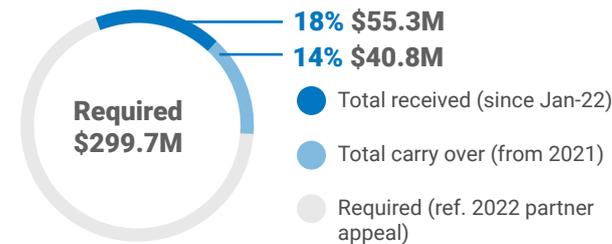




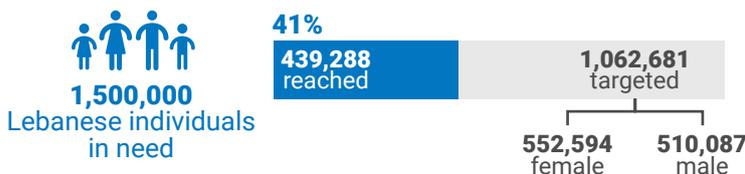
The 2022 2nd quarter Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Crisis Response Plan (LCRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improve 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

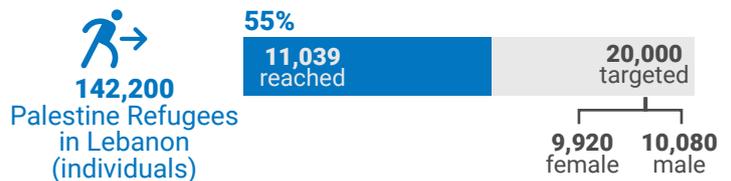
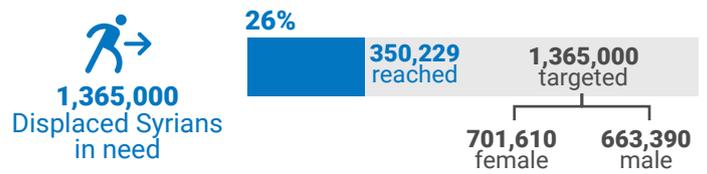
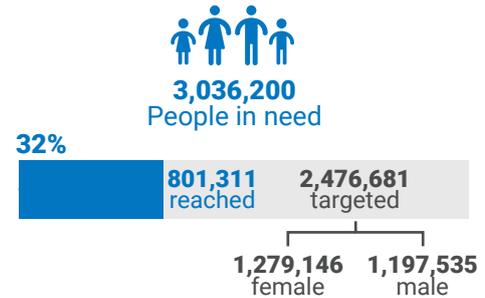
As of 30 June



2022 population figures by cohort

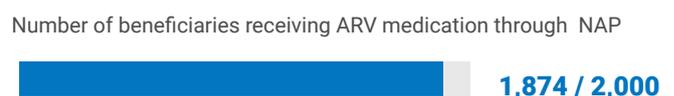
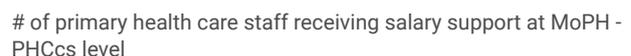
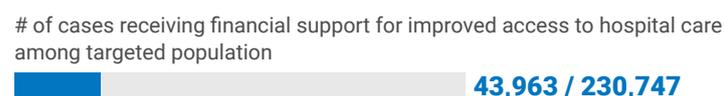
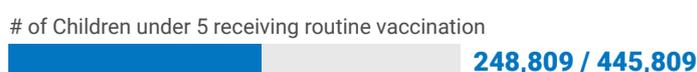
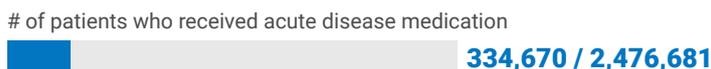
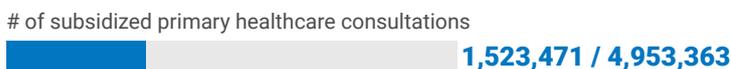


2022 population reached



Progress against targets

Key Achievements





1. KEY ACHIEVEMENTS OF THE SECTOR AT THE OUTPUT LEVEL

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

Subsidized Consultations



31%
1,523,471
reached
4,953,363
targeted

of subsidized primary healthcare consultations



57%
out of total
Lebanese



43%
out of total
non-Lebanese

Reproductive Health



31%
77,388
reached
247,668
targeted

of subsidized ante-natal care (ANC) consultations

45%
out of total
Lebanese



55%
out of total
non-Lebanese

Mental Health



6%
60,624
reached
990,673
targeted

of subsidized mental health (MH) consultations



38%
out of total
Lebanese



62%
out of total
non-Lebanese

Vaccination



56%
248,809
reached
445,809
targeted

of children U5 receiving routine vaccination

Chronic Disease Medications



81%
188,131
reached
230,000
targeted

of patients who received chronic disease medication

83%
out of total
Lebanese



17%
out of total
non-Lebanese

Nutrition



4%
168,859
reached
3,901,307
targeted

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

48%
out of total
Lebanese



52%
out of total
non-Lebanese

Nutrition

170,513

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 behaviour change communication programmes.

11,682

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

Nutrition in Emergencies regional training for East Africa, the Middle East & South East Asia was provided in Lebanon. 28 health and nutrition specialists were trained on nutrition sensitive and specific topics in the context of emergencies in general and in the Lebanese context specifically.

Violation of the international code on marketing of breast milk substitutes and the national law remains a major challenge. The Health sector under the leadership of the Nutrition sector and in coordination with the Food Security Sector are working together on the promotion and endorsement of the law addressing this issue.

For more information, please contact:

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



Subsidized healthcare consultations including antenatal care and mental health sharply increased by 80% compared to the same reporting period in 2021. The high numbers in 2022 are likely caused by several factors including the ease of COVID-19 preventive measures (strict lockdowns were 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 centres level. The percentage of children under five receiving routine vaccination slightly increased compared to the same period in 2021, reflecting the efforts by Health sector partners to strengthen routine immunization. However, the numbers are still low compared to previous years due to the impact of COVID-19 restrictive measures and to the households' inability and unwillingness to pay for preventive services amidst the economic crisis. Additional efforts are needed to strengthen routine immunization services and compensate for the dropped-out children. The number of patients who received chronic disease medication is not comparable to previous years, as in 2022 the Health sector is reporting on the number of active patients receiving medications and not only those registered. Nevertheless, a 26 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 has substantially increased since the beginning of the crisis (48% in 2021, 38% in 2020, 31% in 2019, 17% in 2018), reflecting the increased vulnerability among the host community and the need to maintain and expand support.

The Health sector continued to contribute in 2022 to strengthen the national health system by supporting inter-related functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities including Primary Health Care Centres (PHCCs) within the MoPH network and health dispensaries continues to be prioritized. 16 PHCCs were added to the MoPH network in the first quarter of 2022, and the total of MoPH-PHCCs across Lebanon reached 271. 56% 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 43,963 individuals received obstetric and emergency/life-saving care or 19 per cent of the yearly target of 230,747. Some 2,560 individuals out of the target of 123,580 are from vulnerable host communities. Through UNRWA, around 727 PRS and 10,383 PRL received hospital care. Overall, women and girls benefitted from 81 per cent of supported hospitalization, and men and boys benefitted from 19 per cent of supported hospitalization.

OUTBREAK & INFECTIOUS DISEASE CONTROL

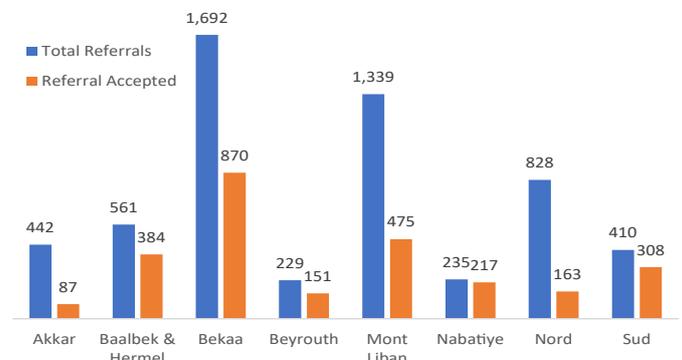
The Health sector supported the national outbreak and infectious diseases control through the expansion and reinforcement of the National Early Warning and Response System (EWARS) and the strengthening of the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In this regard, 927 out of 906 EWARS centres were functional in the second quarter of 2022, contingency stocks were made available at MoPH warehouses, 899 beneficiaries received tuberculosis medications through NTP (out of a target of 1,200), and 1,874 beneficiaries received antiretroviral (ARV) medications through NAP (out of a target of 2,000).

HEALTH AWARENESS & INFORMATION

Health sector partners expanded efforts to ensure women, men, youth, children, (with a particular focus on people with disabilities) have their fundamental rights respected and have access to health awareness and information. Out of the total number of PHCCs, 50 were engaged in health promotion and outreach activities (out of the target of 271). At the community level, 415,150 caregivers were reached with integrated health awareness messages out of a yearly target of 1,114,659 (almost 37%).

Referrals

7,736 referrals were made to Health sector partners in the first half of 2022. 50% out of the total referrals were accepted or acknowledged. The main reason for unaccepted referrals was the non-eligibility of the referred case for the available services. The Health sector aims to increase accountability for affected population and to increase the response rate to the referred cases.



Mainstreaming activities

The Health sector rolled out the Gender in Humanitarian Action (GiHA) training organised by the Inter-Agency Coordination Unit and the Gender Working Group in Lebanon. A total of 30 Health sector partners (6 men, 24 women) participated in the training with the aim to strengthen gender mainstreaming throughout Health programming and activities. The training was initiated in Beirut and rolled out to the other Lebanese governorates. In June, the Health sector released the Gender and Inclusion Tip Sheet for Health Sector Partners, a practical document aiming to support Health sector partners to promote better gender equality in their programming and to ensure that needs of the most vulnerable populations are meaningfully addressed.



2. KEY CHALLENGES OF THE SECTOR

Vulnerable populations faced significant barriers to accessing healthcare in the first half of 2022 due to the multifaceted crises, including due to financial, geographical, availability, and acceptability barriers 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 cost of services including transportation remains the main challenge 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).



Patient receiving medication in a supported primary healthcare center in Beirut.

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 centres 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 centres across the country.

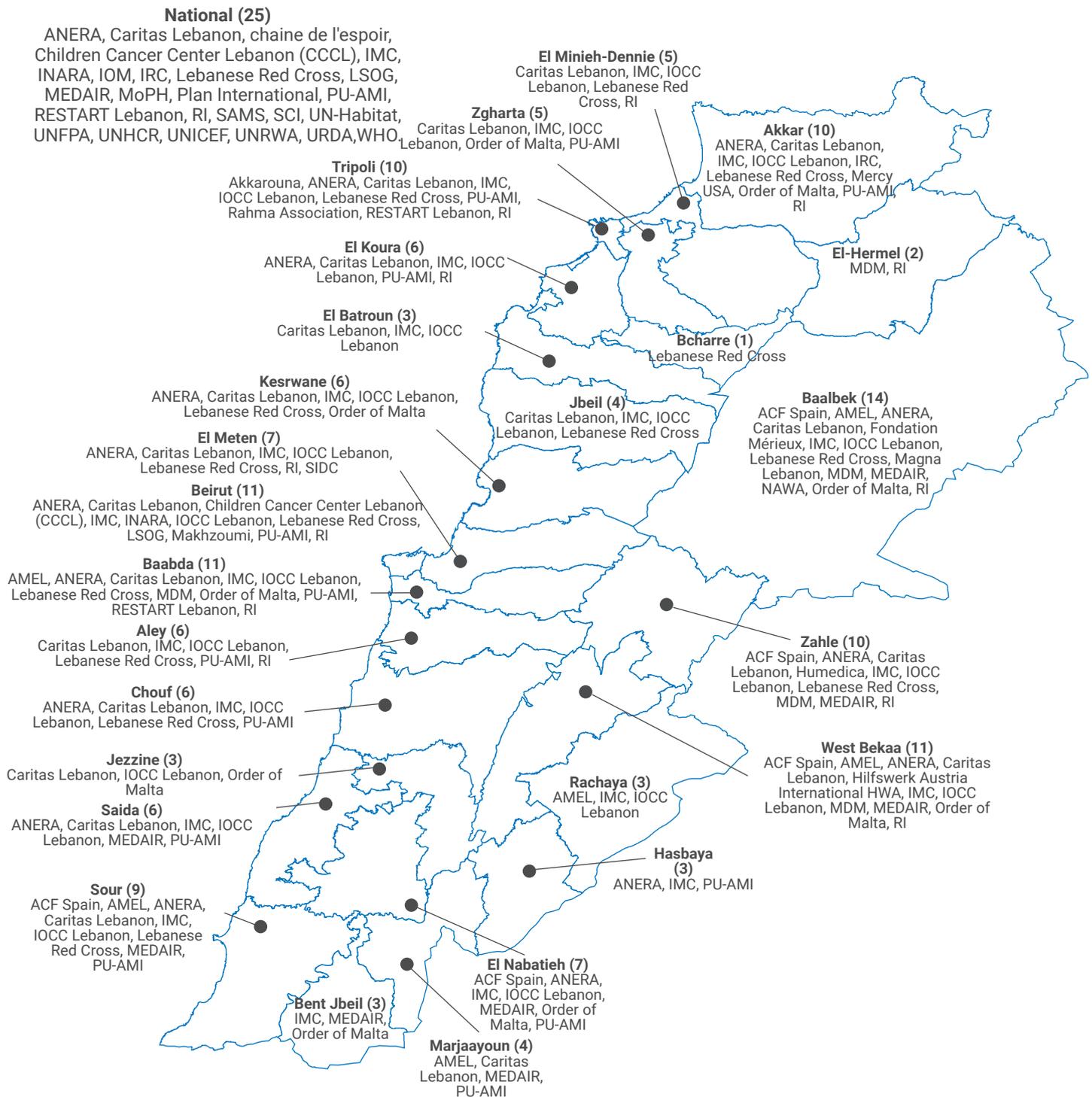
At the secondary and tertiary healthcare levels, the sector will focus on improving access to hospital care for displaced Syrians and PRS. Partners will remain committed to sustaining and increasing financial support for hospital care, while decreasing the patient cost share given the

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 and coordination for dialysis and blood disease support that is interrupted due to 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.

At the strategy level, the Health sector will work closely with the Protection sector to better classify the rehabilitation services and assistive devices support activities. A joint indicator will be created under both frameworks to allow for partners across both sectors to report on their implemented activities.



4. 3W Map (Partners per district)



All 40 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo:

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