

Bi-Annual Report
WHO Office in Lebanon



Beirut, Lebanon.
2006-2007

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I-General context

The WHO Country office programs and implementation are closely linked to the political and security situation of the country, as well as to the health situation and health needs for further development of the health of the population. Over the past biennium, Lebanon country office had to operate in stressful conditions, and readjust to emerging political and crisis situations. Note is made that emerging and pressing need to managing, implementing and reporting on the humanitarian and the recovery plans constituted an additional burden on the country office team.

Political situation

The repercussions of the political agitation witnessed in 2005 after the assassination of the Prime Minister Hariri continued in the year 2006 and 2007. In fact during the last two years, political assassinations continued, killing several prominent journalists and political figures. Terrorist attacks increased, creating a momentum of general anxiety that the Lebanese population known resilience tried to overcome. The political instability culminated into devastating Israeli aggressions in July 2006, followed by a ravaging and violent crisis between the Lebanese army and terrorists at the Nahr Albareid Palestinian Camp in the North of the country from May to September 2007. All this has resulted in a political polarization that significantly affected the proper functioning of the government administrations. This has also greatly affected the economy of the country, both at micro and macro levels with potential serious negative effects on the health sector and the population health at large.

This enduring political and economical environment and the array of associated problems greatly affected the health issues in the country. In fact, most of the efforts in the health sector during the past two years had focused on reducing the impact of this political context, and responding to the emerging health needs. This may have slowed the improvements in the overall health situation of the population

Health situation:

The direct and short term impact of the July 2006 and Albared 2007 crisis on health in Lebanon cannot be accurately determined yet. Most of the data available over the past two years through certain programs and reports and sometimes using proxy calculations, dates back to 2005- 2006, before the July 2006 Crisis. In general it is still believed that the population health status is not commensurate with the relatively high expenditure on health as percent of GDP, estimated in 2006 to be around 10.2%.

Overall, the health situation is still characterized by:

- the large discrepancies observed between the geographical regions and between the population strata in terms of access to health services (availability, affordability and quality)
- the focus on the curative rather than on the preventive aspect of health care

On the other hand the epidemiological transition observed over the past two decades is still described, whereby the infectious and communicable diseases remain endemic with an increase in the prevalence of non communicable and degenerative diseases. In fact, while Lebanon remains at low prevalence for HIV, it still reports

endemic diseases such as tuberculosis, seasonal diarrheas, and zoonotic diseases such as brucellosis.

At the same time, a rise in prevalence of non communicable diseases (NCD) such as hypertension, chronic pulmonary diseases, diabetes and cancer, is observed; many of these NCD are related to health behavior and / or environmental changes. Some population health indicators have improved, such as Maternal Mortality ratios (MMR: 88/100,000 lb), and Infant and Under Five Mortality rates (IMR: 18.6/1,000 and <5MR:19.2/1,000) while some indicators remain sub-optimal such as vaccination coverage (national Polio coverage is estimated at 92% while national Measles vaccination coverage is estimated at 88%). Many efforts are geared towards improving the performance of the health system, including reinforcing the public sector, and regulating the private sector.

II- Country office management and structural issues

The office management and structure witnessed several changes, both in terms of human resources, location, planning and programmatic reorganization.

Human resources

The office operates with five fixed term national professionals (one medical officer, one administrator, one IT specialist, one senior secretary, two drivers) in addition to one international staff (the WR). The remaining of the staff is either on SSA basis or on STC basis.

This biennium was marked by the several personnel changes, and the team had to cope with a large number and a high turn over of national and international staff.

Location

Due to the security situation, the WHO relocated three times during the biennium. In addition, on several occasions and due to strikes or assassinations, the country office staff was not able to report to office and had to work from home. This resulted in uncomfortable and quite ineffective working conditions during such times.

Planning

The JPRM had to be reprogrammed more than once, due to the emerging needs driven by the dramatic political situation and its repercussions on health. In fact, several of the initially planned activities under the JPRM had to be modified or replaced by new interventions better adapted to the evolving health context, in full coordination with the Ministry of Public Health (MOH) team. On several occasions, and due to unexpected security situations or national strikes, some activities had to be rescheduled more than once, which affected to a certain extent the overall implementation rate.

On the other hand, a plan of action had to be developed for the Humanitarian phase, and another one for the Recovery phase. The recovery phase workplan was reprogrammed twice.

Regarding the joint programmes between the MOH and the WHO, the NCD programme was dismantled in January 2007. Instead, the following programs were established:

- National Hepatitis Program
- National Diabetes Program
- National Cardiovascular Program
- National Oral Health Program
- National Injury program

In addition, the Cancer Registry was handled to the Epidemiology and Surveillance Unit (ESU) at the MOH.

III-Programs and Interventions

The country office operated with three programmatic structures:

- the Joint Programme Review Mission (JPRM) plan, prepared on two years basis, with funds available through WHO/EMRO
- the Trust Funds plan, prepared on yearly basis, with funds available through the MOH
- The Emergency and Recovery Plan, prepared on short term basis, with funds available from outside sources (donors) through WHO/EMRO and WHO/HQ

A/Implementation:

The 2006-2007biennium in Lebanon was marked by the July 2006 war which consequences had greatly affected the implementation of the initially planned JPRM. Many interventions had to be revised and adapted according to the emerging needs. The JPRM funds were complemented by EHA funds to implement activities. The transfer of the trust funds to WHO were delayed, which impeded the implementation of the related activities. Accordingly, some activities were implemented as planned, while some have been cancelled or modified or even expanded.

Note is made that, except for a few regional programmatic areas, the reprogramming was made taking into consideration the initially planned outcomes and outputs.

B/Main achievements and interventions:

The following describes the main interventions and achievements, irrespective of the source of funding or the programmatic structure;

1- Emergency Preparedness and Contingency Planning

Following the July 2006 crisis, the focus was to reinforce the national capacity to plan and respond to health emergencies. The following main activities are retained:

i-establishing an emergency health operations unit

The WHO supported the establishment of a health emergency operations unit at the reference hospital designated by the MOH (Beirut Government University Hospital). The establishment of this unit included advanced information and telecommunication

equipments as well as office furniture. A team of national staff at the MOH were also designated to operate this unit in case of health emergencies.

ii-training

The WHO Country Office (CO), with the support of the Regional Office (RO), organized an initial advanced training on Emergency Preparedness and Management that targeted 26 mid level multidisciplinary health professionals from various health and related institutions, including government institutions, NGOs and professional health societies.

This was followed by a series of 18 workshops organized in collaboration with the MOH, and in coordination with the Syndicate of Hospitals in Lebanon and the Lebanese Society of Emergency Medicine. The training covered more than 500 multidisciplinary staff from 90 public and private hospitals across the country. The training focused on the principles of contingency planning at the level of the Hospital, and the chain of response within the health system.

Along the same line, preparations were completed for training PHC staff across the country on Principles of Contingency planning at the level of PHC. The training will be implemented in the first trimester of 2008, in collaboration with the MOH and the YMCA, and will target 550 health workers from the network of 170 PHC centers across the country.

iii-development of a country office contingency plan

With the support of WHO headquarter team, WHO CO developed a contingency plan for the office, including pre-positioning estimations and surge capacity. The WHO CO team contributed also to the preparation of the UN country team emergency preparedness and contingency plan.

2- School Health Program

With the active technical and financial support of WHO, the national school health program was expanded to cover all the public schools across the country. A Memorandum of Understanding was signed between the WHO, the Ministry of Health and the Ministry of Education. The scope of the programme was also widened to include the following components:

i-Medical prevention:

The medical prevention focuses essentially on the medical exam, the oral exam, the use of fluoride gargle, and the referral to the PHC network. WHO provided the medical equipments kits to all 1,400 public schools, and furnished an infirmary for around 800 public schools, and an examination kit for the remaining schools. WHO also provided fluoride gargle to 30,000 for a period of three years, as part of the Oral health campaign for prevention of dental caries. In addition, WHO covered the pre- testing and printing and distribution of the 400,000 school health students and related files. WHO also

organized the training of the 500 medical doctors who will cover the school health medical exam in these respective schools, and updated the Medical doctor's guide. WHO technically supported the elaboration of the school health manual targeting the school health inspectors.

ii-Education:

The education focuses essentially on the awareness to parents, to students and to teachers on selected health topics, mainly through the School Health clubs. WHO provided audiovisual equipments to around 300 schools, and introduced the e- learning in a pilot project targeting 40 public, private and UNRWA schools.

iii-School health environment:

WHO initiated the preparations for a survey of all public schools to assess school health environment, and propose some adapted minimum standards and a plan for pertinent solutions. The survey will be implemented during 2008.

3-Epidemiologic Surveillance

WHO continued its support to the Epidemiologic surveillance system, with special focus on introducing surveillance at the level of PHC. The following main interventions were implemented:

i-Integration of the EWARS into the national surveillance system

The surveillance system in Lebanon relied over the past decade essentially on hospital based reports. Due to the emergency situation and the need to rapidly contain any possible outbreak, WHO supported the establishment of an Early Warning Alert and Response System (EWARS), based on epidemiologic surveillance at the level of PHC network. The EWARS was initiated at the areas most affected by the July war, mainly the PHC and the dispensaries in the South. More than 500 health workers were trained on the principles of EWARS, and the Qada doctors offices were equipped with furniture, vehicles and IT equipment necessary for the functioning of the EWARS system. Reporting form and case definitions of reportable diseases were updated with the support of WHO. The exercise was consolidated throughout 2007 and the information were entered and analyzed at the regional level. WHO office in Tyr which operated between August 2006 and December 2007 has played a major role in maintaining reporting in the South of Lebanon.

The EWARS will be expanded during 2008 to cover all districts in the country.

ii-Consolidation of the regional observatories:

WHO has assisted the MOPH Surveillance Unit to furnish and equip four regional health observatories in four districts. Those regional observatories form a link between the districts and the central Epidemiology Surveillance Unit at the MOH (ESU).

Further capacity building of the human resources working in those observatories is planned for 2008 and 2009

iii-Establishment of regional Epidemiological Surveillance laboratories

In the context of empowering the regional surveillance unit and in line with the decentralization policy of WHO and the MOH, WHO has seized the opportunity to push for the establishment of Reference Regional Laboratories capable of performing epidemiologically requested tasks at the peripheral level with the possibility of referral to a central laboratory that was established in the public governmental hospital of Beirut. As a first step, 10 laboratories were designated by the MOH based on population agglomerations and geographical distribution. WHO has provided reagents and equipments needed to perform the requested tasks. A joint WHO/MOH mission was carried out in August 2007 and has assessed the regional laboratories. A full report was developed and made available to the MOH team.

Special intervention: Investigating an Outbreak of a Febrile Illness

An outbreak of an acute, self-limited febrile illness characterized by headache, myalgia and polyarthralgia with/without leucopenia occurred in the Akkar, Menieh-Dinnieh districts, North Province, Lebanon, from 1 July 2007. The Ministry of Public Health (MOPH), Lebanon, notified WHO of the outbreak and requested assistance to investigate the event. The outbreak occurred during military deployment to Nahr Al Bared Palestinian refugee camp in North Province.

WHO assisted the MOPH in the investigation process through the:

- *Provision of technical assistance to the Epidemiological Surveillance Unit, MoPH*
- *Facilitation of the transfer of collected specimens to the reference laboratories*
- *Catalyzing the meeting of the technical committee made of the MoPH, Army Medical Brigade, communicable diseases experts and WHO members*
- *Field visits to the Nahr El Bared Camp and the surrounding areas in Menieh and Akkar*
- *Field visits to the military health facilities and civilian hospitals*
- *Active searches of hospital and laboratories registries*
- *Coordination of the vector identification aspects of the investigation.*
- *The investigation process led by experts from the Pandemic Alert Division at WHO HQ and the Vector Control division of the Regional Office ended by the identification of the causative agent, a phlebovirus and the capturing of the vector, a sand fly.*

Future interventions anticipated include:

- training on interventional epidemiology
- training on measles surveillance
- consolidation of regional observatories
- IHR trainings
- Prioritization exercise for notifiable diseases
- Electronic networking of the peripheral surveillance unit to the central unit

- Establishment of an epidemiological alert system in the military
- Reinforcement of four laboratories in the provinces in addition to the military hospital laboratory

4- Expanded Programme of Immunization (EPI)

WHO supported several interventions under the EPI with the MOH and other partners. The main achievements are summarized as follows:

i- Polio campaign evaluation survey (October- November 2007)

WHO provided technical and financial support to implement an evaluation of the first round of the sub- national immunization days against poliovirus in October 2007, in collaboration with the Lebanese Epidemiologic Association and the Lebanese University faculty of public health. The survey was implemented during the first week of December 2007 and accumulated basic data related to the coverage rates in the targeted 6 districts as well as information regarding the routine immunization and the determinants of the non vaccination.

ii- Consolidation of the national immunization calendar (July- September 2007)

WHO has played a catalyst role in raising the debate among the relevant stakeholders. Several meetings were held with representative from the Society of Pediatrics, Family Medicine, General Practitioners and Infectious diseases in the aim of unifying the national immunization calendar basing the suggested changes on the public health interests. Issues such as replacing the 9 months measles dose by a dose of Measles, Mumps and Rubella (MMR) at 12 months, the Hepatitis B dose at birth, the interval between the first and the second Hepatitis B, Oral Polio Vaccine (OPV) versus Injectable Polio Vaccine (IPV) and others were raised.

A review and update of the EPI strategy is anticipated for the 2008-2009 biennium

iii- Measles Campaign

In response to the continuous measles outbreaks, and in line with the measles elimination strategy to which the Lebanese government has committed itself, a Measles campaign to offer a second opportunity for the children who were not able to receive their second dose in the routine immunization system was decided. Accordingly, WHO supported technically the MOH team in the preparation of this campaign, including:

- measles campaign guidelines
- training guidelines
- logistics preparations and estimations
- micro-planning
- mobilization of the private physicians
- evaluation plan

A special budget is allocated by WHO to support the campaign, which will be in a first phase school based and in a second phase PHC and private sector based.

The campaign will be conducted in the spring of 2008 over a period of 6 weeks

iv- Reach Every District Approach (RED) proposal in four districts

The results of the EPI cluster survey came out early in 2006 and suggested a sub optimal routine coverage of the major vaccine preventable diseases in Lebanon despite two subnational oral polio campaigns conducted in 2006 and 2007. The survey also suggested that several household agglomerations in Lebanon, such as the districts of Akkar, Danniye, Tripoli, Hermel, Baaalbeck, Hasbaya and West Bekaa and some poverty belts around major cities may have access problem to a functional health facility or a financial barrier to the use of the private health facility present in their vicinity.

WHO explored the possibility of implementing vaccination through the RED programme, which would strengthen the fixed vaccination, establish an outreach mechanism, increase the coverage rates and diminish the dropout rates. Accordingly, WHO prepared a RED approach guideline and tool adapted to the Lebanese context. A joint MOH and UNICEF programme has been elaborated and its implementation started in September 2007. WHO will be carrying out the evaluation in the 2008-2009 biennium.

5-Avian Influenza(AI)

Lebanon is considered at potential risk for an AI outbreak. Accordingly, WHO CO initiated a series of interventions aiming at reinforcing the country's capacity to respond to a possible outbreak. In that context, the following was implemented with direct technical and financial support of WHO:

i-national task force on AI

A national Task force for AI including representatives from the main organizations and ministries involved, namely: MOH, MOAg, MOI, WHO, FAO, IOEC was established. Regular meetings were held to coordinate the national preparedness

ii- UN Crisis Management team for AI

Upon the suggestion of WHO, a UN Crisis Management Team (CMT) was established, headed by ESCWA, and co chaired by WHO. The CMT developed a UN contingency plan on AI, and implemented a series of 15 lectures on AI prevention targeting all the UN staff in the country. A special information brochure was made available to UN staff

iii- national preparedness for AI

WHO provided direct technical and financial support for the reinforcement of the national preparedness for AI. The main interventions include:

- development of a national Health Contingency Plan on AI, based on the international and WHO recommendations for AI preparedness.
- development of an awareness brochure with emergency telephone numbers to be contacted at qada level.

- organization of a series of 15 workshops on AI prevention targeting communities in farming areas. The workshops were implemented in collaboration with the MOH and the MOAg. A total of around 600 farmers and municipality staff were reached.

- training of MOH staff on reporting mechanism and case definitions, whereby three workshops were organized reaching mainly Qada doctors and MOH staff both centrally and peripherally

- Training hospital staff on AI contingency plan, and case management, whereby a series of 11 workshops were organized in collaboration with the Syndicate of Hospitals and the MOH, reaching around 300 hospital staff from across the country.

In the next biennium, expansion of the community based training n AI prevention is anticipated, as well as a simulation exercise for AI outbreak containment

6-Drug Warehouse Expansion and Decentralization

Based on the need to manage the huge quantities of medications donated during the July 2006 Crisis WHO supported the expansion and decentralization of the central drug warehouse. The following main interventions were implemented:

-restoring the Cold chain at the main warehouse

-providing IT equipment to accommodate the increased workload

-installing the Logistics and Supply System (LSS) at the central Drugs warehouse and the central medical supplies warehouse, and providing necessary training of MOH staff to operate the LSS.

-upgrading the drugs registration IT program

-providing furniture and IT equipment to 5 decentralized Drug dispensing centers across the country.

7- Environmental health

Focus in environmental health was on the following two components:

i-Water and Sanitation (WATSAN)

The July Crisis resulted in significant damage to the infrastructure, and safe water became a major health issue particularly in the most affected areas. Accordingly, WHO focused on reinforcing the water and sanitation aiming essentially at ensuring safe drinking water in order to reduce water borne diseases and other water borne

conditions. During the acute humanitarian phase of the July crisis, WHO provided Chlorine powder to IDP centers sufficient for 45 million liters. During the recovery phase, WHO supported the establishment of a Water Quality Monitoring System through the following:

- provision of 10 portable water testing kits and 10 vehicles to health inspectors and related government institutions
- organizing a series of training workshops on water quality monitoring that targeted 150 health inspectors, followed by field training on water sampling techniques.

Training on the provided portable laboratories for water quality monitoring

ii- Food safety

As part of its support to control water and food borne diseases, WHO supported the organization of a series of training on food safety targeting around 150 health inspectors. The training focused on the guidelines developed by the WHO team, based on the WHO and other international standards, adapted to the Lebanese context.

Designation of the first WHO collaborating Center in Lebanon: the Nutrition Department at the AUB

In October 2007, the Nutrition Department at the American University of Beirut was designated as a WHO collaborating center. This is the first collaborating center in Lebanon, and the third in the EMRO region. The Nutrition department at AUB has a long standing history of cooperation with WHO, and has contributed to several research at the level of the region.

8-Emergency Mental Health

The repercussions of the July crisis and of the Nahr Albared Crisis on mental health of the population in general and on the most affected people in particular were a main concern expressed by health professionals. Accordingly, and based on the Inter Agency Standing Committee (IASC) recommendations for emergency mental health (EMH) WHO directly supported the following interventions:

i- guidelines on EMH

With the support of a national ad hoc committee of experts in mental health, guidelines on EMH were developed in English and in Arabic, and used and disseminated during training workshops. The guidelines were developed based on the IASC recommendations

ii- training on EMH

In line with the recommendations of the IASC, WHO initiated a series of workshops targeting health workers at the level of PHC. In total, 5 workshops were initially

organized in the areas most affected by the July crisis, followed by 6 training workshops for general practitioners and family doctors across the country. This was followed by a series of 10 workshops at the level of PHC across the country targeted around 350 health workers. Overall, around 950 medical and paramedical health professionals were trained on EMH.

9-Baby Friendly Hospital Initiative (BFHI)

Based on the WHO Global Programme for Infant and Child Nutrition, and as follow up on the emergency and recovery nutrition related interventions, WHO supported the re-activating the Baby-Friendly Hospitals Initiative, in collaboration with the Order of Nurses and with the technical support of WHO/HQ. The main interventions included:

i-capacity building

Based on the modules developed by the WHO/HQ, two training workshops were conducted namely:

- a training of trainers on “Infant and Young Child Counseling” targeting 15 selected registered nurses and midwives from clinical and academic background
- a training on “Assessment and Reassessment of Baby-Friendly Hospitals” targeting selected nurses and administrators from selected hospitals

ii- production of IEC material

As a complement to the BFHI training, and in support of related awareness activities , WHO supported the production and copying and dissemination of a short documentary on BFHI with focus on Breast feeding, that will be used in hospitals waiting rooms of pediatric and gynecology wards. In addition, WHO provided all hospitals with the booklet and CD of the 20 hour modular course on BFHI.

10-Emergency Reproductive Health

Based on the IASC recommendations, and in line with the need to reinforce the national capacity in Emergency Reproductive Health (ERH), WHO supported a series of training on ERH. In total, 20 two days workshops were implemented reaching around 1,000 health workers at the level of PHC, covering in the first phase the areas most affected by the July 2006 Crisis namely the South, the Bekaa, and the southern suburb of Beirut and in the second phase various regions across the country.

Another set of training is anticipated in 2008 for the remaining PHC centers that could not be reached during the first two phases

11-Human Resources for Health (HRH)

In line with the WHO global efforts in reinforcing HRH, and as part of the World Health day theme for 2006, WHO initiated a national dialogue regarding HRH in Lebanon.

The objective of the below described interventions was mainly to identify needs and discuss possible solutions to address the various issues identified related to the national policies and strategies regarding HRH. The following main interventions can be retained:

i- HRH in the Pharmaceutical sector

WHO launched a series of meetings and discussions with the Order of Pharmacists regarding analysis of the situation of human resources in the sector, identifying needs, and suggesting practical and adapted solutions. This exercise culminated in a one day workshop whereby the issues related to HRH in the pharmaceutical sector were discussed. This exercise should have been concluded by a booklet describing the situation and the solutions. Unfortunately, this was not possible due to the July 2006 Crisis and shifting of national attention to more pressing health needs.

ii- HRH in the Nursing sector

Within the context of the World Health Day in 2006,WHO initiated a series of meetings and discussions with the Order of Nurses, which culminated in a one day consensus workshop on the priority issues to be addressed in the coming few years.

Based on this initial exercise, WHO continued its technical support to the Order of Nurses through the following main on-going interventions:

- the assessment of the nursing workforce in the public sector
- definition of the new category of nurses
- elaboration of the scope of practice and competencies of each nursing category

iii- HRH in the Allied Medical Professions sector

Also within the context of the World Health Day in 2006,WHO initiated a series of meetings and discussions with allied and paramedical professions (psychologists, physiotherapists, orthophonists...), which culminated in a one day consensus workshop on the priority issues to be addressed in the coming few years.

12-Community based interventions and research

In an attempt to foster the partnership with the civil society, namely the NGOs and the academic institutions, WHO country office supported several Community Based Interventions. During the acute phase, partnership with NGOs was established to fill certain gaps, especially in direct health service provision especially in the areas where large numbers of IDPs were concentrated, as well as in the host communities. In the recovery phase, the CBI focused on more general public health issues pertinent to the Lebanese health situation such as: tobacco and smoking prevention, breast cancer prevention, metabolic diseases and cardiovascular diseases prevention, safe agriculture

practices, awareness on violence against children, awareness and prevention of reproductive health problems and sexually transmitted diseases including HIV, hospitals performance indicators, food safety awareness. A total of 31 CBI were implemented with the support of WHO during the biennium (see annex 2).

Along the same line, WHO country office supported several research with academic institutions, with focus on the effects of the July 2006 Crisis and Nahr Albared Crisis on public health issues. The main research topics included: mental health, elderly health, HIV drug resistance, health outcomes of casualties of war, and prevalence of sexually transmitted diseases. In total 22 research projects were completed with direct support of the WHO country office(see annex 3).

Basic Development Needs (BDN)

WHO attempted to implement three BDN projects in Lebanon through the local communities in the 2004-2005 biennium, but the projects were not able to be self sustained due to the difference in the characteristics of Lebanon communities compared to the countries of the region and due to the lack of commitment by the officials.

It was noted that success of the CBI programme in Lebanon depends on its linkages with the existing NGOs working in the health or in other development activities.

WRO Lebanon aimed at introducing the NGO community to the systematic planning of the community based initiatives. A total of 5 workshops, one at each district were organized by WHO, with the following objectives:

-To introduce the participants to the BDN concept as designed by EMRO

-To improve the community assessment capacities of the participants

-To exchange success stories between participants

These workshops reached around 200 NGO and community leaders and members of municipalities.

13-Support to MOH/WHO Joint Programmes

Due to administrative limitations, the MOH established Trust Funds at WHO in order to allow implementation of certain national public health programmes that are not included in the MOH organigramme. The Trust fund system was first established for the National AIDS Control Programme (NAP) in 1994, then for the Primary Health Care (PHC) including the Non Communicable Diseases programme (NCDP) in 1996 .

Due to the delays in transferring the yearly allocated budget, these programmes have suffered in terms of implementation rate, as well as in terms of staff turn over and continuity of interventions. WHO is supporting technically and administratively these joint programs, which can be described as follows:

i- the NAP:

Technical and administrative support provided for the NAP by WHO team continued all though the biennium. The main areas of intervention include:

- establishment of *Voluntary Counseling and Testing*: WHO supported technically and financially the establishment of 20 VCT centers across the country, including provision of tests kits and training of the national staff
- support to *Vulnerable groups*: WHO supported recruitment of necessary staff to implement the related projects.
- Support to *HIV Surveillance* : WHO provided technical support during the various workshops regarding development and reinforcing of the HIV surveillance system , funded by the IDF grant
- Support to *the World AIDS Campaign(WAC)*: WHO supported technically and financially the implementation of the WAC related activities, including production of IEC material, and mobilized local NGOs for selected WAC related interventions
- Support to *Anti retroviral (ARV) strategy*: WHO supported technically and financially the development of the national Care and Support strategy, including ARV treatment guidelines.
- *Advocacy* for NAP reinforcement and other HIV related issues; in its capacity of chair of the UN Theme Group on HIV, WHO advocated to the respective partners for the need to ensure NAP sustainability, and improve the UN and country commitment to support the NAP. In that respect, the WHO supported the NAP with additional staff, and backed up the project accelerated funds (PAF) and project supported funds (PSF) proposals.

ii- the PHC programme

Initially, the PHC programme included the NCD, and the central warehouse and the EPI programmes.

The NCD programme in 2006 was still operational, with focus on diabetes, and cardiovascular diseases, and special support to the Cancer Registry and the Invasive Cardiac Interventions Registry. The main interventions supported by the NCD included:

- Annual report of Cancer registry
- Annual report of Invasive Cardiac Interventions registry
- training on Diabetes management for medical doctors
- training on osteodensitometry interpretation and management of osteoporosis to general practitioners
- a project on Chronic Obstructive Pulmonary diseases in the North
- World Diabetes day Campaign
- World Hypertension day Campaign

- World Tobacco day Campaign

The NCD programme was suspended in 2007 due to unavailability of funds as well as suboptimal performance of the programme team.

The PHC programme was reorganized towards the end of 2007 to include the following programmes:

- National Diabetes Control Programme
- National Cardiovascular Control programme
- National Hepatitis Control Programme
- National Oral Health Programme
- National Injury Prevention Programme
- the Central Warehouse Support programme

A new formula was proposed for these programmes, whereby the staffing would be re-assigned from the available pool of medical doctors and health professionals already subcontracted by the MOH, and the technical supervision and financial execution would be delegated to WHO. It is expected that these programmes will be operational by the first trimester of 2008.

Maintaining and expanding the capacities of the National Health Information Center (NHIC)



Sign for the entrance of the NHIC at the WHO CO premises

The NHIC, established several years ago, was further reinforced to provide the following :

- *free access to more than 1,000 electronic health sciences journals, around 7,000 WHO publications and reports, several multi media materials, national health related reports, and UN documentation*
- *a Web Search engine is configured on WHO web site. This tool is used to publish the index of documents available at NHIC. This service enable user to locate available documents based on subject search selection.*
- *Agreement with New libraries, whereby, in addition to the exciting agreement with medical libraries, new agreements were made such as Lebanese American University, Notre Dame University and USEK University. These universities will benefit form NIHC services to enforce their resources.*
- *training on GIS and e- learning methodologies.*

IV-General comments

The 2006- 2007 biennium was marked by the July 2006 crisis and Nahr Albared 2007 crisis and their repercussions on the health system and the health related interventions. Most of the initially planned activities had to be readjusted to the emerging health needs, and several new activities were introduced.

The *main facilitating factors* for the implementation of the activities and interventions can be summarized as follows

- the flexibility of the MOH team which allowed reorienting the JPRM and Trust funds activities to more pertinent and pressing needs
- the prompt availability of extra funds through the Emergency team at EMRO and HQ, which allowed rapid response
- the increased authority for expenditures at the level of CO
- the cooperation of the various units at the RO to facilitate the reprogramming process

The *main limitations* in implementation of the activities and interventions can be summarized as follows:

- the reprogramming of the planned activities was a tedious and time consuming exercise that had to be repeated more than once
- the security situation hampered the implementation process whereby many a times activities had to be rescheduled more than once due to the prevailing security situation.
- the high turn over of the emergency surge teams, and the national experts, necessitated additional and continuous adjustment and coordination from the CO team.

List of annexes:

Annex 1- detailed implementation report of the JPRM- Lebanon

Annex 2- summary of Research supported by WHO CO- Lebanon

Annex 3- summary of CBI supported by WHO CO- Lebanon

Annex 1

List of activities implemented (reprogrammed) (under the JPRM and Emergency and Trust funds)

1. Child Health:

- support to NCPNN
- Support to LFPA MCH project
- developemnet of booklet on Child Nutrition
- training on BFHI with the syndicate of Nurses
- carnet de sante revised and disseminated
- needs assessment for capacity building for the nurseries done
- updating regulations regarding children safety in nurseries (under prepration)

2. Zoonotic Diseases:

- development and distribution of brochure on AI
- leprosy medications provided
- equipment to malaria program provided
- diphtheria antitoxins purchased for the MOH referral hospital

3. Emergency Preparedness and Humanitarian Actions

See technical Lebanon Crisis report

4. Disease Surveillance and Control:

- development of a computerized national epidemiological data dictionary
- development of the national priority list for epidemiological surveillance
- development of national guidelines for communicable disease surveillance
- support to Hospital based surveillance
- development of a national plan for emerging and re-emerging diseases.
- purchase of equipment for the EWARS at the PHC level
- training health workers on EWARS at PHC
- capacity building of Qada Drs on AI
- capacity building of Hospital staff on AI
- awareness on AI at the Community level.

5. HIV/AIDS and STDs:

- management support to the national AIDS program(NAP)
- development of 20VCT
- development of national strategy for HIV/AIDS patient care.
- project with LFPA on STI targeting women
- development of IEC material to WAC
- printing of NAP newsletters issues
- HIV/STI awareness project with LHS for communities which high military presence
- support to research on STI prevalence

6. Immunization and Vaccine Development

- technical support to the Vaccination campaign implemented in the areas with the lowest coverage.
- establishment of a temperature monitored cold room at the central warehouse

-evaluation of the vaccination campaign

7. Polio Eradication:

There were no specific activities planned under the JPRM. Regional support continued (at no cost)

8. Making Pregnancy Safer

- project with Sadr foundation on RH in the south

9. Mental Health

-support participation of two nationals to a conference on MH of elderly

-development and dissemination of guidelines on Emergency MH

-training wkpson MH at the level of PHC across the country

- training MDs in PHC and private sector on MH issues

- visit of RA to assess the situation of MH implemented

- visit of STC to follow up on status of MH program

- study on Assessment of PTSD in the South with AUB

- study on prevalence of Suicide in Lebanon with IDRAAC

10. Prevention and Control of Non Communicable Diseases

-Lebanese Interventional Cardiology registry expanded to cover 35 HC.

- support to Lebanese Epidemiology society annual conference

-support of 4 osteoporosis workshops for GPs

-reactivation of The National Committee for cancer registry

-support of 4 nationals to regional and international related conferences

- reorganization of the PHC/NCD programme

- reactivation of The National Committee for cancer registry-

- a national situation assessment for Diabetes was completed and results disseminated

-awareness projects implemented regarding various topics under NCD.

- recruitment of staff to operationalize the NCD and related programs

-support to Osteoporosis national conference

11. Tuberculosis

- 3 NTA on PAL completed

-3 NTA on DOTS completed

- anti Tb medications made available to replenish interrupted stocks

- participation of nationals to regional and international meetings

-STC to review the program and upgrade it

12. National Drug Policies based on Essential Drugs

- essential drugs list revised

- essential drugs distribution system upgraded into LSS

-equipment and IT support for the dispensing center

-decentralization of the central dispensing center through establishment of 6 regional dispensing centers

-review of national drugs policies and laws

13. Ethics, Legislation and Health Economics

-update of the NHA

- update the book on 'health system in Lebanon'

14. Health care delivery

The activities under this section were reprogrammed

15. Health Policy and Planning

-one observatory initiated in every Mohafaza, including structure.

- updating of the book on Health system by DG of MOH In process

16. Human Resources and Planning

- training of 300 MDs in PHC on emergency MH
- national adhoc committee for pilot testing the revised PHC package established including WHO
- research with Dr Jardali On HRH in public hospitals
- STC mission to evaluate performance of MOSA centers (Dr Abdulatif)
- recruitment of staff
- development of WHD related IEC material
- WHD campaigns
- national meeting with order of pharmacist on policies for HRH
- national meeting with allied Health professionals on HRH policies
- participation of MOH staff in regional meetings on HR observatory
- project with USJ on HRH

17. Nursing and paramedical resources

- awards for distinguished nurses
- participation of nationals on HRH meetings
- nursing program Continued education evaluated and upgraded
- review the current nursing legislation

18. Sustainable Development

- 5 workshops on promotion of BDN approach and concepts implemented
- participation of nationals to regional related wkp

19. Food Safety

- guideline on food safe processing developed
- training on food processing inspection to MOH staff
- poster on food hygiene developed and distributed
- provision of water filters to MOH

20. Environmental Health Policy and Environmental Health Risk Assessment

- purchase of portable labs
- training of health inspectors and Qada doctors on water quality monitoring

21. Chemical Safety

No activities were impelmented. Funds were rreprogrammed to other areas

22. Occupational Health

Funds were reprogrammed and no activities were implemented under this section

23. Promotion of Healthy Lifestyles including Oral Health

- production of a booklet on traffic safety produced

24. Health of the elderly

- research on elderly MH in the South with Balamand University
- recruitment of IEC staff at WHO Co

25. Health Education

- production of various IEC material

26. School Health

- school health program expanded to all public schools and Health awareness integrated
- e- learning introduced as a pilot project in 40 schools
- equipment oprovided to establish 150 school clubs in private schools

27. Tobacco

- FCTC ratified by the Parliamentarian committee for Health
- assessment mission for FCTC completed

- production of IEC material for WNoTobacco day
- recruitment of staff

28. Health Information Management and Telecommunications

- recruitment of national staff to operationalize the NHIC
- participation of national staff to regional wkps
- subscription to 20 international journals renewed
- workshops on GIS
- establishing the lebanese corner

29. WHO's presence in countries

The main activities covered recruitment of staff, and office expenses.

Annex 2
List of Research 2006- Lebanon

Implementing partner	Name of Project
Faculty of Medicine, USJ	“Evaluating the Health Professionals Education Workshop”, Beirut, 31 May – 2 June 2006. Support of participation of Lebanese participants to the conference. Submit Final Report including financial statement.
Dr Marie Leila Khoury	- To assist in data collection for phase I of WHO/EMRO project, to identify Medicine Pricing Policies and their implementation in EMR Countries.
Dr Salim Adib	- Constitution of the national commission that will undertake the study of the Health Research Systems Analysis.
Ms. Simone Abou Jaoude	- To conduct the Global Health Professional Survey (GHPS) in universities of Lebanon as agreed with TFI
Dr Nahal Houalla	- To develop a Regional Food Based Guidelines (REBDG) with focus on the countries of the Eastern Mediterranean Region
American University of Beirut	Improving rural health care in Lebanon: An Experimental Study
Mrs. Hilda Nassar	Towards a better understanding of the magnitude & predictors of nurse migration out of Lebanon
Dr Nabil Kronfol	“Needs assessment of impairments and disabilities amongst casualties suffered in the July-August 2006 hostilities in war-affected areas of Lebanon”
Lebanese Health Society	HIV/AIDS Awareness, Knowledge, Sexual attitudes and behavior in out-of school youth in the war inflicted regions of Lebanon.
American University of Beirut Dr Khaled Younis	Collaborative Perinatal Neonatal Networking in Lebanon & the Middle East
Lebanese AIDS Society	Establishment of an ARV resistance testing facility
University of Balamand	Community Based assessment of the Well-being of the Elderly in Lebanon
Lebanese Health Care Management Association	Assessment of Outcomes of the casualties of war July 2006 in Lebanon
Lebanese Epidemiological Association	Evaluation of the polio campaign
American University of Beirut Dr Kassem Kassak	APW.07/16-(LEB Crisis)

Notre Dame University	Assessment of elderly nursing homes
American University of Beirut	Mental Health action oriented among populations in the South
Institute for Development, Research, Advocacy & Applied Care (IDRAAC)	Prevalence of suicide among Lebanese
Ms. Fadia Doumani	Situation assessment of Diabetes
Dr Walid Karam	Research Proposal on the Prevalence of Sexuality Transmitted Infections in Lebanon Women as Revealed by Pap Smear Cytology.
Dr Rania Tohme	- Assess the situation in terms of Viral Hepatitis data and related public health interventions at the national level.
American University of Beirut Department of Health Management & Policy	To identify the factors affecting nurses' intention to leave or remain employed in Lebanese hospitals in order to test effective retention strategies for nurses in Lebanon

Annex 3

List of Community Based interventions

Implementing partner	Name of Project
Mr. Akram Karam	Assessing the physical damage at health facility level.
Childhood Protection & Care Association	establishment of a mobile clinic for Childhood Asthma:
Islamic Health Society	Provide Services to IPDs in schools
Hariri Foundation Directorate of Health & Social Services	Provide Services to IPDs in schools
Health Care & Environmental Health Association	Provide medical services to IPDs in the Chouf area during the Lebanese Crisis.
Amel Association	To ensure medical assistance and relief and social rehabilitation to internally displayed people from South Lebanon and the Southern of Beirut.
Young Men's Christian Association (YMCA)	Provide immediate medical assistance to IPDs and to the host families
Armenian Relief Cross	Provide medical services to IPDs in Bourj Hammoud and Zarif areas during the Lebanon Crisis.
Makassed Philanthropic Islamic Association of Beirut	Provide Health and medical services to IPDs in Beirut and the provinces during the Lebanese Crisis.
Caritas Liban	Provide Health and Medical services to IPDs in South Lebanon, Beirut and Beirut Suburbs.
International Medical Corps	Rehabilitation of 9 Clinics in the South namely: Deir Kifa, Ramye, Kafra, Markaba, Aadaisse, Taibe
Association Pour la Protection de L'Enfant de la Guerre	Mental Health services for Tyr, Nabatieh and Marjeyoun covering:
Soins Infirmiers et Developpement Communautaire Association (SIDC)	Implement VCT on HIV and STIs in 16 villages during the campaign for around 1000 persons (Youth & general Population).
St Joseph University	Twining St Joseph University (USJ) and the CANA Region: An intervention for Health & Human Development.
Youth Association for Social Awareness	National Campaign for Safety in Post War Construction Zones.

Childhood Protection & Care Association	Support to establishment of asthma school
Institute for Development Research Advocacy & Applied Care (IDRAAC)	Training of Medical doctors on mental health in emergencies
Lebanese Health Society	Awareness on HIV/STD among populations in the South
Imam Sadr Foundation	Reproductive health awareness in the South
Dr Ziad Assaf	Awareness on chronic diseases in the area of Rmeich
Soins Infirmiers et Developpement Communautaire (SIDC)	Preparation and printing of the Students health files for the school health programme
Order of Nurses in Lebanon	Promotion and capacity building on Baby Friendly Hospitals Initiative
Amel Association	Provision of reproductive health services and counseling in remote areas in the South
Islamic Health Society	Assessment and promotion of Food Safety in the area of southern suburb of Beirut
Caritas Liban	Provision of early detection and counseling services on Chronic diseases in remote areas across Lebanon
Scientific Research Foundation (SRF)	Promotion and capacity building on safe agriculture practices in selected areas in Lebanon
American University of Beirut	Towards improving performance and indicators at the level of hospitals
Association de Bienfaisance de Rmeich	Awareness on diabetes and chronic diseases in et area of Rmeich

Green Hand Organization	Argileh: not a way of life (prevention and awareness campaign)
Lebanese Family Planning Association (LFPA)	Project on Awareness and education of women in the reproductive ages on risks from sexually transmitted disease and HIV/AIDS.
Cultural Movement Bint Jbeil	Awareness on diabetes in the area of Bint Jbeil
Tobacco Free Initiative	<ul style="list-style-type: none"> - To support the implementation of 6 half day awareness sessions in 6 different schools reaching 800 students. - To support the World No Tobacco 2007 in terms of IEC material (printing posters & pamphlets or games)
Dr Mounir Doumit	Oral health campaign

