

WHO support to the humanitarian response in Lebanon



2 years in review (2014–2015)

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## **Foreword**

Since 2011, Lebanon has received a massive influx of Syrian refugees. We now have about 1.5 million Syrian refugees spread throughout the country, and there is no single village in Lebanon that does not contain Syrian refugees. This represents a 30% increase in the population, and is the equivalent of 20 million refugees going to France. While 100 000 refugees across 28 Member States and among 500 million inhabitants in the European Union is considered a state of crisis, one can imagine the heavy burden on Lebanon and particularly on the health system.

Over the past few decades, the health care system in Lebanon has been exposed to multiple crises but has been able to absorb these shocks and pressures, and to sustain its functions and preserve its achievements – and sometimes even to improve on achievements. The experience of Lebanon in this regard challenges some well-established concepts in the discipline of public health, particularly those related to health systems assessment.



While no system could reasonably expect to cater for the needs of refugees representing a sudden increase by 30% of the population of the country, the Lebanese system has demonstrated an important resilience capacity.



Despite the challenges, all the institutions in the health sector—both public and private—have kept functioning. Despite bearing a heavy financial burden, public hospitals are still providing services. Furthermore, there is no discrimination between Lebanese and non-Lebanese at the service-delivery level.



Evidence shows that provided services have been steadily increasing at both primary health care and hospital levels, allowing greater access to health services. Major outbreaks have been controlled (such as measles and hepatitis A) or prevented (including poliomyelitis, leishmaniasis and cholera). Risks, however, remain.

Lebanon was able to achieve Millennium Development Goals 4 and 5, related to child and maternal mortality. Although the risks for jeopardizing these gains remain significant, the Ministry of Public Health is working towards achieving the new Sustainable Development Goals.

Health is a uniting cause. Thanks to our humanitarian health partners, over the past 5 years the health-response support provided to the Syrian crisis in Lebanon has been able to fill important needs to maintain the health system and prevent collapse.

We count on WHO's continued support to bridge humanitarian response to further the development of our health system. Health is a basic human right for all – but cannot be achieved if the health system and health sector are not continuously reinforced.

**Dr Walid Ammar**Director General of the Ministry of Public Health Lebanon

## **Preface**



Five years into the crisis in the Syrian Arab Republic, Lebanon has experienced a population growth of more than 30%. By the end of 2015, 4.2 million Lebanese people were hosting around 1.5 million Syrian refugees and half a million Palestinian refugees. Lebanese host communities continue to provide support and basic services to refugee populations – mainly health care, education and shelter – despite their own growing needs and deteriorating resources. There is no doubt that the crisis in the Syrian Arab Republic has had severe repercussions on Lebanon's overall economy and demography, and that the scale of the challenges faced by Lebanon requires a comprehensive combined humanitarian and development response.

The capacity of the health sector has been severely challenged by a 50% increase in demand for and utilization of existing health infrastructures and the continued heightened risk of outbreaks of communicable diseases. Moreover, the deterioration of the social and environmental determinants of health – including the increase in poverty, poor water and sanitation facilities and environmental pollution – negatively impacts the health status of refugees and host communities.

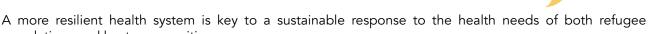
Financial support to the health sector in Lebanon has been insufficient to enable equitable provision of services to meet essential health needs at the primary, secondary and tertiary levels. Access to health care in the sixth year of the crisis remains of serious concern.



populations and host communities.

government institutions and civil society.

There is an urgent need to sustain the humanitarian health response to cope with the immediate health needs of refugees while simultaneously strengthening the resilience of the health system.



WHO Country Office in Lebanon has been strongly involved in ensuring that all vulnerable populations in Lebanon have access to primary and secondary health care services, and that communicable disease are monitored and outbreaks prevented, while bolstering resilience and building national capacity of

This report highlights WHO's contribution to the health sector response in 2014–2105, which has been possible due to the generous support of its humanitarian donors notably the European Union, the People's Republic of China and the State of Kuwait. It demonstrates the Organization's ongoing commitment to provide humanitarian assistance to those in need. With continuing donor support, we can do more, and do it better. Through targeted public health interventions designed to ensure equitable access for all segments of the population, WHO is serving the Lebanese and Syrian people in both the short and long term.

I extend my heartfelt thanks to all WHO staff, consultants and partners whose commitment, partnership and trust have helped WHO consolidate its integrated humanitarian and development response in 2014, 2015 and beyond. I also extend WHO's appreciation to the Ministry of Public Health, which has played a pivotal role in leading the health response and embarking wholeheartedly in maintaining the health system in Lebanon.

## Dr Gabriele Riedner

WHO Acting Representative Lebanon

# Part 1 General Context

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