



# Public Health

## 1 - Analysis of the Current Situation

### • State of the health system:

The Lebanese health system is mainly oriented toward curative care (treatment), with a rapid increase in the number of private hospitals and high-tech medical centers. Before the war of July 2006, the government had made significant efforts to strengthen its institutional capacities and promote the public health sector and its role in providing health services. However, over 80% of hospital beds are in the private sector, most emergency services are either provided by the private sector or by private clinics, and most of the primary health care services are provided by health centers run by NGO's.

Due to the lucrative nature of health services, the health sector favored the large, high-income cities at the expense of poor communities, thus leading to a disproportionate access to health and treatment services.

However, the Ministry of Public Health (MoH), as a last resort for covering the treatment expenses of citizens with no social security coverage and promoting primary health services through a network of primary health centers in collaboration with NGO's, has contributed greatly to improving the access of the poor to treatment, despite regional disparities and the uneven provision of health services.

Several initiatives were launched in

order to improve the management and quality of health services, in particular the classification of hospitals and the establishment of advanced primary health centers. Initiatives also included the public hospitals autonomy law, the project Child and Maternal Health in the Akkar region, the establishment of the Control Program for Tuberculosis, the National Program against AIDS, and the National Program for Non-Contagious Diseases etc...

Attempts to improve health information systems were also made, including several national studies (household spending study and health accounts study).

Lebanon's spending on health, as a percentage of the national income, is currently the highest in the Middle East and North Africa (US\$ 510 per capita, and 10.6% of the national product in 2003).

Six government health funds cover around 38% of the population, while 8% are covered by private insurance companies.

As for the remaining 54% of the population, it is the MoH that covers their high-cost hospital and pharmaceutical services.

Scattered funding and the lack of control over the private market seriously impede MoH and public insurance funds from purchasing health services at a good price from the public sector.

Only 5% of the public health sector expenditure are allocated to primary

health care services.

Actually, the use of the primary health care network is extremely low, and it seems to be motivated by the availability of free medications.

The introduction of primary health care centers assessment is being planned. Attempts to implement the mandatory transfer system, from health centers to hospitals, have been made.

On the other hand, MoH has been suffering from deficit since 1996, and most of the public sector's health expenditure (representing 20% of total expenditure) is allocated for treatment services.

In an attempt to reduce hospitalization costs, MoH has fixed the cost of medical procedures, and it is introducing the DRG hospital reimbursement system.

Generally speaking, there is a need to define roles and improve activities on the different levels of health systems in order to prevent the waste of limited resources, set health standards and improve the quality of health services.

Concerning the health reform, the self-evident question is: will the current health expenditure remain the same?

The main points adopted by MoH for the sector's reform, in order to control health expenditure and provide efficient and even health services at a reasonable cost, lie in achieving the following goals:

(1) Improving general health conditions in all regions through a better allotment of the resources of both the public and

the private health sectors.

(2) Increasing the Ministry's capacity for controlling health services quality and rationalizing the Lebanese health sector financing.

(3) Improving and balancing the provision of health services.

(4) Promoting and developing a comprehensive strategy for the health sector.

## 2 - The main achievements of the (1992-2008) period

### • Health sector policy studies and technical assistance:

Several important studies dealing with health policy have been completed, the main study being that aiming at establishing the "Health Map System". Moreover, within the framework of the Health sector Rehabilitation project, financed by the World Bank and the Lebanese government, the following studies were completed:

- Hospital accreditation study (Phases I and II) for the classification of hospitals in Lebanon, based on standards and norms set by MoH.

- Setting the medical protocol related to most surgical procedures paid by MoH in private and public hospitals.

- Hospital autonomy study (phase I), covering the formation of autonomous management boards for public hospitals. The hospital autonomy law is implemented at the financial and administrative levels in all new hospitals.

### • Strengthening primary health care:

Twenty eight (28) health care centers were constructed and completed in all regions of the country. These projects were financed by several donors:

- A grant by the Kuwaiti government, through which eight (8) health centers were established.

- A grant by Prince Al Waleed Bin Talal, through which eight (8) health centers were established.

- A loan from the World Bank, through which eight (8) health centers were rehabilitated and equipped.

- The Lebanese government rehabilitated three health centers; the supply of necessary equipment was funded partially by the Italian government.

- The Lebanese government completed the establishment and equipment of a health center financed through a grant by Prince Al Waleed Bin Talal.

- Providing hospitalization services to all Lebanese regions.

Eight (8) new hospitals of various capacities were so far completed in several regions: Works for Beirut Governmental University Hospital (BGUH) were completed (540 beds), four (4) new public hospitals were also completed and are now in actual operation in the following regions: Nabatieh (75 beds), Tannourine (40 beds), Rachayya (40 beds) and Sir al Denniye (40 beds).

Moreover, rehabilitation works of Tibnine Governmental Hospital (75 beds), Jezzine hospital (40 beds), Hasbaya Hospital (40 beds), and

Marjeyoun Governmental Hospital (40 beds) have been completed.

Construction works of three (3) new public hospitals have also been completed: Halba hospital (75 beds), Sibline Hospital (75 beds) and Hermel hospital (75 beds).

Expansion and rehabilitation works of four (4) governmental hospitals have been completed within the framework of the health sector rehabilitation project. These are: Tripoli, Baalbek, Shahhar el Gharbi and Dahr el Basheq hospitals.

### **3 - Progress, during 2008, in contracts awarded before 2008:**

- Zahlé Hospital: (125 beds): works in Zahlé Hospital were achieved through a grant provided by the Kingdom of Saudi Arabia and the Islamic Development Bank (IDB).
- Saida Hospital (125 beds): works in Saida Hospital were completed through a grant provided by the Kingdom of Saudi Arabia and IDB.
- Kesserouane Hospital (75 beds): construction works and major equipment installation, financed by OPEC Development Fund and IDB, were completed. The remaining equipment installation will be funded by the IDB.
- Finalization of Phase II of Jezzine Governmental Hospital (40 beds): rehabilitation works started in February 2006. Equipment installation is expected to start in May 2009 and end in March 2010.

As for primary health centers, works are underway in the Labweh, Chebaa, Kheyam and Rmaich Health Centers.

The main studies under preparation are: the national nursing training program which covers a study for developing institutional activities through the training of nurses and establishment of a national nursing authority; and the health sector reform study aiming at improving the primary health system to be adopted by MoH.

### **4 - The main contracts awarded in 2008:**

#### **- Becharreh Governmental Hospital:**

CDR has already awarded the rehabilitation works and procurement of equipment for Becharre hospital, financed by a grant provided by the Kingdom of Saudi Arabia.

Works began in May 2008 and are expected to end in May 2009.

#### **- Kesserouane Governmental Hospital:**

Three (3) lots of medical equipment for Kesserouane Government hospital were procured through a grant by IDB and OPEC. Installation of the first lot of equipment started in January 2008. Installation of all three lots is expected to be achieved by July 2009.

#### **- Tibnine Governmental Hospital:**

The equipment of Tibnine Governmental Hospital has been underway since January 2008, and it is expected to end in September 2009.

### **5 - The main projects under preparation for the (2009-2011) period**

Baabda hospital (125 beds): Rehabilitation works, financed by the Lebanese Government, began in

January 2003. However these works were suspended as a result of revocation of the contract and CDR is about to re-award the remaining works, which will be financed in the form of a grant provided by the Italian Government. These are expected to start in June 2009 and end in June 2010. The medical equipment, procured through French financing, will be installed as soon as rehabilitation works are finalized.

Rehabilitation of Qarantina hospital to convert it to a specialized Child Care Hospital, according to the decision taken by MoH. Works are expected to start in November 2009 and end in November 2012.

The tender related to the procurement of medical equipment for Bint Jbeil Governmental Hospital, which was supposed to be financed by IDB, was cancelled because Qatar pledged to implement this project. The equipment operation started in April 2008 and it is expected to end in April 2009.

Equipment of Tibnine Governmental Hospital (75 beds): The relevant medical equipment contract was awarded to the winning bidder. However, the hospital was damaged during the Israeli war and it still needs rehabilitation work, which will be handled by CDR in 2009. The relevant tender documents, financed in the form of a grant provided by Belgium, are complete and works began in February 2009 and are expected to end in August 2009. Procurement and installation of equipment, financed by IDB, started in November 2008 and they are expected to end in September 2009.

**\* Tripoli, Tannourine and Seer El Dinieh Hospitals:**

CDR is preparing a study for the additional equipment needed by these hospitals, which will be financed by IDB. Works are expected to start in November 2009 and end in February 2010.

**\* Sour Governmental Hospital:**

CDR is preparing to start the study for Sour Hospital works (75 beds). Works are expected to start in July 2010 and end in July 2013.

**\* Sarafand Governmental Hospital:**

Construction and equipment works of Sarafand Governmental Hospital are expected to start in November 2009 and end in November 2012.

Construction and equipment of a hospital specialized in the treatment of war and accident casualties (US\$ 20 million), financed in the form of a grant provided by the Turkish government. CDR shall commission a consultant to study the specialized hospital, after allocating the plot of land for the relevant building. Works are expected to start in October 2009 and end in October 2011.

- The construction and equipment of a field hospital of 45 beds in Minieh with a grant made by the

Kuwaiti Red Crescent. CDR is preparing the necessary studies for the works that are expected to start in July 2009 and end in April 2011.

- The rehabilitation of Orange Nassau Governmental hospital, financed by a grant from KSA, will soon begin. Works are expected to start in April 2009 and should be completed in September 2010.

- KFAED is financing the rehabilitation works and procurement of additional equipment for the hospitals and health centers already financed by it, including Nabatieh, Rachayya, Tannourine, Sir al Deniyeh and Meis al Jabal. KFAED is also studying the possibility of constructing and equipping a health center in Rahbeh.

- A dispensary financed by MP Saad El Dine El Hariri is being constructed and equipped in Batroun.

- Labweh Health Center: Construction works of Labweh Health Center were completed at the end of September 2007. Equipment installation started in June 2008 and it is expected to end by the end of this year.

- Equipment and rehabilitation of

Saida Medical Center and Kherbet Kanafar Developed Health Center.

- CDR is working on providing Saida Medical Center with the necessary equipment which will be financed by the Greek government. Works shall begin in June 2009 and completion is expected in December 2009.

- Rehabilitation works of Khorbet Kanafar Developed Health Center are expected to start in May 2009 and end in November 2010.

- Construction, rehabilitation and equipment of Health Centers in Saksakieh, Khelwat, Jbaa, Booday, Terbol, Damour, Ghobeiri, Ghazeer and Amchit, potentially funded by IDB.

- The establishment of a blood bank in the Rafik Hariri Governmental Hospital is being studied and will potentially be financed by IDB.

- CDR is discussing with external donors the possibility of financing a governmental hospital in the Jbeil district.

- In coordination with MoH, the construction of a new building more suited to the Ministry's role of controlling the Lebanese Health sector planning, is being prepared.

## The main contracts awarded in 2008

Project	Value (USD)	Source of funding	Starting	Expected completion
Equipment of Bcharreh governmental hospital	1,435,932	KSA (grant)	May 2008	June 2009
Procurement and installation of medical equipment for Kesserouane Governmental Hospital	3,844,982	- OPEC - IDB	January 2008	July 2009
Equipment of Tibnine Governmental Hospital	3,094,592	IDB	November 2008	September 2009

## Public Health Completed, Ongoing & Under Preparation Projects



### The main projects under preparation for the (2009-2011) period

Project	Value (USD)	Source of funding	Starting	Expected completion
Equipment of Baabda Governmental Hospital	5,600,000	Italy (grant)	June 2009	December 2010
Kherbet Kanafar Health Center	700,000	Greece (grant)	May 2009	November 2010
Construction and equipment of a Hospital specialized in burns	20,000,00	Turkey (grant)	October 2009	October 2011
Construction and equipment of Sarafand Governmental Hospital	8,000,000	IDB	November 2009	November 2012
Construction and equipment of Sour Governmental Hospital	10,500,000	IDB	July 2010	July 2013
Rehabilitation of Quarantina Hospital	7,000,000	IDB	November 2009	November 2012
Establishment and equipment of a prefabricated Hospital in Minieh	6,500,000	Kuwait (grant from the Kuwaiti Red Crescent)	April 2011	July 2009



*Health Center at Laboue*