

Lebanon National Health Strategy:

Vision 2030

Two-Year Review





FORWARD

It is with a deep sense of responsibility and reflection that we present this two-year review of the National Health Strategy: Vision 2030, launched in January 2023. This report chronicles achievements that reflect the collective vision and resilience guiding us through one of Lebanon's most challenging periods.

When I assumed office in September 2021, Lebanon's health system faced an unprecedented convergence of crises: severe drug shortages, the lingering effects of a global pandemic, the challenges of hosting a large refugee population, healthcare workforce migration, and a deep economic crisis and the collapse of financial protections that left many reliant on out-of-pocket healthcare payments.

In the following years, these lingering challenges were compounded by a cholera outbreak, a global economic slowdown, and the devastating impacts of war, including mass casualties, widespread displacement, and the targeting of healthcare workers and facilities.

In response, the Ministry of Public Health adopted a transformative approach: leveraging these crises as opportunities to rebuild and strengthen foundational health systems. This approach not only ensured resilience and preparedness but also drove systemic improvements that address immediate needs while paving the way for long-term reform.

The accomplishments of the past two years, as detailed in this review, reflect the collective efforts of the MoPH, our partners, and the health sector:

- **Strengthened Governance and Collaboration:** Governance was reinforced through strong partnerships with academia, professional organizations, NGOs, international agencies, and donors. Equally important, the Ministry actively integrated the perspectives of patients, ensuring that policies and reforms were aligned with the needs of those they serve. These collaborative efforts laid the foundation for multiple strategic documents and roadmaps, fostering a transparent and coordinated approach to health sector development.
- **Modernization and Improvement of Systems:** Initiatives like MediTrack, Aman, audits, and accreditation programs have promoted transparency, accountability, and quality in healthcare. Specifically, the introduction of the National Cancer Plan represents a critical step toward modernizing cancer care and ensuring equitable access to treatment.

- **Enhanced Healthcare Delivery across the Spectrum:** The expansion of the primary healthcare network, mental health integration, emergency care coverage, and strengthening of public hospitals reflect our commitment to equitable and quality care across the continuum.
- **Resilience Amid Crises:** The activation of the PHEOC showcased Lebanon’s adaptability in responding to cholera, mass casualties, and other emergencies, while also fostering greater preparedness for future challenges.

While these achievements are significant, substantial work lies ahead. Structural reforms, sustainable financing mechanisms, and a unified health insurance framework remain critical priorities. As a new government takes office, we hope this review serves as both a record of progress and a roadmap for future action.

The past three years have shown that Lebanon’s health system is more than just a sector—it is a cornerstone of national resilience and a symbol of hope for rebuilding trust. Let this review inspire all stakeholders—local and international, public and private—to renew their commitment to achieving universal health coverage and building a future where equitable and quality care is accessible to all.

Finally, I would like to extend my gratitude to the healthcare professionals, scientific committees, NGOs, international organizations, donors, and all other partners who have stood with us throughout these challenges. A special deep appreciation goes to the dedicated team at the Ministry of Public Health, whose tireless efforts and unwavering commitment have been instrumental in achieving the progress detailed in this review. Together, we have laid the groundwork for a healthier, more equitable Lebanon.

Dr. Firass Abiad

Minister of Public Health, Lebanon

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Ministry of Public Health, 2025

ABBREVIATIONS

3RF: Reform, Recovery, and Reconstruction Framework	HTA: Health Technology Assessment
3W: Who, What, Where (used for activity mapping in crises)	IBBS: Integrated Bio-Behavioral Survey
ACLS: Advanced Cardiac Life Support	ICD-11: International Classification of Diseases, version 11
ADR: Adverse Drug Reactions	ICU: Intensive Care Unit
AE: Adverse Events	IDPs: Internally Displaced Persons
AEFI: Adverse Events Following Immunization	IDRAAC: Institute for Development, Research, Advocacy and Applied Care
AFD: Agence Française de Développement	IEC: Information, Education, and Communication
ALMA: Australian Lebanese Medical Association	IMC: International Medical Corps
ALS: Advanced Cardiac Life Support	INGO: International Non-Governmental Organization
AMR: Antimicrobial Resistance	IOM: International Organization for Migration
BFHI: Baby-Friendly Hospital Initiative	IPC: Infection Prevention and Control
BLS: Basic Life Support	IRC: International Rescue Committee
CBS: Community-based Surveillance	IT: Information Technology
CCC: Command and Control Center	IYCF: Infant and Young Child Feeding
CHW: Community Health Workers	KAP: Knowledge, Attitudes, and Practices
CMR: Clinical Management of Rape	LASA: Look-Alike Sound-Alike
CNAH: National Committee for Hospital Accreditation	LAU: Lebanese American University
COOP: Cooperation of State Employees	LDA: Lebanese Drug Administration
COVID-19: Coronavirus Disease of 2019	LEMSIC: Lebanese Medical Students' International Committee
CPHL: Central Public Health Laboratory	LFET: Lebanese Field Epidemiology Training
CPT: Current Procedural Terminology	LIMA: Lebanon Integrated Micronutrient, Anthropometric survey
CSO: Civil Society Organization	LIU: Lebanese International University
DHIS2: District Health Information Software, version 2	LMS: Logistics Management System
ECD: Early Childhood Development	LNPVP: Lebanese National Pharmacovigilance Program
EIB: European Investment Bank	LPSA: Lebanese Pharmacy Students' Association
EMR: Electronic Medical Records	LPSP: Lebanese Primary Healthcare Subsidization Protocol
EMS: Emergency Medical Services	LRC: Lebanese Red Cross
EMT: Emergency Medical Team	LRP: Lebanon Response Plan
EPI: Expanded Program on Immunization	LSFM: Lebanese Society of Family Medicine
ER: Emergency Room	LSGP: Lebanese Society for General Practice
ESSN: Emergency Social Safety Net	LSOG: Lebanese Society of Obstetrics and Gynecology
ESU: Epidemiologic Surveillance Unit	LU: Lebanese University
EU: European Union	MCI: Mass Casualty Incidents
FAO: Food and Agriculture Organization	MCM: Mass Casualty Management
FAQ: Frequently Asked Questions	MEHE: Ministry of Education and Higher Education
GBV: Gender-Based Violence	MENA: Middle East and North Africa
GMP: Good Manufacturing Practices	MERA: Mobile Electronic Reporting Application
GSDP: Good Storage and Distribution Practices	MHPSS: Mental Health and Psychosocial Support
GSHS: Global School Health Survey	
HeRAMS: Health Resources and Services Availability Monitoring System	
HIS: Health Information System	
HIV: Human Immunodeficiency Virus	
HPV: Human Papillomavirus Vaccine	

ABBREVIATIONS

MMR: Measles, Mumps, and Rubella vaccine	PSU: Primary Healthcare Satellite Unit
MoA: Ministry of Agriculture	PUI: Première Urgence Internationale
MoI: Ministry of Interior	PV: Pharmacovigilance
MoJ: Ministry of Justice	PwD: Person with Disability
MoPH: Ministry of Public Health	QA: Quality Assurance
MoSA: Ministry of Social Affairs	QC: Quality Control
MoWE: Ministry of Water and Energy	REAYA: Lebanese Primary Healthcare Subsidization Program
MPH: Master of Public Health	SH+: Self-Help Plus
NAP: National AIDS Program	SHA 2: System of Health Accounts, version 2
NCD: Non-Communicable Diseases	SOP: Standard Operating Procedure
NCP: National Cancer Plan	SRH: Sexual and Reproductive Health
NGO: Non-Governmental Organization	STEPs: STEPwise approach to Non- Communicable Disease Risk Factor Surveillance
NHA: National Health Accounts	TB: Tuberculosis
NHS: National Health System	ToR: Terms of Reference
NIC: National Influenza Center	ToT: Training of Trainers
NICU: Neonatal Intensive Care Units	TPA: Third Party Administrator
NITAG: National Immunization Technical Advisory Group	UHC: Universal Health Coverage
NMHP: National Mental Health Program	UN: United Nations
NMHS: National Mental Health Strategy	UNFPA: United Nations Fund for Population Activities
NPTP: National Poverty Targeting Program	UNICEF: United Nations International Children's Emergency Fund
NSP: National Strategic Plan	UoB: University of Balamand
NSSF: National Social Security Fund	USD: United States Dollar
NTP: National Tuberculosis Program	USJ: Université Saint-Joseph
OCV: Oral Cholera Vaccine	UTI: Urinary Tract Infection
PAR: Protection Against Rape	WASH: Water, Sanitation, and Hygiene
PCPC: People-Centered Primary Care	WASH FIT: Water, Sanitation, and Hygiene Facility Improvement Tool
PHC: Primary Health Care	WB: World Bank
PHENICS: Primary Healthcare Electronic Information and Coordination System	YMCA: Young Men's Christian Organization
PHEOC: Public Health Emergency Operations Center	
PIVI: Partnership for Influenza Vaccine Introduction	
PrEP: Pre-Exposure Prophylaxis (HIV prevention)	

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SUMMARY OF THE TWO-YEAR PROGRESS SUMMARY OF THE NATIONAL HEALTH STRATEGY

Over the past two years, the National Health Strategy: Vision 2030 has redefined Lebanon's approach to healthcare, transforming crisis management into an opportunity to build a stronger, more resilient, and better-prepared health system. The MoPH has leveraged collaboration, strategic planning, and innovation to turn challenges into catalysts for reform, ensuring progress even in the face of economic and public health crises. This executive summary highlights how targeted reforms in healthcare financing, delivery, emergency preparedness, workforce empowerment, digital transformation, and sustainability have laid the foundation for a system that not only responds to immediate needs but is strategically positioned for long-term success. These efforts, driven by partnerships with local and international stakeholders, underscore a commitment to using adversity as a springboard for lasting, transformative change. Below is a comprehensive overview of the key achievements and milestones that have been realized during this period.

A. Advancing Health Sector Governance

The MoPH has led a transformative effort to strengthen governance within Lebanon's health sector, establishing the NHS as a unifying roadmap for systemic reform and long-term resilience. By adopting a consultative and inclusive approach, the ministry engaged diverse stakeholders to ensure that the strategy addressed both immediate needs and structural challenges. This collaborative process shifted the focus from crisis management to building a sustainable healthcare system capable of withstanding future shocks.

1. Foundational Strategic Frameworks

A cornerstone of the governance reforms has been the development and implementation of strategic documents that define the direction of Lebanon's health system. The National Health Strategy: Vision 2030¹ has served as the primary compass for advancing health sector priorities, while complementary plans such as the National Cancer Plan,² the Emergency Care Plan, the Neonatal Care Plan, and the Health Digital Transformation Vision³ and Strategy (currently in its final stages) have provided comprehensive roadmaps for addressing specific health challenges. Together, these documents reflect a holistic vision to modernize and stabilize the healthcare system.

2. Strengthening Legislative and Policy Foundations

Along with the WHO, the MoPH has played a critical role in shaping the UHC law under discussion by the parliamentary committee. Through active engagement, data provision, and expert insights, the ministry ensured alignment between the proposed legislation and the NHS's vision for equitable and sustainable healthcare access. Similarly, the development of the tobacco investment case for Lebanon initiated critical conversations around health taxation policies aimed at reducing tobacco-related diseases while generating revenue for health system improvements.

¹National Health Strategy: Vision 2030. Available at www.moph.gov.lb/en/Pages/9/1269/الخطط-الاستراتيجية/en/view/67044/ للاستراتيجية-الوطنية-#/en/view/67044/

²National Cancer Plan. Available at www.moph.gov.lb/ar/Pages/9/1269/الخطط-الاستراتيجية/ar/view/69928/2028-2023-السرطان-#/ar/view/69928/

³Vision for Digital Health Transformation. Available at www.moph.gov.lb/ar/Pages/9/1269/الخطط-الاستراتيجية/ar/view/70101/-رؤية-الوزارة-حول-#/ar/view/70101/ التحول-الرقمي-للقطاع-الصحي

3. Data-Driven Decision-Making and Performance Monitoring

The MoPH has prioritized evidence-based policymaking through enhanced data generation and performance monitoring systems. Key resources, including the Health Data Observatory Report⁴; National Health Accounts⁵; Annual Statistical Bulletin, Disease Surveillance Reports, and survey results such as LIMA⁶ and STEP have informed planning and resource allocation. Digital platforms such as PHENICS, MediTrack, and LMS have further strengthened real-time decision-making, enabling continuous improvement throughout the sector. Regular audits and enhanced reporting mechanisms have ensured compliance with national and international standards, reinforcing accountability and transparency.

4. Commitment to Transparency and Learning

The MoPH has demonstrated a strong commitment to transparency through regular performance reviews and the documentation of lessons learned. Milestones in this area include the One-year and Two-year reviews of the NHS⁷; the one-year review of the NCP⁸, and the publication of insights from the health sector response to the 2024 war on Lebanon, *Emerging From Crisis: Health Sector Response and Lessons Learned*. These reviews have provided valuable reflections on progress, allowing for strategic refinements and informed decision-making to address emerging challenges.

5. Fostering Collaborative Governance

Effective partnerships and coordinated efforts have been central to strengthening health sector governance. The MoPH has engaged a wide range of stakeholders, including professional orders, scientific committees, NGOs, academic institutions, international organizations, and donors. Scientific committees, such as those overseeing drug authorization, PHC programs, and cancer care, have facilitated evidence-based decision-making, optimized resource allocation, and supported participatory governance. Notable contributions come from the EPI and the NITAG, which have advanced discussions on introducing HPV and influenza vaccines into Lebanon's national immunization schedule. Meanwhile, cancer committees have driven initiatives aligned with the NCP, addressing prevention, early detection, and care.

6. Building Effective Partnerships

Academic institutions and NGOs have been instrumental in addressing health workforce shortages and enhancing capacities through training programs, diplomas, and residency opportunities. These initiatives have strengthened Lebanon's health sector by equipping professionals with the skills to respond effectively to crises while maintaining high standards of care. NGOs have also played a vital role in community outreach and service delivery, particularly for vulnerable populations during times of crisis. Donors and international organizations have provided critical technical and financial support, ensuring the sustainability of these efforts.

⁴ Vital Data Observatory Statistics. Available at www.moph.gov.lb/en/Pages/8/14246/vital-data-observatory-statistics

⁵ National Health Accounts 2019-2022. Available at www.moph.gov.lb/en/Pages/8/141/national-health-accounts

⁶ LIMA survey 2023-2024. Available at www.unicef.org/lebanon/media/11606/file/LIMA_Final%20Report_240912_FINAL.pdf.pdf

⁷ National Health Strategy: One-Year Review. Available at https://moph.gov.lb/DynamicPages/download_file/6950

⁸ On-Year Review of the National Cancer Plan. Available at https://www.moph.gov.lb/DynamicPages/download_file/7099

7. Encouraging Patient Participation

Patient involvement in decision-making is an essential element of effective healthcare governance, ensuring that policies and services are patient-centered, equitable, and responsive to real-world needs. For example, in Lebanon, the inclusion of cancer patient advocate groups in the development of the National Cancer Plan has been instrumental. These groups provided critical insights into patient challenges, treatment accessibility, and support needs, ensuring that the plan addresses not only clinical priorities but also the psychosocial and financial burdens faced by patients. Additionally, the PCPC Initiative at PHC has reinforced the importance of engaging patients in their healthcare journey.

8. Advocacy and International Engagement

The MoPH's leadership in local and international conferences and public health platforms, such as the NHSWG, LRP, and 3RF, has amplified its voice in advocating for Lebanon's health system. These platforms have facilitated resource mobilization, alignment of health priorities, and coordination of reform initiatives, underscoring the ministry's leadership in addressing the sector's challenges. By integrating strategic frameworks, strengthening collaboration, and committing to transparency and accountability, the MoPH has laid the foundation for a governance model that drives sustainable and equitable health system improvements.

B. Reshaping Healthcare Financing

Recognizing the critical role of sustainable financing in building a resilient health system, the MoPH implemented transformative measures to optimize resource allocation and ensure equitable access to healthcare. One of the key milestones was the shift from traditional item-based budgeting to program-based budgeting, aligning resources with strategic priorities. This approach allocated targeted funding to critical areas, such as the PHC network, the CPHL, and essential human resources, ensuring that these programs could continue to serve as pillars of the health system even during financial crises.

1. Implementing Capitation Models to Ensure Equity and Efficiency

To safeguard access to healthcare for vulnerable populations, the MoPH introduced a capitation-based payment model in approximately 60 PHC centers. Widely regarded as the gold standard in healthcare financing, this model emphasized efficient resource utilization while ensuring equitable service delivery. The REAYA Project, funded through a World Bank loan, further demonstrated the ministry's commitment to providing care for the most marginalized by linking resources to outcomes and addressing the needs of the poorest populations.

2. Reforming Medication Financing and Distribution Systems

In parallel, the MoPH undertook significant reforms in medication financing and distribution. Following the lifting of subsidies, availability of essential medications improved, supported by a structured procurement process aligned with evidence-based disease management protocols. This policy shift also incentivized local pharmaceutical production, contributing to greater system resilience. The introduction of digital platforms, such as MediTrack, further enhanced transparency and accountability in medication distribution, ensuring that cancer and other catastrophic conditions treatments reached patients efficiently while reducing counterfeit medications, smuggling, favoritism, and other malpractices.

3. Revising Hospital Tariffs and Strengthening Public Hospitals

Hospital tariffs and service packages were revised to prioritize essential and life-saving interventions, reducing the financial burden on patients while strengthening the role of public hospitals as safety-net providers. These revisions were complemented by investments in digital systems, such as the Visa hospital billing system, which streamlined service approvals and facilitated real-time tracking of hospital expenditures.

4. Developing a Health Technology Assessment Framework

To institutionalize evidence-based decision-making, the MoPH initiated the development of an HTA framework. With secured funding and trained personnel, this model aims to systematically evaluate medical technologies, treatments, and interventions, ensuring their alignment with national health priorities and cost-effectiveness studies. This represents a critical step toward optimizing resource allocation across the healthcare system.

5. Leveraging Partnerships to Address Funding Gaps

Despite inherent challenges, including the rigidity of governmental budgeting processes, the MoPH leveraged partnerships with international agencies, NGOs, and donors to address funding gaps in critical programs. These collaborations sustained essential services, enhanced healthcare access, and underscored the importance of collective efforts in advancing health financing reforms. Collectively, these initiatives reflect the ministry's commitment to building a sustainable, efficient, and equitable financing system that supports Lebanon's long-term health goals.

C. Strengthening Emergency Preparedness and Response

The establishment of the PHEOC marked a milestone in Lebanon's transition to a proactive and integrated approach to crisis management. As a cornerstone of the NHS, the PHEOC enabled the coordination of multi-stakeholder responses to emergencies, including the cholera outbreak, the 2024 war on Lebanon, and other acute public health challenges. Its role in mobilizing resources, leveraging real-time data, and ensuring seamless communication among health sector partners underscored its transformative impact on Lebanon's emergency preparedness framework.

1. Coordinated Crisis Management Through the PHEOC

During the 2024 war, the emergency response demonstrated its value by addressing the healthcare needs of over 1.2 million displaced individuals. It coordinated efforts across public hospitals, the PHC network, and humanitarian partners, ensuring the continuity of essential services, managing trauma cases, and preventing disease outbreaks. By leveraging real-time data and multi-stakeholder collaboration, the PHEOC exemplified a proactive and systems-based approach to managing emergencies.

2. Enhancing Surveillance and Early Warning Systems

The MoPH prioritized the enhancement of surveillance systems to improve the detection and management of outbreaks. Automated EWARS mechanisms were strengthened to enable timely data collection and rapid response to public health threats. These tools, which shall be further supported by the Pandemic Fund and the EIB-funded project, played a critical role in managing the cholera outbreak and other emerging health challenges.

3. Strengthening Laboratory Capacity

Laboratory capacity was significantly upgraded to support emergency response efforts. Infrastructure improvements and the development of SOPs enhanced diagnostic accuracy and speed. These upgrades ensured that laboratories could provide timely and reliable results during outbreaks and crises, bolstering Lebanon's overall emergency preparedness.

4. Leveraging Digital Tools for Emergency Response

Digital tools were central to the MoPH's emergency preparedness strategy. Platforms like PHENICS like DHIS2 were expanded to include modules for assessing the needs of IDPs and tracking care provision during the 2024 war. Dashboards and other tools facilitated real-time monitoring of patient care, resource distribution, and service coverage, ensuring efficient and agile responses under challenging conditions.

5. Building Workforce Capacity for Emergencies

Recognizing the importance of an agile and skilled workforce, the MoPH implemented training programs focused on outbreak management, mass casualty preparedness, and emergency care. Over 3,000 healthcare workers were trained in areas such as cholera management, trauma care, Mental Health first aid, ensuring their readiness to respond to emergencies. Partnerships with academic institutions and international organizations supported these efforts, addressing critical gaps in healthcare capacity and enhancing Lebanon's ability to manage concurrent crises.

D. Transforming Healthcare Delivery

The NHS prioritized transforming healthcare delivery to enhance equity, quality, and resilience across Lebanon's health system. By expanding PHC services, modernizing public hospitals, and improving access to essential medications, the MoPH laid the groundwork for a healthcare system capable of meeting the needs of all segments of the population, particularly during crises.

1. Expanding the Primary Healthcare Network for Equity and Accessibility

The PHC network expanded to 326 centers, significantly increasing access to subsidized healthcare services for vulnerable populations. These centers were instrumental during emergencies, including the 2024 war, by addressing the health needs of displaced populations, managing chronic and acute conditions, and contributing to outbreak detection and prevention. The integration of mental health services and nutrition programs into the PHC network further underscored the ministry's commitment to comprehensive and person-centered care.

2. Integrating Innovative Programs into PHC Services

Several new programs were introduced to enhance the quality and accessibility of services within the PHC network. The REAYA Project, funded through a World Bank loan, implemented a capitation-based payment model to ensure equitable care for Lebanon's poorest populations. Other initiatives, including the PCPC, AaSalamah program, EPI, school health program, and NCD care, improved service quality, expanded coverage, and enhanced patient satisfaction.

3. Modernizing Public Hospitals to Build System Resilience

Public hospitals were transformed into critical pillars of the healthcare system, equipped to provide both routine and specialized care. Strategic investments enabled the introduction and upgrading of services such as NICUs and PICUs, dialysis, burn care, cardiac care, and cancer treatment. Public hospitals also played a vital role during the 2024 war, delivering trauma care and wound management through EMTs while maintaining essential services for dialysis and cancer patients.

4. Reactivating Underutilized Facilities for Improved Access

The reactivation of the Turkish Hospital, which had been stagnant for over a decade, showcased the MoPH's commitment to maximizing healthcare resources. By operationalizing this facility, the ministry expanded access to critical services and reduced the strain on other hospitals during emergencies.

5. Enhancing Medication Access Through Transparent Systems

The availability of essential medications was ensured through structured reforms and the integration of digital platforms like LMS, MediTrack and AMAN. These systems enabled transparent and equitable distribution of high-cost medications, including those for cancer and chronic diseases. Improvements in supply chain management and storage processes further strengthened the reliability of medication provision across the healthcare system.

6. Securing Healthcare Quality

Quality improvement initiatives have also been prioritized. A qualification program for the quality control of blood banks has been implemented, while similar programs for dialysis and chemotherapy units are underway. Preparations are also undergoing for the next hospital accreditation cycle, scheduled for 2025, reflecting a commitment to maintaining high standards of care and continuous improvement across the hospital network.

E. Evolving Healthcare Through Digital Transformation

The MoPH has embraced digital transformation as a foundation of the NHS, revolutionizing Lebanon's healthcare system through innovation, transparency, and accountability. By leveraging digital tools and data-driven solutions, the ministry has enhanced service delivery, strengthened emergency responses, and improved resource management.

1. Developing the Digital Health Strategy

The Digital Health Strategy, currently in its final stages, provides a comprehensive roadmap for advancing Lebanon's digital health initiatives. Focused on aligning national priorities with global best practices, this strategy aims to further integrate technology into healthcare operations, ensuring sustainability and efficiency in service delivery.

2. Expanding and Integrating Digital Platforms

Key digital platforms such as PHENICS, MediTrack, LMS, and DHIS2 were significantly expanded and integrated to optimize data collection, reporting, and resource management. MediTrack ensured transparent and efficient distribution of medications, particularly for cancer and catastrophic conditions, while eliminating ill practices. PHENICS played a pivotal role in real-time reporting and resource allocation, particularly during emergencies, enabling swift and effective decision-making.

3. Implementing Unique Health IDs for Patient-Centered Care

The introduction of unique health IDs marked a significant step toward patient-centered care, enabling seamless data sharing across the healthcare continuum. The visa system supported processes such as hospital approvals and discharge summaries streamlined service delivery and improved financial tracking.

4. Innovating Mental Health Access Through Digital Solutions

The MoPH leveraged digital tools to expand access to mental health resources, addressing a critical gap in healthcare delivery. Initiatives such as the SH+ Arabic podcast, interactive mental health hubs, and mobile applications provided accessible and culturally appropriate support for diverse population needs, reinforcing the ministry's commitment to holistic healthcare.

5. Enhancing Decision-Making Through Data-Driven Insights

Integrated dashboards and automated reporting systems empowered stakeholders with actionable insights for evidence-based decision-making. These tools supported resource allocation, policy planning, and performance monitoring, ensuring that health sector strategies aligned with emerging challenges and population needs.

6. Building a Sustainable Digital Infrastructure

The MoPH conducted comprehensive assessments of vital applications, including its official website and mobile platform, leading to the development of enhancement plans focused on functionality, user experience, and alignment with the Digital Health Strategy. These efforts ensured a robust and sustainable digital infrastructure capable of supporting Lebanon's evolving healthcare landscape.

F. Empowering Health Human Resources

The NHS recognized that a skilled and resilient workforce is fundamental to strengthening Lebanon's health system and ensuring its capacity to respond to challenges. To address critical gaps and build long-term capacity, the MoPH implemented targeted initiatives focused on recruitment, training, and workforce development.

1. Addressing Workforce Shortages

To sustain essential healthcare services, the MoPH collaborated with international agencies to recruit key personnel for critical roles in surveillance, logistics, and emergency response. Around 150 staff members were deployed to fill these essential positions, reinforcing the capacity of Lebanon's health system to manage concurrent crises. Partnerships with academic institutions, professional orders, and other stakeholders facilitated the design and implementation of residency programs, continuing education opportunities, and professional development initiatives. These efforts addressed both immediate needs and long-term workforce sustainability.

2. Strengthening Specialized Capacities

The MoPH emphasized the development of specialized healthcare skills to support Lebanon's evolving health priorities. More than 4,000 professionals received specialized training in areas such as emergency response, outbreak management, hospital accreditation, pharmacovigilance, maternal and neonatal care, and the management of communicable diseases. The Lebanese Field Epidemiology Training Program further strengthened workforce capabilities by integrating One Health principles, addressing the interconnectedness of human, animal, and environmental health in managing outbreaks. Emergency medicine training programs, developed in collaboration with academic institutions, were critical in expanding the capacity of general practitioners and residents, particularly in underserved and remote areas. These efforts were complemented by the integration of mental health training into broader capacity-building programs, addressing a critical gap in healthcare delivery.

3. Fostering Collaboration and Knowledge Sharing

Collaboration with academic institutions and international organizations played an important role in workforce development. Joint programs delivered targeted training, while partnerships with diaspora organizations facilitated knowledge exchange among highly skilled professionals. These collaborations not only addressed Lebanon's immediate healthcare challenges but also positioned the health sector for sustained progress by aligning training programs with global best practices.

4. Promoting Workforce Retention and Well-being

Recognizing the strain on healthcare professionals during crises, the MoPH prioritized measures to support their well-being and motivation. Efforts to improve working conditions, including better resource allocation and career development opportunities, contributed to retaining skilled workers and reducing burnout.

G. Strengthening Public Health Through Communication

The MoPH has placed communication at the forefront of its efforts to build public trust, promote health awareness, and ensure effective crisis management. Under the NHS, a comprehensive approach to communication was adopted, focusing on transparency, responsiveness, and collaboration with key stakeholders.

1. Building Public Trust During Crises

During the 2024 war on Lebanon, the MoPH demonstrated the power of timely and credible communication in maintaining public trust and ensuring access to reliable information. The ministry became the primary source of updates on casualties, healthcare services, and the distribution of donations, providing real-time information through digital platforms and direct engagement. This transparency reassured the public and strengthened confidence in the health system's ability to manage the crisis effectively.

The ministry's call centers (1214, 1787) and the mental health helpline (1564) served as critical communication channels, addressing public inquiries, grievances, and mental health concerns. These resources were instrumental in connecting the public with essential services and information, particularly during emergencies.

2. Leveraging Digital Platforms for Outreach

MoPH utilized a wide range of digital platforms, including its official website and social media channels (X, Facebook, Instagram, LinkedIn, YouTube), to disseminate updates and reports. Frequent press releases and detailed briefings from the Minister and other key officials ensured that accurate information reached both local and international audiences. Over 550 journalists received updates through organized WhatsApp broadcasts and press tours, further amplifying the ministry's messages.

3. Health Promotion Campaigns

The MoPH prioritized impactful health promotion campaigns to address critical public health issues and encourage preventive behaviors. Initiatives such as anti-tobacco campaigns targeted school-aged children, fostering early awareness of health risks. Additionally, preparations for a nationwide breast cancer awareness and screening campaign underscored the ministry's commitment to proactive health promotion and early detection.

4. Coordinated Media Engagement

The MoPH's proactive engagement with the media further strengthened its public health messaging. Press conferences, interviews, and organized media tours ensured consistent and accurate reporting of health sector developments. By emphasizing speed, clarity, and credibility, the ministry positioned itself as a reliable source of information during crises and beyond.

5. Collaborative Communication Approaches

The ministry's communication strategy extended to collaboration with local and international stakeholders, aligning efforts to promote health awareness and manage public perceptions. These partnerships enhanced the reach and impact of the MoPH's messaging, particularly during emergencies such as the cholera outbreak and the 2024 war. Collaborative platforms like the NHSWG and humanitarian coordination networks also served as forums for aligning communication efforts and addressing emerging health challenges.

H. Driving Climate Resilience and Sustainability

The MoPH has prioritized integrating climate resilience and environmental sustainability into Lebanon's healthcare system as a key component of the NHS. Recognizing the growing intersection between climate change, environmental health, and healthcare delivery, the ministry has implemented targeted initiatives to strengthen health infrastructure, mitigate environmental risks, and promote long-term sustainability.

1. Enhancing Climate-Resilient Infrastructure

The adoption of renewable energy solutions has been central to the MoPH's sustainability strategy. Solar energy systems were installed in 172 PHC centers and 22 public hospitals, significantly reducing reliance on traditional energy sources while improving energy security. These solarization projects, which form part of the Sustainable Energy Strategy for the Healthcare Sector in Lebanon, have lowered operational costs and increased the resilience of healthcare facilities during power shortages and emergencies.

To further ensure the functionality of health infrastructure during environmental challenges, the MoPH conducted climate and environmental health assessments in PHC centers and public hospitals using WASH FIT tools. These assessments identified vulnerabilities and guided targeted investments in resilient infrastructure, including improvements in WASH systems. Additionally, multi-sectoral action plans supported by the Pandemic Fund are designed to address the health impacts of climate change, incorporating One Health principles that connect human, animal, and environmental health.

2. Promoting Sustainable Practices in Healthcare Operations

The MoPH has implemented sustainability initiatives to reduce the environmental footprint of healthcare facilities. These include medical and general waste management programs, air quality assessments, and urban health projects targeting environmental health risks. The promotion of "Green Health Facilities" has encouraged healthcare providers to adopt eco-friendly practices, emphasizing energy efficiency, waste reduction, and the use of environmentally friendly materials. The ministry has also focused on ensuring the continuity of critical services during emergencies. Investments in resilient oxygen systems at hospitals have safeguarded the supply of essential resources, further strengthening the capacity of healthcare facilities to operate under challenging environmental conditions.

3. Building Awareness and Capacity for Climate Resilience

The MoPH has emphasized the importance of education and awareness in promoting climate resilience within the health sector. Training programs and workshops have equipped healthcare workers with the knowledge and skills needed to implement sustainable practices and address climate-related health risks. Public awareness campaigns have complemented these efforts by highlighting the links between climate change and public health, fostering community engagement in sustainable initiatives.

4. Laying the Foundation for Long-Term Sustainability

Through its climate resilience and sustainability initiatives, the MoPH has set a strong foundation for integrating environmental considerations into healthcare planning and operations. These efforts align with broader global commitments to sustainable development and demonstrate Lebanon's leadership in addressing the health impacts of climate change. By prioritizing renewable energy, sustainable practices, and climate adaptation, the MoPH has strengthened the health sector's resilience to environmental challenges while promoting long-term sustainability. These initiatives reflect a forward-looking approach that not only addresses current vulnerabilities but also ensures the healthcare system's ability to meet future needs in an increasingly climate-impacted world.

This two-year review of Lebanon’s NHS reflects significant progress in transforming the health sector amidst unprecedented challenges. The MoPH has leveraged crises as opportunities for reform, focusing on equity, resilience, and collaboration to build a sustainable and responsive healthcare system. Key achievements include advancements in governance, healthcare financing, delivery, emergency preparedness, workforce development, digital transformation, and climate resilience. These efforts, grounded in data-driven decision-making and strengthened by local and international partnerships, have laid the foundation for a more equitable and sustainable health system. While much has been accomplished, significant challenges remain. The MoPH’s commitment to transparency, innovation, and collaboration will be vital in addressing these gaps and advancing Lebanon’s healthcare system toward a healthier and more resilient future.

Summary of Progress across NHS Objectives

Progress evaluation	Number of objectives	
	One Year Review	Two Year Review
No progress	22	10
Work initiated	34	23
Significant progress	31	54
Completed	1	1
Total	88	88

INTRODUCTION

In January 2023, the 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 two years, the NHS has made significant strides in enhancing the overall well-being of the population. The multifaceted approach has addressed key issues such as emergency preparedness and response, human resources shortage, challenged healthcare accessibility, and the massive gaps in health financing. Despite the multiple predicaments in the country, including the latest Israeli war on Lebanon; 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 NHS.

OBJECTIVE

This document aims to outline the advancements made in the health sector across the NHS as we commemorate its second 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. Additionally, the meticulous description and categorization of progress underscores the commitment to transparency, accountability, and continuous improvement within the healthcare system and reinforces the commitment to achieving both the short-term gains and long-term vision.

METHODOLOGY

This document was developed through a collaborative process or progress review and documentation led by the Minister and key personnel at the MoPH. The methodology also emphasized active engagement and collaboration with key international health partners, who provided valuable input, particularly in areas aligned with their scope of work and objectives, including those where progress had yet to be demonstrated. Their contributions were instrumental in offering a comprehensive evaluation of the NHS's impact, shedding light on current practices, achievements, gaps, and barriers. This collaborative approach enhanced the credibility of the review, triggered self-reflection, and served as a platform for knowledge exchange.

As in the one-year review, 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.

NATIONAL HEALTH STRATEGY TWO-YEAR PROGRESS STRATEGIC DIRECTION 1: STRENGTHENED HEALTH SECTOR GOVERNANCE, AND CAPACITATED MINISTRY OF PUBLIC HEALTH TO REGULATE AND ENSURE ESSENTIAL PUBLIC HEALTH FUNCTION

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.

One-year progress

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 PHC taskforce convened several meetings to discuss the currently implemented model of PHC service delivery, identify challenges, and suggest areas for improvement. The deliberations brought about these meetings helped shape a new roadmap for PHC service delivery.
- The 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 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 PHEOC and among partners working toward similar objectives.

One-year progress evaluation: Significant progress

Two-year progress

Collaborative efforts between the MoPH and national and international stakeholders have been instrumental in enhancing proper system functioning and healthcare delivery. These partnerships have focused on expanding service access, improving care quality, ensuring resilience during emergencies, and aligning resources to address both immediate needs and long-term system sustainability. Examples of key partnerships are presented below:

- PHC was strengthened through effective partnerships. The PHC department, in collaboration with stakeholders, sustained the LPSP in 101 centers to provide subsidized services, with an additional 13 centers in the process of joining. The WHO supported the introduction of the PCPC approach in four PHCs, with finalized plans for national expansion. UNICEF supported the mobilization of 64 PHC satellite units and 88 Asalameh teams, ensuring healthcare continuity during crises and treating acute conditions based on emergency protocols. The World Diabetes Foundation Project supported enhanced NCD screening, prevention, and management across 113 PHC centers, with educational sessions for beneficiaries. Additionally, the PHC taskforce convened multiple meetings to make decisions on the financial contributions required from patients at PHC centers. The taskforce also initiated focus group discussions on reshaping the LPSP.
- The NITAG and EPI committees supported the MoPH in ensuring adherence to international immunization standards and for supporting the introduction of Influenza vaccine and HPV vaccine to the national calendar.
- The NMHP worked with CSOs to launch the NMHS (2024–2030) and develop a sub-strategy for children and caregivers. Legislative reforms on substance use and mental health were developed as well as digital mental health tools, including applications and podcasts, in collaboration with stakeholders. Additionally, NMHP coordinated with the MEHE, with UNICEF support, to integrate MHPSS interventions into the education sector, ensuring children and educators receive the necessary psychological support.
- The PHEOC coordinated with local and international partners to enhance emergency response mechanisms and secure availability of needed medications, supplies, and equipment.
- Advancing PV and Vaccine Safety involved partnerships with the LU pharmacy program and involved training students from LAU and LIU on enhancing adverse event reporting mechanisms. Collaborative efforts also produced safety reports for cholera and COVID-19 vaccines.
- Partnership with ALMA and IOM was enhanced through the establishment of the International Office with the aim of enhancing knowledge exchange and supporting collaborative projects.
- The LIMA initiative, in partnership with other sectors, implemented evidence-based interventions targeting those most affected for assessment of population nutritional status. Additionally, the establishment of a nutrition committee addressed several nutritional issues including malnutrition in vulnerable populations, such as children and pregnant women.
- The IYCF national committee convened periodic meetings to discuss the implementation of the national IYCF action plan specifically on activities related to IYCF in emergency, the application of law 47/2008, the national hotline, national campaigns, policies and guidelines on breastfeeding and complementary feeding.

- The ECD taskforce, in collaboration with education and social services sectors, mapped existing programs and strengthened multi-sectoral coordination for inclusive and safe early childhood services.
- A National Newborn committee and a taskforce on maternal and neonatal health acceleration plan were activated for enhancing care of maternal and newborns, in alignment with the drafted newborn care roadmap.
- The CNAH provided oversight to joint quality initiatives that improved emergency readiness through training programs and facility assessments.

Two-year progress evaluation: Significant Progress



Figure 1. UN RC Imran Riza Visit to PHEOC

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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Under the leadership of the MoPH, collaborative governance has been leveraged to align government and non-government resources, achieving national goals and promoting sustainable institutional change. This multi-stakeholder approach spans PHC, cancer care, nutrition, and emergency preparedness, and other areas, ensuring that public interest remains at the forefront.

- The NCP has expanded governance structures to include:
 - Cancer Advisory committee: Providing strategic oversight for implementation and monitoring.
 - Specialized committees: Addressing breast cancer awareness, cancer registries, pediatric cancer care, and palliative care, ensuring a holistic approach to cancer prevention, treatment, and survivorship.
 - Key achievements include transitioning from sporadic efforts to sustainable programs; launching national screening and awareness campaigns; developing quality programs for cancer institutions to enhance care delivery; integrating palliative care into routine cancer treatment; establishing a survivorship care group to improve long-term outcomes and quality of life for cancer survivors; and supporting by local opioid production and reimbursement.



Figure 2. One-Year Review of the NCP

- The PHEOC coordinated with stakeholders to enhance health facilities preparedness and implement emergency response protocols, including securing medications and supplies. This was achieved through developing SOPs, protocols, policies, guiding manuals, and integration into accreditation standards.

- The National NCD committee, supported by WHO, developed a national multisectoral NCD plan to address prevention, screening, and management comprehensively.
- Institutional changes, such as integrating the 3Ws mapping system and developing national SOPs, have been facilitated by coordinated efforts across stakeholders.
- Discussions to establish steering committees for TB and HIV governance are underway.

Through these initiatives, the MoPH has institutionalized collaborative governance, ensuring that diverse stakeholders contribute to sustainable health system strengthening, aligned with Lebanon's national goals and public interest.

Two-year progress evaluation: Significant Progress

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

One-year progress

Interaction with academia as part of the implementation of the NHS 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 the LEMSIC and the 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.

One-year progress evaluation: Significant progress

Two-year progress

The health sector led by MoPH has built strong partnerships with academic institutions to enhance research, training, and capacity-building initiatives across various health domains. These collaborations have contributed to evidence-based practices, advanced professional training programs, and expanded access to critical resources, strengthening Lebanon's healthcare system at both clinical and institutional levels.

- Family Medicine Training:
 - Under the REAYA project, MoPH supported UoB for launching a Family Medicine Residency Program, training residents in clinical and preventive care. Currently, six residents work at PHC centers in Chiah and Karantina Governmental Hospital, with post-graduation contracts ensuring continued service at PHC centers.

- Emergency Preparedness, Surveillance, and Trauma Care:

The PHEOC collaborated with universities to involve medical residents in trauma care training and early rehabilitation courses. These efforts aim to enhance emergency response capacities and integrate such training into academic curricula. During 2024, there was a close collaboration with the Order of Physicians of the North, LSFM, LSGP and LEMSIC to initiate online sessions on communicable diseases surveillance whereby 16 sessions were conducted with more than 500 participants. Additionally, several surveillance training activities were conducted for healthcare workers, NGOs, municipalities, and other stakeholders to strengthen outbreak detection and public health emergency management, including local water quality monitoring and disease surveillance. Training formats included face-to-face sessions, on-site visits, and online modules, ensuring wide accessibility.

- Mental Health Initiatives:

- NMHP, in collaboration with USJ and WHO, launched the University Diploma in Development and Organization of Mental Health Services, the first of its kind in Lebanon, open for local and international students.
- The NMHP transformed its self-care manual for frontliners into 13 animated videos and developed an Arabic SH+ podcast accessible on multiple platforms, increasing access to mental health resources.
- The National Intersectoral MHPSS Emergency Preparedness and Response Plan was developed with academia, and collaborations included training over 500 participants on communicable disease surveillance in 16 sessions with professional societies.
- Additionally, the NMHP established a comprehensive digital resource hub in 2024, allowing stakeholders to access interventions and resources via the MoPH website.

- Academic Collaborations and Research:

- The PHC department partnered with academic institutions to conduct implementation research on smoking cessation, aiming to contribute to evidence-based practices within the PHC network.
- Reproductive health guiding material was developed with LSOG and UNFPA, exemplifying cross-sectoral academic partnerships.
- PV collaborations included training pharmacy students from LAU and LIU, establishing a rotation program at the LNPVP and engaging an MPH student in hands-on PV training.

Two-year 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 on implementation, evaluation, and analysis of this strategy.

One-year progress

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 NAP and the NMHP, the Ministry's leadership is emphasized and strengthened through better integration within the Ministry's organigram and enhanced oversight and coordination. One-year progress evaluation: Work initiated Two year progress As in the previous year, the Ministry's organizational structure and lines of authority could not be revised due to legislative constraints, including the MoPH operating under a caretaker government and the requirement for new laws to be enacted by the Parliament. Despite these challenges, several preparatory measures have been initiated, such as forming working teams within the PHEOC and Cancer Program and defining objectives of programs and prioritized activities. These programs have already shown a significant public health impact, even prior to formal institutionalization. For initiatives like the NAP and the NMHP, the Ministry's leadership has been further solidified through strengthened oversight and coordination mechanisms.

One-year progress evaluation: Work initiated

Two-year progress

As in the previous year, the Ministry's organizational structure and lines of authority could not be revised due to legislative constraints, including the MoPH operating under a caretaker government and the requirement for new laws to be enacted by the Parliament. Despite these challenges, several preparatory measures have been initiated, such as forming working teams within the PHEOC and Cancer Program and defining objectives of programs and prioritized activities. These programs have already shown a significant public health impact, even prior to formal institutionalization. For initiatives like the NAP and the NMHP, the Ministry's leadership has been further solidified through strengthened oversight and coordination mechanisms.

Two-year progress evaluation: Significant Progress

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

One-year progress

There is a recruitment freeze by the public sector while several positions are being filled through international donors' support. UN 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 through 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.

One-year progress evaluation: Significant progress

Two-year progress

There remains a recruitment freeze by the public sector while several positions are being filled through international donors' support. However, to strengthen leadership and regulatory capacity of the MoPH, several steps were undertaken, supported by international and local partners, to recruit qualified staff, enhance operational capabilities, modernize processes, and build staff capacity. These initiatives aim to ensure effective governance, improved regulation, and resilience in addressing public health challenges.

• Staff Recruitment and Retention

- WHO provided top-up salaries and surged 149 staff members across critical departments and programs, including PHEOC, surveillance, PHC, billing and hospital audit, logistics, and IPC/AMR.
- UNICEF recruited and retained staff for various roles, including IT teams and project implementation oversight, with particular support provided to the warehouse and logistics team during the latest conflict.
- REAYA Project funded by the WB loan supported the recruitment of essential personnel, such as PHC field coordinators, clinical PV officers, and project management unit staff, enhancing the implementation and oversight of projects.

• Capacity Building and Training

- Workshops and training sessions were conducted on immunization, NCDs, accreditation, nutrition, and PHC orientation, with ongoing efforts to develop a dashboard for tracking training initiatives.
- Hospital Accreditation Training: Supported by AFD, over 1,000 professionals from 150 public and private health facilities were trained on patient safety, facility management, and clinical care services, receiving positive feedback.
- The MoPH collaborated with MediLabSecure and EMPHNET to launch the 4th cohort of the LFET program, focusing on the One Health approach to improve surveillance and investigation of waterborne, vector-borne, and zoonotic diseases.
- Continued capacity building efforts were made to integrate mental health services into PHC, aligning with international standards.
- Training sessions for continued roll out of PHC health packages under the LPSP were implemented.
- PHEOC conducted a wide range of training and capacity building activities including:
 - Emergency Preparedness and Response Training: 3,092 staff in 125 hospitals.
 - MCM: Engaging 118 hospitals, training 571 staff, and conducting drills to evaluate emergency plans.
 - Mental Health and Crisis Care: Training 1,725 nurses, 160 physicians, and hospital staff in psychiatric emergency and critical care.
 - Specialized Skills: Sessions on surgical skills, damage control, and obstetric emergencies prepared healthcare workers for conflict situations and emergencies.

Two-year progress evaluation: Significant Progress



Figure 3. Emergency Drill at a Hospital

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.

One-year progress

Several community-based activities have been initiated, conducted by community health workers and nurses. National surveys including LIMA and the STEP 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.

One-year progress evaluation: Work initiated

Two-year progress

The MoPH and health sector at large have prioritized strengthening collaboration with municipalities and local communities to enhance healthcare delivery, emergency preparedness, and public health surveillance. These efforts emphasize empowering district physicians, leveraging community-based resources, and involving local stakeholders to support national health objectives.

- Empowering District Physicians and Coordination Mechanisms
 - With the support of WHO and other health sector partners, subregional response team coordination mechanisms are strengthened, positioning district physicians as key actors in emergency response coordination.
 - Close collaboration with municipalities and local CSOs facilitated immunization outreach and ensured the provision of healthcare services to displaced populations during crises.
- CBS and Outreach
 - In partnership with the LRC, 400 municipalities were trained in CBS of five priority conditions including cholera, polio, and hepatitis A and water quality monitoring techniques.

- Through UNICEF support, CBS was integrated into the activities of PHC providers, including nurses, midwives, and CHWs, in collaboration with local authorities.
- UNICEF also supported the creation of 64 mobile PHC units during the latest conflict, delivering health services to conflict-affected populations, displaced individuals, and host communities through coordination with municipalities and disaster risk reduction teams.
- Health Promotion and Community Engagement
 - Recruitment of CHWs at PHC centers strengthened health promotion and outreach interventions. Updated IEC materials covered topics such as cholera prevention, GBV, and SRH.

By building the capacity of district physicians, engaging municipalities in surveillance, and collaborating with local communities, the MoPH has created a foundation for resilient and inclusive healthcare systems that effectively respond to public health needs. These initiatives highlight the critical role of local stakeholders in achieving national health goals.

Two-year progress evaluation: Significant Response

STRATEGIC GOAL 1.3 ENHANCE DECENTRALIZATION AND AUTONOMY

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Strengthening regional and district offices to enhance decentralized public health governance and improve emergency preparedness and response has been prioritized. Supported by partners, these efforts have built capacity, standardized protocols, and ensured coordination at sub-national levels to effectively address public health challenges.

- The PHEOC developed unified emergency preparedness and response protocols across governorates, with targeted training and field visits to ensure consistent implementation. Eight tailored training modules were delivered between October 2023 and April 2024.
- Governorate doctors were actively integrated into PHEOC activities, improving coordination between central and regional units and ensuring cohesive public health responses across regions.
- The MoPH with WHO supported an assessment of Qada health units, identifying 11 vulnerable Qadas for targeted support, including staffing and capacity-building initiatives. Additionally, essential human resources were sustained at Mohafaza and caza levels, ensuring operational functionality.
- The cholera response included training 1,042 healthcare workers in 37 hospitals, auditing facilities, aligning SOPs, and proposing solutions to treatment gaps. Educational materials and refresher sessions enhanced healthcare workers' adherence to IPC guidelines and outbreak management protocols.

Two-year progress evaluation: Significant Progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The MoPH, in collaboration with WHO, UNICEF, and other partners, has implemented strategic initiatives to strengthen Lebanon's autonomous public hospitals. These efforts focused on improving governance, enhancing emergency readiness, and ensuring high-quality healthcare delivery through financial, technical, and capacity-building support.

The MoPH with WHO support conducted training of healthcare workers in 33 public hospitals and the majority of private hospitals, reaching over 5,000 individuals through drills and advanced surgical

- trauma care. Additionally, public hospitals received tailored support, including piloting emergency preparedness modules, capacity-building sessions, and the identification of staff for future ToT programs to sustain emergency response capabilities.
- As for neonatal and pediatric care, through UNICEF support, 9 of the 13 public hospitals with NICUs received essential equipment, capacity building for staff, and regular oversight. This included introducing non-invasive ventilation equipment to enhance neonatal care.
- Public hospitals' emergency departments received training sessions on mental health, psychosocial care, de-escalation techniques, and breaking bad news as part of WHO-supported capacity-building initiatives.
- Under the MoPH-ALMA-IOM partnership, projects targeting neonatal and cardiac care are underway with the aim of enhanced hospital capabilities.
- Additionally, pairing projects with French hospitals in different capacity building and quality improvement areas have been developed and undergoing execution.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The implementation of the LDA law requires the issuance of decrees, a task made particularly challenging by the country's continued political deadlock.

Initial preparations for establishing the National Drugs External Quality Assurance Laboratory, as part of the planned national laboratory network, were supported by WHO. Additionally, the MoPH through WHO support, finalized plans and secured funding for the re-establishment of the CPHL, with a focus on addressing emerging and re-emerging diseases. Procurement of selected equipment for the CPHL has already been completed.

Two-year 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.

One-year progress

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 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 CPHL are complete, with implementation conducted in a step-wise manner, as fund raising continues.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH has made significant strides in building its capacity to manage disease outbreaks, natural disasters, and other emergencies through enhanced emergency management systems, integrated surveillance strategies, and capacity-building initiatives. These efforts, supported by WHO and other partners, aim to establish a resilient and adaptive public health response framework.

- The ESU adopted an integrated approach through staff redistribution and roles adjustments. ESU also conducted trainings on surveillance principles, sampling techniques, and reporting for healthcare providers. Additionally, support to surveillance activities involved in-kind support including reagents and supplies for laboratory and environmental surveillance. Additionally, through WHO support, rapid evaluations for cholera detection and verification are made. Moreover, WHO supports the NIC for surveillance of seasonal influenza and respiratory disease surveillance through staff training and provision of laboratory reagents and supplies.
- Multi-sectoral cholera prevention and response plans were implemented, with OCV campaigns conducted. Comprehensive safety reports for cholera vaccines ensured transparency and safety monitoring.
- The PHEOC refined MCM protocols, enhanced cholera preparedness strategies, and standardized EMS practices, including managing deceased individuals during crises. Emergency response policies were developed to standardize processes, including vaccine storage during disasters, contamination protocols, and EMS at PHC levels. Twenty-two PHC centers were designated for urgent care and emergency services, further decentralizing response capacity.
- The CCC, integrated within the PHEOC, coordinated patient dispatch, EMS deployment, and real-time hospital communication, ensuring unified and efficient responses to MCIs.
- Maternal and child health services and expanded mental health support were integrated into emergency response plans, ensuring holistic care for vulnerable populations.
- Automated data collection and analysis systems were developed, enabling real-time decision-making and visualization. Upgraded communication channels across hospitals facilitated better data sharing and stakeholder coordination.
- Over 3,000 healthcare workers were trained in emergency preparedness, cholera response, and MCM. Modules on mental health, forensic care, and surgical skills for conflict situations were developed to address diverse challenges.
- Partnerships with stakeholders supported the creation of standardized guidelines and unified approaches to emergency management, and therefore a resilient healthcare infrastructure.

Two-year progress evaluation: Significant progress



Figure 4. Command and Control Center

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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Significant progress has been achieved with regards to strengthening the capacity to monitor health determinants, risks, morbidity, and mortality. These efforts focus on enhancing data systems, integrating comprehensive surveillance, and improving reporting to support evidence-based decision-making.

- Hospital-based mortality data was upgraded to the DHIS2 platform, with historical data back to 2017 successfully imported. Refresher trainings were conducted for staff in 153 hospitals to ensure smooth operation.
- DHIS2 maturity assessment was conducted by the HISP MENA team to identify gaps and prioritize improvements. Advocacy is underway to secure funding for enhancing infrastructure and conducting capacity building activities. In collaboration with academia, there are ongoing efforts to monitor health risks related to environmental and water quality.
- Integration of new modules into MERA allowed capturing community-level service data, though additional efforts are needed to ensure accuracy and completeness.
- Disease-Specific Data Systems:
 1. A monitoring system for patients living with HIV was developed and implemented by three NGOs to track PrEP medication beneficiaries.
 2. Fully integrated data systems are operational across National TB centers, sanatoriums, and the national reference laboratory for TB. Efforts are ongoing to establish links with the ESU for comprehensive TB-HIV notifications.
 3. A report covering 2020–2022 analyzed maternal mortality trends and the impact of interventions, including those during the COVID-19 pandemic, to draw lessons for future practices. The 2023 MMR report has been completed but is pending publication. A maternal and neonatal mortality monitoring dashboard was launched to provide real-time insights and inform policy decisions.
 4. Annual reports on mental health indicators, including governance, service availability, promotion, prevention, and research are issued and contribute to global data depositories including the WHO Mental Health Atlas.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

In 2024, surveillance and investigation of food poisoning incidents continued, with 125 episodes reported affecting over 1,000 patients. Food inspections were carried out, samples were tested, and corrective actions were implemented. Additionally, strains isolated from patients and food samples were referred to the Pulsenet laboratory for typing, subtyping, and genomic sequencing.

A single case of cholera was detected in a woman in the Akkar area. Extensive surveillance efforts were made to secure prompt source detection and outbreak control. This included testing contacts, water, and food sources, as well as implementing prophylactic measures to stop outbreak propagation. Additionally, a reference laboratory for food and water testing is planned and preparatory work has been initiated and funds secured through the Pandemic Fund and the EIB.

Two-year 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.

One-year progress

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

One-year progress evaluation: Work initiated

Two-year progress

Good governance principles and grievance mechanisms have been enhanced through system digitalization and the establishment of effective communication tools. SOPs as well as supportive material such as FAQ were developed to secure optimal functioning.

- Call Center 1214 Establishment: Under the REAYA project, a centralized, outsourced call center was established to manage inquiries, complaints, and grievances related to MoPH programs and services.
- Call Center 1787 role was expanded at times of crisis from support to surveillance program to receiving a wide range of complaints and requests for health services, particularly for the IDPs.
- Call Center 1564 supported seekers of mental health services through guidance and clinical support.
- PV Digital Platforms: Two new digital platforms, Vigimobile and e-forms, were launched for reporting AEFI and ADR, improving monitoring and response capabilities.

Two-year progress evaluation: Significant progress

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.

One-year progress

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 solar PV systems that are installed in the health facilities has also been developed.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH has prioritized transparency and accountability within its operations and public-private partnerships by leveraging digital tools, stakeholder inclusion, and implementing strong monitoring frameworks.

With WHO support, the MediTrack system, initially deployed in 60 hospitals providing cancer treatments, is being expanded to include PHC pharmacies. Efforts were made to link MediTrack to the LMS at the central warehouse, creating an integrated system for tracking medications and medical supplies.

The LMS remains the sole stock registration platform for all purchased and donated medicines, vaccines, and medical supplies under the MoPH's national medication and public health emergency programs.

Additionally, the medication tender process and contracts signed by the MoPH such as contracting of TPA or staff recruitment have followed clear and transparent procedures.

Two-year progress evaluation: Significant progress



Figure 5. UNICEF donation of Lifesaving Medical Supplies to MoPH during the War on Lebanon

Strategic Objective 1.5.3 Enforce the law on access to information

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH has taken significant steps to enhance transparency and accessibility of information by strengthening communication channels, improving data management systems, and ensuring timely dissemination of public health data. This was particularly noticeable during the latest crisis where the MoPH ensured daily sharing of information with regards to different areas including number of martyrs and casualties, availability of health services, donations received and distributed, and other aspects of the response. During the crisis, the MoPH was perceived as the most reliable public source of information.

The MoPH also facilitated information sharing through its website, mobile applications, social media platforms, and targeted campaigns, with a focus on MoPH activities and available services.

Other areas that exemplify information sharing include the NHS review documents, the epidemiological surveillance periodic updates, the PV reports and newsletters, in addition to several publications in peer-reviewed journals developed by various Ministry departments.

Two-year progress evaluation: Significant progress



Figure 6. Alternative Warehouse at Biel during the War

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Although the Health Financing Coordination Committee has not been formally established yet, coordination meetings chaired by the Minister continue to be periodically conducted with high level participation of 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 other related matters. Updated hospital tariffs issued by the MoPH and other public guarantors improved cost-sharing mechanisms, reduced financial hardships, and ensured better access to healthcare.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

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, related activities and goals have been achieved, including:

- Revisiting and refining the LPSP packages have commenced, including the development of SOPs for PSU operations, emergency LPSP packages, and acute emergency services delivered by PHCs and mobile units.
- An emergency relief model was developed under the LPSP to support internally displaced people in shelters during crises and has been widely rolled out by organizations supporting PHC centers.
- A secondary care model is currently under development through support of the WB loan.
- Discussions on unification of hospitals codes have also initiated, with the project planned to be conducted through WB loan support.
- The NMHP, in collaboration with WHO, conducted a 20-year costing exercise for scaling up mental health services, including integrating mental health into PHC networks, expanding psychiatric wards in general hospitals, and maintaining ongoing services.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The MoPH and WHO contributed to the discussions coordinated by Parliamentary Commission on Health for the UHC Law development, with a focus on Health financing and packages of care. Additionally, a tobacco taxation investment case was developed with the support of WHO.

Two-year 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.

One-year progress

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.

One-year progress evaluation: No progress

Two-year progress

Similar to last year, 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 continue to represent mechanisms for prioritization and coordination, both at the humanitarian and development fronts. Several flash appeals were launched by the sector to secure the funds needed for the response during the latest escalations. In addition, the MoPH and key health partners contributed to the development of national support advocacy documents, including one presented at the Paris Conference for Supporting Lebanon.

Furthermore, The PHEOC serves as an effective national health crisis response mechanism, as demonstrated during the latest crisis, by coordinating all the efforts of health sector partners under a unified plan and direction.

Two-year progress evaluation: Work initiated

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.

One-year progress

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

One-year progress evaluation: Work initiated

Two-year progress

The PHC capitation model was launched as part of the REAYA project, offering health services based on their age and gender, as per the LPSP protocol. The target population includes the most vulnerable individuals identified under the ESSN program of the MoSA. The model involves the utilization of a unique patient identifier (unique health ID).

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Within the REAYA project, the PHENICS PHC system has been connected to the NPTP database, integrating 210,000 individuals between PHENICS and DAEM. However, connecting the NPTP database to the MoPH and visa and billing information systems has not been established yet.

The same unique identifier is utilized for patients accessing services at both PHC centers and hospitals.

Two-year progress evaluation: Significant progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

There have been several fee waiver programs implemented in the past year, including:

- The REAYA package is delivered at a rate of 60 USD per capita per year. Of this amount, each beneficiary contributes 3 USD, while the remaining 57 USD is subsidized by the MoPH. The 3 USD patient contribution fee is waived for patients less than 18 years of age and those with disabilities.
- With WHO support, the beneficiary contribution to the National Chronic Medication Program was waived for the last trimester of 2024, as a measure to support patients during the crisis.

Two-year progress evaluation: Work initiated

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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year 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).

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year 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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year 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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year progress evaluation: No progress

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Performance contracting is already established in the hospital sector, based on accreditation results and other quality indicators. Efforts were also underway to contract specific services, such as chemotherapy and dialysis at hospitals, based on the satisfaction of pre-set quality standards.

The quality and performance framework developed for the PHC centers to be linked to performance-based financing. However, performance-based contracting at the level of the PHC has not been implemented yet.

Two-year 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

One-year progress

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.

One-year progress evaluation: No progress

Two-year progress

No progress regarding private insurance funds signing contracts with or reimburse bills from the PHC centers that are part of the national network.

However, through the REAYA project, the MoPH for the first time, contracted with PHC centers and funded services as per the LPSP. Additionally, aside from the REAYA project, the MoPH reimbursement services delivered at unsupported PHC centers during the latest emergency.

Two-year progress evaluation: Work initiated

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

During the latest crisis, the MoPH supported the public hospitals in their efforts to lead on casualty care.

This was achieved through the provision of trainings, drills, EMTs, medications, supplies, and essential equipment for mounting a proper emergency response.

The MoPH contracted with public and private hospitals, while optimizing service delivery at public hospitals by offering lower patient cost shares. Additionally, the MoPH implemented several system strengthening initiatives at public hospitals such as enhancing neonatal care, procurement of dialysis machines, and opening of cardiac and cancer care programs. These interventions are expected to enhance services in public hospitals, lower costs, and reduce dependence on the private sector.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Data-informed policies continue to be issued for the purpose of regulating public-private engagement, with a focus on the pharmaceutical sector and service provision at health facilities. Examples include:

- Data generated from MediTrack and LMS for medications forecasting
- PHC services costing exercises for REAYA capitation rate
- Service costing exercises and utility data for hospital tariffs

Two-year 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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

No change in the MoPH performance contracting and performance payment schemes. Performance-based-contracting was last updated in 2019.

Two-year progress evaluation: No progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year 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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The tender process favored the procurement of lower cost, high-quality medications. Additionally, the PHC essential list and MoPH drug formulary continue to exhibit preference for generics and locally manufactured pharmaceutical products.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The capitation payment mode is under use in 60 PHC centers under the REAYA project, funded by a loan from the WB. Service delivery follows the LPSP and includes a range of promotive, preventive and curative services.

Two-year progress evaluation: Significant progress

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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

Neither a single pooled public health fund nor a national health insurance authority have been established. However, periodic meetings, headed by the MOPH are held among administrators of public funds.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

In 2024, significant efforts were made to enhance PHC services across Lebanon, with a focus on improving accessibility, quality, and the scope of care provided.

- The number of centers that have joined the PHC network was expanded to 326 centers, improving national coverage.
- Several programs and projects have been implemented at the level of PHCs including REAYA, PCPC, NCD care, school health, AaSalamah project, and others, thereby enhancing the quality and expanding the range of services provided.
- Crisis response efforts are being directed towards positioning the PHC network as the first line of support, emphasizing linkages between mobile units and PHCs to strengthen response and referral mechanisms.
- New licensing criteria for PHC centers are being finalized, incorporating a dedicated section for mental health services.
- The PHC center accreditation program was reactivated, with 48 centers undergoing mock and actual accreditation visits, supported by preparatory training sessions.

Two-year progress evaluation: Significant progress

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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

Gatekeeping models focusing on antenatal care and deliveries were piloted by some partners, with the support of the PHENICS system, contributing to efforts to enhance maternal healthcare and ensure continuity of services.

A gatekeeping model was also integrated into the new accreditation standards, positioning PHC centers as a cornerstone of Lebanon's healthcare system. However, further efforts are needed to ensure its effective implementation.

Some progress has been made in strengthening the referral system to tertiary care. A ToR has been developed for recruiting a consultant to develop a referral mechanism from primary care to secondary care. This pathway will define patient referral criteria, identify participating health institutions, specify covered services, and establish a monitoring system for effective implementation and oversight.

Two-year progress evaluation: Work initiated

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

A national home care plan and formal regulation of home care have not been initiated yet. However, there has been some efforts in this regard, including:

- Ongoing development of SOPs for home care services within the PHC centers, including SOPs for prescribing and dispensing drugs during home visits.
- Community-based services, such as home-based midwifery care for high-risk pregnancies, have been supported to ensure continuity of care and reduce risks of maternal mortality and morbidity.
- However, better integration and reporting of such initiatives within the national system are needed.
- The regulation of home-based care, including aged care, is a key planned project under the tripartite partnership (MoPH-ALMA-IOM).
- WHO initiated support for the development of a home care protocol focusing on managing NCD-related debilitating diseases.

Two-year progress evaluation: Work initiated

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-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

To align with the objective of involving the community and ensuring no one is left behind while gaining public acceptance by bringing strategy interventions closer to communities, the following summary highlights key efforts:

- Over 180 PSUs, linked to 171 PHC centers, were launched to provide essential healthcare services. These PSUs were critical during crises, delivering care to displaced individuals in collective shelters and host communities.
- The Asalameh initiative, supported by UNICEF, sustained 125 PHC centers and operated 64 PSUs, ensuring health services, medications, and immunizations reached displaced and host communities.
- The teams, including healthcare professionals and community workers, provided a range of services such as mental health support, midwifery care, and wound management. Additionally, 88 Asalameh teams delivered preventive and promotive health services at facility, community, and household levels, ensuring accessibility for underserved populations.
- Eight TB centers conducted outreach activities and established TB-HIV satellite units to ensure uninterrupted, integrated care in high-risk areas affected by emergencies or displacement. Routine screenings among vulnerable populations facilitated early detection and timely care.

- The REAYA project enrolled 60 PHC centers to provide healthcare to 210,000 beneficiaries, targeting the most vulnerable populations based on the ESSN database provided by MoSA.
- The NMHP and UNICEF trained 240 CHWs and volunteers to identify and refer mental health cases effectively. Documentation on the MERA platform ensured vulnerable populations received timely support.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

To align with the objective of redefining the role of public district hospitals as front-line general hospitals while reserving advanced tertiary care for regional public hospitals and engaging private hospitals when needed, the following summary integrates and highlights relevant efforts:

- The MoPH emphasized referrals to government hospitals as the first line of care during the crisis response, reinforcing their role as essential providers at the district level.
- Capacity building efforts targeted staff in government hospitals through training on casualty management, emergency obstetric care, and other critical topics, enhancing their ability to address local healthcare needs.
- Support from key stakeholders provided resources and funding to strengthen district hospitals’ infrastructure and services.
- In collaboration with stakeholders, trauma and wound care services were secured in a number of public hospitals across Lebanon, including Rafik Hariri University Hospital, Siblinge Governmental Hospital, Turkish Hospital, Baabda Governmental University Hospital, and Elias Hrawi Governmental Hospital. These centers served as hubs for managing trauma patients, with deployment of EMTs to support the delivery of specialized services.

- UNICEF initiated a roadmap for neonatal services, focusing on standardized referral pathways and identifying referral public hospitals at the district and governorate levels to ensure equitable access to high-quality neonatal care. A comprehensive needs assessment of the 33 public hospitals identified gaps in emergency departments, leading to targeted support actions, including provision of equipment and staff training.
- WHO provided significant support to train public hospital staff in MCM, trauma care, and IPC with a focus on improving quality of care and developing indicators to monitor performance. A plan is also underway to train hospital administrators on financial management, aiming to enhance governance and financial sustainability.

Two-year progress evaluation: Significant progress



Figure 7. Inauguration of the Turkish Hospital

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The role of public hospitals in emergency and crisis response continues to be emphasized and strengthened, as public hospitals spearheaded the response for casualty care. This leadership role was achieved through assessment of available capacities and resources, delivery of a series of trainings in different areas, and supplementing hospitals with the needed teams, equipment, supplies, and medications. Additionally, communication channels with hospitals were upgraded to facilitate smooth information exchange and coordination during crises, supported by tailored communication tools and regular coordination meetings, ensuring alignment of plans and effective implementation of national strategies, particularly in crisis-affected areas.

Moreover, the MoPH reinforced partnerships between public hospitals and local and international stakeholders, including French hospitals which are twinning with public hospitals for enhancing care delivery in specific areas.

Two-year progress evaluation: Significant progress



Figure 8. Implementation of a Cooperation Scheme targeting 10 Public Hospitals in Lebanon with French Hospital Partners

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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

- The MoPH, for the first time, set and implemented a model for coverage of outpatient emergency services, while using the PHENICS system for unification of medical records across primary and emergency care. This program is expected to be expanded to a larger number of hospitals and be revised to enhance service delivery and reimbursement conditions.
- Programs for coverage of emergency services are also implemented by several partners including IMC, PUI, Chaîne de l'Espoir.
- Advocacy efforts by the health sector successfully mobilized funding to support pre-emergency services and enhance the crisis response capacity.

Two-year progress evaluation: Significant progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

A program for the coverage of outpatient emergency care services was developed, piloted, and upscaled by the MoPH. This program encompassed a set of predefined emergency services to be delivered and defined a clear physician authorization mechanism. The service package is reimbursed through a flat rate reimbursement scheme with the possibility for coverage of additional services when granted authorization. Additionally, during the latest crisis, the MoPH expedited reimbursement of war casualty bills through the categorization of cases and setting flat rate payment rates according to case severity. In addition, the WHO, UNICEF, and other partners continue to provide financial support for hospitalization of critical conditions such as the life-saving, limb-saving program and neonatal intensive care program.

Two-year progress evaluation: Significant progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

Formal reorganization and regulation of ambulance services, paramedics and institutional arrangements have not been performed yet.

Two-year progress evaluation: No progress

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

One-year progress

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

One-year progress evaluation: Work initiated

Two-year progress

A project for designing an emergency medicine diploma was developed and requires progression to the implementation phase. Additionally, the PHEOC prioritized upgrading the skills of general practitioners working in emergency departments through a structured capacity-building plan, developed and implemented in close coordination with all relevant partners and stakeholders. This initiative aims to address the critical shortage of emergency physicians in Lebanon by equipping general practitioners with the essential knowledge and skills needed to effectively manage emergency cases.

Two-year progress evaluation: Significant progress

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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

The MoPH conducted several audits on elderly care facilities, identified care deviations, and took corrective measures. A more comprehensive audit and quality system needs to be established.

Two-year progress evaluation: Work initiated

Strategic Objective 3.4.2 Promote specialized long-term medical services.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

WHO supported a selected number of long-term hospital care and prisons (focus on Roumieh prison) in improving quality of care through standardization of selected SOPs such as IPC, patient referral, automation of discharge summary, and others.

Two-year progress evaluation: Work initiated

Strategic Objective 3.4.3 Expand and fund rehabilitation centers

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year progress evaluation: No progress

Strategic Objective 3.4.4 Strengthen mental health institutions.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

To align with the objective of strengthening mental health institutions, the following efforts were undertaken:

- The NMHP and partners initiated the project ‘Supporting the De-Institutionalization Component of the Mental Health System Reform in Lebanon’ to improve hospitalization conditions and support the re-integration of mental health service users into their communities. Key activities included social and clinical assessments to identify eligible individuals for community reintegration; case management and capacity building for hospital staff and community actors to facilitate effective support; and follow-up services for reintegrated users to ensure sustained care and inclusion.
- Efforts were invested for improvement of psychiatric facilities including enhancing conditions at Dar Al Ajaza Al Islamiya Hospital, guided by the QualityRights standards.
- The NMHP, with WHO support, extended the QualityRights initiative to three second-category mental health facilities, conducting assessments to standardize care and ensure consistent improvements across institutions.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

WHO supported one specialized NGO in expanding its palliative care training to Tripoli area with the aim of introducing the concept of palliative care as part of continuum of care.

Two-year 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.

One-year progress

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

One-year progress evaluation: Significant progress

Two-year progress

The following initiatives demonstrate progress in integrating private outpatient caregivers into the healthcare reporting cycle, ensuring continuity of care, and strengthening responses to public health challenges.

- With the support of NITAG and the EPI Committee, the number of private pediatricians collaborating with the EPI increased from 70 in 2023 to 126 in 2024, significantly enhancing vaccination coverage and reporting accuracy through MERA Pro.
- As a continuity of antenatal care provided at PHC centers, midwife-led deliveries taking place at midwifery clinics are now reported via PHENICS, with the MoPH collaborating with the Lebanese Order of Midwives to improve reporting systems.

Two-year progress evaluation: Significant progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

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

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

The following activities have been implemented to establish connections between private outpatient providers and the HIS:

- More than 1,300 physicians in the private sector are using AMAN system to prescribe medications for catastrophic illnesses.
- Around 126 pediatricians are reporting the immunization of children on MERA Pro.
- Reportable conditions at public and private hospitals are reported through DHIS2, enhancing the identification of health alerts and trends and facilitating the planning of public health interventions.
- The use of PHENICS has been expanded beyond PHC centers to support the provision, regulation, and reimbursement of emergency care.

Two-year progress evaluation: Significant progress

Strategic Objective 3.5.4 Strengthen regulations for the private sector

One-year progress

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

One-year progress evaluation: Work initiated

Two-year progress

Strengthened regulation of the private sector was accomplished in several areas, including:

- MediTrack for tracking, supporting the regulation of pharmaceutical sector and medication dispensing at the level of hospitals and community pharmacies.
- Blood banks qualifications for securing minimum standards for operating blood banks.
- Projects for the development of QC standards for dialysis, chemotherapeutic, and neonatal care units are under development.
- Efforts and preparations are also underway to execute a hospital accreditation cycle.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Assessments of climate and environmental conditions using the global WASH FIT tool in all public hospitals, PHC centers, and selected dispensaries have been executed. Additionally, WHO conducted a detailed assessment of water quality at public hospitals. Water filters will be procured and standardized maintenance and monitoring SOPs will be developed accordingly. The water quality monitoring laboratories established by WHO in the five public hospitals have been assessed and provided with the necessary reagents and trainings. Lebanon successfully secured the Pandemic Fund through a competitive process, following a proposal submitted by the MoPH in collaboration with health implementing partners. The proposal emphasized enhancing preparedness by adopting the One Health approach, which integrates environmental and animal health as crucial factors influencing human health and therefore involves tailored activities to enhance environmental conditions.

Two-year progress evaluation: Work initiated

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

To promote multisectoral action and adopt whole-of-government and whole-of-society approaches, the following initiatives highlight coordinated efforts across sectors and stakeholders:



Figure 9. Inauguration Event of Solarization of MoPH Building

- Sustainable and climate-resilient interventions at the level of healthcare infrastructure involve expanded solarization efforts to include the MoPH building, 8 TB centers, complementing the ongoing solarization of 172 PHC centers and 22 public hospitals.
- The MoPH and other key partners were granted the pandemic fund, to implement a multisectoral project, focusing on the One Health approach, and integrating human, environmental, and animal health. In this regard, the MoPH partners with the MOA and WHO, UNICEF, WB, and FAO for project execution.
- Additionally, WHO initiated a multidonor trust fund project to assess the climate change resilience of selected health facilities in the Akkar region.
- Response to GBV and SRH was strengthened through launching the CMR protocols, which were developed through consultations with key stakeholders, including ministries (MoSA, MoJ, MoI, MEHE), UN agencies, NGOs, and professional societies. In this regard geographic coverage of CMR services was expanded, staff training was provided, and around 1,500 care providers were sensitized to the issue with the aim of enhancing access and service quality. UNFPA supported this area as it led a technical meeting in 2024 to standardize approaches for GBV-SRH integration, fostering collaboration among key actors.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

During this year, progress is demonstrated in the following activities:

- Recognizing the diverse healthcare needs of Lebanon’s population, MoPH has expanded its focus to include IDPs, PwD, refugees, and migrants. This approach ensures that health programs and policies are inclusive, addressing the specific challenges faced by these vulnerable groups and improving access to essential healthcare services.
 1. During the recent war, the MoPH developed programs to enhance access and financial protection to the IDPs as they seek essential health services.
 2. The MoPH also waived patient share for PwD who are enrolled in the REAYA project at the level of PHC centers.
 3. The MoPH also continues to adopt an inclusive approach towards refugees and migrants who fully benefit from the services provided by the PHC network.
- To promote healthier lifestyles among youth, a tobacco prevention campaign targeting school students was organized with support from WHO. Additionally, the National GSHS was completed, led by MoPH and MEHE. This survey assessed the determinants of health behaviors among adolescents aged 13 to 17, providing valuable data to guide future interventions.
- MoPH has endorsed the integration of GBV and SRH services into PHC. This initiative is being implemented by various key actors at the primary care level to enhance service accessibility. A technical meeting led by UNFPA brought together stakeholders to establish a standardized approach for integrating GBV and SRH services. This initiative strengthens healthcare provider capacities and ensures a coordinated response to GBV-related health needs.
- Mental health has been systematically incorporated into various healthcare protocols. Mental health guidelines and indicators were integrated into SOPs for Women’s PAR and CMR Centers.
- Additionally, efforts are underway to include mental health components in the National Strategy for Women. To further support mental health services, maternal mental health training, developed with UNFPA support, was rolled out to frontline healthcare providers, equipping them with the skills needed to address mental health concerns among pregnant and postpartum women.
- To alleviate the financial burden on families, UNICEF has expanded its support for vulnerable Lebanese newborns and children requiring intensive care services by covering out-of-pocket patient contributions. This initiative was further expanded during the war to include coverage for acute pediatric conditions and deliveries in all functional public hospitals.

Two-year progress evaluation: Significant progress



Figure 10. Tobacco Awareness Campaign in Schools

STRATEGIC GOAL 4.2 Use communication and social mobilization for health.

Strategic Objective 4.2.1 Enhance community and civic engagement.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Under this objective, various initiatives aimed at strengthening public participation in health programs, improving awareness, and ensuring inclusive healthcare services.

- The PCPC approach was introduced in four PHC centers, with a finalized plan for expansion. This initiative promotes community engagement by tailoring healthcare services to patients' needs and fostering a more responsive healthcare system. By actively involving patients and local communities in their care, the PCPC approach enhances the accessibility and quality of services at the primary level.
- The health sector has supported awareness-raising campaigns through social media, covering critical health topics such as mental health, diabetes, and food safety. These initiatives empower communities with knowledge, encourage preventive health behaviors, and promote active civic participation in health-related decision-making.
- The MoPH and the NCP Implementation Committee launched a national cancer awareness campaign in collaboration with NGOs and healthcare partners. This initiative unites all stakeholders working on cancer awareness under a single national framework. Community-driven activities included education on cancer types, risk factors, and healthy lifestyle choices, with a particular focus on colon cancer, childhood cancer, and tobacco-related risks. This campaign actively engages civil society and patients in spreading awareness and advocating for better cancer care.
- The LNPVP conducted training for oncology patient advocacy groups on the fundamentals of PV and the importance of reporting AEs. This initiative strengthens civic engagement by equipping patients and advocacy groups with the knowledge and tools to actively participate in monitoring medication safety, ensuring community involvement in healthcare QA.
- To improve community-based health services, the MoPH has initiated the integration of TB and HIV services into the PHC package. A pilot project was launched in six PHC centers, engaging local communities in prevention, diagnosis, and treatment efforts. However, a broader strategic plan is needed to ensure the long-term success and sustainability of this initiative.
- Community-based teams have been deployed to provide essential healthcare services, conduct awareness sessions, and facilitate referrals. By directly engaging with communities, these teams ensure that health services are accessible, responsive, and tailored to the needs of vulnerable populations.

- The Justice for Mental Health initiative, a mental health service users association, actively contributes to shaping national mental health strategies through its collaboration with the NMHP. By engaging individuals with lived experiences in policymaking, this initiative strengthens civic participation and ensures mental health services are inclusive, patient-centered, and responsive to community needs.

Two-year 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.

One-year progress

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 NCP. Additionally, forums for community engagement and awareness through social media have been augmented.

One-year progress evaluation: Significant progress

Two-year progress

Several initiatives aimed to inform the public and empower individuals to take action in promoting health-seeking behaviors. These activities aim to enhance trust in public health services, PHC centers, and hospitals by utilizing multiple media channels to engage and inform the community.

- The MoPH has significantly increased its use of social media to engage the public and promote health-seeking behaviors. This is complemented by the re-establishment of Ministry hotlines, which provide timely and effective responses to grievances, thereby strengthening public trust in PHC services. Even during the latest crisis, the MoPH maintained its messaging on the importance of self-care and adherence to prescribed medications.
- The NCP at MoPH prioritizes public awareness by implementing national cancer prevention programs in collaboration with WHO and cancer NGOs. The program educates the public on early detection, modifiable risk factors, and healthier lifestyle choices to improve survival rates. These efforts aim to encourage early health-seeking behaviors and strengthen public trust in cancer care services, aligning with the broader goal of improving healthcare access and outcomes.
- The REAYA project employs a multi-channel communication strategy to inform and engage the public effectively. This includes videos, brochures, posters, and press conferences to raise awareness about the project. Additionally, the use of SMS communication and a specialized call center (1214) ensures clear, consistent, and accessible information for all, facilitating registration and addressing public queries, thereby enhancing community outreach and involvement in health initiatives.

- The PHC Department at MoPH, in collaboration with UNICEF and WHO, launched vaccination campaigns aimed at increasing public engagement and participation in immunization programs. The campaigns were introduced through launch events in shelters and were amplified via extensive media coverage, including social media platforms and mainstream media broadcasts, which emphasized the importance of vaccines and encouraged community-wide participation in these life-saving initiatives.
- To highlight medication safety, the MoPH has organized ongoing PV capacity-building initiatives, including onsite training in hospitals and community pharmacies, as well as online educational sessions for pharmacy students.
- MoPH developed an awareness video on CMR to inform the public and survivors about the life-saving services available at designated facilities.
- Mental health campaigns are conducted annually to reduce stigma and encourage help-seeking behaviors. In 2024, a collaboration with Miss Lebanon 2024 helped raise mental health awareness nationwide. Additionally, the Mental Health in the Workplace initiative, supported by MoPH, WHO, and IDRAAC, trained participants on mental health challenges and created awareness about workplace well-being. This program aims to create supportive environments and provide tools for employees to seek help when needed.
- MoPH, in collaboration with IRC and the Lebanese Center for Civic Engagement, launched a project focused on improving mental health support for migrant domestic workers. This initiative included training sessions for frontline workers and the development of tailored awareness campaigns in both Arabic and English. The project also worked closely with embassies to ensure that resources were translated into the languages of migrant workers, improving accessibility and cultural relevance of the mental health support offered.

Two-year 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)

One-year progress

Coordination with the 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.

One-year progress evaluation: Work initiated

Two-year progress

Instrumental efforts were put in place to advance youth health and school health initiatives across Lebanon. These efforts focus on integrating health programs into educational facilities, ensuring comprehensive healthcare access for young people in various settings.

- In collaboration with WHO, MoPH successfully completed the GSHS with key findings being used to inform potential interventions aimed at improving youth health. Discussions between MoPH, MEHE, and relevant stakeholders have begun, focusing on translating these findings into tangible actions to address health determinants among students, including nutrition, physical activity, and mental health.
- The School Health Initiative was reinitiated and successfully implemented across all public schools, in partnership with PHC centers. This initiative provided on-site health screenings for students, ensuring any necessary follow-ups were referred to PHC centers. The program successfully reached 1,030 schools and conducted screenings for over 255,940 students in its first round. The integration with PHC centers ensures continuity of care and addresses immediate health needs, paving the way for comprehensive healthcare for students. Preparations are already underway for the second round, which will address the gaps identified in the initial round and extend the program's reach in 2025.
- In May 2024, the MoPH, in collaboration with the NCP Implementation Committee and the Tobacco Cessation Program, launched a tobacco awareness campaign targeting school-aged children 7 to 12 years. This initiative aimed to educate young students on the dangers of tobacco use through engaging methods, including interactive events and social media competitions. Health educators received specialized training to deliver these messages effectively within schools. The interactive event reached over 600 students and involved various stakeholders, such as NGOs, INGOs, local enterprises, and sports clubs, raising awareness on the importance of healthy lifestyles and tobacco cessation. The social media competition encouraged peer-to-peer engagement, fostering a culture of awareness and community involvement in promoting tobacco-free habits.
- The NMHP coordinates with MEHE, UNICEF, and the protection and education sectors to integrate MHPSS into the educational curricula. This effort aims to raise awareness about mental health and provide students with the tools they need to manage emotional and psychological challenges. By incorporating these topics into school education programs, the MoPH is working towards a more holistic approach to youth health, ensuring that mental well-being is treated with the same importance as physical health.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

No taxes were implemented on tobacco or nicotine products. A national case study on tobacco taxation was developed by WHO.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH has been working to strengthen NCD prevention and early diagnosis at the PHC level. The aim

is to develop and integrate comprehensive benefits packages for disease prevention and early detection of conditions such as cancer, diabetes, and hypertension. These efforts focus on improving access to essential health services and ensuring that prevention and early detection measures are embedded in the electronic health records and case management systems.

- In collaboration with WHO, the MoPH supported the development and finalization of basic care algorithms for the 33 most encountered medical conditions at PHC centers. These algorithms form the basis for standardizing care at the PHC level and are crucial for ensuring consistent treatment approaches across healthcare providers. A training program was initiated to ensure healthcare professionals are equipped with the knowledge and skills needed to apply these algorithms effectively, thus improving the quality of care provided at the PHC centers.
- The MoPH has been revising the existing NCD benefits package to ensure comprehensive coverage for the prevention, treatment, and follow-up of NCDs. The REAYA project plays a significant role in this process by utilizing comprehensive NCD packages as part of the LPSP. This ensures that all beneficiaries enrolled in the program have access to essential NCD services, which include prevention, management, and treatment of conditions like diabetes and hypertension, addressing a significant portion of the population's health needs at the PHC level.
- In 2024, the MoPH also focused on raising awareness about menstrual hygiene management, particularly in response to crisis conditions that led to poor hygiene and increased risks of UTIs. The MoPH collaborated with various actors to distribute dignity kits and provide education on menstrual hygiene management at PHC centers and through mobile teams at the community level, particularly during the recent crisis.
- As part of its ongoing efforts to integrate mental health services into primary care, the NMHP, in collaboration with its partners, launched a pilot project for integrating mental health care packages into PHC. This initiative focuses on developing mental health packages for priority conditions such as depression, anxiety, PTSD, and substance use disorders. The pilot phase, which included 10 PHC centers, successfully rolled out mental health services to 103 healthcare providers and 1,116 service users. A mixed-method evaluation of the project was completed, guiding further improvements and the development of additional packages for other mental health conditions such as psychosis and behavioral disorders.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH has made significant progress in ensuring access to essential medications for individuals living with NCDs.

- A key milestone in this effort was the launch of the first-ever tender by the MoPH to procure essential medications for PHC centers. This initiative aims to maintain a consistent supply of vital medicines, thereby ensuring that individuals with chronic conditions have continuous access to necessary treatments.
- During the crisis, the MoPH procured a supply of acute and chronic medications from the local market, ensuring continued access for the management of acute and chronic conditions. Additionally, emergency kits, including obstetric and midwifery kits, were distributed to ensure access to safe deliveries for women. The MoPH also implemented a push system to guarantee the availability of essential medicines, including SRH drugs and contraceptives, at PHC centers throughout Lebanon. Additionally, UNICEF provided essential acute medications to ensure uninterrupted access to medications at PHC centers and PSUs. For beneficiaries who require chronic medications, access to such medications has been provided through WHO support, funded by the EU, and distributed by YMCA. Through this program, patients receive their medications on a monthly basis, with renewals conducted every six months.
- The NMHP played a pivotal role during times of crisis, particularly during the Israeli aggression on Lebanon. In collaboration with WHO, NMHP ensured the continuity of psychotropic medication supplies and coordinated efforts to address medication gaps in shelters. Key actions included publishing weekly updates on the status of PHC mental health services, ensuring psychiatrists had access to prescribe second-line psychotropic medications, and finalizing emergency SOPs. These efforts were critical to maintaining mental health services and securing medications for vulnerable populations, particularly those in emergency shelters.
- In 2024, the NMHP conducted an evaluation of the psychotropic medication management system, collaborating with WHO, YMCA, and other partners. The evaluation included interviews with healthcare professionals from 11 PHC centers and resulted in a comprehensive report detailing the challenges, process mapping, and actionable recommendations. The findings from this evaluation have been shared with stakeholders, and a committee has been established to address the challenges and integrate mental health indicators into the PHENICS platform, further improving the system for tracking medication and care delivery.

- Throughout the ongoing efforts, WHO through EU funding, ensured that there were no interruptions in the supply of NCD medications at PHC centers. The medications are secured to last until at least 2026, which guarantees continued access for patients living with NCDs. Additionally, WHO is supporting the expansion of the LMS at the warehouse to include more programs, such as those related to HIV, TB, rabies, cancer, and communicable diseases, enhancing the overall capacity to manage medication distribution and supplies across Lebanon.

Two-year 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.

One-year progress

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

One-year progress evaluation: Completed

Two-year progress

In the past two years, significant progress has been made in addressing these critical needs through various projects and collaborations.

The MoPH with WHO conducted a review and update of the existing NCD service packages at PHC centers.

As part of this initiative, tracer indicators and quality indicators are being proposed to help monitor and evaluate the effectiveness of these services.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress



Figure 11. Laboratory Training

Two-year progress

The NMHS has been finalized and was launched in March 2024. Additionally, efforts to integrate mental health services into PHC centers have been significantly scaled up:

- The Mental Health Integration Pilot Project successfully introduced mental health care packages for depression, anxiety, and PTSD across 10 PHC centers. These packages are integrated into existing PHC services, ensuring specialized care for individuals with mental health conditions. 103 healthcare providers have been trained, and 1,116 service users have been enrolled in the pilot phase. Expansion to include substance use and psychosis is currently underway.
- During the ongoing crisis, NMHP coordinated with the PHC Department to address medication gaps in shelters, ensuring that psychotropic medications were available. An evaluation of the psychotropic medication management system was conducted with WHO, MoPH, and YMCA in 2024, leading to actionable recommendations. The evaluation aims to streamline service delivery and ensure continued access to medications for those in need.
- The Mental Health Strategy for Children, Adolescents, and Caregivers has progressed, with the second draft developed in collaboration with UNICEF and WHO. Ongoing revisions are aimed at finalizing the strategy for a planned launch in 2025. This strategy is expected to enhance the mental health support available to younger populations and their caregivers, integrating them into the broader health care system.
- UNICEF's AaSalamah community-based intervention introduced a mental health red flag identification module for CHWs, equipping them to identify and refer beneficiaries to appropriate mental health services.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

The NMHP has made significant strides in expanding and strengthening community-based MHPSS services in Lebanon.

- The Step-by-Step intervention is an evidence-based digital mental health program developed in collaboration with WHO to reduce depression. It offers self-help sessions by phone or text, with optional guidance from trained non-specialists. In 2024, 1,176 users enrolled in this program, contributing to a total of 3,531 users since its initiation. The program's success led to the MoPH receiving the 2023 UN Inter-agency Taskforce Award for Digital Health for scaling up the initiative. The program is now set for further expansion.



Figure 12. UN NCD Taskforce Award for Step-by-Step program, delivered by RD Dr. Hanan Balkhi to Minister Abiad

- A National Helpline for Suicide Prevention and Emotional Support (1564) was established by NMHP in collaboration with Embrace NGO. This helpline, along with a mobile emergency response mechanism, provides critical support to individuals in mental health crises.
- The SH+ intervention, launched in 2024, is a stress management program designed to assist individuals facing adversity. The SH+ podcast was developed to offer mental health support through digital platforms. Additionally, the Maternal Mental Health initiative continued in 2024, with four roll-out sessions conducted across Lebanon, training 82 healthcare providers. These efforts aim to address the mental health challenges faced by pregnant and postpartum women, emphasizing the importance of mental well-being during and after pregnancy.
- In 2024, the Mental Health in the Workplace initiative was launched by NMHP in collaboration with IDRAAC, IRC, and WHO. The program trained 159 participants through six roll-out sessions and focused on developing skills to support mental health in professional environments.
- Furthermore, PHEOC continued to enhance the mental health training for healthcare workers, with the third phase of the program aimed at improving the crisis management skills of frontline providers to ensure they can offer support during emergencies.

Two-year progress evaluation: Significant progress

STRATEGIC GOAL 4.5 Fighting Communicable Diseases

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

In 2024, Lebanon was awarded the Pandemic Fund Project, approved for a three-year period. This initiative focuses on strengthening human and animal surveillance systems, specifically targeting zoonotic diseases that pose a significant threat to public health. The project will enhance Lebanon's preparedness and response capabilities through the integration of the One Health principles, ensuring that human, animal, and environmental health are jointly considered in managing infectious disease risks.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Efforts to strengthen vaccination coverage in Lebanon, focusing on both routine and adult immunizations, have been central to enhancing public health. The goal has been to ensure vaccine availability, improve coverage rates, and maintain vaccine quality through robust collaboration with private providers and consistent cold chain management.

- Surveillance for vaccine-preventable diseases has been closely maintained and enhanced, with a focus on both routine and emergency vaccination needs. No measles or poliovirus outbreaks were detected in 2024, indicating effective surveillance systems in place, supported by GAVI and WHO.
- The revision of the EPI strategy was an essential step for Lebanon to improve both routine and emergency vaccination coverage. Supported by WHO, the updated strategy aims to ensure that Lebanon is prepared for future vaccination needs, both in routine and emergency scenarios. The National EPI coverage cluster survey is being prepared to assess current vaccination coverage, which will guide the implementation of more targeted campaigns.
- GAVI discussions are underway to extend support beyond 2025 to ensure that Lebanon continues to have the resources needed for effective vaccination planning and implementation in both routine and emergency situations.
- In response to public health threats, Lebanon has launched urgent vaccination campaigns to address both routine immunization and emergency vaccination needs. The PHEOC has played a critical role in coordinating these efforts, such as during the cholera outbreak, which required quick intervention.
- UNICEF provided the vaccines for measles and poliovirus campaigns targeting displaced populations, particularly in shelters. In addition, under the PIVI initiative, 10,000 targeted individuals and 1,500 IDPs over the age of 50 received Vaxiflu vaccines during the recent Israeli aggression. This effort ensured that the most vulnerable groups had access to both routine and emergency vaccines. The response efforts have been critical in preventing outbreaks of vaccine-preventable diseases, such as polio, measles, and influenza.

Two-year progress evaluation: Significant progress



Figure 13. Polio and MMR Vaccination Campaign

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

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

With WHO support, a thorough assessment of water quality was conducted in 33 public laboratories across Lebanon, with plans to provide necessary water filters. Additionally, WHO completed a needs assessment for the five water quality testing referral laboratories in selected public hospitals, supplying essential reagents and materials to maintain testing capabilities. Additionally, to enhance collaboration and ensure prompt action on water quality issues, a national WASH platform was established at the PHEOC, serving as an alert system for waterborne disease outbreaks. This platform is complemented by a dedicated water quality monitoring dashboard that facilitates the sharing of real-time data between the MoPH, the MoWE, and the WASH sector, ensuring coordinated responses and informed decision-making.

Two-year progress evaluation: Significant progress

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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Significant progress was achieved with regards to the activation of a CPHL with a focus on testing for emerging and re-emerging communicable diseases. SOPs were set, equipment was partially purchased, and staffing plan was developed. Additionally, funding was secured through the EIB to enhance infrastructure and procured the remaining needed equipment. Additionally, through the granted Pandemic Fund, the digital infrastructure and capacity building activities are secured for 2025.

Efforts to activate other reference laboratory functions such as drug analysis, food and water testing are underway.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: No progress

Two-year progress

The AMR committee was reactivated, and a draft plan of action for three years is prepared, with technical support from WHO.

Two-year progress evaluation: initiated work

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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Strengthened governance of NAP and NTP was witnessed in 2024 through programs' integration and the continued provision of testing, medications, counseling, and other supportive services to beneficiaries of the programs. Additionally:

- The NSP to end TB by 2030 has been developed, emphasizing TB elimination as a central goal. This comprehensive strategy aims to accelerate progress by integrating TB control into broader public health initiatives, ensuring a more effective approach in combating the disease. Key strategies include enhancing TB case detection and treatment while fostering collaboration across sectors to ensure a coordinated response.
- The National HIV Strategic Plan (2023-2028) was developed, marking a significant step in strengthening the national response to HIV. This plan outlines critical priorities and strategies to address HIV prevention, testing, and treatment. Additionally, the findings from the IBBS have been disseminated, offering valuable insights to guide future interventions and strengthen targeted HIV responses in Lebanon.

- Efforts to address TB have been focused on screening interventions for vulnerable populations, including IDPs, those in prisons, refugee settings, and among migrant workers. These high-risk groups are prioritized in response to the escalating hostilities in the country.

Two-year progress evaluation: Significant progress

STRATEGIC GOAL 4.6 IMPLEMENT THE NATIONAL NUTRITION STRATEGY

Strategic Objective 4.6.1 Implement the National Nutrition Strategy.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Lebanon has made significant advancements in enhancing multi-sectoral nutrition governance, accountability, and service delivery, through:

- A national multisectoral nutrition committee was established to coordinate efforts and address nutrition challenges. The committee has focused on enhancing surveillance systems, aligning them with updated national guidelines, and refining data collection and reporting mechanisms.

- The results of the LIMA survey were finalized and disseminated to provide cutting-edge evidence for decision-making, addressing malnutrition and child development crises. Additionally, a national survey assessed the nutrition and eating patterns of 256,000 students across 1,030 public schools.
- A situational analysis of complementary feeding practices at the national level was conducted to inform the development of a national reference guide in 2025. Additionally, Lebanon finalized its national wasting guidelines, becoming the first country in the region to contextualize and adopt these guidelines. These efforts ensure informed decision-making and improved responses to malnutrition challenges.
- Efforts to align health systems with essential nutrition services have led to the development and adoption of national dietary guidelines. A dietary guide for women in the perinatal period has been established to provide evidence-based recommendations for pregnant and breastfeeding women. The Community-Based Management of Acute Malnutrition is being scaled up, focusing on training CHWs to identify and manage malnutrition in children under five, pregnant or breastfeeding women. Additionally the Malnutrition Prevention and Management Guidelines have been reviewed and SOPs for nutrition supplies and IYCF in emergency services have been developed to ensure efficient and quality service delivery.
- Lebanon continues to enhance food system resilience through targeted programs like the salt iodization initiative, which now includes national guidelines and SOPs on QA and QC. These guidelines have been disseminated among key stakeholders, including salt producers, national laboratories, and government agencies, ensuring a sustainable approach to food fortification. The PHEOC has addressed food security issues at the hospital level, particularly during crises, working to enhance supply chain resilience and emergency nutrition response.
- Progress has been made in advancing the BFHI, with 15 hospitals enrolled and three hospitals achieving full certification. The IYCF national committee remains active, supporting the expansion of IYCF counseling services and the development of SOPs for IYCF in emergencies. As part of IYCF efforts, there was enhanced capacity of 305 frontline workers and expanded awareness and counseling services to caregivers. The IYCF national hotline referred 780 cases for support, with strengthened SOPs for emergency scenarios. Additionally, Lebanon has established a tracking and reporting tool for violations of Law 47/2008 on breast milk substitutes, ensuring stronger enforcement of regulations protecting breastfeeding practices.
- As for services, over 40,000 women and children were supported with targeted nutrition interventions.

Two-year progress evaluation: Significant progress



Figure 14. Salt Iodization Event

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



Figure 15. Working teams from MoPH, WHO, UNICEF, and other Specialists Jointly Finalizing the Review of Malnutrition Prevention and Management Guidelines.

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.

One-year progress

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 and neonatal care training for advanced emergency medicine 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.

One-year progress evaluation: Significant progress

Two-year progress

During this year many efforts reflect a comprehensive approach to workforce development across different areas.

- Under the REAYA project, a partnership was established with the UoB Family Medicine Residency Program to train family medicine residents, who will support care delivery at PHC centers both during and after their residency. Currently, six family medicine residents are engaged in clinical rotations at hiah PHC center and Karantina Governmental Hospital, with a contractual commitment to serve at PHC centers for two years post-graduation.

- The MoPH has provided training on CMR SOPs to ensure standardized and comprehensive case management of rape survivors in CMR facilities. More than 200 PHC centers received sensitization training to enhance survivor identification and referral processes. Additionally, emergency obstetric care training was conducted for 190 healthcare staff working in maternity wards of governmental hospitals. A series of webinars were also delivered to frontline healthcare workers, covering essential maternal health topics such as danger signs in pregnancy, contraception in crisis, and sexually transmitted infections.
- The PHEOC team has engaged in eight tailored training modules delivered between October 2023 and April 2024 targeting staff in 125 hospitals
- The NMHP, in collaboration with USJ and WHO, launched two university diploma cohorts in Mental Health Services Development and Organization. Additionally, NMHP conducted specialized mental health training for healthcare workers, equipping them with skills in mental health assessment, management, and referral to strengthen the integration of mental health within primary and secondary healthcare services.
- WHO has supported the introduction of capacity-building initiatives for hospital staff across various projects, covering patient care protocols, quality management, performance indicators, and self-mental health care. More than 5,000 healthcare workers have completed BLS and ACLS training, improving their ability to respond to medical emergencies.

Two-year 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.

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

Although no formal change in the curricula of health-related specialties was achieved, the MoPH has worked with partners on different initiatives to upgrading health learning in Lebanon, ensuring alignment with national health priorities and strengthening capacity in different areas:

- The LNPVP is collaborating with LAU to introduce a dedicated PV rotation in pharmacy curricula. Additionally, the LNPVP is proposing the integration of PV concepts into broader pharmacy courses to ensure future pharmacists develop strong competencies in medication safety and AE reporting.
- The NMHP, in collaboration with USJ and WHO, launched two university diploma cohorts in Mental Health Services Development and Organization.
- The PHEOC has introduced critical emergency response topics into healthcare education to enhance national preparedness.
- An emergency medicine diploma has been designed by AUB specialty physicians through the support of the WB loan with a need to advance to the implementation phase.

Two-year progress evaluation: Work initiated

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.

One-year progress

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.

One-year progress evaluation: Work initiated

Two-year progress

Efforts to retain the health workforce are centered on increasing hospital tariffs and speeding up reimbursements which will allow hospital administrations to improve compensation rates for human resources. At the PHC center level, the MoPH has attracted projects that can achieve the desired health outcomes while also providing financial and moral incentives for the PHC workforce. Additionally, the MoPH, in collaboration with WHO, UNICEF, and other health partners, has offered financial support for salary top-ups and recruited additional surge capacity to bolster several critical programs.

Two-year 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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

In 2024, the MoPH and health partners supported major advancements in Lebanon's HIS, focusing on data integration, surveillance expansion, emergency management, and digital transformation. These efforts contribute to a more efficient, data-driven, and resilient health system in Lebanon.

- Lebanon's Digital Health Transformation Roadmap, developed by the MoPH with UNICEF's support is in its final stages of development and is expected to be launched in early 2025. The strategy is aimed at modernizing HIS and advancing digital healthcare solutions. Throughout 2024, extensive stakeholder engagement activities were conducted to ensure inclusivity and collaboration among government agencies, healthcare providers, and community organizations. Key objectives include the integration of EMRs, the enhancement of telemedicine services, and the adoption of healthcare analytics.



Figure 16. Workshop for the Development of the Digital Health Strategy

- WHO supported MoPH in the ongoing development of the MoPH Data Hub, through AFD funding. The data hub constitutes a centralized platform aimed at improving data collection, integration, and analysis across Lebanon's healthcare sector.
- MediTrack expansion to PHC centers is expected to strengthen medication supply chain management, ensuring that pharmaceuticals reach the centers in a timely and efficient manner, and enhance forecasting.
- With WHO's support, the expansion of LMS has introduced digital tracking mechanisms, enhancing visibility into supply chain operations and facilitating data-driven decision-making. This modernization ensures that essential medical supplies are delivered where and when they are needed, strengthening Lebanon's healthcare resilience.
- Lebanon has significantly expanded its DHIS2 platform to enhance communicable disease surveillance, including polio, measles, and other infectious diseases. This expansion ensures that data is entered at the source, reducing reporting delays and improving real-time outbreak monitoring. With advanced features for data visualization and mapping, DHIS2 enables public health authorities to detect disease trends, monitor outbreaks, and implement rapid response measures. By integrating all communicable disease surveillance into a single platform, Lebanon has improved data accuracy, accessibility, and cross-sector collaboration in outbreak response. The system supports early warning mechanisms, allowing for faster interventions to contain disease spread. The DHIS2 was also expanded to record mortality data at the level of hospitals. A maturity assessment of the DHIS2 system was conducted by the HISP MENA team to identify gaps and areas requiring improvement. This assessment helps prioritize areas for enhancement to strengthen the system's capabilities, ensuring it meets the needs of healthcare providers. Based on the findings, advocacy efforts will be made to secure funding for infrastructure improvements, service enhancements, and capacity-building initiatives.
- PHEOC Software and dashboard development enhanced emergency preparedness and response capabilities by centralizing real-time data collection, crisis coordination, and decision-making.

Two-year 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

One-year progress

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. Partnerships 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.

One-year progress evaluation: Significant progress

Two-year progress

Several activities served the objective of advancing public health research to inform and influence policy and practice:

- The MoPH is developing NHA reporting system to systematically track health expenditures in collaboration with public funds and the MoF. This process involves mapping healthcare budget items into SHA 2.0 codes for standardization.
- The MoPH, through WHO support, accelerated the data entry process at the National Cancer Registry by procuring IT equipment to enhance its operational capacity. This upgrade improves data processing efficiency, ensuring accurate tracking of cancer incidence and mortality trends.
- The LIMA survey results were launched and disseminated, contributing to enhanced knowledge of populations nutritional status and design of related interventions.
- WHO supported the implementation of the STEP survey to assess the prevalence of non-communicable disease risk factors in Lebanon. This survey collects data on tobacco use, dietary habits, physical activity, and other health behaviors, guiding policymakers in developing targeted interventions. The findings contribute to strengthening preventive healthcare strategies and reducing the burden of NCDs.
- WHO facilitated the Global School Health Survey to evaluate health risk behaviors among school-aged children in Lebanon. The survey focuses on mental health, nutrition, substance use, and physical activity, providing essential data to enhance school-based health programs. The results help shape youth health policies and promote healthier behaviors among students.
- WHO supported the completion of a GIS database, mapping all hospitals, pharmacies, PHCs, dispensaries, and physiotherapy centers across Lebanon. This digital mapping enhances health resource planning, accessibility assessments, and emergency response coordination. By providing real-time geolocation data, the system enables efficient allocation of health services to underserved areas.

- Lebanon initiated the HeRAMS with WHO's support to monitor health facility functionality, workforce distribution, and service availability. This system enhances data-driven decision-making by providing a real-time overview of healthcare capacity nationwide.
- WHO supported the development of a guiding document on high-risk pregnancy to support healthcare providers in identifying and managing high-risk cases. The document establishes standardized referral criteria, ensuring timely and appropriate medical interventions for vulnerable mothers.
- The MoPH conducted a KAP study to assess Lebanese physicians' perspectives on influenza and COVID-19 vaccination. Supported by EMPHNET, the Global Task Force, and the Orders of Physicians, the study identified barriers to vaccine uptake among healthcare providers. The findings inform targeted awareness campaigns to enhance vaccine confidence and immunization rates.
- The Supporting Mothers' Mental Health with Interpersonal Therapy project evaluated the impact of group interpersonal therapy (for postnatal depression in Lebanon). Conducted among Lebanese and Syrian refugee mothers, the study examined maternal mental health, child cognitive development, and mother-child relationships. In 2024, SUMMIT achieved its target, reaching 206 participants and completing all data collection phases.
- The GOAL research project assessed Lebanon's mental health system responsiveness for populations affected by crises and displacement. Funded by the UK Research and Innovation Fund, the study involved key partners such as the NMHP, USJ, and War Child. The findings were disseminated through peer-reviewed journals, policy briefs, and stakeholder meetings to inform policy improvements.
- 205 daycares completed The Private Daycare Scorecards, which were developed based on 'The standards for MoPH affiliate Nurseries in LEBANON' and the National Guidelines for ECD toolkit. These scorecards serve as a vital tool for assessing and improving quality of services in private daycares.
- The LNPVP published several articles in peer-reviewed journals in 2024. These publications contribute to global scientific research on medication safety and pharmacovigilance. The findings help improve regulatory policies, adverse drug reaction monitoring, and patient safety initiatives in Lebanon.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

- The expansion of MediTrack and the LMS to the PHC centers and dispensaries network has been initiated to enhance service delivery, quality, and efficiency.
- The PHENICS system, which is used for electronic health records, has been enhanced to include LPSP packages and new modules, such as the pregnancy module and the Hospital ER module. These improvements expand the system's capabilities, making it a more comprehensive tool for managing patient care. The updates aim to enhance efficiency in data handling and service delivery across healthcare facilities. The MERA has been expanded for data collection and care documentation through an offline module. This was particularly important to document care delivered at shelters during the latest crisis.
- UNICEF has continued to support the assessment of various digital health solutions, including PHENICS, MERA, and MERA Pro. These assessments aim to evaluate user-friendliness, comprehensiveness, and data quality of these platforms to ensure they meet the needs of healthcare providers. The goal is to inform future improvements and developments of these tools, optimizing their usability in PHC center. UNICEF also promotes data-driven decision-making by providing training and capacity-building initiatives to healthcare workers. These programs aim to help providers effectively utilize digital health tools and interpret the high-quality data generated by platforms like PHENICS.
- A Unique Health ID system has been developed to register patients and ensure accurate identification, especially for those suffering from cancer and other catastrophic conditions. Around 44,110 patients have already registered in the system, which allows follow up of patients across multiple care settings, enhances transparency of medications dispensing, and ensures patients receive personalized care.
- A billing system has been introduced for hospitals to remotely upload detailed monthly bills, including itemized services and their corresponding prices. The system checks for errors and discrepancies, ensuring compliance with predefined pricing and coding standards.
- Continuous efforts have been made to update the Hospital Mortality System, which is now transitioning to a DHIS2 platform. Hospital focal points have received training on how to use the new system, which now includes crucial information such as the Unique Health ID, guarantors, and the names of deceased patients. A major advancement is the linking of the Mortality System with other systems, such as the National Cancer Registry, which will allow the MoPH to study cancer survival rates starting in 2025 and enhance transparency in billing through a link with the visa billing system.
- The MoPH has initiated the process of transitioning from ICD10 to ICD11 by mapping mortality data at the central level, marking the first step toward nationwide implementation. This transition is crucial for standardizing health data across Lebanon and ensuring that the system aligns with global health data standards. The goal is to improve the accuracy and reporting of cause of death, which will inform better health policies and programs moving forward.
- The HIV data program is still in the pilot phase, but a PrEP dispensing program has been developed and is being implemented by three NGOs. These NGOs are providing PrEP medication to eligible beneficiaries. The program continues to evolve, with a focus on expanding access to PrEP and enhancing HIV prevention in the community.

- The tracker-based system for TB has been fully implemented across NTP centers, sanatoriums, and the national reference laboratory. This system ensures that TB cases are accurately tracked from diagnosis through treatment, improving the management and monitoring of the disease.
- In relation to TB-HIV, discussions were held with the ESU to establish a data linkage that provides access to all notifications received by the ESU. This linkage enhances the integration of TB and HIV data, improving the coordination between the two programs. By linking these datasets, the MoPH aims to better manage co-infected patients and improve overall patient care.

Two-year progress evaluation: significant progress

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

One-year progress

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

One-year progress evaluation: Work initiated

Two-year progress

Several activities are paving the way towards the adoption of telehealth in Lebanon:

- The development of a telemedicine solution within PHENICS, MERA, and Sahatona is underway to enhance communication between PHC centers and beneficiaries. This new solution will enable telemedicine consultations and follow-ups, ensuring that healthcare services can be delivered remotely.
- The international office which was established in 2024 as a joint partnership between MoPH, ALMA, and IOM emphasizes telehealth and e-learning initiatives. A Webinar Series scheduled for 2025, is already under execution, with the aim of enhancing knowledge and expertise sharing with the global medical community.
- The Step-by-Step intervention, developed in collaboration between NMHP and WHO, is an evidence-based digital mental health program designed to reduce depression in Lebanon. The intervention consists of five self-help sessions delivered remotely, either via phone or text messages, with optional guidance from trained e-helpers. In 2024, the program successfully enrolled 1,176 new users, bringing the total number of participants since its launch to 3,531, and the MoPH received the 2023 UN Inter-agency Taskforce Award for scaling this research.

Two-year progress evaluation: Work initiated

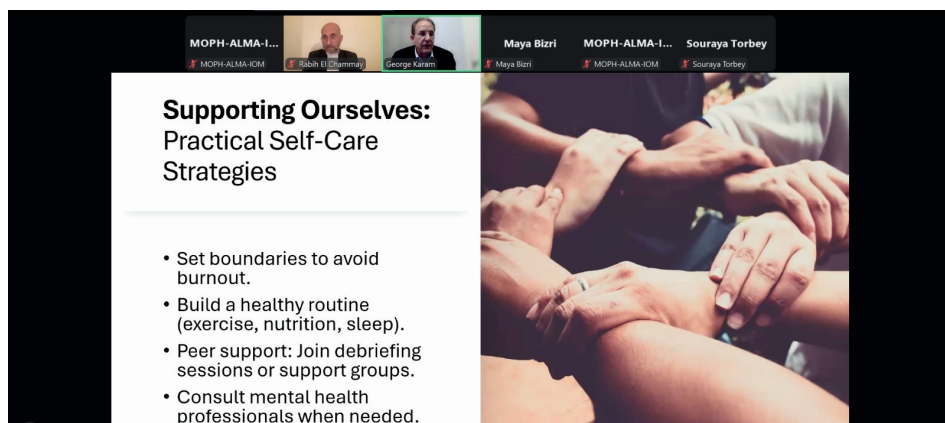


Figure 17. MoPH, ALMA, and IOM’s Webinar 1

STRATEGIC GOAL 5.3 MEDICAL PRODUCTS AND TECHNOLOGIES

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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Securing universal and sustainable access to quality medications, including generics has been achieved through:

- The MoPH has launched a fair and comprehensive tender for medication that resulted in the procurement of high quality, low-price medications. Additionally, in a significant step toward improving access to healthcare, the MoPH launched its first tender to procure essential medications for PHC centers. This initiative aims to secure a steady supply of high-quality medications, ensuring that these centers can continue providing vital services to the Lebanese population.
- The MoPH is in the process of expanding MediTrack, LMS, and PHENICS to improve the management and monitoring of pharmaceuticals.
- The Sub-Committee of Experts at the MoPH has been working to expedite the registration process for imported generic medicines. By revising the Drug Technical Files Submission Guidelines, the sub-committee ensures that all pharmaceuticals meet the necessary quality, safety, and efficacy standards, thereby improving the reliability of drugs available in Lebanon.
- The GSDP project is a key initiative to ensure the safe storage and distribution of pharmaceuticals in Lebanon. The project focuses on certifying warehouses that meet high standards for storing medicines, with updated guidelines for managing both temperature-sensitive and ambient condition products, improving overall pharmaceutical safety. As part of this initiative, continuous training modules have been introduced for warehouse staff to ensure compliance with updated guidelines.
- The MoPH PV program has processed over 26,000 adverse event reports through Vigiflow, with data transferred to the international Vigibase database. This system allows for the thorough evaluation of ADRs and ensures that potentially harmful medications are identified and monitored, helping to protect public health.
- To increase public awareness and transparency, the MoPH regularly publishes safety reports and newsletters summarizing adverse events related to vaccines and medicines. These communications, along with other educational publications, are designed to keep both healthcare professionals and the public informed about potential risks associated with pharmaceuticals.

- In an effort to reduce medication errors, Lebanon has created a national list of LASA medications to prevent mix-ups in drug administration. Additionally, a list of excipients with known effects has been developed to further safeguard patients, ensuring that pharmaceutical products are used safely and effectively.
- The LNPVP has taken proactive measures in addressing patient safety concerns, including investigating claims of counterfeit pharmaceuticals. Detailed reports are prepared for each counterfeit product claim, ensuring that all relevant information is gathered and acted upon to protect the health of the population.
- Lebanon has actively participated in international PV forums, such as the Oman PV Symposium and the French Symposium on Anesthesia and Critical Care. These events provided a platform for global knowledge exchange and collaboration, allowing Lebanon to share experiences and learn from other countries' approaches to managing PV and ADRs.

Two-year progress evaluation: Significant progress

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

One-year progress

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 HTA framework shall guide key decisions and policies related to the pharmaceutical sector, especially with regards to innovative medications.

One-year progress evaluation: Work initiated

Two-year progress

With the need to continued access to innovative medications, a HTA framework have been developed and funded secured. The HTA is expected guide key decisions and policies related to the pharmaceutical sector, especially with regards to innovative medications.

Two-year progress evaluation: Work initiated

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

One-year progress

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 LMS at the central drug warehouse. As for medical devices, efforts are ongoing for setting up a tracing system, materiovigilance program, and pricing methodology.

One-year progress evaluation: Significant progress

Two-year progress

- Tracking of medical devices has not been advanced, but tracking of medications has been advanced through the following activities:
- The ongoing expansion of MediTrack and LMS aims to enhance the management and tracking of pharmaceuticals and secure patients access to their well-necessitated treatments.
- A module within the AMAN system has been further developed and improved to manage medication dispensing for patients with catastrophic illnesses. This system allows hospitals, pharmacies, MoPH pharmacists, suppliers, and patients to interact efficiently, ensuring that medications are ordered, delivered, and received in a smooth manner. Patients are notified via SMS when their medications arrive at the pharmacy and are required to confirm receipt to complete the process.
- The AMAN system has been integrated with MediTrack to allow MoPH pharmacists to track medication dispensing for patients with catastrophic illnesses. This integration provides medical committees with access to patients' medication history and allows for better monitoring of dispensing practices, enhancing the oversight of drug usage.
-
- In addition to the AMAN integration, the PHENICS system has also been linked with MediTrack for data exchange on all medications supplied by the MoPH. This connection ensures that both acute and chronic medication programs are fully tracked, enabling more comprehensive management of medication distribution.

Two-year 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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

Several policies continue to result in supporting the local pharmaceutical industry, including 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.

Two-year progress evaluation: Work initiated

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.

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

The MoPH, with WHO support, procured generic medications, prioritizing essential medicines for NCDs to ensure access to affordable and life-saving treatments. Additionally, the MoPH and cancer committee facilitated the review of the Cancer Essential Drug List, aligning it with the latest global recommendations to enhance the availability and effectiveness of cancer treatments in Lebanon.

Two-year progress evaluation: Significant progress

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

One-year progress

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

One-year progress evaluation: No progress

Two-year progress

The development of protocols for cancer treatment and other catastrophic conditions in addition to the review of essential medication list promotes the rational use of medications.

Two-year progress evaluation: Significant progress

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

One-year progress

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.

One-year progress evaluation: Significant progress

Two-year progress

As part of the DHIS2 implementation, 2D barcodes are utilized for efficient sample tracking and integration into the DHIS2 platform. Additionally, as part of the implementation of MediTrack projects, barcodes use was expanded from community pharmacies and hospitals to PHC centers, enhancing the process of dispensing and documentation.

Two-year progress evaluation: Significant progress

Strategic Objective 5.3.8 Promote and encourage localization

One-year progress

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

One-year progress evaluation: Significant progress

Two-year progress

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

Two-year progress evaluation: Significant progress



Figure 18. MediTrack Training for Community Pharmacists

ANNEXES

Annex 1. Ongoing and Recently Finalized Health Projects

Category	Name of Project/Initiative	Progress
Governance and Strategy	National Health Strategy: Vision 2030	Launched in January 2023
	NHS One-Year Review	Launched in January 2024
	NHS Two-Year Review	This document
	National Cancer Plan	Launched in July 2023
	NCP One-Year Review	Launched in July 2024
	Laboratory Governance Structure	Discussion initiated and plan drafted.
	Emergency Care Plan	Finalized, pending implementation.
	Digital Health Strategy	Final stages of development, to be launched in first quarter of 2025
	Health and Environment Strategy	Drafted, pending MoPH review and endorsement
	Antimicrobial Resistance Plan	Drafted, pending MoPH review and endorsement
	Neonatal Intensive Care Plan	Finalized. Implementation started with an assessment of NICUs in public hospitals.
National Public Health Institute	Concept note finalized. A WHO consultant is recruited to support in the establishment of the institute.	
Financing and Financial Management	Unification of Coding and Tariffs	Concept note finalized. TORs for consultants are prepared by PMU, to be funded through WB loan.
	EIB	Awarded a 10.5 million USD grant in support of PHC, digitalization, and CPHL equipment and quality assurance.
	Pandemic Fund Proposal	Awarded the Pandemic Fund grant of 11.44 million USD over 3 years in support of 1) early warning and disease surveillance systems, 2) laboratory systems, and 3) human resources (public health and community workforce capacity).
Primary Health Care	REAYA	<p>The REAYA project was launched in September 2024 and encompasses 67 PHC centers. Of these, 19 are government-owned, managed by municipalities and public hospitals, while the remaining 48 are privately owned by various local NGOs. A total of 48 PHCCs have signed contracts with the MoPH and received a readiness grant of \$10,000. This grant enables PHC centers to procure essential equipment and recruit necessary staff for service delivery. In the next phase, contracts will be signed with the remaining 19 PHCCs.</p> <p>The project was officially launched in September 2024, when 200,066 individuals received an SMS inviting them to register at a PHC center in their area. These beneficiaries were selected from the DAEM program (ESSN) at the MoSA.</p> <p>To date, out of the 200,066 individuals who received the SMS, 137,763 have registered at a PHC center, with 26,500 of them fully enrolled and actively receiving health services. The number of registered and enrolled beneficiaries is expected to increase once the governmental PHC centers finalize their contracts and begin service provision.</p>

ANNEXES

Annex 1. Ongoing and Recently Finalized Health Projects - Continued

Category	Name of Project/Initiative	Progress
Primary Health Care	LPSP	Please check the dashboard below for PHC accomplishments during 2024.
	Aasalameh	
	NCD initiative	
	Patient centered primary care	
	Expanded program on immunization	
	National essential medications program	
	Reproductive health initiative	
	Malnutrition initiative	
	Mental health integration	
	School Health initiative	
	PHC Satellite Unit	
	Smoking Cessation initiative	
Secondary Care	Secondary Care Model	A TOR is prepared by PMU for a consultant to support the development of secondary care model.
Hospital Care	Opening of New Public Hospital	Inauguration of Turkish Hospital was achieved in 2024.
	Rehabilitation of Karantina Hospital	Contract signed with contractor for a renovation project worth 25 million USD, supported by Qatar Development Fund.
	Cardiac Service	Establishment of cardiac cath unit at Halba Governmental Hospital with QRC support and at Tripoli Governmental Hospital.
	Cancer care	With support of QRC, establishment of 8 chemotherapy units in: Beit Leif Governemtnal Hospital, Rashaya Governmental Hospital, Turkish Hospital, Sibline Governmental Hospital, Baabda Governmental Hospital, Halba Governmental Hospital, Mashghara Governmental Hospital, Baalbak Governmental Hospital.
	Midwife-led Care	Ongoing program with UNICEF and UNFPA support
	Dialysis Units	138 dialysis machines were procured and distributed to public hospitals.
		8 new dialysis centers were established at: Karantina Hospital, Daher El Bashek Governmental Hospital, Turkish Hospital, Baalbek Governmental Hospital, Baabda Governmental Hospital, Mashghara Governmental Hospital, Qana Governmental Hospital, and Minnieh Governmental Hospital
	Life-saving/limb-saving hospitalization coverage program	Ongoing program with WHO support.
	PICU/NICU hospitalization coverage program	Ongoing program with UNICEF support
	Emergency Care	Piloted in around 40 public and private hospitals.
Equipment Procurement	Procurement ongoing	

ANNEXES

Annex 1. Ongoing and Recently Finalized Health Projects - Continued

Category	Name of Project/Initiative	Progress
Hospital Care	ALMA projects	Discussion initiated and projects to be implemented including collaboration on surveillance, elderly care, cardiac care, and food supplements.
	Twining project with French hospitals	Projects and hospitals identified. Pending implementation.
Pharmaceuticals	Medications Tender	Done for 2024
	Supply Chain Assessment and Improvement	Plan finalized with UNICEF support, pending plan execution.
Newly established MoPH Programs and Offices* *Need formal integration into organigram	PHEOC	All programs were activated and program activities are ongoing.
	Cancer Program	
	Childhood cancer	
	Call Center	
	International Office	
Essential Public Health Functions	CPHL	Funding secured through EIB, equipment procured, and staffing plan developed.
	Health Technology Assessment	Funding secured and basic staff trained.
Quality	Hospital Accreditation	Standards finalized, auditors trained, and committee convened. An accreditation cycle is planned in 2025.
	PHC Accreditation	Standards under development and finalization. Piloted in a few centers.
	Blood Bank Regulation	Qualifications standards finalized. Audit visits started.
	Quality control of dialysis and chemo units	Pending development of quality standards.
Digital Transformation	MediTrack	Implemented in around 200 pharmacies. Extension is ongoing to include PHC centers.
	PHENICS and integration of new models into MERA	Added offline module for IDP care and module for emergency care
	Unique ID	Implemented for cancer and catastrophic medications program and currently expanded to beneficiaries of PHC centers.
		Around 32,000 registered through AMAN.
	Visa Billing	Modules related to discharge summary added.
Data Management	National Health Accounts	Published up till 2021. Ongoing preparation for 2023-2024 report.
	Indicator across health SDG	Ongoing
	Data Hub	Plan finalized, to focus on areas related to emergencies and surveillance.
	Nursery Database	Executed

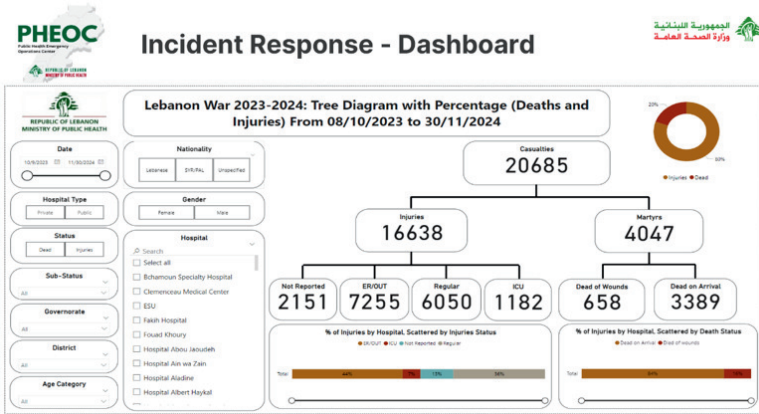
ANNEXES

Annex 1. Ongoing and Recently Finalized Health Projects - Continued

Category	Name of Project/Initiative	Progress
Human Resources	Balamand Family Medicine Residency	6 residents in family medicine joined the program, supported with WB loan, and are practicing in PHC centers
	IECD Collaboration	Through the Healing Hands projects, 3,105 nurses including recent graduates and experienced, practical nurses, helpers, recent technical baccalaureate graduates in nursing & hospitals' personnel benefited from capacity building interventions targeting junior nurses delivered by senior nurses in 12 hospitals.
	ER Curriculum for MDs	Proposal for curriculum developed. Pending execution.
	Emergency related trainings (including AMR and IPC and others)	More than 4,000 professionals received specialized training in areas such as emergency response, outbreak management, hospital accreditation, pharmacovigilance, maternal and neonatal care, and the management of communicable diseases.
Nutrition	Rising Initiative	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.
	Baby Friendly Hospital/PHC	15 hospitals are enrolled, including five new hospitals added in 2024. Notably, three hospitals successfully completed all 10 steps and passed external assessments in 2023.
	Malnutrition Guidelines Revision	Done
Environment	WASH Assessment in Health Facilities	463 health facilities were assessed using the WASH FIT tool. Report published.
	Oxygen Systems for 2 Hospitals	Done
	Solarization of health facilities	Solarization of 22 hospitals and 172 PHC centers was done.

ANNEXES

Annex 2. PHEOC Incident Response - Tree diagram sheet – power bi dashboard



Annex 3. Examples of distribution reports of medical donations and supplies



جدول توزيع المساعدات على المستشفيات والجمعيات الإسعافية

#	الجهة المانحة	تاريخ التسليم	طبيعة الدعم	الجهة المستلمة
1	الجمهورية الفرنسية	25/1/2024	مستلزمات طبية	مستشفى الهلال الأحمر
2	مملكة النرويج	26/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
3	مملكة النرويج	26/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
4	دولة قطر	27/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
5	دولة قطر	27/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
6	دولة قطر	27/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
7	دولة قطر	27/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
8	دولة قطر	27/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
9	دولة قطر	28/1/2024	مستلزمات طبية	جمعية خيرية الإسعافية
10	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر
11	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر
12	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر
13	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر
14	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر
15	الجمهورية الفرنسية	28/2/2024	مستلزمات طبية	مستشفى الهلال الأحمر



برنامج وزارة الصحة العامة للاذوية المزملة بالتعاون مع منظمة الصحة العالمية والممول من الاتحاد الأوروبي



#	تاريخ التسليم	طبيعة الدعم	الكمية (وحدة القياس الطبية)	الجهة المستلمة	القضاء
354	15/12/2024	دعم شاملة من اذوية المزملة الممنوعة	895	جمعية الهلال الأحمر	الذوق
355	15/12/2024	دعم شاملة من اذوية المزملة الممنوعة	130	مركز خيرية منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
356	15/12/2024	دعم شاملة من اذوية المزملة الممنوعة	497	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
357	15/12/2024	دعم شاملة من اذوية المزملة الممنوعة	128	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
358	15/12/2024	دعم شاملة من اذوية المزملة الممنوعة	1765	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
359	16/12/2024	دعم شاملة من اذوية المزملة الممنوعة	504	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
360	16/12/2024	دعم شاملة من اذوية المزملة الممنوعة	45	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
361	17/12/2024	دعم شاملة من اذوية المزملة الممنوعة	163	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
362	17/12/2024	دعم شاملة من اذوية المزملة الممنوعة	291	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
363	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	3,894	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
364	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	773	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	الذوق
365	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	220	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
366	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	15	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
367	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	2,441	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس
368	18/12/2024	دعم شاملة من اذوية المزملة الممنوعة	3,005	مركز خيرية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	طرابلس

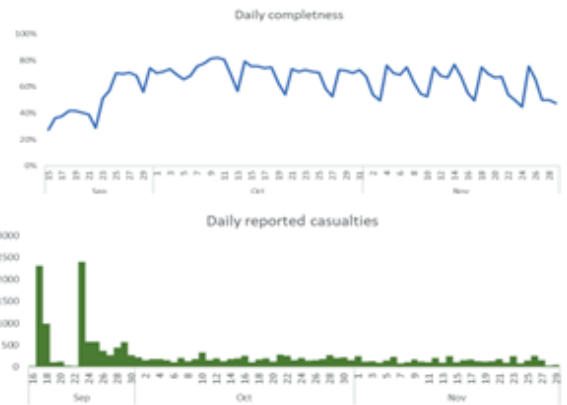
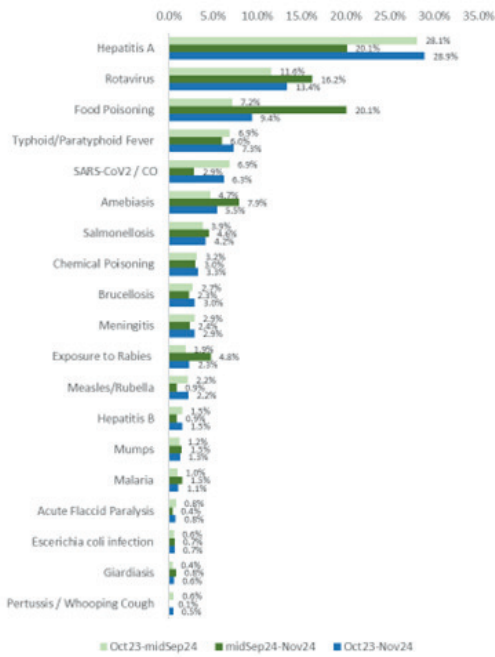


جريدة تفصيلية للدعم الذي تم تقديمه لمراكز الرعاية الصحية الأولية التي تقدم الخدمات لمراكز الأيوواء

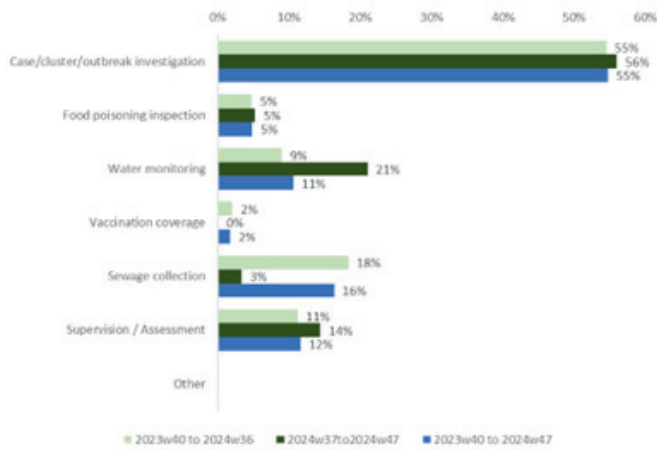
#	الجهة المانحة	تاريخ التسليم	طبيعة الدعم	الكمية (وحدة القياس الطبية)	الجهة المستلمة	القضاء
1	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	10/1/2024	أدوية متنوعة وحلقات	3840	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
2	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية	16/1/2024	أدوية متنوعة وحلقات	1854	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية في مستشفى خيرية الذوق	الذوق
3	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	18/1/2024	أدوية متنوعة وحلقات	3072	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
4	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	19/1/2024	أدوية متنوعة وحلقات	2990	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
5	مملكة النرويج	26/1/2024	أدوية متنوعة وحلقات	15	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
6	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	26/1/2024	أدوية متنوعة وحلقات	1795	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
7	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	28/1/2024	أدوية متنوعة وحلقات	5580	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق
8	وزارة الصحة الفرنسية - منظمة الهلال الأحمر للتخصصات الطبية الصحية الأولية (UNICEF) - صندوق الأمم المتحدة للسكان (UNFPA) - دولة الكويت - جمعية الهلال الأحمر - الجمعية الخيرية الصحية الأولية	28/1/2024	أدوية متنوعة وحلقات	715	مركز خيرية الهلال الأحمر للتخصصات الطبية الصحية الأولية	الذوق

ANNEXES

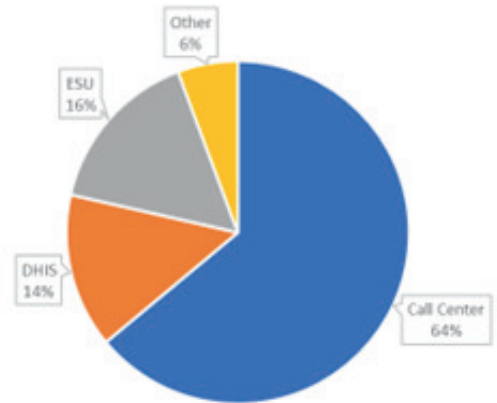
Annex 4. Example of Surveillance Activities and reports



Case-based surveillance



DHIS2 Platform

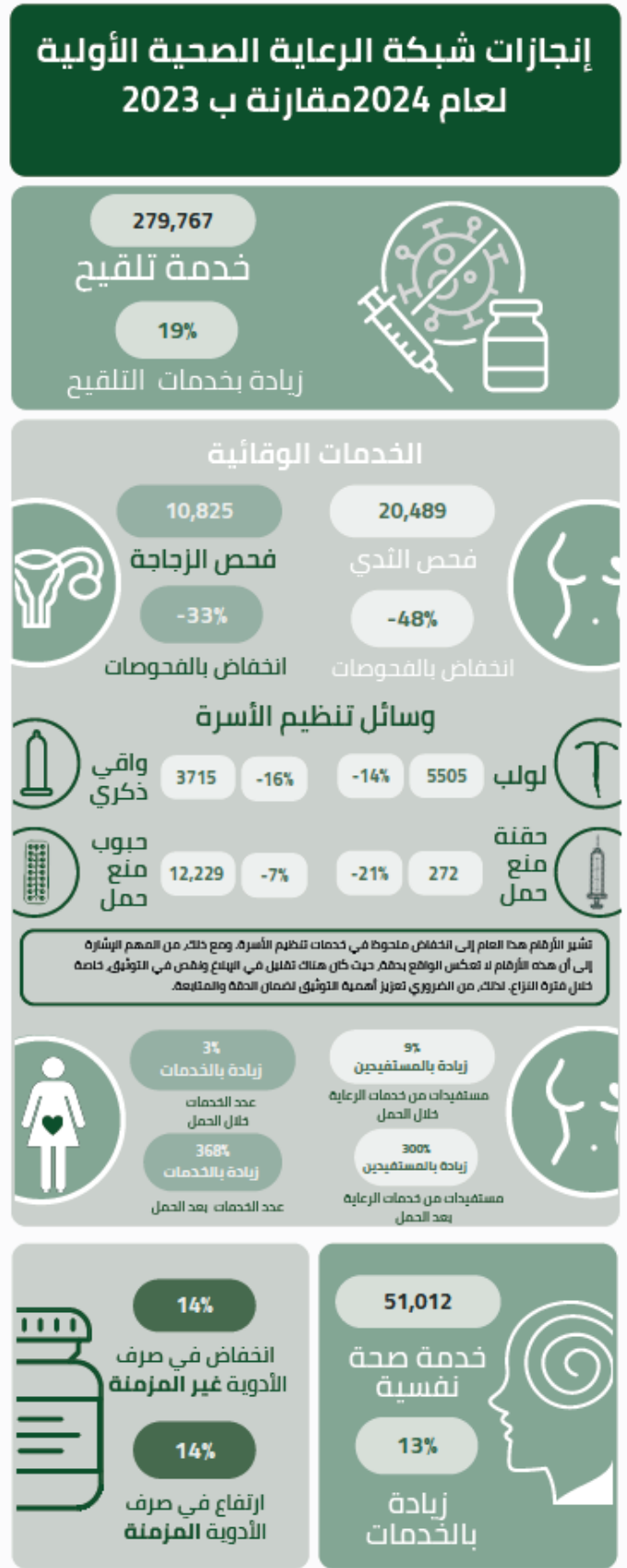
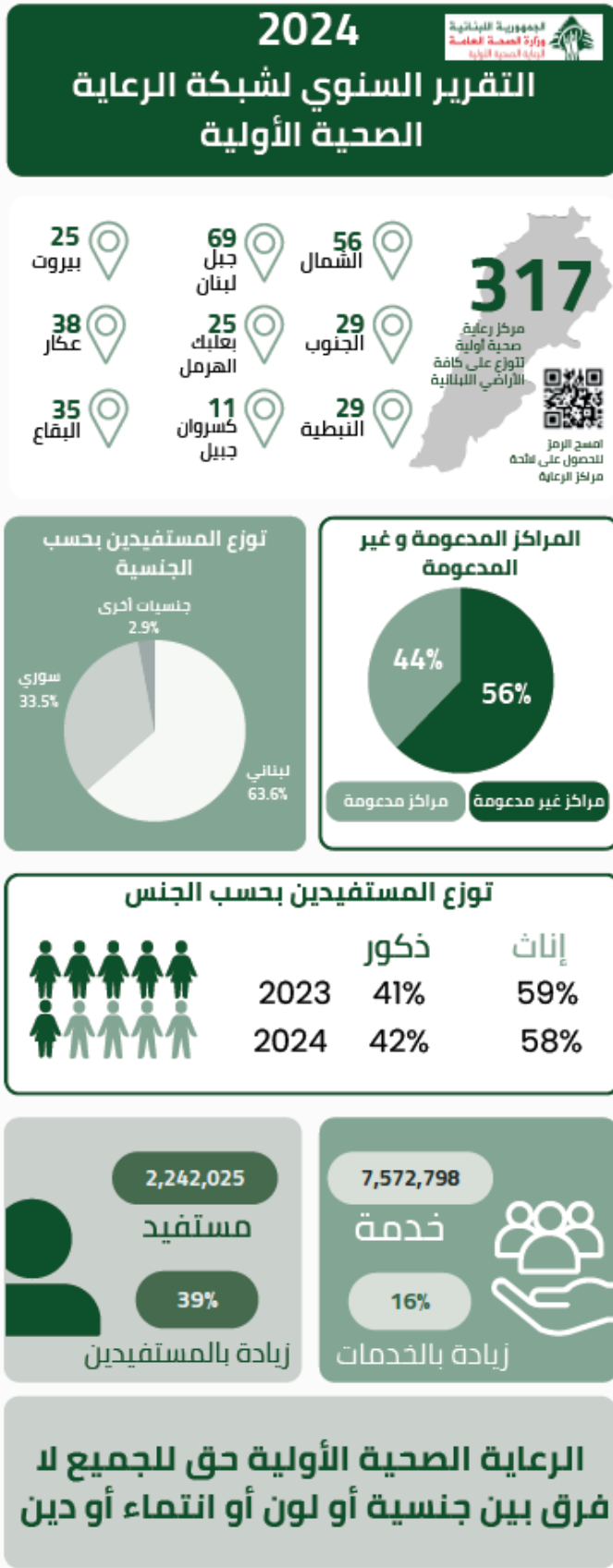


Field missions

Signal follow up

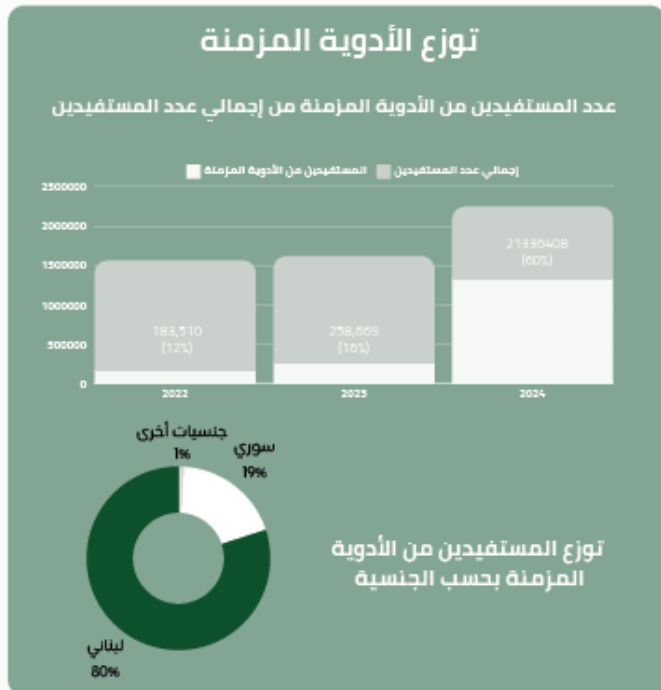
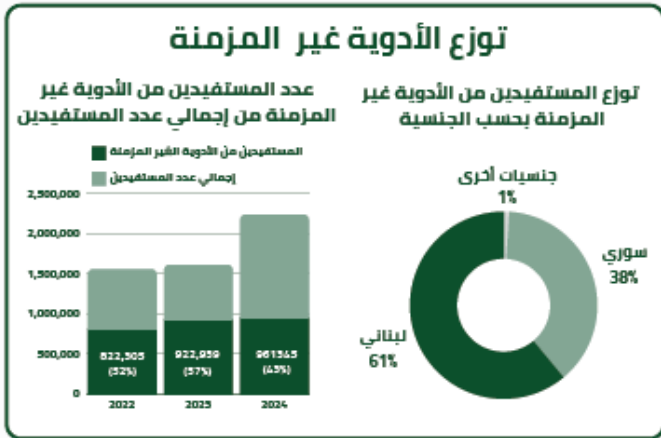
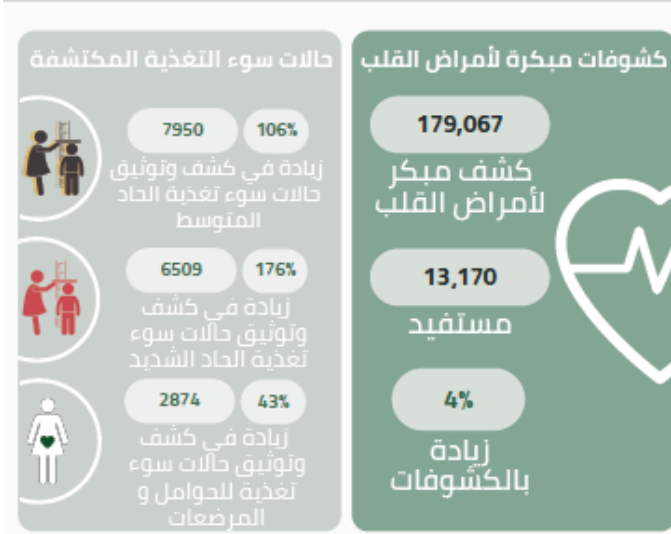
ANNEXES

Annex 5. PHC Department yearly report - 2024



ANNEXES

Annex 5. PHC Department yearly report - 2024 - Continued



أبرز الأنشطة لعام 2024: الاستجابة الفعّالة للإعتداءات الإسرائيلية على لبنان

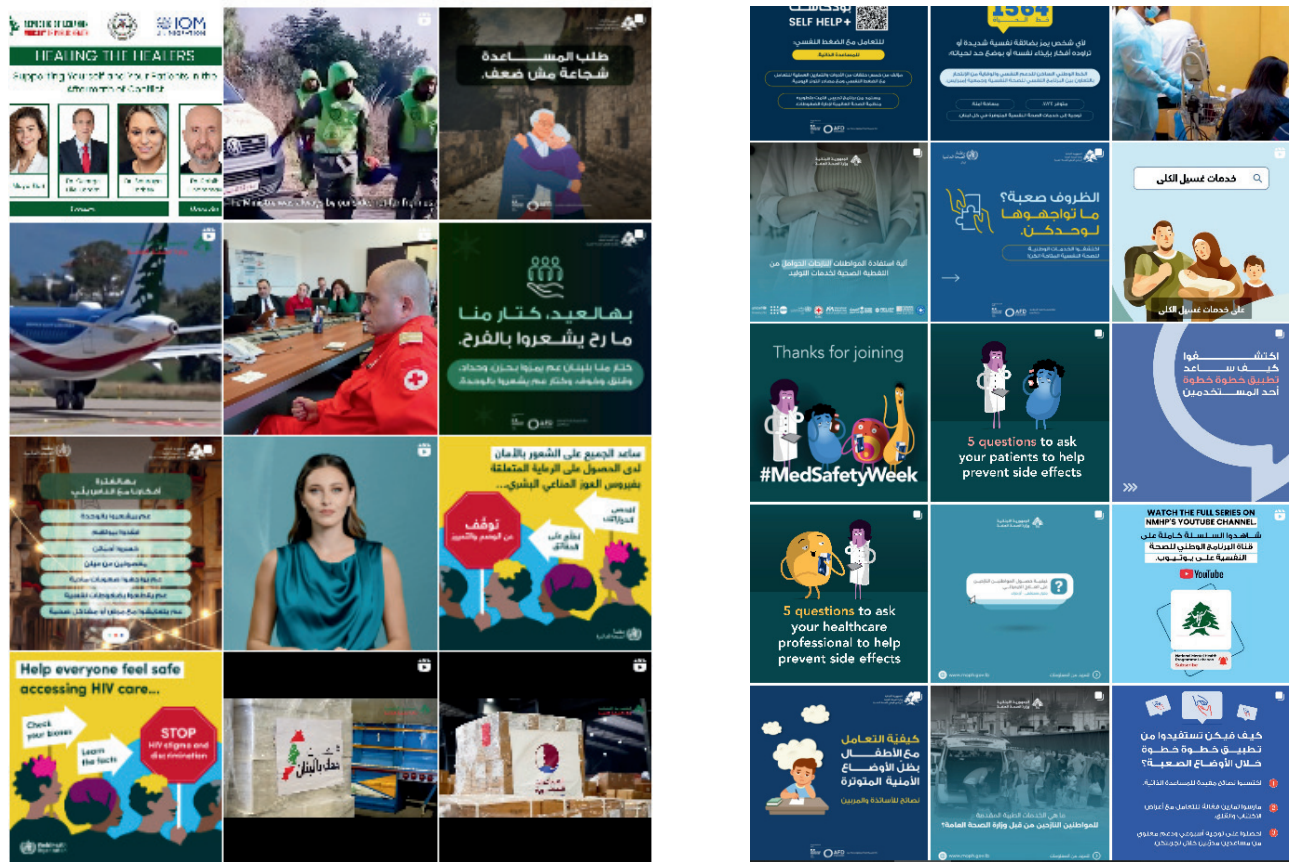
- تقديم خدمات الرعاية الصحية لما يزيد عن 209,700 شخص، بما في ذلك الاستشارات الطبية، اللقاحات، وتوزيع الأدوية.
- نشر 120 عيادة نقالة تابعة لمراكز الرعاية الصحية الأولية لحجم النازحين في مراكز الاستضافة والمجتمعات.
- تنفيذ نموذج الإغاثة الطارئة لمعالجة الأمراض الحادة وتقديم الخدمات الصحية لرعاية الأم و الطفل.
- تعزيز قدرة مراكز الرعاية الصحية الأولية عبر تدريب الموظفين على التعامل مع حالات الطوارئ بما فيه تحريب 19 ممرضة مجازة لتقديم علاج سوء التغذية وتدريب 120 مركز على قواعد التطعيم خلال الحملة.
- ربط 782 مركز استضافة بـ 126 مركز للرعاية الصحية الأولية لتوفير خدمات صحية مستدامة وسريعة.
- إطلاق حملات تطعيم واسعة النطاق، شملت تطعيم الأطفال ضد شلل الأطفال والحصبة بنسبة تغطية 80% للوقاية من انتشار الوباء.
- تقديم خدمات استجابة طارئة شملت معالجة سوء التغذية وتوزيع حليب الأطفال على الفئات الأكثر حاجة.
- توزيع أكثر من 1.7 مليون عبوة الدواء للنازحين.
- التنسيق مع الجهات المحلية والشركاء الدوليين للإستجابة لحاجات النازحين.
- إعداد السياسات والإجراءات المتعلقة بالاستجابة للطوارئ.
- تزويد العاملين في القطاع الصحي بالمعلومات اللازمة وتعزيز مهاراتهم في تنفيذ التدخلات المناسبة من خلال تطوير مواد تثقيفية.

الأنشطة الرئيسية والتوجهات الاستراتيجية لعام 2025

- الاستمرار في تعزيز نشاطات التفتيح الروتيني في كافة المناطق اللبنانية.
- تعزيز خدمات الرعاية الصحية النولية بالتعاون مع الشركاء المحليين و الدوليين وتوسيع نطاق التغطية ومتابعة المستفيدين من خلال مبادره دمج الخدمات: Integrated approach.
- تحديد مناطق الضعف في التغطية الصحية واختيار مرافق صحية محتملة لإضافتها إلى شبكة الرعاية الصحية الأولية لتلبية الزيادة في الطلب على الخدمات الأساسية.
- العمل على تطبيق معايير الجودة في المراكز الصحية و استيفاء الشروط بناء على المعايير المحدثة.
- التنسيق مع الجهات الداعمة لتدريبهم على الاستمارة المحدثة للمعايير ومفومات ومواصفات مراكز الرعاية الصحية الأولية.
- الاستمرار بفتح المراكز وفتحها الاعتماد لضمان تقديم خدمة عالية الجودة.
- التدريب المستمر للعاملين الصحيين بهدف تنمية مهاراتهم لتحسين جودة الخدمات مع التركيز على البروتوكول المحدث للكشف المبكر عن الأمراض غير الانتهازية، خطة الطوارئ، فرز المرضى و الصحة الإنجابية وكيفية إدخال المعلومات على مختلف التطبيقات الخاصة بالرعاية الصحية النولية.
- الاستمرار بتحسين وتحديث نظام المعلومات الصحية.
- إعادة هيكله رزم بروتوكول صم الرعاية الصحية الأولية على المدى الطويل (LPSP).
- دمج إرشادات كشف ومعالجة حالات سوء التغذية الجديدة في نظام PHENICS وبناء الفحرات.
- تعزيز الإبلاغ الفوري عن بيانات صحة الأمهات والأطفال لضمان التدخل السريع والفعال.

ANNEXES

Annex 6. Examples of MoPH Social Media Communication



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/>