

Lebanon



Lebanon is a small country on the eastern coast of the Mediterranean sea with a total land area of 10 452 km². The natural resources of the country include limestone, iron ore and salt, but perhaps the most valuable resource of Lebanon, in a water-deficiency region, is water. However, the water management in terms of storage and use is far from being optimal. The main challenge in Lebanon is mainly its progress towards rebuilding the civil institutions and implementing economic reform. The country has only achieved a limited economic growth and is overburden with debt. Many authorities attribute this limited economic growth to the inability of the government to address important governance issues and addressing issues related to accountability within public institutions. In addition, the successive political agitations that have stricken the country since the 2006 July war and the lack of a true reconciliation have added to the economic fragility. Despite this, Lebanon still scores relatively well on its health indicators.

HEALTH & DEVELOPMENT

- **The efficiency of the health system** may be ameliorated. The health expenditure accounts for 10.2 % of the gross domestic product. Efforts to decrease regional and population access disparities through the expansion of the primary health care outlets succeeded in ensuring access equity, nevertheless, a large proportion of the health bill is directly incurred by households and the percentage of out of pocket expenditure on health is higher among the poor population.
- **Lebanon is in a state of epidemiological transition.** The country is facing a double disease burden. The acute respiratory infections, brucellosis and other zoonoses, are still significantly present. Concurrently, chronic ailments are becoming more prevalent, such as diabetes, hypertension, depression and cancer. Health related environmental problems and risky lifestyles are widespread.
- **Environmental concerns** include deforestation, soil erosion and desertification. Lebanon also suffers from heavy vehicular traffic, burning of industrial wastes and pollution of costal waters from raw sewage and oil spills. Health care waste management has been a major issue in the past few years with diverse effectiveness in the operating systems.
- **More than 80% of health service delivery is provided by the private sector.** The private sector has grown in an unregulated mode in the last three decades generating a supplier induced demand. The system lacks a gatekeeper and referral mechanisms. There is an oversupply of high technology services and hospital beds. Attempts at regulating pharmaceuticals (pricing, licensing) have been already initiated. A public hospitals autonomy law was put in place in 1996 and has resulted in a substantial increase in public hospital utilization. The quality of hospital care in Lebanon has witnessed a paradigm shift since May 2000, from a traditional focus on physical structure and equipment to a broader multidimensional approach, emphasizing managerial processes, performance and output indicators. The impetus for change has come from the Ministry of Public Health, which has developed and implemented a new hospital accreditation policy since 2002.
- **Strengthening Primary Health Care is a strategic goal of the health sector reform.** Lebanon has more than 800 primary health care outlets mostly run by NGOs. Over the past decade, the Government selected 120 primary health care facilities and reinforced their capacity to provide comprehensive primary health care services. Efforts to elaborate an optimal PHC package and to expand the PHC network to reach the most deprived communities are being undertaken.
- **Human resources for health (HRH).** There is an oversupply of doctors with an unbalanced diversity leaning towards a relatively high number of specialized doctors. Nurses are produced in sufficient numbers but with various degrees and varying level of qualifications. However, there is a problem in retaining nurses in the labor market due to the migration of highly qualified nurses. The main challenge is related to the lack of a uniform and clear policy and strategy on HRH development (diversity, distribution, number) and employment/retention policies (low salaries).
- **Health Information system (HIS)** is fragmented and data are collected through household based surveys such as the PAPFAM and MICS or through a hospital based epidemiological surveillance. An effort towards the expansion of the surveillance system to generate data from the PHC network and the private sector, through the creation of regional observatories and reinforcing the districts surveillance units, has started.
- **Legislation.** There is a clear need to update health legislations and to enforce the existing ones in view of the new developments.

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|---|------------|
| Total population (2007) ² | 3 928 000* |
| % of the population under 15 (2004) ¹ | 27.3 |
| Population distribution % rural (2004) ¹ | 15 |
| Life expectancy at birth in years ² | 71.3 |
| Under five mortality rate per 1000 live births (2004) ¹ | 19.2 |
| Maternal Morality rate Per 100 000 live births (2004) ¹ | 86.3 |
| Total Expenditure on health as % of GDP (2005) ² | 10.2 |
| General government expenditure on health as % of general government expenditure (2003) ² | 8.4 |
| Human development index rank out of 177 countries (2004) ³ | 88 |
| Adult Male (15+) literacy rate (%) ¹ | 93 |
| Adult female (15+) literacy rate (%) ¹ | 84 |

* excluding refugees

Sources

¹ PAPFAM Lebanon 2004

² Department of Statistics, MOPH 2007

³ Human Development Report 2007-2008

| OPPORTUNITIES | CHALLENGES |
|---|---|
| <ul style="list-style-type: none"> • A strong felt need and desires for health sector reform and collaboration with the private sector • Existence of high quality health care and trained staff in most categories | <ul style="list-style-type: none"> • Improving health care financing • Increasing health system efficiency • Strengthening of PHC network (package, expansion) • Improving partnership for health • Capacity building of the MOPH • Improving human resources development |

PARTNERS

Due to the presence of many development partners in Lebanon, coordination and collaboration mechanisms needs to be further reinforced. External aid for the health sector is received from different sources: UN entities like WHO, UNFPA, FAO, UNDP, UNAIDS, UNESCO, UNIFEM, UNICEF, as well as many donors and international governmental organizations such as the European Union, Italy, and Japan. The World Bank supported the reform loan originally set at US\$ 33.5 million. The Islamic Development Bank supported the expansion of the public hospital and primary health care network. In addition, bilateral donors such as Australia, Kuwait, Qatar, Saudi Arabia, Spain and International Organizations such as US AID, IOM, IHP, OPEC and others are assisting the health sector.

| OPPORTUNITIES | CHALLENGES |
|---|---|
| <ul style="list-style-type: none"> • There is presently a strong good will among the international community to support Lebanon • The existence of an active core of NGOs and private entities in the health sector | <ul style="list-style-type: none"> • Development of a clear vision for health and partnership • Establishment of a centralized repository and coordination body to effectively use and channel donations • Regulation and harmonization of the private sector and creation of linkages between the private and public sector • Coordination of NGOs and ensuring quality of services provided by them |

WHO STRATEGIC AGENDA (2005-2009)

The strategic directions for the WHO Cooperation Strategy for the next five years are:

- **Supporting/creating conditions and initiating actions that improve the determinants of health**, such as healthy environment, nutrition and food safety, poverty reduction, community empowerment, sustainable development, tobacco control, health supporting behaviour and healthy lifestyle.
- **Strengthening the health system**, including improving governance, health financing, institutional capacity and service delivery, human resources development, medical technologies and an integrated health information system.
- **Improving partnership for health development**, including educating/informing people, orienting and involving parliamentarians and national decision-makers, enhancing public-private sector collaboration, collaborating with UN entities, development banks and donors, and helping in coordination of external support for health.
- **Adapting to the challenges of globalization**, including supporting the Government in developing strategies and plans for accessing WTO, analysis and cost-effectiveness of training health professionals, and strengthening curative services for the international market.
- **Continuing support for control of both communicable diseases, such as HIV/AIDS and noncommunicable diseases.**

ADDITIONAL INFORMATION

WHO country office website

WHO country page

EMRO country profile page

WHO's Department for Health Action in Crises (HAC) country page

<http://www.emro.who.int/lebanon>

<http://www.who.int/countries/lbn/en>

<http://www.emro.who.int/emrinfo/index.asp?Ctry=leb>

<http://www.who.int/hac/crises/lbn/en/index.html>

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