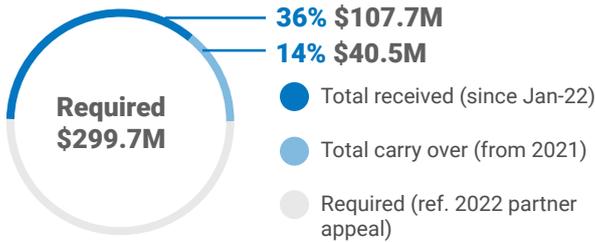




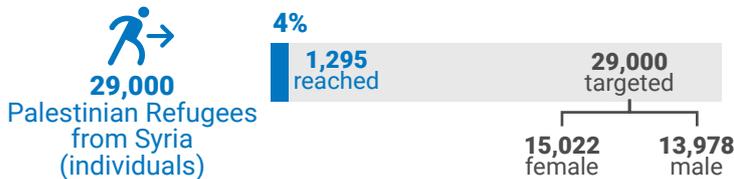
The 2022 3rd quarter Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Crisis Response Plan (LCRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improve 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

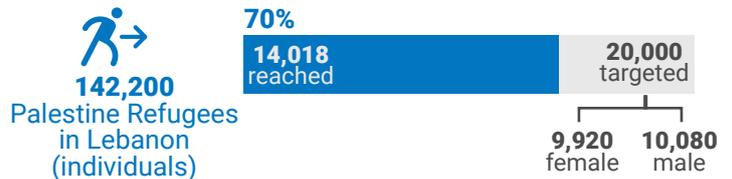
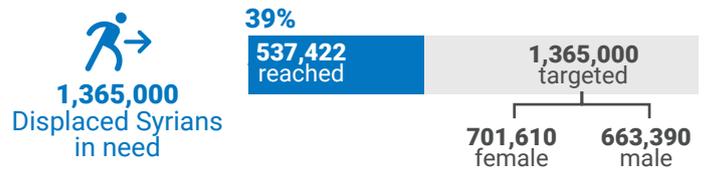
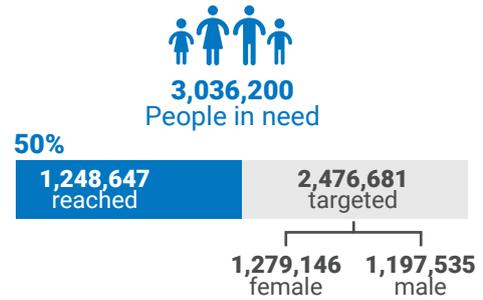
As of 30 September



2022 population figures by cohort

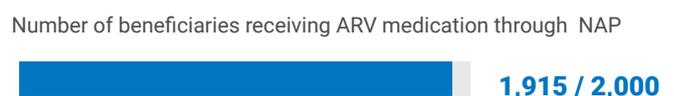
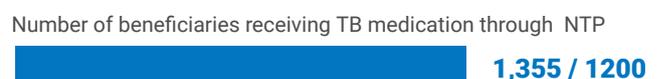
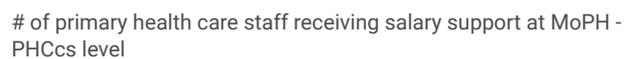
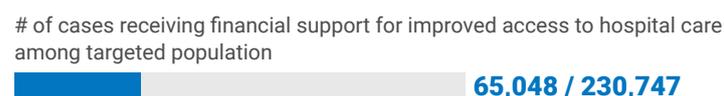
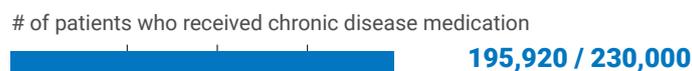
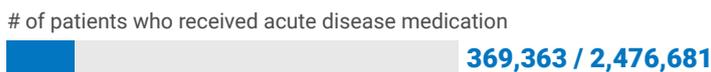
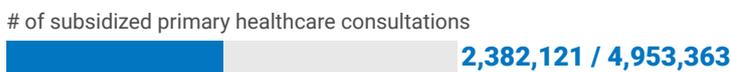


2022 population reached



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 third 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



48%
2,382,121
reached
4,953,363
targeted

of subsidized primary healthcare consultations



58%
out of total
Lebanese



42%
out of total
non-Lebanese

Reproductive Health



45%
112,079
reached
247,668
targeted

of subsidized ante-natal care (ANC) consultations

42%
out of total
Lebanese



58%
out of total
non-Lebanese

Mental Health



9%
92,338
reached
990,673
targeted

of subsidized mental health (MH) consultations



39%
out of total
Lebanese



61%
out of total
non-Lebanese

Vaccination



87%
387,670
reached
445,809
targeted

of children U5 receiving routine vaccination

Chronic Disease Medications



85%
195,920
reached
230,000
targeted

of patients who received chronic disease medication

87%
out of total
Lebanese



13%
out of total
non-Lebanese

Nutrition



6.2%
242,788
reached
3,901,307
targeted

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

50%
out of total
Lebanese



50%
out of total
non-Lebanese

Nutrition

194,245

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

50,016

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

Eight Standard Operating Procedures (SOP) were standardized and harmonized for different components of the nutrition response. SOPs aim to provide guidance for essential nutrition actions to all partners supporting health and nutrition interventions at the community, and facilities level including schools.

Considering the deteriorating food security situation and the increasing trends of admission to acute malnutrition programmes at the primary healthcare centres level, especially among the refugee population, a scale up of the preventive multi-sectoral nutrition actions is urgently needed.

For more information, please contact:

Senior Inter-Agency Coordinators Camilla Jelbart jelbartm@unhcr.org and Michael Schaadt michael.schaadt@undp.org



The number of subsidized healthcare consultations provided, including antenatal care and mental health, increased by 60 per cent 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 in 2021), increased demand for public and subsidized services across populations, and increased awareness about the availability of the services at the primary healthcare centres level. It is useful to note that for mental health, partners reported an increase in self-referrals to seek support at the primary healthcare level. The percentage of children under five receiving routine vaccination 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 the socio-economic crisis and therefore to the household's inability and unwillingness to pay for preventive services. Additional efforts are needed to strengthen routine immunization services and compensate for the children who dropped-out from the national Expanded Programme on Immunization. The number of patients who received chronic disease medication is not comparable to previous years, as in 2022 the Health sector is reporting on the number of active patients receiving medications and not only those registered as it was the case in previous years.

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

The Health sector continued to contribute in 2022 to strengthening the national health system by supporting inter-related functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities including Primary Health Care Centres (PHCCs) within the Ministry of Public Health (MoPH) network and health dispensaries continues to be prioritized. Eight PHCCs were added to the MoPH network in the third quarter of 2022, and the total of MoPH-PHCCs across Lebanon reached 277. Around 46 per cent out of the total are supported by Health sector partners to provide a comprehensive package of primary health care services.

HOSPITAL CARE

A total of 65,048 individuals received obstetric and emergency/life-saving care or 28% of the yearly target of 230,747. Some 3,425 individuals who did receive obstetric and emergency/life-saving care are from vulnerable host communities out of a target of 123,580. Through UNRWA, around 1,234 PRS and 12,935 PRL received hospital care. Overall, women and girls benefitted from 79 per cent of supported hospitalization, and men and boys benefitted from 21 per cent of supported hospitalization, a difference that is most likely due to the high number of the obstetric admissions.

OUTBREAK & INFECTIOUS DISEASE CONTROL

The Health sector supported the national outbreak and infectious disease control through the expansion and reinforcement of the National Early Warning and Response System (EWARS) and the strengthening of the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In this regard, 900 EWARS centres were functional in the third quarter of 2022, out of a target of 906. Contingency stocks of selected medication especially for Acute Watery Diarrhea (AWD)/Cholera were made available at MoPH warehouses. 948 beneficiaries out of a target of 1,200 received tuberculosis medications through NTP; 68% out of the beneficiaries were women and 32% were men. And 1,915 beneficiaries out of a target of 2,000 received antiretroviral (ARV) medications through NAP; 8.7% out of the beneficiaries were women and 91.3% were men.

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, 58 were engaged in health promotion and outreach activities (out of the target of 271). At the community level, 536,719 caregivers were reached with integrated health awareness messages out of a yearly target of 1,114,659 (almost 48%); 53% out of the beneficiaries were women and 47% were men. 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%).

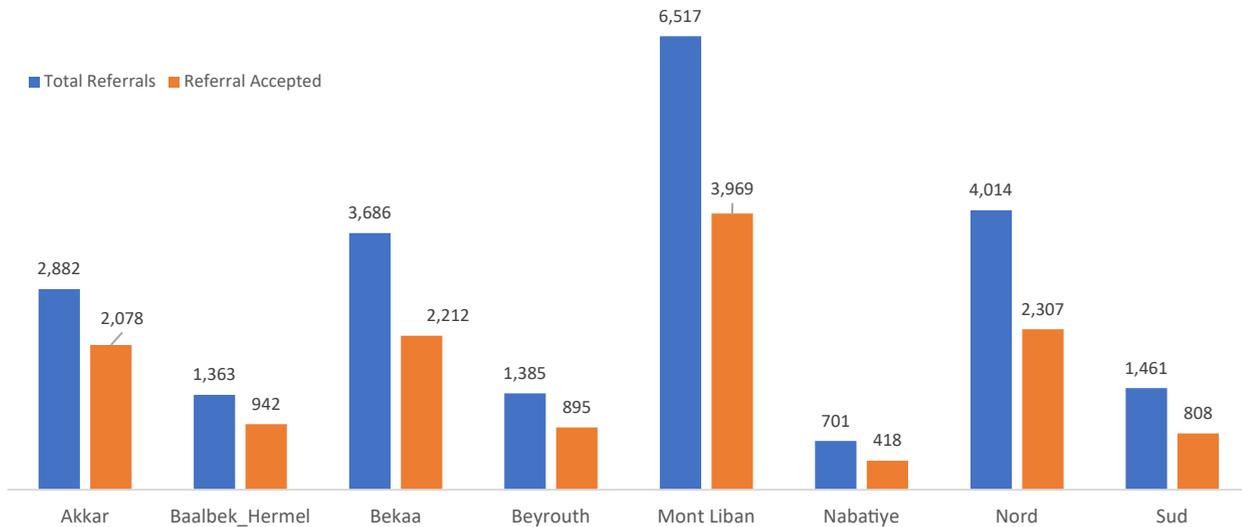
Cholera Preparedness, Prevention, and Response

Following the declaration of a cholera outbreak in Syria in September 2022, the Health and WASH sectors, together with the RCCE taskforce, have led the development of a Cholera/AWD Preparedness and Response Strategic Plan complemented by an Operational Plan. The total estimated cost of the response is around USD63 million for 6 months support. The multi-sectoral approach aims to support the Government in a timely manner to lead and respond to the outbreak and provide operational guidance to partners willing to take part in the response. Additionally, the Health sector led a consultative process across sectors, lead agencies and MoPH to develop a Cholera Rapid Response Team (RRT) package, which includes a guide for field implementation, terms of reference, SOP, and practical tools to support MoPH's early response. RRTs integrate health and WASH components, with case-area targeted interventions being a critical component of the rapid response.



Referrals

22,009 referrals were made to Health sector partners from January to September 2022. 62 per cent out of the total referrals were accepted or acknowledged. The main reason for unaccepted referrals was the non-eligibility of the referred case for the available services. The Health sector aims to increase accountability for affected population and to increase the response rate to the referred cases.



Mainstreaming activities

The Health sector is implementing the Protection, Gender-Based Violence (GBV) and Gender considerations for the Cholera outbreak. In coordination with protection sector, Protection and Gender considerations is being mainstreamed throughout all cholera response plans including Cholera-Rapid Response Teams guide and terms of references.

As a result of the sectoral mid-year review, in the third quarter of 2022 an indicator was created under Health sector to allow for partners to report on their implemented rehabilitation services and assistive devices support activities. The Health sector will continue to work closely with the Protection sector to better classify the rehabilitation services and assistive devices support activities, and include the new indicator in the 2023 logframes and into the reporting mechanism



General Practitioner prescribing medicines to an adult woman in Bourj Al-Barajneh Primary Health Care Center supported by Amel Association, Beirut, 2022.



2. KEY CHALLENGES OF THE SECTOR

The Health sector expects at the end of the third quarter that the cholera situation will add strains on the already overstretched health system. The major challenge – beyond significant shortfalls in infrastructure and services including clean water provision and wastewater treatment - is the unavailability of required funds to handle the response at all levels, and the shortage of required medical and WASH supplies in the local market. The current compounded crises are affecting the socio-economic vulnerability and poor living conditions of all populations, in addition to the disrupted health, water and sanitation services and systems are further exacerbating the situation. The scarcity and unaffordability of water, triggering reliance on water sources of unknown safety is considered one of the main risk factors.

Vulnerable populations continue to face significant barriers to accessing healthcare from January to September 2022 due to the multifaceted crises, including financial, geographical, availability, and acceptability barriers from both the supply and demand sides and at the individual and institutional levels. The continuously deteriorated 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).

3. KEY PRIORITIES FOR THE FOLLOWING QUARTER

Considering the cholera situation, the Health sector will increase preparedness in the last quarter of the year to focus on both the business continuity and the response to cholera. In addition to advocating for the mobilization of funds, the sector will provide all needed support to the Government of Lebanon and Health sector partners to contain the cholera outbreak and ensure an effective and timely response across frameworks, in coordination with other sectors - mainly WASH sector and RCCE taskforce.

The sector will continue to 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 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 maintain-

ing 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 continue to 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.



National (29)

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

El Minieh-Dennie (5)
Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, RI

Zgharta (6)
Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, Order of Malta, PU-AMI

Tripoli (12)
AICA, Akkarouna, ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), Lebanese Red Cross, PU-AMI, Rahma Association, RESTART Lebanon, RI

El Koura (7)
ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, PU-AMI, RI

El Batroun (4)
Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross

Keswane (6)
ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, Order of Malta

El Meten (7)
ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, RI, SIDC

Beirut (14)
Al Makassed, ANERA, AVSI, Caritas Lebanon, Children Cancer Center Lebanon (CCCL), IMC, INARA, IOCC Lebanon, Lebanese Order of Midwives (LOM), Lebanese Red Cross, LSOG, Makhzoumi, PU-AMI, RI

Baabda (13)
AMEL, ANERA, Caritas Lebanon, Ghawth, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), Lebanese Red Cross, MDM, Order of Malta, PU-AMI, RESTART Lebanon, RI

Aley (7)
Caritas Lebanon, Ghawth, IMC, IOCC Lebanon, Lebanese Red Cross, PU-AMI, RI

Chouf (7)
ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), Lebanese Red Cross, PU-AMI

Jezzine (4)
Caritas Lebanon, IOCC Lebanon, MEDAIR, Order of Malta

Saida (9)
ACF Spain, ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), MEDAIR, PU-AMI, RI

Sour (9)
ACF Spain, AMEL, ANERA, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, MEDAIR, PU-AMI

Bent Jbeil (3)
IMC, MEDAIR, Order of Malta

El Nabatieh (8)
AACF Spain, ANERA, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), MEDAIR, Order of Malta, PU-AMI

Marjaayoun (5)
AMEL, Caritas Lebanon, IOCC Lebanon, MEDAIR, PU-AMI

Bcharre (1)
Lebanese Red Cross

Jbeil (4)
Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross

Akkar (11)
ANERA, Caritas Lebanon, IMC, IOCC Lebanon, IRC, Lebanese Order of Midwives (LOM), Lebanese Red Cross, Mercy USA, Order of Malta, PU-AMI, RI

El-Hermel (3)
Lebanese Red Cross, MDM, RI

Baalbek (16)
ACF Spain, AMEL, ANERA, Caritas Lebanon, Fondation Mérieux, Ghawth, IMC, IOCC Lebanon, Lebanese Order of Midwives (LOM), Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, NAWA, Order of Malta, RI

Zahle (11)
ACF Spain, ANERA, Caritas Lebanon, Ghawth, Humedica, IMC, IOCC Lebanon, Lebanese Red Cross, MDM, MEDAIR, RI

West Bekaa (12)
ACF Spain, AMEL, ANERA, Caritas Lebanon, Hilfswerk Austria International HWA, IMC, IOCC Lebanon, Lebanese Red Cross, MDM, MEDAIR, Order of Malta, RI

Hasbaya (4)
ANERA, IMC, MEDAIR, PU-AMI

All 46 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo:

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

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