

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, with a rate of hospitalization of 17% that depends on medical insurance coverage. Furthermore, 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, where 8% of Lebanese households live below the poverty line, 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, which led to an increase in life expectancy to 72.6 years and a decrease in infant mortality rate to 5.1 per 1000, 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\$ 500 per capita, and 12.3% of the national product).

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.

However, MoH is planning to introduce performance assessment for primary health care centers. 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; it is also promoting the primary health care system, with the number of health centers reaching 95, in all Lebanese regions.

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:

- 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, especially primary health care.
- Promoting and developing a comprehensive strategy for the health sector.

2- The main achievements of the (1992-2011) 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.



Orange Nasso Hospital

- 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.
- 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.

- 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.

- 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 Keserwane 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 was achieved in July 2010.

3- Progress, during 2011, in contracts awarded before 2011:

- The construction of a new building for the 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 its first phase, in September 2010. Construction and equipment works are expected to extend over three years.

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 February 2011. The Turkish party was in charge of the project implementation.

• Becharreh Governmental Hospital: The CDR rehabilitated and equipped the Becharreh Governmental hospital through a grant provided by the Kingdom of Saudi Arabia. Works began in June 2008 and ended in May 2011.

- Rehabilitation and equipment of Tibnine Governmental Hospital (75 beds):

Rehabilitation works, financed in the form of a grant provided by the Belgian government, began in February 2009 and ended in June 2011. Procurement and installation of equipment started in April 2009 and ended in June 2011, and were also financed by the Belgian government.

- A field hospital of 40 beds was



Medical Equipment Tebnine Hospital

constructed and equipped in Minieh with a grant by the Kuwaiti Red Crescent. Works started in November 2009 and ended in July 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 April 2012.
- In coordination with MoH, two feasibility studies were conducted concerning the construction and equipment of two governmental hospitals, one in Sarafand and another in Sour, and a third feasibility study concerning the rehabilitation and equipment of the Qarantina Governmental Hospital. The relevant studies were started in March 2010 and completed in mid-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 ended in April 2011.
- Equipment installation, underway at the Rmeich Health Center, is financed by the IDB
- 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 the 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 2011:

- Rehabilitation of Baabda hospital:

The rehabilitation process was divided in two parts: the first is financed by the IDB. The contract was signed in the end of the year 2011; works started in February 2012 and are expected to end in February 2013.

Rehabilitation of Kherbet Kanafar Developed Health Center and Saida Medical Center

The rehabilitation of Kherbet Kanafar Developed Health Center and Saida Medical Center is co-financed by the Lebanese and the Belgian governments. Works started in January 2011 and are expected to end in June 2012.

5- The main projects under preparation for the (2012-2013)

period

- Rehabilitation and equipment of Baabda hospital (125 beds): the rehabilitation of the second part of Baabda hospital, financed in the form of a grant provided by the Italian Government, will start as soon as the tender document is approved by the financier. 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 March 2013 and extend over two years.
- Rehabilitation of Qarantina hospital: a detailed study was started to convert it to a specialized Child Care Hospital, according to the decision taken by MoH. Rehabilitation and equipment works are expected to start in September 2012 and extend over three years.
- Tripoli, Tannourine and Sir al Diniyeh Hospitals: CDR has prepared a study for the rehabilitation and additional equipment needed by the above-mentioned hospitals, as well as six

other governmental hospitals that were established by the CDR. Works are expected to start as soon as the necessary funding is secured.

- **Sour Governmental Hospital:**

CDR has started preparing the study related to the construction and equipment of a new Hospital in Sour (75 beds), after having conducted a feasibility study for the project.

- **Sarafand Governmental Hospital:**

Following the feasibility study concerning the construction and equipment of Sarafand Governmental Hospital, CDR has started the study related to its construction and equipment.

- **Equipment and rehabilitation of**

Saida Medical Center and Kherbet Kanafar Developed Health Center.

- CDR is working on providing Saida Medical Center and Kherbet Kanafar Developed Health Center with the necessary equipment, financed by the Greek government. CDR has reviewed the medical equipment tenders and is currently assessing them. Equipment installation is expected to start in June 2012 and completion is expected in January 2013.

- Construction, rehabilitation and equipment of Health Centers in Saksakieh, Khelwat, Jbaa, Booday, Terbol, Damour, Ghobeiri, Qana, Ghazeer and Aamchit, 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 Mayfouq in the Caza of Jbeil with the MoH, with promised funding from the Saudi Fund. CDR has started preparing the study concerning the construction and equipment of this hospital.

- CDR is currently working to secure the necessary funding for the establishment of two governmental hospitals, in the city of Aley, and in the towns of Deir El-Qamar and Berti.

The main contracts awarded in 2011

Project	Value (US\$)	Source of Funding	Starting	Expected completion
Rehabilitation of Baabda Governmental Hospital	2,900,000	IDB	February 2012	February 2013
Rehabilitation of Saida Medical Center and Kherbet Kanafar Developed Health Center	587,000	The Lebanese Government and the Greek Government	January 2011	June 2012

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 II	4,000,000	Italy (grant)	March 2013	March 2015
Construction and equipment of Sarafand Governmental Hospital	9,000,000	IDB	February 2013	February 2016
Construction and equipment of Sour Governmental Hospital	10,500,000	IDB	October 2013	October 2016
Construction and equipment of a hospital in Mayfouq	12,300,000	Saudi Development Fund	April 2013	April 2016
Rehabilitation of Qarantina Hospital	7,000,000	IDB	June 2013	June 2016

