

Lebanon : Health Systems Profile

Key health system indicators

Health status

Life expectancy at birth in years	total	82
Adult mortality rate (probability of dying between 15 and 60 years) per 1000 population	males	148
	females	99
	total	122

Communicable diseases

Tuberculosis notification rate per 100 000	14
Incidence rate of malaria per 1000 population	...
Estimated number of people living with HIV	2900

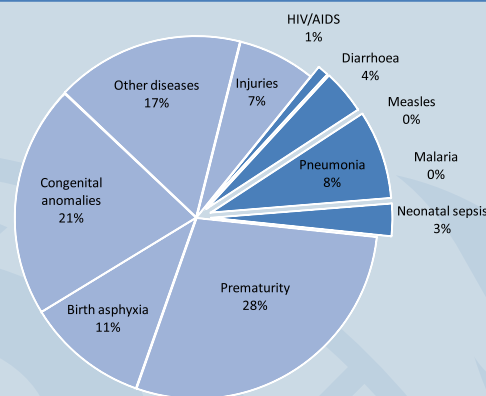
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	46	31	39
Physical inactivity	51.9 [48.5-55.2]	41.7 [38.8-44.7]	46.8 [44.6-49.0]

Metabolic risk factors

2008 estimated prevalence (%)	males	females	total
Raised blood pressure	33.9 [25.8-42.4]	26.1 [19.2-33.4]	29.8 [24.4-35.3]
Raised blood glucose	13.0 [6.4-22.1]	11.0 [5.1-18.9]	11.9 [7.3-17.8]
Overweight	67.0 [62.8-70.9]	58.7 [53.6-63.8]	62.8 [59.5-66.0]
Obesity	26.4 [22.8-29.9]	29.7 [25.2-34.3]	28.2 [25.3-31.2]
Raised cholesterol	41.0 [20.0-65.9]	47.0 [23.1-71.1]	44.2 [27.8-61.0]

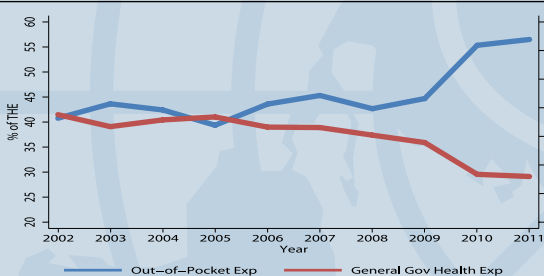
Distribution of causes of death among children aged <5 years (%)



Communicable diseases are estimated to account for 16% of all deaths among children aged <5 years

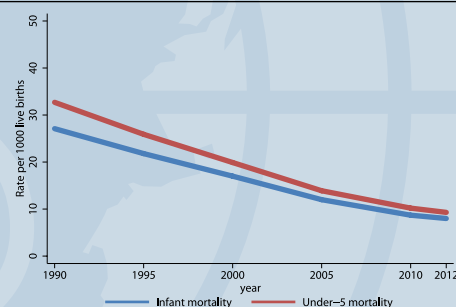
Expenditure and mortality trends

Health finance



The general government expenditure on health as % of Gross Domestic Product (GDP)
The out-of-pocket expenditure as % of Total Health Expenditure (THE)

Infant and under 5 mortality rates per 1000 live births



Health system: governance

Existence of a national health strategy/strategic plan and time frame	Yes (2007-2012)
Annual publication/dissemination of ministry of performance report	Yes
High level multisectoral advisory council for health available	No

Health system: information

Functioning civil registration and vital statistics

Percentage of births registered	>90
Percentage of causes of death recorded	...
Year most recent use of ICD in mortality classification reported	Not used
Year most recent annual health statistics report published	2011

Health system: health workforce

Health workforce per 10 000 population (2011)	
Physicians	36.5
Nurses/midwives	29.1
Dentists	12.7
Pharmacists	18.6
Health professions education institutions	
Medical	...
Nursing	...
Percentage of doctors working in rural settings	...

Health system: service provision

Infrastructure	
Primary health care facilities per 10 000 population	2.3
Hospital beds per 10 000 population	34.5
Service delivery	
Access to local health services (%)	...
Contraceptive prevalence (%)	53.7
Antenatal care visits (4+ visits) (%)	71
Measles immunization coverage among 1-year-olds (%)	98
Smear-positive tuberculosis treatment success (%)	80
Number of tobacco (m)POWER measures implemented at the highest level of achievement	3/5

Health system: finance

National health accounts conducted (number of rounds; last reference year(s))	(3; 2009)
General government expenditure on health as % of GDP (2011)	1.6
Out-of-pocket expenditure as % of total health expenditure (2011)	56.5
General government expenditure on health as % of total government expenditure (2011)	5.8

Health system: technology

Existence and year of last update of published essential medicines list (EML)	Yes (2010)
Existence of a functional national regulatory authority (NRA)	Yes (medicines)
Number of MRI/CT scanners (in public facilities) per million population	9.5 / 29

Health System Strengths, Weaknesses, Opportunities, Challenges, and Priorities

Strengths	Weaknesses
<ul style="list-style-type: none"> • Highly trained and capable health workforce covering almost all cadres available in the country • Formidable presence of different health professionals' associations, orders, syndicates and civil society that are willing to collaborate and partner with the public sector • Strong Ministry of Public Health networking capacity with nongovernmental organizations and the private-for-profit sector as is clear in the case of the primary health care network • Despite the gloomy economic picture and limited environmental policies, Lebanon has achieved tremendous improvement in its health indicators • Health spending reaching almost 8% of GDP with noted success in reducing the share of out of pocket spending on health • Wellfunctioning good governance in medicine programme developed with support of WHO • Large number of institutions with good capacity in training in public health and clinical disciplines • Extensive experience gained from Ministry of Public Health and WHO collaboration in emergency-related programmes such as risk mitigation and emergency preparedness 	<ul style="list-style-type: none"> • Successive crises have shifted the focus on emergency-related health programmes rather than normal public health ones • Despite adequate allocation of funds to health, they are skewed towards curative tertiary care, and the high level of catastrophic health expenditure remains a concern • Insufficient public sector investment in primary health care that relies heavily on a network of non-public and public facilities with variation in range of services provided • Theqadaa(district) health system is weak with limited capacity and resources to improve the population's health • Unregulated and rapid growth of the private-for-profit, high technology health sector with limited government capacity to control • High political turnover which has led to high turnover of programme managers has exerted a negative influence on the sustainability of some programmes and the initiation of new ones • System of performance assessment and incentives for civil servants has not been developed or implemented • The lack of trust in the security situation and the economic crisis continue to drain the country of its working population and new graduates, which limits capacity-building and human resource development
Opportunities	Challenges
<ul style="list-style-type: none"> • Ongoing health reform is an opportunity for the Ministry of Public Health to regain the stewardship of the health sector • Government's renewed commitment to adequate investment and expenditure on health • Large number of nongovernmental organizations active in health and social welfare can lead to integrated collaborations and partnerships towards common health goals • Large number of health facilities • Presence of large numbers of bilateral and potential funding agencies for attracting more capital and technical assistance can be of added value if they are more strategic and focus on fewer priority areas • There is a large number of health professionals outside the country with potential for their support to the sector 	<ul style="list-style-type: none"> • Continued turmoil and political instability does not support long-term planning in health • Slow progress towards rebuilding civil institutions and implementing economic reform • Development of a robust regulatory capacity of the Ministry of Public Health in the face of a dominant and expanding private sector • Implementation of a health sector reform that focuses on primary health care and addresses all health-related areas • Development of multisectoral collaboration mechanisms to strengthen already built health programmes and help address newly emerging health challenges like noncommunicable diseases • Need to develop policies and incentive schemes to reduce migration and retain of qualified and capable staff within the system • Need to strengthen health information systems including civil registration and vital statistics and promote their better use in decision-making
Priorities	
<ul style="list-style-type: none"> • Develop a long-term vision, strategy and roadmap for the health sector in Lebanon that ensures achievement of universal health coverage • Reinforce health system delivery through revitalization of primary health care and strengthening of the role of public hospitals • Strengthen the capacity of the Ministry of Public Health to harness the contribution of the private sector through effective regulation, well designed contractual arrangements and attractive incentive schemes for better health outcomes • Develop a system of incentive-based schemes for public sector employees to ensure retention, motivation and good performance • Strengthen the role of the Ministry of Public Health as principal steward by establishing a multisectoral mechanism in order to effectively engage with all partners and stakeholders in the health sector • Strengthen and integrate health information systems and surveillance, including civil registration and vital statistics, for better informed decisions and planning 	

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