

WHO Country Office

Lebanon

Progress report

July- December 2008

Background

The second quarter of the biennium 2008- 2009 in Lebanon was marked by a relatively calm political and security situation across the country. With the extension of the Recovery and Reconstruction phase (RRP) funds till June 2009, and considering the fact that most of the JPRM activities were planned to complement and build on the activities planned under the RRP, created a good opportunity to speed up and continue the already initiated activities in the first semester.

The following summarizes the activities implemented under the Lebanon JPRM by strategic objective (SO), linking them to regional expected results (RER) until the end of December 2008.

SO1: to reduce the health, social and economic burden of communicable diseases

Two workplan areas are included under this SO namely the Control of Communicable Diseases (CDC) and the Expanded Programme for Immunization (EPI.). The main achievements can be summarized as follows:

1- Control of Communicable Diseases

Regarding the *Control of Communicable diseases*, the priority areas of action for the biennium include:

- Expansion and reinforcing the Early Warning and Response System (EWARS)
- Promotion and dissemination of the International Health Regulations (IHR)
- Guidelines on Zoonotic diseases
- Support to the National Viral Hepatitis programme

A project for expanding the EWARS was already prepared during the first half of the year with three components:

- EWARS targeting the private sector:

Regarding the expansion of the EWARS to the private sector, a series of 5 trainings on the reporting, surveillance and response system were conducted, in coordination with the Epidemiology and Surveillance Unit at the ministry of Public health (MOPH/ESU), the syndicate of physicians between July and December 2008. A total of 66 physicians from different disciplines were enrolled on voluntary basis in the system, and provided with the fax machines and reporting form. The system will be tested across the five Mohafaza starting January 2009 for around 3 months, and modifications will be introduced if need be in 2009.

- EWARS targeting the armed forces:

A project with the Army was developed aiming at harmonizing the data at the armed forces with the data of the ESU, in addition to establishing a standard EWARS system compatible with the national system being developed as part of the IHR. The army EWARS project consisted of:

- providing IT support (PCs and software) to the Army health outlets (PHC and hospitals):
- training Army health staff on surveillance and ICD10 coding.

The project was implemented in collaboration with the Université Saint Joseph, and in coordination with the MOPH. In total, 45 PC and necessary equipments were made available to the Army health facilities, 50 officers in charge of data entry were trained on basic epidemiology and ICD10 coding, and it is planned that 4 officers will be supported by WHO to obtain an advanced epidemiology training in 2009.

- EWARS expansion at the level of PHC:

Based on the initial project re the establishment of EWARS in the most affected areas after the July 2006 war, a project was developed with the MOPH/ ESU team to expand the EWARS to PHC centers across the country. The two projects are complementary and consist essentially in training on the EWARS concept, introducing the health care workers to the reporting forms and mechanism of coordination with the various departments of the MOPH, as well as providing communication equipment necessary for reporting.

Implementation of the EWARS expansion projects will start in February 2009, and is expected to be completed by June 2009

A project for establishing EWARS at the General and Internal Security Forces is being discussed with concerned authorities, in order to involve all armed forces in the country.

A plan of action for supporting the implementation of the IHR, was prepared and implementation is expected to start in February 2009.

Preparations are on going to update the guidelines on Zoonotic diseases.

Based on the short term strategy and plan of action developed during the first semester of 2008, WHO provided technical support to develop a guide book on viral hepatitis management. A first draft is already available. It will be circulated for expert opinion and finalized for further dissemination during the first half of 2009.

2- the Expanded Programme for Immunization (EPI.)

Regarding the *EPI*, the priority areas of action for the biennium include:

- supporting the national vaccination campaigns
- expanding the Reach Every District (RED) approach
- developing a national EPI strategy
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During the second half of 2008 the WHO country office (CO) team provided direct technical and financial support for the design and implementation of the evaluation the Measles/ Rubella (MR) catch up campaign completed in April 2008. The evaluation was implemented with the

collaboration of the Lebanese Epidemiology Association, in coordination with the MOPH/EPI team.

Note is made that the evaluation of the MR Campaign was expanded to include a part that will allow the assessment of the routine vaccination as well.

As for the expansion of the RED approach, WHO provided technical material to the MOPH team, which is currently implementing this approach (with the support of UNICEF) in five selected regions of the country, in coordination with UNICEF. WHO contribution in implementation is pending availability of extra budgetary funds.

The process for developing the National EPI strategy has been initiated, with the technical back up of the WHO CO team. The national EPI strategy team profile has been defined and agreed upon by the MOPH team, and the process of experts identification is on track. It is expected that the EPI strategy will be developed by the end of June 2009.

SO2 : to combat HIV/AIDS, Tuberculosis and Malaria

Three workplan areas are included under this SO namely the AIDS/STDs programme, the Tuberculosis programme and the Malaria programme. The main achievements can be summarized as follows:

1- the AIDS/STDs programme

Regarding the *AIDS/STDs*, the priority areas of action for the biennium include:

- Mid term review of the NAP strategic plan
- Support to awareness raising
- Update on general awareness
- development of STDs strategy

The NAP, in coordination with the WHO CO team has started discussions for preparations for a review of the National AIDS strategic plan which will include the strategy for STDs as well. A plan for the process of the strategy review was developed, a consultant for the first phase (meeting with stakeholders) was recruited. Preparations for the second phase (literature review, and situation assessment report) and the third phase (national consensus meeting and dissemination of the revised NSP) are under preparation and are planned for the first half of 2009. The actual revision will be deferred to 2009.

Meanwhile, WHO supported a study on Incidence of STDs, as a complement to a study implemented in 2007 regarding prevalence of STDs. This study provides important information regarding STDs pattern and epidemic in the country.

On the other hand, and as part of its support to the general awareness, WHO supported the production of HIV/STDs related IEC material targeting Vulnerable groups and Youth, with

particular emphasis on the areas most affected by the July 2006 war, under EHA funds. In addition, a project aiming at increasing awareness about HIV and STI and promoting Voluntary Counseling and Testing (VCT) among clients of bars and pubs particularly at the beginning of a high touristic season was implemented by a local NGO (SIDC).

As for updating data on general awareness, the implementation of a KAP study (last one implemented in 2005) is pending availability of OS funds. Similarly, establishing STD sentinel sites are pending availability of extra budgetary funds.

With the funds available for the NAP through the MOH, essential staff has been recruited to ensure sustainability of the programme. Staff for coordination of selected activities, particularly related to mitigating the effects of the July 2006 war and Nahr Al Bared 2007 crisis on the most affected populations and certain population groups, additional staff was recruited under EHA funds.

2- the Tuberculosis programme

Regarding the *Tuberculosis (TB) programme*, the priority areas of action for the biennium include:

- assessment of the National TB programme strategy and approaches
- reinforcing the PAL strategy
- expanding the DOTS strategy

In line with the plan of action, WHO supported the national TB programme team in the development and production of the guidelines for public -private sector mix. A guide book for patients was also developed. The programme review mission planned in May 2008, took place in November 2008, and recommendations were made particularly to reinforcing the medications storage and distribution system as well as the general awareness on TB. The possibility of elaborating a national TB strategic plan is being contemplated with the MOPH/ NTP team.

Follow up meetings with the private sector and the TB dispensing centers are planned for 2009.

3- the malaria programme

Regarding the *Malaria programme*, the main priority area of action for the biennium is to secure anti malarial treatment, knowing that only sporadic cases of immigrants and Lebanese emigrants to endemic areas are reported every year. The purchase of anti malarial medications was processed.

SO3: to prevent and reduce disease, disability and premature death from chronic non communicable conditions, violence and injuries

Two workplan areas are included under this SO, namely the Non Communicable diseases (NCD) programme and the mental health programme. The main achievements can be summarized as follows:

1- non communicable diseases programme:

Regarding *Non Communicable Diseases*, the priority areas of action for the biennium include:

- national NCD prevalence and risk factors data
- management capacity of national diabetes programme
- National diabetes strategy
- cardiovascular registry upgrade
- Cancer registry upgrade
- Awareness on NCD

A first draft for the two year short term strategy and plan of action was developed . The national team at the Diabetes Control programme with the support of WHO , is preparing for a consensus meeting to be held in the first half of the year 2009.

The cancer registry has been transferred to the premises of the epidemiology and surveillance unit (ESU) at the MOPH. WHO is providing part time staff for data entry and monitoring. Efforts at improving the collection and reporting mechanism are on going in collaboration with the National Cancer registry Committee.

As for the prevalence of NCD study, the American University of Beirut is currently implementing a national prevalence study funded by CDC Atlanta. Discussions are on going to provide the WHO technical and partial financial support to the study.

The community based activity aiming at improving Diabetes care and management in the area of Bourj Hammoud, serving a population of around 50,000 was implemented and completed in collaboration with a local NGO, the Armenian Relief Cross.

2- Mental health (MH)

Regarding *Mental Health programme*, the priority areas of action for the biennium include:

- develop a Mental health programme
- update data on MH prevalence and risks
- integration of MH in the PHC system
- reinforcing the role of NGOs in MH particularly in addiction
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In view of the fact that the MOH has not yet established a national mental health programme, most activities planned under this programme were deferred to 2009. Meanwhile, Lebanon is in the process of updating its data on MH services through the regional AIMS initiative.

WHO also is supporting the completion of the Global Atlas survey on alcohol in Lebanon. The training manual on MH in emergencies for PHC workers has been edited and sent for printing.

SO4: to reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence and improve sexual and reproductive health and promote active and healthy ageing for all

Three workplan areas are included under this SO, namely the Child and Adolescent Health programme, the Elderly Health programme and the Safe Motherhood initiative
The main achievements can be summarized as follows:

1- Child and Adolescent Health (CAH) programme

Regarding the *Child and Adolescent Health programme* the priority areas of action for the biennium include:

- Support to the NCPNN
- capacity building for nursery staff

The available budget is planned to expand the national child perinatal neonatal network (NCPNN) to include more hospitals in the network. However, the NCPNN capacity to expand was limited in view of the prevailing security situation and the expansion is deferred to 2009. Meanwhile, WHO and the NCPNN team are working on further analyzing data at the NCPNN regarding maternal and neonatal mortality and morbidity.

On the other hand, WHO supported a training workshop for Nurseries staff on health issues related to infants and children. The training covered around 120 staff from various nurseries across the country.

In addition, WHO supported the development of guide book for management of most common emergencies at the nurseries, in collaboration with the MOPH, the Society of Pediatrics and the Syndicate of Nurseries. The guide book is sent for printing and will be disseminated during the first half of 2009.

In parallel, and based on the observation that most deaths reported among the under- five years old are due to failure or inadequate neonatal cardio pulmonary resuscitation (CPR) a project for training hospital and maternity staff on neonatal CPR was implemented with the MOPH and a local NGO (the Lebanese Child Development Association) in collaboration with an International NGO (the All Saints Church). The project was supported by WHO, in an attempt to contribute to reducing infant and child mortality. The training reached around 400 staff (MDs and nurses) from hospitals across the country. In a second phase of the project, training on neonatal CPR will be carried on across all hospitals during the year 2009 (phase 2 of the project being currently prepared).

Further expansion of the national capacity in terms of Baby friendly hospitals Initiative (BFHI) is pending availability of extra budgetary funds.

2- the Elderly Health programme

Regarding the *Elderly Health programme* the priority areas of action for the biennium include:

- development of national strategy for health of elderly
- development of data base for elderly health
- improving community support

As with most interventions aiming at developing strategies and policies, related activities are deferred to 2009. based on the assessment done by Notre Dame University, whereby in a first phase the status of health of elderly in nursing homes was assessed, WHO provided support to the second phase of the project, whereby a national dialogue regarding the recommendations for establishing a network on elderly health was completed. As a result of this national effort, an NGO based center for elderly research was launched late in 2008, but is not yet operational.

As for the Elderly Friendly City Initiative launched in 2006- 2007, the proposed training and capacity building for the city of Tripoli is pending the availability of extra budgetary funds.

3- the Safe motherhood Initiative

Regarding the *Safe motherhood initiative* the priority areas of action for the biennium include:

- maternal mortality and morbidity
- care and follow up mother and child initiative

Contacts have been made with the MOPH and the Syndicate of Hospitals to establish a hospital based network for data collection on causes of maternal deaths. A project proposal is currently being finalized.

At the same time, WHO team is preparing a project to look at the various determinants of maternal deaths, namely the factors that affect antenatal care, delivery and emergency obstetric care, and the post partum care.

SO5:to reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impacts

Two workplan areas are included under this SO, namely the Emergency Preparedness and Response programme, and the Early Recovery Plan for Lebanon crisis.

The activities implemented under this objective were essentially covered from the Recovery funds. They are linked to other strategic objectives, considering that most of them are interventions that pave the way for complement activities planned under the respective strategic objectives.

The main achievements can be summarized as follows:

1- Emergency Preparedness and Response programme

Regarding the *Emergency Preparedness and Response programme* the priority areas of action for the biennium include:

- Emergency Reproductive Health (RH)
- Community based RH interventions

Discussions are on going with the MOPH team to develop a RH community based intervention in one or more underserved areas. The finalization and implementation of the project are pending availability of extra budgetary funds.

The implementation of the activities planned under EHA /Recovery funds was accelerated. An extension at no cost till June 2009 was requested and agreed to.

Main achievements under EHA

The following main achievements under Recovery and Reconstruction Phase are summarized below:

1-Improving the national /MOPH capacity in emergency response

- a series of 32 awareness sessions on Avian Influenza targeting community members across the country were launched in June 2008 and completed by October 2008 reaching around 3,000 people mostly working in agriculture and poultry farming
- The UN Contingency Plan was updated
- The Avian Influenza Contingency Plan for the Armed Forces is under preparation
- technical support was provided to the national General Commission for Natural Disasters for the development of a plan for National Preparedness Plan including awareness dissemination regarding earthquakes. The plan is still under preparation
- a project consisting of building eth capacity of the national Presidential Guards on CPR and emergency case management was completed in collaboration with the Lebanese Society of Emergency Medicine

2-Support to the national surveillance system

- a proposal for sentinel EWARS with the private clinicians was completed and included , in a first phase 66 medical private practitioners across the country. The system will be tested during the first semester of 2009, and amendments and further expansion will be made during 2009.
- A project to develop the army surveillance system which started in June 2008 in collaboration with the Université Saint Joseph was completed, resulting in training 50 army officers on basic epidemiology and ICD10 coding and EWARS, in addition to installing the surveillance system and updating it to match the MOPH requirements for diseases reporting. Preparations for a similar project were initiated with the health department of the General Security and Internal Security Forces.

3-Support to the Central Public Health Laboratory (CPHL)

- The final report of the technical support mission that was completed in September 2008 jointly with the AFSSAPS (French government authority) and WHO to review and upgrade the functions of the CPHL was disseminated to all stakeholders. Further preparations with national concerned stakeholders were undertaken to develop a final proposal for the re-establishment of the CPHL.

4-Support to the School health programme

- 5 workshops were organized for training of Medical Doctors on school health/ medical screening
- preparations for the expansion of the e-learning project were undertaken
- data re collection the school health environment assessment was completed and the data analysis was started, results are expected by March 2009.
- a project proposal for introducing HIV through e-learning at the level of secondary schools was prepared and funds obtained from an international NGO (“les amis du Liban a Monaco”). Preparations for implementing the project were initiated.

5-Reinforcing Health Policy and strategy reorientation

- an evaluation for the Measles/Rubella catch up campaign was completed. A draft report was also prepared. The final report is expected in February 2009
- a proposal for a research on medical demographics was initiated with the Order of Physicians. The project was launched in July 2008 and the final report is expected in March 2009.
- a research proposal on updating data base for hospitals with the Syndicate of Hospitals was completed and data base was made available to the MOPH
- a research proposal on determining tobacco particles in public places was completed and results made available to the MOPH.

6-support to PHC

- eleven Community Based Initiative (CBI) projects were implemented with local NGOs, including interventions regarding the following topics (*see annex 1*): patient safety, diabetes care, elderly nursing homes, hospital performance, environmental health, agriculture safety, road traffic accidents, asthma at school, RH and women health, HIV prevention, adolescent health.

7-support to EPI

- the Measles /Rubella campaign was completed. Evaluation report is being finalized. Contacts and preparations to develop the National EPI strategy were initiated by the WHO team.
- an STC mission on cold chain certification was completed and the Central Warehouse Cold Chain should be subsequently certified. Further assessment of the cold chain at the level of PHC and private clinics is planned for 2009.

8- technical assistance

- additional technical (IEC, PH) and logistics staff (administration, drivers) are recruited

SO6: to promote Health and development and prevent or reduce risk factors for health conditions associated with the use of Tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex

Two workplan areas are included under this SO, namely the Promotion of Healthy life style/ school health programme, and Tobacco programme.

The main achievements can be summarized as follows:

1- Promotion of Healthy life style/ school health programme

Regarding the *Promotion of Healthy life style/ school health programme* the priority areas of action for the biennium include:

- communication skills of PHC workers
- Communication/health promotion skills of media
- Reinforcing school health programme
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In view of the different trainings that were targeting the PHC workers, be it in terms of emergency preparedness or in terms of EPI, it was suggested to defer the training on communication skills to 2009. The training of the media was also deferred to 2009. The validation of the GSHS results is deferred to 2009, as well as the updating of guidelines on relevant health behaviours.

Preparations for the development of the methodology and tools of the study on determinants of health were initiated. The study project document and implementation are pending availability of extra budgetary funds.

The celebration of the World AIDS Day was organized with the support of WHO with a large participation of the Media in the press conference, and a large coverage of the TVs and radio stations for the theme of this year through various programmes. Posters and pamphlets were also developed and distributed through NGOs and relevant institutions.

The preparations for the development of the second issue of the newsletter reflecting the country office work covering the period from July to December 2008 were started. In addition, a series of documentaries illustrating WHO work were produced for the second two quarters of 2008 as well as four thematic short summary DVDs (Reproductive Health, EWARS, School Health, Water Quality Management).

On the other hand, the support to the school health programme continued through:

- monthly coordination meetings with the National Committee for School Health and the High Commission for Oral Health,
- implementation of the project on Health Promoting Schools, reaching 10 groups of schools across the country. the project included education sessions to teachers and parents on the principles of Health Promoting Schools, and the development of selected projects in the respective communities

2-Tobacco Programme

Regarding the *Tobacco programme* the priority areas of action for the biennium include:

- integration of the FCTC into the Lebanese law
- data on KAPB among health professionals regarding tobacco
- awareness on tobacco prevention
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An advocacy meeting was held with the Minister of Interior, including WHO team the MOPH focal point, and the national specialized NGO (TFI) for reactivating the integration of the FCTC into the Lebanese laws . A draft amendment for the law was prepared along with scientific justifications.

Obtaining data on KAPB among health professionals regarding tobacco use and prevention is pending availability of extra budgetary funds.

SO7:to address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender responsive and human based approaches

One workplan area is included under this SO, namely the Health policy and Planning programme.

The main achievements can be summarized as follows:

1- Health policy and Planning programme

Regarding the *Health Policy and Planning programme* the priority areas of action for the biennium include:

- National Health Information system

- National Household Health expenditures and Utilization survey
- PHC package of services
- Policy development of HRH
- Support in redefining financial health reform options.
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Like for most activities related to policy development, the preparations for the implementation of National Household Expenditures and Utilization survey (NHEUS), and health financing options are deferred to 2009 mainly due to the political instability in the country. On the other hand, these activities will be also depending on the availability of extra budgetary funds. Meanwhile, preparations for establishing a national health information system (NHIS) at the MOPH have started.

In addition, as part of preparing for a national policy regarding human resources for health (HRH), WHO supported the archiving and updating the data base regarding the registered medical professionals at the MOH. In parallel, WHO completed a project for updating medical demographics data base at the Order of Physicians. At the same time, and in order to complement the data base, WHO also supported a project for updating the Hospitals data base(including hospital workforce) with the Syndicate of Private Hospitals. All the data bases obtained were shared with the MOPH to optimize policy decisions once the national dialogue is launched.

WHO team was also heavily involved during the month of November 2008 in the preparation of the Country Cooperation Strategy (CCS) for 2010- 2015. The CO team organized four sensitization meetings on the process and objectives of the CCS with the various stakeholders in health, revised and amended a first draft for the CCS situation assessment, and accompanied the mission team in all meetings held, as well as finalized the draft of the CCS.

SO8:to promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health

Two workplan areas are included under this SO, namely the Environmental Health programme and the Occupational Health programme.

The main achievements can be summarized as follows:

1-Environmental Health programme

Regarding the *Environmental Health programme* the priority areas of action for the biennium include:

- baseline data on environmental health (EH) hazards (air, soil and water pollution)
- national guidelines on standard water quality monitoring
- national guidelines on standard HCW management

- review the role of municipalities in Environmental Health monitoring.

The assessment of baseline EH hazards is pending availability of extra budgetary funds. The updating of the national guidelines on standard water quality monitoring was deferred to 2009. Due to the unfavorable political situation, the activity related to the review of the role of the municipalities in EH is deferred to 2009.

As for health care waste management (HCWM), the update of the guidelines was completed. In parallel, a project consisting of training the Army health workers (hospital and PHC centers affiliated to the army) on HCWM was implemented, targeting essentially the military hospital staff. In addition, a rapid assessment of HCWM recommendations was completed for the premises of the Military hospital, and the final report was submitted to the Army officials for further follow up.

2- Occupational Health Programme

Regarding the *Occupational Health Programme* the priority areas of action for the biennium include:

- national strategy for occupational health

A detailed situation assessment of occupational health was completed, and preparations were initiated to develop a national occupational health strategy, in collaboration with eth MOL. In parallel, preparations for the implementation of KAP studies targeting the small and medium enterprises workers and employers is under preparation

SO9: to improve nutrition, food safety and food security throughout the life course and in support of public health and sustainable development

One workplan area is included under this SO, namely the Food Safety programme.

The main achievements can be summarized as follows:

1-Food Safety programme

Regarding the *Food Safety programme* the priority areas of action for the biennium include:

- promotion of proper feeding/ nutrition

The national Conference on food safety/ nutrition was deferred to 2009.

Implementation of Community Based Interventions to promote food safety is pending availability of extra budgetary funds.

SO10: to improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research

Two workplan areas are included under this SO, namely the Primary Health Care programme and the Health Information and Telecommunication programme.

The main achievements can be summarized as follows:

1-Primary Health Care (PHC) programme

Regarding the *PHC programme* the priority areas of action for the biennium include:

- developing a national PHC strategy
- performance improvement at PHC level
- supporting PHC based health promotion and care activities.

The development of the PHC strategy and PHC package of services is pending more favorable political situation, as well as re- activation of the health sector reform (partially funded by the World Bank).

Meanwhile, and as part of the Recovery and Reconstruction phase, the PHC related interventions focused on building the capacity of the PHC staff in emergency contingency planning and response (11 workshops were implemented across the country, reaching 400 PHC workers), as well as supporting various public health related primary care and community based interventions 11 CBI with various NGOs are currently in progress (see SO5).

On the other hand, the planned recruitment of support staff is on going (two pharmacists two clerks at the central warehouse distribution center, one senior office clerk at WHO). Preparations for development of CBI with local NGOs on selected PH topics, as well as development of IEC material are on going.

2-Health Information and Telecommunication (HIT) programme

Regarding the *HIT programme* the priority areas of action for the biennium include:

- support the National Health Information center(NHIC)
- GIS technology
- E- learning in schools

Regarding the NHIC, procurement of learning material and journals and internet subscriptions are on going. Recruitment of staff is deferred to 2009. Meanwhile support staff is available through the RRP funds.

On the other hand, promotion meetings with institutions to enhance the utilization of the NHIC resources is on going by the NHIC team.

As for the e-health academy, the pilot phase of the e-learning project implemented under R EHA/RRP funds as a component of the national school health programme is completed was evaluated in May 2008. Preparations are on going to expand the e-learning project to additional 20 schools, and to select different or additional e-learning modules for the coming academic year. A study tour for the e-learning coordination team to Geneva HQ took place in July 2008.

SO11: to ensure improved access, quality and use of medical products and technologies

One workplan area is included under this SO, namely the national Drugs Policies based on Essential Drugs programme

The main achievements can be summarized as follows:

- 1- national Drugs Policies based on Essential Drugs (DPED) programme

Regarding the *DPED programme* the priority areas of action for the biennium include:

- rationalizing drugs prescription
- drugs and pharmaceuticals quality control

Updating the registration system at the MOPH is currently on going with the support of the WHO It team. Procurement of necessary hardware and cabling systems was completed. The development of storage guidelines is deferred for 2009, with possible support of WHO/EMRO through a STC mission.

Regarding the activities related to Quality Control improvement of Pharmaceuticals, two main initiatives were supported by WHO team:

- the Good Governance of Medicines (GGM): as part of the second phase, which consists of developing recommendations and consensus, WHO supported the MOPH in the organization of the consensus meeting regarding the recommendations obtained in phase one. Accordingly, the national multidisciplinary committee designated to implement the second phase of the GGM started its assigned tasks, with the direct support of WHO team
- the review of the Central Public Health Laboratory (CPHL) functions: the technical support mission initially planned to develop a quality control laboratory was merged with a review mission for the CPHL, supported by WHO in collaboration with the AFSSAPS (French health authority).

Implementation of the planned activities for improving the quality control of pharmaceuticals will depend on the availability of extra budgetary funds.

Comments and observations

The above described achievements indicate that the implementation obstacles faced during the second half of 2008 are similar to those faced during the first half of the year, and are mostly related to the poorly conducive political environment.

Subsequently, activities mostly impeded are those related to national consensus such as policy and strategy development, or launching of innovative interventions. The political polarization, be it within the government institutions or the civil society hampered the initiation of activities that necessitate dialogue.

Conversely, the relatively stable security situation allowed acceleration of some activities, particularly those related to field assessment or training.

On the other hand, and in view of the deadline for the available EHA fund, and the need to reinforce the national capacity in terms of emergency preparedness, the WHO CO team gave priority to complete the Recovery and Reconstruction plan which, in terms of human resources capacity of the CO, was a significant effort.

Note is made that the availability of funds from other sources may determine the implementation of certain large activities that need significant amount of preparations (such as national studies, innovative interventions, etc...).

It is important to acknowledge the support of the regional office and headquarter teams, both at the technical and administrative level , in order to facilitate the implementation of planned activities. It is also important to acknowledge the collaboration of the MOPH team, as well as all stakeholders in health