Lebanon Joint Health Sector

Terms of Reference – Lebanon

Note: The joint Health sector TOR is based upon the Lebanon Joined-up Sectors TOR endorsed by the Lebanon UN Humanitarian Country Team (HCT) on 14 July 2022.

Background on sector coordination in Lebanon

The multifaceted and compounded crises facing Lebanon has led to the development of a number of response frameworks supported by international and national partners across the country. This includes the Lebanon Crisis Response Plan (LCRP), which seeks to address the impact of the Syria crisis on Lebanon at the humanitarian and development levels and provide assistance and protection to refugees and the host community; and the Emergency Response Plan (ERP) to address the humanitarian needs of the most vulnerable among the Lebanese, Palestine Refugees in Lebanon (PRL) and migrants affected by the crisis in Lebanon. Under the leadership of the Resident Coordinator/Humanitarian Coordinator, the humanitarian and nexus community in Lebanon acknowledged the need for streamlined aid coordination to avoid gaps and overlaps, to increase efficiency and to ensure principled humanitarian assistance based on evidence of needs and vulnerabilities.

In line with the Inter-Agency Standing Committee (IASC) guidance and the Refugee Coordination Module, joined-up sectors will fulfill the six sector core functions, to be applied to all population groups. They will work to ensure coherence and integration in the Health sector response strategy across the ERP and the LCRP and also at complementarity with other frameworks (UNSCDF[1], 3RF[2], 3RP[3], government plans and strategies – particularly those of the Ministry of Public Health, and global strategies such as those of UN health agencies and the Global Health Cluster).

Background on Health sector in Lebanon

Per the HCT, specific sector ToRs are the responsibility of the lead/co-lead agencies[4]. For the Health sector, the LCRP has been led by the Ministry of Public Health, co-led by WHO & UNHCR, and coordinated by UNHCR. As for the ERP, it has been led and coordinated by WHO, and co-coordinated by an elected NGO[5]. For the joint Health sector, the World Health Organization (WHO) and the UN High Commissioner for Refugees (UNHCR), in close coordination with the Ministry of Public Health (MoPH), lead the coordination of the health response. Furthermore, the Health sector operates jointly under the umbrella of the National Health Sector Working Group (NHSWG) which is the forum for national Health sector coordination and normally convenes on the last Friday of every month. Finally, the Health sector maintains a Core Group which plays a key role in Health sector technical and strategic guidance.

Core functions

The main objective for the joined-up Health sector in Lebanon is to comprehensively assess, analyze and agree on the humanitarian and development health needs and vulnerabilities across different groups of the population, to be able to set **vulnerability criteria, effective targeting, and prioritization** for the provision of timely and effective assistance. The joined-up Health sector enables an effective health response by maintaining a platform for all partners and stakeholders to coordinate their response through information sharing and through pooling of health expertise, resources and health information.

More specifically, the functions of the Health sector are[6]:

1. **To support health service delivery by:**

- Providing a platform that ensures health service delivery is driven by the strategic priorities as defined in the various response frameworks.
- Developing mechanisms to minimize duplication and promote complementarity and comprehensiveness of health service delivery.

[1] United Nations Sustainable Development Cooperation Framework for Lebanon

[2] Lebanon Recovery, Reform and Reconstruction Framework

[3] Syrian Refugee Response and Resilience Plan

[4] Ref. NTF – Preliminary consultations on the revision of the humanitarian architecture, 8 April 2022

[5] Amel Association has served in this role since August 2020.

[6] Ref. IASC CCRM, 2015

2. **To inform the Humanitarian Coordinator (HC)/HCT's and the LCRP Steering Committee's strategic decision-making by:**

- Preparing needs assessments and analysis of gaps (across and within the Health sector, using information management tools as needed) to inform the setting of priorities.
- Identifying and finding solutions for (emerging) gaps, obstacles, minimizing duplication and cross-cutting issues in the Health sector.
- Formulating Health sector priorities on the basis of analysis.
- Monitoring the crisis situation/risk index and adjusting Health sector strategy and priorities as needed.

3. **To plan and enhance capacity of Health sector partners to effectively deliver the commitments of the Health sector strategy by:**

- Developing Health sector plans, objectives and indicators that directly support the realization of the overall Lebanon response's strategic objectives.
- Applying and adhering to common standards and guidelines – both global and national, including mainstreaming of different thematic areas such as gender, disability, conflict sensitivity and AAP.
- Clarifying funding requirements, helping to set priorities, and agreeing on sector contributions to the HC's overall humanitarian funding proposals.
- Supporting the capacity-building of Health sector partners, at national and sub-national level, on coordination and other response priorities, including mainstreaming commitments.

4. **To monitor and evaluate Health sector performance by:**

- Monitoring, evaluating and reporting on Health sector needs, projects and activities.
- Measuring progress against the Health sector strategy and agreed results under the LCRP and ERP[7].
- Recommending corrective action where necessary, in close consultation with the Health sector Core Group.

5. **To support building national and Health sector partners capacity in preparedness and contingency planning – particularly for outbreaks of diseases of epidemic potential – and ensure business continuity plans[8]**

- Updating risk matrix and contingency plan annually.
- Maintaining an available and up-to-date contingency stock at MoPH Level.
- Updating the Business Continuity Plan annually and more frequently as the context requires, such as the onset of an acute emergency.
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6. **To support robust advocacy by:**

- Ensuring the inclusion and representation of all Health sector partners in the NHSWG
- Identifying Health sector concerns and contributing key information and messages to HC and HCT messaging and action.
- Undertaking advocacy on behalf of the Health sector, sector members, and affected people.
- Conducting regular donors meeting to brief them about the situation and advocate for resource mobilization to address priority needs.
- Together with other response frameworks and coordination bodies, supporting ongoing policy dialogue with the Lebanese national authorities and donors to adopt and/or strengthen policies that affect the health status of the population at large and vulnerable groups in particular, to ensure that relevant issues are promoted and clearly addressed in these policies.

Membership, leadership and accountability

To be part of the Health sector, each organization must be operationally relevant to the domain of work of the Health sector. Each member has to fulfill minimum commitments, to ensure a principled humanitarian action, taking into account AAP, Protection and other cross-cutting issues[9].

Organizations whose scope of work or mandate does not align with and/or fulfill the minimum commitments for Health sector participants may join sector meetings and/or activities as observers at the discretion of the Health sector coordinators.

[7] Other response frameworks with health components, such as UNSDCF and 3RP, may also be collectively analyzed to ensure complementarity and a holistic approach to Health sector response in Lebanon.

[8] Ref. CCRM – Section 4

[9] Ref. Annex I – Minimum commitments for participation in sectors

The Health sector's accountability for the delivery of the Emergency Response Plan remains to the Humanitarian Coordinator through the Sector Lead Agency/ies and to people affected by the crisis.

The Health sector's accountability for the delivery of the government-led Lebanon Crisis Response Plan (LCRP) remains through the LCRP Steering Committee, co-chaired by the Minister of Social Affairs (delegated by the Prime Minister) and the Resident Coordinator/Humanitarian Coordinator.

The Health sector's accountability under other relevant and emerging frameworks will be defined by their designated focal points/leads, in close coordination with sector leads/coordinators/co-coordinators.

The Health sector Core Group is a smaller coordination forum and technical body which supports the leadership of the Health sector and provides strategic direction to the wider NHSWG. Given the nature of the distribution and complementarity of Health mandates between different UN agencies, the Health sector Core Group consists of the UN agencies actively implementing Health activities and of representatives from national and international NGOs. NGO members are elected by delegates of Health sector members in good standing.

The Health sector NGO co-coordinator is also elected by delegates of Health sector members in good standing.

ANNEX I: Minimum commitments for Sector participants

The minimum commitments for participation in sectors include:

1. Commitment to humanitarian principles, the *Principles of Partnership*, sector-specific and the LCRP guidance and internationally recognized programme standards, including the Secretary-General's *Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse*.

2. Commitment to mainstream protection in programme delivery (including respect for principles of non-discrimination, do no harm, etc.)[10].

3. Commitment to mainstream key programmatic cross-cutting issues (including age, gender, GBV, protection, inclusion, environment…).

4. Readiness to participate in actions that specifically improve accountability to affected people, in line with the Global Health Cluster *Operational Guidance on Accountability to Affected Populations*[11], as well as the IASC *Commitments to Accountability to Affected Populations* and the related *Operational Framework*.

6. Active participation in the sector, defined as at least 60% attendance at monthly National Health Sector Working Group (NHSWG) meetings and regular monthly reporting into one or more relevant frameworks, and a commitment to consistently engage in the sectors collective work.

7. Capacity and willingness to contribute to the response plans and activities, which must include inter-sector coordination.

8. Commitment by a relevant senior and technical staff member to work consistently with the sector to fulfill its mission.

9. Commitment to work cooperatively with other sector partners to ensure optimal and strategic use of available resources and share information on organizational resources.

10. Willingness to take on leadership responsibilities in national[12], sub-national working groups; topical/thematic sub-working groups and task forces; and/or Core Group as needed, subject to capacity and mandate.

11. Undertake advocacy and disseminate key messages to primary stakeholders including the host Government, donors, the HCT, Health sector partners, the media, and other audiences.

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[10] Please see https://www.globalprotectioncluster.org/themes/protection-mainstreaming/ for more information

[11] Found at: https://www.who.int/docs/default-source/documents/publications/operational-guidance-on-accountability-to-affected-populations.pdf?sfvrsn=ec7fb6c8_1

[12] Including Health sector NGO co-coordinator role.

ANNEX II: Health Sector Key Contacts and Resources as of September 2023

Health Sector Focal Points:

- Dr. Md Shajib Hossain, *Health Sector Coordinator* – WHO, smd@who.int, Phone/WhatsApp: +961 71 091 547
- Stephanie Laba, *Health Sector Coordinator* – UNHCR, labas@unhcr.org, Phone/WhatsApp: +961 71 911 381
- Maher el Tawil, *Health Sector Co-Coordinator* – Amel Association, healthresponse@amel.org, Phone/WhatsApp: +961 3 556 336

Health Sector Portal: the Lebanon Joint National Health Sector Portal has been created under the umbrella of the National Health Sector Working Group (NHSWG) to help partners and stakeholders easily access different dashboards and repositories of information related to the Health sector in Lebanon and relevant response frameworks. Please visit the portal at: **https://bit.ly/LebHealthSectorPortal**