

Lebanon



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WHO region	Eastern Mediterranean
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	81
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	76.5 (Female) 73.5 (Male) 74.9 (Both sexes)
Population (in thousands) total (2015)	5850.7
% Population under 15 (2015)	24
% Population over 60 (2015)	11.5
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	90
Gender Inequality Index rank (2014)	78
Human Development Index rank (2014)	67
Health systems	
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
Physicians density (per 1000 population) (2011)	3.2
Nursing and midwifery personnel density (per 1000 population) (2011)	2.72
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	4.8 [2.4-8.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	8.3 [4.7-14.0]
Maternal mortality ratio (per 100 000 live births) (2015)	15 [10 - 22]
Births attended by skilled health personnel (%) ()	
Public health and environment	
Population using improved drinking water sources (%) (2015)	99.0 (Urban) 99.0 (Rural) 99.0 (Total)
Population using improved sanitation facilities (%) (2015)	80.7 (Urban) 80.7 (Total) 80.7 (Rural)

HEALTH SITUATION

The population of the country is 4.1 million (2013). However, the country has now absorbed a 25% increase in the population due to 1 070 189 registered Syrian refugees (2015), with an additional 765 651 nonregistered displaced Syrians (2015). In addition to the Syrians, there are around half a million Palestinian refugees (including 44 000 Palestinian refugees from the Syrian Arab Republic) registered as of 2014 with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The population under 15 years is 24.6% (2013) and life expectancy at birth is 81.2 years (2012). The literacy rate for youth (15 to 24 years) is 98.7% and for all adults is 89.6% (2007).

The burden of disease attributable to communicable diseases is 6.1%, to noncommunicable diseases 84.9% and to injuries 9.1% (2012). The burden of communicable diseases has increased since the influx of the Syrian refugees into the country, however, the country has remained vigilant and poliomyelitis, measles and mumps immunization campaigns have been implemented to mitigate the risk of outbreaks posed by the refugee communities. The share of out-of-pocket expenditure is 37.3% (2012) and the health workforce density is 31.9 physicians and 29.3 nurses and midwives per 10 000 population (2013).

HEALTH POLICIES AND SYSTEMS

The Health Strategic Plan (2016 to 2020) identifies health sector priorities which include service delivery reform, better regulation and stronger partnership with the private sector. It underscores the importance of reinforcing information system transparency and accountability. The decision to provide universal health coverage to national residents is a considerable step towards reform at the social level. A national dialogue was launched a few years ago, and with the global engagement towards achieving universal health coverage, the government assumed its full responsibility to ensure funding. Current dialogue is focusing on how to ensure minimal adverse repercussions and the highest possible benefit from each fiscal operation. The role of the Ministry of Public Health in defining the targets of this coverage, in programming it, establishing its machinery and setting its priorities is clear and accepted by all. The Ministry of Public Health is engaged in the process of expanding the primary health care network to include around 50 new primary health care centres each year, eventually enrolling all 900 primary health facilities across the country. The objective is to increase access to subsidized basic health services in the most underserved areas. A national primary health care accreditation system is progressively being implemented, and a comprehensive basic package of services has been defined and costed. This is coupled with a referral system anchored in the public health system. Standards of care have been updated, standard operating procedures developed and disseminated in line with accreditation requirements, and the necessary equipment and training have been provided. A law for autonomy of public hospitals has been developed and enacted and a health financing model is being piloted based on a prepaid primary health care package and referral system to public hospitals when needed. Access to primary health care and hospital beds is high; however, the country suffers from a severe imbalance in human resources for health, with a surplus of medical doctors and a severe shortage of nurses, paramedical staff and health managerial staff. The resources are unequally distributed, favouring larger cities. As noted, a new system of contracting with the private sector is on its way to implementation, based on performance and quality standards.

The Ministry of Public Health has updated the national guidelines on good manufacturing practices and reinforced its inspection capacity. In addition, a review of pricing has been implemented, along with updating the list of essential and chronic medicines. A standardized system for eligibility criteria for support in terms of catastrophic illness medications (cancer, haemophilia, renal failure, rare diseases) supported by the Ministry of Public Health has also been established. In addition, the Ministry of Public Health has developed a national strategy for medical devices, with a short-term plan of action whereby regulations and standards are elaborated. The Ministry also has a subsidized programme for chronic diseases that provides medications at the level of primary health care for the poor and uninsured. Vaccines are provided free of charge in more than 500 primary health care centres and dispensaries, based on a national vaccination calendar updated periodically in partnership with scientific societies. Reinforcing the regulatory role of the Ministry of Public Health and ensuring financial sustainability for chronic disease medications, especially in light of the influx of Syrian refugees, are some of the challenges faced by the country.

In order to reduce fragmentation of information and ensure the timely flow of essential health information at all health care levels, as well as between various health care stakeholders, a national plan for e-health has been elaborated. A comprehensive assessment of civil registration and vital statistics has been completed and has generated some short-term recommendations that address the standardization and revision of death and birth certificates, as well as the flow of information between the Ministry of Interior and the Ministry of Public Health to determine cause of death. Improving coordination and collaboration with various key ministries for information sharing is one of the challenges faced.

COOPERATION FOR HEALTH

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

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020) under development	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Support health system resilience and further development</p>	<ul style="list-style-type: none"> • Support the development and implementation of an adequate health financing strategy. • Support the Government's development of a long-term vision and strategy, harnessing the role of the private sector and strengthening the role of the Ministry of Public Health as the principal steward. Support expanding the accreditation of primary health care, evaluating and expanding the primary health care revised package of services within the new financing modality, and monitoring quality of care at primary health care level. • Continue to support the Government's production of national health accounts.
<p>STRATEGIC PRIORITY 2: Promote child and youth health at all levels of health system & across all sectors</p>	<ul style="list-style-type: none"> • Support the expansion to cover all primary health care centres within the Ministry of Public Health network; monitor management outcomes; evaluate the cost-effectiveness of the initiative; and establish a national programme at the Ministry of Public Health. • Support the strengthening of the enforcement of tobacco control, with a focus on community and nongovernmental mobilization and advocacy for regulations, as well as to increase financial resources and staffing to support the programme. • Support monitoring the quality of reproductive health and maternal and child health care at the primary health care level. • Support the expansion of the Wadi Khaled outreach maternal and child health initiative to other underserved areas. • Support and further expand the neonatal and perinatal network, monitor obstetric and neonatal care quality and morbidity outcomes. • Continue to support the national school health programme.
<p>STRATEGIC PRIORITY 3: Develop and maintain health security</p>	<ul style="list-style-type: none"> • Support the reinforcing of the Ministry of Public Health response capacity centrally and at the qada (district) level, as well as conducting periodic preparedness assessments and updating contingency plans. • Support the finalization of regulations related to IHR; continuation of capacity-building on the standard operating procedures and IHR at points of entry; and reinforcement of multisectoral collaboration for IHR implementation. • Continue to support the crisis management unit with a dedicated team at the Ministry, developing a national health preparedness medium-term plan and continuing capacity-building and simulation exercises on hazards across the country are of the highest priority.
<p>STRATEGIC PRIORITY 4: Improve host and displaced population general health status in line with SDGs</p>	<ul style="list-style-type: none"> • Support the country's capacity to effectively address social determinants of health among the host and incoming populations and continue advocating for the integration of social determinants into the planning undertaken by health and other sectors in order to sustain and scale up actions. • continue to ensure vaccination of all refugees, and enhancing the sensitivity of the surveillance system to early detect and effectively respond to any possible importation of any diseases.