

Situation report Lebanon Blast

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intensive care

300,000 people remaining in

people left homeless as a result of the port blast

Emergency Medical Teams supporting provision of health services

Charter flights carrying health supplies arrived in Lebanon

Required by WHO to procure medical supplies and restore hospital capacity



Mental health and psychosocial support continues to be a priority area in the overall health response to the blast. WHO is closely working with National Mental Health Programme and partners, and an intersectoral mental health and pyschosocial support action plan was developed, with a focus on increasing access to services, optimizing coordination between actors, and ensuring public access to mental health awareness messages.

SITUATION

- Three hospitals remain non-functional as a result of the Beirut port blast, and three hospitals are partially functional.Out of 55 primary healthcare facilities, almost half are only fully operational and around 40 percent suffered moderate to serious damage and need rehabilitation. At least 160,000 vulnerable people residing in catchment area.
- The Beirut port blast had a direct impact on the COVID-19 response in Lebanon, further depletion of health supplies, PPEs, and other resources in primary, secondary, and tertiary care settings; high risk of exposure for health workers due to crowding of emergency departments and shortages of PPE; high risk of accelerated community transmission due to crowding (homeless people living with friends and relatives); increased population vulnerability coupled with poor adherence to public health and social measures; and reduced number of beds and ICU capacity for COVID-19 care due to the blast casualties
- Health workers remain overwhelmed, and facilities are facing challenges related to shortages of medicines, electricity and fuel.

WHO PRIORITIES

- Immediate emergency care for injured patients
- Ongoing assessments of health impact and humanitarian health needs
- Coordination of the international response, including Emergency Medical Teams
- Continuity of COVID-19 care

- Procurement of Personal Protective Equipment for health workers
- Provision of essential medical supplies to fill urgent gaps
- Rapid restoration of functioning of damaged health facilities

WHO RESPONSE

- WHO has developed a strategic response plan to limit illnesses and deaths attributable to the blast through ongoing care for the injured, maintenance and restoration of essential health and COVID-19 services, and urgent support for mental health and psychosocial needs. The strategic response plan pursues five major objectives and key activities, which will be complemented by a strong Monitoring and Evaluation (M&E) structure.
- From 8-10 August and 14-17 August, WHO completed a damage assessment of nine hospitals in Beirut following the port blast. The assessment aimed to rapidly document the damage that occurred in the hospitals that were affected most by the Beirut port and identify necessary repairs, as well as equipment and supplies that must be repaired or replaced. Each assessment team included the following experts: a nurse, a civil engineer, a biomedical engineer, a medical doctor (two teams were recruited).
- As part of the initial emergency response, WHO continued to receive shipments and donations. The second part of the Irish Aid in-kind donation of PPEs arrived on 17 August and the United Kingdom DFID in-kind donation of PPEs arrived on 18 August. A donation funded by the Russian government arrived in country from WHO's logistics hub in Dubai on 21 August.
- WHO completed successfully on 17 August the distribution of the 25 tons of PPEs previously received through the global supply and WHO Dubai Hub, which targeted 25 (11 public and 14 private) hospitals in addition to the Lebanese Red Cross and Civil Defense. The operation was facilitated through the deployment of young volunteers, who accompanied WHO Lebanon logistic team throughout the day.
- Support to the relocation of the Central Drug Warehouse and the national programs, including National AIDS Program and National Tuberculosis Program, continued to ensure that proper operation of such entities in terms of IT infrastructure and workflow.
- Four international Emergency Medical Teams (EMTs) that were deployed following the blast remain in the country.
 - Three EMTs (UK-EMT, Polish PCPT, Samaritian Purse) have now accepted to be tasked by WHO and MOHP to provide technical support for Covid 19 clinical management at six public hospitals 1) Baabda, 2) Bouar 3) Dahr el Bachek 4) Tripoli 5)Saida 6)Halba. They will start their clinical management support in the coming week and include IPC, protocols for ICU care, waste management, patient flow, rehabilitation patients, etc.
 - The Swiss humanitarian Aid EMT module for maternal and child health is being set up at Karantina hospital and will include rehabilitation of essential maternal and child health services at the hospital and transfer of patient that needs hospitalization and surgery to St George hospital.

WHO EMT coordinator will continue support to ensure that EMTs will work in a coherent and systematic way and follow joint strategies and WHO and Ministry of Public Health protocols.

- Mental health and psychosocial support continue to be a priority and a key element in the overall health response. WHO is closely working with the National Mental Health Programme and partners. An intersectoral MHPSS action plan was developed, with a focus on increasing access to services, optimizing coordination between actors, and standardizing awareness messages on main mental health related aspects of the event. Daily social media posts are shared, addressing different topics and misconceptions, with the latest posts on: When should a person seek support from a mental health professional following a traumatic event (English / Arabic), how people with pre-existing mental health conditions can cope (English / Arabic), and how to volunteer in the blast clean-up in a respectful way (English / Arabic) as well as how to manage insomnia (English / Arabic). Future actions include training, provision of mental health medications, as well as increasing specialized services.
- A series of focus group discussions are underway with different segments of the community to better understand the non compliance aspect of preventive measures in the behavior of the target audiences.

Focus group discussions are being conducted with youth volunteers, frontline health workers and patients in primary health care centers, risk communication and community engagement interagency working group members. Findings will be used to inform key message development as well as strategic risk communication and community engagement initiative planning and implementation.

- A draft risk communication and community engagement plan for the COVID-19 port blast response has been developed and shared with risk communication and community engagement interagency working group for discussion. The plan is built around the following pillars: leadership and internal coordination, community engagement interventions and message development, external communication and media mobilization, and risk communication and community engagement response to the negative environmental impact of the blast.
- Contact with different Lebanese media outlets is being conducted to reactivate coverage of COVID-19
 related topics, promotion of awareness messages and TV spots, and integration of topics in local talks
 shows and programs.

FUNDING NEEDS

 As part of its strategic response plan for the Beirut port blast, <u>WHO requires US\$ 76 million</u> to procure medical supplies and restore hospital capacity.

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