

Lebanon

Country Situation Overview

17 July 2006



World Health
Organization

Brief Background

Lebanon is situated on the eastern coast of the Mediterranean Sea, bounded between Syria and Israel with a total border of 454 km. It is divided into eight governorates: Aakkar, Baalbek-Hermel, Beyrouth, Beqaa, Liban-Nord, Liban-Sud, Mont-Liban, Nabatiye. A Democratic Parliamentary state, Lebanon has made progress toward rebuilding its political institutions since the end of the 15-year civil war in 1991. The Lebanese have conducted several elections; all of the militias have been weakened or disbanded. The Lebanese Armed Forces (LAF) have extended central government authority over about two-thirds of the country. In May-June 2005, Lebanon held its first legislative elections since the end of the civil war free of foreign interference.



Political debate and tensions have been precipitated by a disagreement on the disarmament of the Hezbollah and the election of a new President of the Republic, whose mandate has been extended during the Syrian presence in 2004.

The roughly 2000-strong UN Interim Force in Lebanon (UNIFIL) has been in place since 1978. Lebanon is home to 404 170 Palestinian refugees and 300 000 internally displaced persons.

Ranking 81st on the UNDP Human Development Index, Lebanon has a population of 4 million with over 80% living in urban areas. The capital Beirut is home to 1.6 million people. Other major cities include Tripoli, Saida, Tyre, and Zahle. As a result of the civil war, the country requires major reconstruction and rehabilitating, revitalizing key social sectors and stimulating economic growth. This includes plans to rehabilitate water networks and school buildings, improve school programmes and rehabilitate the healthcare infrastructure.

Recent attacks on Lebanon by Israel have so far killed 107 and injured 500, most of them civilians. At least 400 000 people have been displaced since the start of the bombing, of whom up to 29 000 are hosted in schools and temporary accommodations. Most casualties were reported near the south border, with the Israeli army continuing to launch artillery fire and air strikes at Hezbollah positions and at civilian infrastructure. Roads, bridges and the Beirut International Airport were all targeted within the last 24 hours. The current situation, which marks the worst crisis since the Israeli retreat from Southern Lebanon in 2000, erupted when the Hezbollah staged a successful cross-border assault on an Israeli army post, killing three soldiers and capturing two.

Health Situation

- Life expectancy at birth is approximately 71. The infant mortality (IMR) and under-five mortality rates (U5MR) have steadily declined with no significant gender disparity. IMR is 27 per 1000 live births and U5MR 31 per 1000 live births – however significant regional disparities exist.
- The country is facing the double burden of disease, as the population suffers from health problems related to infectious diseases, such as acute respiratory infections, as well as chronic degenerative diseases, such as diabetes, hypertension, high blood pressure, depression and cancer. High figures of morbidity and mortality from cardiovascular diseases, cancer and diabetes are widespread.
- Measles is endemic in Lebanon with occasional outbreaks, the latest occurring in 2006 with more than 2000 reported cases.

- National immunization coverage is less than 90%. No cases of polio have been recorded since 1994.
- Lebanon has an intermediate incidence of TB; the last estimated incidence rate was 13 per 100 000 populations. Approximately 75% of cases occur among productive age groups of the community.
- By the end of 2005 the cumulative number of reported HIV/AIDS infections was 907, and the estimated number of cases around 2500.
- Maternal mortality is 104 per 100 000. Most deliveries (88%) are attended by trained health personnel and 79% of pregnant women receive antenatal care in private health facilities.
- Major environmental degradation resulting from the war include air pollution, inadequate solid waste management, water pollution in some remote places, and uncontrolled use of pesticides for agriculture.

Health System

- The health system is very fragmented and data is not collected in a systematic manner. There is little coordination between the Ministry of Public Health (MoPH) and its counterparts.
- Lebanon health service delivery is dominated by the private sector, which accounts for more than 90% of the services. NGOs and the private sector flourished during the war, increasing in number and capacity to fill up the gap left by the weakened governmental sector.
- Strengthening and rehabilitation of the MoPH's role in prevention and promotion was enhanced through primary health care network and the development of vertical preventive programmes with the epidemiological surveillance unit. The surveillance is efficient in tracking communicable diseases and in controlling infections through a collaborative effort of hospitals. So far, health centres, dispensaries and laboratories do not participate in the epidemiological surveillance.
- Health care services are oriented towards curative care with a rapid growth in the number of hospitals and centres of high technologies. Ninety percent of hospital beds and the majority of the 845 dispensaries are owned and operated by the private sector.
- The role of the MoH in the last decade has been mainly focused on the provision of goods while its role in planning and regulation was limited.
- In 2003, there were 23.1 registered physicians, 11.6 nurses and 39.7 health workers per 10 000 persons.
- Total expenditure on health is approximately 10.6% of the GDP. Private health expenditure accounts for 70% and public accounts for 30%.
- Eight percent of the population benefits from a network of 95 Primary Health Care centres provided by the Government. Essential services include paediatrics, oral health and reproductive health in addition to drugs for chronic conditions and contraceptives. In addition there are 430 dispensaries and outlets serving 12% of the population. After the war, NGOs have played a large role in investing in Primary Health Care.
- Expanding and strengthening primary health care is one the main strategies goals of the health sector reform.
- Despite the presence of many development partners in Lebanon, no efficacious or strong coordination mechanisms exist. External aid is received from different sources: UN agencies other than WHO such as UNFPA, FAO, UNDP, UNAIDS, UNESCO, UNIFEM, UNICEF as well

as many private, international or wealthy nations governmental organizations such as the European Union, Italy or Japan.

Emergency Preparedness

Lebanon has a National Council for Emergency Relief, reactivated during the Israeli attack on Kana in 1996. The Emergency preparedness department at the MoPH has currently no staff, and has very limited logistics capacities to respond to national emergency situations. Most of the relief interventions are carried out by the very active NGO network, the Lebanese Red Cross and the Social Defense which rely to a great extent on volunteers during crisis time. The Army has a well equipped Emergency Preparedness team, including rescue and medical staff. However, the capacity of this team remains limited in terms of trained staff and equipments, in case of large catastrophic situations.

There is a National Emergency Plan prepared on 2004 with the support of the WHO.

As for medical relief, most of the medical relief medications and supplies are available in the Lebanese market. The main issue remains coordinating access to the medical relief (transport, etc.) to accommodate the number of casualties. With military attacks spreading over several regions, issues of shelters and safe water and food become an important issue as well for the large displaced population. Outbreaks of communicable diseases (waterborne, respiratory) call for special attention, particularly as the summer season in Lebanon is known to have diarrhoeal diseases outbreaks. Special attention is needed for infants and children under five.