

## Lebanon



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The structure of the Lebanese government is a republic based on a sectarian democracy; all political authority is vested in the Government in Beirut. Lebanon, with a per-capita income (PPP current international) of US\$ 13,978, is ranked 72 out of 186 countries in HDI. The Gender Inequality Index Lebanon is ranked 78 with a value index of 0.433, with a multilingual, highly literate population. Lebanon has an estimated 47% of the population under 24, making a relatively young population.

Lebanon is facing a variety of environmental health problems resulting from the years of war, including water pollution, air pollution, inadequate solid waste management and uncontrolled use of pesticides for agriculture and public health. Problems related to fresh water include deteriorating services and networks and mismanagement and uncontrolled exploitation of groundwater resources. Environmental concerns also include deforestation, soil erosion and desertification which have been compounded by climate change. Lebanon's coastal waters are also polluted with raw sewage and oil spills.

### HEALTH & DEVELOPMENT

**Health System:** The past decade has witnessed significant efforts of the Lebanese government to address the detrimental effects on the health system structure caused by the long lasting civil war that ravaged the country in the 1970s and 1980s. This period was characterized by rapid growth in an unregulated manner of the private for-profit high technology health sector and a weakened public sector. Although health sector reform was halted by the volatile political and security situation, progress was made towards improving the health system performance in general, and regaining the stewardship function of the Ministry of Public Health. In addition, with the many achievements of the health system in terms of equity, efficiency and quality of services, there was a significant improvement in health indicators with a decreasing of the GDP share of health expenditures mostly as a result of a meaningful reduction in household out-of-pocket spending.

**Life courses:** Obesity in general and among children in particular is of increasing concern, with around 15% of students estimated as being at risk for becoming overweight. There is evidence that the prevalence of anemia among women of childbearing age can be as high as 25%, and that vitamin D deficiency may be quite prevalent, particularly among women. A programme for fortification of flour with iron was prepared but not implemented due to lack of interagency and inter-ministerial agreement and reluctance among private flour-producing mills.

**Communicable Diseases:** Lebanon has achieved remarkable improvements in the control of communicable diseases. The high internal population mobility, extensive trade and commerce with the rest of the world and tourism create a continuous risk of importation of many infectious diseases. Although mortality from diarrheal and upper respiratory diseases is very low, these diseases continue to cause significant morbidity in children and adults.

**Noncommunicable Diseases:** Chronic and degenerative diseases seem to be on the rise. There is evidence that lifestyle related diseases such as cardiovascular disease, gastrointestinal ulcer, chronic obstructive lung disease, musculoskeletal disease, depression and cancer are increasing. Findings of the World Mental Health Survey for Lebanon showed that mental disorders are common in Lebanon, with a prevalence equivalent to that in Western Europe. However, the number of individuals with mental disorders who are not receiving treatment is considerably higher in Lebanon than in western countries.

**Emergency and Humanitarian Crises:** More than 220,000 Palestinians are living in refugee camps in Lebanon. In the mid-1990s, estimates described around one million seasonal Syrian workers (mostly in construction and farming). It is estimated that this number declined significantly after the Syrian troops withdrew from Lebanon in April 2005. It is also estimated that some additional 100,000 workers (domestic and semi-skilled workers, mainly from Egypt and Africa and countries in South-East Asia) reside in the country. UNHCR estimates that some 40,000 Iraqi refugees have been hosted in Lebanon since the invasion of Iraq. Lately, with the Syrian crisis, there is an estimated 400,000 Syrian refugees in Lebanon – a number which is likely underestimated with unofficial figures to touch a million. This crisis brings along with it a burden on the health system for service utilization coupled with newly introduced health threats like Leishmania, rabies and multi-drug-resistant tuberculosis.

Total population, thousands <sup>1</sup>	4,228
% population Under 15 <sup>1</sup>	25.0
Population distribution % urban <sup>1</sup>	87.0
Life expectancy at birth <sup>1</sup>	74
Fertility rate, total (births per woman) <sup>1</sup>	1.8
Under 5 mortality rate per 1000 live births <sup>1</sup>	22.0
Maternal mortality ratio per 100 000 live births <sup>1</sup>	25.0
Total expenditure on health as percentage of GDP (2009) <sup>1</sup>	7.4
General government expenditure on health as % of the total government budget (2009) <sup>1</sup>	9.5
Human Development Index Rank, out of 186 countries <sup>2</sup>	72
Per Capita Gross Domestic Product (PPP current international US\$) <sup>3</sup>	13,978 .2
Adult (15+) literacy rate <sup>4</sup>	90.0
Adult male (15+) literacy rate <sup>4</sup>	93.0
Adult female (15+) literacy rate <sup>4</sup>	N/A
% Population with sustainable access to water source <sup>1</sup>	100
% Population with sustainable access to improved sanitation <sup>5</sup>	98.0

Sources:

<sup>1</sup>WHO: World Health Statistics 2012, [http://www.who.int/gho/publications/world\\_health\\_statistics/2012/en/index.html](http://www.who.int/gho/publications/world_health_statistics/2012/en/index.html), 24 March 2013.

<sup>2</sup>UNDP: Human Development Report 2013, <http://hdr.undp.org/en/reports/global/hdr2013/download/>

<sup>3</sup>World Development Indicators & Global Development Finance, <http://www.worldbank.org/>, 24 March 2013.

<sup>4</sup>WHO: Regional Health Observatory <http://rho.emrg.who.int/rhodata/>, 24 March 2013

<sup>5</sup>World Health Statistics 2013

## PARTNERS

It is estimated that around 2% of health expenditures is provided by donors. This percentage probably increased after the July 2006 war due to the humanitarian and recovery health interventions. In addition to the UN agencies involved directly in health, namely WHO, UNICEF and UNFPA, other agencies and donors, such as the World Bank, Italian Cooperation and some bilateral agreements (Belgium, France, Greece, Spain, Sweden and Turkey) have interventions in health.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Health reform is ongoing and steps are progressing for MOPH to regain the stewardship of the health sector;</li> <li>• Large number of doctors and hospitals and other health facilities;</li> <li>• High level of education;</li> <li>• Large number of NGOs active in health and social welfare;</li> <li>• Adequate investment and expenditure on health;</li> <li>• Large number of bilateral and potential for attracting more capital and technical assistance, as well as a large number of NGOs and involvement of civil society in health;</li> <li>• Large number of health professional outside the country and potential for their support to the sector.</li> </ul>	<ul style="list-style-type: none"> <li>• Needed a stronger influence from MOPH on management regulation and guidance from the health sector;</li> <li>• High expenditure on health for much better outcome;</li> <li>• Over utilization of advance health technology and high cost of medicines;</li> <li>• Lack of the right mix of human resources and skills for health;</li> <li>• Implemented a health sector reform; PHC and partnership with health related sectors;</li> <li>• Surveillance and health information management have are not yet fully serving evidence based planning.</li> </ul>

## WHO STRATEGIC AGENDA 2010-2015

- **Strengthening health systems:** Strengthening health security, governance, delivery (revitalizing primary health care and strengthening hospitals), financing, increasing evidence to support policy analysis and development, and improving human resources for health development.

## ADDITIONAL INFORMATION

WHO country page: <http://www.who.int/countries/lbn/en/>

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