



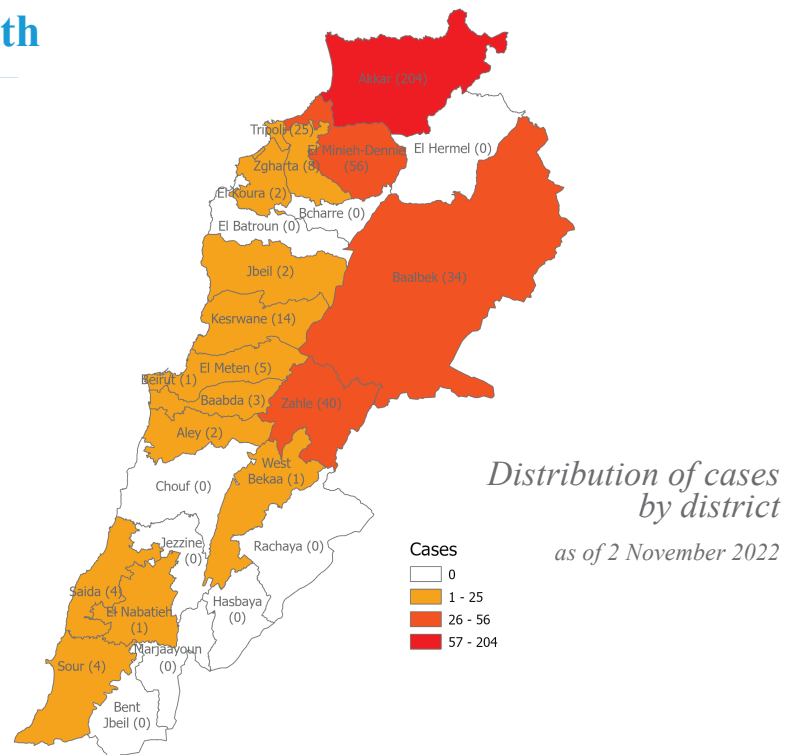
WHO Lebanon: AWD/Cholera Response Plan

November 2022 – May 2023

Current Situation and Impact on Health

With the discovery of the first cholera cases in neighbouring Syria in August 2022, Lebanon – already besieged by a multi-layered political, economic and humanitarian crisis - has been on high alert for a similar outbreak. This was expected given the country’s fragile health system, its disrupted water and sanitation network and the frequent cross-border movements from Syria into Lebanon.

Although the first cholera case was detected on October 4, 2022, almost a month since this, there have been 2,421 suspected cases, including 413 confirmed cases and 18 associated deaths (around half of whom are children under the age of 15). Of these cases, 18% have been hospitalized due to severe dehydration (as of November 3, 2022).



WHO is concerned about this outbreak for several reasons, including most important, its impact on people’s lives and well-being, and in particular refugees and other vulnerable groups. Other concerns center on how the response may be slowed down due to the state of the country’s health infrastructure (reduced working hours and bed availability) along with shortages of staff and supplies. The contamination of the country’s water and waste water system is also of concern, given years of neglect and under-funding, resulting in decreasing availability of clean water. With many individuals receiving less than the approximately nine gallons required per person per day (UNICEF 2022). With the country continuing to face drastic water shortages and unaffordable water trucking fees, people will continue to rely on water sources of unknown cleanliness and safety, putting everyone, everywhere, at risk.

WHO's Health Response

WHO has been working with partners and the Ministry of Public Health's AWD/Cholera Task Force to reduce avoidable morbidity and mortality due to AWD/cholera, to reduce transmission of the disease in affected areas, and to prevent/minimize the risk of introduction of the outbreak to other high-risk areas. Specifically, our response priorities are:



Objective One: Leadership and multi-sector Coordination

Ensure efficient and effective multisectorial national and subnational coordination mechanisms are in place to manage the cholera outbreak response

- Assist in the development of Multi-Sector Operational Preparedness & Response Plan for cholera prevention and control
 - Together with relevant government counterparts, establish national and subnational task forces to coordinate the preparedness and response activities and ensure linkages to existing coordination bodies and mechanisms/entities (national and sub-national)
 - Generate analysis products, including hotspot mapping, water quality data, AWD data, alerts, real-time case mapping, response capacity data, etc.
 - Ensure most recent cholera case data and their location are integrated into cholera hotspot analysis (usually updated annually)
 - Conduct mapping for resources and capacities at national and sub-national level
 - Ensure that WASH and Health sectors follow the case-area targeted intervention (CATI) approach to outbreak response.
 - Develop a response scorecard with core indicators to monitor the cholera response & control
 - Support Ministry of Public Health (MoPH) Emergency Operations Center (EOC) for Emergency Response
 - High-level advocacy for government and partners' commitment to supporting the cholera prevention and response interventions
 - Develop and disseminate health products highlighting the most up-to-date information of the outbreak response.
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Objective Two: Disease Surveillance

Enhance timely detection, confirmation, and investigation of AWD/cholera alerts to support rapid implementation and prioritization of response activities

- Conduct ongoing surveillance for AWD/cholera in health facilities/medical centers/schools/sentinel and EWARS sites and at the community level and strengthen/reactivate sites as needed
- Train and sensitize surveillance and response officers (including RRTS)
- Mobilize outreach workers to detect and report alerts in communities
- Conduct rapid risk assessments and reporting of confirmed cases where outbreaks emerge
- Surge RRT liaison officers at Mohafaza level, to support the health team in the DRM suboffice



Objective Three : Laboratory

Strengthen laboratory capacity for the rapid diagnosis of cholera cases in support of timely and effective epidemiological investigations and response activities

- Map the current laboratory capacity in country, including current operational status, availability of water testing and/or cholera culture
 - Update and disseminate standard operating procedures (SOPs) and pathways for sample collection and specimen transport of patient stool samples
 - Explore reactivation of 8 public hospital water testing labs
 - Strengthen laboratory human resources in up to 10 labs (both water quality and cholera culture): including development and delivery of training to new and existing staff
 - Provide laboratory supplies and reagents for water quality testing and cholera culture.
 - Provide kits, equipment, and sample bags for water quality and food testing at field level.
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Objective Four: Case Management and IPC

Increase access to treatment for suspected cholera patients and strengthen the capacity to manage cases at all levels through the implementation of standard management protocols for reducing morbidity due to cholera and enhancing infection prevention and control practices in treatment facilities

- Support training of health workers at treatment centers on case management, including the correct identification of patients, early treatment and transfer where appropriate, and the management of children with both malnutrition and AWD/cholera.
 - Establish a referral system for severe AWD/cholera cases
 - Rapidly assess and capacitate designated diarrhea treatment centers/diarrhea treatment units (DTCs/DTUs)
 - Establish a data management system in DTCs/DTUs
 - Provide support for the implementation of comprehensive IPC measures at treatment facilities
 - Ensure IPC at non-treatment health facilities
 - Reimburse hospitalization cost for severe cases
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Objective Five: Oral Cholera Vaccination

Ensure the introduction of safe cholera vaccination to reduce disease transmission and the incidence of the disease among high-risk populations

- Prepare documents necessary for vaccine procurement
- Follow up with regional office on procurement process
- Coordinate with MOPH distribution and monitoring process
- Support the implementation of cholera vaccination campaign in the target populations
- Monitor the campaign activities to minimize wastage
- Coordinate with national Pharmacovigilance center monitoring of AEFI



Objective Six: WASH

Support lifesaving WASH prevention and response measures to control the spread of AWD/cholera inclusive of water quality interventions in treatment settings and other health facilities as well as promoting integration and coordination between ESU and WASH actors

- Ensure proper monitoring of water quality through integrated surveillance and rapid response teams at all levels.
- Ensure safe isolation and infection control practices in health structures (including funerals)
- Train MOPH staff in IPC, identify a focal point for IPC in each designated DTC facility
- Strengthen implementation of IPC protocols in DTCs in particular on the management of dead bodies
- Monitor access and availability to safe water and sanitation in DTCs
- Provide support and training for re-activation of the 5 water testing labs established at selected public hospitals



Objective Seven : RCCE

Strengthen risk communication and community engagement and provide key messages to vulnerable communities for AWD/cholera prevention and response through reliable channels of communication and community feedback

- Support RCCE task force to conduct a knowledge, attitude, and practices (KAP) survey at family and community levels on cholera prevention and response.
- Via co-leadership of the RCCE Task Force, map type, quantity, geographic location and focal points of the different (humanitarian/ development) community outreach entities that could be drawn upon to support community engagement strategies in cholera prevention/control/treatment
- Conduct capacity building interventions with MoPH health educators and health promotion teams, Ministry of Education and Higher Education (MEHE) health education teams and volunteers, WASH sector hygiene promoters, and NGOs at national and governorate level.
- Prepare an initial risk communication strategic plan
- Develop and disseminate ready-to-use packages in case of alert, adapted to communities' specificities (dialects, social norms etc.), as well as social media communication products.
- Under CATI WASH response targeting "cordon sanitaire," but can be also standalone activity with RCCE messaging"
- Produce and disseminate cholera job aids and guidelines to support knowledge and skill application among frontline workers.



Objective Eight: Operational Research

Support the documentation of the lessons learned from cholera outbreak response and challenges:

- Identify academic institutions to work with health authorities and conduct operational research
- Provide support knowledge sharing and management
- Create a platform to share experience in responding to the outbreak
- Document the lessons learned from the implementation of the cholera vaccination among high-risk groups



Objective Nine: Logistics, Equipment and Supplies

Ensure procurement, delivery, management, and coordination of essential supplies and equipment to sustain preparedness and response activities

- Procure essential cholera supplies and preposition in key referral hospitals
- Ensure stockpile/buffer stock availability for initial case response (up to 5000 cases)
- Provide DTCs/DTUs and ORPs with supplies and equipment for AWD/cholera testing (RDTs), infection prevention and control, and treatment, including for severe cases at the appropriate level of care.
- Support central warehouse with additional surge capacity (logisticians, pharmacists)

Funding Requirements by Strategic Objective/Response Pillar

Strategic Objectives/Response Pillar	Budget (USD)
1. Leadership and Coordination	\$ 221,000
2. Disease Surveillance	\$ 560,000
3. Laboratory Diagnostics	\$ 712,423
4. Case Management and IPC	\$ 1,768,000
5. Oral Cholera Vaccine	\$ 3,500,000
6. Water, Sanitation, and Hygiene	\$ 490,000
7. Risk Communication and Community Engagement	\$ 350,000
8. Operational Research and Knowledge Management	\$ 150,000
9. Logistics, Equipment, and Supplies (10%)/	\$ 1,800,000
Subtotal total	\$ 9,551,423
7% PSC	\$ 668,600
Total	\$ 10,220,022

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