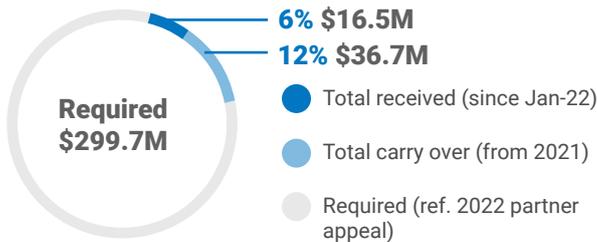




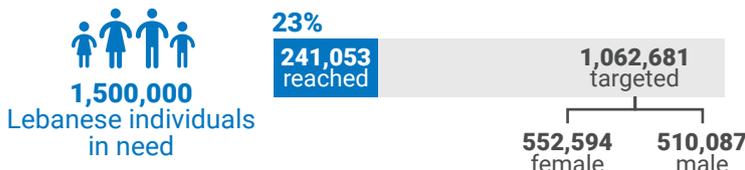
The 2022 1st quarter Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Crisis Response Plan (LCRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improve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

2022 Sector Funding Status

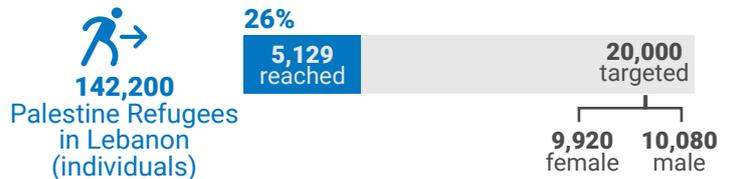
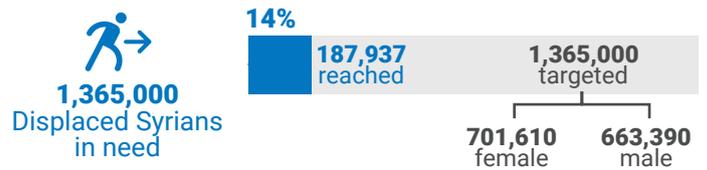
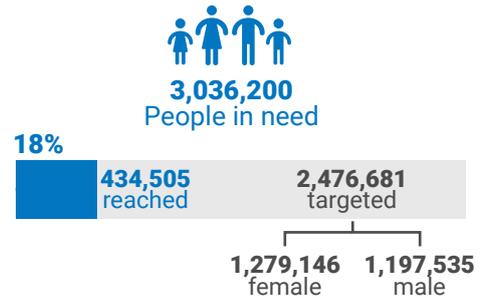
As of 31 march



2021 population figures by cohort

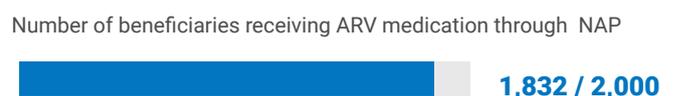
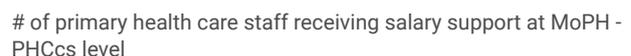
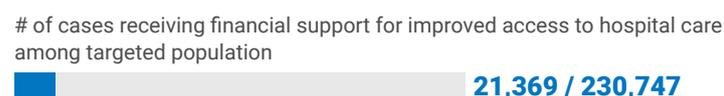
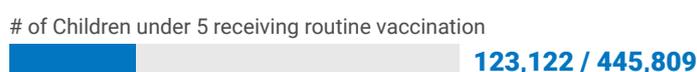
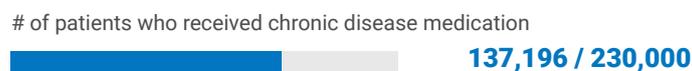
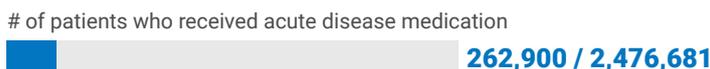
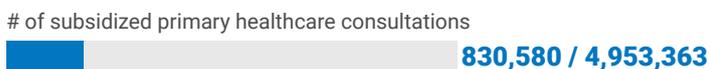


2022 population reached



Progress against targets

Key Achievements





1. KEY ACHIEVEMENTS OF THE SECTOR AT THE OUTPUT LEVEL

In 2022, the Health sector under the LCRP) remains committed to ensuring an equitable continuation of quality healthcare for displaced Syrians, vulnerable host Lebanese community, Palestinian refugees from Syria (PRS), Palestine refugees in Lebanon (PRL), and displaced populations from other nationalities.

PRIMARY HEALTH CARE

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

Subsidized Consultations



17%
830,580
reached
4,953,363
targeted

of subsidized primary healthcare consultations



58%
out of total
Lebanese



42%
out of total
non-Lebanese

Reproductive Health



19%
48,119
reached
247,668
targeted

of subsidized ante-natal care (ANC) consultations

52%
out of total
Lebanese



48%
out of total
non-Lebanese

Mental Health



3%
30,703
reached
990,673
targeted

of subsidized mental health (MH) consultations



36%
out of total
Lebanese



64%
out of total
non-Lebanese

Vaccination



28%
123,122
reached
445,809
targeted

of children U5 receiving routine vaccination

Chronic Disease Medications



60%
137,196
reached
230,000
targeted

of patients who received chronic disease medication

86%
out of total
Lebanese



14%
out of total
non-Lebanese

Nutrition



1.5%
59,333
reached
3,901,307
targeted

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

49%
out of total
Lebanese



51%
out of total
non-Lebanese

75,000
pregnant and lactating women and caregivers of children 0-23 months received messages to improve their nutrition and infant and young child feeding practices through social and behavior change
5,000
pregnant and lactating women were provided with face-to-face counselling on infant and young child feeding.

The national SMART nutrition survey has been published in 2021.

For more information, please contact:

Senior Inter-Agency Coordinators Camilla Jelbart jelbartm@unhcr.org and Elina Silen elina.silen@undp.org



Compared to the same reporting period in 2021, the subsidized consultations including antenatal care and mental health consultation sharply increased by 58%. The higher numbers are more likely caused by several factors including the ease of lockdown and COVID-19 preventive measures (strict lockdown was implemented during this period in 2021), the increased demand for public and subsidized services across populations, and the increased awareness about the availability of the services at the primary healthcare centers level. The percentage of children under five receiving routine vaccination decreased compared to the same period in 2021, believed to be related to households de-prioritizing non-urgent preventive services because of the increased financial hardship. The number of patients who received chronic disease medication is not comparable to previous years. Starting 2022, the Health sector is reporting on the number of active patients receiving medications and not only the registered ones. Nevertheless, a 30 per cent stock disruption of the total molecules is negatively affecting the access of the vulnerable population to chronic disease medications in the 481 primary healthcare facilities.

The percentage of Lebanese benefitting from subsidized consultations out of total is the highest since the beginning of the crisis (48% in 2021, 38% in 2020, 31% in 2019, 17% in 2018) which is reflecting the increased vulnerability among the host community and the need to maintain and expand support to the people in need.

The Health sector continued to contribute in 2022 to strengthen the national health system by carrying out and supporting inter-related functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities including Primary Health Care Centres (PHCCs) within the MoPH network and health dispensaries continues to be prioritized.

Eight PHCCs were added to the MoPH network in the first quarter of 2022. The number of MoPH-PHCCs reached 263 across Lebanon in 2021. 60% out of the total are supported by Health sector partners to provide a comprehensive package of primary health care services.

HOSPITAL CARE

A total of 21,369 individuals received obstetric and emergency/life-saving care or nine per cent of the yearly target of 230,747. Some 998 individuals out of the target of 123,580 are from vulnerable host Lebanese communities. Through UNRWA, around 373 PRS and 4,768 PRL received hospital care. Overall, women and girls benefitted from 82 per cent of supported hospitalization, and men and boys benefitted from 18 per cent of supported hospitalization.

OUTBREAK & INFECTIOUS DISEASE CONTROL

The Health sector supported the national outbreak and infectious diseases control through the expansion and reinforcement of the National Early Warning and Response System (EWARS) and the strengthening of the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In this regard, 829 out of 906 EWARS centres were functional in Q1, contingency stocks were made available at MoPH warehouses, 409 beneficiaries received tuberculosis medications through NTP (out of a target of 1,200), and 1,832 beneficiaries received antiretroviral (ARV) medications through NAP (out of a target of 2000).

HEALTH AWARENESS & INFORMATION

Health sector partners expanded efforts to ensure women, men, and youth (children, boys, and girls, PWD) have their fundamental rights respected and have access to health awareness and information. Out of the total number of PHCCs, 49 were engaged in health promotion and outreach activities (out of the target of 246). At the community level, 519 caregivers were reached with integrated health awareness messages out of a yearly target of 1,114,659.



2. KEY CHALLENGES OF THE SECTOR

In general, vulnerable populations faced barriers to accessing healthcare in the first quarter of 2022 due to the multifaceted crises. Accessibility barriers included all different four pillars of approachability: financial, geographical, availability, and acceptability from both the supply and demand sides and at the individual and institutional levels. The deteriorating situation and the subsequent challenges impacted the business continuity of Health sector interventions across the country. Access was particularly difficult for persons with disabilities, older persons, adolescent girls and boys, survivors of sexual and gender-based violence, and female-headed households. Among the Lebanese host community, middle-income households were affected as well. An increasing number of people have been driven to seek services from the public sector, which has increased demand and added additional strain to the public health system, while resources remained the same or even decreased.

On the supply side, challenges were particularly noticed with the importing of medications and medical supplies, and in covering maintenance costs for all health facilities. Due to the economic and fuel crises, primary healthcare centres were forced to reduce their working hours, and hospitals cut down their bed capacity by 50 per cent. Human resources also declined considerably as health personnel emigrated in search of better employment opportunities. Access to dialysis and blood disease support is hindered in 2022 due to the lack of funding and the increased price of service in the country.

On the demand side, direct and indirect costs of services remains the main challenges to accessing healthcare. Vulnerable populations, particularly people with disabilities and older persons, continue to face challenges to access needed primary healthcare and hospital care, as many are unable to afford treatment and transportation costs. In addition, households are deprioritizing non-urgent healthcare services and hospital admissions including preventive primary healthcare (i.e., vaccination, antenatal and postnatal care, and mental health services).

The Health sector is challenged to maintain the same level of funding in all of the supported primary healthcare centers. There remains an urgent need to expand support for the comprehensive care package amid the deteriorating economic situation as growing numbers of people seek access to public healthcare.

3. KEY PRIORITIES FOR THE FOLLOWING QUARTER

The sector will prioritize support to MoPH at the primary healthcare level with complementarity models that offer more coverage for people in need and match existing services while implementing infection, prevention, and control measures to prevent the spread of COVID-19. The Sector will encourage Health partners to implement the National Unified Long-term Primary Healthcare Subsidization Protocol (LPSP) in the supported centers and to continue exploring in detail how to further optimize the package of services offered. Special attention will be given to maintaining routine vaccination activities and ensuring an adequate distribution of acute and chronic disease medications in the primary healthcare centers across the country.

At the secondary and tertiary healthcare levels, the sector will focus on improving access to hospital care for displaced Syrians and PRS. Partners will remain committed

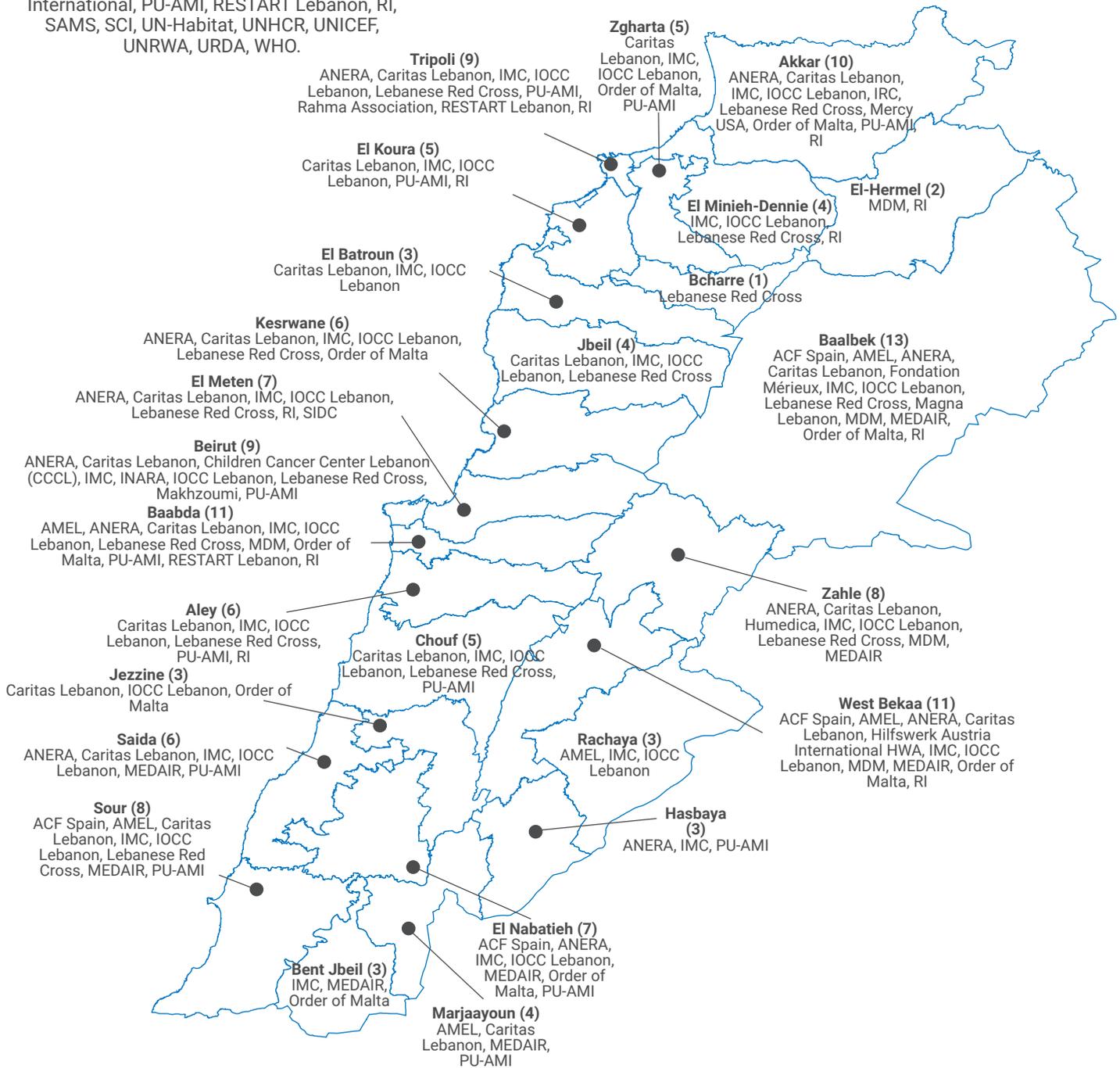
to sustaining and increasing financial support for hospital care, while decreasing the patient cost share given the current economic situation. Improved access to hospital care for vulnerable host Lebanese community will also be prioritized and the sector will aim in 2022 to develop a protocol across all frameworks that partners can follow to support hospital care for the vulnerable Lebanese population. The sector will also increase advocacy for dialysis and blood disease support that is interrupted due funding limitations and increased prices in the country. As the economic situation deteriorates, the Health sector will keep its focus on prioritizing sustainable life-saving services for vulnerable displaced Syrians and Lebanese.



5. 3W Map at district level

National (21)

ANERA, Caritas Lebanon, IMC, INARA, IOM, IRC, Lebanese Red Cross, MEDAIR, MopH, Plan International, PU-AMI, RESTART Lebanon, RI, SAMS, SCI, UN-Habitat, UNHCR, UNICEF, UNRWA, URDA, WHO.



All 35 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo:

ACF Spain, AMEL, ANERA, Caritas Lebanon, Children Cancer Center Lebanon (CCCL), Fondation Mérieux, Hilfswerk Austria International HWA, Humedica, IMC, INARA, IOCC Lebanon, IOM, IRC, Lebanese Red Cross, Magna Lebanon, Makhzoumi, MDM, MEDAIR, Mercy USA, MoPH, Order of Malta, Plan International, PU-AMI, Rahma Association, RESTART Lebanon, RI, SAMS, SCI, SIDC, UN-Habitat, UNHCR, UNICEF, UNRWA, URDA, WHO.

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