

Public Health



1 - Overview of the Health Sector

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).

Studies have shown that the overall spending of the Treasury through the Ministry's budget and its share of insurance spending, as well as the budget of other insurance funds, including those for state employees and military treatments, do not exceed 20% of total spending on health. The budget of the MoH does not exceed 3% of the government's budget.



Public Hospital - Deir El Kamar

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. It is worth noting that around a million people benefit from the services of the Ministry, i.e. 6% of the citizens.

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. Medication bills in 2005 constituted 30% of total health expenditure. Actually, the use of the primary health care network is extremely low, and it seems to be motivated by the availability of free medications. This clearly indicates that current expenditure is ineffective, since the majority of health revenues for funding is secured through prevention and primary care, instead of treatment.

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.

MoH spends 87% of its budget on hospitalizations and medications, but the major source of health funding remains family budgets, constituting 60% of overall health spending. This poses a heavy burden on low-income families. Expenditure on health services and goods constitutes an average 14% of family budgets. However, this percentage varies between 20% for poorest families and 8% for high-income families.

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, provide efficient and even health



Public Hospital - Mayfouk

services, reduce the burden on families, control the increase in consumption and reduce medication prices while ensuring quality services and boosting primary health care services at a reasonable cost, lie in achieving the following goals:

- Improving the performance of the health system in all regions through a better allotment of the resources of both the public and the private health sectors, in addition to providing sustainable development of the health coverage system
- Increasing the Ministry's capacity for controlling health services quality and rationalizing the Lebanese health sector financing, to cutback the cost of healthcare in proportion to GDP.
- Improving and balancing the provision of health services, especially primary health care, which is the cornerstone for

improving health levels for citizens, to provide it as an alternative for services provided by the private sector, including checkups, medications, and tests, to be affordable to low-income citizens

- Promoting and developing a comprehensive strategy for the health sector, with the public sector contributing to health funding

2 - The main achievements of the (1992-2012) 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". 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.

The most significant achievements made by the Ministry to apply its adopted strategies were:

- Creating a new management system for MoH that meets current demands, pending drafting a bill.
- Creating a unified database for beneficiaries of health coverage from all insurance funds, which helped put an end to duplicity in public services.
- Establishing a primary healthcare network in cooperation with the private sector which provided comprehensive services to citizens, especially in the neediest areas.
- MoH reexamined the medication registration system, adding new standards, such as requiring analysis certificates from internationally recognized laboratories. It also adopted new guidelines in pricing medication.
- Carrying out many training courses and drafting remedial protocols, which led to raising the level of primary healthcare services.
- Working towards adopting the



Public Hospital - Baabda

health card which is now a symbol of the efficiency and fairness of the health system.

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.
- Providing hospitalization services to all Lebanese 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.

• BintJbeil Governmental Hospital:

- The State of Qatar pledged to implement the BintJbeil Governmental Hospital 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 July 2011. 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

Public Health Completed, Ongoing & Under Preparation Projects





Public Hospital - Sarafand



Public Hospital - Khourbet Anafar

lot of equipment started in January 2008. Installation of all three lots was achieved in July 2010.

- Construction and equipping 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 financed by IDB.

- A field hospital of 40 beds was constructed and equipped in Minieh with a grant from 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 was 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.

3 - Progress, during 2012, in contracts awarded before 2012:

- * **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 and ended in September 2011. Works for the second phase began in May 2012 and ended in May 2012, with completion expected in 2014.

- **Rehabilitation of Kherbet Kanafar Developed Health Center and Saida Medical Center**

The rehabilitation of Saida Medical Center and part of Kherbet Kanafar Developed Health Center is co-financed by the Lebanese and the Belgian governments. Works started in January 2011 and ended in April 2013.

However, the equipment is awaiting the required funds.

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 2012:

Studying the construction and equipment of a new hospital in Deir El-Qamar.

- **Rehabilitation of Baabda hospital:** The first rehabilitation and equipment process was financed by the IDB. Works started in February 2012 and are expected to end in June 2013

* - The main projects under preparation for the (2013-2015) 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. Work is expected to begin in July 2013, and extend over 2 years. 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 August 2013 and extend

over two years.

- **Rehabilitation of Qarantina hospital:** a detailed study was started to convert it to a public hospital with a specialized Child Care Division, according to the decision taken by MoH. Rehabilitation and equipment works are expected to start in February 2014 and end in February 2017.

The CDR is currently working on rehabilitating and equipping two stories in a building annexed to Bechareh Governmental Hospital. Work is expected to begin on September 2013 and end after one year.

- **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 of the radiology and lab divisions in Orange Nassau Hospital, funded by the Kuwaiti Development Fund.

- 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 Mayfouqin 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 2012

Project	Value (US\$)	Source of Funding	Starting	Expected completion
Rehabilitation of Baabda Governmental Hospital	2,850,000	IDB	February 2012	February 2013
Studying the construction and equipment of a new hospital in Deir El-Qamar	298,000	The Lebanese Government	June 2012	October 2012

The main projects under preparation for the (2013-2015) period

Project	Value (US\$)	Source of Funding	Starting	Expected completion
Rehabilitation of Baabda Governmental Hospital – part II	4,000,000	Italy (grant)	July 2013	July 2015
Construction and equipment of Sarafand Governmental Hospital	9,000,000	IDB	October 2013	October 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	November 2013	November 2016
Construction and equipment of a governmental hospital in Deir El-Qamar	6,000,000	Lebanese Government	November 2013	November 2016
Rehabilitation of Qarantina Hospital	7,000,000	IDB	February 2014	February 2017