Public Health

1 - Overview of the Health Sector

The Lebanese health system is mainly oriented toward curative care (treatment) and witnesses a rapid growth in the number of private hospitals and high-tech medical centers.

The government has made significant efforts to strengthen the capacities of its institutions and promote the public health sector and its role in providing health services. However, the private sector still accounts for over 90% of hospital beds and the bulk of healthcare infrastructure with a 17% of hospitalization rate that depends on medical insurance coverage. Also, 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. Only 5% of the public health sector expenditures are allocated for primary health care services.

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. Something that led to a disproportionate access to health services and treatments.

However, the Ministry of Public Health (MoH) - being the last resort for covering the treatment fees of non-insured citizens and supporting the primary health services through a network of primary health centers in collaboration with NGO’s - has largely contributed to the improvement of access to treatment by the disadvantaged, which led to an increase in life expectancy to 74 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 on 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. Efforts were also made to set up and implement programs about health awareness and medical staff training in the private and the public sectors.

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.
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.

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 68% of its budget on hospitalizations and medications which constitute half of the bill, but the major source of health funding remains family budgets, constituting 44% 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 the 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 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...
accomplishing the following goals:

• Rationalize the public expenditures by consolidating the multiple insurance coverage funds.

• 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 to control health services quality and rationalize the Lebanese health sector financing, to cutback the cost of healthcare in proportion to GDP.

• Improving 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.

• Audit the quality of pharmaceutical products and decrease the medication bill.

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

2- The main achievements of the (1992-2013) period

Health sector policy studies and technical assistance:

Several important studies dealing with health policy have been completed namely the following:

• The study 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 as part of 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 duplication 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 health card which is now a symbol of the efficiency and fairness of the health system.\n
- Strengthening the primary health care through the expansion of the network of primary health care centers: Twenty eight (28) health care centers were constructed and completed in all Lebanese regions. These projects
were financed by several donors among which:

- 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). These hospitals are in full operation now.

- 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 owing to a grant provided by the Kingdom of Saudi Arabia and IDB.

- KeserwaneHospital (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: A tender was released for the procurement of (3) lots of medical equipment for Keserwane Government hospital 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
feasibility studies were conducted for the construction and equipment of two governmental hospitals, one in Sarafand and one in Sour, and a third feasibility study for the rehabilitation and provision of equipment to the Karantina Governmental Hospital. The relevant studies started in March 2010 and were completed in mid-2011.

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

3 - Progress, during 2013, in contracts awarded before 2013:

- 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 May 2015.
  - 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. The 2 centers were fully equipped and works were concluded in September 2013.

- Construction of a hospital in Deir El Qamar and provision of its materials and supplies: A study has been developed to construct and equip a hospital in Deir el Qamar. The CDR is currently in the process of releasing tenders for works execution. Works are expected to kick off in July 2014. At a later stage, funds will be raised to cover the expenses of materials and supplies.

- The rehabilitation of Baabda government hospital: The rehabilitation and equipment process of Baabda government hospital was financed by the IDB. Works started in February 2012 and ended in June 2013.

- Equipment installation is underway at the Rmeich Health Center, and 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 2013:

- Procurement and provision of equipment and supplies to Sidon and Kherbet Kanafar medical centers. The project started in April 2013 and was achieved in...
September 2013.

- A study to build and equip a public hospital in Sarafand and Tyr, and a study to upgrade the public hospital in Karantina.

5 - The main projects under preparation for the (2014-2016) 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 donor approves the tender document. Works are scheduled for August 2014 and are expected to finish within one year. The medical equipment, procured with funds granted by the AFD and the Lebanese University will be installed as soon as rehabilitation works are finalized.

- Rehabilitation of Karantina hospital: a detailed study has been launched to transform the Karantina Hospital to a public hospital with a specialized Child Care Division, according to a decision taken by MoH. Rehabilitation and equipment works are scheduled for February 2014 and are expected to end in September 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 additional rehabilitation and provision of equipment to 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 prepared the study for the construction and equipment of a new Hospital in Sour (75 beds), after conducting 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. Works are scheduled for August

<table>
<thead>
<tr>
<th>Project</th>
<th>Value (US$)</th>
<th>Source of Funding</th>
<th>Starting</th>
<th>Expected completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipping Saida and Khorbet Anafar Medical centers</td>
<td>41,500</td>
<td>Greece Government</td>
<td>April 2013</td>
<td>September 2013</td>
</tr>
<tr>
<td>Supervision for the execution of Tyre government Hospital</td>
<td>435,600</td>
<td>The Lebanese Government</td>
<td>August 2014</td>
<td>August 2017</td>
</tr>
<tr>
<td>Study for the execution of a new Government Hospital in Carantina</td>
<td>541,200</td>
<td>The Lebanese Government</td>
<td>January 2013</td>
<td>August 2013</td>
</tr>
</tbody>
</table>
2014 and are expected to last 3 years.

- Equipment of the radiology and lab divisions in Orange Nassau Hospital by a grant offered 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 creation 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 Jbeilwith 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 projects under preparation for the (2014-2015) period**

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<tr>
<th>Project</th>
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<th>Source of Funding</th>
<th>Starting</th>
<th>Expected completion</th>
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</thead>
<tbody>
<tr>
<td>Rehabilitation of Baabda Governmental Hospital – part II</td>
<td>4,000,000</td>
<td>Italy (grant)</td>
<td>August 2014</td>
<td>August 2015</td>
</tr>
<tr>
<td>Construction and equipment of Sarafand Governmental Hospital</td>
<td>9,000,000</td>
<td>IDB</td>
<td>August 2014</td>
<td>August 2017</td>
</tr>
<tr>
<td>Construction and equipment of Sour Governmental Hospital</td>
<td>10,500,000</td>
<td>IDB</td>
<td>August 2014</td>
<td>August 2017</td>
</tr>
<tr>
<td>Construction and equipment of a hospital in Mayfouq</td>
<td>12,300,000</td>
<td>Saudi Development Fund</td>
<td>July 2014</td>
<td>July 2017</td>
</tr>
<tr>
<td>Construction and equipment of a governmental hospital in Deir El-Qamar</td>
<td>6,000,000</td>
<td>Lebanese Government</td>
<td>July 2014</td>
<td>July 2016</td>
</tr>
<tr>
<td>Rehabilitation of Qarantina Hospital</td>
<td>7,000,000</td>
<td>IDB</td>
<td>September 2014</td>
<td>September 2017</td>
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