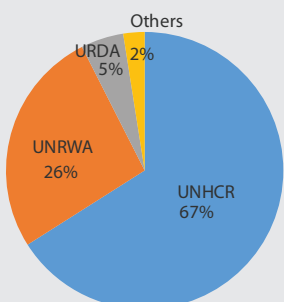
Percentage of consultations by type of primary healthcare outlet



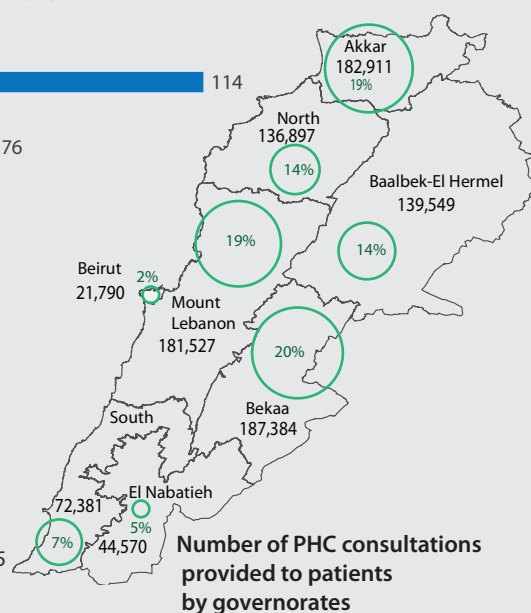
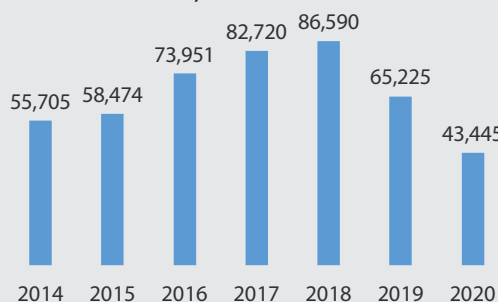
of supported primary healthcare outlets by type



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



of SHC admissions supported by UNHCR, 2014 to 2020



KEY ACHIEVEMENTS

Around **145** facilities as well as **11** Mobile Medical Units were supported by partners for the provision of subsidized PHC services which enhanced the financial accessibility for primary health care.

967,009 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases.

209,171 Lebanese and Syrian refugees were registered in the MoPH YMCA free medications for chronic diseases which contributed to a decreased mortality and morbidity.

352,570 Number of children under 5 receiving routine vaccination.

43,445 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care.

2,374 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care.

Facts and Figures

36%

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

51%

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

57%

of Syrian Refugees households have required primary health care in 2020, **90%** of them have received the required care, VASyR 2020.

15%

of Syrian Refugees households have required hospitalization in 2020, **81%** of them have received the required hospitalization, VASyR 2020.

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

Despite being challenged by a deteriorating economic crisis coupled with the 2019-Corona Virus Disease (COVID-19) outbreak and the impact of the Beirut Port explosions¹, the Health sector remained committed to ensure an equitable continuation of quality healthcare to displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL). Support was provided through direct service delivery for the life-saving immediate needs while emphasizing on health system strengthening for the longer run. At the same time, partners were also responding to COVID-19 outbreak and to the Beirut Port explosions emergencies through a separate response mechanism. The response to COVID-19 outbreak which was considered a Public Health Emergency of an International Concern (PHEIC)² was implemented following the eight universal pillars³. The Beirut Port explosions' response was planned in line with both: COVID-19 action plan and the existing Health sector strategy. A delicate link was maintained between the continuation of care and the emergent crisis and coordination efforts were maximized to ensure complementarity.

From January to September 2020, vulnerable refugees and Lebanese benefitted from 967,009 subsidized consultations supported by sector partners, including 361,898 consultations for vulnerable Lebanese, 599,128 for displaced Syrians, 2,392 for Palestinian Refugees from Syria and 3,591 for Palestinian Refugees from Lebanon, contributing to improving their access to primary health care services. This represents a 14.6% decrease compared to the third quarter of 2019. This decrease can be explained by the countrywide COVID-19 lockdown, fear of infection, movement restrictions and visits costs⁴, topped off by the Beirut Port explosions which aggravated the accessibility situation even further. Overall, women and girls benefitted from 63% of subsidized consultations and men and boys benefitted from 37% of subsidized consultations. The percentage of vulnerable Lebanese benefitting from subsidized consultations increased to 37.4%, as compared to 27% by the third quarter of 2019. This is likely due to the deterioration in economic conditions of the Lebanese population.

By the third quarter of 2020, vulnerable refugees and Lebanese accessed 87% of subsidized consultations through fixed health outlets (compared to 90% in the same period of 2019), and 13% through Mobile Medical Units (MMUs). While the sector strategy aims to shift the response toward strengthening the health system, the percentage of consultations provided through MMUs slightly increased because of the increased coverage of mobile consultations put in place to respond to the movement restrictions during the period of the nationwide protests⁵, COVID-19 lockdown and Beirut Port explosions when the access to fixed outlets was made more difficult. Out of the consultations subsidized through fixed health outlets, vulnerable populations accessed 73% of the consultations through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), a similar percentage to the same period in 2019. In terms of chronic disease medication provided at the PHC level, a total of 209,171 displaced Syrians and vulnerable Lebanese (57% women and 43% men) are registered at the MOPH/YMCA chronic medications program operating through a network of around 435 PHCCs and health dispensaries across Lebanon. This constitutes a 7.3% increase compared to the third quarter of 2019 and is likely attributed to the fact that people are more aware of the availability of these medications in the health facilities and to the country's deteriorating economic situation where the people's ability and willingness to pay for the medications at the private sector level has considerably decreased.

A total of 48,158 displaced Syrians received obstetric and emergency/life-saving care during the reporting period. This represents a 11.2% decrease in the number of supported hospital admissions compared to the same period in 2019, which can be explained by the triple burden of economic situation, COVID-19 outbreak and Beirut Port explosions which respectively resulted in economic hardship at the hospitals and individual's level, higher hospital bills as a result of the Lebanese Pound devaluation, countrywide COVID-19 lockdown, fear of infection and an interrupted / overstretched healthcare system after the blast. Through UNRWA, 1,224 Palestinian refugees from Syria received hospital care, which represents a 34.1% decrease during the same period in 2019 and was likely also driven by the same factors.

A total of 110,857 caregivers across Lebanon benefitted from community outreach activities, awareness sessions, direct counselling and health integrated messages on maternal, new-born, child and adolescent health and nutrition. All the protocols and guidelines for the Infant and Young Child Feeding (IYCF) best practices, and reproductive health were reviewed in light of the COVID-19 response and were disseminated among different stakeholders and partners. Standard operating procedures for IYCF are being developed. A national nutrition strategy and an IYCF action plan have been finalized and integrated in the nutrition task force joint action plan; they cover short, medium and long terms interventions in coordination with MoPH and nutrition active partners.

The Health sector continued to provide support to the national health system by procuring vaccinations, essential medications, reproductive health commodities, as well as other medical supplies and equipment to facilities including MoPH-PHCs and health dispensaries. The support was extended in the third quarter of 2020 to ensure an effective and efficient mainstreaming of COVID-19 measures at the primary healthcare centers and the hospitals level. The Health sector's main objectives and priorities were helpful in terms of prioritizing interventions to strengthen Lebanon's public healthcare system under the COVID-19 and Beirut Port explosions responses and ensure continuation of care⁶.

Some 26 staff were financed to join the MoPH-PHCs which constitutes a considerable decrease from previous years however an increase from the first half of 2020. After 2018, support decreased due to several factors, mainly political considerations and instability; Nevertheless, it should be noted that under the response to the Beirut Port explosions, these interventions were picked up during the third quarter of 2020.



At the beginning of 2020, Lebanon was faced with an unprecedented situation with the prolonged impact of the Syria crisis, the rapidly deteriorating economic situation and the COVID-19 outbreak. With the Beirut Port explosions in August, the already overstretched Health sector was greatly challenged to ensure an equitable access to quality healthcare services for all vulnerable populations. Fear of infection, country lockdown and shortage of medical supplies and medications coupled with the decreased ability to afford care and by the interrupted healthcare services after the Beirut Port explosions were the main reasons for the reduced access to healthcare from January to September 2020.

An impact on people's mental health has also been observed, including psychological distress, trauma and anxiety. People in need faced additional challenges to access mental health services because of the shift to remote services. Patients with acute mental health needs had difficulty to access secondary mental health care as mental health hospitals stopped admissions as a result of the COVID-19 outbreak pandemic and fear of exposure to the virus. In addition, some hospitals shifted the beds dedicated to mental health towards COVID-19 treatment. Access to healthcare was exceptionally challenging for the most vulnerable groups, including persons with specific needs, older persons and female-headed households. In addition, unexpected funding cuts led to the disruption of dialysis and blood diseases support for the refugee population. Increasing reports on malnutrition and malpractices⁷ among children under five and pregnant and lactating women and home-based deliveries requires the sector to monitor the situation more closely and to scale up nutrition programming and nutrition surveillance to be able to better prevent, detect and manage malnutrition. Based on previous trends, it is estimated that for the third quarter of 2020, the neonatal and maternal mortality rates among displaced Syrians will continue to be higher than the rates 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. Around 220 displaced Syrians with chronic renal failure and blood diseases⁸ struggled to receive free dialysis and blood diseases care, which enhances their quality of life. Due to an unexpected cut in funding dialysis and blood diseases, support to displaced Syrians in need was interrupted and can no longer be sustained and urgent support is needed.

This challenging situation hampered the ability of the Health sector partners to deliver the intended sector's outputs and outcomes at both the operational and the coordination level. At the operational level, organizations had to re-design their programmes and re-prioritize their activities to meet the emerging needs and to deal with the exceptional COVID-19 outbreak and Beirut Port explosions. Challenges increased as organizations had to prioritize their plans and reprogram their activities, protect themselves from psychological stress and COVID-19 infection, ensure the health and safety of the beneficiaries and guarantee the continuation of care to the people in need.

Coordination challenges were also magnified during the third quarter including ensuring timely reporting and monitoring. The Health sector needed to communicate in near real-time on a variety of time-sensitive issues to ensure the continuation of care in line with the overall sector's strategy whilst at the same time, contributing to other responses (COVID-19 and Beirut Port explosions). The sector used existing and innovative platforms to proactively keep partners informed about the situation and about the recommendations of the MoPH and lead agencies. The amplified coordination efforts supported partners and advised on their programme re-design. As a result, organizations were able to take the necessary measures and to plan their interventions following a need-based approach.

KEY PRIORITIES AND GAPS FOR THE SECOND SEMESTER 2020

Despite the challenging situation, the Health sector's key priorities remain focused on two strategic objectives: to increase access to health services for displaced populations and vulnerable Lebanese; and to strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources. While maintaining a direct service delivery component to cover critical needs for vulnerable people, the priority of the Health sector is to focus on continued investments in health system strengthening and enhancing institutional resilience to sustain service provision and quality of services and achieve a positive and sustainable impact on health indicators for the long term. No change in service modality is recommended by the sector. Instead, increased investments in health system strengthening is required, including long-term financing, human resources, equipment, medical supplies and capacity building. The Health sector will continue its work to strengthen planning and coordination by reinforcing the existing coordination mechanism, which is essential to ensure a harmonized response and prioritization of services, avoid duplication and identify gaps in service provision. This will enable a more efficient and effective delivery of services.

During the last quarter of 2020 and through increased health system strengthening efforts, the sector will prioritize the support to MoPH at the primary healthcare level⁹ with complementarity models that offer more coverage of people in need and complements existing services while implementing infection, prevention and control measures to prevent the spread of COVID-19. The sector will uniform with the immediate response model (IRM) and the national task force¹⁰ that it is working towards the development of a national unified long-term primary healthcare subsidization protocol (LPSP). Health partners will be encouraged to implement this model in the supported centers and to continue exploring in detail further optimizing the package of services offered including financing mechanisms, to ensure an effective, cost-efficient and sustainable response. Special attention will be given to ensure an adequate stock of acute and chronic disease medication in the primary healthcare centers across the country.

There is a risk of increase in malnutrition due to the country's economic crises, compounded by COVID-19 outbreak and the negative impact on livelihood opportunities and food security. However, there is a lack of data in this regard with no recent nutrition assessment is available to document the impact on acute and chronic malnutrition and inform the nutrition response. A nutrition survey is being discussed with partners to assess the situation and develop a targeted response in the last quarter of 2020.

At the secondary and tertiary healthcare level, the sector will be focused on improving access to hospital care to displaced Syrians and Palestinian Refugees from Syria, and partners are committed to sustaining and increasing financial support to hospital care while decreasing the patient cost share given the current economic situation. Improved access to hospital care for vulnerable Lebanese families will also be prioritized considering the ongoing crisis. The sector will also increase advocacy for the dialysis and blood disease support that might need to be extended until the end of 2021. As the economic situation deteriorates, the Health sector will keep its focus on prioritizing sustainable life-saving services for vulnerable refugees and Lebanese.

1) On 4 August 2020, a large amount of ammonium nitrate stored at the port of the city of Beirut, the capital of Lebanon, exploded, causing at least 203 deaths, 6,500 injuries, and US\$15 billion in property damages, and leaving an estimated 300,000 people homeless

2) On 30 January 2020 following the recommendations of the Emergency Committee, the WHO Director General declared that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC).

3) The eight pillars are: Country-level coordination, planning and monitoring; Risk communication and community engagement; Surveillance, rapid-response teams, and case investigation; Points of entry, national laboratories; Infection prevention and control; Case management and Operations support and logistics

As of March 2020, Restart Center has initiated the **tele-MHPSS approach**¹¹ as an innovative strategy to ensure the continuation of mental health care despite the COVID-19 pandemic. Between March and September 2020, Restart center's multidisciplinary team has provided a total of **12,459 tele-MHPSS sessions**¹² to **2,404 individuals** of which 82% were displaced population, 36% were female and 35% were children. The Tele-MHPSS modality proved to be successful and efficient in the context of COVID-19 and can be applied in case of protests and roads blockages and of persons of concern with mobility challenges.

The story of Khaled¹³

This is the story of Khaled, a 22-year-old single man from Syria, who is part of the LGBT¹⁴ community and is currently residing in Lebanon. Although Khaled has been accepted for resettlement, the COVID-19 pandemic delayed his departure date. He had to stay in Lebanon for a period of eight months as he impatiently waited for the airports to re-open.

During that period and after losing his job due the economic crisis, Khaled had to stay in a shared room in an apartment with his friend's family where he was bullied daily. The COVID-19 lockdown further aggravated the situation where Khaled had to stay at home for a longer time. The young man was referred for tele-psychology services at Restart center to learn coping strategies to manage this transitional period. He was very committed to therapy and started integrating the skills he acquired into his daily life. After six sessions, he relocated to a different house and reported actively searching for job opportunities while training in an organization to establish programs for Syrian refugees from the LGBT community in Lebanon.

Less than a month after his relocation, his apartment was damaged by the Beirut Port explosions. The traumatic event triggered symptoms of acute stress whereby Khaled started experiencing sleep difficulties, nightmares, startle response, and avoidance of going out.

Building on the strengths that he had acquired through the previous sessions, and using the coping strategies that he had learned, the subsequent therapy sessions were focused on thoughts and behaviors that could decrease his fears and anxieties, and that could help him get back to his routine. Khaled was also provided with basic needs assistance, particularly food and hygiene kits.

After 13 sessions, and more than a month after the explosions, Khaled's posttraumatic stress symptoms have decreased, and his mental state became relatively stable; he was therefore ready to be discharged. Khaled reached out to the Restart center afterward to express his interest to volunteer with them on the field and support the victims of the Beirut Port explosions.

One week after ending therapy, Khaled received a call whereby he was informed that his departure date to Canada was scheduled. Driven by the desire to provide support to the people in need and after the positive impact that tele-MHPSS has had in Khaled's life, he left while committing to pursue his studies in psychology in Canada.



4) Represented by the direct and indirect costs. Direct such as service fees and indirect like transportation cost.

5) On October 17, 2019, country wide protests were initiated by the civil society in Lebanon. The protests resulted in continued roadblocks on the international highways and other vital parts of the country and therefore, restricted private and public sector functionality and limited banking operations.

6) These interventions include structural and non-structural rehabilitation through a comprehensive complementary package of primary health care, training healthcare workers on Infection Prevention and Control (IPC), risk communication and community engagement campaigns, case management of confirmed cases, human resources support for medical screening activities at points of entry, strengthening of the surveillance system, procurement of medical equipment and supplies (testing kits, personal protective equipment, and Polymerase Chain Reaction (PCR) testing machines etc.), and early detection and management of suspected cases either in community or at hospital level

7) As a response to the Beirut Port explosions emergency, some practices are endangering the health of children and pregnant and lactating women like unsolicited donations of breastmilk substitutes, these violations of national and international regulations, compromise breastfeeding, increase the risk of malnutrition and infection and create a financial dependency among vulnerable families. .

8) Thalassemia, Haemophilia, Sickle Cell Anaemia.

9) 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.

10) The primary healthcare department developed the Immediate Response Model (IRM) to coordinate the Beirut blast response and ensure the subsidization of a standardized package of services across all primary healthcare centres supported by national and international non-governmental organizations.

The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider payment mechanisms. The IRM is to be implemented for 3 months in the area affected by the blast while a more advanced long-term primary healthcare subsidization protocol (LPSP) is prepared and fine-tuned with the aim to be applied in a uniform way in all Ministry of Public Health primary healthcare centres network. For this purpose, a joint national taskforce among Ministry of Public Health primary healthcare department, relevant donors, united nations agencies and national and international non-governmental organizations was created.

11) A Tele-psychology manual serving as a guide for the remote treatment and rehabilitation of torture and trauma survivors was developed by Restart Center and endorsed by Johns Hopkins University and shared with the Inter-Agency Standing Committee reference group. The manual was designed in line with the local context addressing the technical, ethical and cultural considerations as well as the beneficiary's safety and emergency management and privacy concerns. Age and gender considerations were also addressed through guidance on gender analysis, child and adolescent telepsychology and geriatric telepsychology.

12) This includes remote psychosocial assessments, remote case management, Tele-psychology, Tele-psychiatric and neurological consultations and nursing assessments.

13) The names of the subjects have been changed to protect their privacy.

14) LGBT, or GLBT, is an initialism that stands for lesbian, gay, bisexual, and transgender.

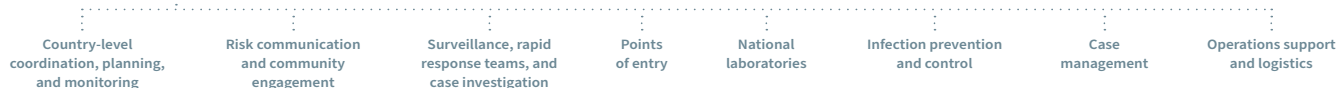
Annex 2: Health Research or Assessments recently shared:

- COVID-19: Concerns and Needs of Syrian Refugees in Informal Tented Settlements in Lebanon (LPC, 2020)
- Effect of COVID-19 on Breastfeeding Practices, Food Access, and Care Practices among Syrian and Lebanese Mothers in Bekaa and South (ACF, 2020)
- COVID-19 Needs Assessment (Plan International, 2020)

COVID-19 RESPONSE IN LEBANON - MONITORING INDICATORS

As part of the COVID-19 strategic preparedness and response plan (SPRP) in Lebanon, the Lebanese Government, the Ministry of Public Health and other ministries, UN agencies and local NGOs are joining efforts to respond to this pandemic and mitigate its impact on communities.

The SPRP includes **8 pillars** of work with specific short-term and long-term actions to help identify gaps and effectively respond to COVID-19.



The following highlights specific priority indicators under different pillars and the progress achieved collectively by partners, including the private sector, to reach the needed targets in Lebanon:

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Thematic awareness raising campaigns



856 vulnerable youth



produced

2 322 459 gowns and cloth masks



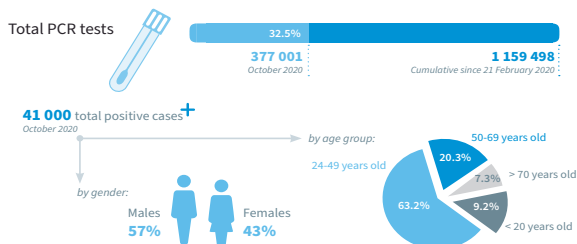
POINTS OF ENTRY

Number of health-care staff deployed to border crossing points

25



SURVEILLANCE, RAPID RESPONSE TEAMS, AND CASE INVESTIGATION

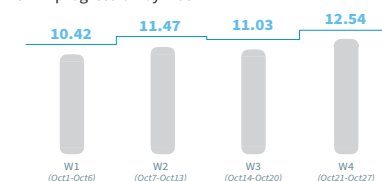


Positive cases among health-care workers out of total positive cases

1.75%



CFR* progression by week

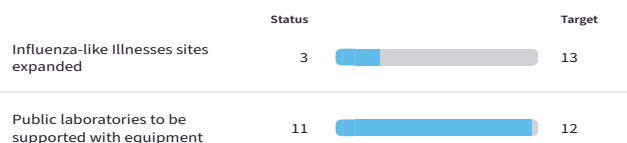
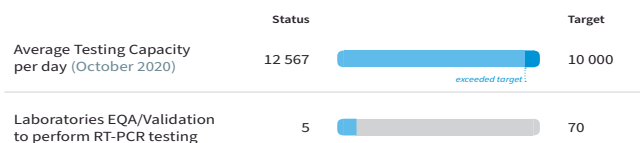


between February 21 and October 30, 2020 v.7

Prepared by: World Health Organization Lebanon

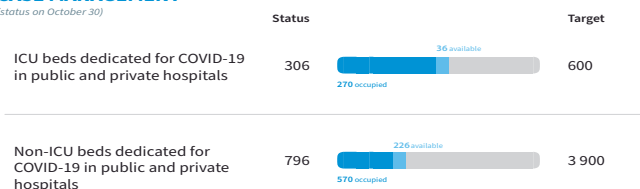
COVID-19 RESPONSE IN LEBANON - MONITORING INDICATORS

NATIONAL LABORATORIES

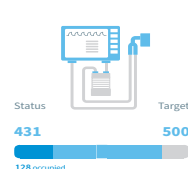


CASE MANAGEMENT

(status on October 30)



Ventilators



Isolation centers



INFECTION PREVENTION AND CONTROL

Personal protective equipment

more than **37 628 404** PPE items* for the protection of healthcare workers at Hospitals and PHCs



* Items refer to units of masks, gowns, goggles, coveralls, and pairs of shoe covers and gloves.

Critical wash supplies and services

1 919 IPC and disinfection kits



distributed to

9 595 vulnerable people



183 907 vulnerable people continuously reached with water trucking (35 to 60 L/day)



between February 21 and October 30, 2020 v.7

Prepared by: World Health Organization Lebanon