



2021 1st QUARTER SECTOR DASHBOARD

Health

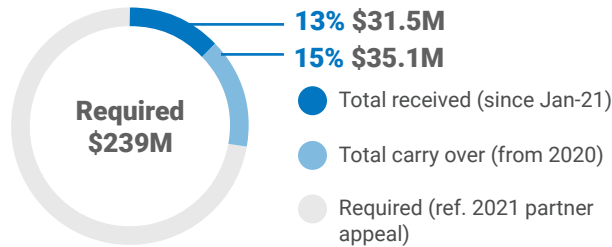


Inter-Agency
Coordination
Lebanon

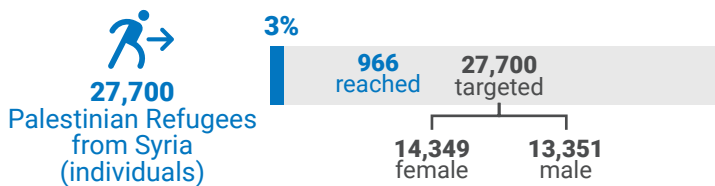
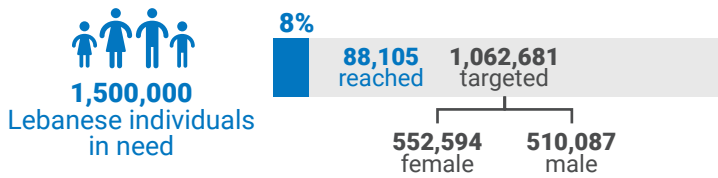
The 2021 1st quarter dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response Plan and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak & Infectious Diseases Control; OUTCOME 4) Improve Adolescent & Youth Health.

2021 Sector Funding Status

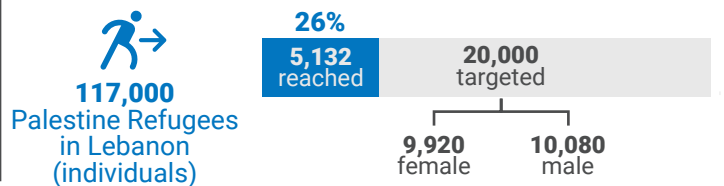
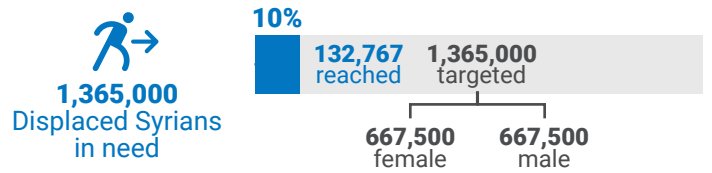
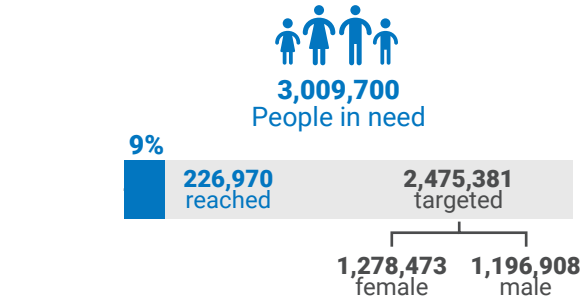
As of 31 March



2021 population figures by cohort

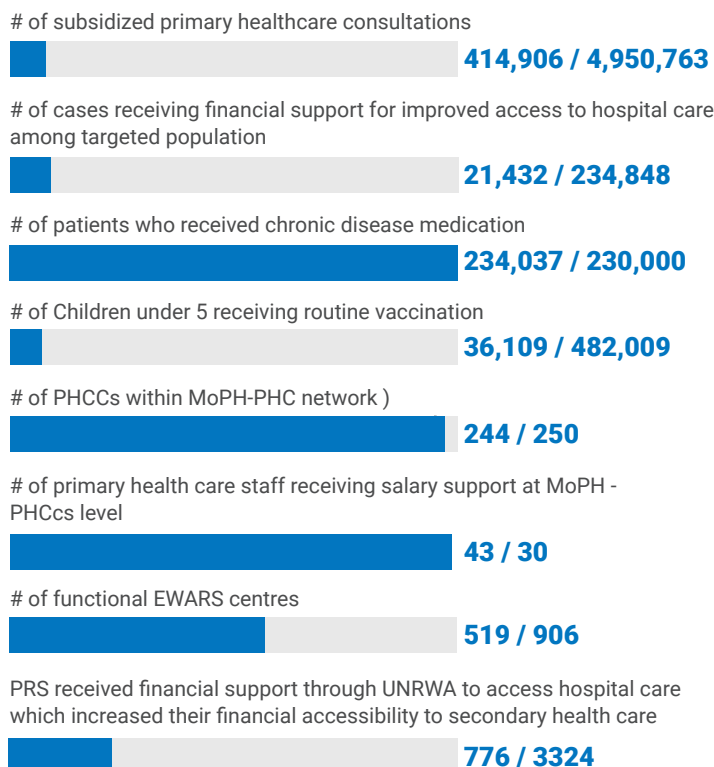


2021 population reached

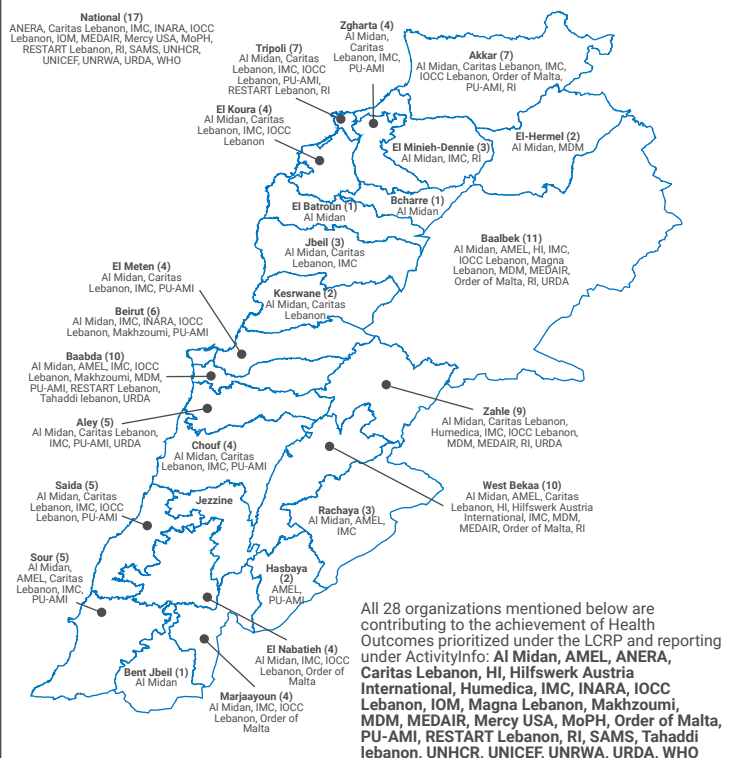


Progress against targets

Key Achievements



Partners per district



Note: This map has been produced by the Inter-Agency Information Management Unit of UNHCR based on maps and material provided by the Government of Lebanon for operational purposes. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



1. Key achievements of the sector at the output level

The Health sector remains committed in 2021 to ensure an equitable continuation of quality healthcare to displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS), Palestinian Refugees in Lebanon (PRL) and displaced and migrant populations of other nationalities despite being challenged by a deteriorating economic crisis coupled with the 2019-Corona Virus Disease (COVID-19) outbreak and the impact of the Beirut Port explosions. In 2021, the Health sector has aimed to account for increased needs among vulnerable populations due to the multiple crises and therefore increased the targets among displaced population and host community.

In Q1, vulnerable refugees and Lebanese benefitted from 414,906 subsidized consultations supported by Health sector partners, including 175,968 consultations for vulnerable Lebanese, 233,613 for displaced Syrians, 950 for Palestinian Refugees from Syria (PRS), 1,417 for Palestinian Refugees from Lebanon (PRL), and 2,959 for displaced and migrant populations of other nationalities contributing to improving their access to primary health care services. Vulnerable populations continue to benefit from a comprehensive package of primary healthcare that includes

consultations, medications for acute and chronic diseases, sexual and reproductive health, mental health, and nutrition services in addition to basic laboratory testing and imaging. Overall, women and girls benefitted from 63% of subsidized consultations and men and boys benefitted from 37% of subsidized consultations.

A total of 16,354 individuals received obstetric and emergency/life-saving care during the reporting period. Some 121 individuals out of total 123,580 are vulnerable Lebanese, who were newly added as a target under hospital care support for 2021 to address the impact of the economic crisis on vulnerable Lebanese households. Through UNRWA, 776 PRS and 4,302 PRL received hospital care. Due to an unexpected cut in funding, access to dialysis and blood diseases support to displaced Syrians in need was hindered in the first quarter of 2021. The sector continues to advocate for this urgent and life-saving support.

The number of Primary Health Care Centers (PHCCs) within the Ministry of Public Health's (MoPH) network rose to 244 all over Lebanon in Q1. Some 43 staff were financed to join the MoPH-PHCCs.

2. Key challenges of the sector

In general, access to healthcare continued to be challenging for vulnerable populations in Q1 due to the multifaceted crises and exacerbated by the strict country lockdown from early January through March because of the surge in COVID-19 cases. This challenging situation hampered the ability of Health sector partners to deliver the sector's outputs and outcomes at both the operational and coordination levels. At the operational level, organizations had to comply with the general mobilization measures and to limit their activities to the life-saving ones. In addition, vulnerable populations faced challenges to access needed primary healthcare and hospital care due to increasing difficulty to prioritize and pay for healthcare. Financial hardship was not only limited at the

individual level, but the ability of healthcare institutions to deliver needed care was also jeopardized because of the Lebanese Pound's devaluation. Due to multiple responses putting additional pressure on partners, coordination challenges were magnified in Q1, and led to gaps in ensuring timely reporting and monitoring. The Health sector needed to communicate in near real-time on a variety of time-sensitive issues to ensure the continuation of care in line with the overall sector's strategy, whilst at the same time contributing to other responses (i.e., COVID-19 and Beirut Port explosions responses). The sector used existing and innovative platforms to proactively keep partners informed about the situation and recommendations of the MoPH and lead agencies.

3. Key priorities for the following quarter

Despite the challenging situation, the Health sector's key priorities remain focused on two strategic objectives: to increase access to health services for displaced populations and vulnerable Lebanese individuals; and to strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources.

For the second quarter of 2021, and through increased health system strengthening efforts, the sector will prioritize support to MoPH at the primary healthcare level with complementarity models that offer more coverage of people in need and that complement existing services while implementing infection, prevention and control measures to prevent the spread of COVID-19. The sector will align with the immediate response model (IRM) and the national task force that is working towards the development of a national unified long-term primary healthcare subsidization protocol (LPSP)¹. Health partners will be encouraged to implement this model in the supported centers and to continue exploring in detail how to further optimize the package of services offered, including financing mechanisms, to ensure an effective, cost-efficient, and sustainable response. Special attention will be given to maintain routine vaccination activities and to ensure an adequate stock of acute and chronic disease medications in the primary healthcare centers across the country.

At the secondary and tertiary healthcare levels, the sector will focus on improving access to hospital care for displaced Syrians and PRS, and partners will remain committed to sustaining and increasing financial support for hospital care while decreasing the patient cost share given the current economic situation. Improved access to hospital care for vulnerable Lebanese families will also be prioritized considering the ongoing crisis and the sector will aim in 2021 to develop a protocol that partners can follow to support hospital care for the vulnerable Lebanese population. The sector will also increase advocacy for dialysis and blood disease support that is interrupted due to the cut in funding. As the economic situation deteriorates, the Health sector will keep its focus on prioritizing sustainable life-saving services for vulnerable refugees and Lebanese.

¹The primary healthcare department developed the Immediate Response Model (IRM) to coordinate the Beirut blast response and ensure the subsidization of a standardized package of services across all primary healthcare centres supported by national and international non-governmental originations. The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider payment mechanisms. The IRM is to be implemented for 3 months in the area affected by the blast while a more advanced long-term primary healthcare subsidization protocol (LPSP) is prepared and fine-tuned with the aim to be applied in a uniform way in all Ministry of Public Health primary healthcare centres network. For this purpose, a joint national taskforce among Ministry of Public Health primary healthcare department, relevant donors, united nations agencies and national and international non-governmental originations was created.



4. Mainstreaming of COVID-19

In Q1, efforts were magnified to ensure the continuation of care while mainstreaming COVID-19 preventive measures to protect healthcare staff and target population.

To adapt to the impact of COVID-19, the sector is aligned with the COVID-19 response plan to implement COVID-19 preventive measures in all Health facilities and throughout all activities including IPCs and Risk Communication and Community Engagement (RCCE).

The Health sector continues to update the LCRP Business Continuity Plan (BCP), which reviews the ongoing impact of

COVID-19 on LCRP operations and outlines the risks and critical interventions needed to ensure life-saving access to services and protection of the most vulnerable populations. Through the BCP and other coordination and communication channels, the Health sector ensured a steady communication with partners in terms of guidance to maintain the continuation of care while mainstreaming COVID-19.

The Health sector played a critical role in identifying life-saving interventions and remains an important link between the government and sector partners when it comes to implementing health activities during the lockdown period.