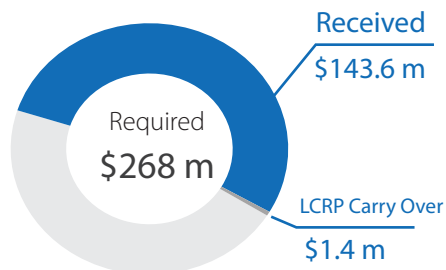


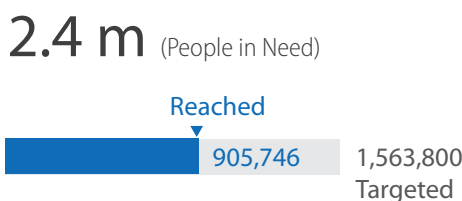


The January - June 2019 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting the people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak Control; OUTCOME 4) Improve Adolescent & Youth Health.

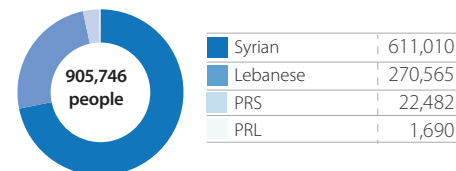
2019 Funding Status as of 31 December 2019



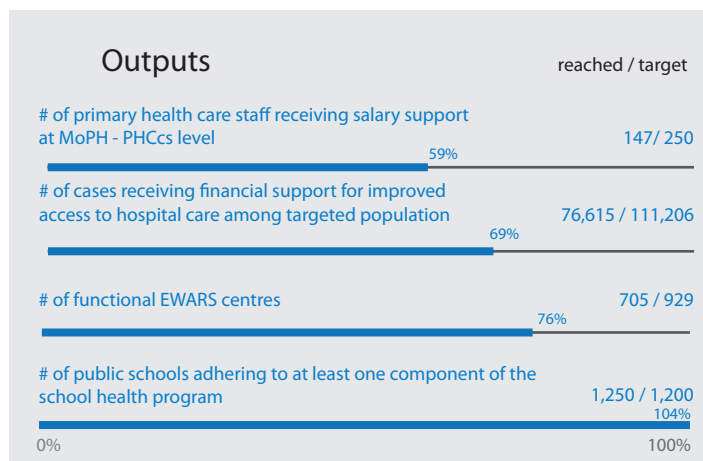
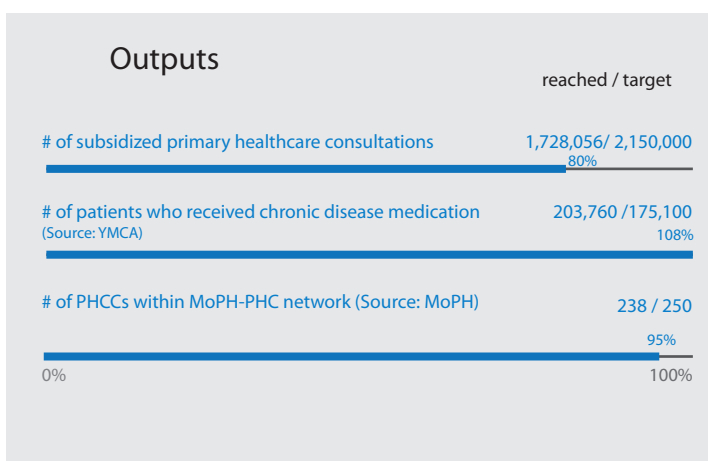
Targeted Population groups



Population reached by cohort

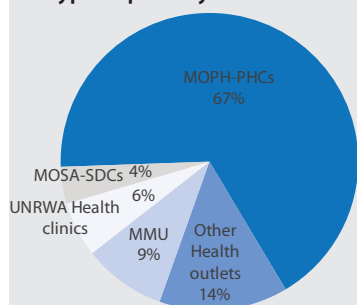


Progress against targets

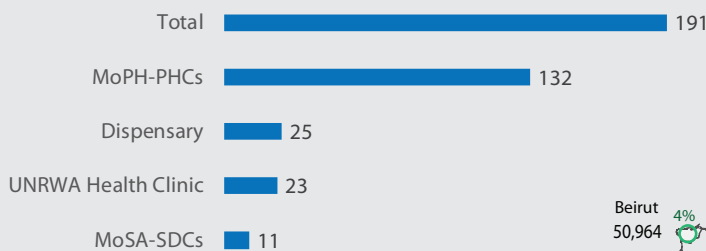


Analysis

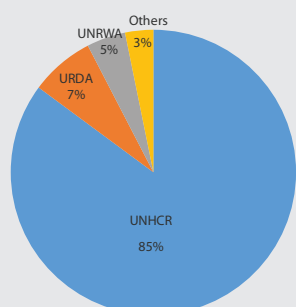
Percentage of consultations by type of primary healthcare outlet



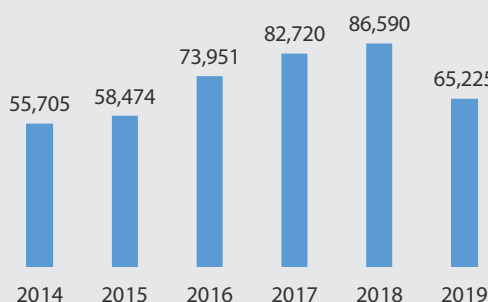
of supported primary healthcare outlets by type



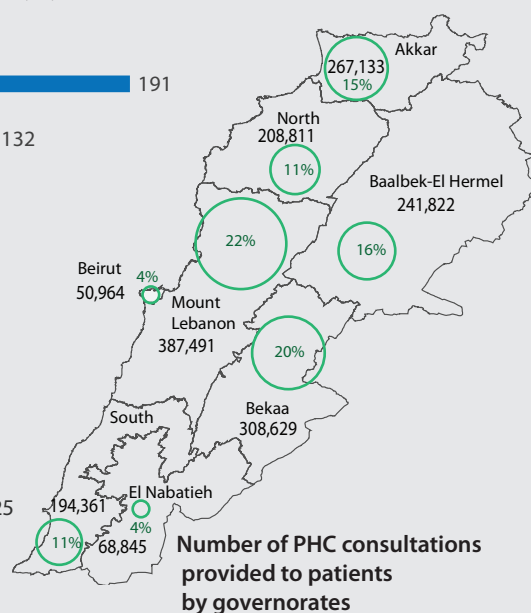
Percentage of support to Secondary health care (SHC) admissions by organization



of SHC admissions supported by UNHCR, 2014 to 2019



UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017,2018,2019



KEY ACHIEVEMENTS

Around **191** facilities as well as **10** Mobile Medical Units were supported by partners for the provision of subsidized PHC services which enhanced the financial accessibility for primary health care

1,728,056 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases

203,760 Lebanese and Syrian refugees were able to receive free medications for chronic diseases through the MoPH YMCA program during 2019 which contributed to a decreased mortality and morbidity

Accelerated Immunization Activities were strengthened in light of the emergent measles outbreak while a national measles campaign is being planned for the country.

65,225 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care

3,374 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care

177 displaced Syrians with chronic renal failure continued to receive access to free dialysis care which enhanced their quality of life

Facts and Figures

80%

of the vulnerable Lebanese, displaced Syrians Palestinian Refugees from Syria & Palestinian Refugees from Lebanon were able to access subsidized primary health care consultations.

69%

of displaced Syrian, received financial support for improved access to hospital care among targeted population.

70%

of Syrian Refugees households accessing primary health care, VASyR 2019.

81%

of Syrian Refugees households that received the required hospitalization, VASyR 2019.

In 2019, the percentage of vulnerable Lebanese benefitting from subsidized consultations increased by **14.5%** which can be explained by the deterioration of economic conditions for the Lebanese population considering the 2019 economic crisis.

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

The activities implemented by the health partners under the LCRP have affirmed that improved access to comprehensive primary, secondary and tertiary healthcare services, improved outbreak and infectious diseases control and improved adolescent and youth health are key to providing the target population with inclusive and equitable access to quality health services through the national health system.

In 2019, the Health sector has launched a research committee with the objectives of decreasing duplication of assessments, channelling available research resources towards information gaps and not merely to academic interest, and ensuring ethical considerations are accounted for when the assessments or research target displaced population and vulnerable communities. The committee has started to work in 2019 and should be officially established in 2020 which will directly contribute to strengthen public health knowledge and evidence-based practices.

The Health sector partners continued to work in 2019 on strengthening the national health system to better account for the needs and ensure access to services for vulnerable population. The achievements of the partners have led to an increased equitable access to quality healthcare services while ensuring a safe and inclusive environment.

Direct service delivery was ensured by the Health sector partners, to provide emergency health services for critical life-saving cases. This is mainly applicable for providing financial support to life-saving hospital care for displaced Syrians and primary healthcare services for vulnerable population through mobile medical units. Direct service delivery has led to decreasing the rates of morbidity and mortality and helped the government to carry the burden of the high demand for healthcare.



CHALLENGES



Inter-Agency
Coordination
Lebanon

The biggest challenges to Health sector partners in the implementation of the sector strategy in 2019 were: Funding, Economic Crisis and Communication with the Community. As a result of insufficient funding, many referrals of patients in need of secondary healthcare or specialized diagnostics were not covered by partners. These include serious chronic diseases and catastrophic illnesses. As a result, many patients did not receive needed hospital care as they were not able to pay for the fees themselves. This has further negatively affected their health status. For displaced Syrian patients in need of in-patient psychiatric care, admission was often delayed because of the limited number of hospital beds. In addition, at the primary healthcare level, the unavailability of funds challenged the accessibility of people in need to timely quality care.

Furthermore, the deteriorating economic situation in the country has affected the health sector at two levels: institutions and individual. At the institutional level, the crisis has hindered the transfer of funds, which reflected in a decrease in the number of MoPH staff supported by health partners and in severe shortages in medications for chronic and acute diseases. As contingency funds were not available and the 10% buffer stock was rapidly consumed, it was challenging to secure funds to fill the gaps in a timely manner. At the individual level, the crisis, has severely affected the financial ability of both displaced Syrian and Lebanese community to pay for their basic needs including healthcare.

An additional challenge remains the lack of knowledge regarding available services: access of Lebanese population to primary healthcare remains below 50% and displaced Syrian women's access to ante-natal care and post-natal care is relatively low. It is important to enhance the knowledge of all population in need of available services through intensifying awareness raising on the location of health facilities providing subsidized primary healthcare services. In addition, increasing reports on home-based deliveries reflect a need to monitor the situation more closely. Based on previous trends, it is estimated that for 2019 the Neonatal Mortality Rate (NMR) and Maternal Mortality Rate (MMR) among displaced Syrians will continue to be higher than the NMR and MMR among Lebanese. This could be attributed to the lower levels of ante-natal care visits among displaced Syrians, the higher rates of adolescent pregnancies, the higher frequency of home-based deliveries, and the delayed access to obstetric care.



KEY PRIORITIES AND GAPS FORESEEN FOR 2019

At the primary healthcare level¹, the Health sector prioritizes the support to MoPH with complementarity models that offer more coverage of people in need and complements existing services. In addition, the sector aims to improve outbreak and infectious disease control through strengthening and expanding the Early Warning Alert and Response System (EWARS) to 1000 institutions with surveillance data at the source and by strengthening the national tuberculosis and AIDS programmes. The sector aims as well at improving adolescent and youth health through the school health programme by targeting 1275 schools. At the secondary and tertiary healthcare level, the sector is focused on improving access to hospital care to displaced Syrians and Palestinian Refugees from Syria, and therefore is dedicated to sustaining and increasing financial support to hospital care. The Health sector prioritizes the mainstreaming of institutional support to promote country ownership and sustainability; scale up solutions considering the current crisis and promote greater efficiencies in health investments. In light of the aggravated economic crisis, at the end of 2019, the Health sector started to monitor specific indicators to study the impact of the situation on different population cohorts. The sector will advocate for additional funds to ensure implementation of services that tailors to the increasing needs for both Lebanese and displaced population.

1) Primary healthcare includes access to vaccination, acute and chronic medication, family planning, pregnancy care, non-communicable diseases (NCDs) care, mental healthcare as well as laboratory diagnostics through both support of primary healthcare centres for the provision of subsidies and community outreach.



CASE STUDY : Reducing Economic Barriers to Accessing Health Services in Lebanon (REBAHS), International Medical Corps (IMC)

In response to the Syria crisis, the increasing needs of vulnerable displaced population and host community, and the over stretched health care system, International Medical Corps (IMC) in a consortium with Premiere Urgence Internationale (PUI) and Fundacion Promocion Social (FPS), developed and implemented an innovative new model, the Flat Fee Model (FFM), to provide primary health care to vulnerable populations in Lebanon. The FFM approach, through the support of the European Regional Trust Fund in response to the Syria crisis, the European Union “MADAD ” Fund is² employed as part of a two-year pilot project titled ‘Reducing Economic Barriers to Accessing Health Services in Lebanon’ (REBAHS). The project is implementing a model of primary health care tailored to fit into the privatized health care system in Lebanon, and able to reduce both the barriers to accessing health care and the vulnerability of crisis affected populations, both displaced and local communities, through the provision of subsidized quality primary health care services including mental health and disability services across Lebanon. For a flat fee of 3,000 LBP (\$2), vulnerable populations receive a consultation, laboratory imagery and diagnostics tests, and medication, thus benefiting from affordable, timely, and quality health care—a key strategic objective of the health sector response.

Hadeel and Madlene³ are two Lebanese sisters who live in Labwe, a border town in Northern Bekaa. Both diagnosed with cerebral palsy at a very young age, Hadeel is now 20 years old and Madlene, five. Living in the small northern village means they had little access to health care services in the area. Their family have no monthly income and they struggle to make ends meet. Earlier this year, thanks to word of mouth in the village, Hadeel and Madlene’s father visited an EU Madad Fund-supported primary health care clinic in Labwe. At the clinic, International Medical Corps’s team of specialists gave the sisters a subsidized consultation and assessed their conditions and needs. They were subsequently provided with cerebral palsy wheelchairs, which, according to their father, was a “dream come true”. Before this intervention, the sisters had to be carried everywhere—both physically and emotionally difficult for the entire family. Now, with the wheelchairs, they can enjoy freedom of movement. “The wheelchairs have given the sisters confidence and independence” confirmed the parents.

For a single fee , beneficiaries receive subsidized quality health care that includes the consultation, diagnostic and laboratory tests, and medications. Services cover acute, non-communicable disease care, reproductive health and maternal and child health. These services were made available at 54 Ministry of Public Health (MoPH)-supported health care centers and dispensaries, as well as Ministry of Social Affairs (MoSA)-supported social development centers across Lebanon. Services were made accessible to all displaced Syrians and vulnerable Lebanese who sought health care without discrimination or restrictions. 245,708 individuals were supported through all REBAHS Health & MHPSS services in 2019. These services were also coupled with community health activities in the catchment areas of the supported primary health care facilities, and information disseminated in informal settlements, collective shelters, and through home visits, about available services and referrals. Mental Health (MH) services were integrated within supported centers with MH consultations, psychosocial support and awareness raising provided free of charge.



2. https://ec.europa.eu/trustfund-syria-region/content/home_en

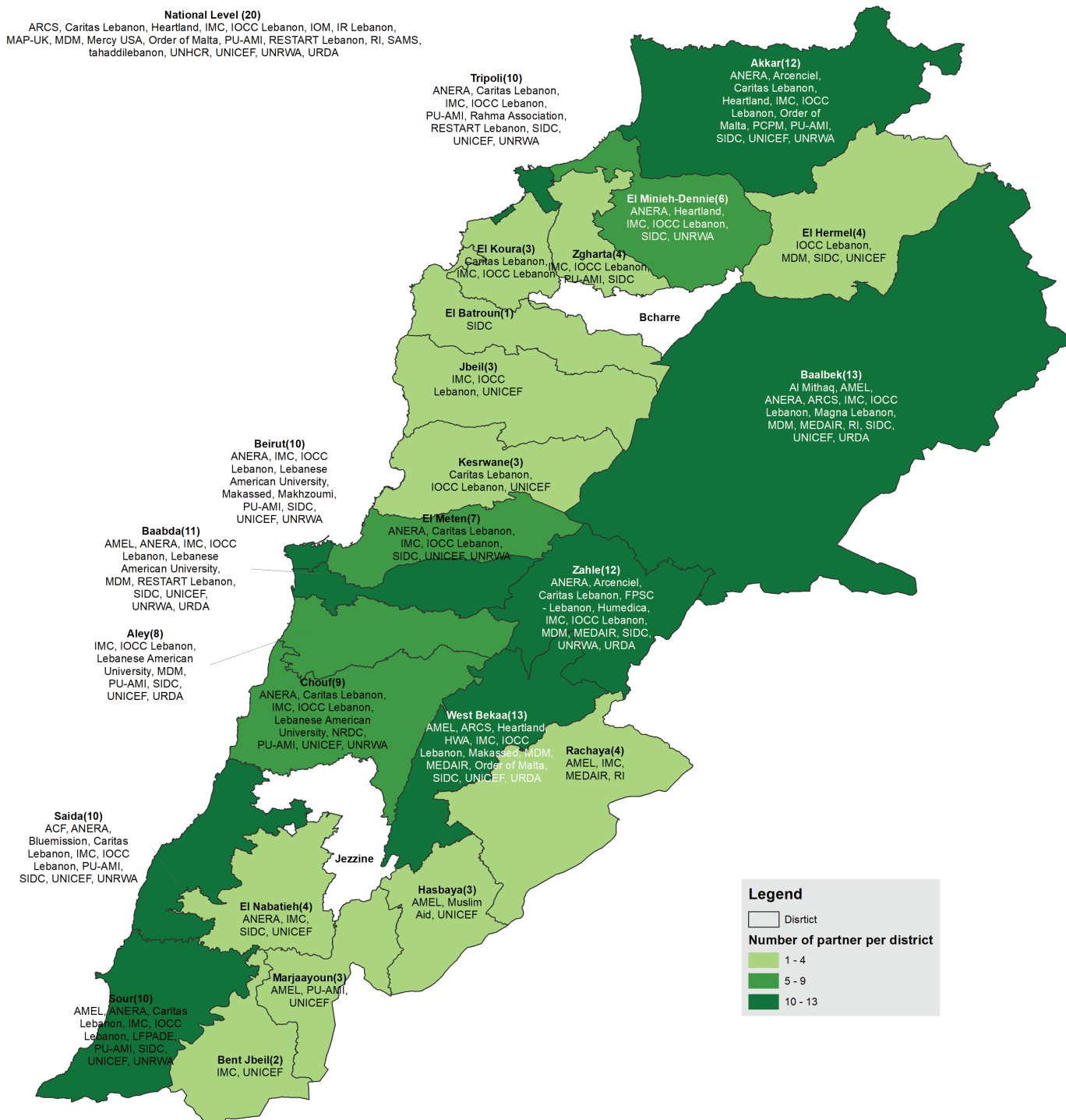
3. The names of the subjects have been changed to protect their privacy.



Organizations per District

All 42 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.

ACF, Al Mithaq, AMEL, ANERA, Arcenciel, ARCS, Bluemission, Caritas Lebanon, FPSC - Lebanon, Heartland, Humedica, HWA, IMC, IOCC Lebanon, IOM, IR Lebanon, Lebanese American University, LFPAD, Magna Lebanon, Makassed, Makhzoumi, MAP-UK, MDM, MEDAIR, Mercy USA, MoPH, Muslim Aid, NRDC, Order of Malta, PCPM, PU-AMI, Rahma Association, RESTART Lebanon, RI, SAMS, SIDC, tahaddilebanon, 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.

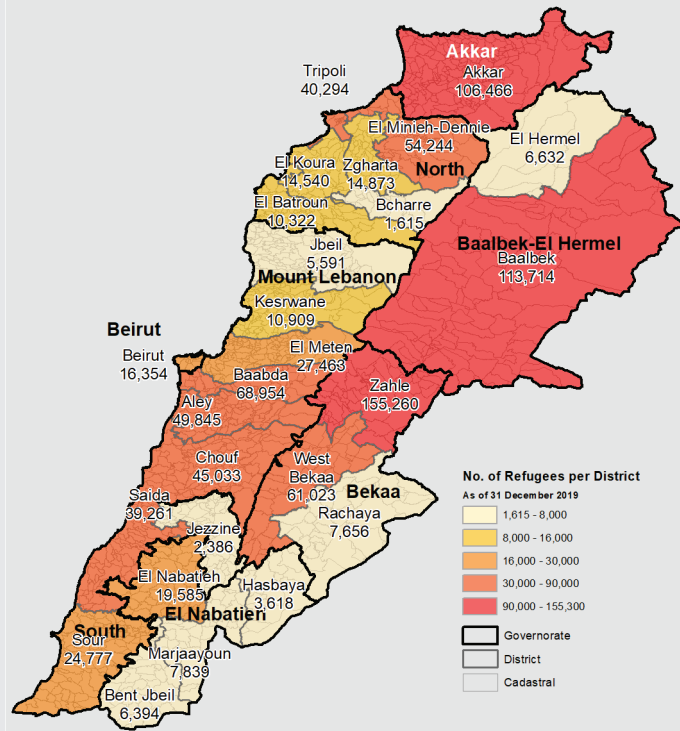
Annex 1: Key Figures

Syrian Refugee Population

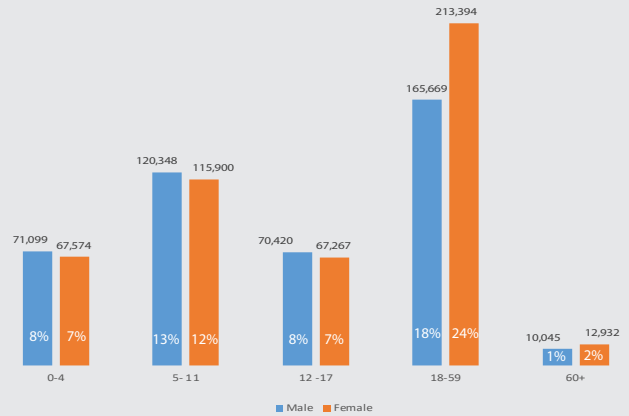
914,648 # of Registered Syrian Refugees
(UNHCR, 31/12/2019)

208,358 # of Syrian Refugee Households
(UNHCR, 31/12/2019)

Location in Lebanon (UNHCR, 31/12/2019)



By Age and Gender (UNHCR, 31/12/2019)



Syrian Refugee economic vulnerability - % households (VASyR,2018)

55% Severely Vulnerable
18% Highly Vulnerable
9.8% Mildly Vulnerable
17.2% Least Vulnerable

Mental Health

69,730 # of subsidized mental health consultations provided by health partners (AI, Jan-Dec 2019)

Outbreak Control

979 institutions with surveillance data at the source:
142 are operational for zero reporting (target: 151)
132 are operational for laboratory reporting (target: 151)
705 are operational for medical center reporting (target: 906)
0 operational surveillance sites newly established

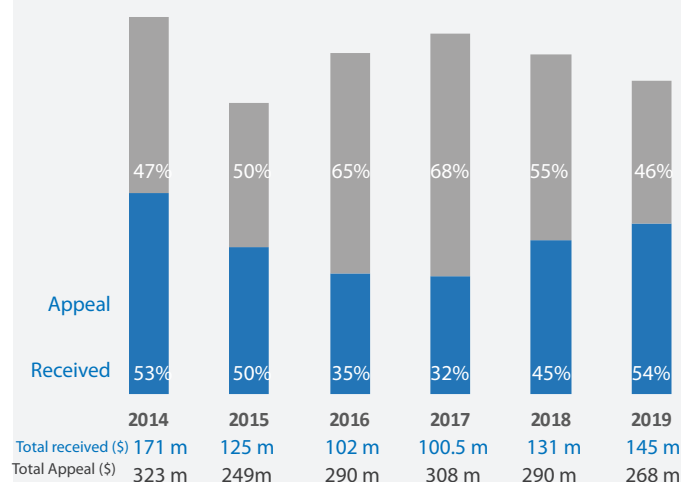
Health Research or Assessments recently shared:

- Health Access and Utilization Survey (UNHCR, 2019)
- Vulnerability Assessment of Syrian Refugees in Lebanon (UNHCE, UNICEF, WFP, 2019)

Annex 2: Sector Funding Status

Sector Funding Status 2014-2019

Source: Inter-Agency financial tracking system



Notifiable Diseases in Lebanon, as of December 2019

(Source: MoPH and WHO, Lebanese Epi-Monitor, December 2019)

Disease	2018	2019	January	February	March	April	May	June	July	August	September	October	November	December
Vaccine Preventable Diseases														
Polio	0	0	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0(0)	0 (0)	0	0
AFP	88	87	9 (1)	7 (1)	9 (4)	9 (2)	5 (0)	5 (2)	9 (2)	3 (0)	4 (2)	5(2)	7	13
Measles	952	1070	124 (3)	140 (73)	286 (11)	426 (87)	202 (54)	43 (3)	29 (6)	13 (1)	11(4)	7 (1)	11	12
Mumps	121	124	9 (1)	8 (3)	16 (4)	8 (2)	11(2)	11(1)	12 (3)	7 (2)	19(4)	10 (1)	14	5
Pertussis	64	78	7 (3)	2 (1)	7 (3)	3 (1)	7 (3)	4 (1)	12 (3)	11(2)	6 (2)	8 (1)	5	5
Rabies	3	0	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0	0
Rubella	11	26	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0	0
Tetanus	2	0	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0	0
Viral Hep. B	253	278	21(3)	14 (4)	27(2)	16 (1)	28 (2)	32 (3)	36 (8)	30 (8)	25(2)	15 (1)	18	7
Water/Food Borne Diseases														
Brucellosis	242	224	8 (0)	12 (3)	18 (4)	13 (0)	16 (0)	30 (5)	24 (2)	34 (1)	40 (14)	11(1)	9	6
Cholera	0	0	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0	0
Hydatid cyst	8	30	0 (0)	3 (0)	4 (1)	4 (0)	2 (0)	6 (0)	2 (0)	3 (1)	1(0)	20	1	2
Typhoid fever	237	257	19 (0)	15 (1)	24 (0)	8 (0)	21(0)	20 (0)	32 (0)	30 (1)	22 (1)	22 (0)	20	16
Viral Hep. A	899	426	63 (24)	30 (17)	25(5)	19 (5)	28 (4)	23 (4)	65 (46)	38 (4)	51(6)	29 (2)	19	12
Other Diseases														
Meningitis	420	448	26 (6)	19 (1)	48 (17)	34 (3)	30 (7)	50 (7)	64 (8)	58 (9)	56 (7)	34 (7)	16	13
Viral Hep. C	103	78	9 (1)	4 (0)	6 (1)	6 (0)	6 (0)	3 (0)	10 (2)	5(0)	7(0)	8 (0)	7	3