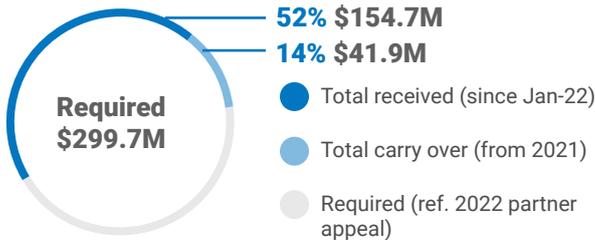




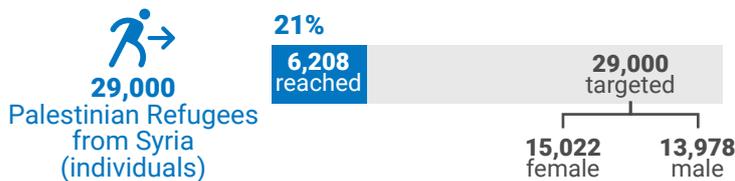
The 2022 end year Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Crisis Response Plan (LCRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. Emergency Room (ER) care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve outbreak & infectious diseases control; OUTCOME 4) Women, men and youth (children, boys and girls, Person with Disabilities (PWD)) have their fundamental rights respected and have access to basic services and information.

2022 Sector Funding Status

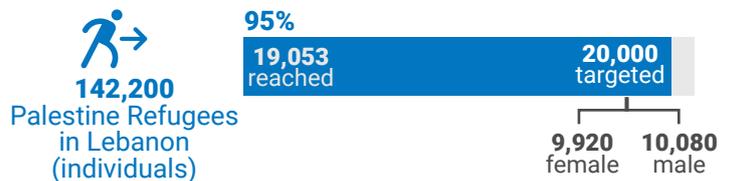
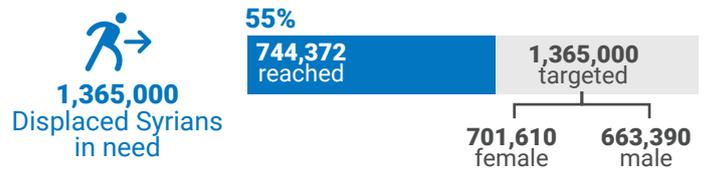
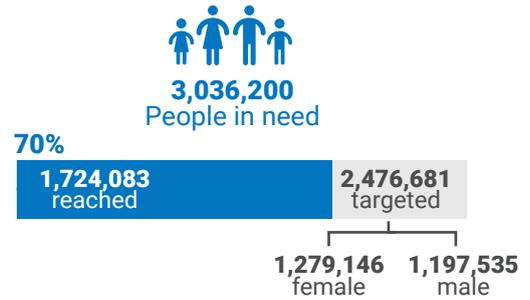
As of 31 December



2022 population figures by cohort

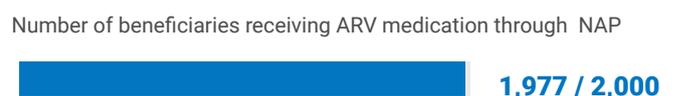
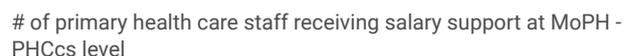
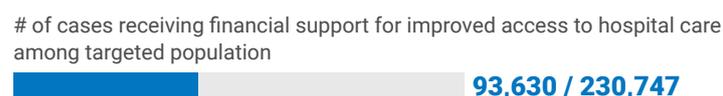
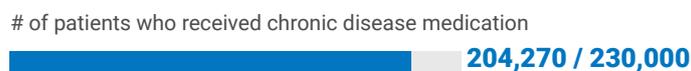
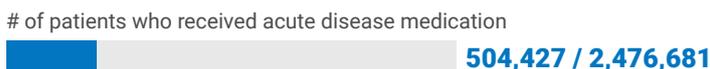
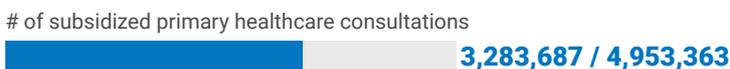


2022 population reached



Progress against targets

Key Achievements





1. ANALYSIS OF ACHIEVEMENTS OF THE SECTOR AT THE OUTPUT LEVEL

In 2022, Health sector partners increased efforts to respond to growing needs and to ensure an equitable continuation of quality health care for displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria (PRS), Palestine refugees in Lebanon (PRL), and displaced populations from other nationalities.

PRIMARY HEALTH CARE

In 2022, vulnerable populations resident in Lebanon continued to benefit from a comprehensive package of primary healthcare that includes consultations, medications for acute and chronic diseases, vaccination, sexual and reproductive health, mental health (including medications), and nutrition services, as well as dental services and basic laboratory testing and imaging.

Subsidized Consultations



66%
3,283,687
reached
4,953,363
targeted

of subsidized primary healthcare consultations



58%
out of total
Lebanese



42%
out of total
non-Lebanese

Reproductive Health



59%
145,776
reached
247,668
targeted

of subsidized ante-natal care (ANC) consultations

41%
out of total
Lebanese



59%
out of total
non-Lebanese

Mental Health



13%
132,568
reached
990,673
targeted

of subsidized mental health (MH) consultations



40%
out of total
Lebanese



60%
out of total
non-Lebanese

Vaccination



87%
386,758
reached
445,809
targeted

of children U5 receiving routine vaccination

Chronic Disease Medications



89%
204,270
reached
230,000
targeted

of patients who received chronic disease medication

86%
out of total
Lebanese



14%
out of total
non-Lebanese

Nutrition



10.1%
392,617
reached
3,901,307
targeted

of children 6-59 months screened for acute malnutrition at PHC level

50%
out of total
Lebanese



50%
out of total
non-Lebanese

Nutrition

202,057

pregnant and lactating women and caregivers of children 0-23 months received communications designed to improve nutrition awareness and infant and young child feeding practices through social and behaviour change communication programmes.

56,680

pregnant and lactating women /caregivers of children 0-23 months received skilled nutrition and infant and young child counselling.

Informed by the increasing nutritional needs in the country and recommendation of the national nutrition roundtable and the nutrition advocacy workshop, the LCRP Steering Committee endorsed the activation of a standalone nutrition sector starting with 2023 under the LCRP.



The number of subsidized healthcare consultations provided, including antenatal care and mental health, increased by 44 per cent compared to 2021. The high numbers in 2022 are likely caused by several factors, including the easing of COVID-19 preventive measures, increased demand for public and subsidized services across populations, and increased awareness about the availability of the services at the primary healthcare centres level. It is useful to note that for mental health, partners reported an increase in self-referrals to seek support at the primary healthcare level. The percentage of children under five receiving routine vaccination slightly increased compared to 2021, reflecting the efforts by Health sector partners to strengthen routine immunization. However, the numbers are still low compared to previous years due to the impact of the socio-economic crisis and therefore to the household's inability to prioritize payment for preventive services. Additional efforts are needed to strengthen routine immunization services and compensate for the children who dropped-out from the national Expanded Programme on Immunization and this constitutes an integral part of the Health sector strategy in 2023. The number of patients who received chronic disease medication is not comparable to previous years, as in 2022 the Health sector is reporting on the number of active patients receiving medications and not only those registered as it was the case in previous years.

The percentage of Lebanese benefitting from subsidized consultations among the overall caseload has substantially increased since the beginning of the crisis to the current 58 per cent (compared to 48% in 2021, 38% in 2020, 31% in 2019, 17% in 2018), reflecting the increased vulnerability among the host community and the need to maintain and expand support to the comprehensive package of care at the primary healthcare centres level.

The Health sector continued to contribute in 2022 to strengthening the national health system by supporting inter-related functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities including Primary Health Care Centres (PHCCs) within the Ministry of Public Health (MoPH) network and health dispensaries continues to be prioritized. 26 PHCCs were added to the MoPH network in 2022, and the total of MoPH-PHCCs across Lebanon reached 281. Around 50 per cent out of the total are supported by Health sector partners to provide a comprehensive package of primary health care services.

HOSPITAL CARE

A total of 93,630 individuals received obstetric and emergency/life-saving care or 40 per cent of the yearly target of 230,747. Some 4,953 individuals who received obstetric and emergency/life-saving care are from vulnerable Lebanese out of a target of 123,580. Through UNRWA, around 5,900 PRS and 16,974 PRL received hospital care. Overall, 74 per cent of the individuals receiving subsidized hospitalization were women and girls, and 26 per cent were men and boys, a difference that is most likely due to the high number of the obstetric admissions. In the last quarter of 2022 and particularly in December, an exceptionally high number of respiratory tract infections was reported which contributed to an increased number of hospitalisations across population groups.

OUTBREAK & INFECTIOUS DISEASE CONTROL

The Health sector supported the national outbreak and infectious disease control through the expansion and reinforcement of the National Early Warning and Response System (EWARS) and the strengthening of the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In this regard, 900 EWARS centres were functional in 2022, out of a target of 906. Contingency stocks of selected medication especially for Acute Watery Diarrhoea (AWD)/Cholera were made available at MoPH warehouses. 1,052 beneficiaries out of a target of 1,200 received tuberculosis medications through NTP; 70 per cent of the beneficiaries were women and 30 per cent were men. Additionally, 1,977 beneficiaries out of a target of 2,000 received antiretroviral (ARV) medications through NAP; 4 per cent out of the beneficiaries were women and 96 per cent were men. Support to outbreak and infectious diseases control strengthened the capacity of the MoPH to respond to and contain outbreaks and decreased the spread of the diseases especially cholera among others in 2022.

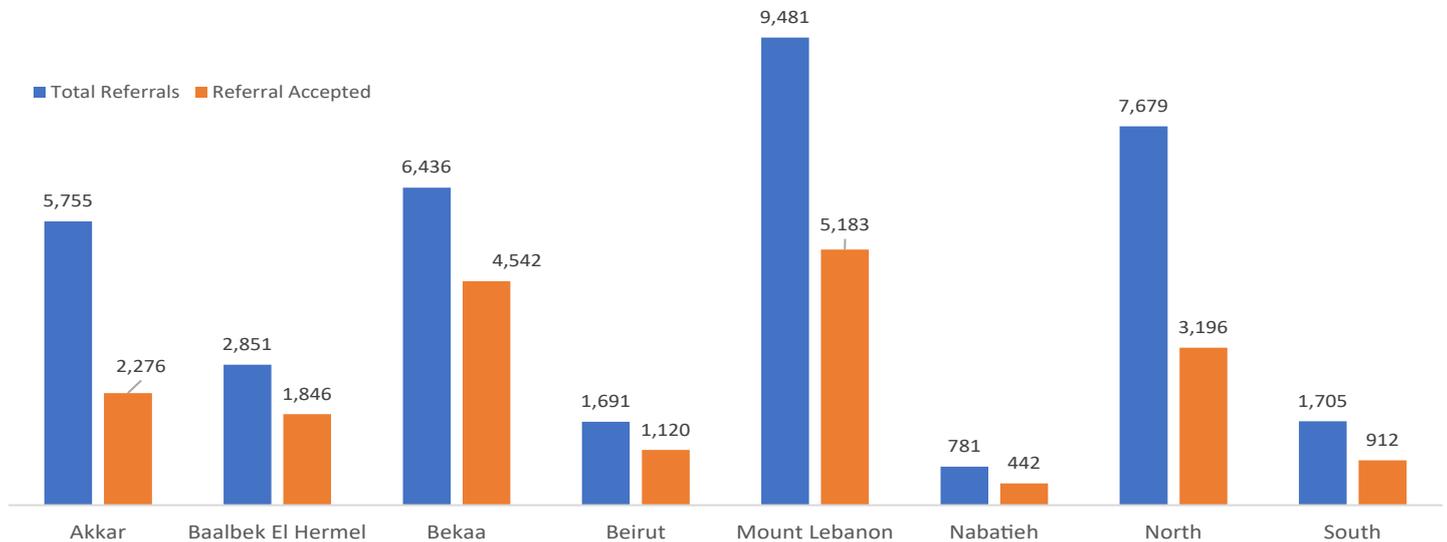
HEALTH AWARENESS & INFORMATION

Health sector partners expanded efforts to ensure women, men, youth, children, (with a particular focus on people with disabilities) have their fundamental rights respected and have access to health awareness and information. Awareness sessions increased the knowledge about both the availability and importance of health services for the vulnerable population and therefore increased their equitable access to quality health care services. Out of the total number of PHCCs, 83 were engaged in health promotion and outreach activities (out of the target of 271). At the community level, 717,598 caregivers were reached with integrated health awareness messages out of a yearly target of 1,114,659 (almost 64%); 55 per cent out of the beneficiaries were women and 45 per cent were men.



Referrals

36,379 referrals were made to Health sector partners from January to December 2022. 77 per cent out of the total referrals were accepted or acknowledged. The main reason for unaccepted referrals was the non-eligibility of the referred case for the available services. The Health sector aims to increase accountability for affected population and will work closely in 2023 with Protection sector to identify risks and mitigation measures to increase the response rate to the referred cases.



Mainstreaming activities

In 2022, the Health sector increased efforts to mainstream Protection, Gender, PSEA, People with Disability, and Social Stability across the response. As a result of the sectoral mid-year review, in the third quarter of 2022 an indicator was created under the Health sector to allow for partners to report on their implemented rehabilitation services and assistive devices support activities. The Health sector will continue to work closely with the Protection sector to better classify the rehabilitation services and assistive devices support activities and include the new indicator in the 2023 logframes and into the reporting mechanism. Health sector partners were trained on Conflict Sensitivity and on Gender in Humanitarian Action (GiHA), and Gender and PSEA focal points were appointed for the sector. In 2023, the Health sector aims to extend support to the appointed focal points to better mainstream protection, particularly gender and PSEA. The sector will work as well to update the protection risk analysis.

2. KEY CONTRIBUTIONS OF THE SECTOR TO LCRP OUTCOME AND IMPACTS

The multiple crises that continued to hit Lebanon in 2022 greatly affected the ability of the Health sector to provide needed primary, secondary and tertiary healthcare to the targeted population groups. Nevertheless, efforts were increased to ensure the continuation of care while mainstreaming COVID-19 and cholera preventive measures to protect healthcare staff and the target populations. Support provided by Health sector partners increased the ability of the system to cope with the increased demand despite the scarce resources and contributed to an increased equitable access to quality health care services. Activities implemented by partners have affirmed that improved access to comprehensive primary, secondary and tertiary healthcare services, improved outbreak and infectious diseases control, and improved adolescent and youth health are key enablers to achieving the LCRP **Impact 2**: Immediate humanitarian needs of the most vulnerable populations are met; and **Impact 3**: Vulnerable populations have equitable access to basic services (health, education, water, energy, solid waste, shelter and social protection) through national (public and private) systems.

Health sector partners greatly contributed to Outcome 1 “Improve access to comprehensive primary healthcare”. Most of the activities under this outcome were provided to MoPH-PHCCs in the form of subsidized consultations, free of charge acute and chronic disease medications, sexual and reproductive health, mental health, nutrition services, medical supplies, and reproductive health commodities. Additionally, routine vaccinations represented an integral part of this outcome being delivered at the primary healthcare centres level, but also through national campaigns. Primary health care centres were also used to support the response to the cholera outbreak.

For Outcome 2 “Improve access to hospital (including emergency room care) and advanced referral care (advanced diagnostic laboratory and radiology care”, financial support was not only provided to displaced populations but also reached vulnerable Lebanese host communities affected by the economic crisis. In the previous two years, public and private hospitals were supported by additional equipment and an increased bed capacity in response to the COVID-19 outbreak. This support was used in 2022 to deal with the cholera outbreak which constitutes a concrete example of a support being used not only to respond to the immediate needs of the populations, but also to strengthen the health system and increase its capacity to respond to any emergent to health care needs.



The active national EWARS and the availability of contingency supplies effectively contributed to achieving Outcome 3 “Improve outbreak and infectious diseases control”. The systems that were put in place and strengthened by the Health sector were key to implementing a timely cholera outbreak response and to maintain a balance between the ongoing crises and the continuation of care. Under Outcome 3, Health sector partners ensured the availability of a contingency stock at the MoPH warehouses. Partners continue to support and strengthen the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes: NTP & NAP.

After the challenges faced in the previous years, due to the nature of the crisis and especially the COVID-19 and cholera outbreaks, Health sector partners increased their efforts in 2022 to contribute to Outcome 4: “Improve Adolescent & Youth Health”. The school health program was gradually implemented, and awareness sessions were conducted for adolescents and youth on healthcare. Integrated health messaging played a key role in 2022 to control and limit cholera outbreak in coordination with other main sectors namely WASH sector and Risk Communication and Community Engagement (RCCE) taskforce.

3. CHALLENGES, RISKS AND MITIGATION MEASURES

Aggravated barriers due to the compounded multi-layered socio-economic crisis has further impacted the meaningful access of displaced women, men, girls and boys and other vulnerable groups to primary and secondary health services.

Access Challenges: Affordability, including the direct and indirect cost of services, remained in 2022 the main challenge to accessing health care services. Additional barriers continue to hinder the accessibility and the timely use of services in Lebanon at the supply and demand levels, and are mainly related to availability (e.g., services and supplies including medications), geographical accessibility (e.g., remote areas), and acceptability (e.g., social stigma). Households which require higher health expenditures including those with at least one person with disabilities, older persons with chronic illness or with a higher dependency ratio, children under five years of age, adolescent girls and boys or a survivor of sexual and gender-based violence are significantly impacted by accessibility challenges. Decreased access to needed health care result in poor management of chronic diseases, increased burden due to preventable diseases and disability, increased and premature death. Health sector partners increased efforts in 2022 to remove accessibility barriers by subsidizing the comprehensive package of care in the primary health care centers, providing awareness on health integrated topics, and supporting hospitalization bills for all populations groups.

System Challenges: As a result of the increased demand and scarcity of resources, the health system was further strained in 2022 and its ability to respond to the growing needs was hampered. Health-related environment concerns were exceptionally alarming, especially the cholera outbreak that was declared in October. The decreased capacity of the health system is associated with increased mortality and worsened health outcomes, and it indirectly links to protection concerns and tensions. Health sector partners continued to contribute to strengthening the national health system by carrying out inter-related functions in human resources, finance, governance, capacity building, information and health information systems, medical products including personal protective equipment, vaccines, and data technologies.

Funding Challenges: The Health sector in Lebanon needs significant financial assistance to overcome the deep humanitarian, social, and economic crisis and to respond to the growing needs of the vulnerable populations. The protracted nature of the refugee crisis coupled with other crises, increased demand, Lebanese pound devaluation, global inflation, and the prioritization of other emergencies in the region greatly affected the funding situation of the Health sector in Lebanon. Decreased funding directly leads to reduced access and thereof to increased morbidity and mortality. Health sector partners got stretched in 2022 to prioritize life-saving interventions in high-risk areas across Lebanon, leaving behind less severe underfunded cases.

4. CASE STUDY

Medair supports the primary health care system and services in Lebanon through the provision of a subsidized comprehensive package of care in both fixed primary health care centres and linked outreach work in the surrounding catchment areas. With the Sexual and Reproductive Health (SRH) services as an integral part of the primary health care package, Medair responded to the growing needs across populations and extended support in 2022 to the community aiming to increase equitable access to quality SRH services for the most vulnerable women and girls.

In line with the LCRP Health sector strategy, Medair designed the outreach activities while keeping the fixed primary health care center as a reference and at the core of the activity. An increasing number of women and girls struggled in 2022 from the economic and financial crisis, including but not limited to the transportation costs to access the health care centres. Access was particularly difficult for adolescent girls, female headed households, pregnant or lactating women, and mothers of young children. Therefore, the Medair supported Community-Based Sexual & Reproductive Health interventions of community midwives played and is still playing an increasingly important role to increase access to needed care.



The current multi-faceted crisis and the decreased ability to access needed care have had a major impact on the health of mothers and children. The rate of maternal mortality and morbidity has increased in recent years, due to the lack of access to quality health care and medical services, and poor nutrition. The low enrolment for Ante-Natal Care (ANC) among Syrian women, coupled with low access to SRH services, contributes significantly to the increased risk of morbidity and mortality over the medium and longer terms.

Medair has a network of 15 community midwives, who are linked to fixed primary health care centres. The community midwives play a key role in providing preventive and home-based care and support to pregnant and lactating women. Community midwives identify and address potential health issues before they become more serious, including providing access to health information, ANC and Post-Natal Care (PNC), maternal health concerns, breastfeeding and Infant and Young Child Feeding (IYCF) best practices.

Before giving birth, with virtually no savings, Fadia, a 34-year-old Syrian community member residing in a tented settlement, was unable to afford maternal care. The ongoing crises, the competing priorities, and the potential to accumulate debt, impeded her capacity to seek out maternal care.

In a home visit Fadia said: “During a consultation in my home, I received physical examinations; my blood pressure, vital signs, and weight were checked, as well as the baby’s heartbeat, to make sure he is healthy. With my current financial situation, I would not have been able to access this type of healthcare anywhere. All the information related to my pregnancy were provided to me. It comforts my mind to know that there are people looking after us.”

Due to the support of ANC and awareness provided by a community midwife, Fadia was able to access the necessary services both pre- and post-partum. Through the Medair supported project, vulnerable women and girls received 20,779 consultations provided by skilled community midwives, and 109,787 individuals were reached with health and nutrition promotion through community health volunteers.

Through this project, Medair contributes to decreasing accessibility barriers and therefore to increase equitable access to health care services of women and girls, some of the most vulnerable groups in Lebanon. This will consequently play a key role in improving maternal health outcomes including mental health and will promote a healthy and long-term lifestyle and well-being.

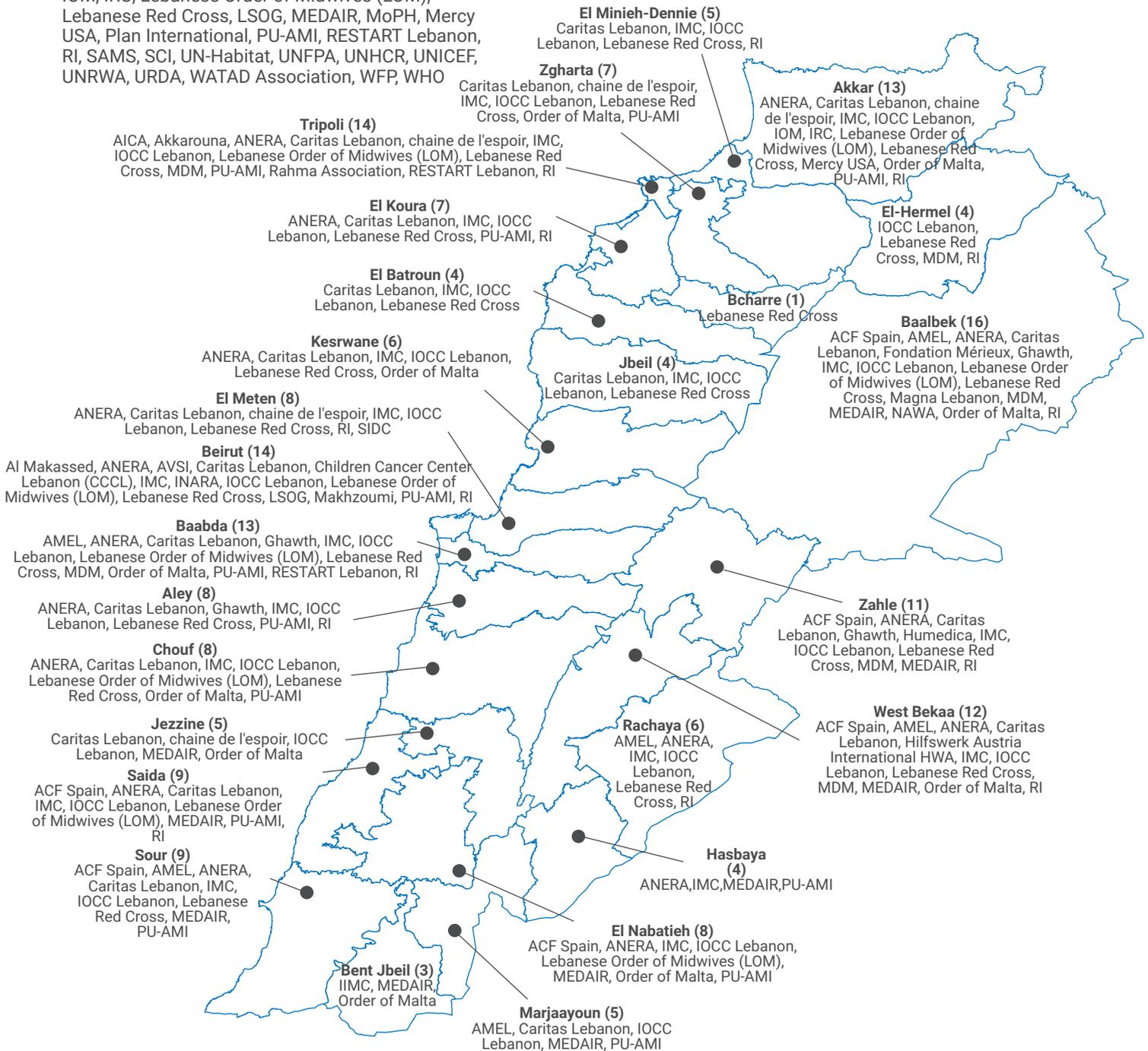


Solange, Medair's community midwife in the Bekaa Valley, checks Fatima, a vulnerable Syrian mother's blood pressure during a consultation at their home in an informal settlement in Bar Elias, Bekaa Valley on the 2nd of November, 2022.



National (30)

ANERA, Caritas Lebanon, chaine de l'espoir, Children Cancer Center Lebanon (CCCL), Ghawth, IMC, INARA, IOM, IRC, Lebanese Order of Midwives (LOM), Lebanese Red Cross, LSOG, MEDAIR, MoPH, Mercy USA, Plan International, PU-AMI, RESTART Lebanon, RI, SAMS, SCI, UN-Habitat, UNFPA, UNHCR, UNICEF, UNRWA, URDA, WATAD Association, WFP, WHO



All 47 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo:

ACF Spain, AICA, Akkarouna, AI Makassed, AMEL, ANERA, AVSI, Caritas Lebanon, chaine de l'espoir, Children Cancer Center Lebanon (CCCL), Fondation Mérieux, Ghawth, Hilfswerk Austria International HWA, Humedica, IMC, INARA, IOCC Lebanon, IOM, IRC, Lebanese Order of Midwives (LOM), Lebanese Red Cross, LSOG, Magna Lebanon, Makhzoumi, MDM, MEDAIR, Mercy USA, MoPH, NAWA, Order of Malta, Plan International, PU-AMI, Rahma Association, RESTART Lebanon, RI, SAMS, SCI, SIDC, UNFPA, UN-Habitat, UNHCR, UNICEF, UNRWA, URDA, WATAD Association, WFP, WHO.

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.

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