



End Year 2021 SECTOR DASHBOARD

Health

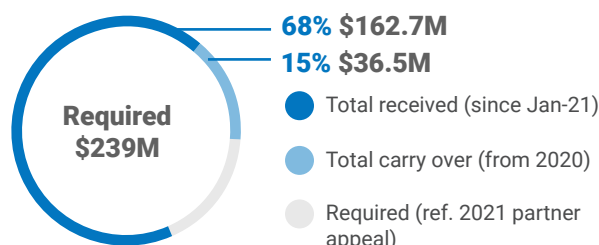


Inter-Agency
Coordination
Lebanon

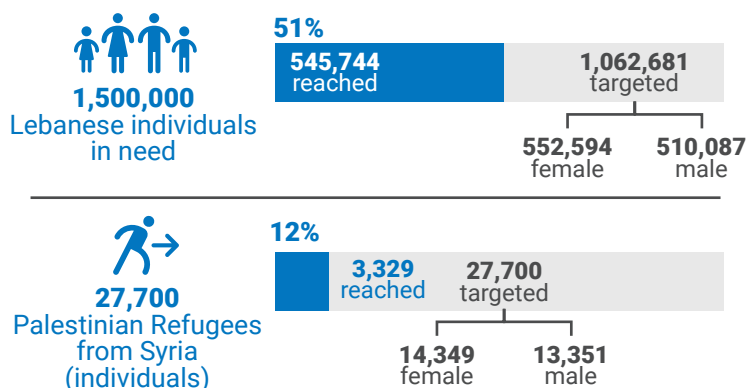
The 2021 end year dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response Plan and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access 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

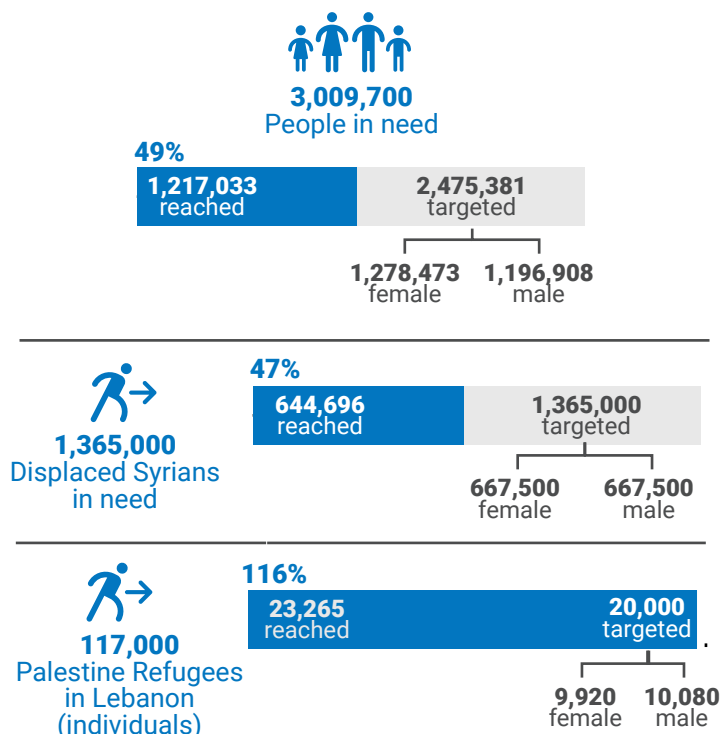
As of 31 december



2021 population figures by cohort

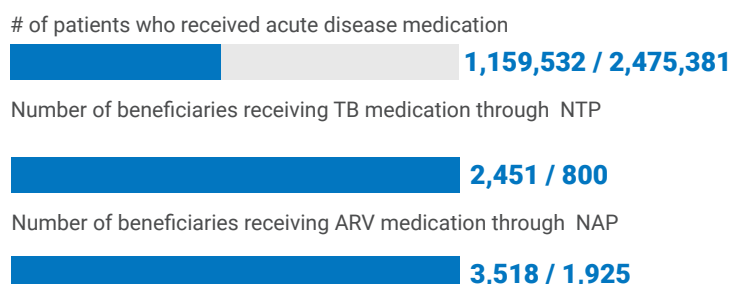
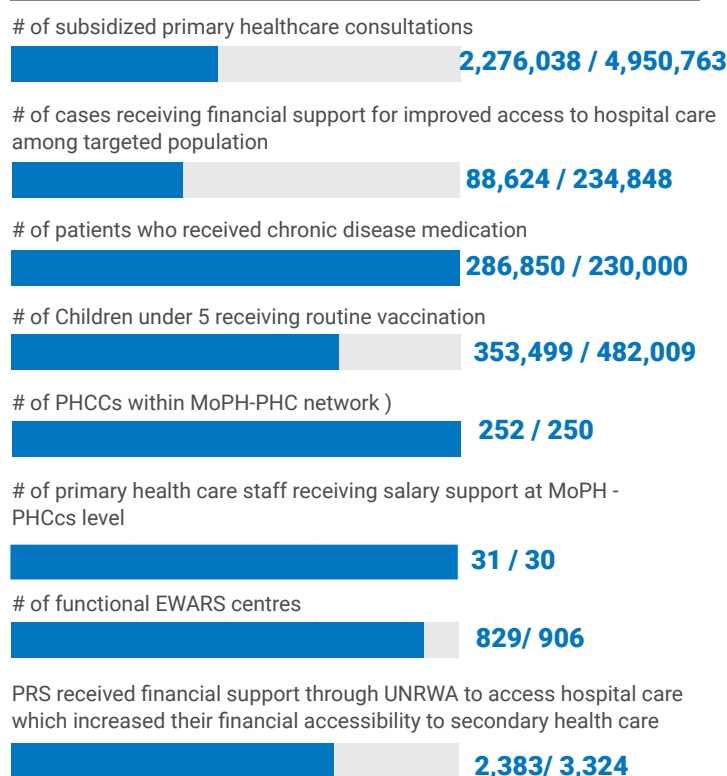


2021 population reached



Progress against targets

Key Achievements





1. Analysis of achievements of the sector at the output level

In 2021, the Health sector under the Lebanon Crisis Response Plan (LCRP) remained committed to ensure an equitable continuation of quality healthcare to displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria (PRS), Palestine refugees in Lebanon (PRL), and displaced populations from other nationalities. However, the Health sector was challenged by a deteriorating economic crisis, the COVID-19 outbreak and the impact of the several emergencies (mainly Beirut Port and Akkar explosions). The Health sector aimed to account for increased needs among vulnerable populations due to these crises and therefore increased its targets among the displaced populations and host communities.

PRIMARY HEALTH CARE

In 2021, vulnerable populations 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 (including medications), and nutrition services, as well as dental services and basic laboratory testing and imaging.

Subsidized Consultations

Vulnerable displaced populations and host community members benefitted from 2,276,038 subsidized consultations supported by Health sector partners, amounting to 46 per cent of a target of 4,950,763. This includes 1,087,729 consultations for vulnerable Lebanese people; 1,160,262 for displaced Syrians; 5,359 for PRS; 7,647 for PRL; and 15,041 for the displaced populations from other nationalities, including migrant workers. The services contributed to improving displaced populations' access to primary healthcare services. The number of subsidized consultations increased by 60 per cent from 2020 to 2021 (after dropping 20 per cent from 2019 to 2020) mainly due to the resumption of services after the easing of strict COVID-19 restrictive measures, and increased demand due to financial hardship. The difference in the number of people reached compared to the target is due to the fact that needs across populations have increased, while funding levels remained the same. The 1,087,729 consultations subsidized for Lebanese individuals in 2021 represent 48 per cent of total consultations and is the highest percentage since 2018 (38 per cent in 2020, 31 per cent in 2019 and 17 per cent in 2018). This is likely due to the deterioration of the economic conditions of the Lebanese population and their increased need for subsidized healthcare. Overall, women and girls benefitted from 62 per cent of subsidized consultations, and men and boys benefitted from 38 per cent of subsidized consultations.

Reproductive Health

Out of the subsidized consultations, vulnerable displaced populations and host community members benefitted from 130,069 antenatal care (ANC) consultations out of a target of 247,538, which contributed to improving their access to reproductive health services. The beneficiaries include 34,983 reproductive health consultations for vulnerable Lebanese individuals; 94,114 for displaced Syrians; 228 for PRS; 130 for PRL; and 614 for the displaced populations from other nationalities including migrant workers. The number of vulnerable women benefitting from ANC consultations increased by 48 per cent from 2020 to 2021, which reflects increased needs and the increased efforts of Health sector partners to respond to these needs by increasing accessibility to reproductive health information and services.

Mental Health

Out of the subsidized consultations, vulnerable displaced populations and host community benefitted from 105,236 mental health consultations, which is 43 per cent of the target of 247,538 and has contributed to improving their access to mental health services. This number includes 37,915 mental health consultations for vulnerable Lebanese; 64,124 for displaced Syrians; 245 for PRS; 990 for PRL; and 1,953 for displaced populations from other nationalities including migrant workers. The number of vulnerable people benefitting from mental health consultations increased by 32 per cent from 2020 to 2021, which reflects increased needs and also the increased efforts of Health sector partners to respond to these needs and increase their accessibility to mental health information and services. Overall, women and girls benefitted from 58 per cent of subsidized mental health consultations and men and boys benefited from 48 per cent of the services.

Vaccination

Efforts were intensified in 2021 to increase access to free vaccination services for all children under five years of age. A total of 353,499 vulnerable displaced and host community individuals benefitted from free routine immunization services at the primary healthcare level, or 73 per cent of the target of 482,009 individuals. Compared to 2020, the number of children under five receiving routine immunization decreased by 19 per cent, which follows from a previous decrease of 20 per cent from 2019 to 2020. The difference in the number of children reached and the drop in the vaccination rate is due to multiple factors at individual and institutional levels. At the individual level, challenges to access routine immunization services ranged from hidden costs at primary healthcare centres and very high transportation costs, to the de-prioritization of immunization by parents in order to make space in family budgets to cover other competing priorities, such as food and shelter. At the institutional level, challenges to increase equitable access to routine immunization services for children under five included COVID-19 outbreak restrictive measures, emigration of the healthcare personnel, reduced working hours and reduced capacity of primary healthcare centres due to the economic crisis in general and the fuel crisis in particular.



Chronic Disease Medications

At the primary healthcare level, a total of 286,850 (against a target of 230,000) displaced Syrians and vulnerable Lebanese (56% women and 44% men) were registered by the end of 2021 in the Ministry of Public Health (MOPH)/Young Men's Christian Association's (YMCA) chronic medications program operating through a network of 435 primary healthcare centres and health dispensaries across Lebanon. This represents a 32 per cent increase compared to 2020, and is likely attributed to three main factors: i) increased awareness of the availability of chronic disease medications in public health facilities; ii) unavailability of medications at the private sector level and the partial removal of medication subsidies by the government; and iii) the country's deteriorating economic situation, which has affected people's ability and willingness to pay for medications via the private sector and has consequently increased the need for subsidized medications.

Nutrition

In response to the Standardized Monitoring and Assessment of Relief and Transition (SMART) nutrition survey that was implemented in Lebanon in the third quarter of 2021, nutrition actors working in line with the Health sector expanded their efforts to respond to the increased needs in the country. An infant and young child feeding (IYCF) national campaign was implemented alongside the activation of a national IYCF hotline and the acceleration of the IYCF program outreach, referral, and counselling across the country. In primary healthcare centres, 248,450 were screened, compared to the target of 132,694 targeted vulnerable displaced populations and host community under the age of five were screened for acute malnutrition. The reached individuals included 124,459 vulnerable Lebanese, 122,734 displaced Syrians, and 1,257 displaced persons from other nationalities including migrant workers, which amounted to 187 per cent of the original outreach target. This might be due to increased nutrition efforts in 2021. In this regard, the target will increase in 2022 for children under five screened for acute malnutrition through clinic-based growth monitoring.

Health System Strengthening

The Health sector continued to contribute in 2021 to strengthening the national health system by carrying out and supporting inter-related functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities including Primary Health Care Centres (PHCCs) within the MoPH network and health dispensaries was prioritized.

The number of MoPH-PHCCs reached 254 across Lebanon in 2021. Some 31 staff were financed to support the MoPH, which constitutes a considerable decrease from previous years. While the vulnerability of displaced populations and vulnerable Lebanese has rapidly increased, donor support overall remained steady, causing a mismatch in demand for services and actual availability. In view of this situation, in addition to the emigration of medical staff and donor fatigue exacerbated by the global economic repercussion caused by the COVID-19 outbreak, the need for support to expand human resources to MoPH remains substantial at both the central and PHCCs levels.

HOSPITAL CARE

In 2021, both vulnerable displaced populations and host community benefitted from the hospital care support provided by Health sector partners. A total of 88,624 individuals received obstetric and emergency/life-saving care during the reporting period, or 28 per cent of the target of 234,848. Some 1,879 individuals out of the target of 123,580 are from vulnerable host Lebanese communities, 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, around 2,383 PRS and 19,441 PRL received hospital care. Due to an unexpected cut in funding, access to dialysis and blood disease support to displaced Syrians in need was hindered in 2021. The sector continues to advocate for urgent and life-saving support. The number of people from all nationalities benefitting from hospital care support remained stable across both 2020 and 2021, with a slight increase likely due to the inclusion of Lebanese host community. Some 38 per cent of vulnerable people targeted were reached and can be explained by the fact that the needs across populations have increased, while funding levels remained the same. The urge to support Lebanese population with hospital care is extremely high due to the bigger needs and increased financial hardship at both the individual and institutional levels. Overall, women and girls benefitted from 68 per cent of supported hospitalization, and men and boys benefitted from 32 per cent of supported hospitalization, which is primarily due to the high number of obstetric admissions.

OUTBREAK & INFECTIOUS DISEASE CONTROL

The Health sector continued in 2021 to support national outbreak and infectious diseases control through the expansion and reinforcement of the National Early Warning and Response System (EWARS), the assurance of contingency supplies at the MoPH level and through the strengthening of the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In this regard, 826 out of 906 EWAS centres were functional in 2021, contingency stocks were made available at MoPH warehouses, 1,339 beneficiaries received tuberculosis medications through NAP, and 1,802 beneficiaries received antiretroviral (ARV) medications through NAP.



IMPROVE ADOLESCENTS & YOUTH HEALTH

Health sector partners expanded efforts to reach adolescents and youth with health information. 5,873 outreach activities and awareness sessions were conducted for adolescents and youth on healthcare. Additional intra and inter-sectoral work will need to be prioritized to reach a higher number of adolescents and youth including the marginalized groups and therefore to increase their equitable access to healthcare information and services.

2. Key contributions of the sector to LCRP outcome and impacts in 2021

The multiple crises that continue to hit Lebanon in 2021 greatly affected the ability of the Health sector to provide needed primary, secondary and tertiary healthcare for the targeted populations. Nevertheless, efforts were increased to ensure the continuation of care while mainstreaming COVID-19 preventive measures to protect healthcare staff and the target populations. Activities implemented by partners have affirmed that improved access to comprehensive primary, secondary and tertiary healthcare services, improved outbreak and infectious diseases control, and improved adolescent and youth health are key enablers to achieving the LCRP Impact 3: Vulnerable populations have more equitable access to basic services through national systems.

Health sector partners greatly contributed to Outcome 1 (Improve access to comprehensive primary healthcare). Most of the activities under this outcome were provided to MoPH-PHCs in the form of subsidized consultations, free of charge acute and chronic disease medications, sexual and reproductive health, mental health, nutrition services, medical supplies, and reproductive health commodities. Additionally, routine vaccinations represented an integral part of this outcome being delivered at the primary healthcare centres level but also through national campaigns. COVID-19 outbreak response and related restrictive measures affected service delivery under this outcome mainly during lockdown periods at the beginning of the year, but then partners were able to apply mitigating measures to enable service delivery.

For Outcome 2 (Improve access to hospital (including emergency room care) and advanced referral care (advanced diagnostic laboratory and radiology care), financial support was not only provided to displaced populations but also reached vulnerable Lebanese host communities affected by the economic crisis. Public and private hospitals were also supported to increase bed capacity and benefit from equipment provided to respond to the COVID-19 outbreak situation. This support will be eventually used by the hospitals for general admissions in the future given the multi-purpose use nature of the supplies.

The active national EWARS and the availability of contingency supplies effectively contributed to achieving Outcome 3 (Improve outbreak and infectious diseases control). The systems that were put in place and strengthened by the Health sector were key to implementing a timely COVID-19 response and to maintain a balance between the ongoing crises and the continuation of care. Under Outcome 3, Health sector partners ensured the availability of a contingency stock at the MoPH warehouses. Partners continue to support and strengthen the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes: NTP & NAP.

After the challenges faced in 2020, due to the nature of the crisis and especially the COVID-19 outbreak, Health sector partners increased their efforts in 2021 to contribute to Outcome 4: Improve Adolescent & Youth Health. The school health program was gradually implemented, and awareness sessions were conducted for adolescents and youth on healthcare.

3. Challenges and mitigation measures

In general, vulnerable populations faced barriers to access healthcare in 2021 due to the multifaceted crises. Accessibility barriers included all different four pillars of accessibility: financial, geographical, availability and acceptability from both the supply and demand sides and at the individual and institutional levels. The deteriorating situation and the subsequent challenges impacted the business continuity of Health sector interventions across the country. Access was particularly difficult for persons with disabilities, older persons, adolescent girls and boys, survivors of sexual and gender-based violence and female-headed households. Among the Lebanese host community, middle-income households were affected as well. And increasing number of people have been driven to seek services from the public sector, which has increased demand and added additional strain to the public health system, while resources remained the same in some places and decreased in others.

On the supply side, challenges were particularly noticed with the importing of medications and medical supplies, and in covering maintenance costs for all health facilities. Due to the economic and fuel crises, primary healthcare centres were forced to reduce their working hours and hospitals cut down their bed capacity by 50 per cent. Human resources also declined considerably, due to 'brain drain' as health personnel emigrated in search of better living standards.

On the demand side, direct and indirect cost of services remain the main challenges to access healthcare. Vulnerable populations, particularly people with disabilities and older persons, continue to face challenges to access needed primary healthcare and hospital care, as many are unable to afford treatment and transportation costs. In addition, households are deprioritizing non-urgent health-



care services and hospital admissions including preventive primary healthcare (i.e., vaccination, antenatal and postnatal care, and mental health services). These healthcare seeking behaviours put vulnerable populations at risk of preventable diseases and an eventual increase in morbidity and mortality.

At the operational and coordination levels, multiple risks such as increased social instability, pressure on partners due to increasing needs and other risks linked to transfer values and shift in currencies hampered 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. Throughout 2021, the Health sector increased coordination efforts and strengthened joint work across coordination platforms to ensure smooth planning, implementation and reporting. The Health sector communicated in near real-time on a variety of time-sensitive issues like fuel distribution and support to ensure the continuation of care in line with the overall sector's strategy, whilst at the same time contributing to other responses - Emergency Response Plan (ERP) and Lebanon Reform, Recovery & Reconstruction Framework (3RF).

4. CASE STUDY

Strengthening Access to a Quality, Inclusive and Resilient Healthcare System (SAQIRH) is a health system strengthening initiative that started in 2020 and continued through 2021. The project's aim is to strengthen the service delivery component of the healthcare system to provide equitable access to healthcare and improve the quality of services provided in 11 primary healthcare centres (PHCCs) in Beirut and Mount Lebanon (BML), South, Beqaa and the North.

The project is being implemented by three Health sector partners including one national and two international non-governmental organizations (NGOs): Amel Association International, Première Urgence (PUI), and Médecins du Monde (MdM). The approach adopts a flat fee model (FFM) for the services provided in a complementary manner between partners bringing different domains of expertise together and feeding into the first outcome of the LCRP Health sector strategy to improve access to comprehensive primary healthcare based on existing and mapped needs.

PUI started the FFM after the Beirut Port explosions by providing support to two PHCCs¹ in BML owned by two local civil society organizations² and performing under the Ministry of Public Health's network. After the initiation of FFM by PUI, Amel Association International took the project over and continues to provide support to the same centres. This is a concrete example where Health sector partners implemented a coordinated response inside a PHCC and where national NGOs are supporting CSOs to strengthen the national system and to increase equitable access to quality primary healthcare services.

The Director of the Boulghourjian Socio-Medical centre, Ms. Nazelli Avakian declared: "The capacity of the centre has increased a lot and now we can serve more people within our catchment area where we do provide a comprehensive

package of primary healthcare. We used to provide around 400 consultations per month during the first quarter of the project. Now we are reaching more than 1500 consultations, which is great because the needs are increasing and there are many barriers for the patients to access primary healthcare. PHCCs have a major role to play as the first point of entry to the healthcare system."

The Public Health Officer at Amel Association, Rosa Hoteit confirmed: "The collaboration with Boulghourjian Socio-Medical centre is very successful. We have been working together on improving the quality of the services provided and exchanging best practices so we can implement in all of our supported PHCCs."

Since the beginning of the project, around 76,000 vulnerable individuals from all nationalities benefitted from approximately 143,000 consultations in the 11 supported centres.



Photo: During a primary healthcare consultation in one of the supported centres by Amel Association, Lebanon, December 2021.

1) Zarif Medical Center and Boulghourjian Socio-Medical Center.

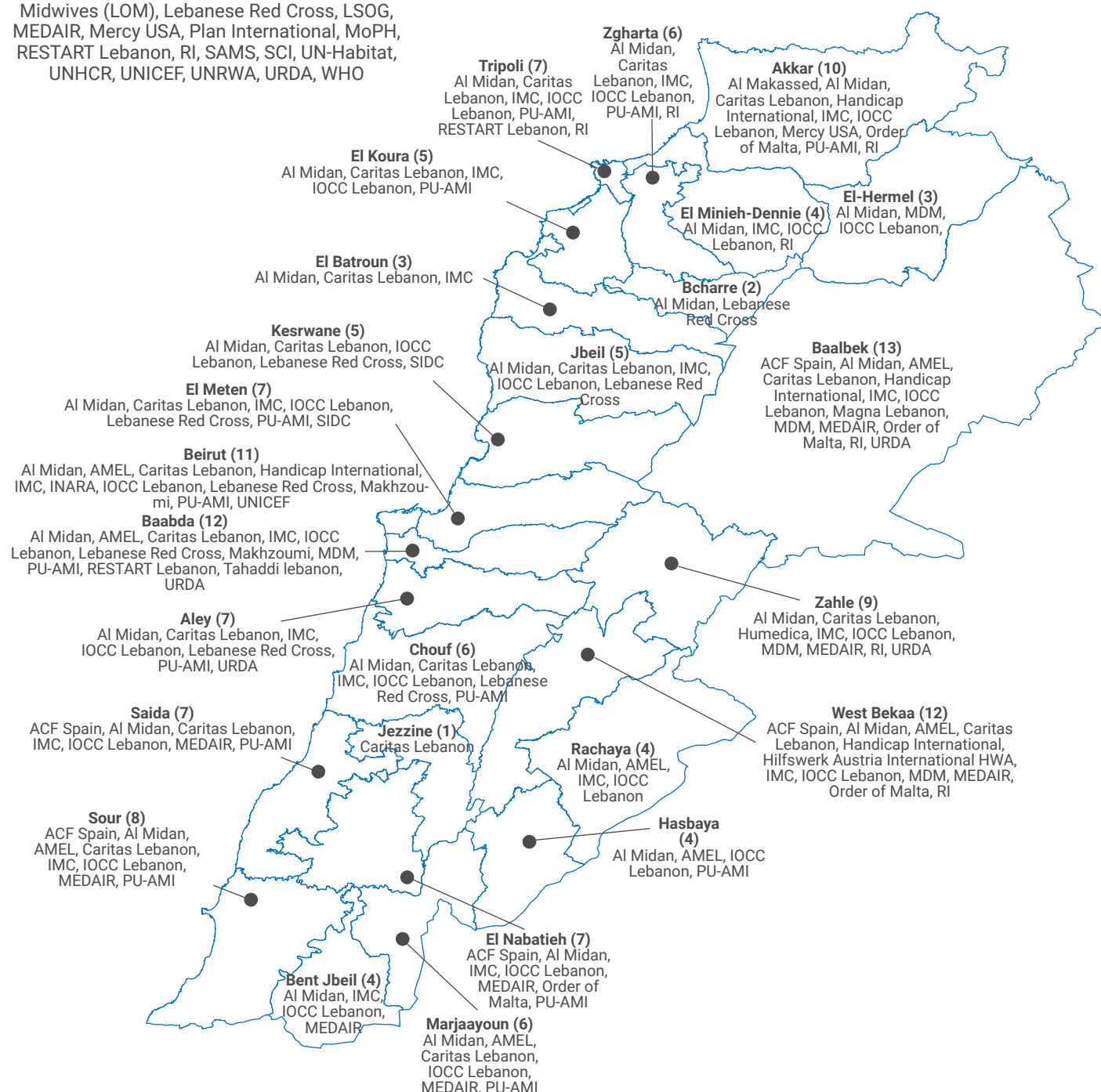
2) Islamic Philanthropic Association and Armenian Relief Cross of Lebanon.



5. 3W Map at district level

National (24)

ANERA, AVSI, Caritas Lebanon, IMC, INARA, IOCC Lebanon, IOM, Lebanese Order of Midwives (LOM), Lebanese Red Cross, LSOG, MEDAIR, Mercy USA, Plan International, MoPH, RESTART Lebanon, RI, SAMS, SCI, UN-Habitat, UNHCR, UNICEF, UNRWA, URDA, WHO



All 38 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo:

ACF Spain, Al Makassed, Al Midan, AMEL, ANERA, AVSI, Caritas Lebanon, Handicap International, Hilfswerk Austria International HWA, Humedica, IMC, INARA, IOCC Lebanon, IOM, Lebanese Order of Midwives (LOM), Lebanese Red Cross, LSOG, Magna Lebanon, Makhzoumi, MDM, MEDAIR, Mercy USA, MoPH, Order of Malta, Plan International, PU-AMI, RESTART Lebanon, RI, SAMS, SCI, SIDC, Tahaddi Lebanon, UN-Habitat, 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.

For more information, please contact:

Senior Inter-Agency Coordinators Camilla Jelbart jelbartm@unhcr.org and Elina Silen elina.silen@undp.org