World Health Organization

Country Cooperation Strategy *at a glance*

Lebanon

http:// www.who.int/countries/en/

Key indicators: Lebanon

WHO region	Eastern Mediterranean
Child health	
Infants exclusively breastfed for the first six months of life (%) (2000)	26.6
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	81
Demographic and socioeconomic statistics	
Gender inequality index rank (2014)	78
Human development index rank (2014)	67
Health financing	
Total expenditure on health as a percentage of gross domestic product (2014)	6.39
Private expenditure on health as a percentage of total expenditure on health (2014)	52.39
General government expenditure on health as a percentage of total government expenditure (2014)	10.72
Health systems	
Physicians density (per 1000 population) (2014)	2.38
Nursing and midwifery personnel density (per 1000 population) (2014)	2.562
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	4.7 [2.2-8.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	8.1 [4.4-14.3]
Maternal mortality ratio (per 100 000 live births) (2017)*	23
Sustainable development goals	
Life expectancy at birth (years) (2015)	74.9 (Both sexes)
	73.5 (Male)
	76.5 (Female)
World Health Statistics	
Population (in thousands) total (2015)	5850.7
Population proportion under 15 (%) (2015)	24
Population proportion over 60 (%) (2015)	11.5
Literacy rate among adults aged >= 15 years (%) (2007-2012)	90

* http://www.emro.who.int/lbn/programmes/maternal-and-child-health.html
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Key indicators of health outcomes have improved considerably and constantly over the past decades:

- Between 2000 and 2015 5.1 years were added to life expectancy at birth.
- Infant mortality: 6.4‰ (1/4th of what it was in 1990). Less than 5 mortality rate: 8.3‰ and neonatal mortality at 4.8‰

The main cause of premature mortality are NCDs. NCD risk factors such as current smoking (38%) and insufficient physical activity (61%) are significantly elevated.

The impact of the crisis in Syria in terms of deteriorating social and environmental determinants of health, starts to be felt:

- Maternal mortality has gradually increased recently from 9/100,000 lb in 2014 to 23/100,000 lb in 2017.
- Mental health conditions, especially post-traumatic stress disorders, depression and anxiety are on the rise.

Outbreaks of vaccine-preventable and water-borne diseases occur related to crowding and poor hygienic conditions in refugee settlements

HEALTH POLICIES AND SYSTEMS

Main features of the health system are a dominant private sector (>85% of services), an active nongovernmental sector, and a public sector (MoPH) that gradually regained leadership in terms of policy making, sector regulation, and brokerage between multiple stakeholders.

The national Health Strategy 2017-2020 has four main pillars: (1) modernize and strengthen sector governance, (2) improve collective health and promotion across the life-cycle, (3) continue progress to Universal Health Coverage, (4) develop and maintain emergency preparedness and health security.

There is good coverage of services and high quality services are available in major cities. Some rural areas underserved.

The country has a surplus of medical doctors and a shortage of nurses and midwives. The total hospital bed capacity is 20.3 beds per 10,000 population.

The share of OOP in total spending dropped from 54% in 2000 to 32% in 2015. Total Health Expenditures as % of GDP is 7.03. The MoPH covers as 'insurer of last resort' cost of primary and hospital care for approximately 50% of the population. Less than 5% of the MoPH budget goes to preventive programs and interventions.

A program to introduce some preventative aspects of care through early detection of NCDs and provision of 'wellness' packages (NCD, MCH and Mental Health) at PHC for the most vulnerable Lebanese population aims at restoring the imbalance between preventive and curative care support.

A massive increase in demand for services due to the in-migration of approximately 1.5 million refugees from Syria is straining the health system. The government and humanitarian partners make huge efforts to ensure access to health care: in 2017 89% of refugees report that they had access to the ambulatory care they needed and 80% to hospital care.

COOPERATION FOR HEALTH

In response to the migration of huge numbers of refugees from Syria to Lebanon, the presence of international humanitarian partners has significantly increased.

The UN's cooperation is coordinated by the UN Resident and Humanitarian Coordinator along the United Nations Strategic Framework 2017-2020.

The Humanitarian Country Team and the Government of Lebanon collaborate on the basis of the jointly developed Lebanon Crisis Response Plan (LCRP) 2017-2020 to provide protection and humanitarian assistance to the most vulnerable – including Syrian displaced, Palestinian refugees, and Lebanese.

In addition to the UN agencies involved directly in health, namely WHO, UNICEF and UNFPA, UNHCR and other agencies and donors, such as the World Bank, Italian Cooperation and some bilateral agreements (Belgium, France, Greece, Spain, Sweden and Turkey) support interventions in health.

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Country Cooperation Strategy *at a glance*

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2023) <u>under development</u>	
Strategic Priorities (in support of the National Health Strategy)	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Health Coverage: System development toward Universal Health Coverage	• Strengthen Health Systems Governance and Evidence-Based Policy Making (Policy Support Observatory and National Policy Dialogue Fora) • Improve capacity for optimizing choice of medicines and health technologies for UHC to improve health systems efficiency and health outcomes (Health Technology Assessment capacity building) • Development of UHC service package based on DCP3; Private sector engagement in PHC service package delivery • Quality of care improvement at PHC and Public hospitals (standardization, performance indicators, quality management indicators, Infection prevention and control, accreditation) • Strengthening of health financing mechanisms (pre-paid financing model for PHC; strategic purchasing) • Human Resources for Health: HRH strategy development • Improving health data monitoring systems through stewardship, coordination, integration, advanced technologies: System automation at the MOPH centrally and peripherally; Interoperability of existing HIS systems; Development and progressive expansion of electronic medical record system; Civil Registration and Vital statistics (CRVS) system
STRATEGIC PRIORITY 2: Health Emergencies: Consolidating emergency preparedness and health security	• Contingency planning and response capacity development including support to regular drills of emergency response teams • Early warning alert and response system (simplifying reporting mechanisms; establishment of a secure interoperable real-time electronic system). • Infection prevention and control; Anti-microbial resistance (AMR); Influenza surveillance; • Environmental health: water safety and quality, medical waste management
STRATEGIC PRIORITY 3: Health priorities: Improving health and well-being	• Vaccine preventable infections: Polio AFP surveillance; Special immunization activities in response to outbreaks; Vaccination coverage surveys. • Maternal health • Mental health: Mental health reform; Mental health integration in PHC • Promotion of healthy lifestyles with focus on NCD risk factors: Tobacco: Salt intake; Physical inactivity

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