

# ANNUAL REPORT 2020

LEVERAGING EMERGENCY HEALTH SUPPORT  
FOR HEALTH SYSTEM DEVELOPMENT







World Health  
Organization  
Lebanon

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# ACRONYMS AND ABBREVIATIONS

AFP	acute flaccid paralysis	IHR	International Health Regulations
AMR	antimicrobial resistance	LMS	Logistics and Management System
AUB	American University of Beirut	NCDs	noncommunicable diseases
CERF	Central Emergency Response Fund	PHC	primary health care
DHIS2	District Health Information System 2	SDG	Sustainable Development Goal
ECHO	European Civil Protection and Humanitarian Aid Operations	UHC	universal health coverage
EU	European Union	YMCA	Young Men's Christian Association
EWARS	Early Warning, Alert and Response System	WHO	World Health Organization



# FOREWORD



Lebanon has been struggling with the consequences of an unprecedented fiscal and economic crisis and political instability since late 2019, in addition to the protracted Syrian crisis, with an ongoing rise in humanitarian needs.

In February 2020, Lebanon reported its first coronavirus (COVID-19) case, and a subsequent surge in cases and health needs further burdened the already stretched health care system, which struggled to cope with rising demand. The massive Beirut Port explosions that struck the city on 4 August 2020 came at a tough time for Lebanon, while it was not only trying to control the spread of COVID-19 but also challenged with ongoing multifaceted crises, including a protracted Syrian refugee crisis and a severe and unprecedented financial

and sociopolitical crisis with deleterious repercussions on the country's economy. While the health system was already working at the limits of its capacity, the explosion further shook it, putting 500 hospital beds out of order for almost one year, and partially or completely destroying more than 50 primary health care (PHC) centres. The city's infrastructure, particularly water and sanitation and housing, were severely affected. The explosion left thousands injured and hundreds of thousands displaced, with the already overlapping emergencies pushing the population into poverty and further impairing their capacity to cope, leaving many vulnerable Lebanese and refugees on the brink of being able to secure a livelihood.

Despite the general instability, the country was able to sustain continued access for vulnerable populations to PHC and maintain low levels of maternal and child mortality in addition to a polio-free status. Interventions such as strengthening the capacities of public health systems were accelerated. WHO support focused on filling critical gaps in the complex crisis response and bridging it to the development of the health system capacity and infrastructure, in line with the UN humanitarian-development nexus.

We thank our donors for their generous support and contributions, the Ministry of Public Health for its strong commitment, and all health partners for their involvement and sustained solidarity. Through timely response and work around the clock, WHO was able to support the health sector against all odds.

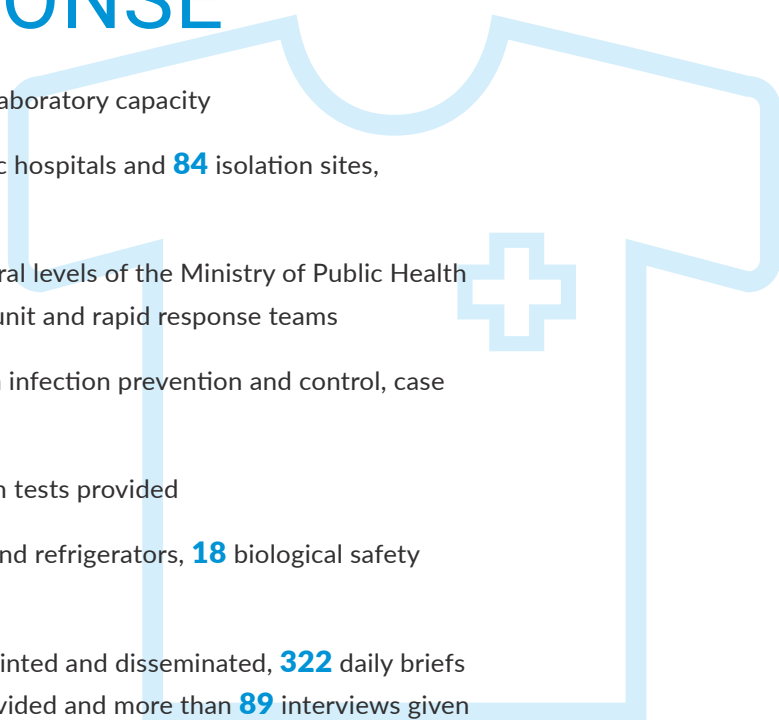
Lebanon will remain irrepressible, setting an example of a resilient community and a health system that continues to build back better in the face of all hardships. We should ensure sustained support and solidarity to effectively deliver health care services to everyone in both the short and longer term.

*Dr Iman Shankiti*  
WHO Representative to Lebanon

# THE YEAR'S HIGHLIGHTS

## COVID-19 RESPONSE

- **12** public hospitals with upgraded ICU and laboratory capacity
- **302** nurses recruited to fill gaps in **12** public hospitals and **84** isolation sites, representing **11 419** nurse days
- **21** staff recruited at the central and peripheral levels of the Ministry of Public Health to support the epidemiological surveillance unit and rapid response teams
- **2 233** health and non-health staff trained in infection prevention and control, case management and rapid response
- **300 000** RT-PCR and **80 000** rapid antigen tests provided
- **12** PCR machines, **16** blood bank freezers and refrigerators, **18** biological safety cabinets and **1** 80°C freezer provided
- More than **650 000** awareness materials printed and disseminated, **322** daily briefs covering COVID-19 updates in Lebanon provided and more than **89** interviews given across media
- **3 094 750** surgical masks, **417 414** N95 masks, **246 508** boxes of gloves, **281 357** gowns and coveralls, **71 360** goggles provided
- **28** medical labs performing COVID-19 tests passed the WHO supported external quality assurance tests
- **5** hospitals participated in a global Solidarity Trial
- Clinical management capacity increased through procurement of **105** oxygen concentrators, **19** ventilators, **45** syringe and suction pumps, **9** portable X-ray machines, **55** oximeters, tensiometers and thermometers to support isolation sites







## BEIRUT PORT EXPLOSIONS

- **72** tons of medical kits and surgical kits provided
- Central warehouse plans for reconstruction and modernization
- **850** children with cancer and **2 000** patients with renal dialysis provided with medication and necessary supplies

## MAINTENANCE OF ESSENTIAL HEALTH SERVICES

- **228 146** patients supported with NCDs medication at **450** PHC centres
- **350 000** patients supported with acute medications at PHC centres
- More than **2 000** health staff trained in thematic health care and surveillance
- **9 000** haemodialysis sessions at **10** governmental hospitals supported through procurement of supplies

## INNOVATION IN QUALITY OF CARE

- **5** university hospitals “twinned” with **5** public hospitals for training and coaching and quality care management improvement for ICU COVID-19 patients



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# COUNTRY OVERVIEW

The year 2020 was marked by a severe economic, sociopolitical, security and health crisis. The rapid devaluation of the Lebanese pound against the US dollar caused a rapid economic deterioration across the country, along with repeated social upheaval and exacerbated political cleavage. Moreover, the chronic Syrian crisis, the flare up of the COVID-19 outbreak and the Beirut Port explosions put further strain on the already heavily stressed health care system. The unemployment rate is rising, pushing more than half the population into poverty by end of 2020.<sup>1</sup> Lebanon continues to be the country with the highest per capita number of refugees worldwide, increasing its population density to 650/km<sup>2</sup>. As a consequence, accelerated environmental degradation and the threat of outbreaks constitute significant health risks in Lebanon.

The population of Lebanon was estimated to be anywhere between 5.2 and 6.8 million in 2020 as there is no recent census to rely on nor accurate figures on Lebanese migration, which accelerated during 2020. However, most stakeholders agree that 30–35% of the resident population in the country comprises refugees (Syrians and Palestinians) and migrant workers.<sup>2</sup> The country's demographic context is rapidly changing, as the fertility rate among refugees is almost double that of Lebanese, which presents a particular challenge in terms of maternal and child health, as most refugees are women or children.

Unemployment rates have surged past 40% of the workforce in 2020, with the average inflation rate reaching a staggering 85% compounded by a decline in the value of the Lebanese pound.<sup>3</sup> The United Nations and the World Bank estimated that more than 55% of Lebanese and around 89% of refugees were living below the poverty line in 2020.<sup>4</sup> With the current economic downturn, hyperinflation, loss of livelihoods, and rising food insecurity in the country, many Lebanese are sinking further into poverty and vulnerability.

The strain on the country's socioeconomic and political situation remains substantial, as Lebanon continues to be impacted by the protracted Syrian crisis and currently compounded by the deteriorating economic and fiscal crisis, the COVID-19 pandemic and the aftermath of the Beirut Port explosions of mid-2020, exacerbating pre-existing crises and posing chronic challenges.

<sup>1</sup> Lebanon Economic Monitor (2021) <https://documents1.worldbank.org/curated/en/394741622469174252/pdf/Lebanon-Economic-Monitor-Lebanon-Sinking-to-the-Top-3.pdf>

<sup>2</sup> Operational data portal: refugee situations [website]. Geneva: United Nations High Commissioner for Refugees (UNHCR); 2021 <https://data2.unhcr.org/en/situations/syria/location/71>, accessed August 2021

<sup>3</sup> Key indicators [website]. Central Administration of Statistics; 2020 <http://www.cas.gov.lb/index.php/key-indicators-en>, accessed August 2021

<sup>4</sup> World Bank Group, United Nations, and European Union. (2020). Lebanon Reform, Recovery, and Reconstruction Framework. <https://documents1.worldbank.org/curated/en/948021607068524180/pdf/Lebanon-Reform-Recovery-and-Reconstruction-Framework-3RF.pdf>  
UNHCR, UNICEF, & WFP. (2020). Vulnerability Assessment of Syrian Refugees in Lebanon. <https://reliefweb.int/sites/reliefweb.int/files/resources/VASyR%202020.pdf>



The prevalence of noncommunicable diseases (NCDs) in Lebanon is relatively high, with around 35% of the adult population suffering from hypertension<sup>1</sup> and an obvious increased need for care for mental health conditions. NCDs account for 91% of mortality in the general population, with cardiovascular diseases being the top cause of death followed by cancers (47% and 16%, respectively),<sup>2</sup> and increased rates of suicide. Data from the Internal Security Forces show that a total of 147 people died from suicide in 2020, a figure that is believed to be an underestimate. However, infectious and communicable diseases including vaccine-preventable diseases also remain prevalent among the population,<sup>3</sup> which keeps Lebanon in epidemiological transition. There is a significant threat of worsened health risks and outbreaks in Lebanon considering the impact on essential public services, overburdened health systems and degradation in urban services. Nevertheless, Lebanon is characterized by a low burden of tuberculosis and HIV, despite the increase in incidence rate through the years.

**Table 1. Population health indicators (Ministry of Public Health, December 2021)**

INDICATOR	2020 VALUE
Number of maternal deaths	16
Under-5 mortality rate (per 1 000 live births)	10.66
Infant mortality rate (per 1 000 live births)	5.72
Tuberculosis (incidence by 100 000)	13
HIV prevalence	0.1%

<sup>1</sup> Lebanon Ministry of Public Health and World Health Organization. (2017) WHO STEPwise Approach for Non-Communicable Diseases Risk Factor Surveillance [https://www.who.int/ncds/surveillance/steps/Lebanon\\_STEPS\\_report\\_2016-2017.pdf?ua=1](https://www.who.int/ncds/surveillance/steps/Lebanon_STEPS_report_2016-2017.pdf?ua=1)

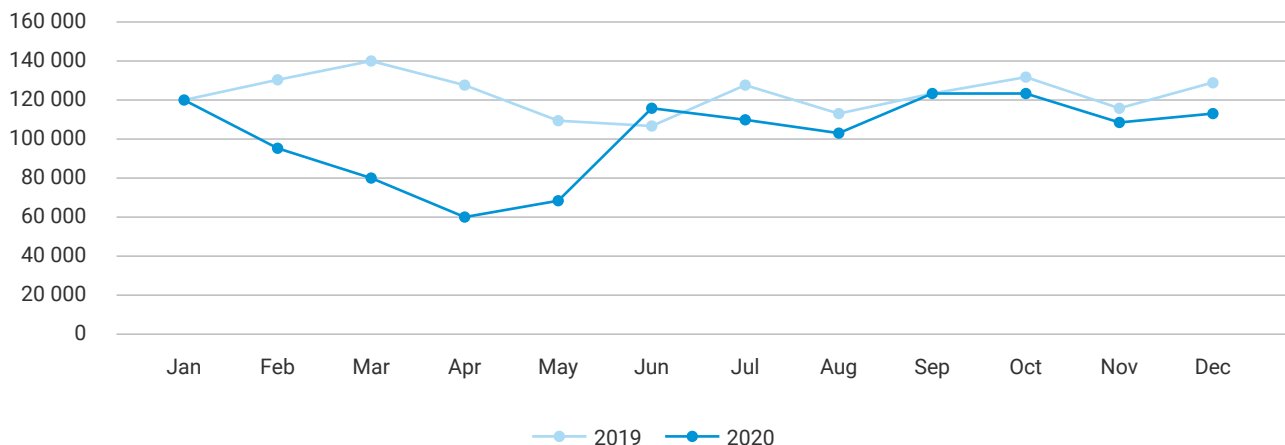
<sup>2</sup> Noncommunicable diseases country profiles 2018 (Lebanon). Geneva: World Health Organization; 2018 [https://www.who.int/nmh/countries/lbn\\_en.pdf](https://www.who.int/nmh/countries/lbn_en.pdf), accessed August 2021

<sup>3</sup> Ministry of Public Health, Lebanon. (2020). General surveillance data: Current year. <https://www.moph.gov.lb/en/Pages/2/194/surveillance-data#/en/view/195/general-surveillance-data-current-year>

## ACCESS TO HEALTH CARE

The overall country context heavily affected access to health care. Repeated lockdowns in response to COVID-19, security restrictions and the decreased purchasing power of various population groups all led to irregular access to health care, as shown in Figs. 1 and 2.

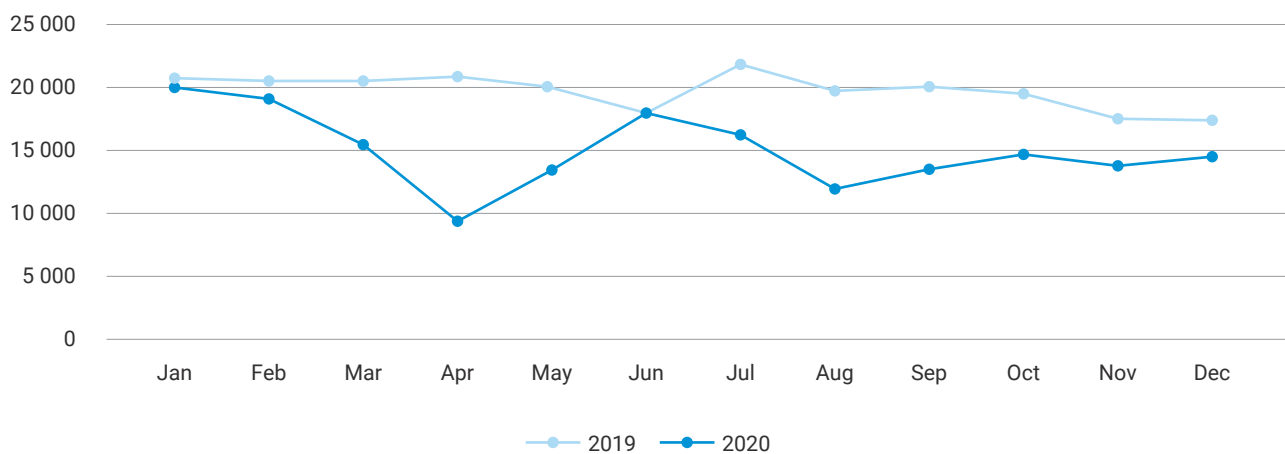
**Fig. 1. Number of PHC beneficiaries for basic services (Ministry of Public Health network), 2019–2020**



Source: Ministry of Public Health

\*Main services are consultations provided by a general practitioner, family physician, paediatrician, gynaecologist/midwife, endocrinologist, cardiologist, mental health practitioner or dentist

**Fig. 2. Number of hospital admissions of patients in government facilities, 2019–2020**



# OVERVIEW OF FUNDING IN 2020

The funding overview below takes into account the funding needs for the COVID-19 response as well as the requirements of the Beirut Port explosions strategic response plan. The timeframe for the COVID-19 funding pillar is from February 2020 to December 2021 and it covers both the COVID-19 strategic preparedness response plan and the Global humanitarian response plan for COVID-19.

## TOTAL BUDGET RECEIVED BY WHO FOR 2020

# US\$ 65 150 751

Table 2. Breakdown by area of work

AREA	FUNDING (US\$)
Strategic pillar 1	1 362 778
Strategic pillar 2	369 052
Strategic pillar 3	375 160
Corporate function 4	35 400
Operational support (corporate activities/enabling functions)	172 400
COVID-19	30 144 035
Beirut port explosions	8 426 640
Pandemic Influenza preparedness (special programme)	205 000
Emergency funding	24 060 286

Table 3. Breakdown by funding sources

AREA OF WORK	MAIN DONORS
HIV/AIDS	Global Fund (through the Middle East Response 2)
Beirut port explosions	European Civil Protection and Humanitarian Aid Operations (ECHO), Central Emergency Response Fund (CERF), in-kind contributions from United Kingdom Department for International Development (DFID), Italy, Irish Aid and Russia
COVID-19	European Union (EU), CERF, German Development Bank, Germany, State of Kuwait, DFID, World Bank
Health system strengthening and access to medications	EU through the DG for Neighbourhood and Enlargement Negotiations (NEAR), European Commission, CERF, Government of Japan, State of Kuwait
Health strategy, civil registration and vital statistics, SDGs	DG for International Cooperation and Development (DEVCO), European Commission
Noncommunicable diseases and mental health	Agence Française de Développement (AFD), Ministry of Foreign Affairs of Norway

# WHO LEBANON OPERATIONAL PRESENCE

The WHO Lebanon country team was expanded in 2020 to include a total of one international staff member (the WHO representative) and a team of 29 national members addressing different technical areas including health systems/universal health coverage, emergency response and IHR, mental health, SDGs, pharmaceuticals, surveillance, polio/AFP, environmental health, gender and protection as well as operational functions including procurement, human resources, budget and finance, administrative services, information technology, logistics in addition to communication and resource mobilization.

The Lebanon country team focused on the following main objectives:

- Leading coordination of the health sector response
- Better positioning health in United Nations debates and decisions, and advocating for health in the humanitarian agenda
- Providing support to strengthen the health system towards universal health coverage
- Providing technical assistance on key public health issues
- Providing timely, up-to-date information on health trends, health systems and needs and response
- Preventing, detecting and responding rapidly to infectious disease outbreaks.

# WHO LEBANON HEALTH SECTOR LEADERSHIP

WHO reaffirmed its leadership among health stakeholders in Lebanon, becoming officially designated as country lead for the UN COVID-19 Joint Response Plan. In particular, WHO Country Office team members acted as:

- representative of the UN in the national task force for COVID-19 response coordination in the Prime Minister's Office;
- lead for pillars 3, 4, 5, 6, 7, 8 and 9 and co-lead for pillar 2 in the COVID-19 strategic response plan;
- country coordinator for UN medical evacuation for COVID-19 cases;
- lead of the central health working group for the Lebanon Crisis Response Plan (LCRP) and member and health focal point in the LCRP regional working groups and subgroups (health, WASH, mental health and psychosocial support (MHPSS), gender-based violence, protection);
- lead in the UN Core Operational group for the health sector;





- member of the working group for the health component in the 3 RF (Beirut Port Explosions Reform, Recovery and Reconstruction Framework);
- member of the standing committee on infectious diseases;
- member of the national COVID-19 consultative committee;
- member of the prison COVID-19 task force;
- member of UN working groups on data and statistics, socioeconomic assessment and the social safety net, among others;
- member of the PHC task force on subsidized packages of care;
- coordinator of the health component in the UN Strategic Framework;
- co-Chair and member of the Operations Management Team; and
- Chair of the Human Resources Business Operations Strategy Working Group.

Following the Beirut Port explosions, WHO established an emergency health sector coordination structure to align the health response efforts. The health sector functions as part of the Emergency Operations Centre (EOC) under the leadership of the Resident Coordinator/Humanitarian Coordinator. Given the convergence of the dual emergencies of the Beirut Port Explosions and the ongoing COVID-19 pandemic, the EOC health sector quickly consolidated the pre-existing COVID-19 response pillars for surveillance, points of entry, laboratories, IPC, case management, procurement, logistics and transportation, and, later, vaccines, under a common structure. Co-chaired by Amel – a national NGO – and comprising more than 40 organizations including national and international NGOs, UN agencies, donors and the Ministry of Public Health, the health sector met weekly to coordinate COVID-19 response activities under the 2020 Lebanon Emergency Appeal and Beirut Port Explosions response activities under the 2020 Flash Appeal for Lebanon.

*Looking ahead in 2021, the health sector is developing an emergency humanitarian response plan for health to complement the existing LCRP framework. Specific focus will be placed upon continuing and expanding the COVID-19 response, inclusive of roll-out of COVID-19 vaccines, unmet needs of vulnerable Lebanese and migrant populations, and cross-cutting enabling functions that support service delivery. Additionally, the health sector is developing a series of dashboards to capture elements of the national COVID-19 response.*



## WHO SUPPORT FOR COVID-19 RESPONSE IN LEBANON

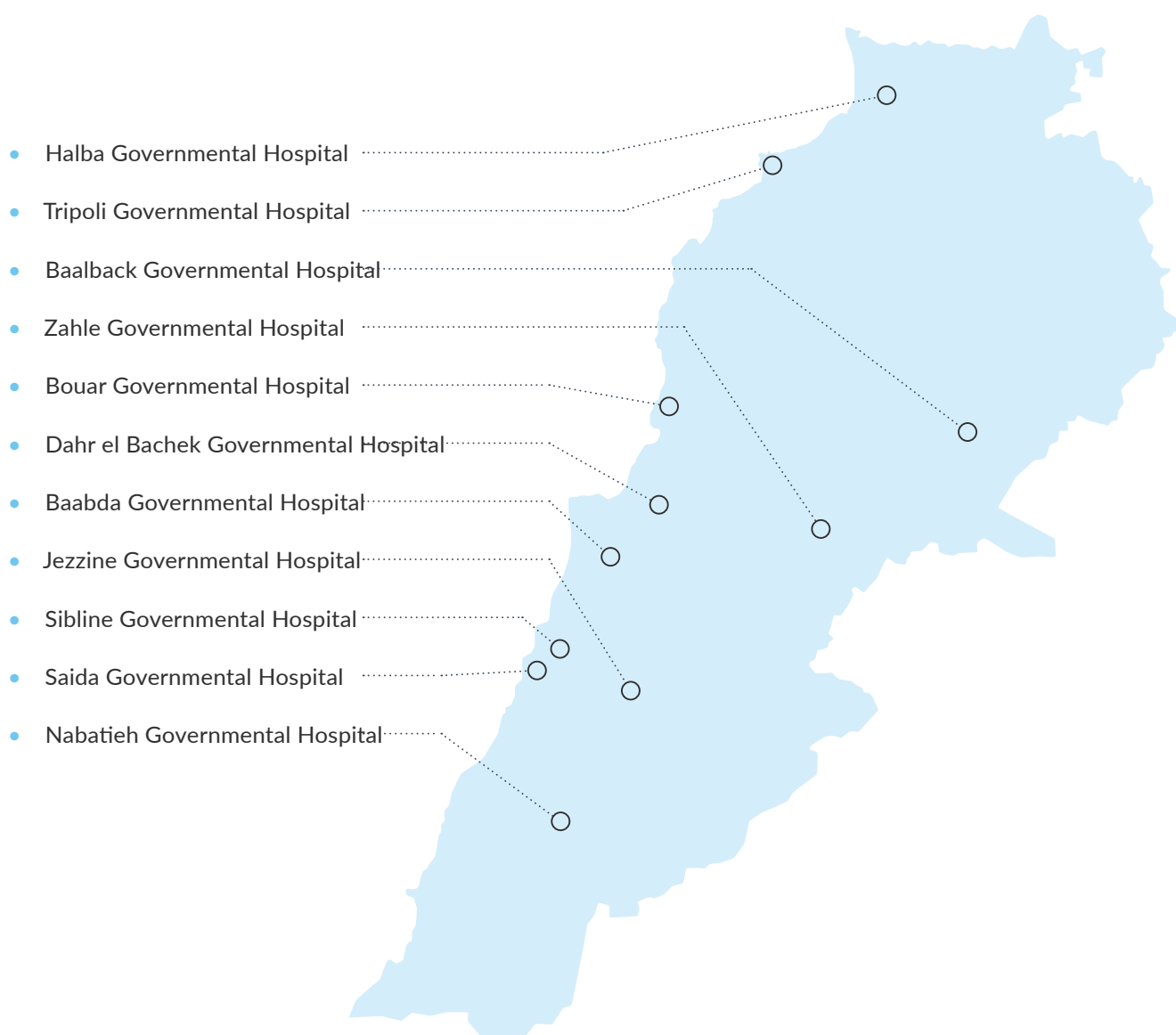
As part of the strategic preparedness and response plan for COVID-19, and in coordination with the Government of Lebanon, the Ministry of Public Health and partners, WHO Lebanon played a crucial role in supporting the Lebanese health system to respond to the pandemic and mitigate its impact on communities' health care workers and the health system at large.

# RESPONDING TO ACUTE NEEDS FOR COVID-19 PATIENT CARE

WHO was able to expand the capacity of the public hospitals for case management as well as for diagnosis. WHO support was based on detailed needs assessment in terms of bed and ICU capacity, human resource availability and the quality and safety of care.

## UPGRADING THE INFRASTRUCTURE CAPACITY OF PUBLIC HOSPITALS IN THE RESPONSE TO COVID-19

To respond to the increasing need for hospitalization of COVID-19 patients, WHO supported the expansion of dedicated COVID-19 wards at 11 governmental hospitals with additional fully equipped and functional beds for regular units and intensive care units and a wide range of ICU equipment, improving the operational capacity for 102 beds.



The range of equipment included:

- **352** syringe smart pumps
- **170** infusion pumps
- **105** oxygen concentrators
- **85** feeding pumps
- **45** syringe and suction pumps
- **38** high-flow nasal canula
- **19** ventilators
- **14** portable capnographs
- **9** portable X-ray machines
- **7** video laryngoscopes
- **7** portable flexible video bronchoscope for adults

### INFECTION PREVENTION AND CONTROL (IPC)

To reinforce the implementation of IPC measures during the COVID-19 pandemic, 383 nurses and 50 front-liners working in NGOs received a virtual training of trainers in coordination with the Order of Nurses. Trainings in IPC measures also targeted a total of 900 focal points from PHC centres and dispensaries. Similarly, more than 900 nurses working in PHC were provided with a two-day virtual training supported by WHO, in coordination with the Order of Nurses and implemented through the Young Men's Christian Association (YMCA).

As part of IPC efforts, WHO procured and delivered personal protective equipment (PPE) to the Ministry of Public Health to ensure the protection of health care workers in public hospitals and at the airport, including:

- **3 094 750** surgical masks
- **417 414** N95 masks
- **246 508** gloves
- **281 357** gowns/coveralls
- **71 360** goggles

### UPGRADING LABORATORY TESTING CAPACITY AT PUBLIC HOSPITALS

Twelve hospitals selected by the Ministry of Public Health were supported to upgrade their laboratory capacity in terms of microbiology, chemistry, blood banking and molecular testing, with the aim of offering timely and more comprehensive and adequate patient care. Among the items procured were:

- **18** biological safety cabinets
- **16** blood bank freezers and refrigerators
- **12** PCR machines
- **10** platelet agitators
- **10** refrigerated centrifuge machines for blood units
- **6** blood gas analysers
- **5** gel card centrifuges
- **4** incubators
- **8** microscopes



To increase COVID-19 testing capacity, WHO procured RT-PCR testing kits with needed reagents and consumables. During 2020, around 300 000 reverse transcription-polymerase chain reaction (RT-PCR) tests and 190 000 swabs with viral transport medium for sample collection were delivered to governmental hospitals across Lebanon.

### **FINANCIAL SUPPORT FOR THE CARE OF VULNERABLE HOSPITALIZED COVID-19 PATIENTS**

WHO established a hospital network of 22 public and private hospitals to cover the cost of COVID-19 hospitalization for vulnerable individuals. The target to be covered with reimbursement includes 1 000 patients, of any nationality, who fulfil vulnerability criteria defined and admitted to COVID-19 ICU and regular beds.

### **UPGRADING HUMAN RESOURCE CAPACITY: FOCUS ON NURSING CARE**

WHO recruited nurses to support the COVID-19 response in 12 governmental hospitals. A total of 136 nurses were recruited and deployed to support COVID-19 regular wards and 250 to support ICU wards.



# IMPROVING QUALITY OF CARE

## EXTERNAL QUALITY ASSURANCE SCHEME FOR MOLECULAR BIOLOGY LABORATORIES

In line with the increase in the number of laboratories testing for COVID-19, a national external quality assurance modality was set for all public and private laboratories performing RT-PCR for COVID-19, in coordination with the Ministry of Public Health and the Syndicate of Biologists. The aim was to support quality improvement of the entire testing process, including receiving and testing samples, as well as reporting results. From a total of 28 laboratories enrolled in the national external quality assurance programme in 2020, 25 passed the certification.

## INNOVATION: THE PRIVATE-PUBLIC HOSPITALS TWINNING PROJECT

WHO launched a twinning project between eight public hospitals and seven university hospitals to promote knowledge exchange and learning in relation to COVID-19 (see Fig. 3).

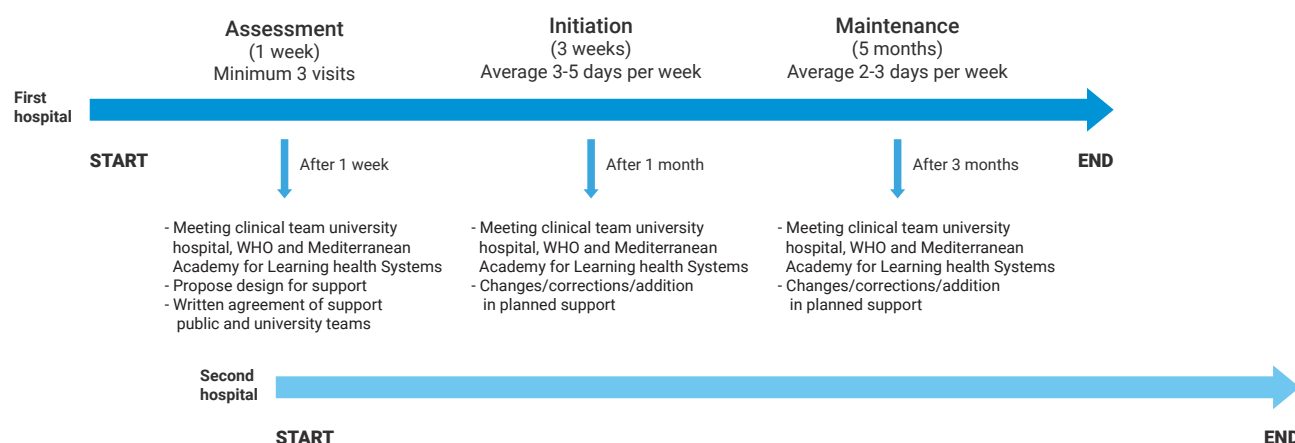
UNIVERSITY HOSPITAL	TWIN PUBLIC HOSPITAL
LEBANESE AMERICAN UNIVERSITY MEDICAL CENTRE - RIZK HOSPITAL	BOUAR GOVERNMENTAL HOSPITAL
	BAABDA GOVERNMENTAL HOSPITAL
MOUNT LEBANON HOSPITAL	SIBLINE GOVERNMENTAL HOSPITAL
HÔTEL-DIEU DE FRANCE	NABATIEH GOVERNMENTAL HOSPITAL
LEBANESE HOSPITAL GEITAOUI	TRIPOLI GOVERNMENTAL HOSPITAL
SAINT GEORGE HOSPITAL UNIVERSITY MEDICAL CENTER	ZAHLE GOVERNMENTAL HOSPITAL
NOTRE DAME DES SECOURS	HALBA GOVERNMENTAL HOSPITAL
AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER	SAIDA GOVERNMENTAL HOSPITAL

Direct bed-side coaching of nursing and medical staff is part of the project, to ensure that both new and existing staff are updated on best practices for COVID-19 as well as enabling clinical capacity-building of nurses and doctors. The ongoing support focused on common clinical rounds, practical trainings in ventilatory settings, introduction of inhalation therapists and creating and modifying clinical protocols. ICU physicians, ICU nurses, head nurses and inhalation therapists were all included in the trained clinical teams. The project also includes data collection on quality indicators regarding COVID-19 ICU care from all public hospitals involved.

### Twinning project long-term objectives:

- Transition from international to national support, enabling long-term improvements
- Creating functional networks with long-term impact on performance
- Improving the resilience of the Lebanese health system and its preparedness for future crises and disasters

Fig. 3. Timeline for the twinning project



## INCREASING CAPACITY FOR SURVEILLANCE

WHO worked closely with the Ministry to improve surveillance capacity for COVID-19. With WHO technical support, a national testing strategy was developed and implemented in 2020. The main objectives included:

- adopting systematic case inclusion to chain of transmission or in cluster;
- adopting systematic testing of contacts of local case and local index case: targeted testing;
- analyzing the clusters and chains of transmission in terms of time and place;
- ensuring the quality and safety of testing during field activities; and
- monitoring needed indicators for contact tracing.

Direct support for data management was also provided by WHO, including upgrading the Ministry's Epidemiological Surveillance Unit (ESU) in human resources and information technology capacity and expanding the District Health Information System version 2 (DHIS2) at hospital and laboratory levels to enhance reporting on COVID-19 cases. Accordingly, WHO upgraded the capacity of the Ministry of Public Health for contact tracing through recruitment and training of four staff for the national COVID-19 call centre, and 15 additional staff in peripheral and central surveillance units for data management. This initiative also included coordination with the Ministry of Interior and Municipalities to connect the DHIS2 COVID-19 platform with the national "Impact" platform used by all municipalities to strengthen the tracing of confirmed COVID-19 cases and their contacts.



In parallel, WHO provided technical support for initiating three main surveillance activities:

- developing a national seroprevalence survey (to be implemented in 2021);
- establishing a sentinel system for influenza-like illnesses (ILI)/COVID-19 sites, aimed at monitoring community circulation of COVID-19 and influenza strains; and
- supporting local genomic sequencing and analysis for COVID-19 circulating strains, with the identified national academic institution (Lebanese American University).

In parallel, WHO facilitated a meeting in July 2020 whereby 30 health regional offices and Caza physicians' units discussed their preparedness and response capabilities to deal with suspected or confirmed COVID-19 cases, defining responsibilities and enhancing the coordination mechanism between all local stakeholders.

As part of disease surveillance, and in order to facilitate the COVID-19 contact tracing flow, DHIS2 was installed in laboratories performing RT-PCR testing for COVID-19. Case-based forms were developed, and the 70 laboratories performing RT-PCR testing for COVID-19 were trained in the use of DHIS2.

## STRENGTHENING THE HEALTH WORKFORCE IN THE RESPONSE TO COVID-19

In addition to deploying human resources to hospitals, more than 300 nurses were also deployed to community-based isolation centres in order to monitor patients' symptoms and ensure quality of care. These isolation centres included long-term facilities such as the Cross Mental Health Hospital and Lebanese prisons and places of detention.

# SUPPORT TO THE MINISTRY OF EDUCATION AND HIGHER EDUCATION

Over the course of the year, as the COVID-19 outbreak unfolded, WHO offered regular technical support to the Ministry of Education and Higher Education. All school-related technical guidance was shared with the Ministry as soon as it was released by WHO headquarters. Many concerns related to school-based preventive measures were addressed, and WHO provided guidance and recommendations as soon as new evidence emerged. Technical support was provided in the development of training and awareness-raising material about COVID-19 targeting school health educators. Information, education and communication materials for teachers, students and parents were developed by the Ministry with support from the WHO technical team. WHO also provided technical support and review during the development of the school guidance which included recommendations about preventive measures and IPC in schools. After a long period of time where schools were closed due to community transmission, the Ministry of Higher Education started considering reopening schools, and WHO provided technical advice based on epidemiological modelling of possible outbreak scenarios. Moreover, WHO procured 80 000 rapid tests to ensure testing of suspected cases among students if schools reopen. WHO continues its support to the Ministry to ensure that schools remain safe environments for students and that reopening schools does not pose a threat to the community.

# COVID-19 RESEARCH

## TRACKING OF COVID-19 CLINICAL DATA

WHO developed and implemented a tracking system to follow up on the clinical parameters of hospitalized COVID-19 patients. The system tracks the patient from administration through to discharge and collects 400 parameters based on WHO's global COVID-19 standard definition. The system is implemented at Rafic Hariri University Hospital with 1 080 patient records included so far. Clinical data are under analysis by the WHO team and there is a plan to expand and implement this system in additional hospitals.

### Implications

This analysis will provide valuable information related to the clinical presentations and outcomes of COVID-19 patients admitted to Rafic Hariri University Hospital from 12 July to 12 December 2020. Outcomes will be documented across participants from different demographic and health backgrounds and findings will inform the public and private sector on the most useful clinical recommendations. In addition, this model will be presented for replication in different hospitals across the country for greater population coverage and understanding of COVID-19 clinical outcomes in Lebanon. Finally, the successful monitoring of COVID-19 symptoms following recovery and discharge from hospitals in Lebanon will provide leverage to support the Ministry in establishing a rehabilitation programme for post-COVID syndromes.

## THE EFFECT OF THE COVID-19 LOCKDOWN ON AIR POLLUTION

Air pollution is of major significance in Lebanon. After the COVID-19 lockdown in Lebanon, captured satellites images showed a reduction in nitrogen dioxide concentrations. This is attributed mainly to the reduction in traffic by at least 80%. In this context, WHO supported a study proposed by the American University Beirut Environment Research Center aiming at measuring the reduction in air pollutant concentrations in the country during the COVID-19 lockdown. This study launched in May 2020, will be completed in May 2021, and will assess the annual averages of PM10 and PM2.5 concentrations as part of the Air Quality Monitoring Network Intervention.

## MENTAL HEALTH DURING COVID-19

The Ministry's National Mental Health Programme in collaboration with WHO and UNICEF developed a national action plan addressing the MHPSS aspects of the COVID-19 outbreak in Lebanon for all people living in the country, including refugees and displaced populations.

The plan is aligned with the Inter-Agency Standing Committee briefing note on MHPSS aspects of COVID-19 and the country's national mental health strategy. It follows four main goals:

1. Promote mental health and mitigate COVID-19-related stressors (including stigma and discrimination).
2. Provide mental health support to people in quarantine in hospital or at home and their families.
3. Support the mental health of health workers and first responders.
4. Ensure the continuity of mental health care for people with mental health conditions.

WHO support consisted of:

- financial support to the National Emotional Support and Suicide Prevention Hotline (Embrace Lifeline 1564), to increase access to emotional support and suicide prevention;
- developing leaflets on coping with stress during quarantine/self-isolation, in consultation with the National Mental Health Programme – around 28 900 leaflets were disseminated to the public, public hospitals that have COVID-19 wards, community isolation centres and PHC centres;
- support for nurses in taking care of the mental health of patients in quarantine, by developing a simple checklist and training nurses in using it; and
- provision of cognitive stimulation games such as sudoku and crosswords to 12 public hospitals.

**CHECKLIST FOR NURSES**  
for taking care of the mental health of persons in quarantine  
SUMMARIZED VERSION

1. Ensure the person has a good understanding of COVID-19 and of the reasons for quarantine.
2. Check history of mental disorder, if yes:
  - a. Get name and contact of psychiatrist (if consented)
  - b. Ensure follow up on medication prescription (if any)
3. Give the person the patient leaflet on coping with stress and go over it with them and remind them of its content regularly.
  - a. Give them the Sudoku, cross words, and word search games available
  - b. Help them if they need any explanation
4. Explain to all persons that there is a mental health support system in place. If they feel any emotional distress, a mental health professional can contact them via phone or video call on their own personal phones or through the hospital private line.
5. Liaise with the mental health support system coordinator at the MOPH-NMHP (National Mental Health Programme) to refer the person, if they ask for support.
6. Ask them about their mood daily and be attentive to the red flags (excessive fear, refusing to communicate, severe insomnia or change in appetite, expressing ideas of harming themselves or suicidal ideation). If the on-call psychiatrist is not available, connect them with the national hotline for emotional support and suicide prevention 1564.
7. Apply emotional crisis management techniques and identify the person's primary concern, if the person is expressing irritability, anger, aggressivity, agitation.  
Refer to Annex I for guidance on communication and emotional crisis management.
8. Provide regularly reliable information on their health status and on the overall COVID-19 situation in the country from reliable sources of information such as @mophleb @wholeb.

**REFER TO:**

The full version of the checklist and check the following annexes for more guidance:

Annex I	Communication and emotional crisis management in quarantine settings
Annex II	Caring for older persons, including those living with cognitive decline/dementia in quarantine
Annex III	Caring for children and adolescents in quarantine
Annex IV	Caring for pregnant women in quarantine

Field testing Version 11



# HEALTH EDUCATION AND COMMUNICATION DURING THE COVID-19 PANDEMIC

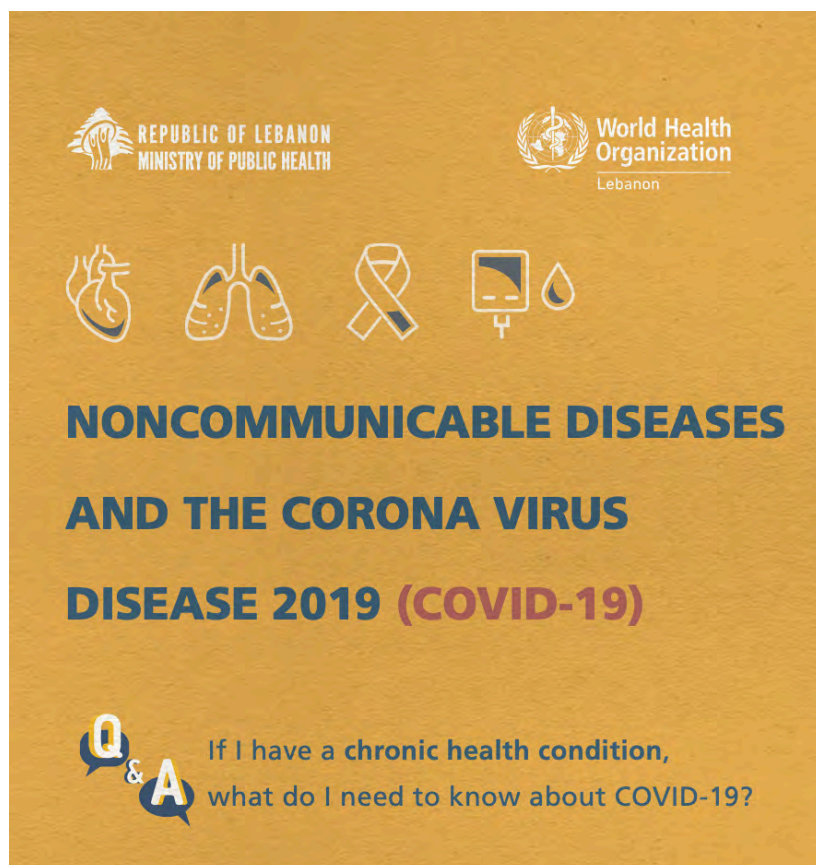
## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

WHO co-chairs the UN risk communication and community engagement pillar with UNICEF, and provides technical support to the pillar's activities and publications. In addition, WHO develops COVID-19-related UN key messages on a biweekly basis.

## NONCOMMUNICABLE DISEASE CAMPAIGN

WHO and the Ministry's PHC department developed health education materials that were distributed to PHC centres, and launched a social media campaign to raise awareness of the importance of stabilizing chronic conditions during COVID-19 and the ways of prevention.

The campaign was prompted by the correlation between the presence of NCDs and NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity) and the severity of morbidity and mortality caused by COVID-19 infection.





## STIGMA AND YOUTH MENTAL HEALTH CAMPAIGNS

A national campaign to address stigma related to COVID-19 was launched by the National Mental Health Programme in collaboration with WHO, the United Nations Development Programme (UNDP), UNICEF, and Abaad. The campaign included various channels (TV, radio, social media, streets banners, etc.) and engaged media professionals, celebrities and opinion leaders, municipalities and the public to amplify messages of hope to people affected by COVID-19 and local stories of solidarity.

In addition, a national campaign tackling youth mental health in times of uncertainty, including COVID-19, was launched by the National Mental Health Programme, UNICEF and WHO. The campaign included an eight-episode Zoom show “#HowRU” hosted by youth talking about different topics related to mental health.

In addition, a social media campaign was launched, focusing on coping with the mental health consequences of the outbreak and restriction of movement for various target groups. Some awareness and educational materials were translated into sign language as well as the most common languages spoken by migrant communities in Lebanon.



# HEALTH IN PRISON: COVID-19 PREVENTION AND CARE, SO THAT NO ONE IS LEFT BEHIND

In view of the potential risk of COVID-19 in prison settings given overcrowding, poor hygiene and limited screening resources, WHO coordinated the preparedness and response effort in central prisons, focusing on Roumieh prison. Several partners were involved in the response including the Ministry of Public Health, the Ministry of Interior and Municipalities and the Internal Security Forces, the Lebanese Society of Infectious Diseases and Clinical Microbiology, Lebanese Order of Physicians, United Nations Office on Drugs and Crime (UNODC), UNDP and International Committee of the Red Cross (ICRC). An action plan focusing on prevention, preparedness, early identification and treatment was developed in order to strengthen Lebanon's prison health care system to mitigate the impact of the COVID-19 pandemic on inmates, their families and visitors as well as medical staff and security staff operating inside the prison, with a focus on central prisons, as well as the containment of the outbreak and the timely referral of detained people to community isolation centres. Positive COVID-19 cases started in one general security place of detention in Beirut in August 2020, and several outbreaks in prisons and detention centres were reported in 2020.

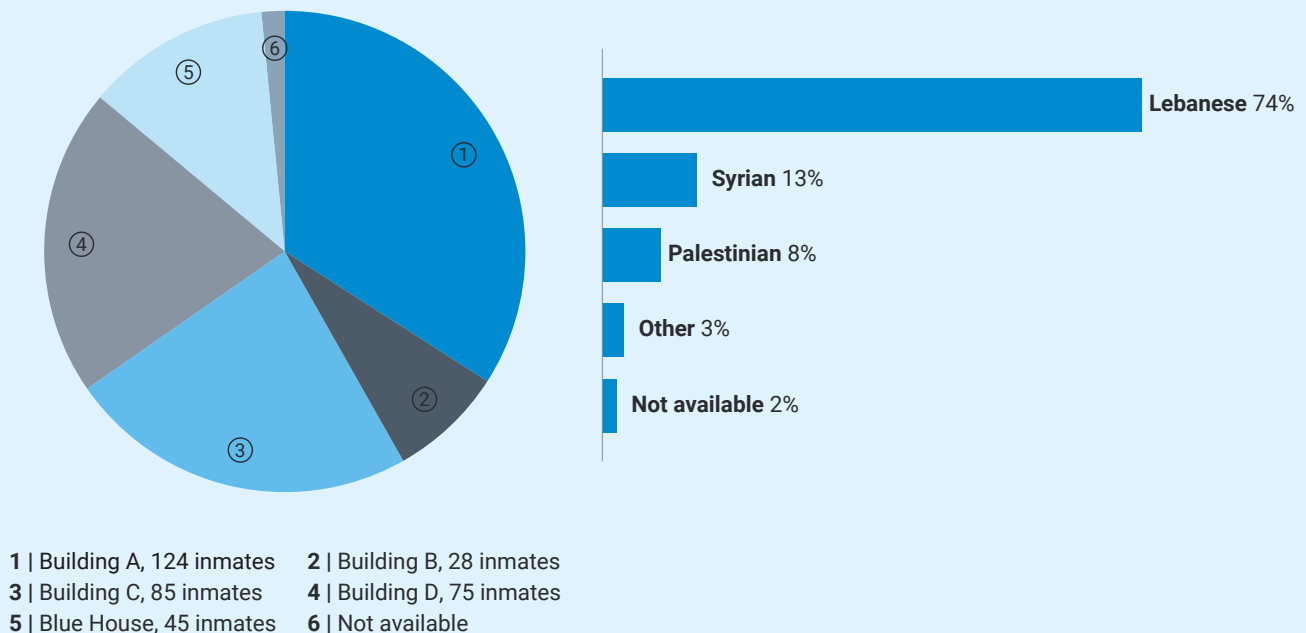
The main achievements of the initiative were as follows:

- A designated quarantine/isolation building in Roumieh Central Prison was rehabilitated to accommodate around 200 inmates, with support from ICRC.
- Training in upgraded standard operating procedures for IPC was conducted for the Internal Security Forces, along with the provision of IPC material in both Roumieh and Zahle central prisons.
- Education on preventive measures and they were supported by an infectious disease specialist in both Roumieh and Zahle central prisons.
- A team of 11 nurses deployed with WHO support, and funded by the EU and the Norwegian Embassy in Beirut, were trained on monitoring prisoners infected with or suspected of having COVID-19 in Roumieh.
- Another team of four nurses and two social workers was recruited for Roumieh central prison to identify and follow up closely on inmates with COVID-19 who had chronic conditions, given their higher risk of deterioration.
- The nearest hospital to Roumieh, Dahr El Bachek Governmental Hospital, was rehabilitated to admit inmates in the previously occupied prison ward, with the support of ICRC and WHO.
- Teams of nurses were also recruited to Zahle prison and other prisons reporting outbreaks, to assist the Internal Security Forces in providing adequate monitoring and timely referral of cases.

***The COVID-19 support was an entry point to improve the early detection and identification of NCDs, as NCDs and other chronic diseases increase the risks and complications from COVID-19.***

**Roumieh** is the largest central prison in Lebanon, representing around 60% of the incarcerated population. Around 363 inmates had been provided with screening for NCDs and monitoring as of the end of December 2020 (see Fig. 4).

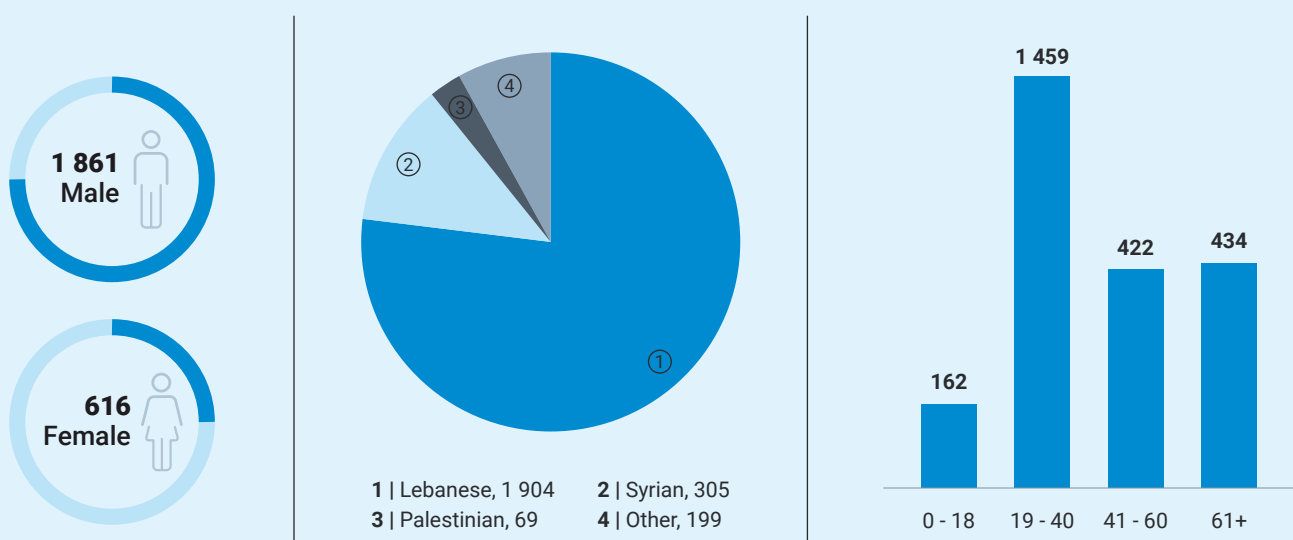
**Fig. 4. Distribution of Roumieh Central Prison inmates screened by building and nationality**



As for mental health, a total of **216 inmates** were assessed and provided with a mental health consultation with the psychiatrist. The most common diagnosis was depression, followed by anxiety and epilepsy.

A total of 2 477 people in prison and/or places of detention received COVID-19 screening and monitoring (see Fig. 5).

**Fig. 5. Total number of people in prison/detention receiving COVID-19 support as of 31 December 2020**





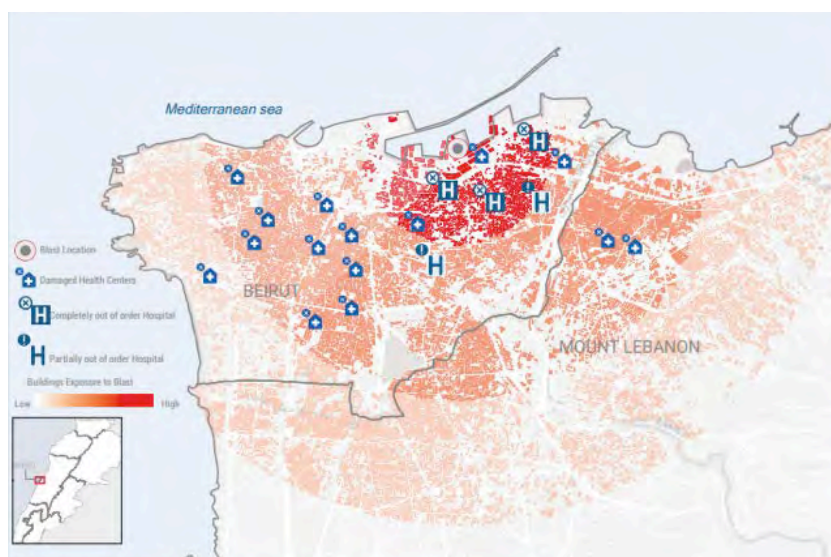
# WHO SUPPORT FOR THE BEIRUT PORT EXPLOSIONS EMERGENCY RESPONSE

On 4 August 2020, a large amount of ammonium nitrate stored in a warehouse at Beirut Port exploded, causing widespread casualties and material damage to one third of the surface area of the country's capital (see Fig. 6). The explosion was described as the largest non-nuclear explosion in history.

The explosion killed more than 200 individuals and injured more than 6 000, and was estimated to have left more than 300 000 people homeless in the Greater Beirut area. Hospitals were overwhelmed with casualties, while many ICUs were already near capacity due to COVID-19.

The Beirut Port explosions occurred at a time of high political and socioeconomic instability, complicated by a protracted Syrian refugee crisis that had drained the health system, a severe fiscal crisis that imposed austerity and reduction in funding on health services, and repeated civil riots and protests. Moreover, community transmission of COVID-19 was observed just before the occurrence of the explosion, which greatly accelerated the community spread of the outbreak.

**Fig. 6. Exposure to the explosions, including damaged hospitals and health facilities**



Source: Flash Appeal 2020. Ocha; August 2020  
<https://www.unocha.org/sites/unocha/files/lebanon%20flash%20appeal%20final%2014%20aug%202020.pdf>







# WHO'S IMMEDIATE RESPONSE

The immediate support initiated by WHO focused on:

- supporting efforts to save lives by providing medical and surgical supplies;
- restoring the function of the warehouse and health facilities as soon as possible; and
- coordinating the health part of the flash appeal by leading the Beirut Port explosions health sector cluster.

## EMERGENCY SUPPORT WITH MEDICAL SUPPLIES

WHO supported the crucial and rapidly increasing need for quality essential and critical health services after the explosion by procuring urgent life-saving trauma kits and essential medications. Within less than 48 hours, WHO was able to provide medical and surgical supplies to the 28 hospitals that received the largest number of casualties. Achievements included:

- procurement of **288 trauma kits** (Kit A + Kit B) to enhance the medical emergency preparedness and response capacity in 16 hospitals located within Beirut Governorate over a three-month period;
- procurement of **288 surgical kits** to enhance medical emergency preparedness and response capacity in 16 hospitals located within Beirut Governorate over a three-month period; and
- procurement of PPE for **20 hospitals** receiving trauma cases and COVID-19 cases, including hospitals in the affected areas of Beirut and those throughout Lebanon receiving referred cases from Beirut, over a three-month period.

## CASUALTY ASSESSMENT

WHO initiated an assessment of impairment and disability among casualties of the explosion. This aimed to ensure that survivors received the medical support they needed by assessing injuries, hospital course and permanent disability among those who reached hospitals. It involved describing and categorizing the types of injury observed among those who reached hospitals as well as identifying survivors' needs, in particular needs for follow-up medical care. A total of 42 hospitals were part of this assessment.

## HOSPITAL DAMAGE ASSESSMENT

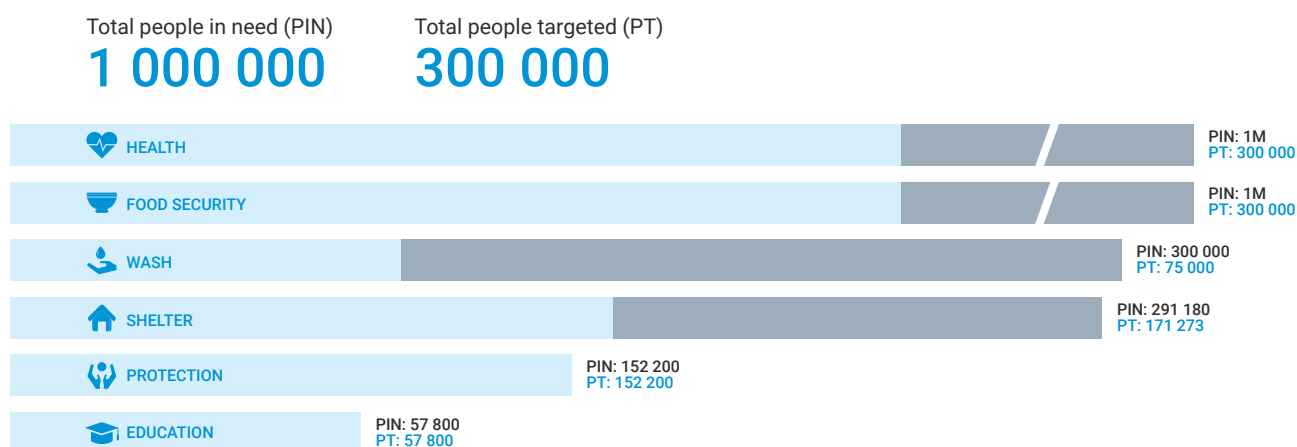
The Beirut Port explosions caused physical damage to several hospitals. The worst affected area was within a 5 km radius of the explosion. Accordingly, WHO conducted a damage assessment of the worst-affected hospitals using a multidisciplinary team that included a medical nursing biomedical engineer, a civil engineer and an architect. Eight hospitals were assessed. Damage ranged from total destruction (two hospitals) to severe/moderate damage. The hospitals most damaged included Beirut Governmental Hospital "Karantina", Saint Georges Hospital University Medical Center, Lebanese Hospital Geitaoui, Lebanese American University Medical Centre Rizk Hospital and the Rosary Sisters Hospital, Al Makassed Hospital, Children Cancer Center of Lebanon, Beirut Eye and ENT Specialized Hospital and the Middle East Institute of Health.

The assessment helped by rapidly documenting the damage that occurred to these hospitals and identifying equipment and supplies that needed to be repaired or replaced. The budget required to restore facilities was estimated using standards adopted by the Lebanese Order of Engineers and Architects. This exercise provided documentation of actual needs and facilitated the support offered by donors and partners. WHO supported the development of an action plan to coordinate and complement support from partners and donors.

## SUPPORT FOR THE CENTRAL DRUG WAREHOUSE IN KARANTINA

The Central Drug Warehouse in Karantina was seriously damaged in the explosion. WHO topped up funds already available under the Government of Japan Grant to upgrade the capacity of the Central Drug Warehouse, with additional funding from the Government of the State of Kuwait to reconstruct it. The reconstruction plans are based on a metallic construction that will more than double the storage size of the warehouse from 600 m<sup>2</sup> to 1 600 m<sup>2</sup> and use solar energy to sustain the cold chain (supported by UNICEF). The warehouse will also have a fully automated logistics and management system, supported by WHO.

## FLASH APPEAL



**Strategic objective 1** - Save lives by providing essential health care, food, water, hygiene, shelter and protection for three months to people affected by the Beirut Port explosions.

**Strategic objective 2** - Pave the way towards self-reliance by re-establishing the food supply chain and retail markets for basic food and other items, providing short-term income support and restoring access to education.

## REFORM, RECOVERY AND RECONSTRUCTION FRAMEWORK PLAN AND APPEAL

Following the explosion, a Reform, Recovery and Reconstruction Framework (3RF)<sup>1</sup> was developed under the leadership of the World Bank Group, the European Union and the United Nations. This plan sets out sequenced, specific and targeted reforms that support recovery and reconstruction in key sectors during the short term.

WHO contributed to pillar 4 on improving services and infrastructure with a focus on restoring key health public services in a sustainable manner. The health reform aimed to:

- identify and reach the most vulnerable with subsidized essential health services;
- support implementation of a subsidized package of PHC services through a network of 21 PHC centres in the explosion-affected area;
- launch a multi-stakeholder health coordination platform and safeguard the transparency, effectiveness and efficiency of the health response;
- establish a universal health coverage strategy beyond PHC access for the most vulnerable in the explosion-affected area;
- align the COVID-19 response strategy with needed mitigation measures, including reimbursement schemes for hospitals and development of a COVID-19 vaccination deployment and operational plan;
- reconstruct heavily damaged facilities while prioritizing public facilities; and
- invest in mechanisms for retaining health personnel and for procuring essential medications and medical supplies.

## THE IMPACT OF THE BEIRUT PORT EXPLOSIONS ON THE ENVIRONMENT: AN ENVIRONMENTAL PUBLIC HEALTH EMERGENCY RESPONSE

A mission was conducted by Public Health England, facilitated by WHO, over four weeks starting on 31 August 2020. It aimed to assess the environmental health impact of the Beirut Port explosions. A plan of action was developed, focusing on:

- a risk assessment of the environmental hazards;
- a risk management approach; and
- an agreed and coordinated approach to risk communication and community engagement including enabling behaviours and monitoring implementation of protective measures. WHO in collaboration with *Khaddit Beirut*<sup>2</sup> developed and disseminated communications material to raise awareness of environmental health hazards.

<sup>1</sup> Lebanon Reform, Recovery and Reconstruction Framework. World Bank Group, United Nations, & European Union; 2020 (<https://www.worldbank.org/en/country/lebanon/publication/lebanon-reform-recovery-reconstruction-framework-3rf>, accessed August 2021)

<sup>2</sup> Khaddit Beirut is a grassroots initiative formed after the Beirut Port explosions. A description is found via the following link: <https://khadditbeirut.com/about-us/>

In addition, preparations were initiated in collaboration with a consortium of experts for epidemiological studies, including air and water quality assessments for toxic residues, as well as a cohort study on the most affected population exposed to the explosions, with a health focus. This work also includes a cohort study to follow up the population impacted by the explosion and consideration of the potential implementation and management of a health register.

## MENTAL HEALTH RESPONSE TO THE BEIRUT PORT EXPLOSIONS

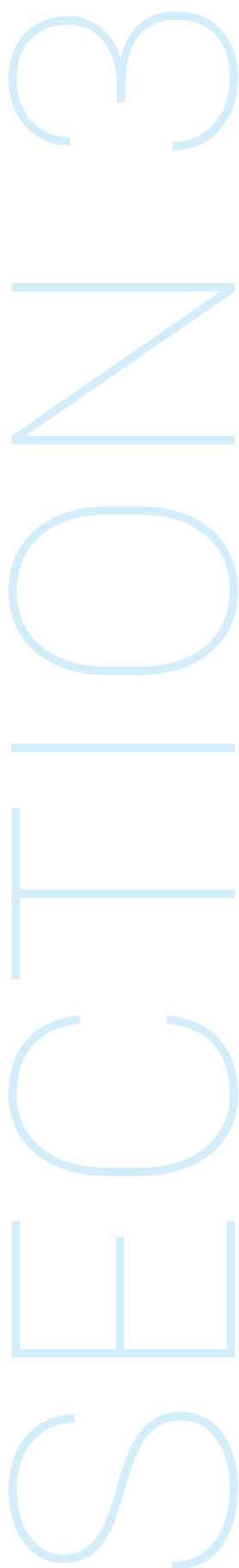
Following the explosion, WHO and the National Mental Health Programme developed a national MHPSS action plan based on IASC guidelines for MHPSS in emergencies, and primarily covering the first three months. The action plan focused on coordination, increasing access to MHPSS services and disseminating information. Specific vulnerable groups were highlighted including people who had experienced loss, emergency responders, children, women, older populations, among others.

WHO support to the programme focused on:

- increasing access to mental health services;
- extending support to the National Hotline for Emotional Support and Suicide Prevention;
- funding to increase access to mental health services in PHC and general hospitals; and
- regular MHPSS task force meetings to coordinate partners' efforts in the affected area, including coordination with the Army's Forward Emergency Room.

In an attempt to address major misconceptions related to trauma, WHO supported the development of key messages through social media, TV channels and NGOs, including information about normal reactions following a traumatic event, Do's and Don'ts when supporting affected people, coping messages, documents for parents/ caregivers on supporting children to cope with a traumatic event and for pregnant women and new mothers affected by the explosion and other related issues.





# CONTINUITY OF ESSENTIAL HEALTH SERVICES DURING COMPLEX EMERGENCIES: SUPPORTING HEALTH SYSTEM DEVELOPMENT AND RESILIENCE

The year 2020 presented multiple crises that placed further strain on the health system, compromising access to and the availability of health services, particularly for the most vulnerable populations. WHO contributed to filling in critical health gaps and intensifying capacity-building and support for health system reform, resilience and infrastructure, despite the severity of the complex emergency and the many competing priorities in health. WHO continued its support for capacity-building with the main objective of maintaining critical health services.



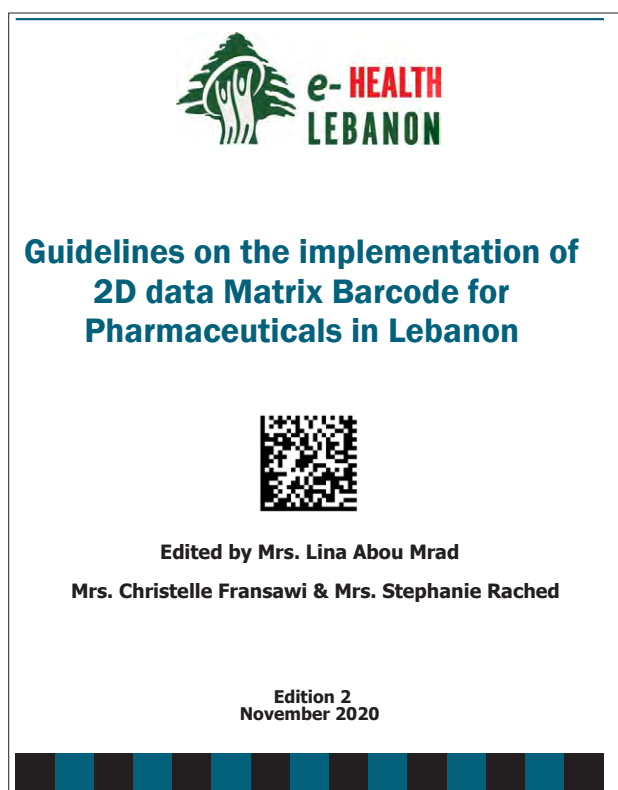


# HEALTH SYSTEM STRENGTHENING

## BARCODE SYSTEM

The Ministry of Public Health, with the support of WHO, initiated the development of a national barcode information system for pharmaceuticals in Lebanon using a GS1 two-dimensional barcode with the objective of tracking and tracing all pharmaceuticals in the country. The project was supported by the EU Madad fund health system strengthening component. Support included adjusting the software based on the findings of a pilot phase, and also entailed:

- issuing the regulations and guidelines needed to implement the GS1 barcode system;
- implementing the system at the Central Drug Warehouse;
- expanding the system at the national level over one year by providing critical IT software and hardware support, as well as training and capacity-building for Ministry teams; and
- starting serialization in line with international standards.



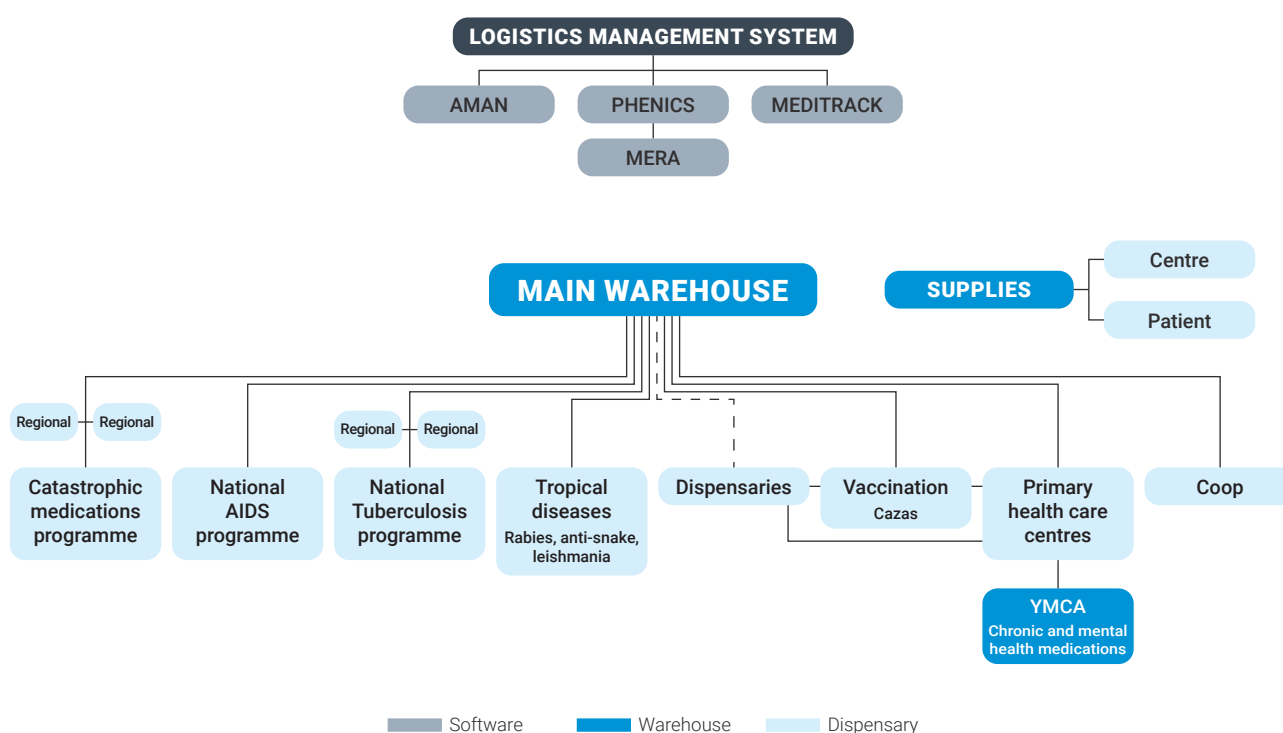
## PHARMACOVIGILANCE PROJECT

As part of its support for strengthening and developing the national health system, WHO reactivated support for the National Pharmacovigilance Centre, with funds available from the Government of the State of Kuwait. The Centre is hosted and operated for the Ministry of Public Health by the Lebanese University. WHO was able to provide four additional staff to develop and finalize good pharmacovigilance practices and the related reporting guidelines and forms. The national Centre was also linked to ViGiflow, so that data from Lebanon can be reported on the global platform. In 2020, the National Pharmacovigilance Centre initiated training of hospital-based pharmacists in the principles of pharmacovigilance. Operational capacity was tested during the COVID-19 outbreak.

## AUTOMATION OF MEDICATION MANAGEMENT: LOGISTIC AND SUPPLY MANAGEMENT SYSTEM

To complement the support provided in terms of medication, WHO initiated preparations to upgrade and fully automate the logistics and management system (LMS) at the Central Drug Warehouse. The objective is to be able to track medications from the warehouse to PHC centres. The LMS will provide real-time data on stock availability at central and peripheral levels, and will facilitate ordering and replenishment of medication in a timely manner, including through interoperability with existing patient record systems at PHCs such as PHENICS (see Fig. 7).

Fig. 7. LMS linkages with Ministry departments



The LMS is a stock management system for Ministry of Public Health medication programs:

- Linked to:
  - National programmes (tuberculosis, AIDS, cancer)
  - Regional dispensing centres
  - PHC centres
- With active integration with Ministry software:
  - AMAN (for patient data)
  - PHENICS (used at PHC)
  - MEDITRACK
  - MERA (for vaccination)

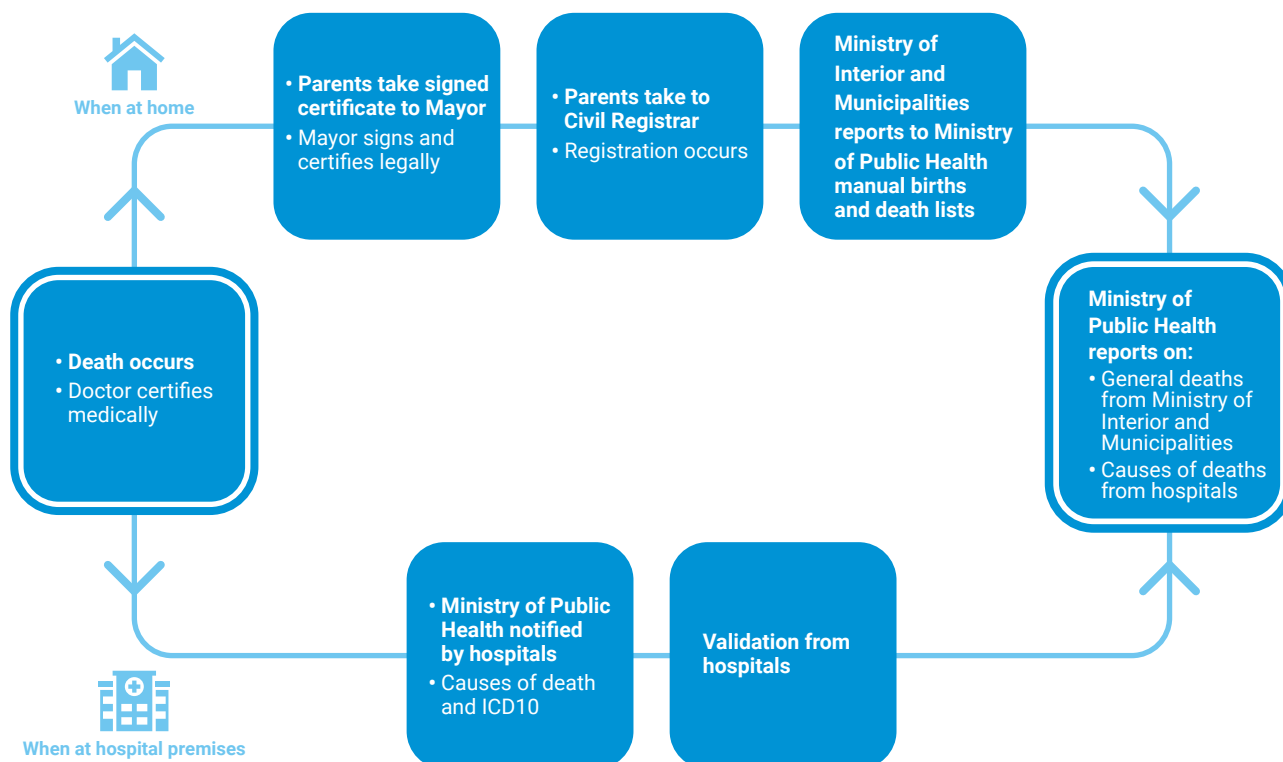
## CIVIL REGISTRATION AND VITAL STATISTICS

The Ministry of Public Health, in collaboration with WHO, established the National Hospital Mortality System late in 2016, covering 150 private and public hospitals (see Fig. 8).

The Hospital Mortality System provides a platform for cause-of-death identification, registration and reporting on daily basis. In 2020, it was highly effective during the COVID-19 pandemic. It also facilitated the exchange of data and information with the epidemiologic surveillance system for timely validation of COVID-19-related deaths.

With the development of the system, Lebanon has had reliable cause-of-death data since 2017, coded using ICD-10 coding, with data quality verified through the ANACOD system and the accurate selection of underlying cause-of-death facilitated by the use of an automatic coding system (IRIS). The use of the full ICD-10 list rather than the short mortality list allows the possibility to provide as morbidity profile of deaths.

Fig. 8. The Hospital Mortality System





# PREVENTING NONCOMMUNICABLE DISEASES AND PROMOTING MENTAL HEALTH

## PEOPLE-CENTRED PRIMARY CARE APPROACH

WHO is supporting the Ministry of Public Health in adopting an integrated, people-centred health services approach within the national PHC network. This approach is also being mainstreamed in the guidelines and protocols being designed by the Ministry.

In 2019–2020, WHO conducted a baseline assessment at seven PHC centres and two hospitals in order to gain an in-depth understanding of the PHC system's readiness to move towards a people-centred primary care approach, and to document patients' experience with continuity and coordination of care. A mixed qualitative and quantitative methodology was followed using focus group discussions, key informant interviews and surveys with directors, physicians, registered nurses, and other staff in addition to beneficiaries.

The key findings are set out below.

Many staff interviewed were fully aware of several aspects of people-centred primary care. At least one staff member interviewed in each PHC centre reported personal professional practices in line with the approach.

***“People-centred primary care is like when I deal with the patient as a human being, taking the time to say hello and ask about things that matter to him such as work and family before asking about the disease”***

*Doctor, PHC centre*

## SPECIFIC EXAMPLES OF TEAM MEMBERS IMPLEMENTING PEOPLE-CENTRED PRIMARY CARE CONCEPTS

- A cleaner making sure the toilets are clean specifically to protect pregnant women
- A nurse establishing a WhatsApp system where patients can leave message and be answered within 24 hours
- A midwife making sure that the husband is with his wife during family planning sessions
- A social worker initiating support groups at home for mothers
- A pharmacist ensuring patients have conducted relevant blood tests before providing them with their medication
- Staff organizing themselves during roadblocks to provide chronic medication to patients at home



## PARTICIPANTS PRIORITIZED THE FOLLOWING INTERVENTIONS TO IMPLEMENT PEOPLE-CENTRED PRIMARY CARE

- Development of people-centred primary care health educational materials.
- Staff re-profiling (including training on how to communicate with beneficiaries).
- Initiating the practice of a care coordinator.
- Reorganization of staff workload and patient flow.
- Mapping of services for better referral.

## CHALLENGES AND BARRIERS TO CARE FOR BENEFICIARIES

- The cost of medical tests is high.
- Suboptimal communication with staff especially concerning how to conduct self-management, how to orient patients towards existing services at PHCs such as subsidized chronic medications, cost of diagnostic tests and of specialist consultations.



WHO will continue working with PHC centres in order to standardize and institutionalize the people-centred approach.

In addition, WHO has initiated the development of an e-learning module for nurses in collaboration with the Ministry, the Order of Nurses in Lebanon and American University of Beirut (AUB)'s nursing school. The e-learning is competency-based and provides nurses with skills needed for PHC. The online component will be complemented with face-to-face sessions with physicians as well as on-the-job coaching and support. It will be rolled out in 2021.

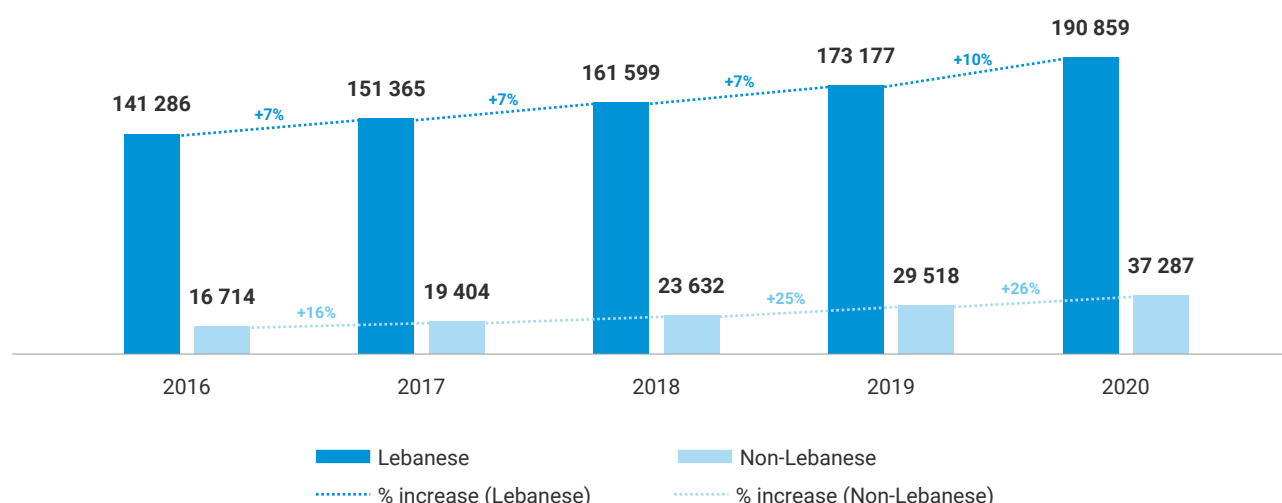
## FILLING GAPS IN ESSENTIAL MEDICATION AND SUPPLIES

During 2020, WHO continued to support the strengthening of the health system to ensure access to essential services, particularly through the provision of medication and supplies for the ongoing management of acute and chronic diseases, including mental health. Essential medication for NCDs were made available in a network of 450 PHC centres and health dispensaries across Lebanon. Essential medication for acute health conditions were also supported by WHO and dispensed via the PHC network of 245 centres spread across the country.



The number of NCD patients benefiting from subsidized chronic disease medications through the chronic medications programme has increased substantially in recent years (see Fig. 9). In 2020, around 230 000 patients were registered in the Ministry of Public Health/YMCA chronic medications programme and 350 000 vulnerable Lebanese and non-Lebanese patients benefited from access to acute disease medications. Around 56% were female and 44% male.

**Fig. 9. Lebanese and non-Lebanese patients registered in the chronic medications programme supported by the Ministry/YMCA, as of 31 December 2020 (Source: YMCA reporting)**



In addition to essential medications at PHC level, WHO supported the procurement of the following:

- specialized mental health medications made available via community mental health services, to cover around 5 000 patients;
- oncology medications (anti-cancer and supportive treatments) for paediatrics to fill critical gaps, covering a total of 850 children for a period of one year; and
- renal disease and dialysis medications and supplies to support around 2000 patients and 41 000 dialysis sessions subsidized by the Ministry of Public Health for 6–8 months.

## CONTINUITY OF ESSENTIAL SEXUAL AND REPRODUCTIVE HEALTH MEDICATIONS

WHO supported the assessment of the availability of essential sexual and reproductive health medications at country level. A national expert was recruited to review national guidelines related to these services as a whole, identify gaps in the prepared medication list and the status of procurement of the medications. The report concluded that most of the drugs were registered, procured and included in forecasting tools and pharmacovigilance systems. The report included recommendations on the importance of ensuring access to high-quality reproductive health information, products and services through national actors' commitment and action across a range of sectors.

## CONTINUITY OF REPRODUCTIVE, MATERNAL, NEONATAL AND CHILD HEALTH (RMNCAH) SERVICES

Lebanon shared the experience of ensuring continuity of care for reproductive, maternal, neonatal and child health services during the COVID-19 pandemic in a regional initiative documenting best practices in order to support other countries of the Region to build on these experiences.

The project investigated the provision of services by local civil society organizations during the COVID-19 pandemic and the innovative approaches used to reach beneficiaries. Interviews were held with national stakeholders including focal points from the Ministry, local and international NGOs and UN agencies. By the end of the project, best practices were documented and recommendations were developed and shared with other countries in the Region.

A significant example of best practice was the establishment of the National Task Force on Pregnancy and COVID-19, under the umbrella of Reproductive Health, in charge of developing tools, guidelines, monitoring, support, surveillance and more. The Task Force developed national guidelines, standard operating procedures and information materials on pregnancy and COVID-19.

Moreover, WHO supported the development of a national operational plan for the continuation of reproductive, maternal, neonatal and child health services during and after the COVID-19 pandemic. Field visits to health facilities offering services were conducted alongside interviews with key informants and the main actors in the field. The action plan was developed in line with WHO guidelines and included contextualized recommendations and priority action points for the Lebanese context.

The final reports of the two above-mentioned projects were shared with a national consultant recruited by WHO, to be used in the development of the Ministry of Public Health's biennial plan to strengthen sexual, reproductive and maternal health services in Lebanon.

After identifying the areas of work, recommended key action points were developed for each area. One of the recommendations for the first area of work, governance structure and coordination mechanisms, was: "Elaborate a national sexual, reproductive, maternal, neonatal and child and adolescent health services coordination team/committee (national taskforce) to establish continuous and/or strengthen coordination mechanisms between the Ministry and various partners for the provision of SRMNCAH services during the COVID-19 outbreak."

# DISEASE PREPAREDNESS AND SURVEILLANCE

## RESPONDING TO THE MEASLES OUTBREAK

In response to the measles outbreak, phase 2 of the 2019 measles and polio campaign launched by the Ministry of Public Health was conducted in October 2020 with the support of WHO and UNICEF, and funding from the Government of Kuwait. WHO support included:

- identification, recruitment and training of vaccination teams and field supervisors
- support the field vaccination activities
- procurement of vaccination commodities and supplies
- monitoring of the vaccination campaign (during and after the campaign)

The campaign targeted a total of 250 972 children between the ages of 6 months and 10 years. Overall campaign coverage of 71% was achieved in Lebanese communities and of 82% in informal settlements, despite the repeated lockdowns that were imposed to contain COVID-19, which significantly impeded the vaccination campaign.



## COMBATING ANTIMICROBIAL RESISTANCE

As part of the implementation of the antimicrobial resistance (AMR) national action plan, WHO conducted a series of trainings on microbiology proficiency testing in 2019, in partnership with Université Saint Joseph – Laboratoire des agents pathogènes and the American University of Beirut Medical Center Microbiology Laboratory. In 2020, all the proficiency testing results were shared privately with the 42 participating laboratories, and direct discussions of testing methodology took place.

Moreover, a webinar was organized in December 2020 to discuss the results of the four rounds of proficiency testing. Good microbiology laboratory practices and results were discussed, as well as future perspectives. Following the webinar, work started on internal quality control of antimicrobial susceptibility testing at the participating laboratories.

## ADDRESSING TUBERCULOSIS (TB)

WHO continues to support the national TB programme towards elimination of TB in Lebanon. Support included upgrading the software used for tracking of latent TB cases, which was originally developed by WHO. All 27 governmental hospitals were trained in the upgraded software, including TB centres. In addition, a system was developed using the DHIS2 platform to capture all confirmed TB cases. A technical support mission was conducted virtually for midterm review of the TB programme five-year strategy (see box).

### TB programme main strategic recommendations, 2020

- Include “END TB” in the National Health Agenda.
- Update/develop TB guidelines as per WHO recommendations for the care and prevention of childhood TB, TB-HIV, drug-resistant TB and latent TB.
- Expand TB diagnostic services based on assessments or surveys.
- Establish a trans-country patient support secretariat to improve cross-border referrals.
- Strengthen supervision and monitoring of programme managers and inculcate the use of digital technology for recording and reporting, including in the private sector.

## ACCELERATING ELIMINATION AND ERADICATION OF HIGH-IMPACT COMMUNICABLE DISEASES: HIV

Lebanon already achieved its first “90” target in 2019, highlighting efficient access to key populations where HIV is concentrated. The test–treat–retain cascade study revealed that 94.7% of people living with HIV (PLHIV) were thought to be aware of their status. However, during 2020 a mild-to-moderate decrease in HIV testing was observed. This was due to several factors including the effect of the COVID-19 pandemic and subsequent repeated lockdowns and the impact of the Beirut Port explosions, which severely affected the premises of the national AIDS programme. In addition, thematic NGOs essentially responsible for testing were either partially or completely closed, and outreach HIV awareness activities requiring personal contact were almost completely stopped. Nevertheless, the national programme maintained its operations relatively effectively, with the main achievements including:

- 8 053 rapid HIV tests performed out of the 18 000 test target of the MER-2 grant (44.74%).
- No shortage of antiretroviral therapy (ART) availability at the country level; 147 new PLHIV were started on ART at the national AIDS programme’s dispensing centre, raising the total beneficiaries to 1 841, instead of 1 500 planned, exceeding the planned target.

The Spectrum analysis for 2020 showed that for the first of the three “90” targets – PLHIV who know their status – had been exceeded, with coverage reaching 96% (estimated PLHIV 2 788). The second target – PLHIV who know their status and who are receiving their ART – was 70%, a significant increase from 2010, as shown in Fig. 12. The third “90” target – PLHIV who are receiving their ART and who are virally suppressed – was 92%.



Fig. 10. Test-treat-retain cascade 2020 findings

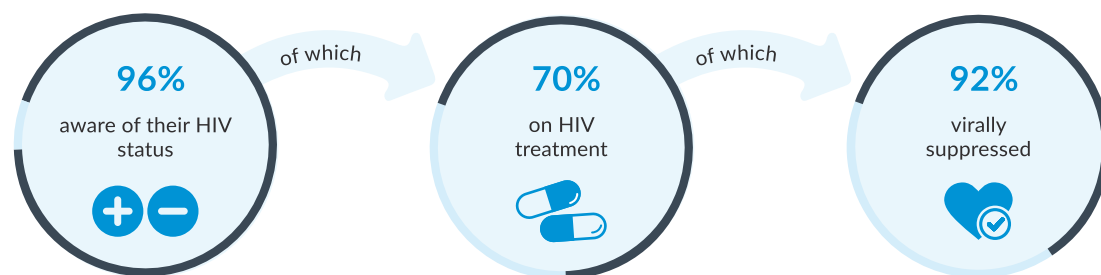


Fig. 11. Testing and ART volume in 2019 and 2020

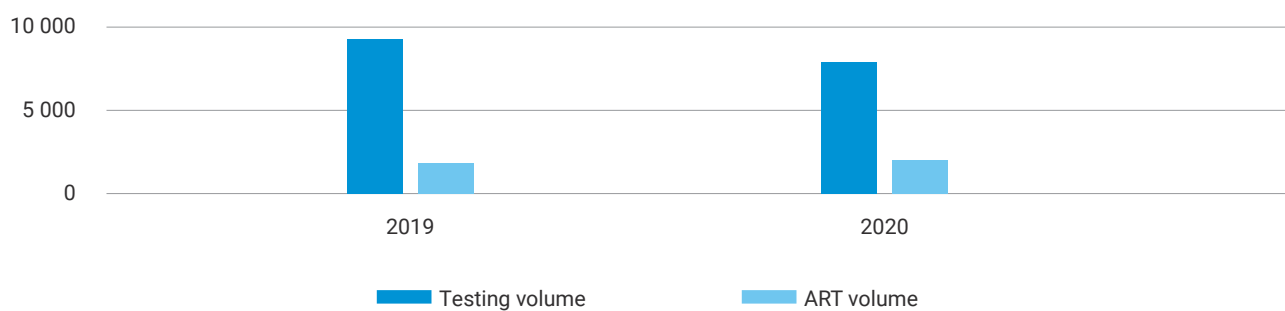
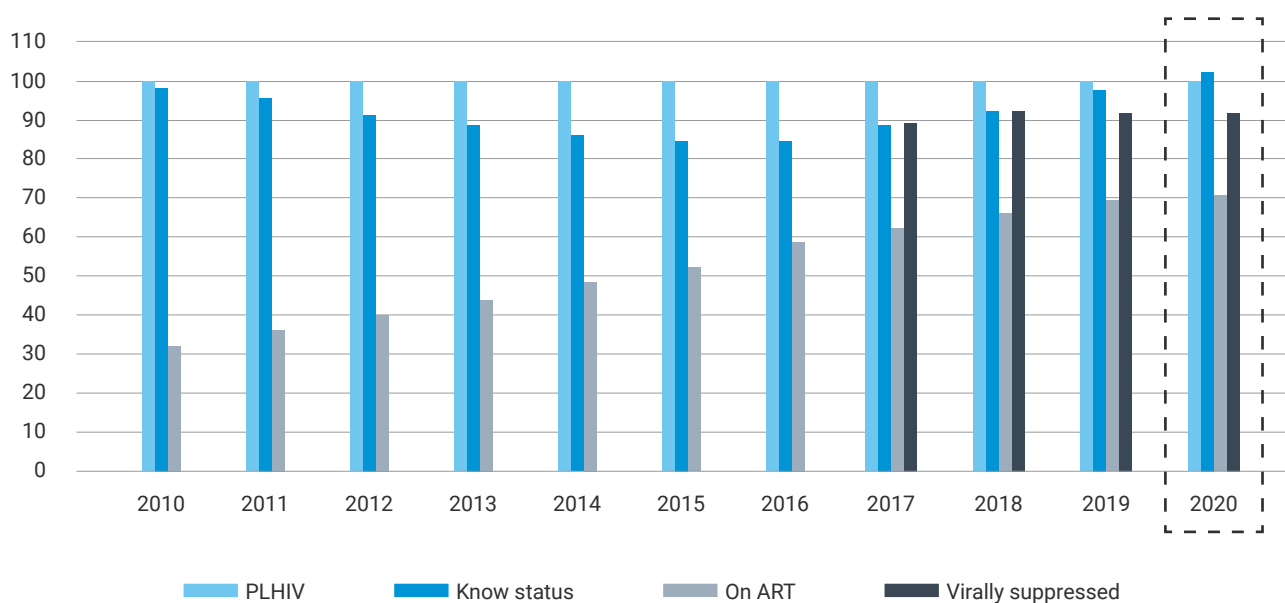


Fig. 12. The three "90" UNAIDS targets generated by spectrum analysis for the last 10 years



The first (96%) and third (92%) targets have been reached; the second was 70% in 2020 but still showed a significant increase over the decade (light grey bar).

# ENVIRONMENTAL HEALTH

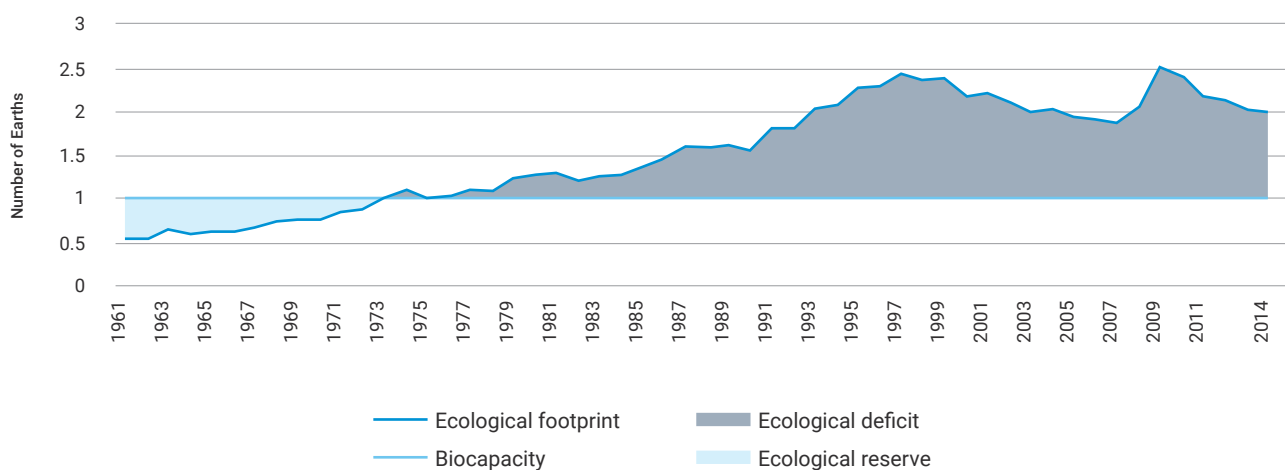
## NATIONAL STRATEGY ON HEALTH AND ENVIRONMENT

WHO updated the national strategy on health and environment and the related framework of action based on the World Health Assembly (WHA) and Regional Committee resolutions and Arab Strategy on Health and Environment 2017–2030 and in line with the SDG3+ Global Action Plan.

The national strategy provides a roadmap for protecting health from environmental risks in the Region by addressing ten major environmental health priorities:

1. Water
2. Sanitation and health
3. Ambient and indoor air pollution
4. Chemical safety
5. Waste management and environmental health services in the health sector
6. Environmental health emergency management
7. Climate change and health
8. Sustainable development and health
9. Food safety
10. Occupational health

Fig. 13. Lebanon's ecologic footprint and biocapacity (EFP, 2018)



## HEALTHY CITY PROGRAMME IN TRIPOLI

Tripoli, in the north of Lebanon, is greatly affected by a heavy Syrian refugee presence, recurrent instability of the security situation and a rapidly deteriorating socioeconomic situation. In 2010–2013, WHO developed a healthy city programme in partnership with the municipality of Tripoli. WHO assisted the city planners in developing four plans of action based on identified priorities. The Healthy City coordinating committee is reactivated/re-established.

- An effective community-based solid waste management system was set up in two selected areas in Tripoli.
- Training volunteers in maintaining healthy environments/healthy settings and in appropriate solid waste management was conducted in two selected areas of Tripoli with a focus on waste sorting and recycling practices.
- Community awareness-raising was conducted on the importance of solid waste management with a focus on waste sorting and recycling practices.
- Training, education and awareness-raising materials focusing on solid waste management were developed.
- Mass education activities by the volunteers on waste segregation and recycling got underway.

The COVID-19 situation and lockdown, and the volatile security situation in the country as a whole and particularly in Tripoli, impeded the completion of door-to-door visits by the volunteers and a planned Cleaning Day campaign.

# TRAINING HEALTH CARE WORKERS

- A series of trainings for PHC centre staff, ESU staff and partners were held on influenza-like illnesses and COVID-like illnesses (ILI/CL sentinel surveillance) and was attended by 98 persons from the PHC centres, ESU and partners (WHO, MSF, UNHCR and UNRWA).
- A total of 512 nurses and physicians in the paediatric departments of different hospitals received a series of trainings on AFP/polio, COVID-19 and meningitis and measles to have a better understanding of each component and its surveillance. Different sessions were scheduled in the different governorates across Lebanon: North, Beirut, Mount Lebanon, Nabatieh, Bekaa, Baalback Hermel, Baabda, Chouf, Aley and the South.
- A total of 39 nurses and focal points from 5 tuberculosis (TB) centres under the National Tuberculosis Programme and 22 governmental hospitals participated in refresher training on the TB Registration System (TRS) for latent TB in migrant workers to reinforce their knowledge and skills regarding the use of the TRS.

- To improve the quality of maternal health outcomes during and after COVID-19 pandemic, WHO supported a project that aimed to promote the adoption of the Robson Classification System to ensure the rationalization of caesarean section use in Lebanon. In September 2020, a workshop was conducted and attended by 35 obstetricians and gynaecologists from 13 hospitals around Lebanon. In the hope of scaling up and building on these efforts, a training is planned for 2021 to reach concerned health care workers in other hospitals in Lebanon.



# THE SDG 3+ GLOBAL ACTION PLAN ROADMAP

Through a consensus-building exercise, a national roadmap for SDG 3+ with a tailored SDG acceleration plan was developed in 2019 to ensure the progress towards development of Vision 2030 for the health sector in Lebanon. In July 2020, with the socioeconomic situation having deteriorated, an update to the implementation of SDG3+ GAP in Lebanon was agreed between partners. Priority areas were identified including strengthening PHC systems and public hospitals to ensure the continuity of health services, with a special focus on determinants of health to ensure equity in health services.

## SDG 3+ UPDATED

The updated national roadmap focuses on investing to expand the operational capacity of health care facilities, strengthening capacity-building of the health workforce, providing technical guidance for national strategies, and monitoring health and health related SDG indicators.

In December 2020, Lebanon participated in the health alliance forum and webinar on country implementation of the Global Action Plan on Healthy Lives and Well-being organized by the WHO Regional Office. WHO's Lebanon Country Office coordinated interventions by the Lebanese Minister of Public Health and representatives of UN agencies (UNICEF, UNDP and UN Women). The aim of the webinar was to expand strategic partnerships through the GAP platform and accelerate action towards the SDG3+.

## GENERATING INTELLIGENCE FOR POLICY DECISION

In preparation for Lebanon's Health Vision 2030, WHO initiated a series of studies to generate information that can support policy development in health. The following studies were launched in 2020 to be completed by mid-2021:

- a provider practice survey which aims to generate information about issues related to physicians' practices, satisfaction and possible areas for improvement;
- benchmarking of diagnostics, to give a benchmark cost and utilization of the most common diagnostics (lab and radiology) based on a standard method designed by WHO, informing costing decisions regarding for the planned PHC service package; and
- a study of NGO governance to provide the Ministry with strategic intelligence to detect vulnerabilities in the national PHC network, thereby helping to improve its performance and strengthen the resilience of the Ministry of Public Health's approach to collaborative governance.



# CELEBRATING WHO HEALTH DAYS

Every year, WHO recognizes and celebrates various global public health days. These celebrations offer valuable platforms with great potential to raise public awareness about health issues and mobilize community support. Although COVID-19 was a priority in 2020, WHO Lebanon was able to celebrate the following health days.



## **WORLD HEALTH DAY** **7 APRIL 2020**

WHO made 2020 as the Year of the Nurse and Midwife to acknowledge the contribution of nurses and midwives to making the world a healthier place. WHO Lebanon launched a social media campaign on this occasion.



## **WHO WORLD NO TOBACCO DAY 2020** **31 MAY 2020**

On the occasion of World No Tobacco Day 2020, WHO continued its advocacy efforts to ban smoking in public places, focus on the theme of “Protecting youth from industry manipulation and preventing them from tobacco and nicotine use”. The WHO Representative to Lebanon Dr Iman Shankiti, presented an award to Dr Ghazi Zaatari, Interim Dean of the Faculty of Medicine at AUB, for his long-standing work on tobacco control.

The ceremony was attended by AUB president Dr Fadlo Khuri and dignitaries from the AUB-Tobacco Control Research Group and the AUB leadership. Several WHO regional and global staff members also joined the ceremony, which was webcast live.



### UN75 15 JUNE 2020

On the occasion of the 75th anniversary of the UN, several UN agencies in Lebanon conducted online dialogues with youth. Youth views, concerns and ideas were then presented to world leaders and senior UN officials at the official commemoration of the 75th Anniversary by the UN General Assembly in September 2020.

WHO invited around 30 youth responders from the Lebanese Red Cross, nurses from Rafic Hariri University Hospital and medical students from the Lebanese Medical Students' Committee to an online discussion of the COVID-19 response in Lebanon. Dr Iman Shankiti, WHO Representative, attended the online dialogue, listened to the opinions and concerns expressed, and interacted with participants in a conversation about health and well-being during and after the pandemic.



### WORLD SUICIDE PREVENTION DAY 2020 10 SEPTEMBER 2020

On World Suicide Prevention Day 2020, a policy brief was launched by the National Mental Health Programme, WHO and Embrace with the support of Agence Française du Développement (AFD), highlighting key statistics in Lebanon, what needs to be done and what has been done so far.

In addition, a month-long social media campaign was implemented to increase knowledge and fight myths and misconceptions.

Decreasing suicide is a target of the 2030 Sustainable Development Agenda and the Global Mental Health Action Plan. If not addressed, suicide has huge impact on individuals, families, societies and humanity as a whole.



### WORLD MENTAL HEALTH DAY 10 OCTOBER 2020

WHO supports the National Mental Health Programme in its yearly national awareness campaigns for mental health. The campaign for 2020 followed the suicide prevention campaign and addressed the social determinants of mental health, especially in the context of the crises facing the country. A documentary was prepared and broadcast.

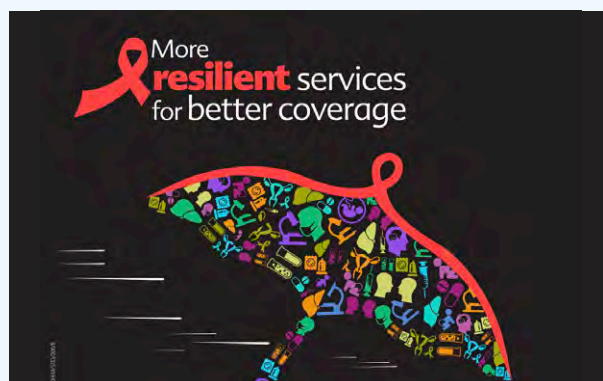


### WORLD ANTIBIOTIC AWARENESS WEEK 18 TO 24 NOVEMBER 2020

For World Antimicrobial Awareness Week (WAAW) 2020, and to increase awareness of antimicrobial resistance (AMR) and advocate for best practices among the community and health care workers, WHO supported the Lebanese Medical Student International Committee in organizing a webinar about AMR on 24 November 2020.

In line with the WHO's youth engagement strategy and the One Health approach, the webinar was held under the title of "Youth United Against AMR" and targeted students from different professions, including dentistry, nursing, veterinary sciences, medicine, public health, pharmacy, midwifery and medical laboratories. The webinar included presentations by representatives of several different UN organizations – the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and WHO – as well as focal points from the Ministries of Public Health and Agriculture. The presentations were followed by a student presentation then a panel discussion between the professionals and the students.

The meeting was attended by 236 students from different backgrounds and universities. At the end of the webinar, attendees were invited to sign an electronic pledge of solidarity in the fight against AMR. So far 215 students have signed the pledge.



### WORLD AIDS DAY 1 DECEMBER 2020

To mark World AIDS Day 2020 amid the COVID-19 pandemic, the Regional Director's message focused on securing more resilient services for better coverage. Lebanon's national AIDS programme, with the direct support of the WHO Country Office, sought to reach its key population by distributing preventive material through its 10 thematic partners. Sixty boxes of condoms containing 8 640 condoms in all, 110 boxes of rapid HIV tests (2 200 tests) and 650 HIV self-tests were distributed in the months leading up to World AIDS Day. To ensure the safety and security of social workers responsible for outreach activities and securing access to key populations, an additional 500 face masks and 400 sanitizers were distributed. Furthermore, the national AIDS programme brought a special focus on HIV by contributing to several TV spots and journal articles to raise awareness among the population.

# THE WAY FORWARD: BRIDGING THE HUMANITARIAN- DEVELOPMENT NEXUS

As Lebanon faces overlapping crises of unprecedented complexity and severity, it is imperative to support the health system to prevent its collapse while also planning for a long overdue health system reform.

Filling gaps in terms of health needs and focusing on the most vulnerable will remain a high priority, especially given that vulnerability is rising steeply, particularly among Lebanese communities. Reducing preventable mortality and morbidity will be a central strategic concern in the humanitarian health support that WHO provides. WHO will continue to support critical health needs, such as the provision of chronic and acute medication, but will also expand the array of medication to contribute to supporting the most vulnerable uninsured population groups with catastrophic illnesses. WHO will lead the health sector in the planned emergency humanitarian response plan in 2021. As the COVID-19 pandemic is not expected to be fully controlled in 2021, support for the national pandemic response will remain a priority area of work, including surveillance, patient quality of care, upgrading laboratories and support for IPC.

At the same time, WHO will seek to use the current context and bottlenecks as an opportunity for change and to engage the main stakeholders in critical areas of health reform, for example packages of care at PHC level subsidized by the Ministry of Public Health, universal health insurance and coverage, quality of care monitoring, the strategy for retaining human resources for health, and the regulation, sustainability and governance of public-private partnerships.

In 2021, the UN country team in Lebanon will engage in the Common Country Assessment (CCA) followed by the Joint United Nations Sustainable Development Cooperation Framework (UNSDCF). This is an important platform to bridge humanitarian and development support under the framework and guidance of the UN humanitarian-development nexus.

Leadership, partnership, evidence-based support and filling critical gaps will be coupled with health system strengthening and expansion of the SDG 3+ roadmap to contribute to WHO's global "triple billion" targets.









  
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