



World Health Organization

Lebanon

WHO Lebanon Country Office is the directing and coordinating authority for international health work within the United Nations. We work closely and in coordination with the Ministry of Public Health and other ministries as well as sister UN agencies operating in Lebanon.

We work on improving health outcomes by providing technical support and assistance in scaling up essential prevention, treatment and care services throughout the health sector.

NEWSLETTER

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WHO and stakeholders spearheads the COVID-19 health awareness response in Lebanon for the public's safety

WHO Lebanon continues to take the lead with sister agencies and in collaboration with government ministries especially the Ministry of Public Health (MOPH) and the Ministry of Education and Higher Education (MEHE) and other stakeholders, with measures taken to boost country preparedness and response in all capacities in their quest to keep Lebanon in the containment phase as other countries in the region and globally fight the deadly pandemic that has claimed the lives of hundreds of thousands and brought some of the biggest economies to a complete standstill.

Together with UN agencies, government entities, local NGOs including the Lebanese Red Cross, WHO is part of a taskforce using risk communication to address community engagement through awareness raising campaigns. The role of WHO in providing technical support within the Risk Communication and Community Engagement (RCCE) taskforce in the production of awareness campaigns using animated videos targeting healthcare workers and the general public on ways of protection, home-isolation, home delivery, nutrition, addressing stigma and bullying, breastfeeding and mental health. WHO also produced 155,000 brochures, flyers and posters on hand-washing, protection during travel, student protection, mental health and many more are in the pipeline.

Within the RCCE taskforce's drive to work along with the government's decision to start the deconfinement phase, the team is working on a campaign to promote the use of non-surgical cloth masks for the general public excluding healthcare workers and people working in quarantine centres or medical facilities. This project will guide people on how to make their own masks at home especially for those who cannot afford to buy re-usable masks for themselves and their families, when and how to use them.

As part of the awareness raising drive against the misinformation that has taken centre stage in the fight against coronavirus as many people out of fear and concern would hang on to anything that gave them hope, WHO along with UNICEF and UNDP partnered with the Ministry of Information to counter the spread of COVID-19 misinformation in Lebanon thus creating the rumour log as a first step to counter rumours and fake news. Every rumour is posted on the rumour log at the MOI website in preparation for a website that is being created. A number of videos have been produced and widely disseminated covering topics like virus living on surfaces, the use of alcohol on body and clothes, drinking or injecting disinfectants, having zero cases does not mean Lebanon is free of coronavirus, hot weather does not kill the virus, and lately we are working on a video on how safe it is to use the swimming pool.

As the status of the COVID-19 changes in Lebanon with the easing of the partial lockdown allowing restaurants and other businesses to function, WHO and partners are trying to always be a step ahead in preparation for the eventual complete deconfinement phase which requires a new set of guides to allow people to settle into what will be known as the "new norm". This will include preparations for schools when they eventually open their doors at the start of the new academic year which is anticipated to be around September 2020. The preparation will include WHO guidelines out of which videos and outreach material will be produced to create awareness on the safety measures in different settings.

Coronavirus Useful Link

[WHO real time dashboard](#)

[WHO COVID-19 page](#)

[WHO travel advice \(English/Arabic\)](#)

[Protect yourself \(English/Arabic\)](#)

[Q&A \(English/Arabic\)](#)

[WHO online course on emerging respiratory viruses, including COVID-19](#)

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The European Union provides more support to the Lebanese healthcare system

The European Union has been one of the major contributors to strengthening the healthcare system in Lebanon by addressing all WHO health system blocks (figure 1).

Since 2014, EU support was instrumental especially in access to essential, high-quality and affordable medications to treat chronic conditions.

Today, through the EU MADAD Trust Fund, WHO is able to provide essential medications for chronic and acute conditions, support the MOPH with human resources in critical functions and build the capacity of health staff on different topics, address the health information system, generate evidence to inform health policies, and shift the service delivery approach to person-centred.

In 2020, with the economic crisis, the advent of the COVID-19 outbreak, and the protracted Syrian crisis effect on the already over-stretched healthcare system, the EU renewed its support with an additional 15 million euros to fill in gaps in essential medications for both Lebanese and Syrians, as well as address other aspects of the healthcare system resilience.



Figure 1- WHO Health Systems Framework

WHO monitors gender equality during COVID-19

WHO has partnered with the United Nations Entity for Gender Equality and Women's Empowerment (UN Women), the United Nations Population Fund (UNFPA) and the National Commission for Lebanese Women (NCLW) to provide periodic Lebanon specific gender and COVID-19 alerts throughout the duration of the current phase of the public health crisis. These updates aim to provide up-to-date analysis on gender issues, consolidate guidance and programmatic tools, and offer recommendations to support a more gender equitable response. The first issue of the Gender Alert focuses on access to justice and gender-based violence (GBV) in Lebanon during the COVID-19 pandemic. The forthcoming issues will focus on women's access to health during COVID-19, as well as the gendered economic impact.

Findings from the initial Gender Alert suggest that the COVID-19 lockdown may have already - and will likely continue to - exacerbate incidents of gender based-violence (GBV), particularly for women and girls. Already high levels of violence against women in Lebanon, are being compounded by quarantines and social isolation, and job and income losses exacerbating individual, family and societal stresses. Global research indicates that these factors are challenging the ability of women to temporarily escape abusive partners, access emergency and life-saving services and increase their risk to violence due to increased societal stress. The following issues have been observed since the COVID-19 lockdown measures took effect in March:

1. Concern for an increase in the number and severity of gender-based violence cases.[1] Some organizations have reported an increase in calls to their hotlines, and reported in-



creases in death threats.

2. State protection services adapting measure to ensure response to domestic violence cases and access to justice
3. Frontline service providers continue to provide essential services, though challenges are foreseen. This includes 24/7 hotlines, remote case management, and ensuring on-going medical services such as clinical management of rape.
4. Limited capacity for survivors at safe shelters.
5. Concern for specific marginalized groups at-risk. This includes migrant domestic workers, victims of trafficking for sexual exploitation, women and girls with physical and intellectual disabilities, and elderly persons, and LGBTI persons.

The Virtual Training Experience Reaching Healthcare Workers Despite Lockdown



WHO Country Office Lebanon in close coordination with the Ministry of Public Health, supported in February 2020 the Lebanese Order of Nurses in implementing a Training of Trainers (ToTs) for nurses focusing on the topics of infection prevention and control and the proper use of personal protective equipment. Around 140 hospital nurses (from 115 hospitals) and 243 PHC nurses (from 175 PHCs) attended the ToT. The trainees were asked to transfer the knowledge to their colleagues, and the Order of Nurses followed up with each nurse to make sure that the training was delivered in their work setting. As the situation unfolded, lockdown measures were progressively put in place by the Government in March 2020. To avoid gatherings it was crucial to think of an alternative to continue the training roll out. Therefore, the training material was adapted and a virtual version of the training was developed. The YMCA and the MOPH-Primary Health Care Department disseminated the training videos through Whatsapp to focal points from healthcare centers in their networks. Dispensaries outside the YMCA and PHC networks were also reached. In total, more than 900 healthcare centers and dispensaries from all regions in Lebanon were reached. The focal points from the centers were asked to share the videos of the training with their colleagues. Follow up is being done by YMCA to ensure that all the targeted centers received the video. The training video is now made available on WHO Facebook page ([link](#)). In these difficult circumstances, resorting to technology and virtual communication platforms was an experience that proved successful as it allowed timely training for healthcare workers who are at the frontlines of the battle against COVID-19.

The effect of COVID-19 lockdown on emissions of air pollutants in Lebanon

After the lockdown due to coronavirus spread in Lebanon, captured images and data downloaded from the European Space Agency's (ESA) Copernicus satellites showed a reduction in nitrogen dioxide concentrations over Lebanon by at least 30% during the month of March 2020, compared to the same week in 2019. This is attributed mainly to the reduction in traffic by at least 80%. It is still unclear, however, how much reduction in particulate matters (PMs) and the carcinogen and high cardiovascular disease (CVD) risk polycyclic aromatic hydrocarbons (PAH) concentrations have followed in the country especially that the main sources of diesel generators, hospital incinerators, and power plants are still operating normally. Therefore, a study will be undertaken by Dr. Najat Saliba, professor of Chemistry at the American University of Beirut (AUB) and Director of AUB Nature Conservation Center (AUB-NCC) in collaboration with WHO Lebanon to evaluate the annual averages of PM10, PM2.5 and PAH concentrations on monthly and yearly basis during and post the COVID-19 lockdown in several locations in Lebanon.

Pollution reduced during lockdown

Results can be linked to cardiovascular admissions and can be used to recommend policies to reduce or eliminate the spread of diesel generators. Comparison with previous years will shed the light on the effect of reducing traffic on the levels of specific carcinogen and CVD health risk PMs and their corresponding toxic components. This study will offer a unique chance to assess the levels of carcinogens emitted from diesel generators. It will also give evidence-based arguments for the removal of diesel generators from the city and the urgent need to develop a national electricity plan.

Mental health and psychosocial support in the COVID-19 response: what have we done so far?

In Lebanon, a [national action plan](#) was developed by the MOPH-National Mental Health Programme (NMHP) with WHO and UNICEF as part of the national response to the COVID-19 outbreak. The plan aims at comprehensively addressing the MHPSS aspects of the COVID-19 outbreak for all persons living in the country.

WHO has been working closely with the NMHP and UNICEF; achievements so far include:

- Production and dissemination of awareness materials on how to deal with emotional distress during quarantine
- Supporting the National Hotline for emotional support and suicide prevention "the Embrace Lifeline 1564"
- Development of a checklist for nurses working at hospitals' quarantines and training them on taking care of patients' mental health
- Mainstreaming mental health in the MOPH Chatbot and COVID-19 mobile application.



In response to COVID-19 partial lockdown: National AIDS Program takes to virtual meetings to serve beneficiaries

Lebanon registered its first COVID-19 case in February 2020 followed by an 8-week partial lockdown that had partial to substantial impact on every day activity including the delivery of prevention health services. These services which were interrupted included those related to sexual health like HIV and STI prevention and awareness services across the country.

While the National AIDS Program (NAP) continued to be functional at its premises with no interruption of Antiretroviral Therapy (ART) dispensing services, its NGO partners - who are supposed to execute plans related to fieldwork, outreach and even on-site services – were barely able to function. Only hotlines were spared the incapacitation of the lockdown, as well as a handful of NGOs. In order to ensure service continuation, the NAP initiated a series of virtual WebEx meetings with thematic partners and other UN sister agencies. Through this, NAP was able to maintain the appropriate liaison for serving key populations and people living with HIV, and to coordinate the gradual resumption of necessary activities.

Following those meetings, it was agreed to take several initial steps in order to align a common coordination action, those included the followings:

- A self-assessment of operational NGO capacities during next phase of general mobilization (partial lockdown).
- NAP to provide PPEs for NGO staff at work and possible outreach activities.
- NGOs to promote and facilitate HIV self-test distribution.
- Monthly reporting on Voluntary Counseling and Testing (VCT) activities (rapid test and self-test volume, positive cases, referrals) and condom distribution.
- NAP to develop IEC material on sexual health and HIV in the context of COVID-19, as well as to develop special educational materials for PLHIV on treatment.
- PCR testing will continue to be mandatory for treatment initiation (new cases), whereas it will withhold temporarily for the renewals of treatment continuation.
- PEP and PreEP programs to be continued as planned.
- NAP to organize regular virtual and/or resume actual regular meetings following the updated recommendations by MOPH and WHO.



Launch of the WHO Academy and the WHO Info mobile applications

WHO announces the launch of the WHO Academy app designed to support health workers during COVID-19, and the WHO Info app designed to inform the general public.

The app is built around the needs expressed by 20,000 global health workers in a WHO Academy survey conducted in March of 2020.

It provides health workers with mobile access to a wealth of COVID-19 knowledge resources, developed by WHO, that include up-to-the-minute guidance, tools, training, and virtual workshops that will help them care for COVID-19 patients and protect themselves.

The application is available for free download from both the Apple App Store and Google Play Store in Arabic Chinese, English, French, Russian and Spanish.



Always remember the 3 basic steps to keep you safe from coronavirus

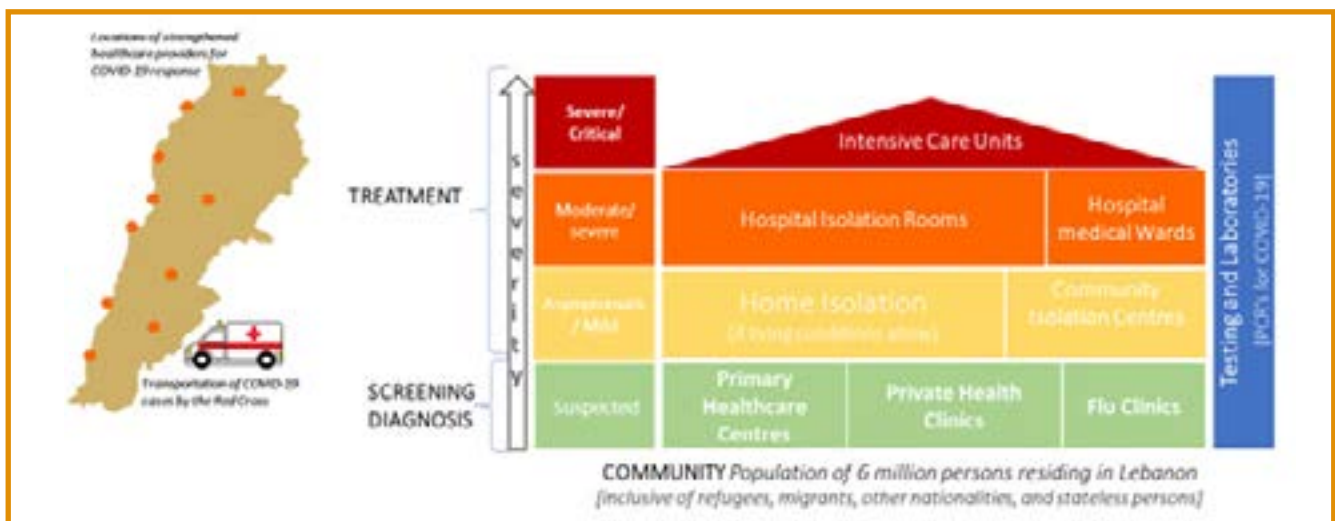


Strengthening the public healthcare system in times of COVID-19

Since the advent of the COVID-19 outbreak, the World Health Organization initiated its support to the national preparedness to strengthen Lebanon's public healthcare system in order to mitigate the impact of the pandemic on vulnerable groups, Lebanese, refugees and migrant workers, especially children, youth and their care providers by providing access to safe and adequate healthcare and other essential services during the COVID-19 outbreak. For that, a strategic set of interventions have been prioritized both at community and healthcare provider levels, ensuring the continuum of care (see figure 1).

The prioritized interventions include safe screening and testing, early detection and management of suspected cases either in community or at hospital level, and case

management of confirmed cases depending on their severity (asymptomatic, mild, moderate, severe or critical) and strengthening of the surveillance system. For that, and in preparation of a potential community transmission, flu clinics are being established for the safe assessment of cases, community isolation centers are being capacitated to isolate asymptomatic and mild cases that cannot safely self-isolate at home, and public hospitals are being capacitated with COVID-19 testing, isolation rooms and additional intensive care beds for the management of mild cases with severe underlying medical conditions, moderate, severe and critical cases. This is done with the financial support of the European Union, Germany, Kuwait and World Bank.



PROTECT YOURSELF AND LOVED ONES AGAINST COVID-19

Anyone can contract
#coronavirus
 regardless of race, gender, age
 or other personal qualities.

#SolidarityNotStigma fights
 the spread of **#COVID19**.



Viruses don't
discriminate and
 neither should we.

#SolidarityNotStigma fights
 the spread of **#COVID19**.

