The Present Context

Ranking 81st on the UNDP Human Development Index, Lebanon has a population of almost 4 million with over 80% living in urban areas. Since the end of the 15-year civil war in 1991, the country has worked hard at rebuilding its infrastructure. Over the same period, Lebanon’s indicators have improved, with life expectancy at birth rising to 71.

Lebanon is experiencing an epidemiological transition, where diseases of affluence – diabetes, heart disease, cancer, high blood pressure – have dramatically increased while diseases of poverty – infectious and communicable diseases – are declining but have not yet disappeared.

The UN Interim Force in Lebanon (UNIFIL) has been in place since 1978. Lebanon is home to more than 400,000 Palestinian refugees supported by UNRWA.

The crisis that started on 12 July has displaced about one million people, of which more than 150,000 have crossed into Syria. As the number of people in shelters increases, safe drinking water and sanitation are becoming a major concern. Ongoing bombings and the destruction of key infrastructures complicate communication and limit access to health care.

Main Public Health Issues and Concerns

Health Status

- Lebanon carries a double burden of disease: health problems related to infectious diseases, such as acute respiratory infections and measles, persist while chronic degenerative diseases, such as diabetes, hypertension, high blood pressure and cancer, have considerably augmented. Figures for morbidity and mortality caused by chronic conditions are high: 305 and 152/100,000 for cardiovascular and ischaemic diseases respectively, 66/100,000 for cancer and 11/100,000 for diabetes.

- At 27 and 31 per 1000 live births respectively, infant and under-five mortality have steadily declined (UNDP/WHO). There are significant regional disparities with under-five mortality reaching up to 35.9 in Bekaa and 52.2 in Northern Lebanon. The main causes of child morbidity are respiratory infections and diarrhoea.

- Maternal mortality is 104 per 100,000. Most deliveries (88%) are attended by trained health personnel and, despite large regional disparities, 79% of pregnant women receive antenatal care in private health facilities.

- The national immunization coverage is low, with 85.2% of infants vaccinated against polio and 43% vaccinated against measles. Measles outbreaks are known to occur (618 cases in 2005). Lebanon last polio case was reported in 2003.

- The incidence of sexually transmissible infections is not quite known. Estimates indicate that 2500 people were living with HIV/AIDS by the end of 2003.

- Lebanon has an intermediate level of risk for TB, with an estimated incidence of 11/100,000 in 2004 (700 new cases every year).

- Resulting from years of war, Lebanon is suffering from major environmental degradation including: air pollution, inadequate solid waste management, water pollution in some remote places, and uncontrolled use of pesticides for agriculture.

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Health System

- Health delivery is dominated by the private sector accounting for more than 90% of the services. Together with NGOs, the private sector developed during the war, increasing in number and capacity to fill up the gap left by the public sector. Services are oriented towards curative care with a rapid growth in the number of hospitals and centres of high technologies.
- A network of 95 primary health care centres provided by the Government benefits about 8% of the population. Essential services include paediatrics, oral health and reproductive health in addition to drugs for chronic conditions and contraceptives. A further 430 dispensaries provide reproductive health services, reaching about 12% of the population.
- UNRWA has a network of 25 primary health care facilities across 12 camps. UNRWA has extended humanitarian aid to people displaced by the current conflict. It is sending medical teams to areas around the camps and delivering relief in the form of medical care and non medical items.
- In recent years, a surveillance system tracking communicable diseases and infections has been established through a collaborative effort of hospitals, health centres, dispensaries and laboratories, and this has helped strengthen the MoH’s role in prevention and promotion.
- However, the health management information system is very fragmented and data is not collected in a systematic manner. Coordination within the Ministry of Health (MoH) and with public and private counterparts is weak. Similarly there is a lack of public/private partnership.
- During the last decade the number of physician has increased at a rate of 8.3 % per year. Their geographical distribution is unequal however with a greater proportion in Greater Beirut, alongside the larger number of available hospital beds. The nursing and paramedical sectors remain seriously understaffed: in 2003 there were 23.1 registered physicians, 11.6 nurses and 39.7 health workers per 10 000 persons.
- Despite the presence of many development partners in Lebanon, no effective or strong coordination mechanisms exist. External aid is received from different sources, including UN agencies such as FAO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNIFEM, WHO, as well as many private, international or governmental organizations from the European Union, Italy or Japan.
- Total expenditure on health is approximately 10.6% of the GDP. Private health expenditure accounts for 70% and public expenditure for 30%.

Main Sector Priorities

WHO is cooperating with the MoH on several national programmes, including:

- Improving health determinants such as environment, food safety, poverty, community empowerment, sustainable development, tobacco use and lifestyles;
- Strengthening the health system by improving governance, health financing, institutional capacity and service delivery, human resources, technologies and integrated health information system;
- Improving partnership for health development including health education, support to decision makers, enhancement of public-private and national-international collaboration, and support for the coordination of external aid;
- Adapting health professionals training and curative services to the international market;
- Continuing support for communicable and non-communicable diseases control.

During the current crisis, WHO is focussing on the following priorities:

- Assessment of health impact, damage to health infrastructure and emergency needs of the health system;
- Monitoring of health threats through a surveillance and outbreak response system;
- Coordination of the humanitarian response in the health sector;
- Response to critical threats with appropriate and quality primary health care and critical gaps in health services delivery;
- Provision of logistic support to ensure efficient management of humanitarian supplies and drug donations.
- Assist the MoH prepare for transition to recovery.