



HEALTH SECTOR

PEOPLE IN NEED



3,625,403

PEOPLE TARGETED



2,689,980

NEEDS-BASED APPEAL



\$318M

PARTNERS



46

GENDER MARKER



4*

*Intends to contribute to gender equality, including across age groups AND/OR people with disabilities

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SECTOR OUTCOMES

OUTCOME 1:

Improve access to comprehensive primary healthcare (PHC)

INDICATORS

- Percentage of displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) accessing primary healthcare services
- Percentage of vaccination coverage among children under 5 residing in Lebanon

OUTCOME 2:

Improve access to hospital (including Emergency Room (ER) Care) and advanced referral care (including advanced diagnostic laboratory and radiology care)

INDICATOR

- Percentage of displaced Syrians, Lebanese, Palestinian refugee from Syria and Palestinian refugee in Lebanon admitted for hospitalization per year

OUTCOME 3:

Improve Outbreak & Infectious Diseases Preparedness & Response

INDICATOR





- Early warning alerts and response system (EWARS)

OUTCOME 4:

Basic Rights and Services: Women, men, girls and boys in all their diversity have their fundamental rights respected and have access to basic services and information (justice, health, education)

INDICATOR

- Percentage of the population reached with health integrated messages

POPULATION COHORT	PEOPLE IN NEED	PEOPLE TARGETED	FEMALE ♀	MALE ♂
 Vulnerable Lebanese	2,122,634	1,273,580	662,262	611,319
 Displaced Syrians	1,365,000	1,365,000	701,610	663,390
 Palestinian Refugees from Syria	31,400	31,400	16,265	15,135
 Palestine Refugees in Lebanon	106,369	20,000	9,920	10,080

1. SITUATION ANALYSIS

Lebanon is confronting compounded shocks which are altering the national health system in fundamental ways. Following continuous years of addressing the health needs of displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria and Palestine refugees in Lebanon, the Health sector was further strained in 2022 by the pressure of the ongoing financial and economic crisis that has been ranked by the World Bank as one of the most severe globally since the mid-1800's.^[1] The multifaceted crisis started late in 2019 with country-wide protests in response to a deteriorating socio-economic situation and got coupled in 2020 by the Corona Virus Disease (COVID-19) outbreak,^[2] and the devastating Beirut Port explosions.^[3] In October 2022, the first cholera outbreak in nearly three decades was declared in Lebanon following the detection of the first laboratory confirmed case. Exacerbated by the prolonged crises, the outbreak adds significant pressure on the already debilitated national health system.

These unprecedented health, economic, financial, social, security and political crises have hugely afflicted the Lebanese health system and its resources and therefore hampered the ability of the Health sector to respond to the increased needs of a growing vulnerable populations. Consequently, the access to primary^[4] and hospital care was hindered from both the supply and demand sides at both the individual and the institution levels. According to the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR)^[5] and the Multi-Sector Needs Assessment (MSNA)^[6] 2022 respectively, about 18 per cent of displaced Syrians, and 20 per cent of Lebanese reported a need to access care in the last 3 months. 76 per cent were able to access health care. Baalbeck El-Hermel (29 %) and South (19 %) had the highest percentage of displaced Syrians in need of care, while Zgharta (32 %), Akkar (30 %) and West Bekaa (29 %) had the highest percentage of Lebanese in need of care. A larger proportion of displaced

Syrians with a disability (42 %) reported their need for health compared to 14 per cent of those with no disability. Among Syrians and Lebanese in need, the number of those who required primary health care was higher than the number of those who required secondary health care. As for the access, the percentage of those who were able to access primary health care was higher than that of those who were able to access secondary health care services. Cost was, by far, the main barrier to accessing care for all population groups. This includes direct costs, such as treatment or consultation fees, and indirect costs, such as transportation. Based on the MSNA 2022 results, Lebanese women (78 %) had more difficulty affording the cost of treatment more than men (67%). The main coping mechanisms for medications were switching to substitutes/generics (49% for displaced Syrians and 65% for Lebanese), acquiring money from outside Lebanon (40% for Lebanese), and rationing existing medications (25% for displaced Syrians and 30% for Lebanese). The majority of women across all population groups (95%) delivered their babies in a health care facility. Moreover, 53.6 per cent of displaced Syrians, and 75 per cent of Lebanese women had at least four antenatal care visits during their pregnancy. Syrian women were less likely to receive sufficient antenatal care. Only half of Syrian women who had given birth had four or more antenatal care visits compared with 76 per cent of Lebanese. Only about half of both Syrian and Lebanese married women currently use any form of contraception mainly because of the lack of access to family planning services and information.

With affordability remaining the main challenge to accessing health care services, additional barriers that continue to hinder the accessibility and the timely use of services in Lebanon at the supply and demand levels are related to availability, geographical accessibility, and acceptability. Demand-side determinants influencing the ability to use health services were represented by the fact that vulnerable populations were unable or unwilling to seek health care services while supply-side determinants were aspects inherent to the overstretched health system that was struggling to bear the pressure caused by the growing demand, scarcity of resources, ongoing cholera outbreak, and increased financial hardship. One of the signs of health system struggle is the observed deterioration in health indicators, such as neonatal mortality rates.

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 both primary and secondary health services. 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 affordability challenges. 60 per cent of displaced Syrians,

^[1] According to the World Bank, Lebanon is almost three years into an economic and financial crisis that is among the worst the world has seen. Real GDP is estimated to have declined by 10.5 per cent in 2021, on the back of a 21.4 per cent contraction in 2020 as policymakers have still not agreed on a plan to address the collapse of the country's development model. The exchange rate continued to deteriorate sharply in 2021, reaching a rate of 1\$ = 41000 Lebanese Pounds (LBP), and keeping inflation rates in triple digits.

^[2] The COVID-19 outbreak in Lebanon was first detected in February 2020 and imposed multiple mitigation and general mobilization measures country-wide. COVID-19 response was covered under the Emergency Response Plan (ERP) framework.

^[3] On 04 August 2020, a large amount of ammonium nitrate stored at the port of the city of Beirut, the capital of Lebanon, exploded, causing at least 203 deaths, 6,500 injuries, and US\$15 billion in property damages, and leaving an estimated 300,000 people homeless.

^[4] Primary health care includes vaccination, medication for acute and chronic conditions, noncommunicable diseases care, sexual and reproductive health care, malnutrition screening and management, mental health care, dental care, basic laboratory, and diagnostics, as well as health promotion.

^[5] UNHCR, UNICEF, WFP (2022), VASyR 2022.

^[6] MSNA, 2022.

25 per cent Lebanese and 23 per cent Palestine refugees in Lebanon report reducing non-food expenditures on health. Furthermore, refugees and migrants who are undocumented or without legal residency and stateless individuals face documentation-related barriers and demonstrate late healthcare-seeking behaviours, which is particularly concerning during the cholera outbreak. Studies and assessments have documented pervasive rates of maternal depression among both Syrian and Lebanese women^{[7][8]}. The economic crisis is threatening women's and girls' access to basic hygiene materials. A recent research study^[9] found that households are struggling to access menstrual hygiene items.^[10] As a result, and due to the lack or scarcity of water, there might be a silent ongoing epidemic linked to underreported gynaecological infections. According to the child-focused rapid assessment conducted in April 2021, 75 per cent of children aged 6-14 years old in Lebanon had difficulty concentrating or were unable to concentrate on their studies at home^[11]. Protection monitoring reveals that 31 per cent of Syrian adults and 13 per cent of households reported children with mental health symptoms. In nearly all cases mental health issues were reported as being caused by the family's economic situation (98 %)^[12]. According to another assessment^[13], 73 per cent of adolescent girls and boys (72 % of displaced Syrians and 81 % of the Lebanese) and 96 per cent of caregivers (94 % of displaced Syrians and 99 per cent of the Lebanese) reported feeling stressed out. Girls (62 %) were more likely to report symptoms of stress and anxiety compared to boys (45 %).

In addition, some health-related environment issues became exceptionally concerning, namely medical waste management and contaminated water sources, especially in light of the cholera outbreak. Moreover, protection concerns, and tensions are on the rise. In August 2022, through the regular perception survey on social tensions, 37 per cent of respondents reported negative inter-communal relations, as compared to 21 per cent in July 2018 and 36.1 per cent in August 2021. Within this context, competition for services and basic needs such as medicine is increasingly becoming a tension driver. In

August 2022, some 30 per cent of Lebanese and 33 per cent of Syrians cited "competition for services and utilities including water" as a tension factor, an increase from previous waves (24 % for Lebanese and 30 % for Syrians in August 2021). As of July 2022, dissatisfaction with health services exceeds previous years, with 67 per cent assessing the current quality of health services in their area as poor or worse. The population is also increasingly worried about access to medical care or medication. At the same time, incidents related to health are on the rise. From January to September 2022, 36 out of 399 (9%) service-related incidents were health-related^[14] and 52 per cent out of those were labelled as violent^[15].



In view of the unique situation, and while prioritizing life-saving interventions considering the availability of resources, the Health sector remains committed in 2023 to supporting an equitable continuation of quality physical and mental health care services for the displaced Syrians, vulnerable Lebanese individuals, Palestinian refugees from Syria and Palestine refugees in Lebanon within the national health system. Stateless individuals and displaced non-Syrians^[16] as well as undocumented migrant workers will benefit from the health care support offered by Health sector's partners, based on a non-discriminatory approach.

[7] Stevenson et al (2019). High rates of maternal depression amongst Syrian refugees in Lebanon - a pilot study: <https://www.nature.com/articles/s41598-019-48247-5>.

[8] Hobeika et al (2020). Postpartum Depression and Anxiety among Lebanese women: correlates and scales validation: <https://www.researchsquare.com/article/rs-15821/v1>.

[9] Plan International (2021). Period Poverty in Lebanon.

[10] Many women and girls are reducing the consumption of menstrual hygiene items, using them for longer than they are intended for and using less sanitary means like tissues and cloths during their periods, with this particularly prevalent among Syrians.

[11] UNICEF (2021). Lebanon: Children's future on the line: <https://www.unicef.org/lebanon/media/6541/file>.

[12] UNHCR (2022). Protection Monitoring Findings, Lebanon – 3rd quarter 2022: <https://data.unhcr.org/fr/documents/details/96661>.

[13] Plan International (2021). Adolescent girls and boys needs in West Bekaa and Mount Lebanon: <https://plan-international.org/publications/adolescent-girls-and-boys-needs-west-bekaa-and-mount-lebanon>.

[14] Health related incidents ranged from demonstrations, display of arms, armed clashes, and road blockages due to high health costs, access/admittance to hospitals, and lack of power in hospitals.

[15] UNDP/ARK (2022). Regular Perception Surveys on Social Tensions throughout Lebanon Wave XIV.

[16] Displaced population from other nationalities include people from: Iraq, Sudan, Ethiopia, Egypt, Yemen, Jordan, Iran, Bangladesh, Nigeria, and Eritrea.

2. OVERALL SECTOR STRATEGY

Theory of Change

The Health sector's theory of change is based on the principle that the removal of access barriers for women, men, girls and boys of all ages, disabilities, and diverse backgrounds, including from underserved and socially excluded groups, through safe, dignified, accountable and inclusive health service provision will require coordinated interventions in different areas. Areas of intervention are a strong and resilient comprehensive and complementary^[17] primary, secondary, and tertiary physical and mental health care; an effective outbreak and infectious diseases control; and increased health information provision to women, men, and youth, including children and adolescent boys and girls.

By removing access barriers to primary healthcare and hospital care information and services and by supporting health care institutions, the supply and demand of services will increase, and the proportion of the population benefiting from health care services will therefore increase. Additionally, supporting outbreak and infectious diseases control will protect the population from preventable diseases. Subsequently, excess mortality, morbidity, and disability, especially in poor and marginalized populations will be reduced, healthy lifestyles will be promoted with an emphasis on noncommunicable diseases (NCD), and human health risk factors that arise from environmental, economic, social, and behavioural causes will be reduced. Health systems that equitably improve physical and mental health and nutrition outcomes and respond to people's legitimate demands, will be promoted and financially fair. In addition, national policies will be bolstered, an institutional environment for the Health sector will be reinforced and an effective health dimension to social, economic, environmental and development pillars will be promoted. As a result, this will contribute to a positive health impact over the longer term, where vulnerable populations have equitable access to basic services through national systems.

In line with the national mental health strategy^[18] and in close collaboration with the National Mental Health Programme (NMHP) at the MoPH, the Health sector will ensure that mental health services are improved across Lebanon while having as a priority the need to increase access to quality and evidence-based mental health services, including psychotropic medications^[19] at both the outpatient and inpatient levels. At the outpatient level,

access will be increased through the integration of specific mental health packages in the primary care centres, as part of the subsidized comprehensive package of care, where trained and supervised staff will be able to detect, assess, provide initial management, and refer persons with mental health conditions to a multi-disciplinary mental health specialised team. And at the inpatient level through the establishment of psychiatry wards while taking into consideration the need to support psychiatry institutions^[20] as part of the transition to promoting people-centred and human rights-based community mental health services. The Health sector will as well ensure collaboration with the NMPH for the revision and update of the national mental health strategy beyond 2022 and will further coordinate with the Protection sector for the roll out and mainstreaming of mental health activities.

The sector will ensure that COVID-19 and cholera preventive measures are mainstreamed throughout all activities, including the safety of both health care workers and targeted populations.

Considering the economic situation, the increasing tensions between population groups around the issue of access to services and the increasing poverty headcount in the country, the Health sector will focus on ensuring inclusive access across all population groups. Additionally, in an increased effort to mitigate social tensions, non-Syrian displaced populations and non-sponsored migrant workers will indirectly benefit from increased access to primary health care and hospital care services offered by the Health sector's partners. The sector will work to enhance referral mechanisms and to ensure equitable access to quality physical and mental health care for the vulnerable population while prioritising the most marginalised groups and addressing gender inequalities through health interventions and emerging needs, such as the mental health and nutrition of the most vulnerable populations like infants, pregnant women, lactating mothers, adolescent boys and girls, and older persons.

The Health sector will increase its contribution to the response in 2023 to strengthen public health knowledge and evidence-based practices implemented by sector partners. For this, the Health sector has established a research committee^[21] with the objectives of decreasing duplication of assessments, channelling available research resources to the gap in information and not merely to academic interest, and ensuring ethical considerations are accounted for when the assessments or research target

[17] Combined in such a way as to complete or supplements additional services.

[18] MoPH (2015), *Mental Health and Substance Use Prevention, Promotion, and Treatment. Situation analysis and strategy for Lebanon 2015 – 2020*: [https://www.moph.gov.lb/userfiles/files/Mental per cent20Health per cent20and per cent20Substance per cent20Use per cent20Strategy per cent20for per cent20Lebanon per cent202015-2020-V1_1-English.pdf](https://www.moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1_1-English.pdf).

[19] In line with the *National Guide for Rational Prescription of Medication for priority mental health and neurological conditions*.

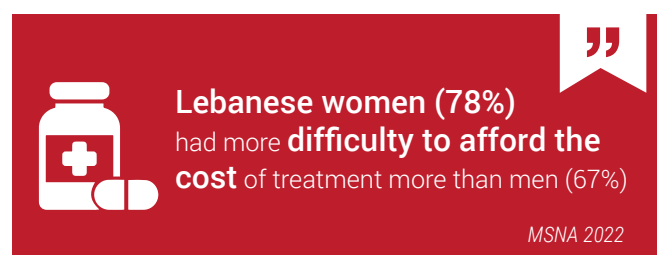
[20] Institutions contracted with the Ministry of Public Health and registered as mental health institutions such as Deir Salib and Dar Ajaza.

[21] The research committee is composed by members nominated and selected with the possibility of rotational membership. Members are composed of the Ministry of Public Health, United Nations agencies, international and national non-governmental organizations from the Health core working group.

displaced populations and vulnerable communities. The health research committee will function under the joint national health sector and will review planned assessments for justification and indications, methodology, ethical principles, and coordination with existing or planned assessments; and will review proposed research relating to health amongst displaced and vulnerable populations and ensure agreed criteria are met.

Following the guidance and under the ownership of the MoPH, multiple stakeholders from donors, international and national non-governmental organizations (NGO) participate in developing, financing, and implementing the Health sector strategy. These include organisations with a health mission, such as public health agencies, hospitals, academia, or qualified health centres. The Health sector will work closely with all sector partners to strengthen planning and coordination by reinforcing the existing coordination mechanisms, which are essential to ensuring a harmonised response and prioritisation of services. The solid strategic and technical involvement and the accountability of MoPH supports Health sector partners in implementing a guided response. And the strong coordination between MoPH and the different stakeholders contributes to a better alignment of the provision and utilisation of the scarce resources and therefore reduces duplication and gaps, enhances efficiency, and increases the return on investment. The sector will follow the 3RP guidance to ensure alignment and coherence with the response and will maintain close coordination and communication with the two co-existing response frameworks: firstly, the ERP framework^[22] established to respond to the COVID-19 outbreak and the direct humanitarian health needs of vulnerable Lebanese and migrants impacted by the deteriorating economic and financial situation; and secondly, the 3RF^[23] designed to help Lebanon address the immediate and longer-term needs of the population affected by the Beirut Port explosions^[24]. This will enable a more efficient and effective delivery of services, which is particularly important when considering the multi-factorial nature of the ongoing and concurrent crises in Lebanon. It will also ensure smooth planning, implementation and reporting processes for Health sector partners and contribute to increased accountability. Under the umbrella of a joint national Health sector working group representative of

the different frameworks,^[25] regular meetings, guidance development, information dissemination, consistent reporting, contingency indicators monitoring, and situation analysis will be maintained and reinforced to ensure a precise, dynamic, and fluid coordination, avoid duplication, identify gaps in service provision and advise on programmes designs. The sector will be committed to providing programmatic guidance and support to partners based on needs and to meet, at a minimum, on a monthly basis for a comprehensive joint Health sector working group. Core group meetings will be conducted on trimester and ad-hoc basis when needed to follow up on the situation and make strategic sector decisions. Service mapping segregated by outcome and output level will be updated on a routine basis to prevent duplication of activities and advise on programmatic gaps. In addition to new ways to bring cross-sector partners together across levels, new forums will likely emerge. Innovative approaches to fostering multi-sector collaboration to achieve health equity and quality health outcomes for patients will require participation from different partners. The Health sector will closely work with other sectors, namely Social Stability, Protection, Child Protection, GBV, Education, Nutrition, and WASH to mitigate risks and mainstream notions of conflict sensitivity, gender, youth, persons with disabilities and environment.



Assumptions and Risks

In addition to the specific risks associated with each outcome discussed later under “sector results”, general assumptions and risks fall into three main categories: funding, equity, and data.

It is assumed that the global community will continue to support the Health sector in Lebanon and that support to health system strengthening will be increased. However, the health care system has been weakened by the socio-economic situation as well as the COVID-19 and cholera outbreaks. The volatility of the situation and the growing numbers of vulnerable populations, especially among the host community, are contributing to increased health risks. Global inflection, shortages of medicines, fuel and high prices of medical equipment and transportation are examples of the challenges faced by the Health sector. This leads to gaps in service which trigger deteriorating perceptions, competition for services, and tensions. One reason for this is also the increased pressure on public services as more Lebanese are shifting from private to public

^[22] *The Emergency Response Plan (ERP) was published in the margins of the International Conference for Support of the Lebanese People chaired by France and the United Nations on 4 August 2021. The Emergency Response Plan seeks to mobilize US\$378 million to provide life-saving support to 1.1 million most vulnerable individuals, under Food Security, Health, Nutrition, WASH, Education, Child Protection and Gender-Based Violence sectors.*

^[23] *The Lebanon Reform, Recovery and Reconstruction Framework (3RF) is part of a comprehensive response to the massive explosion on the Port of Beirut on August 4, 2020. It is a people-centred recovery and reconstruction framework focusing on a period of 18 months that will bridge the immediate humanitarian response and the medium-term recovery and reconstruction efforts to put Lebanon on a path of sustainable development.*

^[24] *EU, UN, WB (2020), Lebanon Reform, Recovery & Reconstruction Framework (3RF): <https://www.worldbank.org/en/country/lebanon/publication/lebanon-reform-recovery-reconstruction-framework-3rf>.*

^[25] *Lebanon Crisis Response Plan, Emergency Response Plan (ERP), Recovery and Reconstruction Framework for Lebanon (3RF).*

service delivery. The risks affecting this assumption are weakened global financing for health, global inflation, the ongoing situation in Ukraine and the possible shift of funding, the current Lebanese socio-economic crisis and austerity plan (including the subsidies withdrawal); and procurement challenges. These risks may weaken the health care system and delay or impede health programming, and therefore further hamper the access of vulnerable populations and communities to primary, secondary, and tertiary health care.

The Health sector remains determined to equitably expand access to health services and information. There is a risk, however, that the focus on the broad majority, with insufficient attention to the marginalised groups does jeopardise equitable access to health information and services. Supporting health systems without a strong equity focus could exacerbate inequities in both the supply and demand side of accessibility. A key role will be to draw attention to those “left behind” and most marginalised and priority groups, and to review systems and policies not only for achieving better averages, but to become more inclusive and equitable and to monitor patterns in utilisation and service delivery to identify who may be getting left behind.

Administrative data systems should be able to track access and health outcomes and point to health system gaps. There is a real risk that the available data does not sufficiently disaggregate, preventing the development of measures to reach and support those left behind. Data may not be available, especially on quality, or may not be sufficiently or systematically used, with limited accountability for results. Data protection and patient confidentiality are also at risk when it comes to using platforms outside the system. Support the strengthening of unified, systematised, and institutionalised health data systems is required, including staffing and technical support at both the national and local levels in addition to establishing health records that are linked between primary health care and hospital care. This includes support for more disaggregation of data – including information on age, gender, and persons with disabilities.

Sector Results: LCRP Impacts, Sector Outcomes, Outputs, and Indicators

Under the leadership of the Ministry of Public Health at both the strategic and technical levels and based on lessons learnt during the implementation of the LCRP 2017-2022, the Health sector will maintain its commitment to align its areas of work in 2023 with the sustainable development goals (SDGs), in particular SDG 3,^[26] with a focus on universal health coverage and recommended SDG targets for neonatal mortalities. The MoPH response

strategy,^[27] drafted in 2015 and updated in 2016^[28], serves as the guiding document for the LCRP Health sector strategy. In 2022, the Health sector engaged in the development of the new MoPH Health Sector Strategy and will make efforts to keep alignment with the new aspect of the strategy that is expected to be published by the end of the year. Activities under the LCRP fall within the scope of the MoPH strategy starting from community outreach, awareness and preventive activities to curative and referral services. By 2023, the Health sector continues to aim for the progressive expansion and integration of these services in the existing national health care system in an effort towards the provision of universal health coverage.

The Health sector has identified four main outcomes for the sector strategy in 2023 and its direct contributions to Impact 3 “vulnerable populations have equitable access to basic services through national systems”. These outcomes are based on the sector’s analysis of the protective environment, considering the challenges faced by different age, gender, and diversity groups in accessing health services. The Health sector’s approach to the delivery of equitable health services is strongly rooted in a vulnerability and rights-based approach to programming. Outputs and activities under each outcome of the strategy are designed to ensure that different groups have equitable access to affordable, essential, and high-quality prevention, promotion, treatment, and referral care services.

While considering growing needs as well as acute emergencies, such as cholera, the Health sector will continue to invest in the public health system, and to strengthen and enhance institutional resilience with the ultimate goal of sustaining and assuring the quality of service provision. The Health sector will support the strengthening of the national health system by carrying out inter-related functions in human resources, finance, governance, capacity building, information and health information systems and medical products, including personal protective equipment (PPE), vaccines, and data technologies. This in return will help the sector overcome the acute difficulties and attain a positive and sustainable impact on health indicators and outcomes over the short, medium, and long terms. Whereas the Health sector will keep its focus on health system strengthening, the balance with direct service delivery components of the strategy will be maintained to cover critical short-term needs for vulnerable people. Supporting the Lebanese health system will help in recovering the trust of the local communities towards public services and will therefore

^[27] The Ministry of Public Health Response Strategy serves four strategic objectives: Increase access to health care services to reach as many displaced persons and host communities as possible, prioritizing the most vulnerable; Strengthen health care institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources; Ensure health security including a strengthened surveillance system for the control of infectious diseases and outbreaks and Improve child survival rates.

^[28] Lebanon, Ministry of Public Health (2016)-Health Response Strategy: <http://www.moph.gov.lb/en/Pages/9/3447/health-response-strategy>.

^[26] SDG3: “Ensure healthy lives and promote wellbeing for all at all ages.”

have a long-term positive impact on the government. This support will consequently pave the road for an informed and technically solid exit strategy.

Expected Results

Outcome 1: Improve access to comprehensive primary health care (PHC).

Strengthening the health care system remains a key priority in 2023, considering the increasing demand on services and scarcity of resources. This will ensure greater geographical coverage and accessibility, including for persons with disabilities, to quality primary and inclusive health care services. This will also increase the public trust toward the quality of subsidized services provided at the level of the primary health care centres. Under this outcome, it is assumed there will be an increased need for an affordable, subsidised comprehensive package of primary health care and that health partners will continue to provide support to the MoPH's primary health care network, which provides equitable and low-cost access to quality health services.

Output 1.1: Financial subsidies and health promotion provided to targeted population for improved access to a comprehensive primary health care package.

The sector aims to support equitable access to comprehensive^[29] quality primary health care to displaced Syrian and non-Syrian individuals (whether registered or non-registered as refugees by the United Nations Refugee Agency (UNHCR)) and vulnerable Lebanese individuals, primarily through the MoPH network of primary health care centres and dispensaries (including the Ministry of Social Affairs' social development centres in instances where there is uneven geographical coverage, or where the caseload is too heavy for the network to bear.)^[30] A specific focus will be to increase mental health awareness and services to account for increasing needs and to increase physical and non-physical access to primary health care for persons with disabilities. To address the various consequences of period poverty among females in reproductive age, namely physical and mental wellbeing, mobility restrictions, school dropouts, social stigma, and taboo, maintaining dignity and bodily autonomy, the Health sector partners will ensure mainstreaming menstrual hygiene management in the various activities at the primary health care levels as well as foster family planning services and contraceptives for women in reproductive age including adolescents. Displaced non-Syrians will benefit from the primary health care support offered by partners on a non-discriminatory basis. Support to a

^[29] Comprehensive primary health care is inclusive of vaccination, medication for acute and chronic conditions, child health, noncommunicable disease care, sexual and reproductive health, malnutrition screening and management, mental health, disability services, dental care as well as health promotion and referral.

^[30] Palestinian refugees from Syria and Lebanon are an exception as their access to primary health care is through The United Nations Relief and Works Agency (UNRWA) clinics.

comprehensive primary health care package will continue taking into consideration, in 2023, COVID-19 and cholera preventive measures. Key elements under this output include:

Prioritise comprehensive financial support: improved comprehensive financial support will be provided to displaced Syrian and vulnerable Lebanese individuals, Palestinian refugees from Syria and Palestine refugees in Lebanon who are unable to access health services due to their economic conditions. Non-Syrian displaced populations, and non-sponsored migrant workers, will benefit from increased access to primary health care services offered by sector partners based on a non-discriminatory approach. Health partners will continue to support better access by reducing cost-related barriers, such as doctor's fees, additional treatment, and transportation expenses through complementary programme activities. Partners will provide additional focus to ensure a balanced targeting among population cohorts and to increase targeting to vulnerable Lebanese individuals considering the ongoing crises and financial hardship. In 2023, the sector will align with the national standardised long-term primary health care subsidisation protocol (LPSP). This unified financial model is used as the baseline for the national primary health care strategy currently being developed under the leadership of MoPH. The LPSP will help reduce out-of-pocket expenditures through a sustainable, long-term approach and will increase the public's trust in the Health sector. Health partners will be encouraged to implement this model in the centres they support and to continue exploring ways to further optimise the package of services offered to ensure an effective, cost-efficient, and sustainable response. This will be closely monitored in 2023 to identify best practices that can be further developed and expanded to ensure improved rollout of the LPSP and, ultimately, better health outcomes over the long term. Additionally, health partners will work to conduct an outcome and return-on-investment evaluation to measure the efficiency and efficacy of the implemented packages.

Use of mobile medical units on an exceptional basis: The Health sector will aim to provide primary health care services through Mobile Medical Units (MMUs) only on an exceptional basis. Activities such as vaccination campaigns, outbreak investigation and response, and the provision of primary health care services will be provided through mobile medical units linked to the closest fixed primary health care centre in areas where there is no primary health care coverage and in case of security-related and emergency situations. MMUs implemented in-line and in collaboration with existing national structures/mechanisms will enable the health system to quickly identify and respond to outbreaks and to increase access to primary health care services in case of a deteriorated situation. Consequently, this will contribute to decreasing morbidity and mortality rates. As mentioned, Health sector partners will deploy MMUs only when necessary, and, at the same time, the sector will ensure that access to primary health care centres is promoted and restored as soon as possible.

Rehabilitation services and assistive devices: The Health

sector will aim in 2023 to provide specialised support to persons with disabilities and older persons at risk. Health sector partners will provide specialised services to targeted populations per calendar month, including rehabilitation services such as physiotherapy, prosthetics and orthotics, assistive devices, occupational therapy, ergo therapy, speech therapy, institutional care land, or family rehabilitation. To monitor this activity, the Health sector partners will report on the number of persons with disabilities and older persons at risk receiving individual specialised support, and the indicator will be disaggregated by nationality, age group, gender, and type of disability (motor, visual, hearing, speaking and intellectual).

Strengthen complaint and feedback mechanisms: 50 out of 279 MoPH's primary health care centres have active complaint and feedback mechanisms to ensure patients can report any challenges. The complaint and feedback mechanisms are accessible for all groups, including persons with disabilities, older and young people, and marginalised groups. The data is recorded and managed confidentially. In addition, information on the Ministry's 24/7 hotline, which the displaced population can call for feedback and complaints, is circulated on a regular basis. The MoPH uses all possible resources to respond to all complaints; however, additional support from the Health and Protection sectors is still needed to strengthen and expand the current feedback mechanism^[31] and to collect and analyse data. Supporting the complaint and feedback mechanism will improve the service delivery and the accountability for the affected population, enhance public trust and inform the design of the programmes and therefore increase demand and access for primary health care, including mental health services.

The target for 2023 is a total of 5,379,961 subsidised or free consultations to be provided at the primary healthcare level to displaced Syrian and vulnerable Lebanese individuals and Palestinian refugees from Syria and Lebanon (2,547,161 for Lebanese, 2,730,000 for displaced Syrians, 62,800 for Palestinian refugees from Syria, and 40,000 for Palestine refugees in Lebanon).^[32] The target for 2023 considers both the growing needs among the Lebanese population and the capacity of the primary health care centres. Consultation reporting will be disaggregated by age, gender, and disability to allow monitoring of potential gender-related barriers to primary healthcare access that must be addressed. To improve the access of vulnerable populations to mental health services, and while considering the growing needs, 5 per cent of the population in need will be targeted, and monitoring of mental health consultations will be disaggregated by population cohort, age, and gender. Support to rehabilitation services and assistive devices targets 403,320 individuals (191,037 Lebanese, 204,750 displaced Syrians, 4,894 Palestinian refugees from Syria,

and 3,000 Palestine refugees in Lebanon) which is 15 per cent of the total population targeted for every nationality. For 2023, the Health sector aims to expand its support to all the 350 primary health care centres under the MoPH network and to the 27 United Nations Relief and Works Agency (UNRWA) clinics.

Output 1.2: Free of charge noncommunicable diseases (NCD) medication provided at primary health care centre level.

The Health sector will continue to advocate for the timely procurement of quality NCD medications and equitable distribution to the population in need while taking into consideration the current medications shortage and procurement challenges. Health partners will support the MoPH to accurately estimate the medication needs based on utilisation, co-morbidity data and previous stocks interruption while also accounting for projected increases in demand as well as the need for buffer stocks. Partners supporting the provision of medication are encouraged to include support for the proper management of pharmaceutical waste as per the national guidelines. The provision of chronic disease medications free of charge will contribute to enhancing the quality of life for persons with chronic diseases, increase financial access to primary health care for patients with NCDs, decrease the burden on secondary and tertiary health care by helping to effectively manage disease, reduce the high cost of hospitalisation resulting from poorly controlled chronic medical conditions and it will consequently decrease morbidity and mortality rates. The Health sector strategy under the LCRP will account for the increased needs of the refugee population considering the current context of the economic and financial crisis and will continue to provide chronic disease medications for the vulnerable Lebanese already targeted in previous years. Displaced non-Syrians will also benefit from the medications support offered by partners on a non-discriminatory basis. The increased NCD medications needs among the Lebanese population that are perceived to be a direct result of the current crisis will be accounted for through the ERP. Institutional support and health system strengthening initiatives, such as training on medication and stock management, remain key to improve the existing primary health care supply chain and to ensure medications are distributed in a timely and consistent way. This includes electronic health records, electronic stock inventory and data driven decision making to maximize the efficient use of resources. By investing in supply chain management, the efficiency of the system and impact of Health sector medication support will be enhanced.

In 2023, the sector will target 230,000 individuals who are enrolled in the national chronic disease medications program at the MoPH (172,500 Lebanese, 41,400 displaced Syrians, 9,177 Palestinian refugees from Syria, and 6,923 Palestine refugees in Lebanon).^[33]

^[31] Lebanon, Inter-Agency (2020), *Minimum Standards on Complaints & Feedback for the Lebanon Crisis Response Plan*: <https://data2.unhcr.org/en/documents/details/79144>.

^[32] Palestinian refugees from Syria and Palestine refugees in Lebanon receive primary health care support through the UNRWA clinics.

^[33] Palestinian refugees from Syria and Palestine refugees in Lebanon receive subsidized chronic disease medications free of charge through the UNRWA clinics.

Output 1.3: Free-of-charge acute disease medication, medical supplies, and reproductive health (RH) commodities provided at primary health care centre level.

The Health sector will support the MoPH in the provision of acute disease medications free of charge, as well as medical supplies and RH commodities for displaced Syrian and vulnerable Lebanese individuals while taking into consideration the current medications shortage and procurement challenges. Partners supporting the provision of medication are recommended to include support for the proper management of pharmaceutical waste as per the national guidelines. Displaced non-Syrians will also benefit from the medications support offered by partners on a non-discriminatory basis. The Health sector strategy under the LCRP will account for the increased needs of the refugee population considering the current context of the economic and financial crisis and will continue to provide acute disease medications for the vulnerable Lebanese already targeted in previous years. The increase in needs among the Lebanese population that is perceived to be a direct result of the current crisis will be accounted for through the ERP. Another focus will be extending support to an efficient and timely supply chain management. The sector will continue to advocate for funding and will aim at aligning the list of acute disease medications with the treatment protocol. Health partners will closely coordinate to accurately estimate the needs and support in the procurement of acute disease medications as well as other medical commodities. This support will lead to increased availability of supplies, decreased financial barriers and support for greater access to primary health care. Furthermore, the provision of acute disease medications free of charge contributes to an enhanced preventive programming and strengthened growth monitoring for children; therefore, decreasing the risk of complications and the need for hospital care. Without timely access to quality acute disease medications, medical supplies (including PPE for health facilities not already supported under ERP and RH commodities), the risk of preventable hospitalisation, cholera, and COVID-19 infection will increase in Lebanon, which will increase the financial burden and negatively impact health indicators, especially for morbidity and mortality rates, including neonatal and maternal mortality. The sector will aim to ensure that the current mechanisms of national drug procurement for acute disease medications, medical supplies, and RH commodities (including family planning commodities, and post-exposure prophylaxis (PEP) kits) are aligned with the existing needs of vulnerable Lebanese and displaced Syrian individuals, as well as other population groups, and should avoid any duplication for parallel procurement mechanisms by health partners.

In 2023, the sector will target 1,613,988 for acute disease medication, medical supplies, and RH support (764,148 Lebanese, 819,000 displaced Syrians, 18,840 Palestinian refugees from Syria, and 12,000 Palestine refugees in Lebanon).^[34] This target takes into consideration that 30 per cent of the population accessing primary healthcare

will be seeking support for acute disease medication, medical supplies, and RH support.

Output 1.4: Free of charge routine vaccination provided for all children under five at the primary health care centre level and through vaccination campaigns.

Due to multiple crises, the first of which started in late 2019, the number of children under five receiving their routine vaccination was reported to be below the annual average. In 2023, the Health sector aims to support the MoPH to achieve 100 per cent vaccination coverage of displaced Syrian and non-Syrian children, Palestinian refugee children from Syria and Lebanon and vulnerable Lebanese children,^[35] based on the national vaccination calendar. This requires the enforcement of the MoPH's policy related to the provision of free vaccination at the primary health care level as well as the expansion/acceleration of routine vaccination activities with a focus on low vaccination coverage areas^[36] and the improvement of the cold chain and supply systems. The MoPH is expanding the public-private partnership, namely the partnership with private physicians across all districts in Lebanon, in an aim to reach children mostly in need, especially in marginalised areas. This partnership between the MoPH and the private physicians offers a ground-breaking mode with a good chance of producing improvement in immunisation outcomes. In coordination with Nutrition partners, outreach activities related to vaccination will be coupled with malnutrition screenings, and referrals if needed, to maximise the impact of outreach efforts. This will be done through increased awareness on the availability of free vaccination services and infection, prevention, and control (IPC) measures at the primary health care centres and by supporting the MoPH to increase its cholera and COVID-19 prevention response. Messages will emphasise that routine immunisation is not only safe and effective but essential to protecting children from potentially fatal infections. Vigilance is required to ensure Lebanon remains polio free, to contain cholera and any other possible outbreaks. Advocacy to endorse legislation on free vaccination in the primary health care centres remains key to ensure increased vaccination coverage and to prevent future outbreaks. In addition, a more systematic vaccination process needs to be developed and endorsed for official return activities. The efforts of the Health sector to ensure that free vaccination is provided for all children under five will positively impact the vaccination status of the children in Lebanon, prevent vaccine-preventable diseases and consequently decrease rates of morbidity and mortality.

In 2023 the sector targets a total of 445,560 children under five^[37] to receive routine vaccinations distributed among

^[34] Palestinian refugees from Syria and Palestine refugees in Lebanon receive primary health care support through the UNRWA clinics.

^[35] It is estimated that 50 per cent of vulnerable Lebanese children receive vaccination through the public health system while the remaining 50 per cent receiving vaccination through private health system.

^[36] Results of the annual WHO expanded programme on immunization (EPI) coverage cluster survey.

^[37] Based on the LCRP population package for 2023, children under five are 5.5 per cent of the Lebanese population, 14.2 per cent of the displaced Syrian population and 9.7 per cent of the Palestinian population.

displaced Syrians, vulnerable Lebanese and Palestinian refugees from Syria and Lebanon at the primary health care level (212,150 Lebanese, 212,992 displaced Syrians, 3,033 Palestinian refugees from Syria, and 17,386 Palestine refugees in Lebanon).

Output 1.5: Primary health care institutions' service delivery supported.

The expansion of the MoPH's primary health care centres network to up to 350 centres distributed equitably across Lebanon, the enhancement of the quality of services provided and the physical structure will strengthen the capacity of the ministry to respond to the primary health care needs of displaced Syrians and vulnerable Lebanese. Moreover, support across most primary health care centres is required in terms of increasing human resources, as they are understaffed and overloaded while at the same time an increasing number of medical staff is leaving the country because of the deteriorating overall situation. To partially mitigate the risk of the socio-economic crisis and the brain-drain, the Health sector will work in 2023 to develop staffing support guidance for all partners supporting primary health care centres; guidance will include support to new and existing staff. By providing staffing support, the Health sector will contribute to enhancing central data collection and analysis, to decreasing the workload at the facility level and to increasing the ministerial capacity to respond to increased demand. Nevertheless, the sector needs to identify and prioritize support for essential core staff whose services are critical in the long run; this will allow the ministry to retain trained and qualified personnel. The Health sector partners will support primary health care centres in enforcing the existent laws and memos, such as the provision of free-of-charge vaccination and the implementation of the patient co-payment modality.

A larger proportion of displaced Syrians with a disability (**42%**) reported their need for health compared to **14%** of those with no disability

VASyR 2022

Health partners will continue providing equipment, including PPE and IPC kits, to not only respond to current needs, but also to replace old and deteriorating equipment. This will allow the centres to deliver safe quality services and to expand the current coverage, which increases availability and therefore enhances access to primary health care services for vulnerable groups. Additionally, the Health sector will aim to build the capacity of staff through ongoing training, coaching and supervision according to identified gaps. A specific focus will be placed in 2023 on building the capacity of the health care staff on IPC, considering the recent outbreaks. Trainings will also include modules

on soft skills,^[38] safe identification and referral of survivors of sexual and gender-based violence, and survivor-centred approaches with a focus on respecting confidentiality and non-discrimination. Building the capacity of the health care providers will lead to an enhanced quality of service provision and therefore to an increased trust towards the public services, which will positively impact the access of vulnerable groups to primary health care services. The Health sector will encourage an equal ratio of female/male staff in every training^[39] and focus on monitoring key quality indicators for improved quality of care through increased coordination and referrals between partners and the use of common tools.

The sector will support the MoPH to strengthen its primary health care accreditation programme^[40] and internal Monitoring and Evaluation (M&E) measures at the primary health care level. M&E activities shall focus on compliance with the national health strategy, especially in relations to harmonised costs for services based on LPSP and ensuring free immunisation services at all centres.

Additionally, the Health sector will explore ways to support the expansion of the existing health information system. In 2016, electronic patient files for beneficiaries were established, along with a medication electronic monitoring system^[41] in 13 primary health care centres. The collection of data through all primary health care centres will be further expanded and strengthened to ensure harmonised reporting through common tools and indicators as well as on the quality-of-service provision, including relevance, accuracy, completeness, and timeliness. This will lead to more regular access to data which will help to inform future health care priorities. In 2023, the Health sector will focus on enhancing the health information system, including the development of medical records that will be made available between the primary health care centres and the hospitals to facilitate referrals and medical follow up. The sector will work in 2023 to pilot the development of a registration platform where individuals can have their medical records and information recorded.

The sector aims to target all the primary health care centres in 2023 within the MoPH's network.

Risks associated with the outputs under Outcome 1 range from the lack of available funds to ensure timely and quality subsidised comprehensive primary health care services to non-compliance of primary health care centres with the instructions provided by MoPH, including hidden

[38] As an example, the Clinical Management of Rape Training targeting health staff includes a module on soft skills.

[39] It is observed that more female health staff attend trainings compared to male health staff – this is reflective of the general health workforce.

[40] In 2008, the Ministry of Public Health (MoPH) initiated work on an accreditation mechanism for primary health care centres aiming to include all network centres to monitor and ensure quality in primary health care centres. The accreditation programme is fully funded by MoPH and implemented by the primary health care department.

[41] PHENICS: health information system to link and unify the network of Ministry of Public Health - primary health care centres.

costs.^[42] Procurement challenges continue to worsen, particularly in the local market, for acute and chronic disease medications, including psychotropic medications, as well as medical supplies. The ongoing and accelerating flight of medical staff from the country due to the deteriorating situation are contributing to additional risks at the individual and institution levels. Together, these factors may result in decreased access to preventive primary health care services, including immunisation and antenatal care and could increase demand for complicated hospital care. The health system could become overloaded, and the vulnerable populations will face challenges to accessing needed health care, which will jeopardise their health status and put them at risk of preventable hospitalisation and health complications. In addition, financial hardship will continue to increase at the institutions level, which will jeopardise the Health system. Corresponding decline in determinants of health are likely to negatively affect national health indicators, including morbidity and mortality. Efforts from health partners are needed to advocate for predictable, sustainable funding, as well as new and increased resources, in order to support strengthening the health services to meet the needs of the ever-growing vulnerable populations as a result of the ongoing multiple crises. Partners also need to maintain and expand support to MoPH in order to improve health governance functions, including internal monitoring and evaluation measures. With time, and as the MoPH's capacities are strengthened, the institutional support is expected to progressively decrease.

Outcome 2: Improve access to hospital (including Emergency Room (ER) Care) and advanced referral care (including advanced diagnostic laboratory and radiology care).

The sector aims to provide physical and mental hospital care to 12 per cent of each population group. In addition, through health partners, the sector will aim to support, in 2023, the hospitals for service delivery by providing human resources, capacity building, and medical products including PPE.

Output 2.1: Financial support provided to targeted population for improved access to hospital and advanced referral care.

The Health sector aims to ensure access to physical and mental hospital and specialised referral care for displaced Syrian individuals (whether registered or non-registered as refugees by the United Nations Refugee Agency (UNHCR), Palestinian refugees from Syria and Palestine refugees in Lebanon in need of hospital care.^[43] Health partners will continue providing financial support to targeted population through the implementation of cost-sharing mechanisms. The main activity under this output is the

provision of financial support to access hospital services. This is currently done primarily through the UNHCR referral care programme^[44], which covers 75 per cent of the hospital bill and targets displaced Syrian and non-Syrian individuals,^[45] and through UNRWA's hospitalisation policy for Palestinian refugees from Syria and Palestine refugees in Lebanon. In a complementary manner, health partners will continue to provide financial support to cover the patient's share, which is five to 25 per cent of the bill, based on a prioritisation approach specified by every partner in consultation with the Health sector. Partners will also aim to cover those conditions which fall outside of UNHCR or UNRWA hospitalisation schemes.

Given the ongoing crisis and the growing number of vulnerable Lebanese and following a pilot that started in 2020, the Health sector will support vulnerable uninsured Lebanese individuals in 2023 with a cost-sharing scheme that includes public and private hospitals for those covered by the MoPH as a last resort. Therefore, Health sector partners will aim to cover the patient share for vulnerable Lebanese individuals after being admitted and supported by the MoPH. On exceptional basis and following a prioritisation approach, partners will provide effective coverage for Lebanese patients who fall outside the coverage criteria of the MoPH and are covered by the National Social Security Fund (NSSF) and the Civil Servant Cooperative (CSC) schemes.^[46] The support will focus on cases characterised by additional costs resulting from the use of material such as orthopaedics and cardiology. The sector will consider utilising public communication channels to inform the Lebanese population about the hospital care support programmes. Partners planning to support hospital care for vulnerable Lebanese will have to increase their mobilisation and outreach activities to expand the outreach to the population in need. The hospital care support provided for vulnerable Lebanese under LCRP differs from the one provided under ERP since the latter aims to cover the full hospitalisation bill of the patients. A close coordination will be maintained between both platforms to ensure the smooth planning, implementation, and reporting of the programmes. In addition, a joint taskforce will be established to develop a unified model for the subsidisation of hospital care for the vulnerable populations, where the mechanism put in place is well defined and coordinated among relevant stakeholders, including the MoPH. This will help identify coverage criteria and avoid duplication and therefore

^[44] UNHCR (2019), *Referral Care SOPs*.

^[45] As of July 2018, the cost-sharing mechanism requires beneficiaries of the programme to contribute with the first \$100 of the hospital bill and 25 per cent of any amount exceeding that. \$800 is the maximum amount required from the beneficiary. In 2020 and 2021, temporary changes to the cost-sharing scheme were implemented to mitigate the financial hardship for both displaced populations and hospitals. These revisions have been implemented during the fall and winter months when the livelihood opportunities for displaced populations are generally lower.

^[46] The National Social Security Fund (NSSF) is meant to cover all employees in the formal sector (private sector and government-owned corporations, in addition to contractual and wage earners of the public administration). The Civil Servants Cooperative (CSC) covers the regular government staff.

^[42] Examples of hidden costs: cost for opening a file, consultation fees prior to providing free of charge vaccination.

^[43] This includes advanced diagnostics, laboratory tests and radiology (on an outpatient basis) and admission to hospital, including emergency room care.

support donors in financing the access to hospital care for the target group of vulnerable populations. The sector will additionally aim, in 2023, to create a hospital care coordination forum in collaboration with MoPH to better advise, map and coordinate hospital care support.

The financial support provided helps decrease mortality rates and enhances the quality of life. In addition, this will contribute to improved neonatal and maternal health by supporting hospital-based deliveries and neonatal services. Social tension will also be mitigated through the balanced targeting approach. Furthermore, by ensuring guaranteed, timely payments for patient care, hospitals will be partly relieved of the additional pressure caused by the multifaceted crises and therefore the support will contribute to decreasing financial hardship at the hospital level. Considering the high cost of hospital care services in Lebanon and the increasing economic vulnerabilities across all populations, health partners need significant financial resources to maintain current levels of financial support provided. Additional resources are also needed to expand the support to medical conditions which do not fall under the current schemes and to support hospitalization for mental health conditions given the increased needs and scarce resources in terms of financials and hospitals capacity.

In 2023, the sector will target 99,010 displaced Syrian individuals, which is considered 12 per cent of the population registered with UNHCR,^[47] 76,415 Lebanese individuals, which represent 6 per cent of the Lebanese population in need, 3,768 Palestinian refugees from Syria and 2,400 Palestine refugees in Lebanon receiving hospital services. The targets are calculated based on a 12 per cent hospitalisation rate for displaced Syrians, Palestinian refugees from Syria and Palestine refugees in Lebanon and based on a 6 per cent rate for Lebanese complementing the target covered by ERP.^[48]

Output 2.2: Public and private hospital service delivery supported.

The sector aims to support to public hospitals through the provision of equipment to address shortages, replace old and deteriorated ones and establish burn units and psychiatric wards in the North, South and Bekaa governorates. Special attention will be given in 2023 to support the operational costs at the hospitals level including but not limited to oxygen supplies and medical waste management. Interventions will also include supporting existing and recent hospital staffing capacity at both MoPH and hospital levels to compensate for the decreased number of staff caused by the socio-economic

^[47] This figure is based on the number of displaced Syrians registered by UNHCR as refugees, equivalent to 825,081 (as of end of September 2022). It is important to note however that all displaced Syrians (Government of Lebanon estimates are of 1,500,000 displaced Syrians in Lebanon), whether registered or non-registered with UNHCR as refugees, are eligible for hospital coverage according to UNHCR Standard Operating Procedures for Referral Care.

^[48] The hospitalization rate does not include health interventions done on an outpatient basis such as dialysis.

crisis and the migration of medical staff already mentioned, as well as building the capacity of the hospital staff through trainings and follow-up (including management of psychiatric emergencies) where an equal ratio of female to male staff is encouraged.

In response to the COVID-19 outbreak in refugee settings, the Health sector built on the financial support provided over the years for the hospitals to withstand the increasing pressure and cover hospitalisation fees for Syrian and non-Syrian displaced individuals and further supported and expanded the capacity of the hospitals^[49] to equitably implement free-of-charge COVID-19 testing and case management for the displaced populations. The additional capacity and resources built to respond to COVID-19 were provided with multi-use specifications, meaning they can be deployed in future health responses; in 2022, these resources were used in response to the cholera outbreak. The previously supported COVID-19 isolation units were converted into cholera treatment centres or cholera treatment units. Support to the hospitals will be coordinated with existing responses and provided based on needs. In terms of data collection and analysis and given the increased rates of neonatal mortality among the displaced population, the Health sector will work closely and support the MoPH to monitor and analyse the neonatal mortality rates among Lebanese. Moreover, the sector will work to strengthen mitigation measures ranging from supporting preventive primary health care, including antenatal services, to curative and hospital support, including neonatal care services.

Given the current multiple crises and the lack of sufficient intensive care unit (ICU) bed capacity at the hospital level, the Health sector will work in 2023 to elaborate on an initiative for an effective home-based treatment for terminal patients, linked with the national initiative of the MoPH to promote palliative care.

The risks associated with the outputs under Outcome 2 are both institutional and individual. At the institutional level, public and private hospitals are facing financial challenges to procure and maintain their medical equipment due to their limited ability to pay in hard currency. Additional challenges are being faced in terms of lack of electricity and fuel, in addition to insufficient staffing due to migration. Consequently, some of facilities have decreased staffing and working hours, and have closed several wards. At the individual level, vulnerable populations are unable to access hospital care easily due to the higher costs resulting from currency inflation. Decreased funding and the consequences of the revised UNHCR referral care standard operating procedure that imposes a higher patient share on displaced Syrian

^[49] UNHCR expanded and rehabilitated the capacity of public and private hospitals across Lebanon to receive and treat COVID-19 patients free of charge and avoid competition for care. Support included beds and intensive care units (ICU) and equipment installation.

individuals^{[50][51]} presents an addition risk. An additional risk is the lack of interest and/or sufficient resources to support expensive services, such as dialysis and the treatment of cancer, thalassemia, haemophilia, and others, which will decrease health access and contribute to an increase in morbidity and mortality rates. Health partners can mitigate these risks through advocacy for funding, extended support for public hospital care, reinforced public-private hospital partnerships to cover uninsured populations in private hospitals and increase access to care and strengthened coordination where available funds equitably target the most urgent needs. An additional mitigation measure would be to increase and strengthen preventive primary care, such as vaccinations, antenatal, postnatal care, family planning and early detection and NCD programmes so that complications are prevented, and hospital care is less likely to be needed.

Outcome 3: Improve outbreak & infectious diseases preparedness and response.

Ensuring that Lebanon has in place a national diseases surveillance with emphasis on the EWARS is essential, considering the numerous challenges which exist. The system helps in estimating the number of children dropped out from routine immunisation, understanding potential health risks associated with environmental degradation, such as waterborne diseases, as well as the impact of poor WASH conditions in informal settlements. Moreover, it allows for the identification of risks associated with acute intoxication by chemicals, pesticides, or bacteria (i.e., food poisoning). The health system should be reinforced in line with the international health regulations requirements, especially for the cross-border population. Additionally, outbreak preparedness and response should be maintained. The ESU at the MoPH also needs to be further strengthened with human resources in complementarity with ERP and information and communication technology, to be able to maintain the testing, tracing, and referral for treatment strategy. The ESU must be further supported to accelerate decentralisation of surveillance at the district level. This will facilitate the preparedness and investigation and accelerate outbreak responses. For 2023, the Health sector will work on building the Public Health Emergency Operation Center (PHEOC), to be used as a platform for data pooling, sharing and decision making.

In 2023, the Health sector is targeting 800 EWARS centres.

Output 3.1: The National Early Warning and Response System (EWARS) expanded and reinforced.

The sector will strengthen outbreak control by expanding and building the capacity of the MoPH to use the EWARS. This system provides critical data in a timely manner and helps to inform monitoring, planning and decision-making in any outbreak containment and response. Between 2015 and 2019, support was provided for the development of an

^[50] UNHCR reported a lower admission rate to hospital care in 2019 compared to 2018 and this is believed to be related to the new referral care standard operating procedures (SOPs).

^[51] UNHCR (2018), Referral Care SOPs.

information technology (IT) platform (DHIS2) established in around 950 health facilities.^[52] In the surveillance strategic framework and plan of action, support in 2023 will focus on: the harmonisation of the health reporting system, expansion of the national early warning and response system to multidisciplinary stakeholders (such as the Ministry of Agriculture), and improvement of information flow within the MoPH departments and between the ministry and other concerned stakeholders.^[53] Further support is needed in terms of data analysis at all administrative levels, and decentralisation of surveillance and decision making in terms of public health measures at the district level.

The expansion of the national EWARS and its decentralisation will target all primary health care centres within the MoPH's network, laboratories and hospitals, as well as the ESU at the national level. Priorities for 2023 include the reinforcement of existing surveillance sites and expansion by 20 new sites. To ensure positive outcomes staffing and logistical support, IT systems development and equipment is required along with technical support missions, joint training for surveillance and response teams as well as close monitoring of accuracy, timeliness, and completeness of reporting.

Output 3.2: Availability of selected contingency supplies ensured.

The sector will ensure that a six-month stock of selected contingency vaccines, emergency medications, therapeutic foods, micronutrients, laboratory reagents, response kits and PPE for quick and effective response to outbreaks is available and maintained.

Output 3.3: The National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes strengthened.

The Health sector will continue supporting the National Tuberculosis (TB) Programme through staffing, capacity building, procurement of necessary materials, facility renovations and the procurement of anti-tuberculosis drugs, ancillary medicines, and other consumables. By implementing these activities, the Health sector will contribute to preventing, identifying, and treating tuberculosis cases in a safe and dignified manner, which will decrease morbidity and mortality rates.

In 2023, the Health sector is targeting 1,200 beneficiaries with TB medication support through the National Tuberculosis Programme.

As for the National AIDS Programme, the sector aims at supporting the development of a protocol for testing,

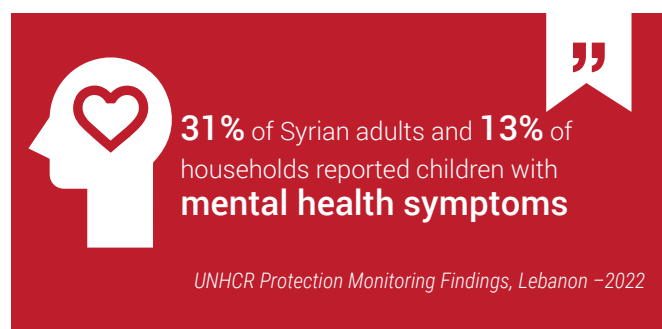
^[52] Health facilities include primary health care centres, dispensaries, and hospitals.

^[53] With the advent of COVID-19, additional support was provided in terms of human resources, provision of testing kits and personal protective equipment to the surveillance teams, as well as development of information technology applications for the call center, the positive cases tracing program and other technical support.

including screening for HIV and sexually transmitted infections in key population groups, doing confirmatory testing for positive cases and starting antiretroviral therapy (ART) for all Human Immunodeficiency Virus (HIV) diagnosed cases as soon as diagnosis is confirmed. This will lead to dramatic reductions in HIV-associated morbidity and mortality^[54] and to an increase in the life expectancy of patients with HIV infections.

In 2023, the Health sector is targeting 2,000 beneficiaries with ARV medication support through the National AIDS Programme.

In addition, the sector aims to train 150 health care workers on the detection and care for TB and HIV.



If the support of the Health sector is not maintained under the above-mentioned outputs under Outcome 3, the ability of the country to ensure the continuation of care amidst the ongoing crisis and to respond to outbreaks will be jeopardised, which could lead to increased outbreaks, vaccine preventable diseases and subsequent morbidity and mortality. Hence, the need to: i. maintain the level of support provided to the national surveillance system and expend the support to the sub-national level, ii. increase trust toward public services iii. strengthen the preventive care, iv. Mainstream COVID-19 prevention and v. increase outbreak preparedness.

Outcome 4: “Basic Rights and Services”: Women, men, girls and boys in all their diversity have their fundamental rights respected and have access to basic services and information (justice, health, education).

Investments in awareness raising and mobilisation activities at the individual, and institutional levels among women, men, and youth (children, boys and girls) is considered crucial to increasing demand for available health care services. At the same time, it offers added value to the community that will have lifelong positive effects on both the individuals and the local institutions. Consequently, this outcome will be achieved through the following three outputs. In 2023, a specific focus will be placed on the importance and availability of preventive and promotive care, such as vaccination, contraception, and antenatal care, and activities will be designed in an inclusive modality that allows individuals to overcome stigma and discrimination, especially for the most marginalised groups, including working and street children,

adolescent boys and girls, persons with disabilities and LGBTQI+ community members.

Output 4.1: Health awareness and information strengthened at the institutions level.

The Health sector will strengthen institutions-based health promotion and community outreach activities on various health topics (i.e., vaccination, pregnancy care, childcare, family planning, communicable and NCD, sexual and RH, mental health, substance abuse, nutrition, food safety, hygiene, COVID-19, cholera prevention and management, older women’s health, etc.). Efforts will aim at increasing awareness on the availability and acceptability, and therefore the accessibility, of services (including mental health, sexual and RH (including menstrual hygiene management and family planning), and gender-based violence services) at the facility and the individual/community levels. Information about available safe and confidential sexual and GBV services will be made available to communities and through trainings of primary health care and hospitals personnel and community volunteers on how to refer GBV cases. This will be conducted using a joint Health sector approach^[55] by developing a comprehensive package for awareness-raising activities adapted for different audiences, including individuals with disabilities, that can be adopted by all partners, making updated information available to the population in need, including service mapping, both online and in printed health brochures with targeted and relevant health information. The Health sector will work closely with the Nutrition sector to make sure that nutrition related messages are addressed in the comprehensive package of awareness, including maternal nutrition, exclusive breastfeeding, complementary feeding, and feeding a sick child and that these activities are gender transformative by involving fathers and other male family members in childcare and nutrition activities. In addition, the standards, guidelines, and tools will be availed to enhance the effective coverage and quality of care at facility & community level. The use of media will also be considered for a broader communication when needed, given the role that the media can play in promoting healthy lifestyles. Health partners will harmonise health messages and target women and men within communities to influence decision-making and behaviour change. Awareness raising will also include the development and design of information packages and the use of various dissemination methods, in consultation with affected communities, to ensure that the materials are appropriate and accessible to all groups, including persons with disabilities, older persons and those who speak languages other than English, French, and Arabic. Where possible, inter-sector linkages will be made to maximize health-education dissemination channels, including through education facilities and after-school accelerated learning programmes for children who work and through the Protection and Child Protection sectors for the dissemination of health-related messages and information in women and girls’ safes spaces, community centres and child-friendly spaces. The sector will also

[54] CDC (2017), *Benefits and Risks of Antiretroviral Therapy*.

[55] Jointly with ERP framework.

expand its support for the MEHE to strengthen COVID-19 and cholera preventive measures as well as vaccine uptake in schools. Providing information and education alongside addressing other accessibility barriers will contribute to decreasing social stigma and increasing demand for primary health care. Consequently, health promotion will increase equitable access to quality primary health care, including increased demand for preventive care, which will avert preventable medical complications. Coordination with the Risk Communication and Community Engagement (RCCE) taskforce will be ensured at all times to maintain a harmonized and coherent approach to health promotion and awareness.

In 2023, the sector is targeting 279 primary health care centres for awareness raising.

The Health sector will continue supporting the Ministry of Education and Higher Education (MEHE)/MoPH/WHO's school health programme. The programme comprises such activities as school health and nutrition education, opportunities for physical education and recreation, and programmes for counselling, social support, adequate nutrition, and mental health promotion. Maintaining the school health programme will create a healthier physical and emotional environment for adolescents and youth and will enhance the education outcomes which will lead, in the long run, to a more productive community. Other activities include the provision of support for the school e-health medical records (procurement of information technology equipment and capacity building) as well as support for the healthy school environment project. The school health program has been partially suspended since the onset of COVID-19. For 2023 it will be focusing on awareness raising, surveillance of outbreaks through rapid diagnostic tests, and on ensuring COVID-19 and cholera protection and prevention measures. In 2023 the sector is targeting 50 schools.

Output 4.2: Access to health care information to women, men, and youth (children, boys, and girls) increased at community level.

Women, men, and youth, including adolescent boys and girls, will be targeted with a comprehensive package of health awareness. Partners will be advised to follow the joint guidance to be issued by the joint Health sector coordination mechanisms for a standardisation and harmonisation of messages.

Persons with disabilities will be targeted with health care information which enhances their access to services. Marginalised adolescents and youth will be targeted to ensure health care information reaches out-of-school, street and working children, young people, and adolescents through a gender-sensitive approach. Information will include the adaptation of awareness materials and outreach methods, strengthened referral of at-risk children and adolescents to case management agencies. Other agencies will also be encouraged to refer to health care providers and improve the reach of vaccination through tailored vaccination campaigns, COVID-19 and cholera prevention, mental health, and sexual and RH activities.

In 2023, the sector is targeting 724,845 caregivers with integrated health awareness material messages calculated based on a 20 per cent target out of the population in need. In addition, the sector aims to implement 26,888 awareness sessions for adolescent and youth.

Whereas acceptability, social norms and stigma, and staff turnover may all be risk factors associated with the above-mentioned Outputs under Outcome 4.2, developing a contextualised package of health awareness materials, including linkages and referrals to protection services, and identifying and building the capacity of essential staff, remains key to sustaining the available services and information at different levels. The lack of data on out-of-school children, youth and adolescents is a risk for the programming of Output 4.2. Social stigma is another risk to engage on mental, sexual, and RH issues. A participatory community engagement and social mobilisation approach, as well as close coordination with the protection and child protection sectors, is needed to increase evidence-based programming and to mitigate the above-mentioned risks. In addition, greater coordination between sectors is needed to adapt health awareness and information materials and campaign outreach methods so that they reach working and street children. Increased access to health information will contribute to the decreased perception of aid bias and reduce the risk of conflict sensitivity in the country.

In line with the assumptions, associated risks and mitigation measures mentioned at every outcome level, needs prioritisation remains vital to ensuring a timely response to any funding gap. While the sector will aim to guarantee that all activities under the strategy are covered (while keeping close coordination and communication with the two co-existing response frameworks)^[56] priority will be given to increasing the equitable and inclusive access of vulnerable populations to life-saving primary health care and hospital care and to strengthening outbreak prevention and control. In line with LCRP Steering Committee guidance, the Health sector steering committee will ensure the alignment of unearmarked funds to key priorities and underfunded needs of the LCRP. The Health sector strategy does include different levels of priority needs for the vulnerable groups; however, the implementation of the activities is conducted based on the most urgent, life-saving ones. Second priority outputs will only be tackled when and if the urgent needs are met. In addition, supplementary research is ongoing^[57] for increased evidence-based programming and decision making. This is particularly applicable in the case of developing cost-effective strategies for the provision of subsidised packages of care that are harmonised to strengthen the national health system.

^[56] Emergency Response Plan (ERP) framework established to respond to the COVID-19 outbreak and the direct humanitarian health needs of vulnerable Lebanese and migrants impacted by the deteriorating economic and financial situation; and the Recovery and Reconstruction Framework for Lebanon (3RF) designed to help Lebanon address the immediate and longer-term needs of the population affected by the Beirut Port explosions.

^[57] The European Union (EU) launched a third-party monitoring that will inter alia analyse current programming.

Identification of sector needs and targets at the individual/household, community, and institutional/physical environment level

While focusing on the the 332 localities that host the highest number of displaced Syrians, Palestinian refugees an deprived Lebanese,^[58] the Health sector prioritizes geographical areas where there is a high concentration of vulnerable populations and encourages a ratio of 50/50 for the support of displaced population and host community. If needs arise outside the the 332 localities that host the highest number of displaced Syrians, Palestinian refugees an deprived Lebanese, targeting is done in cons with MoPH.

The Health sector calculates the number of displaced Syrian individuals in need based on economic vulnerability, whereby data from the 2022 VASyR^[59] indicates that 91 per cent of displaced Syrian individuals are living below the poverty line, similarly, to last year and to 2020, and compared to 73 per cent in 2019. The Health sector targets 100 per cent of the Syrian population in need. Therefore, the number of displaced Syrian individuals in need and targeted by the sector is 1,365,000.

The number of Lebanese and Palestine Refugees in Lebanon in need is calculated in line with Global Health Cluster guidance (GHC). This number is based on indicators from broad categories of data such as health resources and health status, derived from two main sources: the 2022 Multi-Sectoral Needs Assessment (MSNA) conducted across Lebanon and routine health data from the MoPH.

As a result, 2,122,634 Lebanese individuals are considered in need by the Health sector. The number represents approximately 53 per cent of the total Lebanese population^[60] and it is the same estimate resulting from the household deprivation score (HDS), developed by the WFP^[61] and used to assess non-monetary poverty among the Lebanese population.^[62] In previous years, the Health sector utilised the same percentage to calculate the number of Lebanese in need. The Health sector targets 60 per cent of the Lebanese population in need under LCRP, which is equivalent to 1,273,580 individuals for general health services (vaccination, medication, etc.) and 6 per cent of the targeted population for hospital care, which is equivalent to 76,415 individuals.

^[58] Please see map (<https://data.unhcr.org/en/documents/details/96471>) for details of the 332 localities that host the highest number of displaced Syrians, Palestinian refugees and deprived Lebanese..

^[59] UNHCR, UNICEF, WFP (2022), VASyR 2022.

^[60] Total Lebanese population: 3,864,296 individuals. Source: LCRP population package 2022.

^[61] World Food Program, Food Security and Vulnerability Analysis of Lebanese Residents, July 2022.

^[62] The household deprivation score (HDS), developed by the World Food Program (WFP) and used to assess non-monetary poverty among the Lebanese population, found that over half (53 per cent) of Lebanese households needed assistance to meet their basic needs by the end of 2021.

Respectively, 106,369 Palestine refugees in Lebanon are considered in need following the same GHC methodology. 20,000 are targeted under the LCRP, with the remaining eligible for support through UNRWA.

The reason the sector targets 60 per cent of the Lebanese population and a proportion from the Palestine refugees in Lebanon in need is mainly related to available resources and capacity of the Health sector in Lebanon. The Health sector maintains close coordination with the ERP to top off the additional needs among the Lebanese and Palestine refugees in Lebanon populations.

All 31,400 Palestinian refugees from Syria are considered in need and targeted by the Health sector.

It is important to note that there is a wide array of health services provided by actors outside of the LCRP, who therefore do not report against the LCRP targets. Solid coordination, consolidation, and exchange of health information is to be strengthened under the LCRP 2023.



Medair's community midwife in checks a vulnerable Syrian mother's blood pressure during a consultation at their home in an informal settlement, Bekaa, Lebanon - Medair, 2021

Population Cohorts	Total Population	Total Population in Need	Total Population Targeted	Total Population Targeted by Sex and Age									
				# Women	% Women	# Men	% Men	# Children (0-19)	% Children	# Adolescent (12-17)	% Adolescent (12-17)	# Persons with Disabilities	% Persons with Disabilities
Lebanese	3,864,296	2,122,634	1,273,580	662,262	52%	510,087	48%	396,720	31%	203,773	16%	191,037	15%
Displaced Syrians	1,500,000	1,365,000	1,365,000	701,610	51%	663,390	49%	709,800	52%	273,000	20%	204,750	15%
Palestinian refugee from Syria	31,400	31,400	31,400	16,265	52%	13,978	48%	12,664	40%	5,407	17%	4,710	15%
Palestine refugee in Lebanon	180,000	106,369	20,000	9,920	50%	10,080	50%	6,956	35%	3,056	15%	3,000	15%
GRAND TOTAL	5,575,696	3,625,403	2,689,980	1,390,000		1,198,000		1,126,000		485,000		403,497	

Type of institution	Total	# Targeted
CAS	1	0
Governors office	8	0
Lebanese Agriculture Research Institute	1	0
MEHE	1	0
MEHE/ Schools	1232	50
MEHE/ Universities		0
MoAg	1	0
MoCulture	1	0
MoEnv	1	0
MoEW	1	0
MoFA	1	0
MoIM	1	0
MoInd	1	0
MoJustice	1	0
MoLabor	1	0
MoPH	1	1
MoPH/ PHC	279	279
MoPH/ SHC, THC, Hospitals	128	30
MoSA	1	0
MoSA/ SDCs	233	12
MoSDA	1	0
MoYS	1	0
National employment office	1	0
NCLW	1	0
OMSWA	1	0
Prime Minister Office	1	0
Security forces	1	0
Unions of Municipalities	53	0
Municipalities	1108	0
Water establishments		0
Youth centers		0