

Health FOR ALL

Special Issue

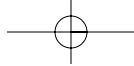
January 2007

Beirut, Lebanon

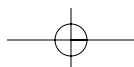
Health a Right for All especially in Crisis

WHO Health Response to the Lebanon Crisis





The opinions expressed in this newsletter are the author's, and they do not necessarily reflect the policies or criteria of the World Health Organization Country Office in Lebanon.



EDITORIAL

Durant la dernière guerre que le Liban a connu, le secteur de santé libanais sous la direction du Ministère de la Santé a fait preuve d'une grande mobilisation et a pu contenir malgré les difficultés rencontrées, les effets néfastes de cette guerre. En effet aucun malade, aucun déplacé ni aucun blessé n'a été exclu du droit au soin et à la prise en charge. Ce résultat n'a pu être atteint sans la mobilisation et le volontarisme de tous les acteurs impliqués dans la santé : en particulier le Ministère de la Santé ainsi que les autres ministères, les ONG, les syndicats et le secteur privé.

Un sondage d'opinion effectué juste après la guerre a confirmé la satisfaction du citoyen libanais quant à l'efficacité de l'intervention du secteur de la santé durant la guerre.

L'OMS, forte de sa présence de plus de cinquante ans dans le pays et de son large réseau de partenaires a très vite mobilisé les moyens appropriés aussi bien humains que matériels pour apporter l'appui nécessaire à l'effort national. Le bilan de notre action que nous sommes heureux de partager avec vous à travers ce document n'a pu voir le jour sans un soutien sans réserve de la part du Ministère de la Santé, auquel nous rendons un grand hommage pour sa confiance et son engagement.

Nous tenons également à rendre hommage à la société civile libanaise qui a su, malgré les conditions difficiles, faire preuve d'une grande mobilisation et d'une solidarité jamais égalée. Nous ne remercierons jamais assez les professionnels de la santé libanais qui n'ont reculé devant aucun danger pour jouer leur rôle pleinement et apporter soin et réconfort à tous ceux qui en avaient besoin.

L'action de l'OMS n'aurait pas vu le jour sans l'apport inestimable des pays donateurs qui ont fait preuve d'une grande générosité. Qu'ils trouvent à travers ce rapport toute notre reconnaissance et notre gratitude.

Nous n'aurions pas pu jouer notre rôle sans l'apport substantiel de notre bureau régional et de notre siège dont tous les cadres ont fait preuve d'un grand professionnalisme et qui ont été pour nous d'un soutien inestimable, nous tenons à les remercier vivement pour leur apport.

Un dernier mot pour remercier du fond du cœur toute l'équipe du bureau qui s'est mobilisé pour accomplir son devoir avec abnégation, efficacité et un grand dévouement.

Représentant de l'Organisation Mondiale de la Santé au Liban,

Dr. Jaouad Mahjour

Congratulations!

Dr Hussein A. Gezairy re-elected as WHO Regional Director for the Eastern Mediterranean



Member States at the 53rd Session of the Regional Committee for the Eastern Mediterranean expressed renewed confidence in Dr. Hussein A.

Gezairy by nominating him as Regional Director for the Eastern Mediterranean for another term in office.

Dr. Hussein Gezairy was re-elected for a new term starting 1 October 2007.

Dr. Gezairy was born in Saudi Arabia in 1934. He received his MD degree from the Faculty of Medicine, Cairo University and obtained his PhD in the United Kingdom. He is the founding dean of the first faculty of medicine in Saudi Arabia and served as Minister of Health of Saudi Arabia from 1976 to 1982. In 1982, he joined the World Health Organization as Regional Director.

In this position he has become the leading figure in the promotion of medical education with particular emphasis to Community Oriented Medical Education and leadership development for health. Other major new ini-

tiatives introduced under the stewardship of Dr. Gezairy and successfully applied include the development of the Prototype Action-oriented School Health Curriculum; a series of booklets about Religion in Health Education and the notion of one Trained Birth Attendant per village or city quarter.

Furthermore, Dr. Gezairy has been a driving force behind disease control and elimination of major communicable diseases in the Region. These include the eradication of Dracunculiasis or Guinea worm (for which Pakistan has already been certified), leprosy elimination as well as Polio Eradication which is on the verge of global eradication.

Upon his re-election, Dr. Gezairy declared his commitment to the continuation of deployment of utmost efforts, in collaboration with the countries of the Middle Eastern Region, in order to achieve the health goals of these countries and work on the attainment by the populations of the region of the highest health level.

Welcome!

Dr. Margaret Chan, WHO Director-General



Dr. Margaret Chan of China was nominated on the 8th of November for the post of Director-General by the Executive Board of the World Health Organization, and

her appointment was confirmed on the 9th of November by the World Health Assembly. The Director-General is WHO's chief technical and administrative officer. She was previously WHO Assistant Director-General for Communicable Diseases and Representative of the Director-General for Pandemic Influenza.

Dr. Chan obtained her Medical Degree from the University of Western Ontario in Canada and also has a degree in public health from the National University of Singapore. She joined the Hong Kong Department of Health in 1978, and was appointed as Director of Health in 1994. As Director, she launched new services focusing on prevention of disease and promotion of health. She also introduced new initiatives to improve communicable disease surveillance and response, enhance training for public health professionals, and to establish better local and international collaboration. She has effectively managed outbreaks of avian influenza and the world's first outbreak of severe acute respiratory syndrome (SARS).

The procedures for the current nomination and election process were decided following the sudden death of Dr. LEE Jong-wook, WHO Director-General, on 22 May 2006. At its meeting on 23 May, the WHO Executive

Board agreed on an "accelerated process" for electing a Director-General.

Dr. Chan paid tribute to her predecessor. "We are all here because of the untimely death of Dr. LEE Jong-wook. We are also all here because of many millions of untimely deaths. I know Dr. Lee would have wanted me to make this point. He will always be remembered for his 3by5 initiative. That was all about preventing untimely deaths on the grandest scale possible."

In her acceptance speech, Dr. Chan said: "what matters most to me is people. And two specific groups of people in particular. I want us to be judged by the impact we have on the health of the people of Africa, and the health of women. ... Improvements in the health of the people of Africa and the health of women are key indicators of the performance of WHO."

"All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere," she said. "But we must focus our attention on the people in greatest need."

Dr. Chan told the Assembly that as Director-General she would focus on six key issues for WHO: health development, security, capacity, information and knowledge, partnership, and performance.

Ending her address, Dr. Chan repeated her pledge to work hard to improve the health of people around the world. "The work we do together saves lives and relieves suffering. I will work with you tirelessly to make this world a healthier place."

INTRODUCTION



The Israeli-Lebanese conflict was an unexpected occurrence that left a considerable impact on Lebanon in many aspects, including health.

The conflict, which lasted **33 days** (12 July to 14 August), resulted in:

- ❑ **1,187** dead, among whom **35%** are children,
- ❑ **Over 4.092** injured,
- ❑ Around **one million** displaced, mainly from the South of Lebanon, the southern suburbs of Beirut and the Bekaa,
- ❑ **182** additional casualties, as of 13 December 2006, caused by landmines and unexploded cluster bombs dropped in the South of Lebanon.

The conflict also resulted in extreme damage to the civil infrastructure:

- ❑ Approximately **8,475** housing units destroyed,
- ❑ **46,143** housing units badly damaged,
- ❑ **612** public schools totally or partially destroyed or damaged,
- ❑ **97** bridges destroyed,
- ❑ Destruction and damage to the civil infrastructure, the water and waste water distribution system, the electricity distribution network, roads, hospitals and health centers.

A joint WHO-MOPH health assessment done during the first week after cessation of hostilities showed that **32% of the health facilities** in the South, Baalbeck, Hermel, and southern Beirut were not capable or partially capable of providing health services to the population including the returning Internally Displaced Populations (IDPs).

All of these factors, in addition to the continuing threat of the military actions, the difficulty in the mobility caused by shortage of fuel, as well as the rapid and sudden return of the estimated one million displaced persons, interfered with the adequate implementation of the Emergency and Relief interventions initially. However, the WHO interventions were implemented and pertained to four strategic tasks as follows:

1. **Coordination of Health Response**
2. **Assessment and Monitoring**
3. **Filling Health Gaps**
4. **Support to Health Systems**

WORKING TOGETHER FOR A BETTER HEALTH RESPONSE...



Throughout and after the crisis, WHO together with the Ministry of Public Health (MOPH) coordinated the multiplicity of partners and their health-related relief activities through establishing and leading a Health Cluster in Beirut, and a WHO sub office in Tyr, that was set up as soon as the security allowed. These clusters included all concerned Ministries, UN agencies, as well as International and National Non-Governmental Organizations (NGOs), rounding up to 52 partners in total.

Six sub-clusters were established from these Health Clusters, and grouped the different partners to coordinate the specific technical issues: Mental Health and Psychosocial Support, Nutrition, Reproductive Health, Health Systems and Health Information Management (Health promotion).

WHO played a fundamental role in establishing links between the MOPH and the various stakeholders. Furthermore, WHO developed several tools to ensure coordination of the response of the various partners:

- 1) A weekly updated and distributed [matrix](#), which defined the activities of the partners and their interventions' sites in order to ensure an optimal geographic and thematic coverage;
- 2) [Maps](#) of the various health facilities assessments and interventions were developed with the help of UN Health Information Center (UNHIC);
- 3) [The Health Cluster Bulletin](#) promoting the interventions of the various partners at the health cluster as well as the sub-clusters related to health;
- 4) The constant updating of the [WHO Lebanon webpage](#) to facilitate exchange of information and to promote visibility and transparency in action;
- 5) [Technical documents and guidelines](#) were provided to the various partners in regard to the 6 public health functions.

Moreover, the MOPH supported by WHO, established an [Emergency Unit](#) ensuring immediate knowledge of the emerging health needs, the casualties, and the functioning of the health facilities.

UNCOVERING THE IMPACT OF THE CRISIS...



Comprehensive Health Facilities Damage Assessment

After the crisis, the need to identify the extent of the damage to health facilities, especially in the most affected areas, was becoming obvious. Therefore WHO, with the collaboration of the MOPH and the American University of Beirut (AUB), conducted an assessment of all health facilities, outpatient and hospitals, private and public, in the South, the southern suburbs of Beirut, and the Bekaa.



Filling the assessment questionnaire in one of the destroyed health facilities.

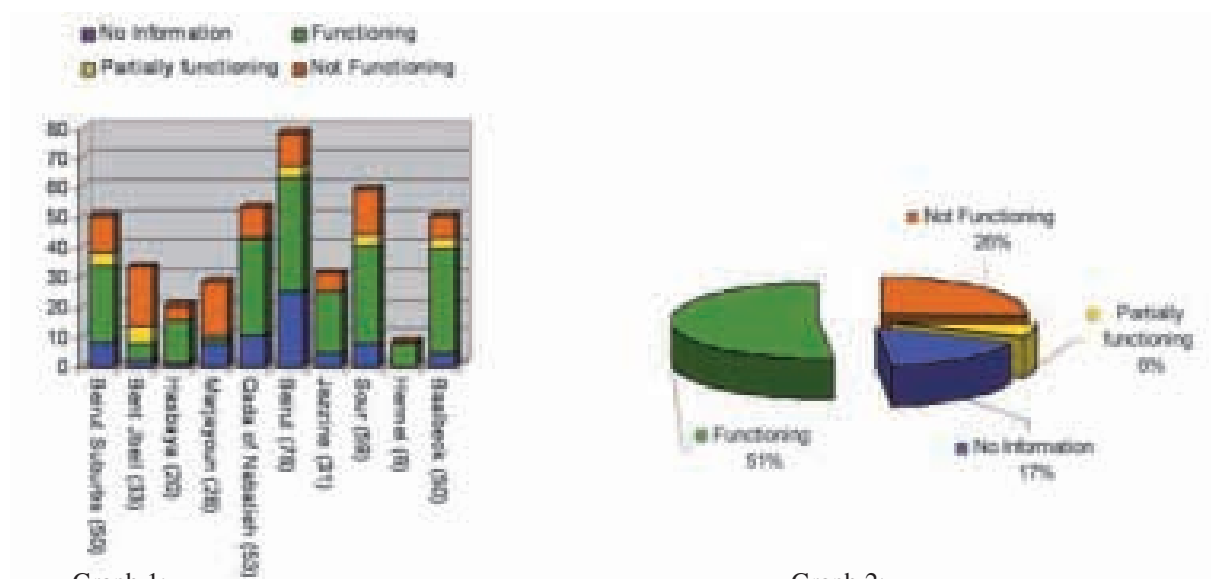
The assessment was multifaceted, and covered:

- 1) The **physical damage** in relation to the capacity of provision of services,
- 2) The **physical resources** availability such as power and water supply,
- 3) The **human resources** availability,
- 4) The availability of **drugs, consumables, and medical supplies**,
- 5) The **accessibility** to the health facility,
- 6) The **services' availability** in terms of emergency surgical and obstetrics care, maternal and children care, immunization, and general consultation.

Conclusions of the first phase of the health facilities damage assessment showed that:

- 51% of the health facilities in the most affected areas of the South were in functioning status,
- 6 % were partially functioning,
- 26% were not functioning,
- and no information available on 17 % of health facilities.

The following graphs show the status of health facilities per district.



The second phase of the health facilities damage assessment included all health facilities in the remaining regions of Lebanon, to identify damage of other facilities not included in first phase and to recognize needs and efforts provided during hostilities period. The rapid health facility assessment, Phase II, was undertaken during September 4 - October 6, 2006. The facilities, hospitals and health centers, assessed were 468, 85% of target.

The main characteristics of hospitals assessed reported that:

- 68% of hospitals were in functioning status,
- 8% of hospitals were partially functioning,
- 13% of hospitals were not functioning,
- and no information available on 11% of hospitals.

It was reported that one hospital had severe damage, four had minor damage, and another two had equipment damage.

The main characteristics of health centers, including dispensaries and primary health care centers, stated that:

- ❑ 76% of health centers were in functioning status,
- ❑ 1% of health centers were partially functioning,
- ❑ 9% of health centers were not functioning,
- ❑ and no information available on 14% of health centers.

While no health centers were destroyed nor had severe damage, two health centers had minor damage and one health center had equipment damage. Furthermore, twenty-three percent (23%) of health centers did not have road accessibility.

The report for the first and second phase of the assessment is posted on the following website:

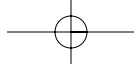
http://www.who.int/hac/crises/international/middle_east/Lebanon_Crisis_Service_Availability_Assessment_29Aug06.pdf

WATSAN and Structural Assessment of Health Facilities in the Affected Areas

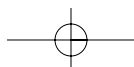
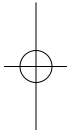
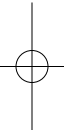
WHO undertook a structural and Water and Sanitation (WATSAN) assessment of the infrastructure of health facilities. A team of engineers visited 15 hospitals and 70 primary health care centers identified by WHO and the MOPH assessment in Beirut, Sidon, Tyr, Bent Jbeil, Marjayoun, Nabatiyeh and Baalbek. The team identified the needs of those utilities for water, sanitation, and rehabilitation of infrastructure. In addition to that study, a WHO water and sanitation expert assessed 107 health centers in the South.



WHO expert during WATSAN assessment in Tyr.



HEALTH ACTION IN CRISIS: FILLING THE GAPS...



Challenging HEAVY BOMBARDMENTS... to deliver Drugs and Fuel..

Within the second week of the Lebanon Crisis, the WHO team was already transporting fuel, medications, and hospital supplies to all affected regions by using the UN convoys of trucks. Thus, WHO ensured a total of around **66 tons of fuel to 16 public and private hospitals** in Tyr, Sidon and Nabatiyeh.

WHO also distributed approximately **120 tons of essential drugs and medical equipments** to the MOPH, public and private hospitals, and national and international NGOs as follows:

- **30** tons of essential, chronic and acute diseases medications,
- **18** New Emergency Health Kits (NEHK); each NEHK provides essential drugs to 10,000 patients over a three-month period,
- **4** Trauma Kits A and B; each kit providing disposables, medical and surgical supplies and equipments covering 100 surgeries,
- **90** Doctor Kits,
- **52** tons of supplies for renal dialysis,
- **17** tons of hospital supplies,
- **5** tons of sanitary products.

This was particularly important because of the severe shortages in drugs and hospital supplies suffered by the affected population due to the impeded mobility.



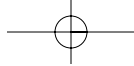
WHO fuel trucks in UN convoy.



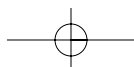
WHO provision of supplies for renal dialysis- Nabatiyeh hospital.

PARTNERS	QUANTITIES/TONS	DESCRIPTION	LOCATIONS
MOPH	20	Drugs/Hospital Supplies	MOPH Warehouse
Public Hospitals	40	Drugs/Hospital Supplies	Affected areas
Private Hospitals	20	Drugs/Hospital Supplies	Throughout Lebanon
N.G.Os	9	Drugs/Hospital Supplies	Throughout Lebanon
I.N.G.Os	6	Drugs/Hospital Supplies	Throughout Lebanon
Primary Health Care Centers	7	Drugs Chronic and Acute Essentials	Affected areas
Municipalities dispensaries	6	Drugs Chronic and Acute Essentials	Throughout Lebanon

Table 1:
Distribution of drugs and hospital supplies among the different partners



...and to REDUCE THE RISKS OF OUTBREAKS...



Around the end of July, and while the military actions between Israel and Lebanon were still happening, WHO, in collaboration with UNICEF, supported the MOPH in organizing and launching immunization campaigns, in the aim of reducing the risk of outbreaks.

1) 20,900 children from nine months to 14 years of age were reached by the urgent measles immunization campaign, which was implemented end of July 2006 in IDP locations and with host families in Greater Beirut and South Lebanon (Sidon).



2) 8,400 children less than five years of age were reached by the poliomyelitis vaccination campaign, conducted end of July in IDP locations. The campaign was conducted house to house by 329 vaccination teams;

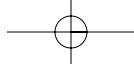


H. E. Minister of Public Health, Dr. Jawad Khalifeh, at the Launching of the polio campaign.

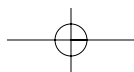
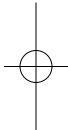
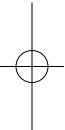


WHO Representative, Dr. Jaouad Mahjour, at the Launching of the polio campaign.

3) A total of 543,918 children under five years of age were reached by the national poliomyelitis campaign covering all the Lebanese territories. The campaign was launched on October 30th by the MOPH, and was conducted house to house in the North, Bekaa, and the South below the Litani River, in two phases on the 30th of October and the 4th of December 2006. In this line, WHO supported the series of trainings and orientation workshops organized by the MOPH and UNICEF in relation to the campaign, reaching 120 district doctors as well as 2,000 volunteers.



EMERGENCY WATER QUALITY, SANITATION, AND HEALTH RISKS CONTROL...



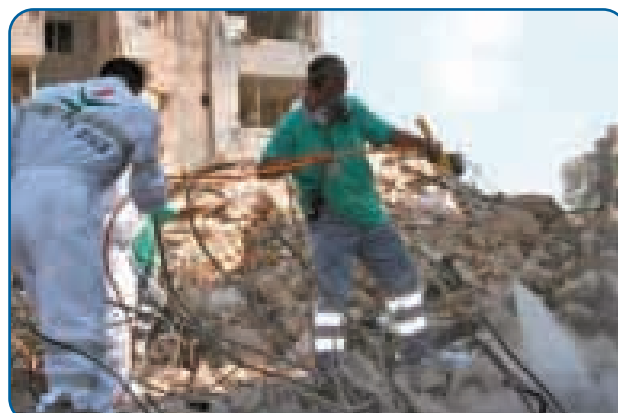
Displacement has exposed the IDPs to a new situation in which access to water, sanitation, food and shelter was not easy. The WHO Environmental Health team of experts faced the challenge of responding to the basic needs of these displaced populations by preparing, coordinating, and implementing a number of environmental health activities.

Preventing the Spread of Disease...

WHO organized a [workshop on Environmental Health in Emergencies](#) in Beirut, to train 30 participants including MOPH Public Health Inspectors, as well as relief workers from NGOs and governmental institutions, for the prevention and control of the spread of disease by using environmental health tools.

Controlling the Health Risks Caused by the Destruction...

The MOPH, supported by WHO, implemented [two spraying campaigns to exterminate rodents, insects, and fungus](#) near the destroyed neighborhoods in the southern suburbs of Beirut, the South and the Bekaa. The campaigns were implemented in collaboration with the municipalities and the private company "Sukleen". WHO collaborated in the campaigns by purchasing the insecticides and necessary equipment, as well as providing the municipalities with masks, sprayers, gloves, in addition to appropriate instructions and safety measures related to the proper use of the insecticides.



Launching of the rodents and insects spraying campaign in the presence of the Minister of Public Health, the WHO Representative, the Presidents of the Municipalities, and the President of Sukleen. 27 August, 2006.

Ensuring Water Quality...

WHO provided the water authorities of the South, Bekaa, Beirut and Mount Lebanon along with municipalities, and UNRWA, with **5 tons of chlorine (HTH) and 10,000 chlorine tablets** for disinfecting water. Furthermore, WHO offered **two water purification units** to the public hospitals in Nabatiyeh and Tyr. WHO also provided **16 portable water testing laboratories** to the MOPH, the water authorities in the South, the Ministry of Water and Energy, and the Beirut Governmental Hospital, in order to enable them to undertake a large number of bacteriological, physical, and chemical tests.

Rehabilitating Health Care Centers...

Based on the results of the WHO assessment of water and sanitation in the health care establishments in the South of Lebanon, **11 health centers were rehabilitated** by WHO through contracting International Medical Corps (IMC), and **2 other health centers** were repaired directly by WHO and under its supervision.



Srifa clinic before repair.



Srifa clinic after rehabilitation and installation of water tank.



Taibeh Health Center before repair.



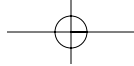
Taibeh Health Center after repair.



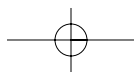
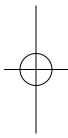
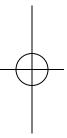
Ramieh Health Center before repair.



Ramieh Health Center after repair.



TRAINING FOR ADEQUATE EMERGENCY REPRODUCTIVE HEALTH RESPONSE...



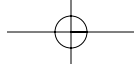
The rapid health assessment conducted by WHO and the MOPH in the affected region showed that, among the one million IDPs, 60% were women among which **only 15 % have received reproductive health services.**

WHO experts in reproductive health have conducted additional field visits to the hospitals and primary health care centers offering reproductive health services to finalize the results of the assessment. This has helped WHO to come up with a plan of action for reproductive health to be adopted in emergencies.

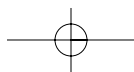
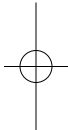
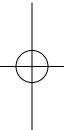
Based on the results of the new assessment and field observations, WHO, along with the UNFPA and in cooperation with the MOPH, has

conducted a series of workshops on reproductive health in emergencies, from the 13th of October 2006 and till the 16th of November 2006. The two-day workshops initially targeted 300 physicians, accredited midwives, and nurses working in the affected areas (South, southern suburbs of Beirut, and Bekaa). However, the number of participants has surpassed the initially targeted number **to 450 participants.**

The **eight modules** covered by the training were related to all aspects of reproductive health in emergencies, including pregnancy, delivery, family planning, gynecological infections, Sexually Transmitted Infections, and counseling.



POST-CONFLICT DISTRESS...HELPING THE POPULATION TO RECOVER...



The aftermath of the crisis augmented the needs for mental health services and urged the development of a national plan for mental health. A Mental Health and Psychosocial Support project for the emergency was conducted by WHO and its partners in the mental health sub cluster, and included two components:

Training Health Workers in Emergency Mental Health

Two workshops were undertaken in preparation of the trainings: a Briefing Workshop for 29 mental health professionals, followed by a Training of Trainers workshop on the mental health material and training objectives, held on October 7th, 2006.

Five workshops were implemented and approximately 105 physicians, nurses, social workers, and psychologists from the regions of Sidon, Tyr, and Nabatiyeh, were trained on identifying, managing as well as referring common psychological and mental health problems.

These trainings helped to standardize the psychosocial care and services provided through making the same material available for health care professionals.

Awareness Raising on Mental Health in Emergency Settings

WHO partnered with the MOPH, the Ministry of Social Affairs (MOSA), UNICEF, IMC, and UNFPA, and developed three pamphlets and three posters targeting the general population and the health workers, aiming to promote positive mental health and psychosocial well being through public education of the communities. These materials are being distributed to all health cluster partners as well as in hospitals, primary health care centers, schools, municipalities, and a network of libraries across Lebanon.



EMERGENCY NUTRITION...



In order to ensure good quality nutritional practices among the displaced populations, WHO has implemented the following interventions:

❑ A concept paper regarding quality and safety of nutrition at IDPs centers, in coordination with UNICEF.

❑ An evaluation of the quality of the food basket distributed to the IDPs, which was found generally adequate with minimum improvements needed. This evaluation was forwarded to the High Relief Committee (HRC) to take appropriate measures.

❑ A joint statement on appropriate infant feeding, drafted by WHO and the nutrition sub-cluster, cleared by MOPH and MOSA, printed by UNICEF and distributed widely to the concerned parties. The document can be found on the WHO Lebanon website: <http://www.leb.emro.who.int>

❑ A manual on Infant nutrition from birth and until 2 years of age, addressing Primary Health Care workers.



SUPPORTING HEALTH SYSTEMS... EARLY DETECTION AND IMMEDIATE RESPONSE TO POTENTIAL OUTBREAKS...



The humanitarian crisis in Lebanon made its estimated one million IDPs and all the affected residents particularly vulnerable to outbreaks of diseases. Thus, WHO worked in close coordination with the MOPH, to establish an **EARLY WARNING AND RESPONSE SURVEILLANCE SYSTEM (EWARS)** in August 2006, with the aim of monitoring data and alerts on outbreaks of major communicable diseases.

WHO's support consisted essentially in the following:

Technical Documents

outlining the major threats in the affected population, and guidelines on disease surveillance.

Capacity Building

- ❑ The first phase of training on the EWARS covered **311 health units and dispensaries affiliated to the MOPH, the MOSA and NGOs in 13 districts training 470 health professionals**.
- ❑ In the second phase of training on the EWARS, WHO conducted two trainings targeting chief of departments, district health officers as well as surveillance focal points at the MOPH and their assistants in Zahle and Saida reaching approximately **60 participants** from the various districts in Bekaa, South and Nabatiyeh.
- ❑ In addition to that, **15 surveillance focal**

points from the various regions in Lebanon were trained on the EWARS computer software to be used in reporting



Needs Assessment

WHO undertook an assessment of the major public health laboratories in the **13 districts** covered by the EWARS. **Ten public laboratories were identified as referral laboratories** at the national level and were **equipped by WHO** with reagents, consumables, and other supplies, to be able to undertake the appropriate laboratories tests. WHO will also be providing **35 vehicles to the surveillance program** at the MOPH to empower the district capacity of the ministry in reporting and surveillance activities. The EWARS has allowed WHO and MOPH to investigate suspected cases of communicable intestinal infections and other communicable diseases in order to take appropriate measures.

ASSURING TRANSPARENT DISTRIBUTION OF HUMANITARIAN AIDS...



As part of WHO's assistance to the national authorities in providing immediate assistance to the affected population, WHO in close collaboration with the MOPH has supported the Central Drug Warehouse in terms of:

Expanding the capacity for Medication Storage

In order to improve the organization of the distribution of medications, WHO rented additional 4,000 square meters of warehouses space (UNRWA warehouse and Biel warehouse) expanding the storage capacity of the MOPH by around 4 folds.

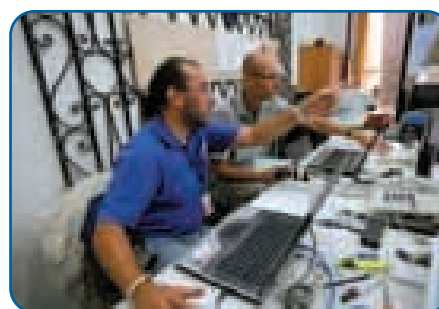


From left to right: Dr. Ala Din Alwan, WHO Depute Director General for Health Action in Crisis, Dr. Jaouad Mahjour, WHO Lebanon Representative, Dr. Ibrahim Kerdany, EMRO Regional Advisor for Information and Communication, Dr. Hussein A. Gezairy, EMRO Regional Director, accompanied by Dr. Walid Ammar, MOPH Director General, inspecting the MOPH Central Drug Warehouse during the joint assessment mission.

WHO has also offered seven 4 by 4 cars and 2 Pick-ups to facilitate the distribution of drugs and supplies.

Expanding the capacity of Human Resources in Drugs Management

WHO recruited **17 pharmacists** and one supervisor to help in stockpiling and distributing the medications at the various warehouses, increasing the human resources capacity of the MOPH in terms of pharmaceutical management by around **3 folds**.



Logistics Support Team.

In addition, WHO installed the **LSS-Logistics Support System** at the UNRWA and Quarantina Warehouses, allowing monitoring of donations (reception, and distribution). The administrative officers in charge of registering the inputs and outputs transaction at the warehouses have been trained on the LSS application System.



Dispatching the drugs.

Provision of Essential Drugs

WHO, in consultation with the MOPH team, proposed an expanded list of essential medications (based on the national list). The list was made available through the WHO web page, as well as distributed to international NGOs and donors.

ACKNOWLEDGMENTS

In order to achieve an efficient humanitarian response to the crisis, WHO deployed **18** WHO international staff from WHO Head Quarters (HQ) and Eastern Mediterranean Regional Office (EMRO), and recruited **11** international experts, specifically in the fields of security, logistics, and coordination. WHO also recruited **7** national experts in the various fields of public health including mental health, reproductive health, water and sanitation, communicable diseases, nutrition, etc, in addition to **17** pharmacists who supported the Ministry of Public Health drugs dispensing center and central warehouse.

WHO would like to take this opportunity to thank the Ministry of Public Health and the Ministry of Social Affairs, as well as all the partners in health for their joint efforts and contributions in the humanitarian response to the Lebanon Crisis. Further, WHO would also like to recognize the extensive support provided by the different governments and donors, in addition to the rapid availability of fund bestowed through the flash appeal and the WHO Head Quarters (HQ) and Eastern Mediterranean Regional Office (EMRO).

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Australian Governmental AID Organization (AusAID)

Canadian International Development Agency (CIDA)

Central Emergency Response Fund (CERF)

European Commission Humanitarian AID Office (ECHO)

Government of Iceland

Government of Ireland

Government of Italy

Government of Japan

Government of Norway

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