

LEBANON

People in need
1.9 million

People targeted
600 000

Requirements
US\$ 48.14 million

Context

Lebanon is grappling with the continued impact of the Syrian refugee crisis which has been intensified over the past 24 months by a financial and fiscal crisis, the COVID-19 pandemic and the explosions in the port of Beirut. These concurrent emergencies have culminated in the current political crisis. Poverty levels are rising rapidly and health gains are increasingly being lost. The impact on the health sector is devastating. The political paralysis makes it difficult to effectively implement public health interventions. The economic deterioration is leading to decreases and delays in the importation of critical medical and health goods and acute shortages in medicines and medical supplies. Social instability results in the migration of health care workers. Moreover, the infrastructure collapse has caused a decline in operational capacity, safe services, and the sustainability of health facilities (fuel and electricity, water and sanitation, and transportation). The financial crisis has also decreased the purchasing capacity for health services, increased out-of-pocket health expenses, reduced the financial viability of health service delivery outlets, and delayed hospital reimbursement schemes.

Response strategy

With more than 70% of the Lebanese people and more than 90% of the refugees living below the poverty line, access to health care is progressively decreasing due to the crisis. Hospitals are operating at 50% capacity, and medicine shortages have been repeatedly observed. Health indicators are deteriorating, with increases in maternal mortality and overall morbidity and mortality from non-communicable diseases.

WHO will focus on supporting populations in the most vulnerable settings and addressing critical health system shortfalls, particularly supporting primary health care (acute, chronic, and psychotropic) and ensuring availability of life-saving medications for catastrophic illnesses. WHO will also prioritize support for selected human resources for health, such as at the Ministry of Public Health for critical programmes, primary health care facilities, and public hospitals alongside reimbursement for hospitalization to the most vulnerable. In addition, WHO will support the expansion and quality improvement of public hospitals, including the provision of equipment for emergency rooms and training on infection prevention and control and patient care. WHO will also lead health sector resilience and reform, including pharmaceutical governance (barcode system, health technology assessment and traceability, pricing); research for policy development; human resources for health retention policy; private-public partnership regulation; upgrade of the health management information system; emergency preparedness and response plan; surveillance capacity; and quality improvement. WHO will continue coordinating multiple health response plans, including the Lebanon Crisis Response Plan, the Relief Recovery and Reconstruction Plan put in place after the Beirut port explosions, and the new Emergency Response Plan for the financial and economic crisis.



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Country priorities

Ensure continuity and timely access to quality health care within the overall umbrella of universal health coverage.

- Ensure access to medicines for chronic non-communicable diseases, and acute and catastrophic illnesses at the primary health care level for at least 750 000 vulnerable patients.
- Ensure that at least 2000 most vulnerable patients with COVID-19 and non-COVID-19 conditions are covered for hospitalization.
- Support at least 12 public hospitals with equipment, staffing, fuel, and personal protective equipment to provide COVID-19 and non-COVID-19 care.
- Train at least 600 health care workers on infection prevention and control, advanced life support, and quality of care for COVID-19.

Support the resilience and capacity building of the health system within an overall health sector strategy, which focuses on recovery and reform of the health system.

- Ensure a fully operational barcode system that is linked to the Logistic Management System, Health Technology Assessment, and pricing programmes at the Ministry of Public Health.
- Ensure finalization and implementation of the National Health Sector Five-Year Strategy.
- Improve capacity of at least 12 public hospitals for COVID-19 and non-COVID-19 quality care.

Build and foster partnerships in health through coordination and mainstreaming of resources for health as an overall health sector lead.

- Merge and harmonize the health sector coordination mechanism among the various response frameworks.

COVID-19 response

WHO's response priorities align with the health sector 2021–2022 Emergency Response Plan. WHO will work to increase access to life-saving in-hospital care for COVID-19 by covering patient costs based on pre-defined social vulnerability and medical criteria via third party administrators. Continuous support for nursing staff in COVID-19 units in 12 public hospitals will be provided, and the addition of oxygen generators and paediatric intensive care unit beds will likewise be a focus area. WHO will support COVID-19 testing and surveillance capacity by providing staff to the Ministry of Public Health epidemiology and surveillance unit on a temporary basis, procurement of polymerase chain reaction kits, antigen testing kits, and provision of personal protective equipment. WHO will also support public laboratories with testing supplies and materials, and an external quality assurance system. In addition, WHO will support risk communication and community engagement, with a focus on behaviour change, and the promotion of timely care-seeking and preventive public health measures. Lastly, WHO will continue to lead coordination of the emergency COVID-19 health response via the health sector.

WHO provided essential supplies, including PCR test kits, to strengthen COVID-19 testing capacity in Beirut. © WHO / Hala Habib



Overall country funding requirements for emergency response, including COVID-19, by pillar (US\$ million)

Pillars	Emergency response	COVID-19/ACT-A	Total
P1. Leadership, coordination, planning, and monitoring	0.17	0.05	0.22
P2. Risk communication and community engagement	0.12	0.14	0.26
P3. Surveillance, case investigation, and contact tracing	3.00	-	3.00
P5. Diagnostics and testing	0.27	-	0.27
P6. Infection prevention and control	1.34	-	1.34
P7. Case management and therapeutics	7.88	1.07	8.95
P8. Operational support and logistics	0.32	0.37	0.70
P9. Essential health systems and services	0.72	27.23	27.95
P10. Vaccination	5.42	-	5.42
P11. Research, innovation, and evidence	0.04	-	0.04
Total	19.27	28.87	48.14

For more information

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