

# Annex 1. Process for the Development of the National Health Strategy

## 1. Strategy team

The exercise was led by a core team consistent of the Minister and senior staff from the Ministry of Public Health in addition to a national expert, senior health system staff of the World Health Organization (WHO), a health economist, two research assistants and two international consultants. A support committee included key stakeholders to advise on the methodology and strategy outline, brainstorm on priorities for the sector, suggest approaches and solutions for major strategic issues and review and provide feedback on the strategy document being developed. The strategy team consulted with the director and team at the Universal Health Coverage/Health Systems unit at the WHO Regional Office for the Eastern Mediterranean (EMRO). Additionally, a health partners meeting was held involving the main United Nations agencies and some of the main health donors in Lebanon to ensure alignment with the Ministry of Public Health vision.

The core and supportive committee members responsible for drafting, compiling, and analysing the data are:

Ministry of Public Health	World Health Organization	Experts
<b>Core Members</b> Firass Abiad, MD, MBA Hilda Harb, MPH	<b>Core Members</b> Dr. Iman Shankiti, PhD Dr. Alissar Rady, MD, MSc, MPH Dr. Rasha Hamra, PharmD, MPH, Dr.Health Dr. Solara Sinno, MBS, PhD	Walid Ammar, MD, PhD Dr. Wim Van Lerberghe, MD, PhD Abdelhay Mechbal, MD Jad Khalife, MD, MPH, MSc
<b>Support Members</b> Dr. Atika Berry, MD, MPH Dr. Nada Ghosn, MD Dr. Randa Hamadeh, MPH, PhD Dr. Rita Karam, PharmD, PhD Dr. Rabih Chammay, MD, MSc Dr. Mustafa El Nakib, MD, MPH Dr. Hiam Yaacoub, MD Lina Abou Mrad, MBA, PMP Jenny Romanos, ME	<b>Support Members</b> Aya Harb, MSc Hikma Shoaib, MSc	

## 2. Framework development

First, an outline was developed to set the framework for the strategy. It was based on the six building blocks of the health system that were integrated with the essential public health functions and then were readjusted to be in line with global targets related to the SDGs and the Thirteenth General Programme of Work (GPW13) of WHO, while considering the Lebanese context. As a result, seven main components were set with a total of 28 pillars distributed under all of the components. The framework was dynamic until the strategy was finalized. Adjustments were made based on discussions with stakeholders and findings from the different steps conducted.

### 3. Sector overview

Based on the framework, a detailed desk review was conducted based on the available reports, studies and articles from international organizations, academia and others. This resulted in a sector overview explaining how the health system was structured and functioning prior to the crisis. Findings of the desk review are compiled in part two of this document and a detailed health sector overview can be found in annex 2.

### 4. Impact of the crisis

Part two of this document starts with a brief introduction about the pre-2020 situation and main pre-existing challenges, followed by a detailed reflection on the impact of the crisis on the various building blocks of the health system. A detailed impact of the crisis is also available under the health sector overview in annex 2.

### 5. Stakeholder discussions

Several discussion groups were conducted with experts from the hospital sector, pharmaceutical sector, public sector, public funds, professional orders and syndicates, academia, primary health care centres, non-governmental organizations (NGOs) and others. The discussions focused on challenges at the systemic and institutional levels. The purpose of these discussions was to explore the perception of pre- and post-crisis institution-related problems from the perspectives of governance, financing and provision of health care, gather opinions on the current institutional arrangements and collect suggestions for short- and long-term solutions to improve health care equity, efficiency and quality. The results of these discussions were analysed into themes and are found in annex 3.

### 6. Stakeholder interviews

In-depth qualitative stakeholder interviews were also conducted to gather more feedback from stakeholders regarding the main issues facing the health sector in Lebanon. The stakeholders interviewed were purposely selected across a range of institutions and groups, including public institutions, hospitals, nurses, physicians, pharmacists, universities, NGOs and the pharmaceutical sector. A specific tool was developed based on the themes that emerged from the stakeholders' discussions using a 35-item pilot-tested questionnaire tool, where all 27 interviews were conducted online and either in English or Arabic, based on the interviewee's preference. The questionnaire items covered seven categories: service provision, public sector, private sector, financing, human resources, governance and other topics.

The results are found in annex 3.

## List of Experts and Stakeholders (in alphabetical order of surname)

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*\*Many stakeholders and experts participated in more than one forum of discussion; their names were mentioned once to avoid repetition.*

<b>WHO Eastern Mediterranean Regional Office (EMRO) Team</b>	<b>Support Committee</b>	<b>Stakeholders Discussion Group</b>
Dr. Hala Abou Taleb, <i>MD, MSc, MPH</i>	Dr. Carol Abi Karam, <i>PharmD</i>	Dr. Ghada Abou Mrad, <i>MD, MPH</i>
Dr. Adi Al-Nuseirat, <i>PharmD, MSc</i>	Dr. Myrna Doumit, <i>PhD, MPH, MSc</i>	Dr. Nasir Adra, <i>MD</i>
Dr. Ali Ardalan, <i>MD, PhD</i>	Dr. Ali El Haj, <i>LLM, PhD</i>	Mrs. Daaed Al-Akoum
Dr. Henry Doctor, <i>PhD</i>	Dr. Mohamad-Ali Hamandi, <i>BSN, MPH, HA, DBA</i>	Dr. Michele Kosremelli Asmar, <i>MHA, PhD</i>
Dr. Fethiye Gulin Gedik, <i>MD, MSc, PhD</i>	Mr. Mounir Kharma, <i>MSc</i>	Dr. Nesrine Bazerbach, <i>MD</i>
Dr. Rana Hajjeh, <i>MD</i>	Mr. Ibrahim Muhanna, <i>FIA, Social Protection Actuary</i>	Ms. Christina Bethke, <i>MSW, MPH</i>
Dr. Faraz Khalid, <i>PhD, MD, MSc</i>	Dr. Iman Nuwayhid, <i>MD, MPH, DrPH</i>	Dr. Charaf Bou Charaf, <i>MD</i>
Dr. Mehrnaz Kheirandish, <i>MD, PhD</i>	Mr. Serop Ohanian, <i>MPH, MBA</i>	Dr. Zuheir El Imad, <i>MD</i>
Dr. Mondher Letaief, <i>MD, MPH</i>	Mr. Joseph Otayek, <i>MBA</i>	Mr. Omar El Rifai, <i>BSPharma</i>
Dr. Awad Mataria, <i>PhD, MSc</i>	Dr. Rabab Rassi, <i>Pharm.D, MSc, MBA HM</i>	Dr. Bernard Gerbaka, <i>MD</i>
Dr. Arash Rashidian		Dr. George Ghanem, <i>MD</i>
Dr. Hamid Ravaghi, <i>PhD</i>		Ms. Roula Gharios, <i>MBA</i>
Dr. Tonia Rifaey, <i>PhD, MA</i>		Mr. Suleiman Haroun, <i>Eng</i>
Dr. Hassan Salah, <i>MD, MPH</i>		Dr. Asaad Kadhum, <i>MD, MSc, MPH</i>
Dr. Gohar Waji		Dr. Mohamad Karaki, <i>MD</i>
		Dr. Jihad Makouk, <i>MD, MPH, MHA</i>
		Dr. Kamel Mehana, <i>MD</i>
		Dr. Mona Osman, <i>MD</i>
		Mr. Armand Pharès, <i>MBA</i>
		Dr. Pascale Salameh, <i>PharmD, MPH, PhD, HDR</i>
		Dr. Rima Sassine Kazzan, <i>PhD</i>

<b>Stakeholders Interviews</b>	<b>Inception Meeting</b>	<b>Balamand Policy Dialogue (speakers and panellists only)</b>
Mr. Alain A. Bifani, <i>MBA</i>	Mrs. Najat Rochdi, <i>MSc - RCO</i>	Dr. Elias Warrak, <i>MD</i>
Mr. Ghassan Daou,	Dr. Rouba El Khatib - <i>AFD</i>	Dr. Fadi Alame, <i>MSc</i>
Dr. Inaya Ezzedine, <i>MD, MP</i>	Ms. Maguy Ghanem - <i>UNFPA</i>	Dr. Yousef Bassim, <i>MD</i>
Mr. Karim Gebara,	Mrs. Samar Hammoud - <i>WHO</i>	Mr. Jamal Moukarzel, <i>BS Pharm</i>
Dr. Ghassan Hamadeh, <i>MD</i>	Mr. Ayaki Ito - <i>UNHCR</i>	Mr. Elie Nasnas, <i>BS</i>
Dr. Randa Hamadeh, <i>PhD, MPH</i>	Dr. Bhriku Kapuria, <i>MD, MPH-UNICEF</i>	Dr. Sherin Varkey, <i>MD</i>

Ms. Carol Hassoun, <i>PharmD, EMBA</i>	Ms. Ioli Kimyaci - UNHCR	
Dr. Yehya Khamis, <i>MD</i>	Ms. Asma Kurdahi - UNFPA	<b>Pharmaceutical Policy Dialogue (panellists only; other panellists were all mentioned above):</b>
Ms. Stephanie Laba, <i>MSc</i>	Ms. Stephanie Laba - UNHCR	Dr. Bertha Abou Zeid, <i>PharmD</i>
Mrs. Rola Mouawad,	Dr. Nada Najem, <i>MD</i> - IOM	
Mr. Hany Nassar,	Ms. Madhuri Severgnini, <i>MSc</i> - EU	
Dr. Fadi Saad, <i>MD, MP</i>	Dr. Ronald Gomez Suarez, <i>MSc</i> - World Bank	
Dr. Shadi Saleh, <i>MPH, PhD</i>		
Dr. Joe Salloum, <i>PharmD</i>		

<b>Others (who sent valuable input upon request)</b>
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Mrs. Rima Chaya, <i>MPH</i>
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Dr. Michel Daher, <i>MD</i>
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Esmée de Jong (ECHO Beirut)
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Dr. Nada Melhem, <i>PhD, MSc</i>
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Dr. Nadeen Hilal, <i>MD, MPH</i>
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Mrs. Edwina Zoghbi, <i>MPH</i>
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## 7. Lessons learned

The team also reviewed lessons learned from other challenged countries in developing successful health strategies, with the aim of exploring what worked and what did not. This included case studies from health reforms in China, Turkey and Thailand. Relevant experience is added in annex 3.

## 8. Policy dialogues

A series of policy dialogues on different themes was conducted in partnership with academia and professional orders.

The first policy dialogue was conducted in collaboration with the University of Balamand to present the strategy development process, findings from stakeholder discussions and the sector overview, and to share the proposed values, mission and vision for the strategy. The policy dialogue concluded that there is a need to answer the following questions: how Lebanon can achieve universal health coverage, how this crisis can be considered a window of opportunity for reform and how to overcome the health and non-health challenges.

If Lebanon is to achieve universal health coverage, who should benefit from the coverage of the basic health benefits package? What should be offered/covered? How should it be covered? How should it be financed? Where should the covered services be provided? How should the quality of the covered services be ensured?

The second policy dialogue was done in partnership with the Order of Pharmacists. This policy event started with launching the national pharmaceutical strategy. Then the policy dialogue addressed the way forward in implementing the pharmaceutical strategy and other pharmaceuticals-related policies, and the collaborations necessary to implementing them. It also tackled ways to improve public access to medications and the need for strengthening local production of medicines, in addition to ensuring the system's transparency, rationalizing drug use, sustaining the quality of drugs and improving their affordability.

## 9. National surveys for human resources

Two national surveys were conducted during the development of the strategy, the objective of which was to contribute to a better understanding of the demographics of physicians and nurses in Lebanon during the current crisis by looking at a variety of settings in which they operate: hospitals, health centres, private clinics, primary health care centres and other settings beyond the health sector. The surveys focused on demographics, work environment, multiplicity of practice (for physicians), workload, professional expectations including plans to leave the country for career reasons, and estimation about income and incentives. The findings of the surveys help in developing human resources strategies for health care workers in Lebanon, with a focus on production and retention.

In this way, the development process of the strategy followed a stepwise, inclusive and participatory approach and involved different stakeholders at different stages of the strategy development, with the aim of reaching consensus on priorities and solutions proposed.

After the discussion with the support committee members, health partners and EMRO team, the policy dialogues and the one-to-one discussion with the Minister of Public Health, the need for this consultative approach was clear, as it provides credibility to the strategy and aids in obtaining the buy-in of all health

actors which would enhance its implementation at a later stage. Similarly, stakeholders called for integrating the public's voice in the strategy and this was ensured through engaging with civil society organizations and NGOs, as it allows to tailor the strategy based on the public's needs and include all the populations and communities in Lebanon.

The final strategy draft is to be endorsed by the Government.

The strategy aims to address the pre-existing root causes of the current predicament. It shows interrelatedness between the concepts it addresses, which reflects the interconnected health sector components and their direct influence on one another. While the strategy provides a vision for 2030, it has a flexible structure and presents a wide range of strategic directions to cater for any changes that may occur during this period. The strategy, as urged by health partners in consultations, will prioritize acute health system needs that require urgent short-term interventions, and it will present medium- and long-term perspectives to solve long-standing system defects for which small yet impactful interventions will be proposed.

## 10. Development of the strategic directions, goals and objectives

The strategy sets an immediate framework for relief and five strategic directions for sector recovery, under which it lists 24 strategic goals and 82 strategic objectives.

## 11. Mapping of indicators

A mapping exercise of indicators took place to identify the indicators to be included and their suitable place under the strategic directions, goals and objectives. The indicators were also classified as quantitative or qualitative and whether they are expected to be accomplished in the short, medium or long term or whether they worked upon in a continuous process. These indicators are added based on strategic directions, goals and objectives as a matrix in annex 4.