

Public Health



1-Analysis of the Current Situation

• The Health System Current Situation:

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 July war of 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 performance assessment for primary health care centers 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 wasting resources, set health standards and improve the quality of health services.

Concerning 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:

- Improving general health

conditions in all regions through a better allotment of the resources of both the public and the private health sectors.

- Increasing the Ministry's capacity for controlling health services quality and rationalizing the Lebanese health sector financing.
- Improving and balancing the provision of health services.
- Promoting and developing a comprehensive strategy for the health sector.

2- The main achievements of the (1992-2010) period

Health sector policy studies and technical assistance:

Several important studies dealing with health policy have been completed, the main study was establishing the "Health Carte Sanitaire". 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 covered by MOH in private and public hospitals.

- Hospital autonomy study (phase I), aims at establishing 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



Orange Nasso Hospital



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 Diniyeh (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.

- **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.

- **Keserwane 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.

- **Becharreh Governmental Hospital:**

CDR awarded rehabilitation works and procurement of equipment for Becharreh hospital, financed by a grant provided by the Kingdom of Saudi Arabia. Works began in May 2008 and ended in September 2009.

- **Bint Jbeil Governmental Hospital:**

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 the State of Qatar pledged to implement this project. The equipment operation started in April 2008 and ended in April 2009.

Moreover, a dispensary was established and equipped in Batroun, financed by Prime Minister Saad el Hariri.

3- Progress, during 2010, in contracts awarded before 2010:

- Finalization of Phase II of Jezzine Governmental Hospital (40 beds): rehabilitation works started in February 2006. Equipment installation started in October 2009 and ended in September 2010. The hospital is currently being equipped with an

intensive care unit.

- **Keserwane Governmental Hospital:**

Three (3) lots of medical equipment for Keserwan 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 2010.

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 needs rehabilitation, which will be handled by CDR in 2009. The relevant tender documents, financed in the form of a grant provided by the Belgian government, are complete. Works began in January 2009 and are expected to end in April 2011. Procurement and installation of equipment, financed by IDB, started in April 2009 and are expected to end in May 2011.

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. Works started in August 2009 and ended in January 2011. The Turkish party was in charge of the project implementation.

- Preparations were made for the construction and equipment of a field hospital of 40 beds in Minieh with a grant by the Kuwaiti Red Crescent. CDR prepared the necessary studies. Works have started in November 2009 and are



Elminieh Hospital

expected to end in August 2011.

- The rehabilitation of Orange Nassau Governmental hospital, financed by a grant from KSA, has started in May 2009 and it should be completed in November 2010.

As for primary health centers, works are underway in Labweh, Chebaa, Khiyam and Rmeich health centers.

The main studies under preparation are: 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 health sector reform study aiming at improving the primary health system to be adopted by MoH.

4- The main contracts awarded in 2010: construction of a new building for MOH:

- In coordination with MOH, the construction of a new building, more suited to the Ministry's role of controlling the Lebanese Health sector planning, began in September 2011. Construction and equipment works are expected to extend over three years.

- Tibnine Governmental Hospital:

- Two lots of additional medical equipment for the Tibnine Governmental Hospital were procured and installed. Works were started at the end of 2010 and are expected to be completed by June 2011.

- Labweh Health Center: Construction works of Labweh Health Center were completed at the end of September 2007. Equipment installation started in December 2010 and is expected to end in April 2011.

- In coordination with MOH, two feasibility studies were conducted for the construction and equipment of two governmental hospitals, one in Sarafand and another in Sour, in addition to a third feasibility study concerning the rehabilitation and equipment of the Qarantina Governmental Hospital. The relevant studies were started in March 2010 and completed by the end of 2010.

5- The main projects under preparation for the (2010-2013) 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 the

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 2012 and end in June 2013. The medical equipment, procured through French financing, will be installed as soon as rehabilitation works are finalized. The remaining equipment will be bought through a financing from the IDB. Works are expected to start in 2011 and extend over two years.

- Rehabilitation of Qarantina hospital to be converted into a specialized Child Care Hospital, according to the decision taken by MOH. Works are expected to start in April 2011 and end in April 2013.

• Tripoli, Tannourine and Siral Diniyeh 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 January 2012 and end in June 2012.

Sour Governmental Hospital:

CDR is preparing to start design for Sour Hospital works (75 beds). Following the feasibility study, works are expected to start in May 2011 and end in May 2014.

• **Sarafand Governmental Hospital:**

Following the feasibility study for construction and equipment of Sarafand Governmental Hospital, works are expected to start in May 2011 and end in May 2014.

- KFAED is financing rehabilitation works and procurement of additional equipment for the hospitals and health centers it already financed, including Nabatieh, Tannourine, Sir al Diniyeh and Meis al Jabal. KFAED is also implementing the construction and equipment of a health center in Rahbeh.

- 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 started in April 2011 and completion is expected in December 2011. Rehabilitation works of Kherbet Kanafar Developed Health Center have started in April 2011 and completion is expected in December 2011.

- Construction, rehabilitation and equipment of Health Centers in Saksakieh, Khelwat, Jbaa,

Booday, Terbol, Damour, Ghobeiri, Qana, Ghazeer and Aamchit, will also be 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 coordinating the preparation for the construction of a governmental hospital in Jbeil district with the MOH, to be financed by the Saudi Fund. Works are expected to start in May 2012 and end in May 2015.

The main contracts awarded in 2010

Project	Value (US\$)	Source of Funding	Starting	Expected completion
Providing additional equipment for the Tibnine Governmental Hospital	6,615,533	IDB	December 2010	June 2011
Constructing and equipping a new building for MOH	13,101,037	The Lebanese Government	September 2011	September 2013

The main projects under preparation for the (2010-2012) period

Project	Value (US\$)	Source of Funding	Starting	Expected completion
Rehabilitation of Baabda Governmental Hospital – part I	3,300,000	IDB	June 2011	June 2012
Rehabilitation of Baabda Governmental Hospital – part II	4.000.000	Italy (grant)	June 2012	June 2013
Kherbet Kanafar Health Center	700,000	Greece (grant)	April 2011	December 2011
Construction and equipment of Sarafand Governmental Hospital	9,000,000	IDB	May 2011	May 2014
Construction and equipment of Sour Governmental Hospital	10,500,000	IDB	May 2011	May 2014
Rehabilitation of Qarantina Hospital	7,000,000	IDB	April 2011	April 2013
Construction and equipment of a governmental hospital in Jbeil	12,000,000	KSA	May 2012	May 2015

