



## HEALTH SECTOR

### PEOPLE IN NEED



2,739,700

### PEOPLE TARGETED



1,892,700

### REQUIREMENTS(US\$)



2020 275.9  
million

### PARTNERS



46

### GENDER MARKER



2a

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## SECTOR OUTCOMES

### Outcome #1

\$ \$111.1 m

Improve access to comprehensive primary healthcare (PHC).

#### Indicators

Percentage of displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) accessing primary healthcare services.

Percentage of vaccination coverage among children under 5 residing in Lebanon.

### Outcome #2

\$ \$163.7 m

Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care).

#### Indicators

Percentage of displaced Syrians, Lebanese, PRS and PRL admitted for hospitalization per year.

### Outcome #3

\$ \$1.05 m

Improve outbreak control and infectious diseases control.

#### Indicators

Number of functional early warning and surveillance system (EWARS) centres.

### Outcome #4

\$ \$0.05 m

Improve Adolescent & Youth Health.

#### Indicators

Prevalence of behavioural risk factors and protective factors in 10 key areas among young people aged 13 to 17 years.

## POPULATION BREAKDOWN

POPULATION COHORT	PEOPLE IN NEED	PEOPLE TARGETED	Gender	
			Female	Male
Lebanese	1,500,000	750,000	372,750	376,969
Displaced Syrians	1,095,000	1,095,000	562,830	532,830
Palestinian Refugees from Syria	27,700	27,700	14,349	13,351
Palestinian Refugees in Lebanon	117,000	20,000	9,920	10,080

## Overall sector strategy

After almost a decade of responding to the health needs of displaced Syrians, vulnerable Lebanese and Palestinian refugees from Syria and Lebanon, and based on lessons learned during the implementation of the Lebanon Crisis Response Plan (LCRP) 2017-2020, the Health sector has committed to align its areas of work with the Sustainable Development Goals (SDGs), in particular SDG3<sup>1</sup> with focus on universal health coverage.

For 2020, the Health sector theory of change states that **if:**

- Collaborative and multi-stakeholder analysis of current financing schemes are reinforced, bottlenecks of service delivery models are identified and a joint strategy for primary healthcare in the country is adopted;
- Public-private partnerships, especially in the area of community engagement are strengthened;
- Partnerships with civil society are enabled to reach vulnerable populations;
- Innovation and technology, especially to increase health service coverage and reach marginalized populations are promoted;
- And access to good-quality national data, especially gender-disaggregated data is improved;

**Then** displaced Syrians, vulnerable Lebanese and Palestinian refugees from Syria and Lebanon will have increased equitable access to quality primary and hospital care, outbreak control will be strengthened, and adolescent and youth health improved.

The LCRP has 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. While maintaining a direct service delivery component to cover critical needs for vulnerable people, the priority of the Health sector is to shift towards continued investments to strengthen the public health system and enhance institutional resilience to sustain service provision and quality of services. This will ultimately achieve a positive and sustainable impact on health indicators in the long term. Moreover, health programming under the LCRP will aim to be equitably provided and to achieve long term outcomes and impacts, while including the most marginalized groups.

The Health sector will continue to strengthen the health system by carrying out the inter-related health system functions of human resources, finance, governance, information, medical products, vaccines, and data technologies. Because of variations among geographical areas, populations, and facilities, the Health sector ensures that decisions are made at various government levels – national, provincial, district, or regional - to

encourage greater efficient and homogenous delivery of health services. The sector will work to enhance referral mechanisms and to ensure equitable access to quality healthcare through direct service delivery, in case of life saving critical situations.

### The Ministry of Public Health's Response Strategy

The Ministry of Public Health response strategy, drafted in 2015 and updated in 2016, serves as the guiding document for the LCRP Health sector.<sup>1</sup> Activities fall within the scope of this strategy starting from community outreach, awareness and preventive activities to curative and referral services. By 2020, the strategy aims for the progressive expansion and integration of these services in the existing national healthcare system, in an effort towards universal health coverage.

The Health sector's overarching aim is to respond to the health needs of displaced Syrians (whether registered or non-registered as refugees by UNHCR), Palestinian refugees from Syria, the most vulnerable Palestinian refugees from Lebanon, as well as the most vulnerable Lebanese host communities. It also aims to strengthen national institutions and capacities to respond while contributing to enhancing the resilience of the health system as a whole.

The Ministry of Public Health Response Strategy serves four strategic objectives:

1. Increase access to healthcare services to reach as many displaced persons and host communities as possible, prioritizing the most vulnerable
2. Strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources
3. Ensure health security including a strengthened surveillance system for the control of infectious diseases and outbreaks;
4. Improve child survival rates.

### Main sector priorities

Based on the current situation analysis, the Health sector has identified four main outputs for the sector strategy in 2020 and its direct contributions to the impact "vulnerable populations have equitable access to basic services through national systems". These outputs are based on the sector's analysis of the protective environment, taking into account the challenges faced by different age, gender and diversity groups in accessing health services. The health sector's approach to the delivery of equitable health services is strongly rooted in a vulnerability and rights-based approach to programming. Activities under each output of the strategy are designed to ensure that different groups have equitable access to affordable, essential and high-quality prevention, promotion, treatment, and care services. In 2020, the sector hopes to further overcome access barriers for the underserved, vulnerable and marginalized through safe, dignified and

(1) SDG3: "Ensure healthy lives and promote wellbeing for all at all ages."

accountable service provision.

In 2020, additional attention will be placed on strengthening the Health sector's commitment to mainstream protection through its interventions, to reduce barriers for affected persons in accessing health services, improve accountability, and the quality of healthcare services. Particular attention will be paid to improving the responsiveness of complaint and feedback mechanisms within the primary healthcare centres, strengthening referrals of affected persons between primary healthcare and other service providers, improving the use of data collected through referral and complaint and feedback channels to inform organisational learning, promote adaptation and complement the vulnerability assessment of Syrian refugees in Lebanon (VASyR) and other surveys. Steps will also be taken to promote the inclusion of persons with disabilities through their greater participation in needs assessments, disaggregated reporting, and adapted information provision and infrastructure. In this regard, specific efforts will be made to adapt information materials and health awareness campaigns to reach working and street children to promote their access to health services.

In reference to the universal health coverage and with the objective of strengthening good governance practices within the health system and achieve improved health outcomes and document best practices for Lebanon, the Ministry of Public Health established the Health Policy Support Observatory in April 2018.<sup>2</sup> The Observatory has three lines of work, including: providing direct analytical and informational support to the Ministry's policy-making; establishing communities of practice whose prime focus is to facilitate interaction between key stakeholders, and organizing a National Health Forum where civil society can engage in balancing needs, resources and expectations, in an evidence-based conversation with health authorities and stakeholders. Such initiatives will not only harness the contribution of the various networks and strengthen the health system in the long run, but they will also impact the wide spectrum of healthcare activities while helping meet the objectives of the LCRP.

Strategic interventions adopted by the Health sector aim to meet short-term needs while contributing to strengthening national service delivery in 2020 and delivering more sustainable results. The Health sector follows three main fundamental conducts to achieve its vision: needs assessment, health system strengthening and direct service delivery.

The Health sector will increase its contribution in 2020 to strengthen public health knowledge and evidence-based practices. For this, the Health sector has proposed a research committee with the objectives of decreasing duplication of assessments, channelling available research resources to the gap in information and not merely to academic interest, and ensuring ethical

(2) The Policy Support Observatory is a tripartite partnership agreement with the American University of Beirut and the World Health Organization, hosted by the Ministry of Public Health.

considerations are accounted for when the assessments or research target refugees and vulnerable communities. This LCRP health research committee will: i. review planned assessments for justification and indications, methodology, ethical principles, and coordination with existing or planned assessments and ii. review proposed research relating to health amongst refugees and vulnerable population and ensure agreed criteria are met.

The Health sector will work on strengthening the national health system to better account for the needs and ensure access to services for vulnerable population. Improving the national health system from the national to the regional level will lead to an increased equitable access to quality healthcare services while ensuring a safe and inclusive environment. Strengthening the health system provides long-term benefits, and positively impacts national health indicators.

Direct service delivery will be ensured by the Health sector, to provide emergency health services for critical life-saving cases. This is mainly applicable to providing financial support to life-saving hospital care<sup>3</sup> for displaced Syrians and primary healthcare services for vulnerable population. Direct service delivery will lead to decreasing the rates of morbidity and mortality and will help the Government carry the burden of the high demand for healthcare.

Within the next three years, the sector will explore in detail the prospect of further optimizing the package of services offered and models of delivery, including financing mechanisms, to ensure an effective, cost-efficient and sustainable response. Special attention will be paid to health interventions for boys, girls, men and women including children under five years of age, pregnant and lactating women, adolescents including adolescent girls married before the age of 18, youth, persons with disabilities, older persons, survivors of gender-based violence, persons living with HIV/AIDS, persons facing gender-based discrimination, and other vulnerable groups. To assess challenges around access to health services, girls, boys, women and men will be equally consulted. Access of such groups to information on services and primary healthcare in general will be regularly monitored through consultations, assessments and other forms of engagement, as well as through existing complaints systems.

The Health sector will work to strengthen planning and coordination by reinforcing the existing coordination mechanism, which is essential to ensuring a harmonized prioritization of services, avoiding duplication and identifying gaps in service provision. This will enable a more efficient and effective delivery of services which is particularly important when considering the protracted nature of the crisis.

(3) For secondary healthcare, vulnerable uninsured Lebanese population is covered by the Ministry of Public Health acting as insurer of the last resort.

## LCRP impact, sector outcomes, outputs and indicators

Health outcomes and outputs are designed to contribute to vulnerable populations having equitable access to basic services through national systems, which fall under LCRP Strategic Objective 3: "Support service provision through national systems". The contribution towards this impact will be achieved through the following outcomes and outputs:

### Outcome 1 – Improve access to comprehensive primary healthcare (PHC)

Under this outcome, it is assumed there will be an increased need for primary healthcare<sup>4</sup> and that Health partners will continue to provide support to the Ministry of Public Health's primary healthcare network which provides equitable and affordable access to quality health services.

#### Output 1.1 – Financial subsidies and health promotion provided to targeted population for improved access to a comprehensive primary healthcare package

The sector aims to ensure equitable access to comprehensive<sup>5</sup> quality primary healthcare for displaced Syrians (whether registered or non-registered as refugees by UNHCR) as well as vulnerable Lebanese, primarily through the Ministry of Public Health network of primary healthcare centres and dispensaries (including the Ministry of Social Affairs' social development centres in instances where there is uneven geographical coverage, or where the caseload is too heavy for the network to bear).<sup>6</sup> Key interventions include:

**Comprehensive financial support prioritized:** More comprehensive financial support will be provided to displaced Syrians, vulnerable Lebanese and Palestinian refugees from Syria and Lebanon who are unable to access health services due to their economic conditions. Health partners are ensuring better access by reducing cost-related barriers, such as doctor's fees, additional treatment and transportation expenses through complementary programme activities. This approach will be closely monitored in 2020 to identify best practices which could be further expanded to ensure better health outcomes over the long term.

**Mobile medical units used on exceptional basis:** The Health sector will aim to deliver primary healthcare services through mobile medical units on exceptional basis. Activities such as vaccination campaigns, outbreak investigation and response, and the provision of primary healthcare services will be provided through mobile medical units in areas where there is no primary

healthcare coverage and in case of security-related and emergency situations. This will allow for outbreaks to be contained and for the increase of access to primary healthcare services in case of a deteriorated situation, decreasing morbidity and mortality rates.

**Health promotion and community outreach strengthened:** The Health sector will strengthen facility-based health promotion and community outreach activities on various health topics (i.e. vaccination, pregnancy care, family planning, infant and young child feeding, communicable diseases, non-communicable diseases, mental health, etc.). Efforts will aim at increasing awareness on the availability and acceptability of services (including gender-based violence services) at the facility and the community levels through making updated information available at all times for the population in need. Information updates, including service mapping, will be available through printed comprehensive health brochures. Health partners will harmonize health messages and target women and men within communities to influence decision-making and ensure an environment that is supportive of positive health seeking behaviours. Increased awareness will also be achieved by developing and designing information packages and employing various dissemination methods, in consultation with affected communities to ensure that they are appropriate and accessible to all groups, including people with specific needs. Where possible, inter-sector linkages will be made to maximize health-education dissemination channels through education facilities and after-school accelerated learning programmes for children who work. The provision of information and education along with addressing other accessibility barriers will contribute to decreasing social stigma and increasing demand for primary healthcare. Consequently, health promotion will increase equitable access to quality primary healthcare.

**Complaints and feedback mechanisms strengthened:** 50 out of the 234 Ministry of Public Health primary healthcare centres have active complaints and feedback mechanisms to ensure patients can report any challenges. In addition, the Ministry's 24/7 hotline, which refugees can call for feedback and complaints, is circulated on a regular basis. The Ministry of Public Health uses all possible resources to respond to all complaints; however, additional support from the Health sector is still needed to strengthen and expand the current feedback mechanism. Supporting the complaint and feedback mechanism will improve the affected population's right to hold actors accountable, enhance public trust and therefore increase demand and access for primary healthcare services.

The target for 2020 is a total of 2,660,400 subsidized or free consultations to be provided to displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria and Lebanon at the primary healthcare level. This output will be measured by an indicator on the "number of subsidized or free primary healthcare consultations provided" which will be disaggregated by age and sex to

(4) Primary healthcare includes services such as: vaccination, medication for acute and chronic conditions, non-communicable diseases care, sexual and reproductive healthcare, malnutrition screening and management, mental healthcare, dental care, basic laboratory and diagnostics as well as health promotion.

(5) Comprehensive primary healthcare is inclusive of vaccination, medication for acute and chronic conditions, non-communicable disease care, sexual and reproductive health, malnutrition screening and management, mental health, dental care as well as health promotion.

(6) Palestinian refugees from Syria and Lebanon are an exception as their access to primary healthcare is through UNRWA clinics.

allow for gender analysis of potential barriers for access to primary healthcare to be addressed.

**Output 1.2 - Free of charge chronic disease medication provided at primary healthcare centre level**

The political situation and austerity measures in Lebanon resulted in lower budget allocation for the procurement of medications and in delayed fund transfers from the Ministry of Finance to the Ministry of Public Health, which lead to severe shortage of chronic disease medications. In addition, contingency funds are unavailable, and it is challenging to secure funds to fill the gaps in a timely manner. The Health sector will advocate with the donors to ensure that chronic disease medication is procured and distributed to the population in need. Health partners will support the Ministry of Public Health to accurately estimate the needs based on utilization, co-morbidity data and previous stocks interruption. The provision of free of charge chronic disease medication will contribute to enhancing the quality of life for persons with chronic diseases, increase financial access to primary healthcare and decrease morbidity and mortality rates. Institutional support and health system strengthening initiatives such as training on medications and stock management remains key in improving the existent network.

The target for 2020 is 185,000 adherents to the national chronic disease medications program at the Ministry of Public Health (138,750 Lebanese and 33,300 displaced Syrians), as well as 12,950 individuals (7400 Palestinian refugees from Syria and 5550 Palestinian refugees from Lebanon) receiving chronic medication free of charge through UNRWA clinics. This output will be measured by an indicator on the “number of persons receiving chronic medication” which will be disaggregated by sex.

**Output 1.3 - Free of charge acute disease medication, medical supplies and reproductive health (RH) commodities provided at primary healthcare centre level**

The Health sector will support the Ministry of Public Health in the provision of free of charge acute disease medications, medical supplies and reproductive health commodities for displaced Syrians and vulnerable Lebanese. The sector will continue to advocate for funding and will aim at aligning the list of acute disease medications with the treatment protocol. Health partners will closely coordinate to accurately estimate the needs and support in the procurement of acute disease medication as well as other medical commodities. This support will lead to increasing the availability of supplies, decreasing financial barriers and consequently ensuring greater access to primary healthcare. Furthermore, the provision of free of charge acute disease medications will lead to an enhanced preventive programming and therefore decrease the risk of complications and the need for hospital care. It is essential that the current mechanisms of national drug procurement for acute disease medication, medical supplies and reproductive health commodities (including family planning commodities and Post-Exposure Prophylaxis (PEP) kits) be

aligned with the existing needs of vulnerable Lebanese, displaced Syrians as well as other population groups, and avoid any duplication for parallel procurement mechanisms by health partners.

The targeting for 2020 increased to around 1.8 million displaced Syrians and vulnerable Lebanese within the existing primary healthcare channels, as well as to 47,700 Palestinian refugees from Syria and Palestinian refugees from Lebanon through UNRWA clinics.

**Output 1.4-Free of chargeroutine vaccination provided for all children under five at the primary healthcare centre level and through vaccination campaigns**

The sector aims to achieve 100 percent vaccination coverage of displaced Syrian children, Palestinian refugee children from Syria and Lebanon, and vulnerable Lebanese children<sup>7</sup>, based on the national vaccination calendar. This requires the enforcement of the Ministry of Public Health’s policy related to the provision of free vaccination at the primary healthcare level as well as the expansion / acceleration of routine vaccination activities with a focus on low vaccination coverage areas<sup>8</sup>. This will be done by increasing awareness on the availability of free vaccination services at the primary healthcare centres and by supporting the Ministry of Public Health to increase its internal monitoring, especially when the patient is being charged for vaccination. Particular vigilance is required to ensure Lebanon remains polio free, and to contain the current measles outbreak. For that a national measles campaign was initiated in 2019 and will be expanded in 2020 to ensure the interruption of the disease transmission, and to allow Lebanon to accelerate progress towards the elimination of measles. Advocacy to endorse legislation on free vaccination in the primary healthcare centres remains key to ensure a greater vaccination coverage and to prevent further outbreaks. In addition, a more systematic vaccination process needs to be developed and endorsed for official return activities. The efforts of the Health sector to ensure that free vaccination is provided for all children under five will positively impact the vaccination status of children in Lebanon, ensure vaccines for preventable diseases and consequently decrease morbidity and mortality. This output will be measured through an indicator on the “number of children under five receiving routine vaccinations” which will be disaggregated by population cohort and sex.

**Output 1.5 - Primary healthcare institutions’ service delivery supported**

The expansion of the Ministry of Public Health’s primary healthcare centres network to up to 250 centres distributed equitably across Lebanon, the enhancement of the quality of services provided and the physical structure will strengthen the capacity of the ministry to respond to the primary healthcare needs of displaced Syrians and vulnerable Lebanese. This will

(7) It is estimated that 50 percent of vulnerable Lebanese children receive vaccination through the public health system while the remaining 50 percent receiving vaccination through private health system

(8) Results of the annual WHO Expanded Programme on Immunization coverage cluster survey

ensure greater geographical coverage and accessibility, including for people with disabilities, to quality primary healthcare services.<sup>9</sup> Moreover, support across most primary healthcare centres is required in terms of increasing human resources, as they are understaffed and overloaded. By providing staffing support, the Health sector will contribute to enhancing central data collection and analysis, decrease the workload at the facility level and increase the ministerial capacity to respond to increased demand. Nevertheless, the sector needs to identify and prioritize support for essential staff whose services are critical on the long run; this will allow the ministry to retain trained and qualified personnel. Health partners will continue to provide equipment to not only respond to current needs, but also to replace old and deteriorating equipment. This will allow the centres to deliver quality services and expand the current coverage which increases availability and therefore enhances access to primary healthcare services for vulnerable groups. Additionally, the Health sector will aim to build the capacity of staff through ongoing training, coaching and supervision according to identified gaps. These trainings will include modules on soft skills<sup>10</sup>, safe identification and referral of survivors of sexual and gender-based violence and survivor-centred approaches with a focus on privacy and confidentiality. Building the capacity of healthcare providers, will lead to an enhanced quality of service provision and, therefore, to an increased trust towards the public services which will positively impact access of vulnerable groups to primary healthcare services. The Health sector will encourage an equal ratio of female/male trained staff<sup>11</sup>. The sector will focus on capacity building as well as monitoring key indicators for improved quality of care through increased coordination between partners and the use of common tools.

The sector will support the Ministry of Public Health to strengthen its accreditation programme<sup>12</sup> and internal monitoring and evaluation measures at the primary healthcare level, focusing on the compliance with the national health strategy, especially in relations to harmonized costs for services. The sector will also ensure free immunization services at all centres particularly when it comes to a unified costing system, including the provision of free vaccination.

Additionally, the Health sector will explore ways to support the expansion of the existing health information system. Electronic patient files for beneficiaries were established, along with an electronic medication monitoring system<sup>13</sup> in 13 primary healthcare centres. The collection of data through the centres will be further expanded and strengthened to ensure harmonized

reporting through common tools and indicators. Data collected will reflect the quality of service provision, including relevance, accuracy, completeness, and timeliness for example. This will lead to more regular access to data which will help to inform future healthcare priorities. At an individual level, Health partners supported the ministry to develop a mobile application that provides a unique barcode to every screened child. The immunization registry (MERA) will help keep track of the immunization status<sup>14</sup> of children. This platform will continue to be expanded and its features enhanced to include a page for caregivers that provide automatic reminders on immunization appointments, information on the nearest primary healthcare centres, as well as messages on health and nutrition awareness. Monitoring the impact of the activities will be done by keeping track of the indicator: "number of facilities reporting on the Ministry of Public Health's health information system".

Risks associated with the above-mentioned outputs range from the lack of available funds to ensure the procurement of medications to non-compliance of primary healthcare centres with the instructions provided by Ministry of Public Health's including hidden costs. This may result in decreased access to preventive primary healthcare services and could increase demand for complicated secondary healthcare. Efforts from Health partners are needed to advocate for funding in order to support the strengthening of health services. Partners also need to maintain and expand support to the Ministry of Public Health in order to improve internal monitoring and evaluation measures. With time, and as the Ministry of Public Health's capacities are strengthened, the institutional support is expected to progressively decrease.

### **Outcome 2 – Improve access to hospital (incl. ER Care) and advanced referral care (advanced diagnostic laboratory and radiology care)**

Taking into consideration the constant need for hospital care and Health partners' continuous support to secondary and tertiary care, Outcome 2 will be achieved through the following outputs:

#### **Output 2.1 – Financial support provided to targeted population for improved access to hospital and advanced referral care**

The Health sector aims to ensure access to hospital and specialized referral care for all displaced Syrians (whether registered or non-registered as refugees by UNHCR) and Palestinian refugees from Syria and Lebanon in need of hospital care.<sup>15</sup> Health partners will continue to provide financial support to targeted populations through the implementation of cost-sharing mechanisms. The main activity under this output is the provision of financial support to access hospital services. This is currently

(9) The Ministry of Public Health plans on adding 50 additional primary healthcare centres to the Ministry's-primary healthcare network per year.

(10) As an example, the Clinical Management of Rape Training targeting health staff includes a module on soft skills

(11) It is observed that more female health staff attend trainings compared to male health staff – this is reflective of the general health workforce.

(12) In 2008, the Ministry of Public Health initiated work on an accreditation mechanism for primary healthcare centres aiming to include all network centres to monitor and ensure quality in primary healthcare centres. The accreditation programme is fully funded by Ministry of Public Health and implemented by the primary healthcare department

(13) PHENICS: health information system to link and unify the network of PHC centres

(14) MERA is designed to be used at the facility and the community level. Thereby, it is being used at nurseries, public schools (primary healthcare centres without an active PHENICS), dispensaries, district offices and in outreach vaccination activities. The Ministry of Public Health plans to scale-up the use of MERA to private schools, orphanages and private physician's clinics. MERA can access EPI information of each child registered within PHENICS, as such MERA presents a single platform for EPI

(15) This includes advanced diagnostics, laboratory tests and radiology (on an outpatient basis) and admission to hospital, including emergency room care.

done primarily through the UNHCR Referral Care programme which covers 75-90 percent of the hospital bill and targets displaced Syrians, and through UNRWA's hospitalization policy for Palestinian refugees from Syria and Palestinian refugees from Lebanon. Health partners also provide financial support to cover 10 to 25 percent of the patient's share and mitigate conditions which fall outside of UNHCR or UNRWA hospitalization schemes.<sup>16</sup> The financial support helps to decrease mortality rates and enhances the quality of life. In addition, this will contribute to enhance neonatal and maternal health by supporting hospital-based deliveries and neonatal services. Considering the high cost of hospital care services in Lebanon and the increasing economic vulnerabilities amongst displaced Syrians and Palestinian refugees from Syria and Lebanon, Health partners need financial resources to maintain current levels of financial support. Additional resources are also needed to expand the support to medical conditions which do not fall under the current schemes.

The main indicator used to measure this outcome is "percent of displaced Syrians, Lebanese, Palestinian refugees from Syria and Palestinian refugees from Lebanon admitted for hospitalization per year".

In 2020, the sector will target 110,350 displaced Syrians<sup>17</sup>, 3,324 Palestinian refugees from Syria and 2,400 Palestinian refugees from Lebanon receiving hospital services. The targets are calculated based on a 12 percent hospitalization rate for all population cohorts.<sup>18</sup>

In 2019, the Health sector explored alternative health financing mechanisms, and studied the feasibility of health insurance schemes in addressing the healthcare needs of displaced Syrians in comparison with the current third-party administrator self-insured assistance. In 2020, the Health sector will plan a pilot project targeting 20,000 displaced persons (Syrian and non-Syrian), under which they will receive a package of health services comparable to the package provided under the current third-party administrator self-insured scheme. The pilot will allow the documentation of necessary evidence on health insurance schemes to provide hospital care, the cost effectiveness of alternative financing mechanisms, and feasibility of implementation in Lebanon.

### **Output 2.2 - Public and private hospital service delivery supported**

The sector aims to support to 27 public hospitals by providing equipment to hospitals to fill shortages, replace old and deteriorated equipment and establish psychiatric wards in public hospitals in the North, South and Beqaa governorates. Interventions will also include supporting the staffing abilities of hospitals as well as building the capacity of hospital staff through trainings

(16) In 2018 UNHCR, initiated expert consultations for possible health insurance schemes for refugees in country. Piloting the proposed scheme is planned for November 2019.

(17) This figure is based on the number of displaced Syrians registered by UNHCR as refugees, equivalent to 919,578 (as of end of September 2019). It is important to note however that all displaced Syrians (Government of Lebanon estimates are of 1,500,000 displaced Syrians in Lebanon), whether registered or non-registered with UNHCR as refugees, are eligible for hospital coverage according to UNHCR Standard Operating Procedures for Referral Care.

(18) The hospitalization rate does not include health interventions done on an outpatient basis such as dialysis.

and follow-ups (including the management of psychiatric emergencies). The sector will encourage training of an equal ratio of female to male staff.

The risks associated with the above-mentioned outputs include decreased funding and consequences of the revised referral care standard operating procedure that imposes a higher patient share on displaced Syrians.<sup>ii19</sup> An additional risk is the lack of interest in the support of expensive services such as dialysis, cancer, thalassemia and others, which could decrease access and contribute to an increase in morbidity and mortality rates. Efforts from Health partners are required to mitigate the associated risks through advocacy for funding, and a strengthened coordination where the available funds equitably target the most urgent needs. An additional mitigation measure would be to increase and strengthen preventive primary care such as vaccinations, antenatal and postnatal care, family planning, early detection and non-communicable diseases programmes so that complications are prevented, and hospital care is not needed.

### **Outcome 3 – Improve outbreak and infectious disease control**

Ensuring that Lebanon has a national surveillance for diseases in place, with emphasis on early warning alerts and response system (EWARS), is essential considering the numerous challenges which exist. The system helps to estimate the number of children dropped out from routine immunization and understand potential health risks associated with environmental degradation, such as water borne diseases, as well as impact of poor WASH conditions in informal settlements. Moreover, it allows the identification of risks associated with acute intoxication by chemicals, pesticides or bacteria (food poisoning). The health system should be reinforced in line with international health regulations requirements, especially for cross-border populations. Additionally, outbreak preparedness and response should be maintained. Outcome 3 will be achieved through the following outputs:

#### **Output 3.1 - The National Early Warning and Response System (EWARS) expanded and reinforced**

The sector will strengthen outbreak control by expanding and building the capacity of the Ministry of Public Health to use the early warning and response system (EWARS)'s. This system provides critical data in a timely manner and helps to inform monitoring, planning and decision-making in any outbreak containment and response. Between 2015 and 2019, support was provided for the development of an information technology (IT) platform (DHIS2) established in around 950 health facilities<sup>20</sup>. In the surveillance strategic framework and plan of action, support will focus on: the harmonization of the health reporting system, the expansion of the national early warning and response system to multidisciplinary stakeholders (such as the ministry of agriculture) and the

(19) UNHCR reported a lower admission rate to hospital care in 2019 compared to 2018 and this is believed to be related to the new referral care SOPs.

(20) Health facilities include: primary healthcare centers, dispensaries and hospitals.

improvement of information flow within the departments of the Ministry of Public Health and between the Ministry and other concerned stakeholders.

The expansion of the national early warning and response system and its decentralization will target all primary healthcare centres within the Ministry of Public Health's network, laboratories and hospitals, as well as the epidemiologic unit at the national level. Priorities for 2020 include the reinforcement of 50 existing surveillance sites and the expansion to 100 new sites. To ensure positive outcomes, staffing and logistical support alongside IT systems, development and equipment is required. In addition, technical support missions, joint trainings for surveillance and response teams, as well as a close monitoring of accuracy, timeliness and completeness of reporting are all needed. The outcome will be measured by the "number of functional/operational early warning and response system centres".

#### **Output 3.2 - Availability of selected contingency supplies ensured**

The sector will ensure that a one-year stock of selected contingency vaccines, emergency medications, laboratory reagents, response kits and personal protective equipment (PPE) for quick and effective response to outbreaks is available and maintained.

#### **Output 3.3 – The National Tuberculosis and AIDS Programmes strengthened**

The Health sector will continue supporting the national tuberculosis programme through: staffing, capacity building, procurement of necessary material, renovation of centres and the procurement of anti-tuberculosis drugs, ancillary medicines and other consumables. By implementing these activities, the Health sector will contribute to preventing, identifying and treating tuberculosis cases which will decrease morbidity and mortality rates. These activities will be mainly measured by the following indicator: "Number of beneficiaries receiving tuberculosis medication through the National Tuberculosis Programme".

As for the National AIDS programme, the sector aims at supporting the development of a protocol for testing which includes screening for HIV and sexually transmitted infections in key population groups, doing confirmatory testing for positive cases and starting Antiretroviral Therapy (ART) for all HIV diagnosed cases as soon as diagnosis is confirmed. This will then lead to dramatic reductions in HIV-associated morbidity and mortality<sup>iii</sup> and to an increase in life expectancy of patients with HIV infection. The related activities will be mainly measured using the following indicator: "Number of beneficiaries receiving Antiretroviral (ARV) medication through the National AIDS Programme".

If the support of the Health sector is not maintained under the above-mentioned outputs, the ability of the country to respond to outbreaks will be jeopardized, which could lead to increased outbreaks, vaccine preventable diseases and subsequent morbidity and

mortality. Hence, the need to: i. maintain the level of support provided to the national surveillance system, ii. increase trust toward public services iii. strengthen the preventive care, and iv. increase outbreak preparedness.

#### **Outcome 4 – Improve adolescent and youth health**

Investments in adolescent and youth health, in parallel with building the capacity of local institutions, community centres and schools, is considered an added value to the community that will have lifelong positive effects on both the individuals and the local institutions. Consequently, outcome 4 will be achieved through the following outputs:

##### **Output 4.1 – School health programme (MoPH/WHO/MEHE) maintained**

The Health sector will continue to support the Ministry of Education and Higher Education/Ministry of Public Health/WHO school health programme which will be expanded to an additional 25 public and 25 semi-private schools and 25 vocational trainings in 2020. Activities within this programme comprise of school health education, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion. Maintaining the school health programme will lead to creating a healthier physical and emotional environment for the adolescent and youth and enhancing the education outcomes which will create a more productive community in the long run. Other activities include the provision of support for the school E-health medical records (procurement of information technology equipment and capacity building) as well as support for the healthy school environmental project. The related output indicator is the "number of new schools adhering to at least one component of the school health program".

##### **Output 4.2 - Access to healthcare information to the most vulnerable adolescent and youth increased**

Marginalized adolescent and youth will be targeted to ensure healthcare information reach out of school, street and working children, young people and adolescents through a gender-sensitive approach. Information will include the adoption of awareness material and outreach methods, the strengthening of referrals of at-risk children to case management agencies and the promotion of other agencies to refer to healthcare providers and the improvement of the reach of vaccinations through tailored vaccination campaigns, mental health and sexual and reproductive health activities. The activities will be measured using the following output indicator: "number of outreach activities / awareness sessions conducted for adolescent and youth on healthcare".

While turnover may be a risk factor associated with the above-mentioned output 4.1, identifying and building the capacity of essential staff remains key to sustain the available services at different levels. The lack of data on out of school children, youth and adolescents is a risk for the programming of output 4.1. Social stigma is another risk to engage adolescents on mental, sexual and

reproductive health issues. A participatory community engaging approach and close coordination with the protection and child protection sectors are needed to increase evidence-based programming and to mitigate the above-mentioned risks. In addition, greater coordination is needed with these sectors to adapt health awareness, information materials and campaign outreach methods to reach working and street children.

In line with the assumptions, associated risks and mitigation measures mentioned at every outcome level, needs prioritization remains vital to ensure a timely response to any funding gap. While the sector will aim to ensure that all activities under the strategy are covered, priority will be given to increasing equitable and inclusive access of vulnerable population to life saving primary and secondary healthcare and to strengthening outbreak prevention and control. In line with LCRP Steering Committee guidance, the Health sector Steering Committee will ensure the alignment of unearmarked funds with key priorities and the underfunded needs of the LCRP. In addition, supplementary research is ongoing<sup>21</sup> for increased evidence-based programming and decision making. This is particularly applicable in the case of developing cost-effective strategies for the provision of subsidized packages of care that are harmonized and complemented to strengthen the national health system.

## Assumptions and risks

In addition to the ones associated with every outcome, assumptions and risks are classified into three main levels: funding, equity and data.

It is assumed that the global community continues to support the Health sector and that support to health system strengthening is increased. There is a risk that weakened global financing for health and the current Lebanese austerity plan may delay or impede health programming.

It is safe to assume that the Health sector remains determined to equitably expand access to health services and information. There is the risk, however, that the focus is on health access and quality for the broad majority, with insufficient attention to equity. Pressures to support health systems without a strong equity focus could exacerbate inequities in both the supply and demand side of accessibility. A key role will be to draw attention to those “left behind” and most marginalized groups, and to review systems and policies not only to achieve better averages, but to become more inclusive and equitable.

Administrative data systems should be able to track access and health outcomes and point to health system gaps. There is a real risk that the available data does not sufficiently disaggregate, preventing the development of measures to reach and support those left behind. Data may not be available, especially on quality, or may

(21) The European Union launched a third party monitoring that will inter alia analyse current programming.

not be sufficiently or systematically used, with limited accountability for results. Supporting the strengthening of health data systems, including staffing and technical support at the national and local level, is required. This comprises support for more disaggregation of data – including information on people with specific needs.

## Identification of sector needs and targets at the individual/HH, community and institutional/physical environment level

The Health sector calculates the number of displaced Syrians in need based on economic vulnerability, whereby data from the 2019 vulnerability assessment of Syrian refugees in Lebanon<sup>iv</sup> indicates that 73 percent of displaced Syrians are living below the poverty line compared to 68 percent in 2018. As such, the number of displaced Syrians in need and targeted by the sector is 1,095,000.

All 27,700 Palestinian refugees from Syria are considered in need and targeted by the Health sector. The number of Palestinian refugees from Lebanon considered in need is based on economic vulnerability data indicating that 65 percent of Palestinian refugees from Lebanon (equal to 117,000) are living below the poverty line. Although 117,000 Palestinian refugees from Lebanon are considered in need, 20,000 are targeted under the LCRP, with the remaining eligible for support through UNRWA.

The Health sector targets 50 percent of the population in need which is equivalent to 750,000 individuals for general health services (vaccination, medication, etc.).

It is important to note that there is a wide array of health services provided by actors outside of the LCRP who, therefore, do not report against the LCRP targets. Solid coordination, consolidation, and exchange of health information is to be strengthened under the LCRP 2020.

## Mainstreaming of accountability to affected populations, protection, conflict sensitivity, age and gender, youth, persons with specific needs and environment

### Conflict sensitivity

The Health sector strategy recognizes that the pressure on healthcare institutions caused by the increased demand for services is a potential source of conflict. In addition, the differences in out-of-pocket expenses for primary healthcare between vulnerable Lebanese and displaced Syrians remains a source of tension. To address this, efforts are geared towards strengthening the Ministry of Public Health nationally and regionally,

## Sector needs and targets 2020

Population Cohort	Total Population in Need	Targeted Population	No. of Female	No. of Male	No. of Children (0-17)	No. of Adolescent (10-17)	No. of Youth (18-24)
Lebanese	1,500,000	750,000	372,750	376,969	233,625	122,550	
Displaced Syrians	1,095,000	1,095,000	562,830	532,170	588,015	211,335	
Palestine Refugees from Syria	27,700	27,700	14,349	13,351	11,171	4,770	
Palestine Refugees in Lebanon	117,000	20,000	9,920	10,080	6,956	3,056	
<b>GRAND TOTAL</b>	<b>2,739,700</b>	<b>1,893,000</b>	<b>960,000</b>	<b>933,000</b>	<b>840,000</b>	<b>342,000</b>	

Type of Institutions	Total	Targeted
MEHE/ Schools	1232	1275
MoPH	1	1
MoPH/ PHC	234	234
MoPH/ SHC, THC, Hospitals	128	40
MoSA/ SDCs	233	10

as well as the primary healthcare system overall and the Ministry of Social Affairs' social development centres, to deal with the increased burden on the system and to ensure continued access for vulnerable Lebanese.

### Protection, gender-based violence, gender, youth and accountability for affected populations

In 2020, the Health sector will continue efforts to strengthen the mainstreaming of core protection principles: 'meaningful access without discrimination', 'safety, dignity and do-no-harm', 'accountability' and 'participation and empowerment' within the sector's strategy.

In 2019, the health sector conducted a Protection Risk Analysis in each regional field office to identify protection risks and barriers faced by different age, gender and diversity groups in accessing quality and accountable healthcare. Mitigation measures to address these barriers have been designed and will be implemented by the sector in 2020. To fulfil these commitments the Health sector will work closely with the Protection sector including the Child Protection and sexual and gender-based violence sub-working groups and other cross-cutting mainstreaming focal points over the course of 2020.

### Referrals

The health sector will review and adapt the Inter-Agency minimum standard for referrals and train healthcare staff to ensure they are aware of these steps and what they are accountable for. The health sector will work on the establishment of a reporting system for partners to report and track referrals conducted by other service providers and will make sure to update the health

service mapping as well as to share other sectors service mapping with healthcare providers.

### Addressing barriers due to legal status and civil status documentation

The health sector will support advocacy efforts by the protection sector on legal status. This is with the aim of reducing risks associated with the lack of legal residency for men and women when accessing health services. In particular, advocacy efforts will be made to ensure that secondary healthcare facilities do not confiscate identification documents, which can place displaced Syrians at increased harm due to the risk of arrest, detention and deportation and restricts overall movement to and from services. In the same way, the health sector recognises stateless persons and undocumented refugees have an inherent right to access health services, and therefore access to primary and secondary healthcare services will be permitted for those with and without civil status documentation or identification papers.

### Gender-based violence

The health sector will work closely with the sexual and gender-based violence (SGBV) sub-working groups to build capacity on how to provide clinical care for survivors of sexual abuse (CCSAS) and other forms of SGBV at primary and secondary healthcare levels on the identification, referral and management of SGBV cases. This will require regularly updated and known-referral pathways between SGBV and health service providers, including having focal points in hospitals followed by an SGBV case worker.

## Gender

Acceptability barriers will also be tackled, including social stigma, mainly gynaecologic health seeking behaviours for adolescent girls. The sector will aim for a female gynaecologist to be available in each health facility.

Pregnant women often cannot pay for their deliveries, which can lead to their babies being retained in incubators and not returned to the mother until the bill is paid. In addition, pregnant women are not fast-tracked for delivery appointments at hospitals. This is a barrier to safe and dignified delivery. Mothers are often unfamiliar with the system and call for appointments late. This means there are often no available delivery spaces, and the mother gives birth at home with an uncertified midwife, which puts her at risk if there are birth complications. This also means the newborn does not have a birth notification and therefore, the birth cannot be registered at the personal status department.

## Youth and at-risk children

The 2017-2020 Health sector strategy aims to contribute to improvements in youth health (14-25 years), recognizing that the population in the 20-24 age brackets has a considerable higher percentage of women.<sup>v</sup> The sector will target youth by promoting healthy practices through outreach activities from primary healthcare centres. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can jeopardize youth health and result in long-term implications. The 2016 Global Health School Surveys reported high rates of substance use (tobacco and alcohol) and mental health conditions (bullying and suicide ideation) among youth.<sup>vi</sup> The sector will also target youth through public schools and community centres adhering to the School Health Programme. Knowledge and access of street and working children and adolescent girls and boys to healthcare will be increased through targeted awareness sessions and inclusive health programming notably through out-of-school vaccination campaigns.

## Persons with disability

Many of the Ministry of Public Health's primary healthcare centres and dispensaries are not currently accessible to persons with physical disabilities. This is gradually being addressed by the accreditation process. Moreover, in several healthcare centres, financial support/subsidies to cover the cost of laboratory and diagnostics tests is provided to people with disabilities. Specialized NGOs also provide physical therapy to people with disabilities in addition to rehabilitative support, prosthetic and orthotic devices, hearing aids and eye glasses.

## Environment

Lack of safe water, poor wastewater management, solid and medical waste management, hygiene and living conditions and unsafe food, all influence the incidence and spread of communicable and non-communicable diseases. Lebanon has been struggling with a national waste management crisis since 2015. This is dealt with

by the multidisciplinary national committee for waste management in coordination mostly with the WASH sector. The Health sector strategy focuses on providing technical advice to the WASH sector, supporting the Ministry of Public Health in managing medical waste and strengthening disease surveillance systems to contribute to improved outbreak control and to the shelter sector in what is related to health concerns in light of bad shelter conditions and ongoing hard structure dismantlement. The Health sector commits to adhere to the environmental markers procedure when implementing activities that might have any negative environmental risks.

## Endnotes

- i. Lebanon, Ministry of Public Health (2016)-*Health Response Strategy*: <http://www.moph.gov.lb/en/Pages/9/3447/health-response-strategy>.
- ii. UNHCR (2018), Referral Care SOPs.
- iii. CDC (2017), Benefits and Risks of Antiretroviral Therapy.
- iv. UNHCR, UNICEF, WFP (2019), *VASyR 2019*.
- v. UNHCR, UNICEF, WFP (2016), *VASyR 2016*.
- vi. Lebanon, Ministry of Education and Higher Education, Ministry of Public Health, CDC, WHO (2016), *Lebanon 2016 Global School-based Student Health Survey (GSHS)*.

## Sector Logframe

## Outcome 1: Improve access to comprehensive primary healthcare (PHC)

Indicator 1	Description	Means of Verification	Unit	Frequency
Percentage of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL) accessing primary healthcare services.	Number of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL) accessing primary healthcare services out of those who report needing primary healthcare services	Vulnerability Assessment of Syrian Refugees (VASyR) UNHCR Health Access and Utilization Survey (HAUS) Ministry of Public Health (MoPH) Health Information System (HIS) UNRWA Assessments UNRWA Health Information System	Percentage	Yearly

 Lebanese				 Displaced Syrians				 Palestinian Refugees from Syria (PRS)				 Palestinian Refugees from Lebanon (PRL)			
Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020
			100%				100%				100%				100%

Indicator 2	Description	Means of Verification	Unit	Frequency
Percentage of vaccination coverage among children under 5 residing in Lebanon		MoPH/WHO Expanded Programme on Immunization (EPI) Cluster survey	Percentage	Yearly

 Lebanese				 Displaced Syrians				 Palestinian Refugees from Syria (PRS)				 Palestinian Refugees from Lebanon (PRL)			
Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020
			100%				100%				100%				100%

## Outcome 2: Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory &amp; radiology care)

Indicator 1	Description	Means of Verification	Unit	Frequency
Percentage of displaced Syrians, Lebanese, PRS and PRL admitted for hospitalization per year	Number of displaced Syrians, Lebanese, PRS and PRL admitted for hospitalization per year over total population	Measurements/tools: MoPH Hospital data, UNHCR Annual Referral Care Report, UNRWA Hospitalisation data Responsibility: MoPH, UNHCR, UNRWA	Percentage	Yearly

 Lebanese				 Displaced Syrians				 Palestinian Refugees from Syria (PRS)				 Palestinian Refugees from Lebanon (PRL)			
Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020
12%	N/A	N/A	N/A	7%	9%	12%	12%	12%	12%	12%	12%	12%	1%	12%	12%

### Outcome 3: Improve outbreak and infectious diseases control

Indicator 1	Description	Means of Verification	Unit	Frequency
Number of functional EWARS centers	Functional EWARS centers are those that report through the EWARS system Baseline: 50 Target 2020: 1,000 cumulative	MoV: - MoPH periodical bulletins and alerts on website - MoPH list of EWARS functional centers every 6 months Responsibility: MoPH, WHO	Functional EWARS centers	Yearly

 Lebanese				 Displaced Syrians				 Palestinian Refugees from Syria (PRS)				 Palestinian Refugees from Lebanon (PRL)			
Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020

 Institutions			
Baseline:	Result 2018	Result 2019	Target 2020
50	656		1,000

### Outcome 4: Improve adolescent & youth health

Indicator 1	Description	Means of Verification	Unit	Frequency
Prevalence of behavioural risk factors and protective factors in 10 key areas among young people aged 13 to 17 years.	The 10 key areas are: Alcohol use, Dietary behaviours, Drug use, Hygiene, Mental health, Physical activity, Protective factors, Sexual behaviours, Tobacco use and Violence and unintentional injury.	WHO Global school-based student health survey (GSHS) to be issued in 2021	Percent	Every 5 years

 Lebanese				 Displaced Syrians				 Palestinian Refugees from Syria (PRS)				 Palestinian Refugees from Lebanon (PRL)			
Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020	Baseline:	Result 2018	Result 2019	Target 2020

 Institutions			
Baseline:	Result 2018	Result 2019	Target 2020
78%	94%		



WHO staff Edwina Zoghbi talking with Syrian refugees in Bekaa - Photo Credit: WHO, Gonzalo Bell, 31/07/2019.