



#### PEOPLE AFFECTED

**1.5 million** displaced Syrians currently living in Lebanon in need of health services

**1.5 million** vulnerable Lebanese affected by the Syrian crisis

#### HEALTH CONTEXT

- Increase in utilization of health services
  - 50% at PHC level
  - 35% at hospital level
- Increased risk of infectious disease outbreaks (polio, measles, watery diarrhea, tuberculosis)
- Capacity / quality gaps in PHC services
- Severe understaffing at key MOPH programs

#### KEY ACHIEVEMENTS supported by WHO in 2016/2017

- 172,000 individuals with chronic diseases are receiving treatment
- More than 2,000 national healthcare workers trained on various health interventions
- 40 PHC facilities capable of providing basic and emergency mental health care
- Health security improved: contingency plans for health emergencies & hazard management teams
- Youth health promotional activities at 300 public and private schools
- Lebanon kept polio free in the presence of an ongoing Polio outbreak in Syria (more than 300,000 children vaccinated)
- Health monitoring: Vaccination coverage survey; School-based student health survey; Non-communicable diseases risk behaviour and prevalence survey



WHO cholera risk assessment mission, informal settlement of Syrian refugees, Bekaa, Lebanon. Photo credit: WHO/O. Maher.

#### Persisting challenges (2018)

As in previous years, the government of Lebanon, – while maintaining its open door policy in terms of access to social and medical services in the country -, will not be in the position to cover the cost of health services for refugees.

Humanitarian partners will need to continue their support to maintain achievements in terms of access to health care for acute and chronic diseases and health security. At the same time, quality and efficiency of service delivery must improve.

#### WHO's contribution in 2018

WHO, - while engaging with health partners in all aspects of the health sector response -, will focus its support on filling service gaps (primarily medications), improving service delivery and on building capacity of health system institutions with a longer term perspective of Lebanon achieving Universal Health Coverage. (See overleaf: challenges, mitigation measures and estimated cost).



Challenges to be addressed	Interventions	Estimated cost (US\$)
<b><i>Equitable access to primary health care (PHC)</i></b>		
Sustained access to care for non-communicable chronic diseases	Procurement and dissemination of chronic medications	5,200,000
Access to mental health services	Consolidation and expansion of integrated mental health in primary care services; Establishment of referral community centers	790,000
Insufficient vaccination coverage; Low utilization of immunization services	Vaccination coverage monitoring; Community mobilization and vaccination campaigns (UNICEF/WHO)	350,000
Stock-outs and expiry of medicines and vaccines	Strengthening of the procurement and supplies / stocks management; Expanding use of Phenics system	800,000
Wide variations in quality of primary care and referral hospital services	Introducing people-centered care at PHC (pilot 10 facilities); Introducing the Electronic Medical Record; Introducing quality management in public hospitals;	4,350,000
Co-existence of various models of health care delivery and financing (e.g. flat rate per client; re-imburement for selected services)	Integration of successful models and expansion of one harmonized, efficient financing model	1,000,000
Insufficient human resources capacity at MOPH	Temporary secondment of human resources	1,890,000
<b><i>Health security</i></b>		
Weaknesses in the Early Outbreak Warning, Alert and Response system (EWARS)	Country-wide introduction of an electronic surveillance system; Reinforcement of infection control	890,000
Inadequate preparedness for emergencies	Contingency planning and establishment of Hazard Management Teams at Mohafazas	480,000
<b><i>Mother, child and adolescent health</i></b>		
High risk behaviours among youth	Expansion of school health program	150,000
Under-utilization of MCH services; Increased risk of maternal and neo-natal deaths	Building capacity for (i) monitoring of maternal and child morbidity and mortality; (ii) emergency obstetric and neonatal care	310,000