



**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

March 2020 - Issue 7

WHO leading the COVID-19 health response globally and in Lebanon on behalf of the UN team

WHO Lebanon has been proactive in taking the necessary measures to enhance country preparedness and response capacities before the first case was detected in Lebanon, and even before WHO declared COVID-19 outbreak as a Public Health Emergency of International Concern. WHO first started by supporting the Ministry of Public Health to ensure better preparedness and response through numerous activities; national coordination, awareness raising, risk communication, screening at points of entry, surveillance and contact tracing, case management in hospitals, and procurement of necessary medical supplies and testing kits. Recently, a national strategy has been developed in line with the WHO global COVID-19 Strategic Preparedness and Response Plan and has been endorsed by the Lebanese Government. WHO has been supporting the COVID-19 response along the lines of the developed operational plan. Coordination platforms have been established through which concerned stakeholders and partners are continuously communicating and collaborating.

National scientific committees, syndicates and orders, UN agencies and NGOs are working around the clock to support the government on all fronts.

Support from the international community is being solicited by UN agencies to enhance the country's response capacities. WHO Lebanon will continue its support to MOPH, further responding to the health system's needs in order to cope with potential exacerbation of the situation. The WHO team will be fully engaged at every step, and committed to the implementation of the response plans pertaining to the different scenarios that Lebanon might face.



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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Support to the MOPH for SDG Plan

The Lebanese economy has struggled in recent years, managing only a weak annual growth rate accompanied with an increase in poverty, unemployment rates, and environmental deterioration. These challenges are exacerbating resulting in overall population health deterioration. Lebanon used the Global Action Plan (GAP) as an opportunity to address these challenges. Beginning in May 2019, bilateral meetings with all health and development partners were conducted and resulted in the overarching recommendation to develop a national health strategy.

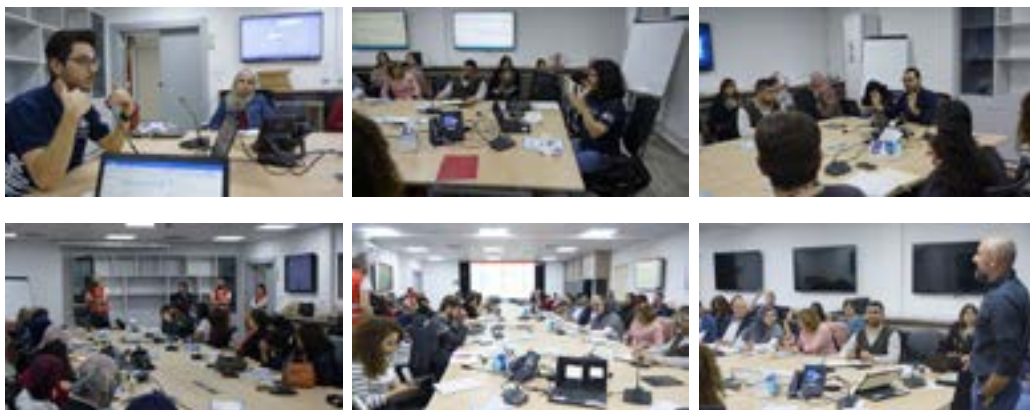
Consequently, the World Health Organization, in partnership with UNICEF, UNHCR and the World Bank joined efforts to support the MOPH in developing a national health strategy that focuses on financial sustainability, community engagement and empowerment, improved access to health data and determinants of health and ultimately paving the way and ultimately supporting the MOPH efforts towards reaching Universal Health Coverage in Lebanon. A proposal was developed and submitted to the Joint Sustainable Development Goals (SDG) Fund on March 30, 2020.

At large, this plan will address all population groups while leaving no one behind, account for SDG 3+ requirements, particularly the impact of non-health factors on health, consider innovations and digital health technologies, and promote financial sustainability through advocating efficient spending on health. In addition, it is aligned with the initiatives of the Lebanese Government to implement SDG GAP in Lebanon and ensure the progress towards development of Vision 2030 for the health sector in Lebanon.



COVID19 Training of Trainers for health actors' front-liners

On the 11th of March and as part of its COVID19 awareness raising activities, WHO, in partnership with the National Mental Health Program at the MOPH organized a Training of Trainers (ToT) on COVID19 for health actors' front-liners in collaboration with the Inter-Agency Co-ordination Unit. Two ToT sessions were organized and the sessions were offered by trainers from WHO, the Mental Health Programme at MOPH, the Lebanese Medical Students' International Committee, and the Lebanese Red Cross. The sessions presented information about the virus, its transmission, symptoms, risk factors, infection prevention and control measures, disease prevention recommendations, tips for front-liners, mental health during crises, and avoiding stigma. The two sessions were attended by around 50 participants from 22 organizations including UN agencies, iNGOs and NGOs working in the health sector who transferred the learned knowledge to their colleagues.



WHO accelerates capacity building for COVID-19 outbreak health response in Lebanon

WHO supported the MOPH in building the capacity of healthcare workers at hospitals, primary healthcare centers, land crossings and frontline workers to sensitize and strengthen preparedness and response of the healthcare sector to COVID-19. WHO supported:

- The epidemiological surveillance unit in conducting a training of trainers on surveillance and reporting of COVID-19, which was followed by 9 trainings for 528 hospital staff in all governorates.

- The epidemiological surveillance unit in collaboration with UNICEF and the order of nurses in training 45 registered nurses and supervisors at all 5 land borders on COVID-19 surveillance and infection, prevention and control.

- The MOPH Primary Healthcare department in collaboration with the order of nurses in training 243 registered nurses working in 175 primary health care centers and field staff from partner organizations (IMC and PU) on infection, prevention and control measures.

- The MOPH preventive medicine department in collaboration with the national infectious disease committee in training 86 participants from local NGOs, MOPH 1214 hotline responders on triage of and psychosocial support to calls received at their call centers and transportation of suspected cases.



HEALTH WORKERS

take care of yourself at this time of COVID19

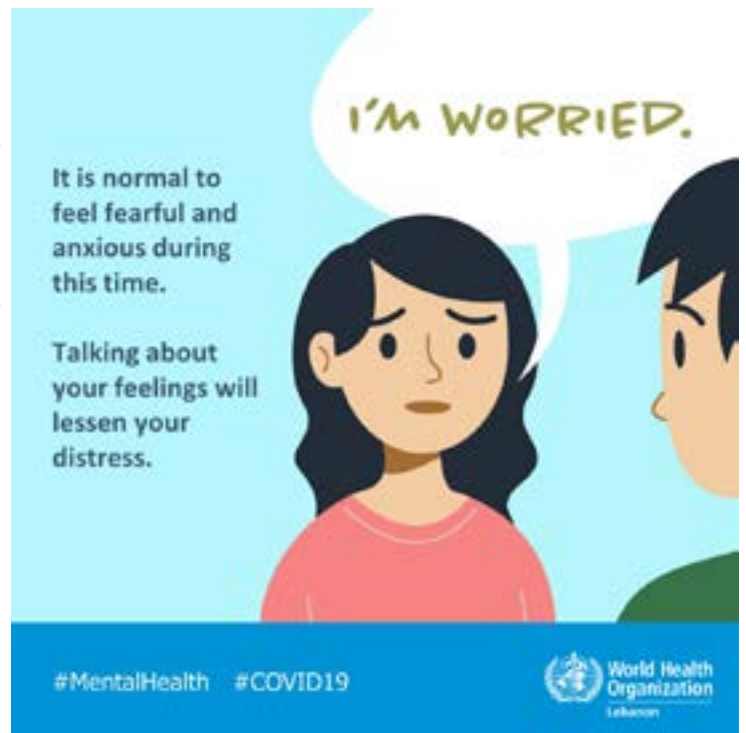


Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.

Mental health and psychosocial support in the COVID-19 response

During epidemics, it is common for people to feel stressed and worried. Common responses include fear of seeking care, fear of losing livelihoods and feeling hopeless, bored, lonely, and depressed. In addition, social stigma and discrimination can be associated with COVID-19, including towards persons who have been infected, their family members and health care and other frontline workers.

“Understanding and addressing mental health and psychosocial considerations will be key to stopping transmission and preventing the risk of long-term repercussion on the population’s wellbeing and capacity to cope with adversity,” as per the Inter-Agency Standing Committee. In Lebanon, a [national action plan](#) was developed as part of the national response to the COVID-19 outbreak. It aims at comprehensively addressing the MHPSS aspects of the COVID-19 outbreak in Lebanon for all persons living in the country. It was developed by the MOPH-National Mental Health Programme (NMHP) with support from WHO and UNICEF.



The COVID-19 lockdown measures: a window of opportunity for environmental healing?

One remarkable observation related to COVID-19 pandemic and the lockdown of countries affected is the decline in air pollution and greenhouse gas emissions.

Data from the European Space Agency shows a decline in Nitrogen dioxide (NO₂) emissions over the northern of Italy as the country entered coronavirus lockdown causing less traffic and industrial activities.

Similarly, NASA reported that the lockdown wiped out 25 percent of China’s carbon emissions in its first month by reducing coal consumption, oil refining, airline traffic and other sources. China’s coronavirus lockdown likely saved tens of thousands of lives by reducing air pollution from factories and vehicles, according to an analysis by a

Stanford University scientist.

Lebanon showed a significant decrease of at least 75 % in NO₂ level (using satellite images) over the last 30 days (March 14 to April 13, 2020) in comparison with the same timeframe in 2019. This reflects the slowdown in the transportation sector following the corona lockdown. Yet, Lebanon has not reached the decreased levels of NO₂ that are attained in other cities in the world because of the continuous emissions from widespread diesel generators and from existing power plants on the coast.

The question remains: how sustainable is this abrupt decrease in man made pollution to allow our environment to heal?

For more information [click here](#).



The NO₂ concentrations were retrieved by the European Copernicus Sentinel-5P satellite using the Earth Engine application from CESBIO multi-temporal.

COVID-19 materials adapted to sign language



A ‘whole of society’ approach is needed to win the fight against COVID-19. Actions need to be taken to ensure that people with disability can always access the health-care services and public health information they require.

For this, a first of its kind collaboration was done with the scientific NGO for research in deafness (BLRS) to translate the awareness and educational materials on COVID-19 to sign language. BLRS collaborated with the following NGOs: Father Roberts Institute for Young Deaf; IRAP Institut de Rééducation Audio-Phonétique; Lebanese School for the Blind and the Deaf; Al Hadi Institute for deaf, blind and learning disabilities; and Father Andeweg Institute for the Deaf.

COVID-19 preparedness in prison settings



People in prisons and other places of detention are likely to be more vulnerable to the COVID-19 outbreak than the general population because of several risk factors such as:

- Confinement conditions and the close proximity of inmates.
- Greater underlying burden of disease and worse health conditions than the general population.
- Greater exposure to risks such as smoking, poor hygiene and weak immune defence due to stress, poor nutrition, or prevalence of coexisting diseases (i.e. tuberculosis, drug use disorders).

WHO worked closely with the MOPH, the Order of Physicians, the Lebanese Society of Infectious Diseases and Clinical Microbiology (LSIDCM), the Internal Security Forces, ICRC and other stakeholders, to guide adequate preparedness for prisons and other detention settings in preventing and dealing with the COVID-19 outbreak situation.

An initial risk assessment was conducted and key points for potential entry of the virus were identified. Based on the findings, a plan of action is being developed to mitigate the risk at each entry point, with a focus on central prisons.

MOPH launches call center for COVID-19



Following the detection of the first COVID-19 case in Lebanon on February 21st and to enhance COVID-19 event based surveillance and reporting at community level, WHO supported the epidemiological surveillance unit at the MOPH in launching of the COVID-19 call center. Epidemiologists developed algorithms for case definition, triage, detection and referral of calls and trained over 100 medical students from 7 medical faculties (Lebanese university, AUB, USJ, Balamand, USEK, LAU, Beirut Arab University), nurses and staff from the Rafik Hariri University Hospital volunteering at the call center. Up to 31 March 2020, the call center has received 3,665 Cumulative calls of which 290 were referred to RHUH for further clinical assessment.

Lebanon engages in the global WHO supported Solidarity Clinical Trial for COVID-19

In early 2020 there were no approved anti-viral treatments for COVID-19, and WHO expert groups advised that four re-purposed drugs, Remdesivir, Lopinavir (given with Ritonavir to slow hepatic degradation), Interferon (β 1a), and Chloroquine or Hydroxychloroquine should be evaluated in an international randomised trial. WHO has provided guidelines that local physicians may consider when COVID-19 is suspected.



Adults (age ≥ 18 years) recently hospitalised, or already in hospital, with definite COVID-19 and, in the view of the responsible doctor, no contra-indication to any of the study drugs will be randomly allocated between:

- Local standard of care alone, OR local standard of care plus one of
- Remdesivir (daily infusion for 10 days)
- Chloroquine or Hydroxychloroquine (two oral loading doses, then orally twice daily for 10 days)
- Lopinavir with Ritonavir (orally twice daily for 14 days)
- Lopinavir with Ritonavir (ditto) plus Interferon (daily injection for 6 days).

The primary outcome is all-cause mortality, subdivided by severity of disease at the time of randomisation. The major secondary outcomes are duration of hospital stay and time to first receiving ventilation (or intensive care).

Patient information will be encrypted and held securely by the WHO. Those analysing it will use only anonymised data, and no identifiable patient details will appear in publications.

The Solidarity Clinical Trial is coordinated by the MOPH Clinical trials unit; the five participating centers in Lebanon include: Rafic Hariri University Hospital-main principal investigator; Notre Dame Des Secours Hospital; Lebanese American University Medical Center/Rizk hospital; Hotel Dieu De France; Mount Lebanon Hospital.

To date, the IRBs, and ethical clearance and approval by the MOPH have been obtained. The MOPH secured two treatment arms and these are donations for Hydroxychloroquine and Lopinavir and Ritonavir. The remaining medications for the trial will be provided by WHO. The letter of agreement is currently under preparation. The clinical trial is expected to start within the coming 10 days.

A generous donation of the Government of Japan to upgrade the capacity of central drug warehouse (CDW) at MOPH



The World Health Organization Country Office Beirut has received support from the Government of Japan to implement the required MOPH Central Drug Warehouse (CDW) expansion/rehabilitation program.

In line with WHO continuous support to the MOPH CDW, and in view of the increased demand on the medications stored at the warehouse, the expansion/rehabilitation of the CDW has become a necessity.

With the proposed plan, the extension will lead to new storage capacity - new order preparation and deliveries area.

- A height of 6.50m
- A defined entry and exit for warehouse B
- Orders Preparation area will be enlarged
- Deliveries of prepared orders will have a secure area, isolated from warehouse A and B
- Demolition of old cold rooms will not have an impact on the storage capacity of vaccines and other products, as there are 2 additional cold rooms already installed in the large warehouse A premises.

In addition to the increase in storage capacity, the flow of work of daily order preparations will be significantly enhanced allowing increase capacity of order preparations and deliveries. Adding to the above, the pharmaceutical good storage practices will be taken into consideration, to ensure medication storage safety, security and temperature, light and humidity control.



Uninterrupted supply of medication at the National Aids Program

Since the start of the uprising in October 2019 and despite all the volatile security situation in the country, the National AIDS Program (NAP) at the MOPH, continued its normal operation at the Anti Retroviral Treatment (ART) dispensing center without any delayed scheduling or interruption in providing treatment for patients.

With the start of the COVID-19 outbreak, the dispensing center continued at the same pace of operation with full NAP staff on board. Following the declaration by WHO of COVID-19 as pandemic and the new regulations issued by the government, as well as by WHO concerning the working modalities, social/physical distancing, precaution measures were taken at work by reducing the staff working at the premises to almost half but at the same time making sure not to interrupt the flow of providing treatment for all PLWHA at full working hours for five days per week.

The ART stock at the NAP remains safe with adequate supply of medications with a buffer quantities for the coming few months. Additional quantities of ARVs are to be delivered as soon as late April with enough quantities to cover for at least an additional three to five months.

A contingency plan to keep a safe buffer stock for six months is planned by the NAP in coordination with WHO, GFTAM, IOM and UNAIDS. The purpose of this plan is to make sure to cover for any interruption of medication supply to the ART center in case any drastic situation happens taking into account the COVID-19 development or even other situation that might arise and have adverse effects on medication supplies.

Considering the safety and security of everyone whether patient or staff, the MOPH through the NAP and with the assistance of WHO is always ready to answer to the needs of the people living with HIV.



COVID-19 response - WHO as main contributor to Support Rafik Hariri University Hospital



Since the first case of COVID-19 was confirmed in Lebanon, Rafik Hariri University Hospital (RHUH) has been the main designated referral hospital for testing COVID-19 suspected cases and treating confirmed patients.

Accordingly, the World Health Organization (WHO) has been supporting RHUH with needed testing kits and reagents, equipments, and PPEs to ensure timely testing, and safe management and treatment of confirmed cases. Between February 11th and April 2nd, 2020, the total contribution to RHUH by WHO amounted to 557,742 USD.

WHO has procured quantitative reverse transcription polymerase chain reaction (qRT-PCR) testing kits of COVID-19, along with necessary reagents and supplies, for a total number of 4697 suspected cases (between February 11th and April 2nd, 2020). Additional kits and reagents for testing, and

an automated extractor (to be installed during the second week of April 2020) are getting procured to manage increased demand for testing and expand the capacity of the RHUH reference laboratory to around 500 tests per day.

In addition, 5 cardiac monitors, 3 respirators, and one portable X-ray machine, sets of PPEs including, N95 masks, surgical face masks, isolation gowns, disposable gloves, and water-proof overalls were procured by WHO to upgrade the patient care capacity and ensure the safety of healthcare workers at RHUH. Additional equipment and testing kits are underway, through the financial support of CERF and DFID, to expand the capacity for testing and case management at additional designated hospitals.

Around 60% of the procurement of all goods has been from the local market. Currently, local manufacturing for PPEs is getting explored to support local economy, increase production rate, and ensure sustainability in view of the global shortage of COVID-19 related supplies.

PROTECT YOURSELF AND LOVED ONES AGAINST COVID-19

Protect yourself and others from getting sick

WASH YOUR HANDS

-  After coughing or sneezing
-  When caring for the sick
-  When hands are visibly dirty
-  After toilet use
-  Before eating
-  Before, during & after you prepare food
-  After handling animals or animal waste



#Coronavirus
#COVID19

Be active at home during
#COVID19 outbreak



Looking after yourself, your family and friends is important through these stressful times. WHO encourages everyone at home to do simple & fun physical activities to stay healthy & active.



#BeActive

#HealthyAtHome