

Lebanon: Health Systems Profile

Health status (2015)

| | | |
|--|---------|------|
| Life expectancy at birth in years | total | 74.9 |
| | males | 73.5 |
| | females | 76.5 |
| Maternal mortality ratio per 100 000 live births | total | 15 |

Communicable diseases (2015)

| | |
|---|------|
| Tuberculosis notification rate per 100 000 (2014) | 12.2 |
| Incidence rate of malaria per 1 000 population | ... |
| Number of newly reported HIV cases | 113 |

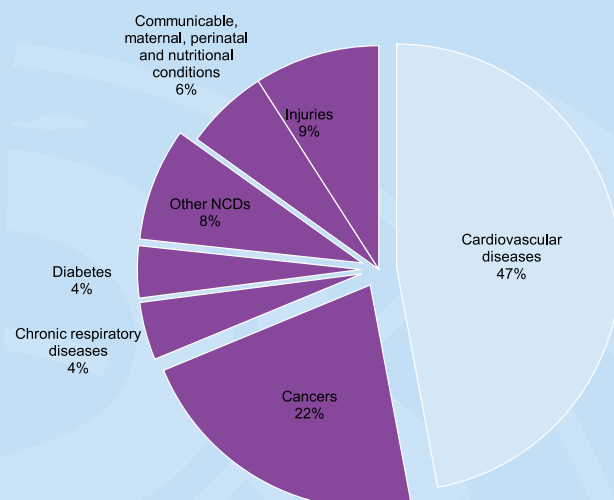
Behavioural risk factors

| | | | |
|---------------------------------------|-------|---------|-------|
| Estimated prevalence (%) | males | females | total |
| Current tobacco smoking (2014)* | 43.9 | 29.9 | 37.0 |
| Insufficient physical activity (2010) | ... | ... | 38.8 |

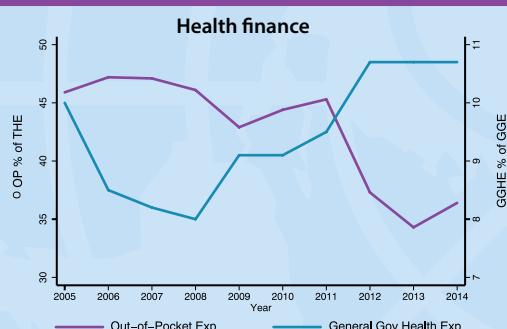
Metabolic risk factors

| | | | |
|-------------------------------|-------|---------|-------|
| 2014 estimated prevalence (%) | males | females | total |
| Raised blood pressure | ... | ... | 22.1 |
| Raised blood glucose | ... | ... | 12.6 |
| Overweight | ... | ... | 68.7 |
| Obesity | ... | ... | 31.9 |

Proportional mortality (% of total deaths, all ages, both sexes)

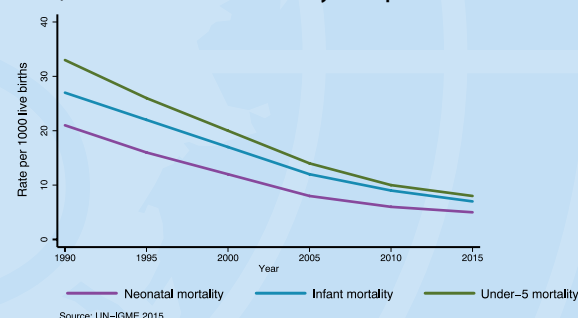


Expenditure and mortality trends



*GGHE % GGE is the general government health expenditure as % of general government expenditure
**OOP % THE is the out-of-pocket expenditure as % of total health expenditure

Neonatal, infant and under 5 mortality rates per 1000 live births



Health system: selected coverage interventions

| | |
|--|------|
| Antenatal care visits (4+ visits) | ... |
| Measles immunization coverage among 1-year-olds (2015) | 91.0 |
| Treatment success rate of new bacteriologically confirmed TB cases (2013) | 71.0 |
| DTP3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2015) | 91.0 |

Health system: finance (2014)

| | |
|---|------|
| General government expenditure on health as % of general government expenditure | 10.7 |
| Out-of-pocket expenditure as % of total health expenditure | 36.4 |
| Per capita total health expenditure at exchange rate (US\$) | 569 |

Health system: workforce (2015)

| | |
|--|------|
| Health workforce per 10 000 population | |
| Physicians | 32.0 |
| Nurses/midwives | 33.0 |
| Dentists | 12.9 |
| Pharmacists (2014) | 17.5 |

Health system: information (2012-2015)

| | |
|---------------------------------|------|
| Percentage of births registered | 95.0 |
| Percentage of deaths registered | 60.0 |

Health system: medicines and medical devices (2013)

| | | |
|--|---------|------|
| Availability of selected essential medicines and medical products in health facilities (%) | public | 75.4 |
| | private | 87.2 |
| Number of scanners (in public facilities) per million population ^a | CT | 25.1 |
| | MRI | 8.3 |

Health system: service delivery (infrastructure) (2015)

| | |
|---|------|
| Primary health care facilities per 10 000 population (2012) | 2.3 |
| Hospital beds per 10 000 population | 33.7 |

... No data available

^a Computed tomography (CT) and Magnetic resonance imaging (MRI)

* Age-standardized estimated

Please note the data sources are in the attachment

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities – Lebanon 2016

| Strengths | Weaknesses |
|---|---|
| <ul style="list-style-type: none"> Health governance based on open networking, participation and transparency involving all stakeholders and capitalizing on their resources A Health system with remarkable resilience in view of the threats exacerbated by the Syrian crisis. Highly trained and capable health workforce covering almost all cadres Substantial and steady improvement in health indicators despite the gloomy economic picture and limited environmental policies Health spending reaching 7% of GDP with noted success in reducing the share of out of pocket spending on health reaching 37% compared to 60% as of 15 years ago Well-functioning good governance in medicine programme Extensive experience gained from Ministry of Public Health and WHO collaboration in emergency-related programmes such as risk mitigation and emergency preparedness A clearly articulated national Health strategy in line with the SDGs | <ul style="list-style-type: none"> Successive crises and political instability has delayed the development of important policies especially in terms of human resources for health (recruitment to MOPH, reorganization, new programs and new services, incentives, retention and performance appraisal) and MOPH operation funding The Qadaa (district) health system has limited capacity, authority and resources to improve the population's health Significant and essential programs (PHC/UHC, vaccination campaigns, EWARS...) rely significantly on donor/ humanitarian support Financing is still more skewed towards curative tertiary care, and the high burden of health expenditure on households remains a concern Rapid growth of the private-for-profit, high technology health sector with limited funding to cover extra charges Despite continuous improvement of technical efficiency, allocative efficiency remains a concern Lack of political commitment to strengthen MOPH regulatory capacity |
| Opportunities | Challenges |
| <ul style="list-style-type: none"> Government's renewed commitment to adequate investment and expenditure on health towards achieving UHC and initiation of the PHC based UHC project Large number of nongovernmental organizations active in health and social welfare can lead to integrated collaborations and partnerships towards common health goals Presence of large numbers of bilateral and potential funding agencies for attracting more capital and technical assistance can be of added value if they are more strategic and focus on fewer priority areas Accelerated support to public sector investment in primary health care through the network of non-public and public facilities with standardization of services provided using emergency funds as leverage Modelling of a new performance based PHC financing Improving quality of care through expanding the accreditation system to PHC and upgrading hospital accreditation system Integration of new health services such as mental health and early detection of NCDs through a people centred approach at PHC level | <ul style="list-style-type: none"> The rapid demographic shift caused by the presence of Syrian refugees overstressing the health system capacity to its limits Development of a robust regulatory capacity of the Ministry of Public Health in the face of a dominant and expanding private sector institutionalization of existing multi-sectoral collaboration mechanisms to strengthen already built health programmes and help address newly emerging health challenges like non communicable diseases, and outbreaks risks Development of policies and incentive schemes to reduce migration and retain of qualified and capable staff within the system Strengthening health information systems including civil registration and vital statistics and promote their better use in decision-making Upgrading the MOPH infrastructure in terms of organogram and human resources profile to respond to changing public health needs and technologies Achieving the SDGs despite the negative repercussions of the Syrian crisis on population health and health system |
| Priorities | |

- Strengthen the capacity of the Ministry of Public Health to harness the contribution of the private sector through effective regulation, well designed contractual arrangements and attractive incentive schemes for better health outcomes
- Optimize the use of resources made available in the context of the Syrian crisis to leverage health system resilience and capacity development including:
 - Reinforce health system delivery through expansion of primary health care (coverage, scope of services, vulnerable populations outreach,...)
 - Strengthening of the role of public hospitals and ensure their financial viability
 - Reinforce health security through capacity building and expansion of EWARS
- Strengthen the role of the Ministry of Public Health as principal steward by establishing a multi-sectoral mechanism in order to effectively engage with all partners and stakeholders in the health sector
- Strengthen and integrate health information systems and surveillance, including civil registration and vital statistics, for better informed decisions and planning
- Develop and expand targeted programs for improving population health status(NCDs, MH, MCH, EPI, ...)