



SD.1

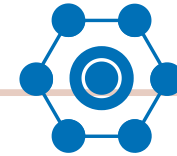
Strengthened health sector governance, and capacitated MOPH to regulate and ensure EPHF.



SG 1.1



SG 1.2



SG 1.3



SG 1.4



SG 1.5



SD.2

Harmonized financing system and redesigned benefit packages for UHC, ensuring to all people equitable access to essential health services without enduring financial hardship.



SG 2.1



SG 2.2



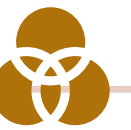
SG 2.3



SG 2.4



SG 2.5



SG 2.6



SD.3

Transformed health services delivery system from supply-driven into people-centred and integrated health care within the framework of UHC.



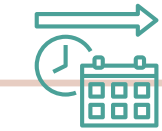
SG 3.1



SG 3.2



SG 3.3



SG 3.4



SG 3.5



SD.4

Health promotion and disease prevention.



SG 4.1



SG 4.2



SG 4.3



SG 4.4



SG 4.5



SG 4.6



SD.5

Enhanced resilience and adaptability of the health system by strengthening its building blocks.



SG 5.1



SG 5.2



SG 5.3

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long



SG 1.1 Institutionalize and sustain collaborative governance.



SO.1.1.1

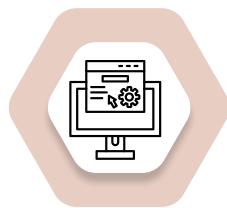
Promote **collaboration** between the MOPH, professional orders, academia, civil society organizations, sector stakeholders, and other partners. Collaboration would include, among others:

- Participatory **decision-making** e.g. licensing committees.
- Provision networks e.g. **primary health care** involving NGOs and municipalities.
- **Oversight and advice** e.g. Vaccine committees (NITAG for policy guidance and EPI committee for operational rollout & Covid-19 vaccination committee).



SO.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.



SO.1.1.3

Develop **interactive platforms** with academia for a learning health system.



Sustained and upscaled existing collaborative mechanisms, committees, and networks.



Existing thematic steering committees revisited, and new thematic steering committees created including academia, the Government and WHO to work on evidence-based policies (e.g. primary health care, mental health, blood safety, pharmaceuticals).



Additional platforms between MOPH, orders, academia and other stakeholders created.



SD.1 Strengthened health sector governance, and capacitated Ministry of Public Health to regulate and ensure essential public health functions.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long

SG.1.2
Enable effective MOPH leadership, intersectoral coordination and community engagement.



SO. 1.2.1

Modernize the MOPH organizational structure and work:

- Define **responsibilities** and reporting lines and enhance delegation of authority to narrow the minister's discretionary power.
- Strengthen existing units and **programmes** and establish new ones to respond to current health challenges.
- Create an **observatory** to follow up on the implementation, evaluation, and analysis of this strategy.



SO. 1.2.2

Building MOPH capacity for **effective leadership and regulation:**

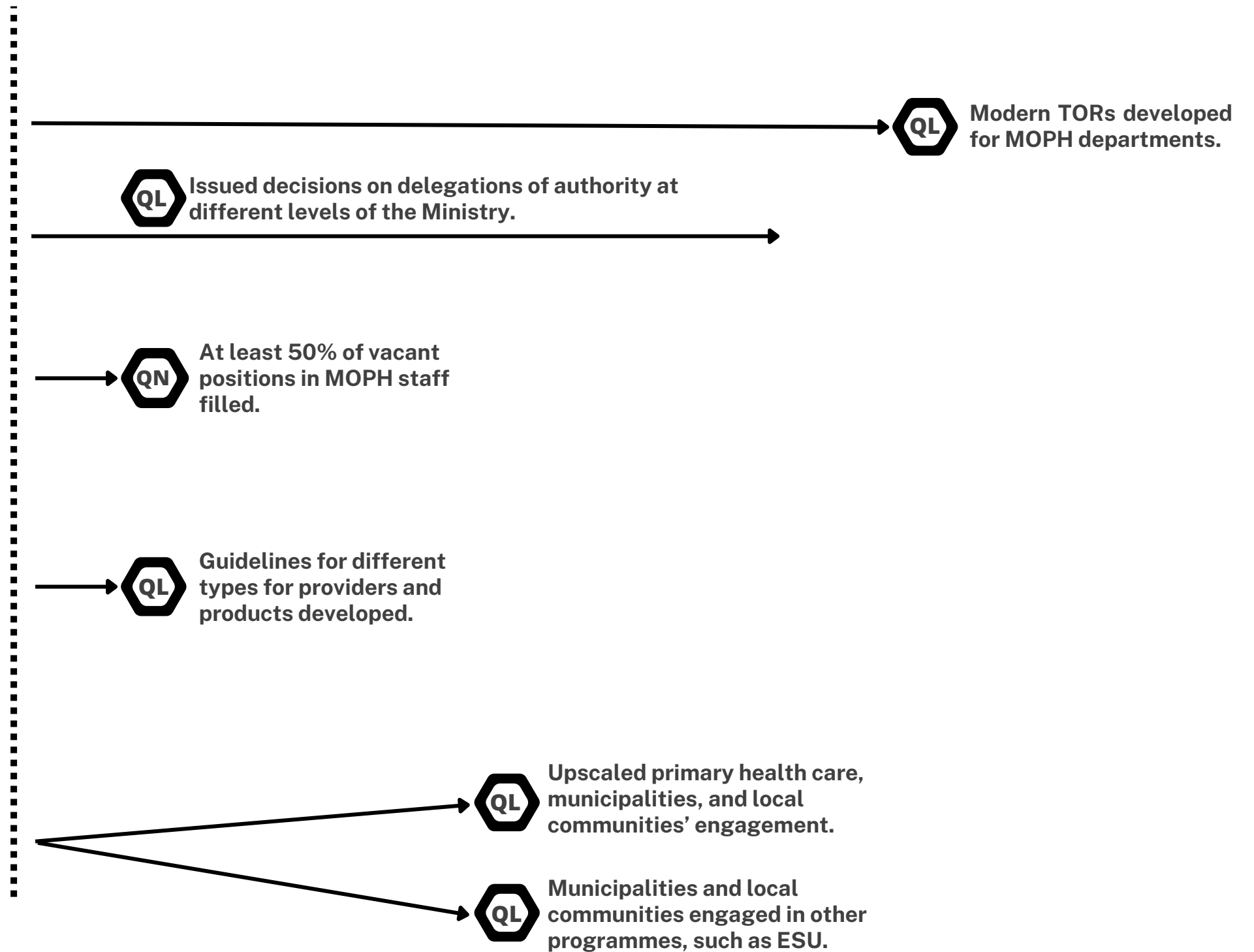
- Recruit **qualified staff** to fill critical vacant positions to fulfil its leadership and regulatory role over health providers, including NGOs who are involved in providing health services.
- Revisit regulation criteria and procedures: Modernize **licensing and relicensing** legislations related to health facilities, health professions and health products and services, with particular emphasis on safety and quality.
- **Capacity building** of MOPH Staff.



SO. 1.2.3

Engage municipalities and local communities:

- Develop district physicians' skills to involve municipalities and communities in their activities.
- Engage municipalities and CSOs in epidemiological surveillance and other programs.



SD.1 Strengthened health sector governance, and capacitated Ministry of Public Health to regulate and ensure essential public health functions.

GOAL

OBJECTIVE

INDICATOR

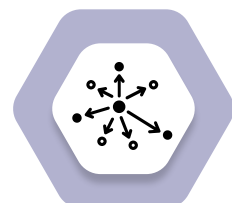
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SG.1.3
Enhance decentralization and autonomy.

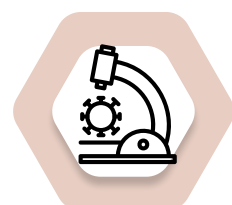


SO. 1.3.1
Empower existing *decentralized MOPH* units (regional and district offices).



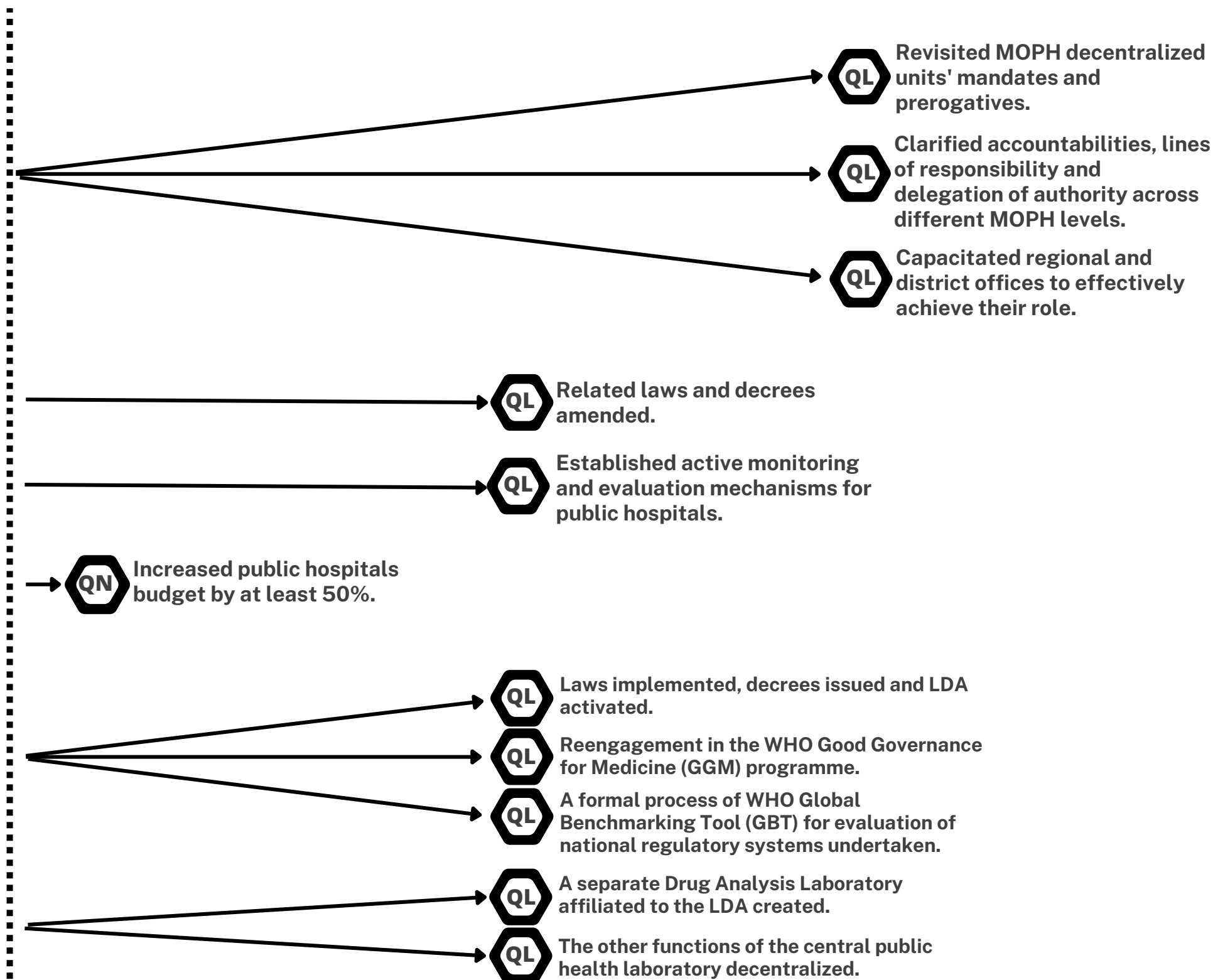
SO. 1.3.2
Strengthen **existing autonomous public hospitals**.

- Set strict qualifications criteria and merit-based selection process for **appointment of boards of directors** to minimize political favouritism.
- Establish **monitoring and accountability frameworks**
- Provide **financial and technical support**



SO. 1.3.3
Create **new autonomous public institutions**

- Implement the **Lebanese Drug Administration (LDA)** law.
- Activate the **Drug Quality Control Laboratory**.



SD.1 Strengthened health sector governance, and capacitated Ministry of Public Health to regulate and ensure essential public health functions.

GOAL

OBJECTIVE

INDICATOR

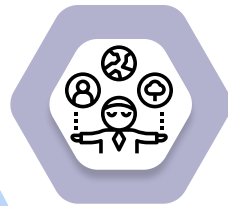
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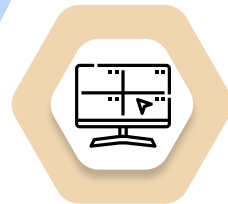


SG.1.4
Ensure health security and other EPHFs.



SO. 1.4.1
Strengthen Preparedness and Public Health Response to disease outbreaks, and other emergencies:

- Invest in **health emergency** and disaster risk management.
- Strengthen and enhance the current department responsible for **preparedness** for better prevention, preparedness, detection, and response to potential health risks and emergencies; led by the MOPH, involving all concerned ministries, stakeholders and municipalities.
- Adopt and implement an **integrated disease surveillance strategy** including Indicator-based surveillance (IBS) and event-based surveillance (EBS) components.
- Restructure the **ESU** to ensure timely surveillance and timely response and with a strong network including municipalities, Lebanon Red Cross and other CSOs, to detect, manage and withstand emergencies.
- Fulfil **IHR/pandemic** treaty requirements and update the JEE and National Action Plan for Security.
- Strengthen overall **emergency management** capacities within the MOPH and the emergency medical response system, including optimizing the use of the emergency operations centre (EOC).

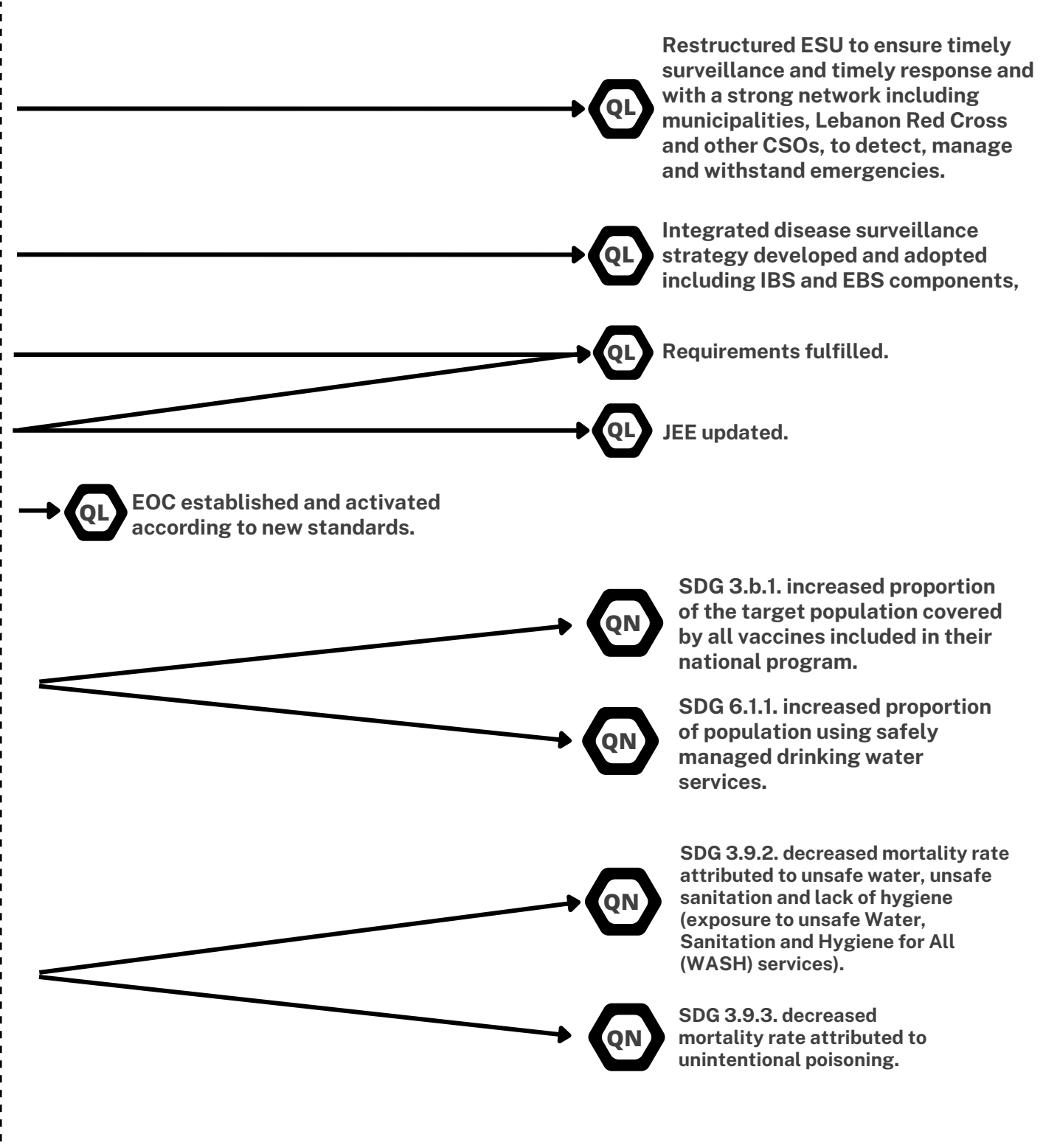


SO. 1.4.2
Perform **surveillance and monitoring** of health determinants, risks, morbidity and mortality.



SO. 1.4.3
Reduce vulnerability to **health threats** at individual and collective levels:

- Health protection, including management of **environmental, food, toxicological** and **occupational** safety.



SD.1 Strengthened health sector governance, and capacitated Ministry of Public Health to regulate and ensure essential public health functions.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long



SG. 1.5
Establish practice of good governance principles.



SO.1.5.1
Develop *rules* and implement *tools* for *good governance* principles and grievance mechanisms.



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



SO.1.5.3
Enforce the *law on access to information*.



Relevant legislation developed and implemented, and good governance practices institutionalized.



SD.1 Strengthened health sector governance, and capacitated Ministry of Public Health to regulate and ensure essential public health functions.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long

SG. 2.1
Ensure sufficient financing and design a unified basic benefits package for all public funds and the MOPH that is financially sustainable and accepted by the population.



SO. 2.1.1
 Establish an entrusted, consensual mechanism for *rationing the collectively financed health benefits*, based on equity, continuity of care, and financial sustainability. (Political feasibility of removing, high-cost with little added value).

Establishment of the Health Financing Coordination Committee.



SO.2.1.2
 Develop a *unified essential benefits package for all people* residing in Lebanon, to be adopted by various third-party payers and coverage schemes, in line with peoples' needs and scientific evidence.

- **Migrant** workers should be mandatorily insured by their employer for the same benefits, whereas refugees' coverage schemes should be aligned with the national package to make sure that ALL RESIDENTS have equitable access to the same benefits package.
- Establish the Health **Benefits Package Task Force** (Any additional benefit should be subject to a health technology assessment and conditioned by the availability and sustainability of funding. HTA committee is set including representatives from public funds and professional orders).



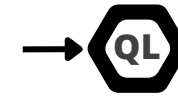
SO. 2.1.3
 Real-term increase of health financing from *taxes* based on political economy analysis, with sufficient *allocation to primary health care and reduced OOP*:

- Taxation on capital gains.
- Taxation on harmful products (ear marked to health).
- Need an active interaction with the Ministry of Finance for the development of prospective studies in taxation areas to be used to increase available resources for health.

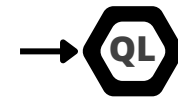


SO. 2.1.4
International financial assistance:

- Create a Health Crisis Response and Recovery Fund.
- Establish a National Health Crisis Response and Recovery Council.



Memorandum of Understanding issued between the MOPH and public funds.



A unified benefits package agreed upon and issued by a decision by the Council of Ministers.



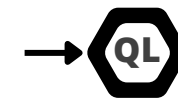
Government budget for health increased to compensate for money devaluation.



Out-of-pocket costs decreased to below 20% of total health expenditure.



Relevant taxation Laws issued.



A recovery health fund with appropriate accountability mechanisms created.



SD.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.

GOAL

OBJECTIVE

INDICATOR

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Medium

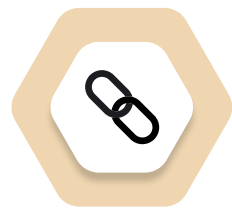
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SG. 2.2
Develop tools to identify the poor and vulnerable population and adopt mechanisms to better target them.



SO. 2.2.1
Upscale the *National Poverty Targeting Program (NPTP)*:
• 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 ID* to manage eligibility and entitlements.



SO.2.2.2
Connect the NPTP *database to* the MOPH primary health care and visa and *billing* information systems.



SO.2.2.3
Develop *waver policies* for prepayment and co-payment, graded according to the household category.

.....→  NPTP tool revised, implemented and used uniformly across relevant sectors for social safety net.

.....→  Database connected, and households categorized.

.....→  Waver policies developed and implemented.



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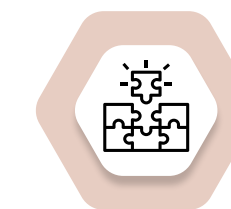
SG. 2.3
Formally involve private insurance funds, including mutuality funds, through regulated and standardized complementary coverage, with a focus on the informal sector of the econom



SO.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 UHC*.



SO.2.3.2
Public funds adopt one *basic package for all people* financed by *collective contributions (income-based; taxes, social security contributions)*.



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

→ **QL** Regulations are issued.

..... **QL** A unified basic package is defined and adopted by decree.

..... **QL** Complementary schemes are identified and costed, materialized by a decree or a minister's decision.



SD.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.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long



PPP

SG. 2.4
Revisit and harmonize institutional arrangements/ public-private partnerships, with standardized mechanisms across public funds.



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



SO.2.4.2
Build a common **value-based healthcare framework** and promote performance contracting.



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



SO.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.



SO.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 sub-national levels.

- Institutional arrangements for overseeing and regulating public-private sector engagement in the health sector.

.....→ **QL** Software and database updated to include spending and utilization indicators.

.....→ **QL** Framework document developed and implemented on value-based healthcare and performance contracting.

.....→ **QL** A contract model developed.

.....→ **QL** Identified and costed high-tech services.



SD.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.

GOAL

OBJECTIVE

INDICATOR

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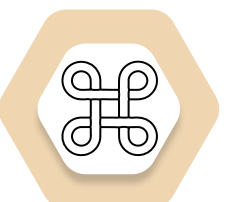
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SG. 2.5
Reset payment mechanisms of MOPH and public funds to get better value for money in the procurement of goods and services, and standardize medical and financial audits.



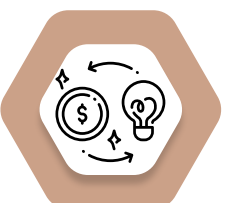
SO.2.5.1
Upgrade the MOPH **performance contracting** including quality and **case mix** criteria following performance-based payment schemes.



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





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



SO.2.5.4
primary health care provider **payment** is **built on capitation** and linked to the provision of **defined packages** of promotive, preventive, and curative services:

- Capitation is based on the health centre's **enrollees**, recruited from the assigned catchment area.
- The budget takes into account the **number of households and their income distribution**.
- **Equitable allocation** among centres with risk adjustment mechanisms.

.....→  Related indicators revised and implemented.

.....→  Updated contracts of public payers with private providers using unified structure and having standard reference contract.

.....→  New co-payment mechanisms set.

.....→  Provider payment model developed and implemented.



SD.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.

GOAL

OBJECTIVE

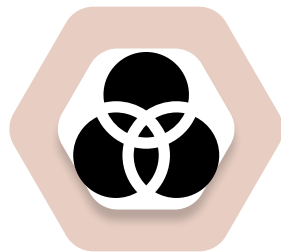
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SG. 2.6
A road map to achieve the long-term objective of unifying public health funds under one autonomous health authority.



SO.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 a *national health insurance authority*.



Consultation or policy dialogue conducted, and road map developed.



SD.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.

GOAL

OBJECTIVE

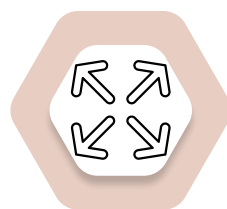
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SG. 3.1
Scale up the national primary health care network, define catchment areas for primary health care centers as gatekeepers, and set up a referral system privileging the front-line public hospitals.



SO.3.1.1

Expand the primary health care Network and enhance centres' capabilities:

- Develop advanced licensing criteria specific for primary health care centres. Extend the opening hours of primary health care centres with the permanent availability of family physicians.
- Upgrade the centres' diagnostic capacities, including medical imaging and lab testing.
- Reactivate the primary health care accreditation program.



SO.3.1.2

Set gatekeeping rules whereby every citizen should access health care through a primary health care of his/her choice, with a referral system privileging public hospitals:

- Establish a case management system to guide patients through different healthcare levels and coordinate their personalized care.
- Additional gatekeepers could be considered such as public hospitals' outpatient departments, family physicians or trained general practitioners.



SO.3.1.3

Develop home care to close the loop of continuity of care including the regulation of private homecare providers.



SO.3.1.4

Involve the 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.



Primary health care services upgraded and network expanded to cover gaps in catchment areas.



Quality assurance programme developed including accreditation.



A referral system with case management established and implemented.



Developed guidelines for community and home-based care, including palliative care.



SD.3 Transformed health services delivery system from supply-driven into people-centred and integrated health care within the framework of universal health coverage.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long



SG. 3.2
Redefine the model of secondary and tertiary care with focus on frontline public hospitals as "hôpitaux de proximité".



SO.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 the 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 working force and financing.
- Re-evaluate the **autonomous law** and the "real" independence of the public hospitals.



SO.3.2.2

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



The role of public district hospitals redefined within a clear public health mission.



SD.3 Transformed health services delivery system from supply-driven into people-centred and integrated health care within the framework of universal health coverage.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long

SG. 3.3
Redesign the coverage and provision of emergency health care services.



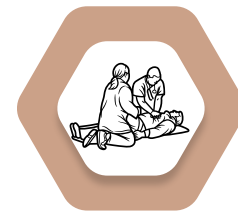
SO.3.3.1
Explicit coverage of emergency services, including transportation and care, provided by MOPH, public funds and private insurance.



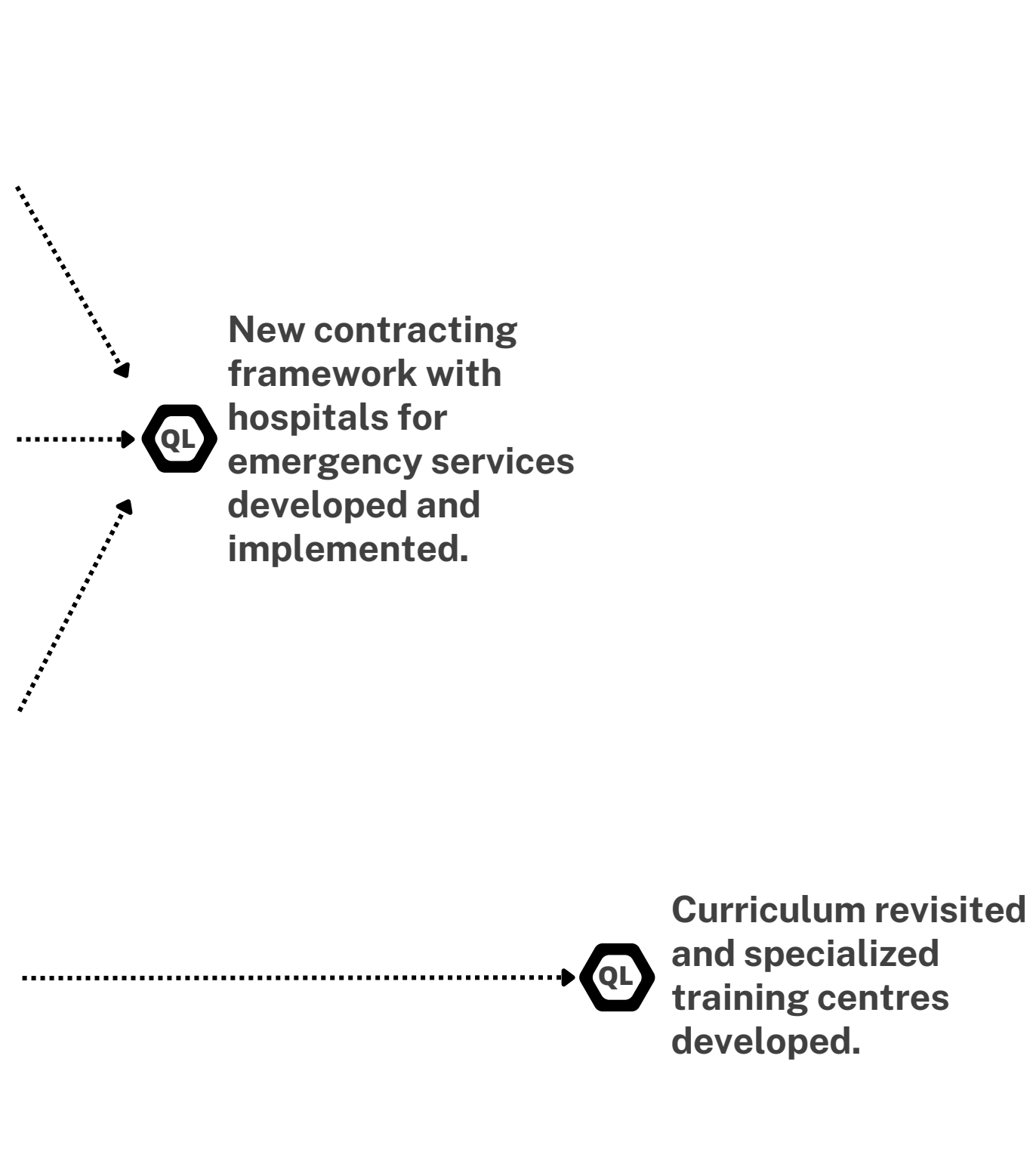
SO.3.3.2
Revisit emergency services payment mechanisms by defining *packages of emergency care* with fair flat-rate *reimbursement*.



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



SO.3.3.4
Promote *emergency medical specialty* and paramedics vocational training.



SD.3 Transformed health services delivery system from supply-driven into people-centred and integrated health care within the framework of universal health coverage.

GOAL

OBJECTIVE

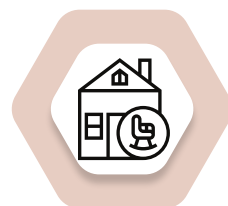
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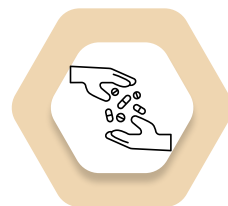
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SG. 3.4
Transform long-term care towards good professional practice, respectful of human rights, and strengthen palliative care.



SO.3.4.1
Elderly homes (hospices) and geriatric care.



SO.3.4.2
Specialized *long-term* medical services.



SO.3.4.3
Rehabilitation centres.



SO.3.4.4
Mental health institutions.



SO.3.4.5
Integrate *palliative care* at different levels of health care, with particular emphasis on *home care*.



Developed accreditation standards for the long-term facility promoting patient-centered care.



SD.3 Transformed health services delivery system from supply-driven into people-centred and integrated health care within the framework of universal health coverage.

GOAL

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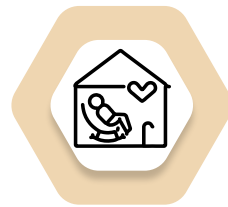
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SG. 3.5
Involve the private sector beyond provision of hospital care.



SO.3.5.1
Engage *private outpatient caregivers* (physicians, midwives, psychologists etc.) in the *continuity of care* cycle and reporting systems.



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



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



SO.3.5.4
Strengthen *regulations* for the *private sector*.



Regulated and accredited diagnostic centres and ambulatory care facilities.



EHR and reporting tools training conducted and technical support provided.



Contracting framework and financial package developed and implemented.



Developed unified and standardized EHR and reporting tools between various private sector providers at all levels of health care (outpatient care included).



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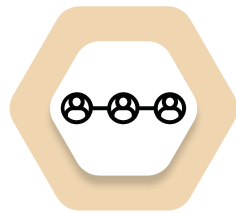


SG. 4.1
Seek intersectoral approach to address Social Determinants and Health Inequity, and promote the Health in All Policies concept.



SO.4.1.1
Conduct national assessment and support implementation of interventions for improving *environmental issues*, including waste management and air pollution:

- Allocate additional resources to protect the environment.



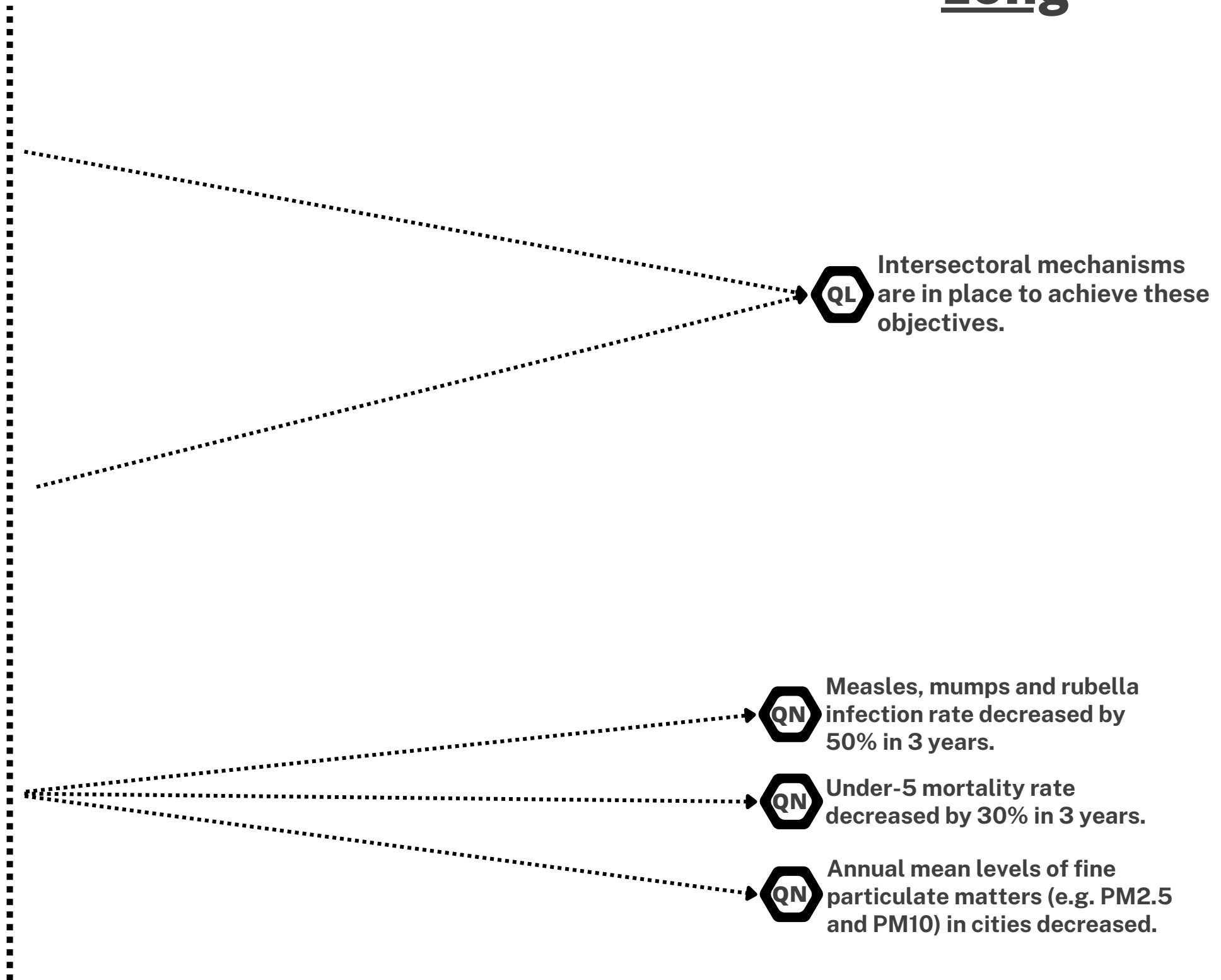
SO.4.1.2
Promote *multisectoral action* and whole of government and whole of society approaches:

- Establish formal intersectoral mechanisms between the concerned ministries involving their devolved units for day-to-day operations.
- Engage municipalities and communities.



SO.4.1.3
Address *social determinants of health*, including equity, and regain achievements in *SDG 3* related to health (*mainly child health and maternal health*).

- Include other vulnerable groups like older persons, persons with disability, prisoners and refugees, and give special attention to gender equality.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

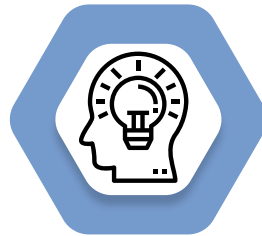
Long



SG. 4.2
Use communication and social mobilization for health.



SO.4.2.1
Enhance *community and civic engagement*.



SO.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 and aim to build trust in public health services, primary health care centres, hospitals, and generic medications, with a focus on the quality of services and commodities.
- *Promote* the options of the *strategy using* all channels of *media* to *enhance acceptability*.



Health communication strategy developed and implemented.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

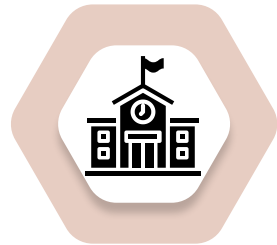
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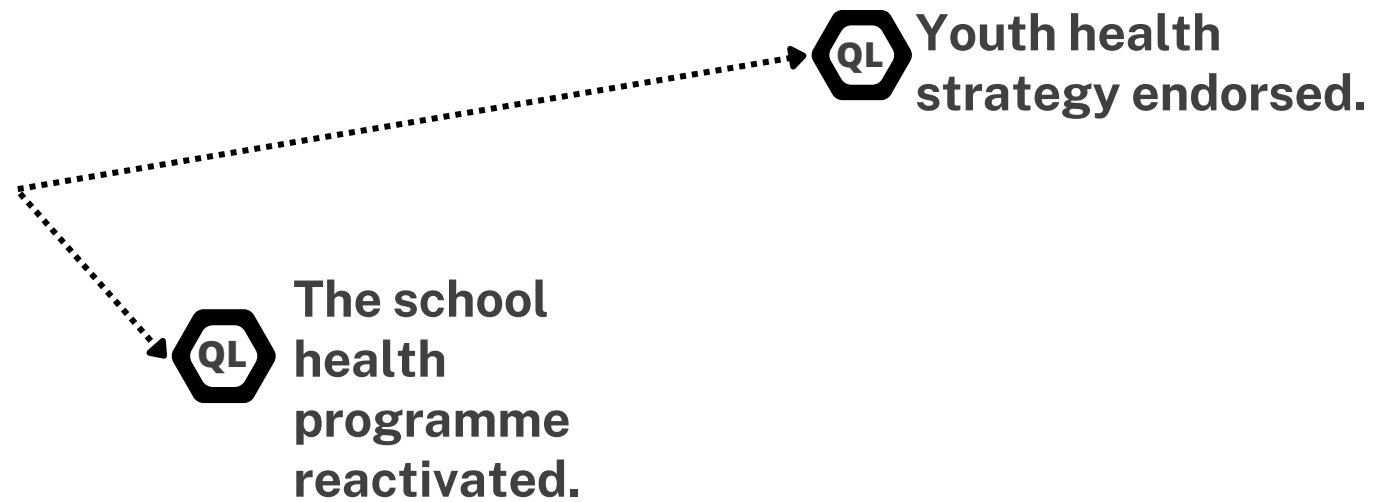
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SG.4.3
Target the youth and promote the school health programme.



SO 4.3.1
Promote *youth health*, school health, and other health programmes in *educational facilities* not limited to schools (nurseries, orphanages, vocational educational centres and universities).



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

Short

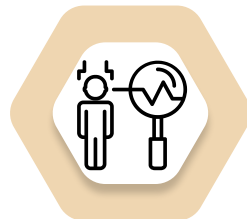
Medium

Long

SG.4.4
Design and implement programmes targeting non-communicable diseases that are integrated at different levels of health care.



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



SO.4.4.2
Address **non-communicable disease prevention**, including **primary health care outreach promotion** and **early diagnosis** activities:

- **Benefits packages** to be developed for disease prevention and early detection (cancers, diabetes, hypertension and others) at primary health care centres and public hospitals, and integrated into the electronic health records and the case management system.



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

QL Related legislation issued.

QL Non-communicable disease strategy updated and implemented.

QL Essential medicines (based on WHO list) available and accessible.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

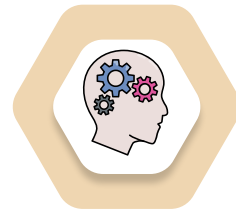
Long



SG.4.4
Design and implement programmes targeting non-communicable diseases that are integrated at different levels of health care.



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



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



SO.4.4.6
Community-based mental and psychosocial support services to promote and protect mental health.

→ **QL** Upscaled primary health care outreach activities targeting non-communicable diseases.

→ **QL** Mental health strategy updated, including upscaling the integration of mental health within primary health care.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

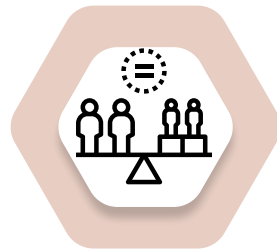
INDICATOR

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Medium

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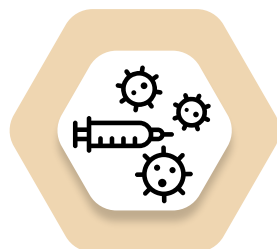
SG. 4.5 Fighting communicable diseases.



SO.4.5.1
The One Health Approach

SO.4.5.2
Vaccine-preventable diseases:

- Strengthen routine **vaccination** and adult vaccination (including but not limited to yellow fever for travellers, meningitis vaccine for pilgrims, hepatitis B vaccine for healthcare workers, Influenza & PCV vaccines for high-risk groups, as well as anti-rabies and COVID-19 vaccines).
- Strengthen and expand the existing collaboration with private providers under the national immunization program for **rational use of vaccines** provided by MOPH.
- Ensure a **continuous supply of vaccines** by engaging in policy dialogue and advocacy for Lebanon to ensure eligibility to Gavi Alliance and the global fund after being reclassified as a low- to middle-income country.
- A harmonized funding support to reduce inequities and **increase access to vulnerable groups**.
- Create **trust** and confidence **in public sector vaccination**.
- Ensure **quality of vaccine** storage, cold chain and immunization waste management.



Health security strategy developed and implemented.



EPI strategy (including routine and adult vaccination) developed and implemented.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

Short

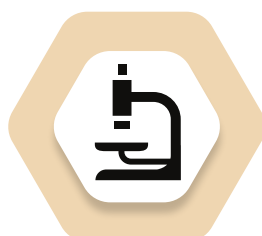
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SG. 4.5 Fighting communicable diseases.



SO. 4.5.3
Water quality and food safety.



SO.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.
- **Decentralize the food analysis** function and coordinate with the Ministry of Agriculture and municipalities.

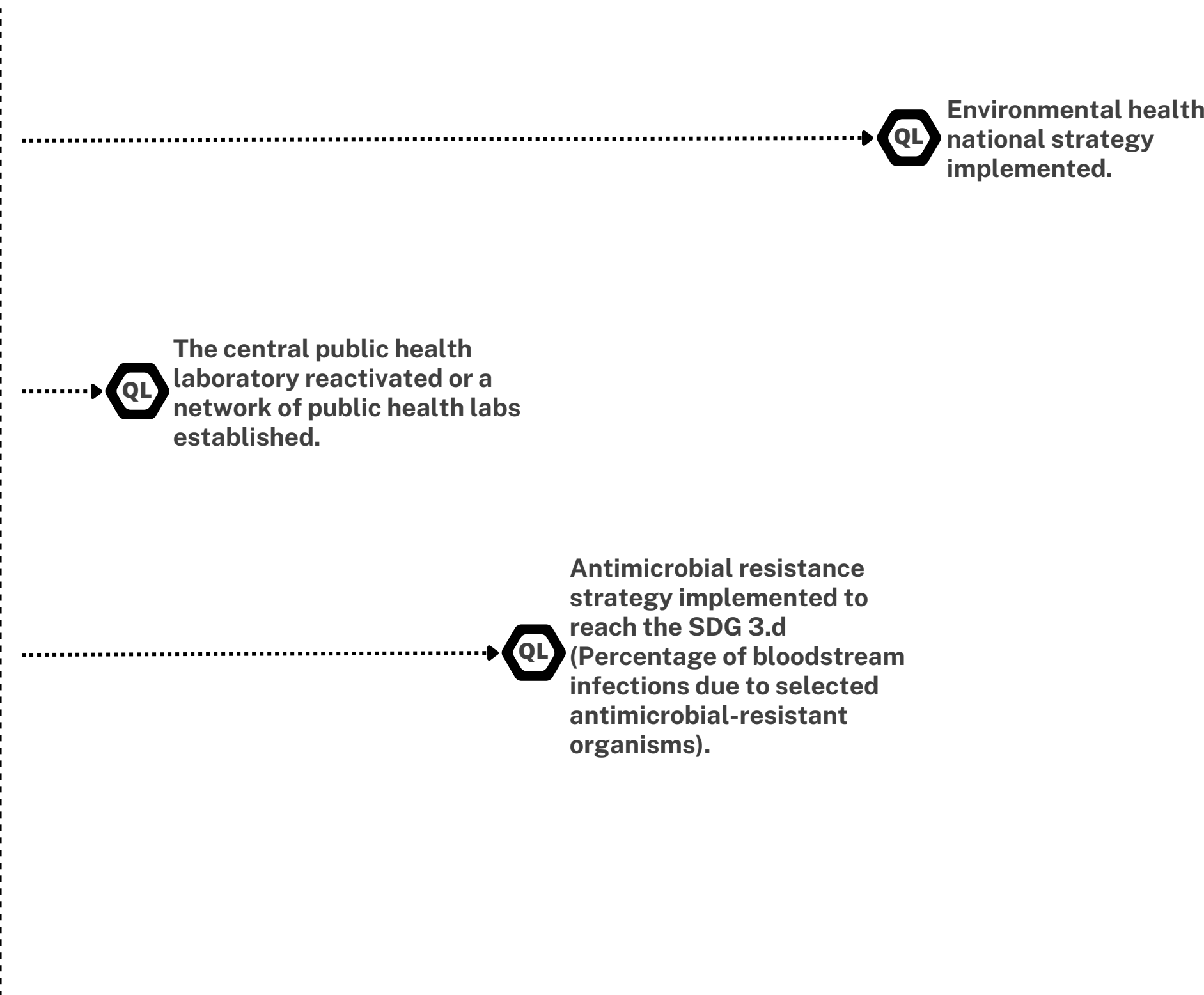


SO.4.5.5
Address anti-microbial resistance using the **One Health Approach**.



SO.4.5.6
Fighting **communicable** diseases **other than vaccine-preventable** diseases like tuberculosis and HIV, among others:

- **TB** elimination Plan.
- Strengthen **HIV** response.
- **Hepatitis** prevention, testing and treatment.



SD.4 Health promotion and disease prevention.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long



SG. 4.6
Implement
the National
Nutrition
Strategy.

The MOPH, in collaboration with WHO, launched the first **National Nutrition Strategy** and Action plan (2021-2026) for Lebanon, following a multi sectoral consultative process involving key nutrition stakeholders. This strategy aims to ensure **optimal nutrition** outcomes while responding to the **most urgent needs in nutrition**.



SD.4 Health promotion and disease prevention.

GOAL

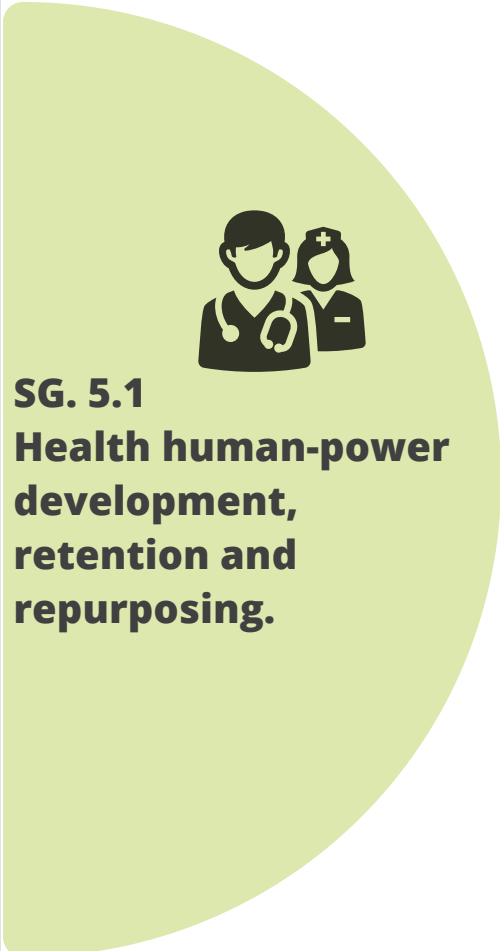
OBJECTIVE

INDICATOR

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SO.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**.

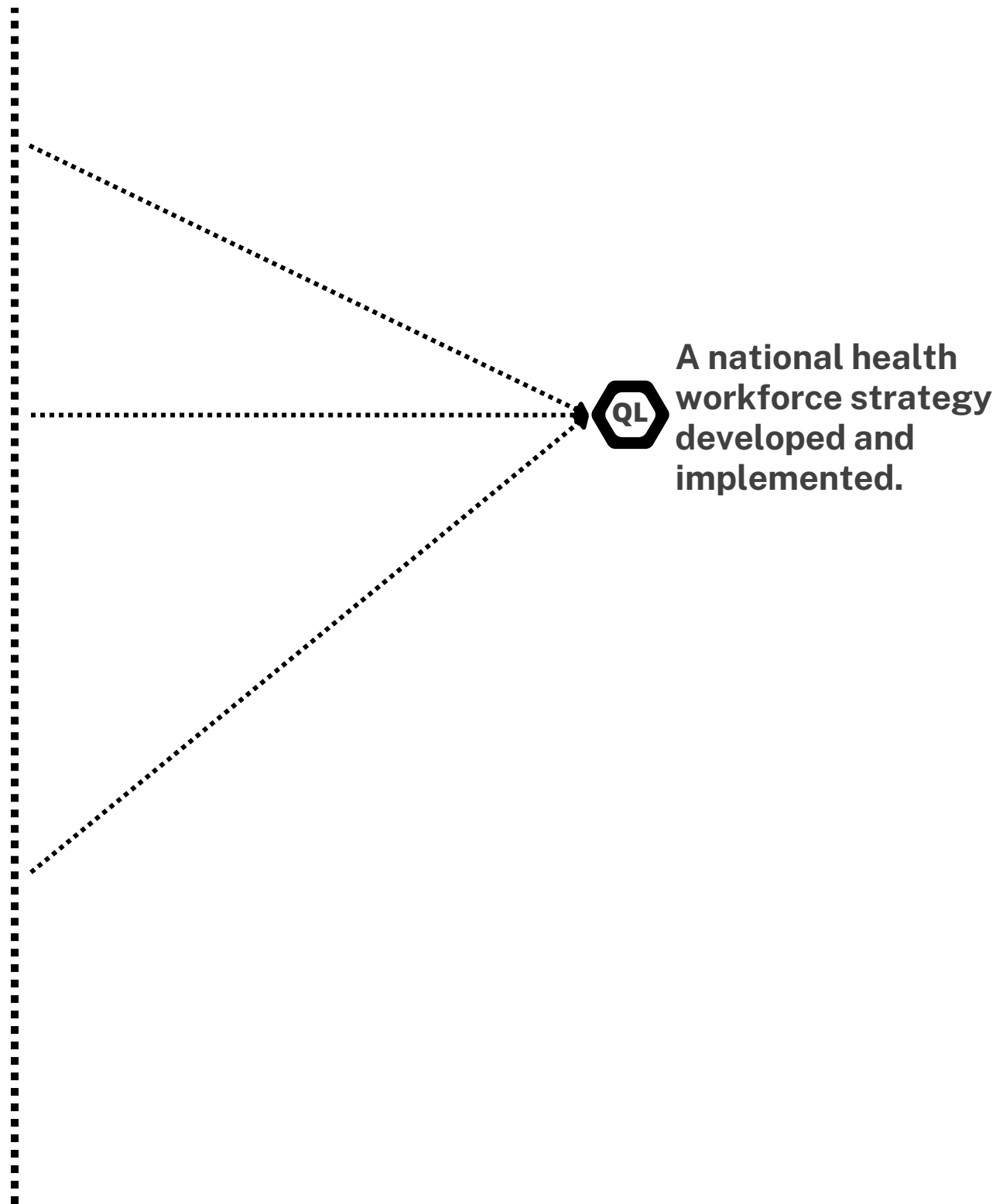


SO.5.1.2
Upgrade curricula to better serve national health policies, emphasizing promotion, prevention, primary health care, palliative care, geriatric care, generic medicines, good governance, ethics, patient safety and other critical issues.

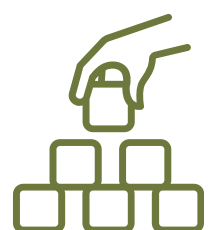


SO.5.1.3
Health workforce retention:

- Improve **tariffs** and provide support to health facilities operating at different levels of the health system to enable them to take concrete measures to improve working conditions, increase salaries and provide incentives.
- Set a **national task force** headed by the MOPH and including professional orders and other stakeholders (especially professionals that are not organized under an order, such as public health professionals and environmental health professionals) to **take rapid and targeted actions** and keep up with the rapidly evolving situation.
- Encourage and support hospitals to **attract foreign clientele** to generate hard currency income, by rationalizing cost and improving the quality of their services, to become more regionally competitive.
- Retention strategies of physicians and nurses and other essential healthcare workers should include **rotation with facilities abroad**.



QL
A national health workforce strategy developed and implemented.



SD.5 Enhanced resilience and adaptability of the health system by strengthening its building blocks.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long

SG. 5.2 National Health Information System.



SO.5.2.1
Develop a *health information system master plan* with a *centralized* data Centre.



SO.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.
- Learning health system: *Evidence-informed policy*.
- *Practice-based evidence*: Enhance support mechanisms and models for further use of routine data for decision-making in the health system.

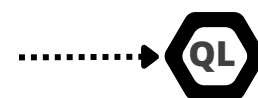


SO.5.2.3
Electronic Health Record:

- establish regulations for a *standardized* EHR.
- *Digital* systems integrated at all levels of health care.
- Adopt a *unique* health *identifier* for all people residing in Lebanon.



SO.5.2.4
Telehealth feasibility and acceptability in Lebanon to be considered.



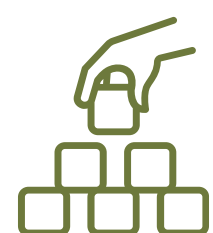
The components within health information system master plan developed and operationalized.



Partnership with academia such as MEDALS reinvigorated and learning health systems mechanisms established.



Standardized and enforced EHR, and a unique patient identifier adopted by all public funds and providers.



SD.5 Enhanced resilience and adaptability of the health system by strengthening its building blocks.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long

SG. 5.3
Medical products and technologies.

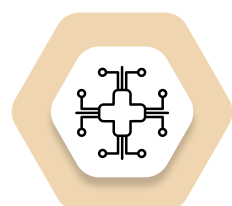


S0.5.3.1
Secure **universal and sustainable access to quality medications**, including generics:

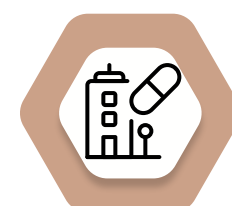
- Blunt Government subsidization of medicines and medical supplies to be replaced by **direct support, targeting people in need**.
- Improve registration and **quality control** of imported and local products; and sustain GSDP and pharmacovigilance.



S0.5.3.2
Ensure **early access to innovative medications** while maintaining resource optimization using health technology assessments.



S0.5.3.3
Use an operationalized **tracking system** for medicines and implantable devices.

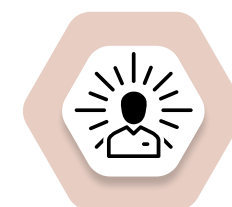


S0.5.3.4
Optimize, expand and support **the local industry** by increasing its production capacities for local and export markets to include new therapeutic areas.

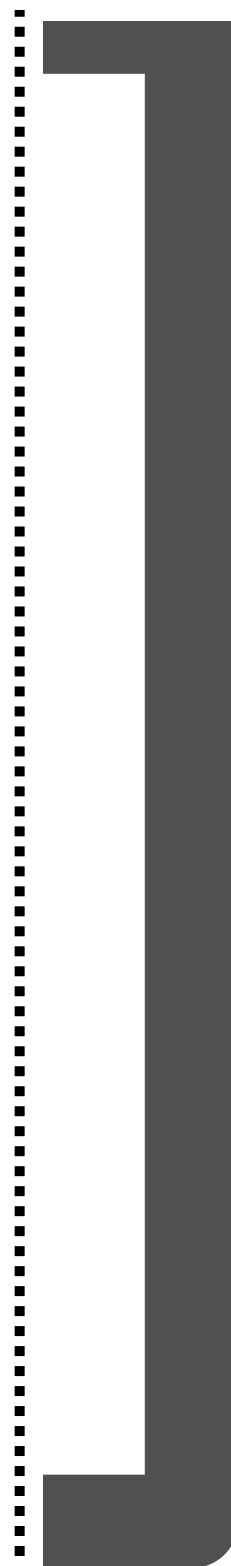


S0.5.3.5
Cost containment and promoted use of **generics**

- Rationalize medical prescription.
- Enhance transparency of registration to improve confidence of physicians and the public.
- Enforce substitution regulations.
- Enforce code of ethics.
- Favour the procurement of domestically produced generic medications, especially by public providers.



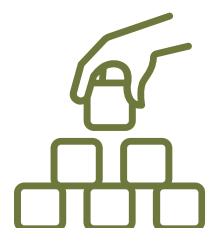
S0.5.3.6
Promote the **rational use of medications** by prescribers, dispensers and consumers.



The developed national pharmaceutical strategy to be implemented after the development of a detailed implementation plan.



Activated and sustained implantable devices and other medical supplies traceability system and developed pricing system implemented.



SD.5 Enhanced resilience and adaptability of the health system by strengthening its building blocks.

GOAL

OBJECTIVE

INDICATOR

Short

Medium

Long


SG. 5.3
Medical
products and
technologies.

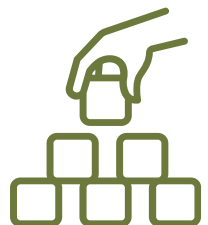


SO.5.3.7
Digitalize the system: 2D barcode, MediTrack,
health technology assessments.



SO.5.3.8
Promote and encourage **localization**.

→  MediTrack system
implemented at all supply
chain levels.



SD.5 Enhanced resilience and adaptability of the health system by strengthening its building blocks.