Lebanese health care system: Challenge and solutions

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General manager
Lebanon health care system: Challenge and Solution

1- NHC System: key indicators
   1-1 Health status
   1-2 Health financing
   1-3 Service delivery
   1-4 Impact of the Syrian conflict

2- Solution:
   2-1 Fundamental approach perspective
   2-2 Reform and development perspective
      2-2-1 goals
      2-2-2 policies
      2-2-3 programs and projects

3- Conclusion:
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>France</td>
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<tr>
<td>2</td>
<td>Italy</td>
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<td>6</td>
<td>Singapore</td>
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<td>7</td>
<td>Spain</td>
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<td>18</td>
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<td>26</td>
<td>Saudi Arabia</td>
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<td>27</td>
<td>United Arab Emirates</td>
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<td>81</td>
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<td>83</td>
<td>Jordan</td>
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<td>87</td>
<td>Libya</td>
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<td>91</td>
<td>Lebanon</td>
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An economic imperative

Lebanese health care expenditures were estimated as $2,6 Billion in 2011($ 622 per capita)

This is 6,3% of the gross domestic product

Source: world bank, 2013, world development indicators
A moral imperative

“of all the forms of inequality, injustice in health care is the most shocking and inhumane” – Martin Luther King, Jr

There are over 1.6 million people without health insurance.

This includes around 450,000 children under 15 years old.
Is health care a right?

yes
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3- Conclusion:
- Life expectancy at birth:
  - Females: 75 years  - Males: 71 years
  - Infant Mortality rate: 9 per 1,000 live births

- polio: free since 2002

- Measles: 11 cases in 2010
  9 cases in 2011 and 2012

- Non communicable diseases: 84% of Death cases

Source: MOPH, vital health statistics, 2013
Infant mortality rate (per 1,000 live births), 2012

Mortality rate

Source: world bank, data lists
Distribution of beneficiaries by treatment (MOPH)

- Cardiovascular: 32.1%
- Hypertension: 16.3%
- Hyperlipidemia: 16.1%
- Diabetes: 14.5%
- Others: 21%

29% suffering 3 diseases and over 26% treated with more than 3 drugs

Source: MOPH, vital health statistics, 2013
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3- Conclusion:
Health expenditure, public

Source: World Bank, data lists
Total health expenditure as % of GDP (2011)

<table>
<thead>
<tr>
<th>Country</th>
<th>Health Expenditure %</th>
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<tbody>
<tr>
<td>France</td>
<td>11.6</td>
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<tr>
<td>Italy</td>
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<td>Jordan</td>
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<td>Turkey</td>
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<td>Tunisia</td>
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<td>Egypt</td>
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Source: World Bank, Data lists
- Pluralistic and fragmented health system
- Multiple sources of:
  - financing
  - financing agents
  - providers
- Sources of funding:
  - private sources including households and employees: 71%
  - public sector: 29%
Main insurance providers

- NSSF: 50.1%
- Public schemes: 28.5%
- Private sector: 14.2%
- Others: 7.1%
Out-of-pocket

- Burden on households increased according to MOPH:
  % 39.4 in 2005
  % 43 in 2009
- WHO Global Health expenditure Database 2011 shows an out of pocket expenditure of 56%.
- Lower income groups spend 14%.
- Higher income groups spend 4.2%.
MOPH provides services to the uninsured

- About 1.6 million people eligible.
- Public and private hospitals contracts.
- Covers 85% of hospitalization.
- Covers 100% of medications of chronic and high risk diseases.
- Outstanding payments to the 137 contracted private hospitals from public purchases (MOPH, NSSF, ...) was estimated to be $800 million with significant time lags in reimbursement.

Source: syndicate of private hospitals, Lebanon, July 2013
Challenges Facing Hospitals

- Payments shortfalls for public purchases.
- Rising demand (Syrian refugees).
- Rapidly rising costs: no effects on services prices.
- Regulatory burden: accreditation, .... With no effects on services prices.
- Worker shortages (Nurses).
Main drivers of health costs (2013)

- Average reimbursement by MOPH per hospital admission: $988
Average percentage of health annual expenditure of households by categories

- Hospital services: 15.2%
- Dental services: 9.7%
- Medical services (medical examination): 7.3%
- Therapeutic Appliances and equipment: 11.8%
- Other medical services: 7.3%
- Pharmaceutical products: 48.2%
- Other medical products: 0.5%

Source: household budget survey 2004
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3- Conclusion:
Primary health care services

- 182 PHC centers:
  - in the network

- PHC centers services: immunization, reproduction health, maternal and child health services, health education, general medical care, dental care, and essential drugs.
PHC centers beneficiaries

- Medical visit:
  - 2006: 723,000
  - 2012: 1,100,000

- Pregnant services:
  - 2006: 13,300
  - 2012: 26,600
Hospitalization

- Hospital beds:
  - 3.5 beds/1000, 55% occupancy rate, 4.5 days long stays.

- Human resources.

<table>
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<th>Over supply</th>
<th>shortage</th>
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<td>Physicians: 3/1000</td>
<td>Nurses: 1.8/1000</td>
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<tr>
<td>Pharmacists: 1.2/1000</td>
<td></td>
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<tr>
<td>Dentists: 1.1/1000</td>
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- Availability of high-tech (CT, MRI): very high
Preventive health services

- Services: immunization, disease surveillance,...

- Public centers: 109 centers

- NGO’s centers: 540 centers
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3- Conclusion:
1-4 Impact of the Syrian conflict

- Increased demand for health care system.
- Increased unpaid commitments of MOPH.
- Shortages in health workers.
- A sharp rise in communicable diseases
  
  exp: * nbr of measles cases : from 9 in 2012 to 1456 in 2013
  * nbr of leichmaniasis : from zero to 420 cases
- Increased risks of epidemics : - water born diseases.
  - tuberculosis.

Source : Economic and social impact assessment of the syrian conflict, world bank, 2013
Impact of the Syrian conflict (cont.)

- Over crowding.
- Lack of water and sanitation infrastructure.
- Other poor environmental conditions.

Pose significant risks to increased infections of outbreaks of lice and scabies.
Impact of the Syrian conflict (cont.)

- In December 2012: 40% of PHC visits were Syrian refugees.
- Crowding hospitals and compromising access to health care.
- Financial pressure on hospitals.
- Fiscal impact: $38 million in 2013
  $48 - 69 million in 2014
- Restoring the system costs: $177 million in 2013
  $216-306 million in 2014

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3- Conclusion:
1st perspective: Fundamental approach

- The main challenge is not in executing a strategy, but implementing it amidst The violent whirlwind represented in corruption, waste and sagging state...
Main obstacles in the road to setting, making decision and implementing strategies

- Inadequate paradigms and beliefs among decision makers and citizen.
- Not processing root cause analysis while providing solutions.
- Attempting to solve at the same level of thinking that brought the problem
- More efforts and more resources in the same direction will not do much.
A lot of Questions:

- Is there a good intention to set serious and painful solutions?
- Are the health benefits basic needs a gratitude or a right?
- Are they basic needs or human rights?
- Do we treat the symptoms or the real causes?
- Do we focus on vital strategies or class projects?
Fundamental approach

1. Effective partnership: Public sector, Private sector, NGO’s, Municipalities and main Universities:
   - Clear vision
   - Overall benefit
   - Ensure the proper implementation
   - Objective assessment of the tracts and results
   - Studies and statistics objectiveness
   - Performance assessment of public facilities and institutions.
Fundamental approach (cont.)

2. promote awareness about people rights and empowering them.
3. Lobbying: NGO’s and people regulatory bodies.
4. Code of ethics and practices for the public and private sectors.
5. Priority of the internal reform of NSSF, MOPH,....
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   2-1 Fundamental approach perspective

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3- Conclusion:
2ND Perspective: reform and development

- thoroughness, Integration, Meet the actual needs by priority.
- Proposed strategy:
  - Participation of all parts.
  - Health care covering all.
  - Promote health situation.
  - Guarantee of providing services.
  - Effective use of resources.
  - Quality standards.
  - Adaptivity with the social norms and values
Strategic goals:

- Providing health and mental health services for all citizens.
- Empowering MOPH.
- Reforming and developing NSSF.
- Promoting services Quality in public and private sector.
- Promoting awareness and prevention among citizens.
- National health council.
General policies

1) Emphasis on the role of MOPH as patron and organizer.
2) Improve MOPH structure and systems.
3) Rationalize of spending on health.
4) Promote health and medical education.
5) Rationalize drugs consumption.
6) Adopt effective health information systems (HIS).
General policies (cont.)

7) Provide coordination mechanisms.
8) Priority to people with urgent and special needs.
9) Preventive and awareness programs.
10) Mental health and anti-drug.
11) Provide health services to remote areas.
Suggested programs and projects

1) Health map:
   + Balance in distribution.
   + Adjust loose consumption.
   + Database for planning, developing and savings.
   + Education and professional orientation.
   + Curriculum development as needed.
   + Directing licenses.
   + Financing system.
   + Accreditation according to quality standards.
Suggested programs and projects (cont.)

2) MOPH restructuring
   - Structure adjustment to be able to control and support.
   - Control systems.
   - Drug control and prevent monopoly.

3) NSSF reinforcement
   - High quality services, continuous improvement
   - Promote social welfare concept: (retirement, aging, death, dental care).
   - Effectiveness and financial balance.
   - Increase the number of insured wisely.
   - Preventive services.
   - Development and modernization of laws.
   - Transparency.
Suggested programs and projects (cont.)

4) Drug policy
   - Generic: step by step.
   - Price reduction.
   - Adoption of joint tenders
   - Central lab rehabilitation
   - Drug office general manager
   - Caza balanced distribution
Suggested programs and projects (cont.)

5) Prepare national health database HIS.
6) Medical file for every citizen.
7) Build capabilities of health leaders and managers.
8) Accreditation standards.
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3- Conclusion:
Conclusion

work on both perspectives at the same time:
- Fundamental approach perspective
- Reform and development perspective
thanks