

**WHO Country Office**

**Lebanon**

**Progress report**

**January- June 2008**

## **Background**

The first quarter of the biennium 2008- 2009 in Lebanon was marked by a significant political and security instability across the country. The resulting paralysis of most government institutions and structures has impeded implementation of planned activities under the JPRM, particularly those activities related to policy and strategy development. However, the availability of the EHA funds has greatly contributed to the implementation of activities planned under the Recovery and Reconstruction phase following the July 2006 war. Moreover, in view of the fact that the EHA funds ( that actually equal around 4 times the available funds under the JPRM) are to expire by the end of December 2008, the WHO Co team concentrated most of its efforts towards implementing the Recovery and Reconstruction phase (RRP) activities. Note is made that most of the JPRM activities were planned to complement and build on the activities planned under the RRP.

The following summarizes the activities implemented under the Lebanon JPRM by strategic objective (SO), linking them to regional expected results (RER)

### **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

During the first six month of the biennium, the CO team concentrated the efforts on finalizing the project for expanding the EWARS, namely involving the private sector knowing that the private sector provides more than 80 % of health services across the country.

In addition, and based on the establishment of the primary health care (PHC) based EWARS in the areas most affected by the July 2006 war, a parallel project was also developed with the MOH 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 on 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 July 2008, and is expected to be completed by December 2008. As for promoting the IHR, in view of the security situation, this activity will be deferred to 2009.

Preparations are on going to update the guidelines on Zoonotic diseases

As for the recently established National Viral Hepatitis Programme Jointly between the MOPH and WHO, who provided the technical support in developing a short term strategy and plan of action during the first quarter of 2008. In June 2008, a national consensus workshop was organized for the finalization and adoption of the plan of action. Development of Information education and Communication (IEC) material is under preparation

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

The WHO country office (CO) team and regional office team provided direct technical support for the implementation of the Measles/ Rubella (MR) catch up campaign that was implemented in April 2008. The campaign was planned in two phases: the first phase targeted students in public and private schools and other institutions, the second phase targeted out of school children (drop out and below school age children). As part of its contribution to the campaign, WHO assisted in designing the campaign, mobilizing the private sector as well as training the vaccination teams, developing the vaccination guidelines, and providing the logistics support. WHO is currently preparing for the Evaluation of the campaign, which is expected to be completed by October 2008.

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 the RED Approach in five selected regions of the country, in coordination with UNICEF. WHO contribution in implementation is pending availability of extra budgetary funds.

On the other hand, in view of the political situation, and awaiting the results of the vaccination campaign evaluation, developing a national strategy will be deferred to early 2009

### **SO2 : to combat HIV/AIDS, Tuberculosis and Malaria**

Three workplan areas are included under this SO namely the AIDS/STDs programme, and 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

In view of the current difficulties in initiating activities regarding national policies and strategies, the WHO CO team has only started discussions for preparations for a review of the National AIDS strategic plan which will include the strategy for STDs as well. The actual revision will be deferred to 2009. Meanwhile, WHO is supporting a study on Incidence of STDs, as a complement to a study implemented in 2007 regarding prevalence of STDs.

On the other hand, and in view of the delays in transferring the trust funds from the MOH to WHO to execute the NAP (joint programme between WHO and MOH), WHO is supporting 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 local NGO is implementing a project with the support of WHO, 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.

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 sentinelle 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 implementation of one workshop to introduce the PAL strategy with the private sector in June 2008, as well as one workshop to follow up on the implementation of the DOTS strategy in June 2008, targeting the PHC and private sector and the designated TB centers across the country. The national TB programme team is currently working on the guidelines for public -private sector mix. The programme review mission planned in May 2008, was postponed due to the prevailing security situation

## 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 Lebanon is Malaria free since more than 4 decades, and that only sporadic cases of immigrants and Lebanese emigrants a to endemic areas are reported every year. The purchase of anti malarial medications is pending official government request and availability of extra budgetary funds.

### **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

In view of the fact that the National Diabetes programme was established late in 2007, WHO is currently assisting the national team at the Diabetes Control programme for the development of a two year short term strategy and plan of action. 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. Therefore, the planned NCD Stepwise study is withheld pending the results of the AUB study.

On the other hand, WHO is supporting through EHA funds, a community based activity aiming at improving Diabetes care and management in the area of Borj Hammoud, serving a population of around 50,000.

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

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.

On the other hand, WHO had prepared, as part of its support to MH in emergencies, a training manual for PHC workers. This training manual is currently being edited for finalization.

**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 is supporting a training workshop for Nurseries staff on health issues related to infants and children that will be implemented in July 2008. 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 is currently being finalized with eth MOH and UNICEF, in an attempt to contribute to reducing infant and child mortality.

In 2007, and as part of its emergency interventions, WHO had implemented a project on building the capacity of nationals for reactivating the Baby Friendly Hospital Initiative (BFHI). The training manuals produced for the project were reproduced and distributed to all hospitals and maternities to be used in their respective in service training activities. Further expansion of the national capacity in terms of 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
- improve community support

As with most interventions aiming at developing strategies and policies, the prevailing security and political situation was not favorable to initiate the development of a national strategy for elderly health nor start community based intervention. The related activities are deferred to 2009. However, and as part of its previous efforts towards improving data related to elderly health, WHO is currently supporting a national exercise lead by the Notre Dame University, whereby in a first phase the status of health of elderly in Nursing homes was assessed, and in its second phase, a national dialogue regarding the recommendations for establishing a network on elderly health is currently in progress.

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 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

In view of the pressing need and the availability of EHA recovery funds, a series of 14 workshops on emergency RH preparedness targeting HCW at the level of PHC were initiated in April 2008. The workshops series will end by mid July 2008. A total of around 600 PHC staff were trained. Another series of workshops will be implemented in 2009

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 will be pending availability of extra budgetary funds.

As for the available recovery funds, a detailed plan of action and expected results was prepared in 2007. In view of the delays encountered in implementation due mainly to the prevailing security situation, an extension at no cost of EHA/ recovery and reconstruction phase funds was approved. Implementation was accelerated to meet the dead lines of December 2008.

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

\*Main achievements under EHA

1-Improving the capacity of MOH in Emergency response

- 11 workshops on Emergency preparedness and contingency planning implemented for PHC centers across the country, reaching for around 400 HCW
- a series of 30 awareness sessions on Avian Influenza targeting community members across the country were launched in June 2008 and will be completed by October 2008
- the CO emergency Contingency Plan was updated. The UN Contingency Plan was updated
- The Avian Influenza Contingency plan for the MOPH and for the MOAg was finalized and approved. The Avian Influenza Contingency plan for the armed forces is currently being finalized
- a plan for national Preparedness Plan including awareness dissemination regarding earthquakes is currently being prepared with the national General Commission for Natural Disasters

2-Support to the national surveillance system

- a proposal for sentinel EWARS with the private clinicians is completed and will be launched in July 08

- A project to develop the army surveillance system started in June 2008-07-09 in collaboration with the Universite Saint Joseph
- 3-Support to the central public health lab (CPHL)
  - A technical support mission jointly with the AFSSAPS ( French government authority) to review and upgrade the functions of the CPHL was planned for May 08 and had to be rescheduled for September 08
- 4-Support to the School health programme
  - the training of Medical Doctors on school health was completed
  - a school health contest was completed
  - a study tour for the E- learning team is planned for July 2008
  - expansion of the e-learning to additional schools is under preparation
  - the school Health environment assessment was launched. Data on around 500 schools is already available. Data Collection is expected to be completed by October 2008
- 5-Reinforcing Health Policy and strategy reorientation
  - an evaluation for the Measles/Rubella catch up campaign is finalized. It is expected to be completed by October 2008.
  - a proposal for a research on medical demographics is completed with the Order of Physicians. The project will be launched in July 08
  - a research proposal on updating data base for hospitals with the Syndicate of Hospitals was launched in June 08
  - a research proposal on determining tobacco particles in public places is launched
- 6-support to PHC
  - a series of 11 workshops on emergency contingency planning at the level of PHC targeting around 400 HCW was completed
  - new CBI are under implementation with local NGOs, including interventions regarding the following topics (*see annex 1*): patient safety, diabetes care, elderly nursing homes, hospital performance, environment, agriculture safety, Road traffic accidents, asthma school, RH and women health, HIV prevention, adolescent health.
- 7-support to EPI
  - the Measles /Rubella campaign was completed. Evaluation is in process
- 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

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.

The study on determinants of health is pending availability of extra budgetary funds.

The celebration of the World Health Day was organized 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. In addition, an “environment solidarity walk “was organized by a local NGO with the support of WHO for the occasion of the WHD.

The first issue of the newsletter reflecting the country office work covering the period from January to June 2008 was produced. In addition, two documentaries illustrating WHO work were produced for the first two quarters of 2008.

On the other hand, the support to the school health programme that was planned under the Recovery and Reconstruction phase was intensified. In fact, WHO completed the following school health related interventions:

- distribution of the medical equipments to all 1,400 public school that will enable the schools to perform the Physical exam.
- launching of the fluoride gargle in selected public schools to reach 30,000 students between 10 and 12 years of age.
- catch up training for the designated 200 medical doctors affiliated to the ministry of social affairs (MOSA) for the school health programme
- Completion of the pilot project of the e-learning in 40 schools and preparations for further expansion
- launching of the School Health Environment Assessment, targeting in a first phase around 50 % of the schools across the country. The project was finalized in its implementation details in March 2008, training and selection of 120 surveyors was done in April 2008, field work started in May 2008 and is currently on going.
- monthly coordination meetings with the National Committee for School health and the High Commission for Oral health

## 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

In view of the difficult political situation that lead to the paralysis of the Parliament for more than one year, the integration of the FCTC into the Lebanese laws was deferred to 2009, although great efforts were done in that direction in 2006 before the July 2006 war

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

As part of the WNTD campaign, WHO supported local NGO (TFI) activity that targeted youth through the School Health clubs. Unfortunately, the country security and political situation was not favorable for a more intensive media campaign.

## **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

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 is supporting the archiving and updating the data base regarding the registered medical professionals at the MOH. In parallel, WHO is finalizing 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 is also supporting a project for updating the Hospitals data base( including hospital workforce) with the Syndicate of Private Hospitals. All the data bases obtained will be shared with the MOPH to optimize policy decisions once the national dialogue is launched.

**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 is on going. 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 is in process. In parallel, a project consisting of training the Army health workers (hospital and PHC centers affiliated to the army) on HCWM is currently being finalized. It is expected that implementation of the Army capacity building in terms of HCWM will be completed by December 2008.

## 2- Occupational Health programme

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

- national strategy for occupational health

Awaiting a more favorable political situation and availability of extra budgetary funds, the development of a national strategy for Occupational health was deferred to 2009.

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

One workplan areas 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.

Meanwhile, WHO provided local NGOs and the PHC centers with the national guideline prepared in 2006 regarding child and infant nutrition, to be used in selected awareness activities. More than 700 copies of the guidelines have been so far distributed.

### **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-Primnary 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 (11CBI 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, the NHIC team conducted one training workshop targeting PHC workers from NGOs on the GIS technology, reaching around 30 NGO staff. Promotion meetings with institutions to enhance the utilization of the NHIC resources is on going

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 is planned to Geneva HQ 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 as well as development of storage guidelines is deferred for 2009.

Meanwhile, several meetings were held to update the Essential Drugs List (EDL) with the MOH team. The finalization of the EDL was slowed down due to the prevailing security situation.

Regarding the activities related to Quality Control improvement of Pharmaceuticals, and since this is a highly sensitive and politicized issue in the country, it is deferred to 2009, taking into consideration that this activity is pending also availability of extra budgetary funds.

Meanwhile, WHO is supporting two initiatives:

-the Good Governance of Medicines (GGM): the first phase which consists of a rapid assessment was completed in January 2008. The second phase, which consists of developing recommendations and consensus was launched in April 2008. a national multidisciplinary committee is designated to implement the second phase of the GGM.

- the review of the Central Public Health Laboratory (CPHL) functions: the technical support mission initially planned to develop a quality control laboratory is now merged with a review mission for the CPHL, supported by WHO in collaboration with the AFSSAPS ( French health authority). The review mission had to be postponed from May 2008 to mid September 2008, due to the security situation in the country.

Implementation of the planned activities for improving the quality control of pharmaceuticals will depend on the recommendations of the review mission in September 2008 and on the availability of extra budgetary funds.

### **Comments and observations**

The above described achievements indicate that the implementation of some of the planned interventions, particularly those related to national consensus such as policy and strategy development, or launching of innovative interventions, was highly affected by the

political stability of the country. The political polarization, be it within the government institutions or the civil society hampered the initiation of activities that necessitate dialogue.

Moreover, the security situation greatly affected the implementation rate of certain activities particularly those related to capacity building. For example, from January to June 2008, the training workshops on RH and PHC contingency planning had to be rescheduled four times, incurring on the WHO team an additional burden in terms of organization and mobilization of participants. Similarly, technical support missions were restricted on several occasions, and some of the planned missions had to be postponed or rescheduled several times. Adding to this that on several times the security instructions at the UN did not allow free movement of the CO team, and many a times, WHO staff had to “work from home”.

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.