



# 2021 2<sup>nd</sup> QUARTER SECTOR DASHBOARD

## Health

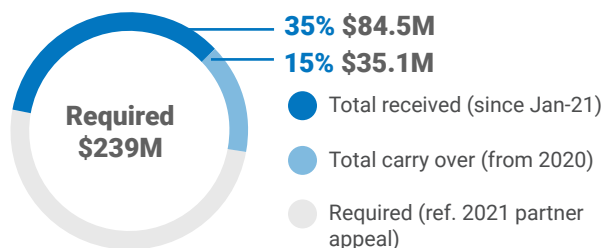


Inter-Agency  
Coordination  
Lebanon

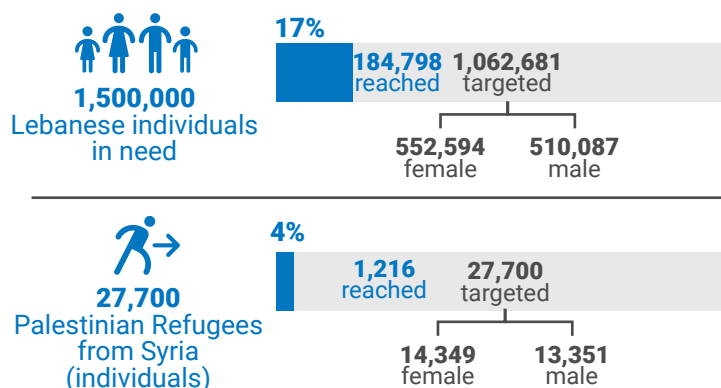
The 2021 2<sup>nd</sup> quarter dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response Plan and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak & Infectious Diseases Control; OUTCOME 4) Improve Adolescent & Youth Health.

## 2021 Sector Funding Status

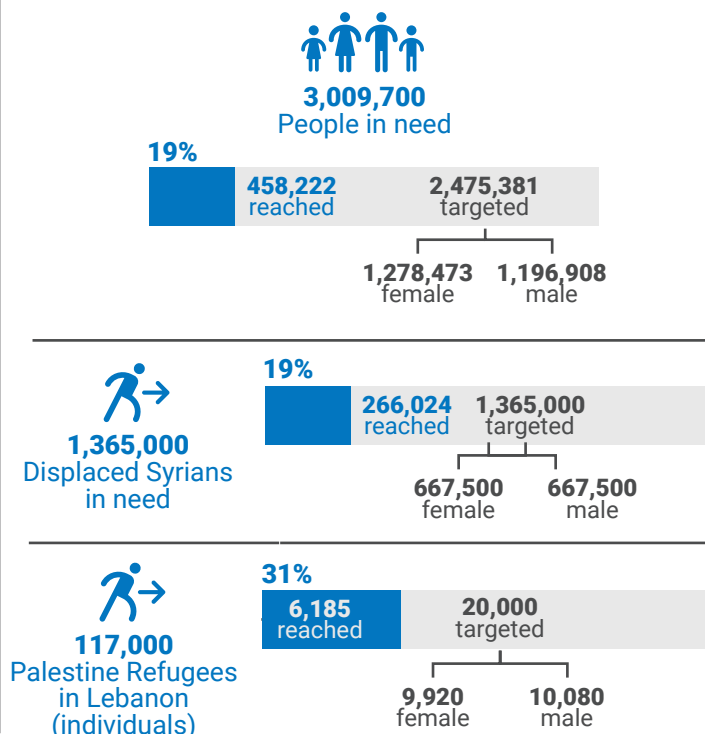
As of 30 June



## 2021 population figures by cohort

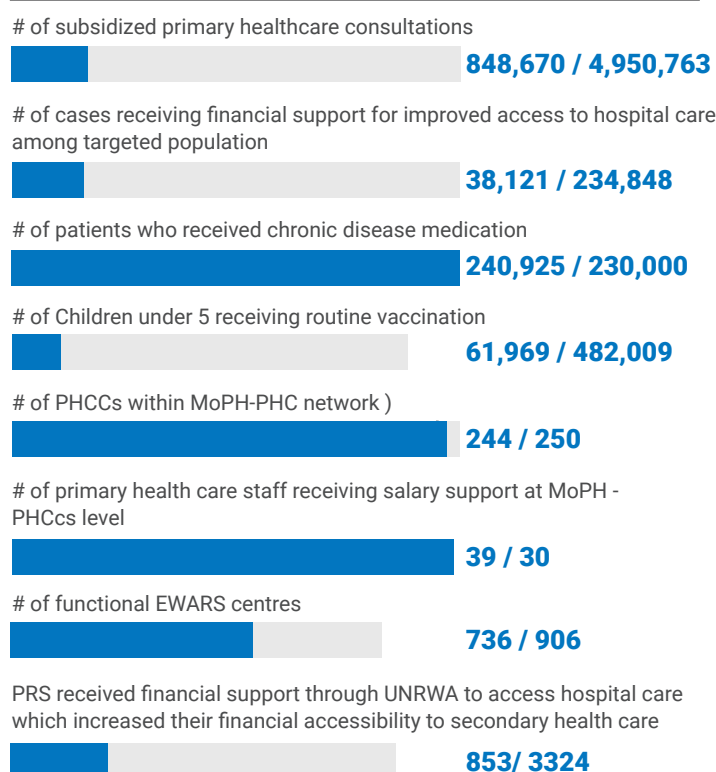


## 2021 population reached

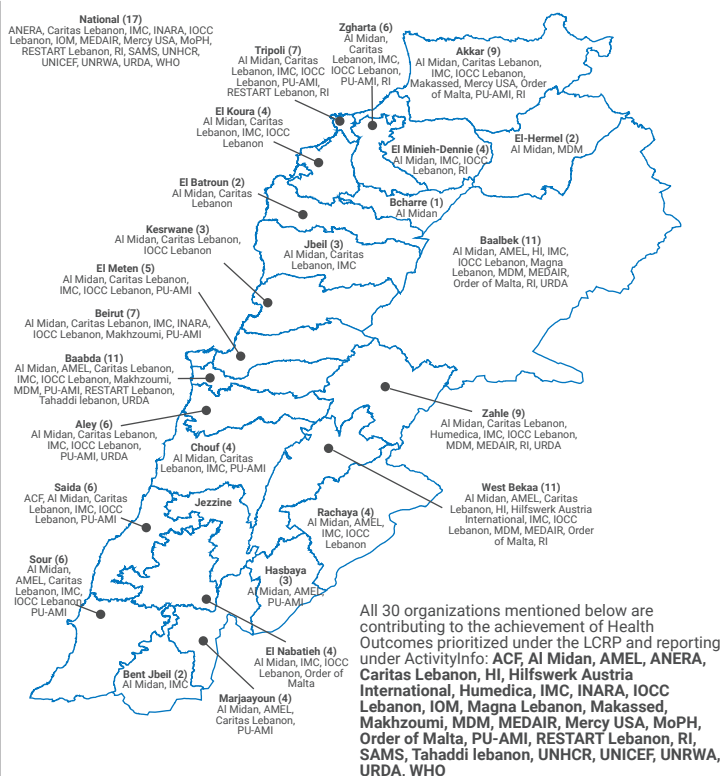


## Progress against targets

### Key Achievements



## Partners per district



All 30 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo: ACF, Al Midan, AMEL, ANERA, Caritas Lebanon, HI, Hilfswerk Austria International, Humedica, IMC, INARA, IOCC Lebanon, IOM, Magna Lebanon, Makassed, Makhzoumi, MDM, MEDAIR, Mercy USA, MoPH, Order of Malta, PU-AMI, RESTART Lebanon, RI, SAMS, Tahaddi Lebanon, UNHCR, UNICEF, UNRWA, URDA, WHO

Note: This map has been produced by the Inter-Agency Information Management Unit of UNHCR based on maps and material provided by the Government of Lebanon for operational purposes. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



## 1. Key achievements of the sector at the output level

The Health sector remains committed in 2021 to ensure an equitable continuation of quality healthcare to displaced Syrians, vulnerable host Lebanese community, Palestinian Refugees from Syria (PRS), Palestinian Refugees in Lebanon (PRL) and displaced population from other nationalities despite being challenged by a deteriorating economic crisis coupled with the 2019-Corona Virus Disease (COVID-19) outbreak and the impact of the Beirut Port explosions. In 2021, the Health sector has aimed to account for increased needs among the vulnerable population due to the multiple crises and therefore increased the targets among displaced population and host community.

In Q2, vulnerable refugees and vulnerable host Lebanese community benefitted from 848,670 subsidized consultations supported by Health sector partners, including 367,953 consultations for vulnerable Lebanese, 469,128 for displaced Syrians, 2,055 for Palestinian Refugees from Syria (PRS), 2,789 for Palestinian Refugees from Lebanon (PRL), and 6,745 for displaced population from other nationalities including migrant workers contributing to improving their access to primary health care services. The vulnerable population continue to benefit from a comprehensive package of primary healthcare that includes consultations, medications for acute and chronic

diseases, vaccination, sexual and reproductive health, mental health, and nutrition services in addition to dental services and basic laboratory testing and imaging. Overall, women and girls benefitted from 63% of subsidized consultations and men and boys benefited from 37% of subsidized consultations.

A total of 38,121 individuals received obstetric and emergency/life-saving care during the reporting period. Some 821 individuals out of total 123,580 are vulnerable host Lebanese community, who were added as a target under hospital care support for 2021 to address the impact of the economic crisis on vulnerable Lebanese households. Through UNRWA, 833 PRS and 8,636 PRL received hospital care. Due to an unexpected cut in funding, access to dialysis and blood diseases support to displaced Syrians in need was hindered in the first half of 2021. The sector continues to advocate for this urgent and life-saving support however no new funding to support this intervention was mobilized in Q2

The number of Primary Health Care Centers (PHCCs) within the Ministry of Public Health's (MoPH) network reached 244 all over Lebanon in Q2. Some 39 staff were financed to join the MoPH-PHCCs.

## 2. Key challenges of the sector

In general, access to healthcare continued to be challenging for vulnerable populations in Q2 due to the multifaceted crises. This challenging situation hampered the ability of Health sector partners to deliver on the sector's outputs and outcomes at both the operational and coordination level. At the operational level, vulnerable populations, particularly people with disabilities and older people, continue to face challenges to access needed primary healthcare and hospital care as many are unable to afford treatment, and transportation to primary health care facilities and hospitals. Some are deterred by the COVID-19 threat, noting that cases are yet again on the rise. As a result, people are deprioritizing non-urgent health care including preventive primary healthcare such as vaccination, antenatal and postnatal care, and mental health services.

Financial hardship was not only limited at the individual level, but the ability of healthcare institutions to deliver needed care was also jeopardized because of the Lebanese Pound's devaluation. From the supply side, health care facilities are struggling as well to maintain their medical supply stocks and to prevent the high staff turnover that is affected by many of the healthcare workforce leaving the country due to the deteriorating socio-economic situation.

The deteriorating situation is creating challenges at all levels, impacting the business continuity of Health sector interventions across the country. Multiple risks such as increased social instability, supply and access gaps, pressure on partners due to increasing needs and others operational risks linked to transfer values and shift in currencies are hampering partners' ability to carry out interventions. To adapt to deteriorating context, the Health sector is tailoring the response based on the compounded crises and is maximizing coordination efforts to account for the increased needs.

Finally, due to multiple responses putting additional pressure on partners, coordination challenges were magnified in Q2, and led to gaps in ensuring timely reporting and monitoring. The Health sector needed to communicate in near real-time on a variety of time-sensitive issues to ensure the continuation of care in line with the overall sector's strategy, whilst at the same time contributing to other responses (i.e. COVID-19, and Beirut Port explosions responses). The sector used existing and innovative platforms to proactively keep partners informed about the situation and recommendations of the MoPH and lead agencies.



### 3. Key priorities for the following quarter

Despite the challenging situation, the Health sector's key priorities remain focused on two strategic objectives: to increase access to health services for displaced populations and vulnerable host Lebanese community; and to strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources.

For the second half of 2021, and through increased health system strengthening efforts, the sector will prioritize support to MoPH at the primary healthcare level with complementarity models that offer more coverage of people in need and that complement existing services while implementing infection, prevention, and control measures to prevent the spread of COVID-19. The sector will align with the immediate response model (IRM) and the national task force that is working towards the development of a national unified long-term primary healthcare subsidization protocol (LPSP)<sup>1</sup>. Health partners will be encouraged to implement this model in the supported centers and to continue exploring in detail how to further optimize the package of services offered, including financing mechanisms, to ensure

an effective, cost-efficient, and sustainable response. Special attention will be given to maintain routine vaccination activities and to ensure an adequate stock of acute and chronic disease medications in the primary healthcare centers across the country.

At the secondary and tertiary healthcare levels, the sector will focus on improving access to hospital care for displaced Syrians and PRS, and partners will remain committed to sustaining and increasing financial support for hospital care while decreasing the patient cost share given the current economic situation. Improved access to hospital care for vulnerable host Lebanese community will also be prioritized considering the ongoing crisis and the sector will aim in 2021 to develop a protocol that partners can follow to support hospital care for the vulnerable Lebanese population. The sector will also increase advocacy for dialysis and blood disease support that is interrupted due to the cut in funding. As the economic situation deteriorates, the Health sector will keep its focus on prioritizing sustainable life-saving services for vulnerable refugees and Lebanese.

<sup>1</sup>The primary healthcare department developed the Immediate Response Model (IRM) to coordinate the Beirut blast response and ensure the subsidization of a standardized package of services across all primary healthcare centres supported by national and international non-governmental originations. The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider payment mechanisms. The IRM is to be implemented for 3 months in the area affected by the blast while a more advanced long-term primary healthcare subsidization protocol (LPSP) is prepared and fine-tuned with the aim to be applied in a uniform way in all Ministry of Public Health primary healthcare centres network. For this purpose, a joint national taskforce among Ministry of Public Health primary healthcare department, relevant donors, United Nations agencies and national and international non-governmental originations was created.