REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

World Health Organization
Lebanon

Lebanon National Health Strategy: Vision 2030

One Year Review

Delegation of the European Union
to Lebanon

I. Introduction

In January 2023, the Ministry of Public Health (MoPH) launched its National Health Strategy: Vision 2030. Vision 2030 set out the framework for a sustained and modernized recovery of the health sector and intended to address the challenges of leading a burned-out health system. Through this strategy, and under the leadership of the MoPH, the different partners of the health sector joined efforts to respond to the escalating unmet health needs and participate in building a stronger, more resilient health system.

Over the past year, the National Health Strategy has made significant strides in enhancing the overall well-being of the population. The multifaceted approach has addressed key issues such as human resources shortage, challenged healthcare accessibility, and the massive gaps in health financing. Despite the multiple predicaments in the country, including the ongoing war and hostilities; the economic collapse and financial meltdown; the extended refugee crisis with its associated increased demand for scarce health resources; and disease outbreaks such as cholera; the health sector remained steady, and determined in achieving progress across the objectives outlined in the National Health Strategy. The National Health Strategy's commitment to fostering advanced governance and financing mechanisms, investing in essential public health functions, strengthening primary healthcare, capacitating human resources, and embracing digital health technologies is expected to result in an advanced, more equitable, more inclusive, and more sustainable healthcare delivery.

II. Objective

This document aims to outline the advancements made in the health sector across the National Health Strategy elements, as we commemorate its first anniversary. This follow-up report serves as a valuable tool for assessing the strategy's impact, identifying areas for improvement, and charting the course for the continued advancement of the country's health sector.

The meticulous description and categorization of progress underscores the commitment to transparency, accountability, and continuous improvement within the healthcare system. This comprehensive review process not only informs future policy decisions but also reinforces the commitment to achieving both the short-term gains and long-term vision outlined in the National Health Strategy.

III. Methodology

A specialized taskforce from the MoPH undertook a rigorous and comprehensive review of the progress achieved within the health sector during the preceding year. This involved a thorough examination of each facet of the National Health Strategy through assessing its various directions, goals, and objectives. The taskforce employed a robust methodology, combining quantitative data analysis with qualitative assessment and ensuring a thorough understanding of the complex landscape of healthcare improvements.

To enrich the evaluative process, the taskforce actively sought input and collaboration from key international partners involved in health, including WHO and UNICEF. Their expertise and perspectives were instrumental in providing a holistic evaluation of the national health strategy's impact, offering insights into current practices, achievements, gaps, and barriers. This collaborative effort not only reinforced the credibility of the review but also facilitated the sharing of knowledge and strategies to address common challenges faced by the health system.

The progress achieved was categorized into four distinct levels to provide a clear and comprehensive overview. Firstly, areas where no discernible progress had been made were identified, allowing for a targeted focus on understanding the barriers and challenges impeding advancement. Secondly, areas where work had been initiated were acknowledged, recognizing the initial steps taken towards the outlined objectives. Thirdly, significant progress was highlighted, signifying substantial advancements in specific areas. Lastly, initiatives that had been successfully completed were celebrated, showcasing tangible outcomes and contributions towards the overarching goals of the National Health Strategy.

III. Summary of Progress

As per the described evaluation scheme, the progress across strategy objectives may be evaluated as follows:

Progress evaluation	Number of objectives
No progress	22
Work initiated	34
Significant progress	31
Completed	1
Total	**88**

V. National Health Strategy Progress

STRATEGIC DIRECTION 1: STRENGTHENED HEALTH SECTOR GOVERNANCE, AND CAPACITATED MINISTRY OF PUBLIC HEALTH TO REGULATE AND ENSURE ESSENTIAL PUBLIC HEALTH FUNCTIONS

STRATEGIC GOAL 1.1 INSTITUTIONALIZE AND SUSTAIN COLLABORATIVE GOVERNANCE

Strategic Objective 1.1.1 *Promote collaboration between MoPH, professional orders, academia, civil society organizations, sector stakeholders, and other partners. Collaboration would include, among others: participatory decision-making, provision networks, and oversight and advice.*

With the aim of promoting collaboration and coordination among key health sector partners, several committees were established. The advent of such committees, while emphasizing the participatory governance approach, had a significant impact on advancing health system performance. Examples of these committees include:

- Drug authorization committees were formed of specialized physicians whose main role was to set treatment protocols for various medical conditions within their specialty and provide authorization to access subsidized medications as per set protocols. Such committees have had a substantial impact on the judicious use of resources, particularly the use of advanced treatments at times of scarcity.
- The Primary Healthcare (PHC) taskforce convened several meetings to discuss the currently implemented model of PHC service delivery, identify challenges, and suggest areas for improvement. The deliberations brough about these meetings helped shape a new roadmap for PHC service delivery.
- The National Immunization Technical Advisory Group (NITAG) has been actively engaged in providing essential policy guidance concerning immunization strategies and ensuring alignment with international best practices and guidelines. NITAG met multiple times in 2023 to discuss issues around measles outbreaks, PCV vaccine switch, and other immunization priorities.
- As for the Expanded Program on Immunization (EPI) Committee, operational roll-out strategies have been a primary focus of the committee which is actively involved in devising and implementing vaccination plans and finalizing the EPI strategy.
- The cholera response taskforce was convened in response to the cholera outbreak and involved major stakeholders and service implementers, including representatives from relevant ministries, UN agencies, NGOs, and subject matter experts. Their coordination and joint response were integral for the successful control of the country's cholera outbreak.
- In response to the recent repeated Israeli attacks and hostilities aimed at the country, MoPH convened two emergency response groups: One focused on casualty care, while the other addressed the health needs of displaced populations. These groups served as coordination mechanisms within the ministry's Public Health Emergency Operations Center (PHEOC) and among partners working toward similar objectives.

Progress evaluation: Significant progress

Strategic Objective 1.1.2 *Translate gains in terms of collaborative governance into lasting institutional change aligning government and non-government resources to achieve national goals and serve the public interest*

Steering committees in different areas were either created or activated. An example is the cancer steering committee which included key members from several organizations involved in cancer care. The role of this committee is to provide insights into the implementation phase of the national cancer plan. Another active committee is the PHC oversight committee which constitutes a collaboration and coordination forum between the ministry and key NGOs involved in PHC service delivery. Other committees that are planned to be formed soon include the public hospitals oversight committee, climate and health committee, and sin taxation analysis and advocacy committees. The roles and constituents of these committees are being refined to assure optimal performance and impact.

Progress evaluation: Significant progress

Strategic Objective 1.1.3 *Develop interactive platforms with academia for a learning health system*

Interaction with academia as part of the implementation of the National Health Strategy included collaboration in key areas with the aim of enhancing health system performance. This includes the pharmacovigilance program, climate and environmental health effects, management of NCDs, healthcare quality projects, nutrition surveys, and the production of several evidence documents to inform policies and high-level decisions. Additionally, involving academic institutions has had a favorable impact on strengthening human resources for health. The participation of students' committees such as Lebanese Medical Students' International Committee (LEMSIC) and Lebanese Pharmacy Students' Association (LPSA) in projects and activities was of mutual benefit to the health sector and students' academic experience. As a key illustration, LEMSIC students participated in the ministerial mission to World Health Assembly where they had the chance to represent Lebanon and fruitfully contribute to discussions that shaped global health policies. Students also had a remarkable supportive role in the communication strategy of the ministry during emergencies. LPSA students and recent graduates contributed to several projects related to warehouse management and MediTrack project implementation.

Other examples of interactive platforms with the academia include a collaboration with a Family Medicine program to support the training of family medicine residents who can, both during their training and following graduation, contribute to care delivery at PHC centers. Collaboration with academia is also highlighted through the execution of several projects in the fields of healthcare quality, neonatal care, and nutrition.

Progress evaluation: Significant progress

STRATEGIC GOAL 1.2 ENABLE EFFECTIVE MOPH LEADERSHIP, INTERSECTORAL COORDINATION AND COMMUNITY ENGAGEMENT

Strategic Objective 1.2.1 *Modernize the MoPH organizational structure and work:*

Define responsibilities and reporting lines, strengthen units and programs, and create an observatory to follow up on implementation, evaluation, and analysis of this strategy.

The Ministry's organigram and lines of authority could not be revised due to legislative limitations. Several programs and units were created such as PHEOC. Other programs under preparation include the laboratory network governance unit and the cancer program. For programs such as the National AIDS Program (NAP) and the National Mental Health Program (NMHP), the Ministry's leadership is emphasized and strengthened through better integration within the Ministry's organigram and enhanced oversight and coordination.

Progress evaluation: Work initiated

Strategic Objective 1.2.2 *Building MoPH capacity for effective leadership and regulation: Recruit qualified staff, revisit regulation criteria and procedures, modernize licensing legislation, and build the capacity of Ministry staff.*

There is a recruitment freeze by the public sector while several positions are being filled through international donors' support. United Nations agencies have actively contributed to enhancing and expanding the expertise of the Ministry's staff in various technical domains, including surveillance, pharmaceuticals, clinical management, EPI, maternal, child, and neonatal care programs, supply chain, IT, data management, and more. This support has been facilitated through a diverse range of trainings and capacity building activities, including online courses, on-site workshops, and educational trips.

These initiatives have been pivotal in equipping Ministry personnel with the necessary skills, knowledge, and tools to enhance their capacities and effectively address the multifaceted challenges within their respective fields. The hospital accreditation standards have been used as tools to identify deficiencies and gaps, allowing tailored support.

As for the regulatory capacity of the ministry, regulation of medications though MediTrack, LMS, and other related platforms is set in place, reaching an advanced implementation phase. On the other hand, work is in progress for the regulation of medical devices and blood banks. Regulation of other health facilities such as laboratories, radiology centers, polyclinics, and others are still pending.

Progress evaluation: Significant progress

Strategic Objective 1.2.3 *Engage municipalities and local communities: Develop district physicians' skills to involve municipalities and communities in their activities and engage municipalities and civil society organizations in epidemiological surveillance and other programs.*

Several community-based activities have been initiated, conducted by community health workers and nurses. National surveys including Lebanon's first Integrated Micronutrient, Anthropometric survey (LIMA) and the STEPwise approach to non-communicable diseases (NCDs) risk factor surveillance (STEPs) survey were facilitated and supported by local health authorities. Coordination with local authorities was maximized at times of crisis, such as during the cholera outbreak where the role of districts physicians, district health teams, and municipalities was essential for optimal community awareness and responsiveness.

Progress evaluation: Work initiated

STRATEGIC GOAL 1.3 ENHANCE DECENTRALIZATION AND AUTONOMY

Strategic Objective 1.3.1 *Empower existing decentralized MoPH units (regional and district offices).*

Empowering existing decentralized units has been initiated through capacity building and staff support, particularly at times of crisis and pandemics such as during COVID-19 pandemic, cholera outbreak, and PHEOC activation. An updated organigram and the terms of reference have been developed for staff involved in surveillance, thereby strengthening peripheral health units and optimizing the functions of existing human resources.

Progress evaluation: Work initiated

Strategic Objective 1.3.2 *Strengthen existing autonomous public hospitals: Set strict qualifications criteria and merit-based selection process for appointment of boards of directors to minimize political favoritism; establish monitoring and accountability frameworks; and provide financial and technical support.*

Technical support is provided to public hospitals in different areas, including quality and emergency preparedness. Support is also provided through the provision of medications and medical supplies, supported by donors and international agencies. A public hospital oversight body to provide technical support and guidance is planned. However, neither clear qualifications regarding the selection process of the board of directors nor an accountability framework are yet set.

Progress evaluation: Work initiated

Strategic Objective 1.3.3 *Create new autonomous public institutions: Implement the Lebanese Drug Administration law and activate the Drug Quality Control Laboratory.*

Implementation of the Lebanese Drug Administration law necessitates the formulation of decrees, which is a challenging requirement given the political deadlock of the country. On the other hand, significant efforts have been invested towards the activation of the national reference laboratory which shall operate under three streams: testing of emerging and non-emerging diseases, testing of food and water, and drug quality control testing.

Progress evaluation: Work initiated

STRATEGIC GOAL 1.4 ENSURE HEALTH AND SECURITY AND OTHER ESSENTIAL PUBLIC HEALTH FUNCTIONS

Strategic Objective 1.4.1 *Strengthen preparedness and public health response to disease outbreaks, natural disasters and other emergencies: Invest in health emergency and disaster risk management; strengthen and enhance the current department responsible for preparedness; adopt and implement an integrated disease surveillance strategy; restructure the Epidemiological Surveillance Unit; fulfil IHR and pandemic treaty requirements; update the Joint External Evaluation and National Action Plan for Health Security; and strengthen overall emergency management capacities within the Ministry and the emergency medical response system.*

The National Action Plan for Health Security was reviewed and updated. Additionally, the PHEOC was activated in response to hostilities initiated at the Southern border and expanded to other regions of the country. Activation was coupled with human resources recruitment and capacity building. Dashboards were created for better data visualization, coordination, and informed decision making. Training initiatives were conducted for healthcare providers in various settings.

Efforts also involved the development of a surveillance strategy that emphasizes the integration of indicator-based and event-based surveillance components, aiming to streamline data collection, analysis, and dissemination for a more responsive public health system. In addition, the Epidemiologic Surveillance Unit (ESU) organigram was restructured to ensure effective central and peripheral team roles and optimizing human resources efficacy. The ESU team underwent several trainings ranging from surveillance methodologies to data interpretation and response protocols. The aim of these trainings was to acquire the necessary skills and knowledge for effective disease surveillance. Additionally, plans for the re-establishment of the central public health laboratory (CPHL) are complete, with implementation conducted in a step-wise manner, as fund raising continues.

Progress evaluation: Significant progress

Strategic Objective 1.4.2 *Perform surveillance and monitoring of health determinants, risks, morbidity and mortality.*

Enhanced implementation of the Hospital Mortality System and expansion of the implementation and utility of DHIS2 system served as a robust platform for data collection, analysis, and reporting, enabling real-time monitoring and improved decision-making. Environmental surveillance and water quality monitoring systems are established. Periodic reports on key health indicators and health determinants are issued and disseminated, thereby allowing informed decision making.

Progress evaluation: Significant progress

Strategic Objective 1.4.3 *Reduce vulnerability to health threats at individual and collective levels:*

Strengthen health protection, including management of environmental, food, toxicological and occupational safety.

A reference lab for food and water testing is planned and preparatory work has been initiated. A ministerial committee to evaluate and help address environmental and climate effects on health is underway.

Progress evaluation: Work initiated

STRATEGIC GOAL 1.5 ESTABLISH THE PRACTICE OF GOOD GOVERNANCE PRINCIPLES

Strategic Objective 1.5.1 *Develop rules and implement tools for good governance principles and grievance mechanisms. System digitalization in several areas.*

A call center was set as a grievance mechanism allowing effective public communication.

Progress evaluation: Work initiated

Strategic Objective 1.5.2 *Enhance transparency and accountability within the Ministry and in public-private partnerships, with a focus on accountability and a participatory approach, including in the selection of and contracting with private providers and monitoring and accountability frameworks.*

Enhanced transparency and accountability within the Ministry are achieved through the adoption of digitalization solutions in several areas such as medication authorization and tracking (through the rollout of MediTrack).

The implementation of E-governance for the execution and follow-up of applications within the Ministry is planned, to be executed as part of the implementation of the digital health strategy. An online monitoring dashboard for the solar PV systems that are installed in health facilities has also been developed.

Progress evaluation: Significant progress

Strategic Objective 1.5.3 *Enforce the law on access to information.*

Enhanced information sharing is achieved through periodic reporting on key health data such as COVID-19 cases, cholera cases, casualties, and others. In addition, the Ministry website and formal social media accounts constitute forums for information sharing including reports, decisions, and health awareness material.

Progress evaluation: Significant progress

STRATEGIC DIRECTION 2: HARMONIZED FINANCING SYSTEM AND REDESIGNED BENEFITS PACKAGES FOR UNIVERSAL HEALTH COVERAGE, ENSURING TO ALL PEOPLE EQUITABLE ACCESS TO ESSENTIAL HEALTH SERVICES WITHOUT ENDURING FINANCIAL HARDSHIP

STRATEGIC GOAL 2.1 ENSURE SUFFICIENT FINANCING AND DESIGN A UNIFIED BASIC BENEFITS PACKAGE FOR ALL PUBLIC FUNDS AND THE MINISTRY THAT IS FINANCIALLY SUSTAINABLE AND ACCEPTED BY THE POPULATION

Strategic Objective 2.1.1 *Establish an entrusted consensual mechanism for rationing the collectively financed health benefits, based on equity, continuity of care and financial sustainability. (Consider the political feasibility of removing acquired benefits at high cost and little added value). Establish the Health Financing Coordination Committee.*

Although the Health Financing Coordination Committee has not been formally established yet, coordination meetings are periodically conducted among key health financing entities such as NSSF, COOP, Army, security forces, and private insurance. One of the objectives of these meetings is to align and standardize administrative procedures including tariffs, CPT codes, and eventually the adoption of ICD 11.

Progress evaluation: Work initiated

Strategic Objective 2.1.2 *Develop a unified essential benefits package, including promotive, preventive, primary, hospital and palliative care for all citizens, to be adopted by various third-party payers and coverage schemes, in line with peoples' needs and scientific evidence.*

A unified essential benefits package, including promotive, preventive, primary, hospital and palliative care for all citizens, to be adopted by various third-party payers and coverage schemes is not yet established, nor is the health benefits taskforce. However, a draft law for Universal Health Coverage is under discussion at the Parliament.

Progress evaluation: Work initiated

Strategic Objective 2.1.3 *Implement a real term increase of health financing from taxes based on political economy analysis, with sufficient allocation to primary health care and reduced out-of-pocket expenses.*

Discussions on sin taxation at the Council of Ministers have been initiated. A consultative taxation committee led by the MoPH with a role informing discussions and advocacy is under preparation. Additionally, a case study on tobacco taxation has been developed.

Progress evaluation: Work initiated

Strategic Objective 2.1.4 *Secure international financial assistance: Create a Health Crisis Response and Recovery Fund and establish a National Health Crisis Response and Recovery Council.*

Although a Health Crisis Response and Recovery Fund and a National Health Crisis Response and Recovery Council have not been established, international frameworks for supporting the health sector such as 3RF and LRP represent mechanisms for prioritization and coordination, both at the humanitarian and development fronts.

Progress evaluation: No progress

STRATEGIC GOAL 2.2 DEVELOP TOOLS TO IDENTIFY THE POOR AND VULNERABLE POPULATION AND ADOPT MECHANISMS TO BETTER TARGET THEM

Strategic Objective 2.2.1 *Upscale the National Poverty Targeting Program: Revise the proxy means testing tool, under the Ministry of Social Affairs and in collaboration with the World Bank, to identify different household categories with limited spending ability (not only the extreme poor), using a unified patient identification number to manage eligibility and entitlements.*

PHC capitation financing model will be piloted on the population identified by NPTP as the most vulnerable.

Progress evaluation: Work initiated

Strategic Objective 2.2.2 *Connect the National Poverty Targeting Program database to the Ministry of Public Health primary health care and visa and billing information systems.*

Connecting the poverty program database with MoPH has already been initiated, in preparation for the launching of the PHC REAYA project. Connecting the National Poverty Targeting Program database to the Ministry of Public Health and visa and billing information systems has not been established yet.

Progress evaluation: Work initiated

Strategic Objective 2.2.3 *Develop waiver policies for prepayment and co-payment, graded according to the household category.*

Developing waiver policies for prepayment and co-payment, graded according to the household category, has not been established yet.

Progress evaluation: No progress

STRATEGIC GOAL 2.3 FORMALLY INVOLVE PRIVATE INSURANCE FUNDS, INCLUDING MUTUALITY FUNDS, THROUGH REGULATED AND STANDARDIZED COMPLEMENTARY COVERAGE, WITH A FOCUS ON THE INFORMAL SECTOR OF THE ECONOMY

Strategic Objective 2.3.1 *Better regulated and planned involvement of Private insurance funds and mutuality funds should be better regulated and intentionally involved, in a harmonized financing for universal health coverage.*

Better regulated and planned involvement of private insurance funds and mutuality funds, in a harmonized financing model for universal health coverage has not been established.

Progress evaluation: No progress

Strategic Objective 2.3.2 *Public funds adopt one basic package for all people financed by collective contributions (this may be a combination of income-based taxes and social security contributions).*

Public funds adopting one basic package for all people financed by collective contributions have not been established.

Progress evaluation: No progress

Strategic Objective 2.3.3 *Standardized designs of voluntary complementary schemes should be privately financed (premiums, saving accounts) for those who can afford it.*

Standardized designs of voluntary complementary schemes that are privately financed through premiums and saving accounts have not been established.

Progress evaluation: No progress

STRATEGIC GOAL 2.4 REVISIT AND HARMONIZE INSTITUTIONAL ARRANGEMENTS AND PUBLIC-PRIVATE PARTNERSHIPS, WITH STANDARDIZED MECHANISMS ACROSS PUBLIC FUNDS

Strategic Objective 2.4.1 *Upgrade the unified public funds beneficiaries' database to capture utilization patterns and spending.*

Upgrading the unified public funds beneficiaries' database to capture utilization patterns and spending has not been established.

Progress evaluation: No progress

Strategic Objective 2.4.2 *Build a common value-based health care framework and promote performance contracting.*

Performance contracting is already established in the hospital sector. Need to be further enhanced and scaled up to other health facilities such as PHC centers.

Progress evaluation: Work initiated

Strategic Objective 2.4.3 *Encourage public funds and private insurance funds to have contracts with and/or reimburse bills from the primary health care centers in the national network.*

No progress regarding encouraging public funds and private insurance funds to have contracts with or reimburse bills from the PHC centers that are part of the national network.

Progress evaluation: No progress

Strategic Objective 2.4.4 *Restrict the services publicly covered in private tertiary care centers to high-tech advanced treatments that could not be provided in less expensive settings like public hospitals.*

Favoring service delivery by public hospitals to patients supported by public funds is achieved through scaling up the capacity of public hospitals to fulfill their role in providing advanced care such as dialysis and chemotherapy. This shall result in enhancing the services provided by public hospitals, minimizing costs, and decreasing dependence on the private sector.

Progress evaluation: Work initiated

Strategic Objective 2.4.5 *Build a health systems institutional arrangement "fit for purpose" for policy development and implementation, and for improved accountability, transparency and response at national and subnational levels. Such institutional arrangements include those for overseeing and regulating public-private sector engagement in the health sector.*

Several data-informed policies have been issued for the purpose of regulating public-private engagement, with a focus on the pharmaceutical and medical devices industry. Such policies have improved accountability and transparency and helped define the role of the private sector.

Progress evaluation: Work initiated

STRATEGIC GOAL 2.5 RESET PAYMENT MECHANISMS OF THE MINISTRY AND PUBLIC FUNDS TO GET BETTER VALUE FOR MONEY IN THE PROCUREMENT OF GOODS AND SERVICES AND STANDARDIZE MEDICAL AND FINANCIAL AUDITS

Strategic Objective 2.5.1 *Upgrade the MoPH performance contracting, including quality and case mix criteria following performance-*

based payment schemes.

No change in the MoPH performance contracting and performance payment schemes.

Progress evaluation: No progress

Strategic Objective 2.5.2 *Unify contracting modalities and payment mechanisms among public payers.*

No progress regarding unifying contracting modalities and payment mechanisms among public payers.

Progress evaluation: No progress

Strategic Objective 2.5.3 *Set new co-payment mechanisms, privileging the use of generic medicines, while emphasizing the coverage of health promotion, prevention, elderly care, long-term care and palliative care.*

The PHC essential list and MoPH drug formulary were revised, preferentially including high quality cost-effective generic medications and biosimilars. Additionally, there is a preference for locally manufactured products.

Progress evaluation: Work initiated

Strategic Objective 2.5.4 *Primary health care provider payment should be built on capitation and linked to provision of defined packages of promotive, preventive and curative services.*

Capitation model for financing PHC service delivery is prepared for piloting in the first quarter of 2024. At times of financial constraints, this model can provide better cost estimates of delivering PHC services. This model is also designed to encourage the uptake of preventive, promotive, and curative services by beneficiaries and secure continued quality improvement and human resources capacity building.

Progress evaluation: Work initiated

STRATEGIC GOAL 2.6 A ROAD MAP TO ACHIEVE THE LONG-TERM OBJECTIVE OF UNIFYING PUBLIC HEALTH FUNDS UNDER ONE AUTONOMOUS HEALTH AUTHORITY

Strategic Objective 2.6.1 *Based on the political economy analysis, consider the possibility of a virtual single pool with risk equalization mechanisms as an alternative. Establish the national health insurance authority.*

Neither a single pooled public health fund nor a national health insurance authority have been established.

Progress evaluation: No progress

STRATEGIC DIRECTION 3: TRANSFORMED HEALTH SERVICES DELIVERY SYSTEM FROM SUPPLY-DRIVEN INTO PEOPLE-CENTERED AND INTEGRATED HEALTH CARE WITHIN THE FRAMEWORK OF UNIVERSAL HEALTH COVERAGE

STRATEGIC GOAL 3.1 SCALE UP THE NATIONAL PRIMARY GATEKEEPERS AND, DEFINE CATCHMENT AREAS FOR PRIMARY HEALTH CARE CENTRES AS GATEKEEPERS, AND SET UP A REFERRAL SYSTEM PRIVILEGING THE FRONT-LINE PUBLIC HOSPITALS

Strategic Objective 3.1.1 *Expand the primary health care network and enhance centers' capabilities: Develop advanced licensing criteria specific for primary health care centers; extend the opening hours of primary health care centers with a permanent availability of family physicians; upgrade the centers' diagnostic capacities, including medical imaging and lab testing; and reactivate the primary health care accreditation program.*

During 2023, the number of centers that have joined the PHC network increased from 279 to 300, thereby improving the ministry's oversight over these centers and facilitating provision of support in the form of medications, vaccines, and trainings. Work is underway to review accreditation standards and diagnostic capacities of centers.

Progress evaluation: Work initiated

Strategic Objective 3.1.2 *Set gatekeeping rules whereby every citizen should access health care through a primary health care center of his/her choice, with a referral system privileging public hospitals over private and establish a case management system.*

A gatekeeping model and pathways from primary care to more specialized care have not been established yet.

Progress evaluation: No progress

Strategic Objective 3.1.3 *Develop home care to close the loop of continuity of care including the regulation of private home-care providers.*

A home care national plan and regulation of home care have not been initiated yet.

Progress evaluation: No progress

Strategic Objective 3.1.4 *Involve community and ensure that no one is left behind. Ensure that the system is responsive and gain public acceptance of the strategy interventions brought closer to the community.*

One hundred PHC centers have initiated service delivery through outreach activities delivered by skilled health workers including community health providers. Additionally, supported by the international agencies, 20 PHC centers initiated the delivery of mobile services at times of emergency through the establishment of PHC satellite units activated in areas affected by emergencies. The 'AaSalameh' initiative aimed to empower PHC centers in delivering timely and complete preventive and promotive health at the facility, community, and household levels and effectively linking families to their PHC centers. .

Progress evaluation: Significant progress

STRATEGIC GOAL 3.2 REDEFINE THE MODEL OF SECONDARY AND TERTIARY CARE WITH A FOCUS ON FRONT-LINE PUBLIC HOSPITALS AS "HÔPITAUX DE PROXIMITÉ"

Strategic Objective 3.2.1 *Redefine the role of public district hospitals as front-line general hospitals, with essential specialties to cover all people's needs at district level while leaving advanced specialized tertiary care services to bigger regional public hospitals and engaging the private hospitals when needed: Strengthen the governance of the public hospitals and improve the status of the workforce and financing and re-evaluate the autonomous law and the "real" independence of the public hospitals.*

Centers for the delivery of advanced services such as chemotherapy, dialysis, critical care, neonatal and maternal care, and burn care are strengthened and expanded at public hospitals.

The governance structure and autonomy need to be revisited and optimized. Intensive capacity building in terms of ICU, ER and mass casualty case management has been provided across the country, with a focus on quality improvement.

Progress evaluation: Work initiated

Strategic Objective 3.2.2 *Assign a clear public health mission to public hospitals in addition to providing quality-assured medical services.*

The role of public hospitals in emergency and crisis response is emphasized and strengthened. This was achieved through assessment of available capacities and resources, delivery of a series of trainings in different areas, and supplementing hospitals with some of the needed equipment, supplies, and medications.

Progress evaluation: Work initiated

STRATEGIC GOAL 3.3 REDESIGN THE COVERAGE AND PROVISION OF EMERGENCY HEALTH CARE SERVICES

Strategic Objective 3.3.1 *Explicit coverage of emergency services, including transportation and care, should be provided by the*

Ministry, public funds and private insurance.

The financial coverage of emergency services, including transportation and clinical care is not standardized or comprehensively secured across all guarantors.

Progress evaluation: No progress

Strategic Objective 3.3.2 *Revisit emergency services payment mechanisms by defining packages of emergency care with fair flat-rate reimbursement.*

Revisiting emergency services payment mechanisms by defining packages of emergency care with a fair flat-rate reimbursement has not occurred yet.

Progress evaluation: No progress

Strategic Objective 3.3.3 *Reorganize and regulate ambulance services and paramedics, and revisit institutional arrangements between insurers and providers.*

Reorganizing and regulating ambulance services, paramedics and institutional arrangements has not been performed yet.

Progress evaluation: No progress

Strategic Objective 3.3.4 *Promote emergency medical specialty and paramedics vocational training.*

An emergency medicine diploma is under preparation to increase the pool of specialized staff that can deliver emergency medicine services.

Progress evaluation: Work initiated

STRATEGIC GOAL 3.4 TRANSFORM LONG-TERM CARE TOWARDS GOOD PROFESSIONAL PRACTICE, RESPECTFUL OF HUMAN RIGHTS, AND STRENGTHEN PALLIATIVE CARE

Strategic Objective 3.4.1 *Establish and promote elderly homes (hospices) and geriatric care.*

No progress regarding the promotion of elderly homes (hospices) and geriatric care.

Progress evaluation: No progress

Strategic Objective 3.4.2 *Promote specialized long-term medical services.*

No progress regarding the promotion of specialized long-term medical services.

Progress evaluation: No progress

Strategic Objective 3.4.3 *Expand and fund rehabilitation centers.*

No progress with regards to the expansion and funding of rehabilitation centers.

Progress evaluation: No progress

Strategic Objective 3.4.4 *Strengthen mental health institutions.*

A specialized committee to assess the quality of services at mental health institutions using the Quality Rights tool and secure appropriate care delivery has been established.

Progress evaluation: Work initiated

Strategic Objective 3.4.5 *Integrate palliative care at different levels of health care with particular emphasis on home cares.*

A project concept note titled "Enhancing access to and use of opioids and high alert medications in home-based palliative care settings" was recently developed and is currently under review. A model for reimbursing hospital and home-based palliative care is being developed. Home-based palliative care is being expanded with the contribution of specialized NGOs.

Progress evaluation: Work initiated

STRATEGIC GOAL 3.5 INVOLVE THE PRIVATE SECTOR BEYOND PROVISION OF HOSPITAL CARE

Strategic Objective 3.5.1 *Engage private outpatient caregivers (physicians, midwives, psychologists and so on) in the continuity of care cycle and reporting systems.*

More than 70 private pediatricians are partnering with the Expanded Program on Immunization at MoPH to enhance vaccination coverage. Additionally, standalone midwiferies are reporting on births and neonatal deaths system. Moreover, more than 600 facilities in the private sector report to the MoPH on selected variables, mainly communicable diseases.

Progress evaluation: Significant progress

Strategic Objective 3.5.2 *Promote privately provided and collectively financed home care, elderly care and palliative care.*

No significant progress has been achieved with regards to the promotion of privately provided and collectively financed home care, elderly care, and palliative care.

Progress evaluation: No progress

Strategic Objective 3.5.3 *Link outpatient private providers to the health information system, including regulated use of standardized and user-friendly electronic health records.*

Documentation of essential vaccination on MERA Pro platform by private providers was achieved. Additionally, sentinel sites are reporting on Influenzas Like Illnesses. Private physicians are reporting on a priority list of communicable and vaccine preventable diseases. Reporting on other conditions remains limited.

Progress evaluation: Significant progress

Strategic Objective 3.5.4 *Strengthen regulations for the private sector.*

Strengthened regulation of the private sector was accomplished in several areas, especially those related to pharmaceutical and medical devices industries.

Progress evaluation: Work initiated

STRATEGIC DIRECTION 4: EALTH PROMOTION AND DISEASE PREVENTION

STRATEGIC GOAL 4.1 SEEK INTERSECTORAL APPROACH TO ADDRESS SOCIAL DETERMINANTS OF HEALTH INEQUITY AND PROMOTE THE HEALTH IN ALL POLICIES CONCEPT

Strategic Objective 4.1.1 *Conduct a national assessment and support implementation of interventions for improving environmental issues, including waste management and air pollution. Allocate additional resources to protect the environment.*

Assessment of climate and environmental conditions using the global WASH FIT tool in all public hospitals, PHC centers, and selected dispensaries is being conducted. Based on the results of the assessment, corrective interventions and mitigation measures shall be planned and implemented.

Progress evaluation: Work initiated

Strategic Objective 4.1.2 *Promote multisectoral action and whole of government and whole of society approaches.*

Multisectoral action included collaboration with relevant ministries, international agencies, and academia on different areas related to climate and environmental sustainability. A climate and health strategy is being developed to identify priority areas and guide interventions. A remarkable outcome of the investment in climate and environmental conditions is the implementation of solar systems at health facilities with the solarization of 172 PHC centers and 19 public hospitals.

Progress evaluation: Work initiated

Strategic Objective 4.1.3 *Address social determinants of health, including equity, and regain achievements in SDG3 related to health (mainly child health and maternal health): Include other vulnerable groups like older persons, persons with disabilities, prisoners and refugees, and give special attention to gender equality.*

Several projects and interventions are targeting vulnerable populations. This includes programs to prevent financial hardships through the coverage of hospitalization expenses of life-saving limb-saving conditions and of neonates requiring intensive care. Efforts at regaining the country's achievements in SDG3 are emphasized through the provision of midwife led maternal care and care packages dedicated to preventive, promotive, and curative services of women and children. The baby-friendly hospital initiative, in support of breastfeeding, was rolled out with three hospitals in the country designated as baby friendly. Special attention to other vulnerable populations such as prisoners and people living with HIV is achieved through targeted projects and programs.

Progress evaluation: Significant progress

Strategic Objective 4.2.1 *Enhance community and civic engagement.*

The Patient-Centered Care approach significantly contributed to fulfilling the objective of empowering individuals to take action and advocate for their health needs. This approach prioritizes the involvement of patients in decision-making and informed health-seeking behaviors. By emphasizing patient engagement and participation, patient-centered care fostered a sense of ownership and responsibility regarding one's health. Four PHC centers have been involved in the pilot phase while roll-out and upscaling of the Patient-Centered Primary Care at PHC centers is planned for 2024 and beyond.

Progress evaluation: Significant progress

Strategic Objective 4.2.2 *Inform people and enhance knowledge among the general public: Empower people to have a voice and take action to promote adequate health-seeking behaviors; build trust in public health services, primary health care centers, hospitals and generic medications, with a focus on the quality of services and commodities; and promote the options of the strategy using all channels of media to enhance acceptability.*

Enhanced public engagement was accomplished through involving them in different national committees such as the Neonatal Care Committee and the committee responsible for implementing the National Cancer Plan. Additionally, forums for community engagement and awareness through social media have been augmented.

Progress evaluation: Significant progress

STRATEGIC GOAL 4.3 TARGET THE YOUTH AND PROMOTE THE SCHOOL HEALTH PROGRAM

Strategic Objective 4.3.1 *Promote youth health, school health and other health programs in educational facilities not limited to schools (nurseries, orphanages, vocational educational centers and universities).*

Coordination with Ministry of Education and Higher Education (MEHE) and UN agencies resulted in the reactivation of the school health program, with a focus on implementing the first round of school health screening and the 4th round of the Global School Health Survey.

Progress evaluation: Work initiated

STRATEGIC GOAL 4.4 DESIGN AND IMPLEMENT PROGRAMS TARGETING NON-COMMUNICABLE DISEASES THAT ARE INTEGRATED AT DIFFERENT LEVELS OF HEALTH CARE

Strategic Objective 4.4.1 *Implement the best buys, including taxes on all tobacco/nicotine products and enforcement of the law.*

No taxes were implemented on tobacco or nicotine products, however, a national legislation for restricting the use of saturated fatty acids was issued. A national case study on tobacco taxation is also developed.

Progress evaluation: Work initiated

Strategic Objective 4.4.2 *Address non-communicable disease prevention, including primary health care outreach promotion and early diagnosis activities: Benefits packages should be developed for disease prevention and early detection (especially for cancers, diabetes mellitus, hypertension and others) at primary health care centers and public hospitals and integrated into the electronic health records and the case management system.*

Benefits package for screening and management of NCDs have been developed and implemented at PHCs. There is a need to enhance the implementation of similar packages or disease care bundles at other care levels.

Progress evaluation: Significant progress

Strategic Objective 4.4.3 *Ensure access to essential medicines for people living with non-communicable diseases.*

Essential medicines list at PHC was reviewed and finalized, prioritizing generics, and taking into consideration the local pharmaceutical market. This process assures the provision of quality and affordable drugs, supports the local industry, and insures uninterrupted access to medications from the private market in case of medications shortage at PHC centers. However, access to essential medicines still depends heavily on donors' funds.

Progress evaluation: Significant progress

Strategic Objective 4.4.4 *Non-communicable disease services, especially at the primary health care-level facilities to better prevent, early detect, diagnose, treat and manage non-communicable diseases.*

Benefits package for screening and management of NCDs have been developed and implemented at the PHCs.

Progress evaluation: Completed

Strategic Objective 4.4.5 *Enhance access to mental health and substance use services through scaling up the integration of mental health within primary health care.*

Mental health strategy has been finalized with a plan to be launched in March 2024. Integration of mental health services in primary health centers started and is upscaled. Access to Mental Health medications for the vulnerable groups is secured.

Progress evaluation: Significant progress

Strategic Objective 4.4.6 *Community-based mental and psychosocial support services to promote and protect mental health.*

Mental health strategy was updated with a sub-strategy focusing on child and adolescent mental health. The strategy includes upscaling the integration of mental health within primary health care and at the community level, including psychological first aid and patient health questionnaire screening.

Progress evaluation: Work initiated

Strategic Objective 4.5.1 *Follow and implement The One Health approach which calls for the collaborative efforts of multiple disciplines working locally, nationally and globally to attain optimal health for people and the environment by preparing and responding to communicable diseases.*

The promotion and implementation of the One Health approach has been prioritized, aligning the collaborative efforts of diverse disciplines to ensure optimal health for people and the environment. Through comprehensive initiatives, a unified response to communicable diseases and environmental and climate conditions has been fostered. Such endeavors aimed to equip health professionals and stakeholders with the necessary tools and strategies to effectively address health challenges by emphasizing the interconnectedness of human, animal, and environmental health within the One Health framework. The simulation exercises and workshops served as platforms for cross-disciplinary collaboration, knowledge exchange, and the development of coordinated action plans.

Progress evaluation: Work initiated

Strategic Objective 4.5.2 *Vaccine-preventable diseases: Strengthen routine vaccination and adult vaccination; strengthen and expand the existing collaboration with private providers under the national immunization program; ensure a continuous supply of vaccines by engaging; create trust and confidence in public sector vaccination; and ensure the quality of vaccine storage, cold chain and immunization waste management.*

Joint efforts have contributed to the provision of vaccines, technical expertise, and strategic guidance, thereby ensuring enhanced immunization programs and the effective prevention of vaccine-preventable diseases across the country. Through Gavi support, availability of all routine immunization covering all children in the country was secured, while assuring zero stock-out of any vaccine.

As a result of scaled up efforts, around 650,000 children and adolescents were vaccinated including 380,000+ missed children and adolescents; 125 PHC centers were engaged to conduct outreach vaccination sessions through bringing services closer to the community; and 12 mobile vaccination units were deployed in vulnerable and underprivileged areas. Efforts were also invested to encourage the private sector to join the network by developing MERA Pro application, a dedicated app for the private sector. The entire cold chain network was upgraded with 1000+ solar vaccine fridges. New freeze free vaccine carriers were provided to prevent freezing of vaccines, and the entire cold chain was connected to remote temperature monitoring devices.

Progress evaluation: Significant progress

Strategic Objective 4.5.3 *Improve water quality and food safety by working with other relevant stakeholders.*

Efforts to improve water quality and food safety were initiated in collaboration with academia and other relevant stakeholders. Assessments were conducted and support was provided, resulting in the reactivation of water laboratory testing facilities in six hospitals. Support encompassed the provision of the necessary supplies, equipment, and specialized training to bolster the functionality and efficiency of these laboratories. This initiative aims to ensure robust water quality testing measures within healthcare facilities, enhancing their capacity to monitor and maintain safe and hygienic water standards. A reference lab network for food and water testing is under development.

Progress evaluation: Work initiated

Strategic Objective 4.5.4 *Re-establish the central public health laboratory, with a status of autonomy: Revisit the central lab functions by establishing a national network of reference labs in Lebanon; set an independent laboratory for drugs analysis to be linked to the LDA and decentralize the food analysis function and coordinate with the Ministry of Agriculture and municipalities.*

Significant progress was achieved with regards to the activation of a national reference laboratory with a focus on testing for emerging and re-emerging communicable diseases. Standard operating procedures were set, equipment was purchased, funding was partially secured, and staffing plan was developed. Efforts to activate other reference lab functions such as drug analysis and food and water testing are underway.

Progress evaluation: Significant progress

Strategic Objective 4.5.5 *Address antimicrobial resistance using the One Health approach.*

No significant progress has been made in the past year regarding addressing antimicrobial resistance. Reactivation of the antimicrobial resistance committee is planned for the near future.

Progress evaluation: No progress

Strategic Objective 4.5.6 *Fight communicable diseases other than vaccine-preventable diseases like tuberculosis and HIV among others: Tuberculosis elimination plan; HIV response strengthening, and Hepatitis prevention, testing and treatment.*

Supported by UN agencies, significant efforts were invested towards sustained development of targeted programs for addressing HIV and TB. Key services provided by the programs include disease surveillance, diagnosis, treatment, preventive measures, in addition to technical expertise, capacity-building initiatives, and advisory support. Merging of the administrative structures of the National AIDS Program and National Tuberculosis Program and integration with existing health facilities was started, allowing for pooling of the finite resources, cost containment, and securing programs sustainability beyond the era of international support.

Progress evaluation: Significant progress

STRATEGIC GOAL 4.6 IMPLEMENT THE NATIONAL NUTRITION STRATEGY

Strategic Objective 4.6.1 *Implement the National Nutrition Strategy.*

The The first national nutrition strategy and action plan (2021–2026) for Lebanon was launched in 2023, following a multisectoral consultative process involving key nutrition stakeholders. A national nutrition taskforce was activated to oversee the operationalization of the national nutrition strategy. The Ministry also led the establishment of a nutrition sector to ensure timely and coordinated nutrition interventions.

As part of implementation of the strategy, the Rising Initiative was implemented, utilizing multiple platforms to address immediate and underlying causes of malnutrition and early childhood developmental deprivations, reaching over 170,000 vulnerable children and caregivers in 2023. The Rising Initiative also enrolled and supported nurseries and day care centers with more than 77 nursery instructors from 44 daycares were equipped with essential skills and supplies for delivering an integrated package of nutrition and early childhood development preventive and promotive services to over 2,000 young children and their caregivers.

Additionally, LIMA Survey, was completed through collecting bio-samples from 8,000 children and women. As part of the survey, over 3,000 household salt samples were collected with the aim of analyzing the efficacy of salt iodization program.

Through PHC centers and the establishment of early childhood development corners in the most deprived settings, around 270 community health workers and early childhood development frontline workers have been equipped with knowledge and skills to provide preventive and promotive nutrition and child development interventions to 170,000 children and caregivers. In addition, more than 60,000 pregnant and lactating women were screened for malnutrition at PHC centers, leading to proper treatment for almost 1,900 malnourished mothers. As part of this project, around 20,000 pregnant and lactating women were provided with micronutrient supplements, supporting fetal and newborn growth and development.

Growth monitoring and screening efforts extended to around 270,000 children aged 0-59 months, resulting in the identification and treatment of more than 3,000 acutely malnourished children. To combat micronutrient deficiencies, around 125,000 children under 5 were proactively administered Vitamin A supplementation, ensuring optimal growth and development. Micronutrient powder was also provided to more than 76,000 children to prevent anemia and micronutrient deficiencies. Recent efforts and progress resulted in developing and implementing a systematic education program, including a curriculum on integrated nutrition and early childhood development.

Progress evaluation: Significant progress

STRATEGIC DIRECTION 5: ENHANCED RESILIENCE AND ADAPTABILITY OF THE HEALTH SYSTEM BY STRENGTHENING ITS BUILDING BLOCKS

STRATEGIC GOAL 5.1 HEALTH HUMAN-POWER DEVELOPMENT, RETENTION AND REPURPOSING

Strategic Objective 5.1.1 *Increase the production of a high-level workforce for the country (and the region), in addition to a retainment strategy with incentives to serve primary health care and rural areas.*

Efforts to increase the availability of high-level workforce include collaboration with a family medicine residency program to encourage the

production of family medicine specialists. Other projects include advanced emergency medicine and neonatal care training for physicians.

A training program to enhance the knowledge and skills of recently graduated nurses was piloted in public hospitals, delivered by house staff. This program enhanced the capacities of nursing graduates while providing financial support to senior nurses. Retention strategies were developed by several professional orders with variable degree of implementation.

Progress evaluation: Significant progress

Strategic Objective 5.1.2 *Upgrade curricula to better serve national health policies, emphasizing promotion, prevention, primary health care, palliative care, geriatric care, generic medicines, good governance, ethics, patient safety and other critical issues.*

No significant change in the curricula of health-related specialties was achieved.

Progress evaluation: No progress

Strategic Objective 5.1.3 *Measures to improve health workforce retention include: Improve tariffs and provide support to health facilities; set a national task force headed by the Ministry and including professional orders and other stakeholders; encourage and support hospitals to attract foreign clientele; and rotation with facilities abroad.*

Measures to improve health workforce retention include significant increase in guarantor reimbursement rates, allowing better compensation of human resources. No significant progress with regards to other interventions such as exchange programs or advancing medical tourism.

Progress evaluation: Work initiated

STRATEGIC GOAL 5.2 NATIONAL HEALTH INFORMATION SYSTEM

Strategic Objective 5.2.1 *Develop a health information system master plan with a centralized data center.*

A digital health vision was developed. Efforts are ongoing for the development of a digital health strategy and national health data hub.

A GIS database was developed and updated for all hospitals, pharmacies, PHC centers, physiotherapy centers, laboratories, and medical doctors. This database aimed to provide accurate and accessible health facility master lists and sought to leverage geospatial data and technologies to better plan, monitor, and implement timely health interventions; inform decision-making; and collaborate across sectors and regions. Another GIS based database was developed at the level of PHC centers, allowing visibility on the spectrum of services provided by the centers and supporting planning decisions.

Progress evaluation: Significant progress

Strategic Objective 5.2.2 *Advance public health research to inform and influence policy and practice: Partner with academia; gather information and research for evidence-based medicine and management; create evidence-informed policy; enhance support mechanisms and models for further use of routine data for decision-making in the health system; monitor patient satisfaction and patient safety indicators; and establish national disease registries*

Several evidence summary documents were generated with the aim of informing health policies and plans and supporting effective planning and resource mobilization. Evidence documents included a review of PHC basic benefit packages and PHC financing, PHC fiscal space analysis, cost saving strategies for medication purchasing, costing of the national EPI strategy, benchmarking of diagnostics, continuum of care model, case-mix analysis, feasibility of electronic records, HR profiling, prevalence of NCD, and patient-centered care. Partnership with international agencies and academia, such as during the LIMA survey and STEP survey, is expected to result in the production of nationally representative data that can inform decisions. A monitoring and evaluation framework, such as that implemented at the level of primary healthcare allows data informed improvements in service delivery. Additionally, efforts are underway to generate systemic and large data sets, including national disease registries, through the buildup of a national health data hub at the Ministry.

Progress evaluation: Significant progress

Strategic Objective 5.2.3 *Establish and utilize electronic health records: Establish regulations for a standardized electronic health*

record; integrate digital systems at all levels of health care; and adopt a unique health identifier for all people residing in Lebanon.

This year witnessed the optimization of the PHC HIS platforms to include e-referral, community level service delivery, and the automation of the hospital discharge summary. Additionally, digital systems were assessed with regards to quality and user friendliness, aiming at optimizing utility and uptake.

Progress evaluation: Significant progress

Strategic Objective 5.2.4 *Telehealth feasibility and acceptability in Lebanon should be considered.*

Several telehealth projects were piloted at the level of PHC centers, with planned pilot evaluation, improvement, and scaling up.

Progress evaluation: Work initiated

STRATEGIC GOAL 5.3 MEDICAL PRODUCTS AND TECHNOLOGIES

Strategic Objective 5.3.1 *Secure universal and sustainable access to quality medications, including generics:*

1- Blunt Government subsidization of medicines and medical supplies should be replaced by direct support, targeting people in need.

2- Improve registration and quality control of imported and local products, and sustain good storage and distribution practices, and pharmacovigilance.

Targeted subsidization strategies with disease management protocols were formulated. Tracking of medications and medical supplies is at an advanced level of implementation. Local pharmaceutical production and the use of generics is enhanced and encouraged while quality is assured. A good storage and distribution program and pharmacovigilance program have been instrumental in maintain the quality of pharmaceutical products and vaccines with a notable impact particularly during the COVID-19 vaccination campaigns.

Progress evaluation: Significant progress

Strategic Objective 5.3.2 *Ensure early access to innovative medications while maintaining resource optimization using health technology assessments.*

As a result of the financial crisis, the drug formulary subsidized or provided by public guarantors has decreased. With the need to continued access to innovative medications, a Health Technology Assessment framework shall guide key decisions and policies related to the pharmaceutical sector, especially with regards to innovative medications.

Progress evaluation: Work initiated

Strategic Objective 5.3.3 *Use an operationalized tracking system for medicines and implantable devices.*

Ongoing rollout of MediTrack is allowing tracking of medications; securing the availability of quality products; combating illicit practices such as hoarding, smuggling, and dispensing of counterfeit medications; and abiding with medical protocols, particularly for advanced and innovative treatments. Additionally, this year witnessed the full automation of Logistics Management System (LMS) at the central drug warehouse. As for medical devices, efforts are ongoing for setting up a tracing system, materiovigilance program, and pricing methodology.

Progress evaluation: Significant progress

Strategic Objective 5.3.4 *Optimize, expand, and support the local industry by increasing its production capacities for local and export markets to include new therapeutic areas.*

Several policies have resulted in the support of the local pharmaceutical industry. This includes lifting subsidies on imported medications that have a locally produced counterpart. Enhancing the quality and trust of local products is achieved through various accomplishments, including GMP accreditation, paving the way for external markets.

Progress evaluation: Significant progress

Strategic Objective 5.3.5 *Cost containment and promoted use of generics: Rationalize medical prescriptions; enhance transparency of registration to improve confidence of physicians and the public; enforce substitution regulations; enforce the code of ethics; and favor the procurement of domestically produced generic medications, especially by public providers.*

Access to subsidized medications was conditioned by medical protocols prescribed by specialized physicians. A fast-track registration procedure of quality generic medications was advanced with the aim of increasing the pool of affordable and quality medications in the local market. The essential medicine list adopted by the PHC was reviewed favoring the use of domestically produced generic medications. Such interventions undoubtedly resulted in cost containment and promoted the use of generics.

Progress evaluation: Significant progress

Strategic Objective 5.3.6 *Promote the rational use of medications by prescribers, dispensers, and consumers.*

Awareness and direct communication with prescribers, dispensers, and consumers should be better enforced to promote the rational use of medications.

Progress evaluation: No progress

Strategic Objective 5.3.7 *Digitalize the system by using 2D barcodes, MediTrack and health technology assessments.*

Remarkable progress in system digitalization was made as a significant proportion of pharmacies have joined MediTrack system, with the increased adoption of the 2D barcode. MediTrack system implementation is planned to be upscaled through its integration at PHC centers and dispensaries. In addition, interoperability among medication management and tracking software shall be enhanced.

Progress evaluation: Significant progress

Strategic Objective 5.3.8 *Promote and encourage localization.*

Localization was encouraged through the adoption and contextualization of essential medicines list, medical protocols, quality standards, and other guiding documents.

Progress evaluation: Significant progress

Scan the barcode to access the online page of the National Health Strategy

Lebanon National Health Strategy - Vision 2030

https://www.moph.gov.lb/en/Pages/9/67044/