

# Lebanon: Health Systems Profile

## Health status (2013)

Life expectancy at birth in years	<i>total</i>	80.0
	<i>males</i>	78.0
	<i>females</i>	82.0
Maternal mortality ratio per 100 000 live births	<i>total</i>	16.0

## Communicable diseases (2014)

Tuberculosis notification rate per 100 000 population	14.0
Incidence rate of malaria per 100 000 population	...
Number of newly reported HIV cases	109.0

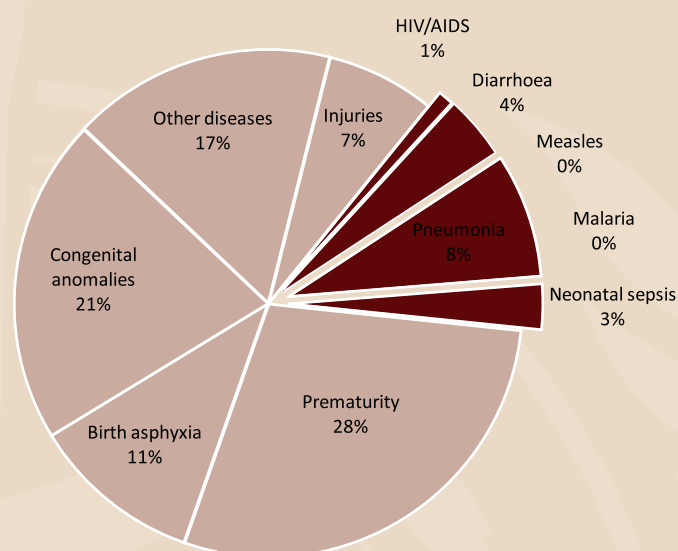
## Behavioural risk factors

Prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Current tobacco smoking (2011)*	29.9	43.9	37.0
Insufficient physical activity (2008-)	...	...	38.8

## Metabolic risk factors

2014 estimated prevalence (%)	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	...	...	22.1
Raised blood glucose	...	...	12.6
Overweight	...	...	68.7
Obesity	...	...	31.9

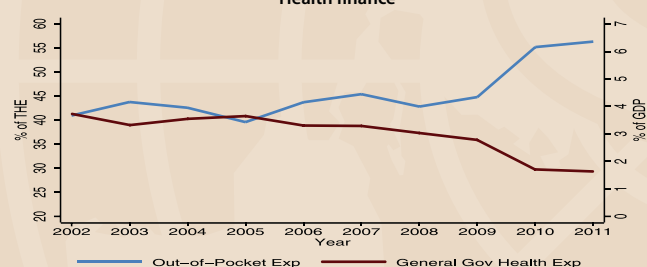
## Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 49% of all deaths among children aged <5 years

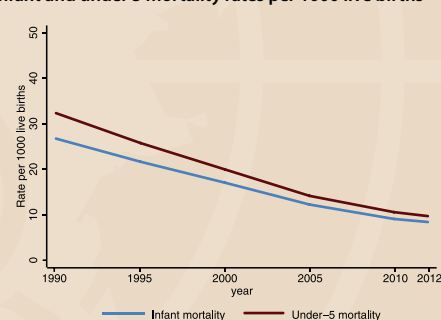
## Expenditure and mortality trends

### Health finance



\*GGHE%GDP is the general government expenditure on health as % of gross domestic product  
\*\*OOP%THE is the out-of-pocket expenditure as % of total health expenditure

### Infant and under 5 mortality rates per 1000 live births



## Health system: selected coverage interventions

Antenatal care visits (4+ visits) (2013)	...
Measles immunization coverage among 1-year-olds (2014)	98
Treatment success rate of new bacteriologically confirmed TB cases (2014)	71
DPT3-containing vaccine / Pentavalent coverage group among children under 1 year of age group (2014)	97

## Health system: finance (2013)

General government expenditure on health as % of general government expenditure	10.7
Out-of-pocket expenditure as % of total health expenditure	34.3
Per capita total health expenditure at exchange rate (US\$)	631

## Health system: workforce (2014)

Health workforce per 10 000 population	
Physicians	30.67
Nurses/midwives	33.01
Dentists	12.92
Pharmacists	17.47

## Health system: information

Percentage of births registered	0.95
Percentage of causes of death recorded	0.6

## 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 <sup>c</sup>	CT	25.09
	MRI	8.295

## Health system: service delivery (infrastructure) (2014)

Primary health care facilities per 10 000 population	2.3
Hospital beds per 10 000 population	28.5

... No data available

<sup>a</sup> International Classification of Diseases

<sup>b</sup> Gross domestic product

<sup>c</sup> 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 2015

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Highly trained and capable health workforce covering almost all cadres</li> <li>Ministry of Public Health networking capacity with nongovernmental organizations and the private-for-profit sector</li> <li>Substantial improvement in health indicators despite the gloomy economic picture and limited environmental policies</li> <li>Large number of health facilities offering good quality of services</li> <li>Integration of new health services such as mental health and early detection of NCDs through a people-centered approach at PHC level</li> <li>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</li> <li>Well-functioning good governance in medicine programme</li> <li>Large number of institutions with good capacity in training in public health and clinical disciplines</li> <li>Extensive experience gained from Ministry of Public Health and WHO collaboration in emergency-related programmes such as risk mitigation and emergency preparedness</li> <li>Health system has demonstrated remarkable resilience in view of the threats exacerbated by the Syrian crisis</li> </ul>	<ul style="list-style-type: none"> <li>Despite improved allocation of funds to health sector, focus is still more skewed towards curative and tertiary care, and the high level of catastrophic health expenditure remains a concern</li> <li>The Qadaa(district) health system has limited capacity and resources to improve the population's health</li> <li>Rapid growth of the private-for-profit, high technology health sector with limited government capacity to monitor quality</li> <li>High political turnover which has led to negative influence on the sustainability of some programmes and the initiation of new ones</li> <li>System of performance assessment and incentives for civil servants has not been developed or implemented</li> <li>Limited capacity of MOPH to recruit new staff with certain competencies with competitive benefits package compared to the private sector</li> </ul>
Opportunities	Challenges
<ul style="list-style-type: none"> <li>Government's renewed commitment to adequate investment and expenditure on health towards achieving UHC</li> <li>Formidable presence of different health professionals' associations, orders, syndicates and civil society that are willing to collaborate and partner with the public sector</li> <li>Large number of nongovernmental organizations active in health and social welfare can lead to integrated collaborations and partnerships towards common health goals</li> <li>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</li> <li>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</li> <li>Modelling of a new performance based PHC financing</li> <li>Expansion of the accreditation system to PHC and medical Labs will have positive impact on improving quality of care</li> </ul>	<ul style="list-style-type: none"> <li>Continued turmoil and political instability does not support long-term planning in health</li> <li>Influx of 2 million refugees with its impact on the health system</li> <li>The rapid demographic shift caused by the presence of Syrian refugees overstretches the health system capacity to its limits</li> <li>Development of a robust regulatory capacity of the Ministry of Public Health in the face of a dominant and expanding private sector</li> <li>Development of multi-sectoral collaboration mechanisms addressing newly emerging health challenges like non communicable diseases, and outbreaks risks</li> <li>Development of policies and incentive schemes to reduce migration and retain of qualified and capable staff</li> <li>Strengthening health information systems including civil registration and vital statistics and promote their better use in decision-making</li> <li>Upgrading the MOPH infrastructure in terms of organogram and human resources profile responding to the changing public health needs and technologies</li> <li>Maintaining the gains of the MDGs despite the negative repercussions of the Syrian crisis on population health and health system</li> </ul>

### Priorities

- Develop a long-term vision, strategy and roadmap for the health sector that ensures achievement of universal health coverage
- Reinforce health system delivery through revitalization of primary health care and strengthening the role of public hospitals
- Reinforce health security through capacity building and expansion of EWARS
- 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 capacity and development
- 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
- Support innovative strategies to sustain health system resilience and health security in the context of heavy burden resulting from the Syrian refugees Crisis

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**World Health Organization**

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