

ANNUAL REPORT 2019



HEALTH FOR ALL

WHO LEBANON THANKS ITS DONORS FOR THEIR GENEROUS SUPPORT TO ITS ACTIVITIES IN 2019

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean

World Health Organization annual report 2019 WHO Country Office Lebanon: health for all / World Health Organization. Regional Office for the Eastern Mediterranean

p.
ISBN: 978-92-9022-320-7
ISBN: 978-92-9022-321-4 (online)

1. Delivery of Health Care 2. Universal Health Insurance 3. Population Health - Lebanon 4. Disaster Planning 5. Emergencies 6. Security Measures

I. Title II. Regional Office for the Eastern Mediterranean

(NLM Classification: WA 300)

(by alphabetical order)

BMG German Funds

© World Health Organization 2020

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. World Health Organization country office in Lebanon – annual report 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020. Licence: CC BYNC-SA 3.0 IGO.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-partyowned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Cover photos credit: WHO Lebanon

Design: The Limelight Productions - www.limelightprod.com

Bureau of Population, Refugees, and Migration

European Union

Government of the State of Kuwait

Kuwait Fund for Arab Economic Development

The Global Fund to Fight AIDS, Tuberculosis and Malaria

FOREWORD



In 2019, Lebanon witnessed an increased rise in health and humanitarian needs. The ongoing political instability and insecurity, as well as the consequences of the protracted conflict in the neighbouring Syrian Arab Republic, have led to a further burdening of the health system in Lebanon.

By the last quarter of 2019, Lebanon was facing an unprecedented economic and financial crisis, jeopardizing access to and availability of health services, and further impairing the coping capacities of already-vulnerable Lebanese and refugees. Unemployment rates grew enormously, threatening social stability.

The year also witnessed an ongoing measles outbreak in the country and ended with the global threat of the coronavirus disease (COVID-19) outbreak in China by December.

Nevertheless, 2019 was also marked by important achievements in public health in Lebanon. The country sustained its polio-free status, access to primary health care for vulnerable populations was maintained, health system strengthening interventions were accelerated, and the early warning and alert system was fully automated and expanded. For the first time in the country, data on causes of death were made available through the hospital-based births and deaths registry, and data on prevalence of antimicrobial resistance were also made available. Preparedness for chemical, biological and radionuclear hazards response was completed with the establishment of the fourth HAZMAT team in the South, after Beirut, North and Bekaa in previous years.

Despite the social unrest that began in October 2019 following the financial crisis, the measles campaign was launched in December 2019. Critical interventions, such as the development of a barcode system, the automation of medications pricing, the introduction of people-centred care at the primary health care level and the generation of evidence for policy development through initiating a series of surveys and studies were accelerated in 2019.

Thanks to the generous support of donors, the commitment of the Ministry of Public Health, and the valuable contribution of all health partners, WHO was able to provide the support needed to the health sector in spite of all the considerable challenges encountered in 2019.

Against all the odds, Lebanon remains an example of health system resilience and continues to effectively deliver essential preventative and curative health care services to the community.

A handwritten signature in blue ink, appearing to read "Shankiti".

Dr Iman Shankiti

WHO Representative in Lebanon

2019 AT A GLANCE



> 200 000 people
are able to access safe, affordable and high-quality essential medications for the treatment of chronic conditions.



> 240 staff
from 130 hospital laboratories across Lebanon were trained on enhancing the quality of microbiology laboratory data.



Severe acute respiratory infection surveillance continues in **eight sentinel sites**.



WHO supported the development of standard operating procedures for the surveillance and management of **ten diseases**.



Person-centred palliative care services were established at **three medical centres**.



WHO engaged in the **health systems development** support through critical projects funded by EU Madad Fund, including: a barcode system for pharmaceutical products, an electronic medical records, and others.



≈ 1 000 staff
from 500 public schools were trained on how to report communicable diseases using the District Health Information System 2 (DHIS2) software.



5 studies
to generate information for policy support through the Policy Support Observatory were launched.



1 700 people living with HIV
continue to receive treatment from the National AIDS Program.



1 000 000 children
aged between 6 months and 10 years were targeted by the national measles campaign.



A road map for **SDG 3 + Plan of action** was developed in a participatory approach.

TABLE OF CONTENTS

- P.08 WHO'S VISION AND MISSION
- P.10 COUNTRY OVERVIEW
- P.12 OVERVIEW OF FUNDING
- P.13 OPERATIONAL PRESENCE
- P.14 ACCELERATING ACTION ON SDGS: THE SDG 3+ GLOBAL ACTION PLAN ROAD MAP
- P.15 ENGAGING WITH YOUTH: A WORLD HEALTH ASSEMBLY SIMULATION
- P.16 CELEBRATING GLOBAL HEALTH DAYS
- P.18 PRIORITY AREA 1:
HEALTH COVERAGE: DEVELOP HEALTH SYSTEMS TOWARDS UNIVERSAL HEALTH COVERAGE
- P.28 PRIORITY AREA 2:
PROTECT HEALTH: DEVELOP AND MAINTAIN EMERGENCY PREPAREDNESS AND HEALTH SECURITY
- P.34 PRIORITY AREA 3:
HEALTH PRIORITIES: IMPROVE HEALTH AND WELL-BEING ACROSS THE LIFE COURSE
- P.45 THE WAY FORWARD

ACRONYMS & ABBREVIATIONS

AFP	Acute Flaccid Paralysis
AMR	Antimicrobial Resistance
AUB	American University of Beirut
CCCL	Children's Cancer Center of Lebanon
DHIS2	District Health Information System version 2
EU	European Union
EWARS	Early Warning, Alert and Response System
GPW	General Programme of Work
IHR	International Health Regulations
NCDs	Noncommunicable Diseases
SDG	Sustainable Development Goal
WHO	World Health Organization



WHO'S MISSION AND VISION



MISSION



PROMOTE
HEALTH

KEEP THE
WORLD SAFE

SERVE THE
VULNERABLE

STRATEGIC PRIORITIES AND GOALS

ENSURING HEALTHY LIVES AND PROMOTING WELL-BEING FOR ALL AT ALL AGES BY:



ACHIEVING UNIVERSAL HEALTH COVERAGE

1 BILLION

more people benefitting from universal health coverage



ADDRESSING HEALTH EMERGENCIES

1 BILLION

more people better protected from health emergencies



PROMOTING HEALTHIER POPULATIONS

1 BILLION

more people enjoying better health and well-being

WHO's strategic direction for the next five years has been delineated in the Thirteenth General Programme of Work 2019–2023.¹ GPW 13 is based on the Sustainable Development Goals (SDGs) and is structured around three key strategic priorities:

- ensuring healthy lives and well-being for all at all ages;
- achieving universal health coverage;
- addressing health emergencies and promoting healthier populations.

In turn, these priorities are linked to **three bold targets**:

- one billion more people to benefit from universal health coverage;
- one billion more people better protected from health emergencies;
- one billion more people enjoying better health and well-being.

Three strategic shifts support the key priorities:

- stepping up leadership;
- driving public health impact in every country;
- focusing global public goods on impact.

WHO is committed to ensuring gender equality, equity and rights-based approaches to health that enhance participation, build resilience and empower communities.

¹ Thirteenth general programme of work 2019–2023. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 26 April 2020).

COUNTRY OVERVIEW



Lighting of the Baalbek Temple for the occasion of the world patient safety day.

© WHO Lebanon / Y. Dghaidy

In 2019, the population of Lebanon was estimated to be around 6.7 million. The population includes:

4 485 389 Lebanese residents ¹	= 500 000 non-registered refugees
914 648 registered Syrians ²	= 500 000 long-term Palestinian refugees
= 300 000 migrant workers from South-East Asia and North Africa	

The main population characteristics are summarized as follows:

1.4 Lebanese population growth rate	25% of the Lebanese population is under 15 years of age
7.4 infant mortality rate per 1000 live births in 2018	10% of the Lebanese population is older than 65 years of age

Table 1 shows the maternal mortality ratio and neonatal mortality rate in Lebanon in 2019.

Table 1. Maternal and neonatal mortality in Lebanon, 2019

	Lebanese	Non-Lebanese	Total
Maternal mortality ratio per 100 000 live births	6.1	23.7	13.8
Neonatal mortality rate per 1 000 live births	4.4	6.3	5.2

Source: Vital Data Observatory, Ministry of Public Health (24 March 2020)

Unemployment rates before 2019 were estimated to be close to 30% and reached around 50% by the end of 2019. The United Nations estimated that in 2018 around 28.5% of Lebanese and around 68% of refugees were living below the poverty line.¹ With the current deteriorating economic situation and fiscal crisis in the country, it is estimated that more than 70% of Lebanese could soon be living under the poverty line.

The impact of the continuous exacerbation of the Syrian crisis on Lebanon's socioeconomic and political stability remains heavy, as Lebanon continues to be the country with the highest per capita number of refugees worldwide. As a consequence, environmental degradation and the threat of outbreaks constitute significant health risks in Lebanon.

The health profile of Lebanon is characterized by a high burden of noncommunicable diseases (NCDs), including cancers. NCDs remain the top cause of mortality in the population and contribute to a total of 91% of the health burden. Cardiovascular diseases comprise around half of this overall burden.² Nevertheless, Lebanon remains in an epidemiological transition, with communicable diseases such as waterborne and vaccine-preventable diseases still prevalent. Despite the rise in the incidence rates of both tuberculosis and HIV, the country maintains a low prevalence for these two diseases. The improvements for mother and child health are maintained, while mental health needs are on the rise.

¹ Population estimates based on the latest baseline data and age proportions available from the Central Administration of Statistics in addition to birth and death records available from the Ministry of Interior and Municipalities.

² Operational data portal: refugee situations [website]. Geneva: United Nations High Commissioner for Refugees (UNHCR); 2019 (<https://data2.unhcr.org/en/situations/syria/location/71>), accessed March 2020.

³ UN Lebanon annual report 2018: working together for a secure, stable and prosperous future. Beirut: United Nations Lebanon; 2019 (<https://www.un.org.lb/library/assets/Annual%20UN%20Lebanon%20Report%202018%20ENGLISH-123819.pdf>), accessed 26 April 2020.

⁴ Noncommunicable diseases country profiles 2018 (Lebanon). Geneva: World Health Organization; 2018 (https://www.who.int/nmh/countries/lbn_en.pdf), accessed 24 April 2020).

OVERVIEW OF FUNDING

The total budget received for 2019 was

US\$ 10 017 134

Table 2 shows the funding for each respective area of work, while Table 3 gives a breakdown of the different funding sources.

Table 2. Funding per area of work

Area of work	Funding (US\$)
Communicable disease prevention and control	1 785 325
NCDs and mental health prevention and control	280 424
Health promotion through the life course	154 422
Health system strengthening	859 357
Polio (special programme)	240 000
Operational support (corporate activities/enabling functions)	1 007 242
Pandemic influenza preparedness (special programme)	320 800
Emergency funding (including outbreak and crisis response)	5 369 564

Table 3. Breakdown of funding sources

Area of work	Main donors
HIV/AIDS	The Global Fund (through the Middle East Response 2 grant)
Health system strengthening and universal health coverage	EU, through the EU Regional Trust Fund in response to the Syrian crisis (EU Madad Fund) European Commission Government of Japan
Access to chronic medications	EU, through the EU Regional Trust Fund in response to the Syrian crisis (EU Madad Fund) Bureau of Population, Refugees, and Migration
Access to acute medications	Government of Kuwait
Antimicrobial resistance	BMG German Funds
Measles campaign	Kuwait Fund for Arab Economic Development (KFAED)

OPERATIONAL PRESENCE

WHO is the leading agency for public health within the United Nations system, with the primary role of directing and coordinating international health.

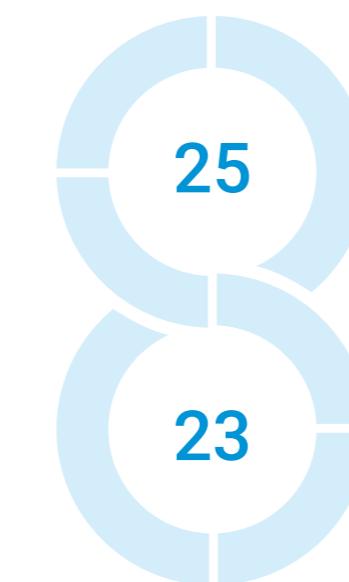
In Lebanon, WHO is involved in ensuring that all persons residing within Lebanon have access to good quality health care. WHO's main areas of work encompass: health system strengthening; promoting health through the life course; NCDs and communicable diseases; and preparedness, surveillance and response.

WHO works with many partners including the Lebanese authorities, humanitarian and development partners, donors, nongovernmental organizations, academia, WHO collaborating centres and the private sector.

The main objectives of WHO support are to:

- lead coordination of the health sector response;
- better position health in United Nations debates and decisions, and advocate for health in the humanitarian agenda;
- provide support to strengthen the health system towards universal health coverage;
- provide technical assistance on key public health issues;
- provide timely, up-to-date information on health trends, health systems and needs and response;
- prevent, detect and respond rapidly to infectious disease outbreaks.

WHO Lebanon also provides operational support in technical expert missions as well as regional workshops:



technical support missions to the country on different topics such as health governance, immunization, central public health laboratory, environmental health, waste management and others.

regional workshops and missions on different topics such as health information systems, surveillance and outbreak response, environmental health, pharmaceuticals and others.

ACCELERATING ACTION ON SDGS: THE SDG 3+ GLOBAL ACTION PLAN ROAD MAP

SDG 3 to “Ensure healthy lives and promote well-being for all at all ages” is critical for the achievement progress on the 2030 Agenda for Sustainable Development. SDG 3 is linked to almost 50 targets, referred to as the health-related SDG targets.

In order to progress towards the health-related targets, WHO has coordinated a global initiative that gathers 12 organizations engaged in health, development and humanitarian response. The aim was to develop a global action plan for healthy lives and well-being for all¹ to accelerate progress towards realizing universal health coverage and the health-related SDG targets.

Lebanon is one of the countries where this initiative is being piloted. In 2019, WHO Lebanon conducted a series of meetings with health and development partners and an SDG 3+ road map was proposed, feeding into the **Global Action Plan** that was launched during the United Nations General Assembly high-level meetings in September 2019.

“

The plan is called, “Stronger Collaboration, Better Health” for a reason. Although collaboration is the path, impact is the destination. The release of this plan is the beginning, not the end, of that path.

”

Dr Tedros Adhanom Ghebreyesus
Director-General of WHO

¹ Stronger collaboration, better health: global action plan for healthy lives and well-being for all. Geneva: World Health Organization; 2019 (<https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>), accessed 26 April 2020).

ENGAGING WITH YOUTH: A WORLD HEALTH ASSEMBLY SIMULATION

WHO supported the University of Saint Joseph in organizing and hosting the first WHO World Health Assembly simulation in Lebanon and the Eastern Mediterranean Region.

This unique initiative gathered 38 students from various universities across Lebanon to discuss pertinent issues in the field of global mental health. Students represented a range of different majors, including medical and health sciences, law and other areas of study. During the 3-day simulation exercise, the students took on the roles of delegates and showcased the use of their skills in the diplomacy roles of either a WHO Member State delegate, a nongovernmental organization representative or a press correspondent.

The main goals of the simulation were to introduce a model of experience-based learning and student engagement in global health diplomacy, allowing students to develop leadership, public speaking, conflict resolution and debate skills. During the simulation, participants discussed different facets of mental health and suggested realistic resolutions.



Energizer exercise during the world health assembly simulation.
© WHO Lebanon / F. Choufany

CELEBRATING GLOBAL HEALTH DAYS

Every year, WHO recognizes and celebrates various global public health days. These celebrations offer valuable platforms with great potential to raise public awareness about health issues and mobilize community support. In 2019, WHO Lebanon focused on the following health days.



17 SEP

WORLD PATIENT SAFETY DAY

On the first-ever World Patient Safety Day, WHO Lebanon marked the occasion by lighting up in orange the Baalbek Temple and nine hospitals around the country, as well as the Ministry of Public Health and Syndicate of Hospitals respective buildings.

The hospitals that joined the call for patient safety are: Hôtel-Dieu de France, Haykal Hospital, Chtoura Hospital, Haroun Hospital, Bekaa Hospital, Hammoud Hospital University Medical Center, Bellevue Medical Center, Hôpital Libanais Geitaoui and Rafik Hariri University Hospital.



WORLD HEALTH DAY

The theme for World Health Day in 2019 was Universal Health Coverage. WHO Lebanon launched a social media campaign on this occasion.

In addition, a yearly School Children's Art Competition is launched by the WHO Regional Office for the Eastern Mediterranean for this occasion. In 2019, over 400 students from Lebanese and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) schools participated in the competition, and four students won awards for their artwork.



WORLD NO TOBACCO DAY

On the occasion of World No Tobacco Day 2019, WHO continued its advocacy efforts with the Government of Lebanon to ban smoking in public places and implement Law No. 174.

To commemorate this day, the WHO Country Office sheathed the facade of its office building, as well as that of the Ministry of Public Health, with large "No Smoking" banners.



WORLD ANTIBIOTIC AWARENESS WEEK

WHO Lebanon organized the World Antibiotic Awareness Week in partnership with the Ministry of Public Health, the Modern University for Business and Science, the Lebanese Medical Students' International Committee, and the private sector, spanning 11 shopping malls across the country.

Booths were set up in shopping malls and supplied with posters, flyers and interactive props. Trained front-liners reached out to mallgoers about antimicrobial resistance. More than 16 000 persons were approached. This activity was accompanied by a media campaign (TV and radio spot) focusing on three main messages: caregivers consulting physicians before buying antibiotics; pharmacists not selling antibiotics without a prescription; and physicians prescribing antibiotics only when necessary.



WORLD MENTAL HEALTH DAY

WHO supports the National Mental Health Programme at the Ministry of Public Health in its yearly national awareness campaigns for mental health. The campaign for 2019 addressed mental health in the workplace under the slogan "Don't miss the opportunity". A charter was developed and presented an opportunity for managers and business owners to showcase their commitment towards improving well-being and mental health within their respective workplaces. Participating agencies signed the charter during a publicized launching event.



WORLD AIDS DAY

On the occasion of World AIDS Day, the National AIDS Program organized a 1-day workshop in collaboration with WHO to introduce the annual World AIDS Conference theme and review the achievements of 2019.



**PRIORITY
AREA**

1

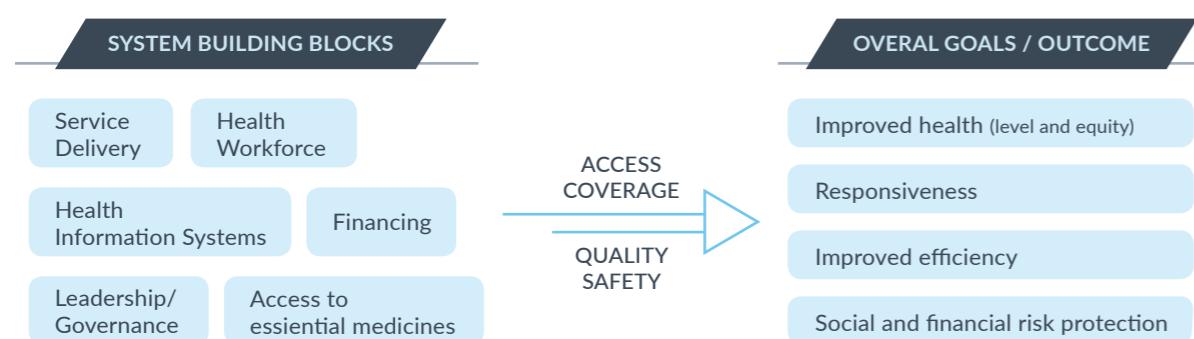
**PROTECT HEALTH:
DEVELOP HEALTH SYSTEMS
TOWARDS UNIVERSAL
HEALTH COVERAGE**

Universal health coverage is a vision that aims for all people and communities having access to quality health services, where and when they need them, and without suffering financial hardship.

Advancing universal health coverage was identified as a strategic priority in WHO's GPW 13, and as a priority in Vision 2023 for the Eastern Mediterranean Region, as well as in the Ministry of Public Health vision for Lebanon.

Great progress has been made in Lebanon in developing the health system towards universal health coverage. In 2019, WHO continued to support the Lebanese health system through strengthening the health system building blocks (Fig. 1).

Fig. 1. The building blocks of a health system: aims and desirable attributes



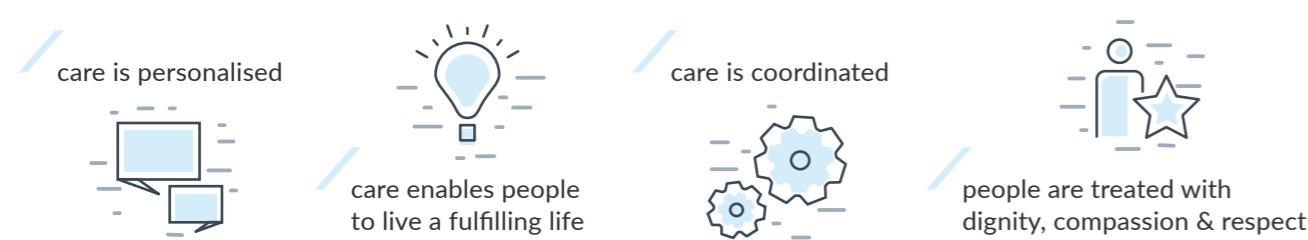
Source: Everybody's business: strengthening health systems to improve health outcomes. WHO's framework for action. Geneva, World Health Organization, 2007
http://www.who.int/healthsystems/strategy/everybodys_business.pdf, accessed 26 April 2020

SERVICE DELIVERY

WHO is supporting the Ministry of Public Health in adopting an integrated people-centred health services approach within the national primary health care network.

People-centred care is an approach that considers the people using health and social services as equal partners in their health and health care. A people-centred service places the people using health and social services as well as their families/carers at the centre of the decisions.

People-centred care relies on four main principles:



In 2019, WHO conducted a baseline assessment at seven primary health care centres and two hospitals in which the piloting of people-centred care is planned to be carried out. One of the key findings showed that some staff at the assessed health facilities have already begun implementing some aspects of people-centred care prior to piloting the approach. WHO will work further with primary health care centres in order to standardize and institutionalize the people-centred approach. This will be done through multiple interventions including team reprofiling, service reorganization and implementation of different health care service initiatives. People-centred groups will be established to provide feedback on health care service design. This will be complemented with training of 40 medical doctors on the family practice approach through the online training hosted by the American University of Beirut (AUB) and the Lebanese University. In addition, WHO has initiated the development of an e-learning module for nurses in collaboration with the Order of Nurses in Lebanon and AUB's nursing school.



Beneficiary doing blood sugar test at a primary health care centre.
 © WHO Lebanon / G. Bell

HEALTH WORKFORCE

An adequate and competent health workforce is critical for universal health coverage. WHO provided support at the strategic level as well as through capacity-building and direct contracting.

Assessment of human resources at the Ministry of Public Health

WHO strategic support in 2019 focused on assessing the human resources capacity at the Ministry of Public Health. The Ministry has been operating under severe shortages of human resources, which, in turn, have been exacerbated by a government decision to freeze recruitment over the past 12 years.

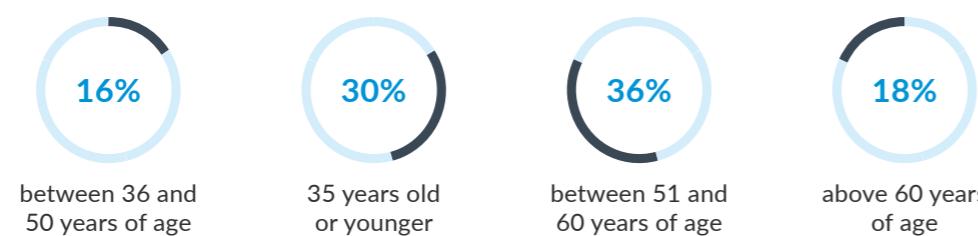
In partnership with the Lebanese University and with funding from the EU Madad Fund, WHO conducted a survey of all current Ministry of Public Health employees (fixed and contractual). The main results of the survey are given below.

DEMOCRAPHICS

Surveyed employees by gender

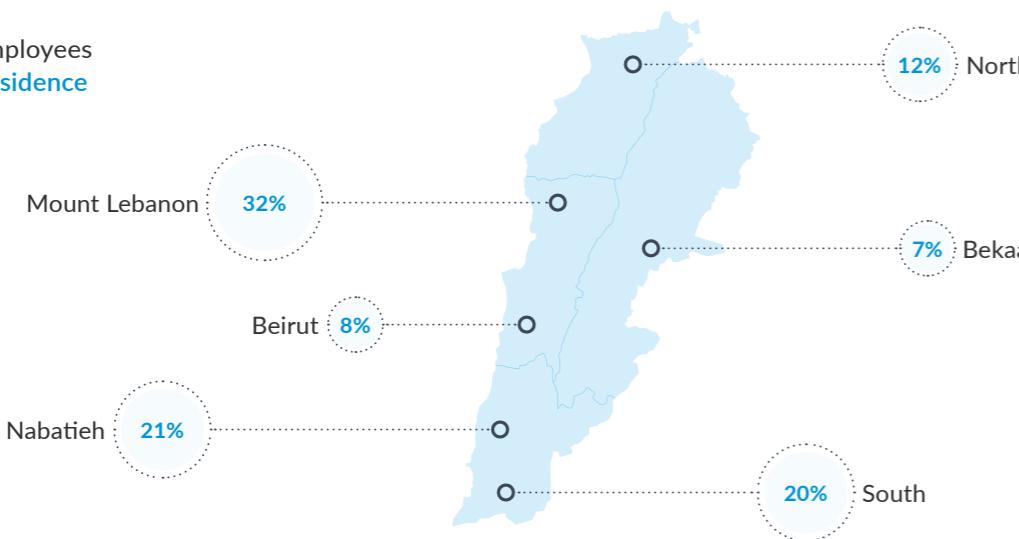


Surveyed employees by age group

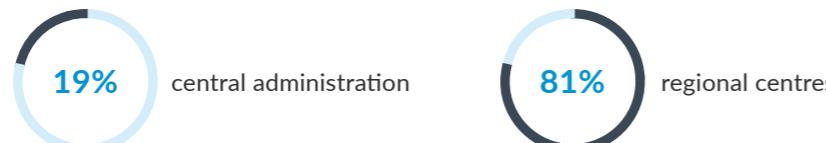


GEOGRAPHIC DISTRIBUTION

Surveyed employees by area of residence



Surveyed employees by operational office

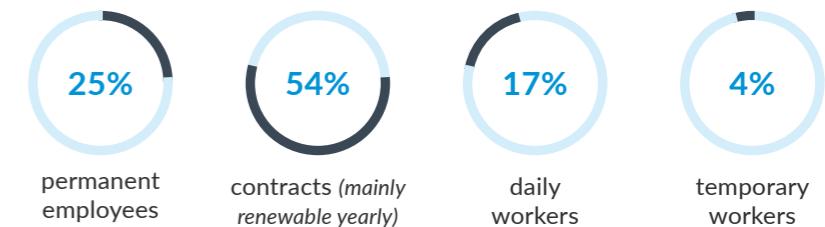


EMPLOYMENT TYPE

The majority were full timers



Surveyed employees by employment type



Filling the gap in critical programmatic functions

WHO was able to address the gaps in several critical programmes at the Ministry of Public Health through outsourcing human resources, which resulted in the smooth implementation of the various programmes.

In 2019, a total of 39 persons supported the Ministry of Public Health centrally and peripherally. The support was provided to various departments; namely, the Epidemiological Surveillance Unit (for acute flaccid paralysis (AFP) and measles), the Health Systems and Accreditation department, the National Tuberculosis Program, the Primary Health Care department and the Statistics department, among others.

Training and capacity-building

WHO supported the training and capacity-building of health workers on various topics, including:



418

staff from 382 primary health care centres and dispensaries were trained on the rational use of medications and good medication management practices at the primary health care level;



~ 25

participants from various fields, including social work, mental health and law, were trained on assessing the quality and human rights aspects of facilities providing mental health care, using the WHO QualityRights tool kit;



> 100

focal points, health care and social workers, and outreach and on-site volunteers were trained on the latest WHO HIV testing, counselling and treatment guidelines.

In addition, WHO supported the participation of 54 national experts and academicians in regional and global meetings, training sessions and conferences organized by WHO during 2019.

HEALTH INFORMATION SYSTEMS

The findings of an assessment of the current health information system in Lebanon, conducted by WHO, highlighted significant strengths of the system as well as myriad opportunities for improvement (Table 4). The assessment identified 57 cross-cutting priority actions to enhance health information system operations across all functional areas.

Table 4. Health information system strengths and opportunities for improvement

STRENGTHS	OPPORTUNITIES FOR IMPROVEMENT
<ul style="list-style-type: none">Vital statistics unit at Ministry of Public Health working on consolidating and analysing data	<ul style="list-style-type: none">Creating and adopting a unique identifier (biometric, national ID, or medical record number) to enable linkages of electronic platforms
<ul style="list-style-type: none">Civil registration and vital statistics assessment highlighting data sharing with the Ministry of Interior and Municipalities	<ul style="list-style-type: none">Establishing nationwide interoperability standards and health information exchange
<ul style="list-style-type: none">Setting a defined list of priority diseases and standard case definitions under the current national surveillance system	<ul style="list-style-type: none">Developing standard operating procedures for data review and validation, as well as for regular supportive supervision for quality assuranceDeveloping dashboards for data dissemination and use

Barcode system

In order to ensure high levels of quality, safety and efficacy of drugs, the Ministry of Public Health is working to establish a track and trace system for imported and locally manufactured pharmaceuticals. For this purpose, the Ministry of Public Health, with the support of WHO, initiated the development of a National Barcode Information System for pharmaceuticals in Lebanon using a GS1 two-dimensional barcode. This printed barcode is placed on all packages and allows for all stakeholders to be linked through a common information system. Through the EU Madad Fund's health system strengthening component, WHO provided the support needed for the expansion and roll-out of the national GS1 barcode system for pharmaceuticals. Support included adjusting the software based on the findings of a pilot phase, and entailed:

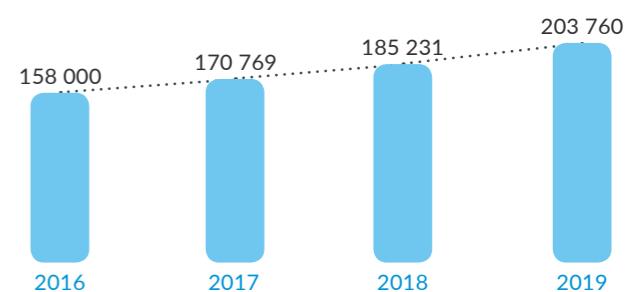
- issuing the regulations and guidelines needed for implementing the GS1 barcode system;
- implementing the system at the central drug warehouse;
- expanding the GS1 barcode system at the national level over one year by provision of critical IT software and hardware support, as well as training and capacity-building for Ministry of Public Health teams;
- starting serialization in line with international standards.

ACCESS TO ESSENTIAL MEDICINES

WHO undertakes a wide range of activities to help ensure that all people living in Lebanon have access to essential, safe, high-quality and affordable medical products.

Since 1996, a chronic medications programme, jointly operated by Ministry of Public Health and the Young Men's Christians Association, has provided adequate and sufficient treatment to patients suffering from NCDs. WHO has been supporting the implementation of this programme in a network of 450 health facilities since 2012, through funds from the European Union and other donors. More than 200 000 beneficiaries were registered in 2019 (Fig. 2).

Fig. 2. Total number of beneficiaries registered in the chronic medications programme (2016–2019)



With support from several donors, including the EU Madad Fund, the Bureau of Population, Refugees, and Migration and Kuwait, WHO was able to secure around US\$ 8 million to procure the required quantities of essential medicines for chronic and acute conditions in order to avoid any interruption of stocks. This support benefited a total of 92 000 vulnerable refugees and host community patients with chronic conditions, as well as some 350 000 patients with acute conditions.

In 2019, a total of 100 primary health care centres benefiting from the chronic medications programme were visited and monitored, using a checklist prepared in consultation with the Ministry of Public Health.



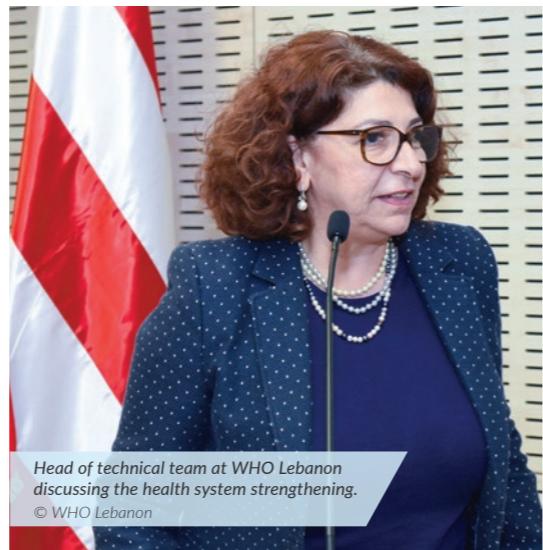
LEADERSHIP AND GOVERNANCE

Lebanon's Health Vision 2030

In preparation for the development of Lebanon's Health Vision 2030, and as part of the EU Madad Fund's health system strengthening component, WHO initiated a series of studies and surveys with the aim of generating data to inform the development of health policies. The main studies and surveys initiated include:

- provider practice survey;
- nongovernmental organization profiling;
- electronic health record feasibility;
- nongovernmental organization mapping;
- Ministry of Public Health human resources surveys;
- diagnostics benchmarking;
- nursing demographics and practice survey.

In parallel, and in partnership with the University of Saint Joseph, WHO supported a health system analysis using the Health in Transition tool.



Head of technical team at WHO Lebanon discussing the health system strengthening.
© WHO Lebanon

Policy Support Observatory

WHO continued its support for the Policy Support Observatory throughout 2019. The operational staff was recruited, two project advisory committee meetings were held, and international experts conducted two technical support missions. Five out of the 24 projects planned for 2019–2022 were initiated and are currently on track. WHO support was also extensively involved in the preparatory work for the National Health Forum, initially planned for December 2019. Support encompassed the identification of themes, the drafting of technical documents, the preparation of briefs for speakers, the development of specific material (audio-visual, infographics, etc.) and the coordination of logistics. The preparatory work was completed; however, due to the prevailing circumstances of political and social instabilities, the Forum was adjourned to a later date in 2020.



During the meeting on electronic health record readiness.
© WHO Lebanon

COMBATTING ANTIMICROBIAL RESISTANCE

Antimicrobial resistance, caused by excessive and inappropriate use of antibiotics, reduces the effectiveness and number of options for antibiotic treatment, leading to increased morbidity, mortality and health care expenditures.

In 2019, WHO continued its support in fighting antimicrobial resistance in Lebanon through costing and developing an implementation plan for antimicrobial resistance. The action plan was endorsed by the Ministry of Public Health.

Lebanon's National Antimicrobial Resistance Action Plan is based on WHO's Global Action Plan on Antimicrobial Resistance. The plan covers five axes: awareness, surveillance, infection prevention and control, antibiotics use, budget planning and fundraising.

The following activities have been achieved in 2019.

Training of staff in hospital laboratories

With the support of WHO and in partnership with the Ministry of Public Health, the research laboratory at the University of Saint Joseph and the microbiology laboratory at the American University of Beirut, a microbiology proficiency testing exercise was implemented in preparation for the establishment of a national laboratory External Quality Assurance System to enhance the quality of microbiology laboratory data. The training was attended by around 240 participants from 130 hospital laboratories across Lebanon.



During the launching of the proficiency testing.
© WHO Lebanon / L. Batlouny

Conducting a survey on antibiotic use in hospitals

Collecting data on antibiotic use and hospital-acquired infections are among the main targets of the National Antimicrobial Resistance Action Plan. As part of its support, WHO, in conjunction with the Ministry of Public Health, conducted a point prevalence survey on antibiotic use in hospitals in Lebanon. In addition, the WHO Regional Office for the Eastern Mediterranean supported the training of 22 medical supervisors and 44 data collectors from 22 hospitals across Lebanon. A total of 2700 questionnaires were filled by the hospitals and sent for analysis at the Regional Office.

The data generated from this survey will inform national policies to promote appropriate use of antimicrobials and strengthen national- and facility-level infection prevention and control programmes.



PRIORITY AREA **2**

PROTECT HEALTH:
DEVELOP AND MAINTAIN
EMERGENCY PREPAREDNESS
AND HEALTH SECURITY

EMERGENCY PREPAREDNESS AND HEALTH SECURITY

In 2019, WHO continued its support to the Government of Lebanon in emergency preparedness and readiness for responding to all hazards.

Hazardous materials training and drill in the South of Lebanon

In line with the International Health Regulations (IHR) (2005) plan of action, WHO trained medical teams with the aim of establishing a HAZMAT team in South and Nabatieh governorates. WHO also procured equipment and trained health and non-health teams on safe response to chemical, biological and radionuclear hazards.

Operationalizing the Public Health Emergency Operations Centre

In 2019, WHO supported the development of an action plan for the Public Health Emergency Operations Centre that was established at Rafik Hariri University Hospital in 2007 (also with WHO support). WHO worked with the Ministry of Public Health and the Disaster Risk Management Unit established at the Prime Minister's Office to upgrade the national Emergency Operations Centre with information and communication technologies and technical guidance.

Field testing of the newly developed WHO handbook for ground crossings

A team of experts from WHO headquarters, regional and country offices along with ministry officials from several countries visited the Masnah border crossing on 24 July 2019. The visit aimed at field-testing the Handbook for public health capacity-building at ground crossings and cross-border collaboration. The exercise will serve as the definitive legal framework to ensure global health security, especially on ground crossings for public health safety.



WHO team member during the visit to the Masnah border.
© WHO Lebanon / H. Habib

DISEASE PREPAREDNESS AND SURVEILLANCE

The epidemiological surveillance system at the Ministry of Public Health relies on health outlets such as hospitals, medical centres and laboratories as primary data sources. The data received are crucial to the analysis of communicable disease trends for surveillance, early detection of outbreaks and timely response.

Improving data reporting

In 2019, WHO continued its support to the national surveillance system and the Early Warning, Alert and Response System (EWARS). WHO supported the procurement of information technology equipment, staff recruitment and the training of around 1000 staff from 500 public schools on how to report communicable diseases using the District Health Information System 2 (DHIS2) software.

The introduction of DHIS2 improved timeliness and completeness of reporting, which reached by the end of 2019:

82% and 94% respectively in hospitals

65% and 78% in medical centres

58% and 87% in laboratories

32% and 42% in schools

Furthermore, WHO supported the development of standard operating procedures for the surveillance and management of 10 diseases: mumps, diphtheria, cholera, rabies, acquired rubella, congenital rubella syndrome, seasonal influenza, novel influenza, tetanus and tetanus neonatorum.

Strengthening pandemic influenza preparedness

In 2019, WHO continued its support to severe acute respiratory infection surveillance in eight sentinel sites. This was implemented in collaboration with the Epidemiological Surveillance Unit at the Ministry of Public Health and the National Influenza Center located at Rafik Hariri University Hospital.

WHO support included:

- procuring laboratory reagents, consumables and equipment;
- training of staff on several technical areas (such as influenza sequencing);
- quality assurance;
- production of educational material and protocols for monitoring and evaluation;
- participating in scientific conferences;
- strengthening the human-animal interface through collaboration between the Ministry of Public Health and Ministry of Agriculture.

Enhancing AFP and poliovirus environmental surveillance

WHO provided human resources support in the form of secondment of 15 staff members to the Ministry of Public Health to support AFP active surveillance. In addition, WHO contributed to the development of awareness materials for health workers on AFP surveillance. These efforts helped to maintain indicators for AFP active surveillance above required standards.

Supplementary to AFP surveillance in the National Programme for Poliovirus Eradication, WHO provided support to the Ministry of Public Health for sustaining monthly environmental surveillance to detect poliovirus (wild poliovirus, vaccine-derived poliovirus and Sabin polioviruses).

WHO support included:

- providing necessary kits and supplies to collect specimens;
- technical support;
- shipment and testing of the specimens collected.



WHO and AFP teams conducting joint visit and specimen collection.
© WHO Lebanon / G. Bell

Addressing new peak of leishmania cases

In 2013, at the beginning of the Syrian crisis and the resulting influx of large numbers refugees into Lebanon, a peak in the number of positive leishmania cases was observed. Another peak occurred again in 2019. In response, WHO trained around 60 physicians working at emergency departments in public hospitals on the diagnosis of leishmaniasis and on adequate referral. Awareness sessions were also conducted with local nongovernmental organizations and with 175 local authorities from municipalities across Lebanon.

Responding to the measles outbreak

In 2019, WHO supported the Ministry of Public Health in rapid risk assessment of the measles outbreak. Support included:



laboratory support through procurement of reagents and supplies for confirmation of genotyping;



capacity-building of around 100 staff from the Ministry of Public Health and nongovernmental organizations to enhance measles reporting;



raising US\$ 4.5 million for the implementation of the national measles campaign.

As a response to the measles outbreak, a campaign was launched by the Ministry of Public Health in December 2019, with the support of WHO and the United Nations Children's Fund (UNICEF), targeting around 1 million children aged between 6 months and 10 years. The campaign will continue into May 2020.



Child receiving vaccine during the national measles campaign.
© WHO Lebanon / G. Bell



PRIORITY
AREA
3

A photograph of an elderly man with grey hair sitting in an examination chair, wearing a white headband with a chin rest. An eye doctor, seen from the side and wearing glasses, is holding an ophthalmoscope to the man's right eye. The ophthalmoscope has a red light source and various adjustment knobs. The brand name 'LABOMED' is visible on the machine. In the background, there is a computer monitor with the word 'nico' partially visible. The overall scene is clinical and focused on eye health.

HEALTH PRIORITIES:
IMPROVE HEALTH AND
WELL-BEING ACROSS THE
LIFE COURSE

IMPROVING HUMAN CAPITAL ACROSS THE LIFE COURSE

Health promotion in schools in disadvantaged areas

WHO supported the implementation of the National School Health Program in five schools located in two rural areas in the South and Bekaa regions, in collaboration with the Modern University Business School and the AUB's Champs Fund as implementing partners.

The National School Health Program encompasses three main components:



In this project, a total of 822 students from different cycles in the five schools were screened for medical conditions, and students aged 12 years and above who participated in sports activities were offered cardiac screening.



An electronic version of the medical screening file, developed with WHO support, was used for a total of 700 students. The electronic record allows easy access to medical data and rapid generation of reports for the individual schools. Concurrently, 200 students benefited from the eHealth modules on physical activity, anti-tobacco, reproductive health and HIV, and road safety that were developed and adapted by WHO Lebanon. In addition, three health days for parents were organized, during which 296 of the students' parents attended sessions on physical activity, nutrition and communicating with adolescents and children.

In parallel, the healthy school initiative guidelines, recently developed by WHO in consultation with the Ministry of Public Health and the school health programme's focal team, were piloted in the five schools. The guidelines constitute a comprehensive assessment and evaluation of the different aspects of a school that would determine its categorization into one of three "healthy school" levels: basic, advanced or excellent.

Promoting hand hygiene for school children

WHO supported the International Theatre, an educational entertainment mobile theatre, in performing an interactive puppet show about hand hygiene for children in schools across Lebanon. The purpose of the performance was to explain the concept of good hygiene, demonstrate personal hygiene practices, advocate for water conservation and help to prevent influenza and other communicable diseases. The performance was staged at six schools located in different regions in Lebanon (Beirut, the North, Mount Lebanon and the South), and consisted of a puppet show, an interactive session with questions and answers, and an entertaining educational song about handwashing that children were encouraged to memorize and practice. The project reached a total of 1536 students, who were actively engaged during show. The performance was highly welcomed by the management teams of the schools as well as greatly enjoyed by the students.

Development of a guidebook for early detection of tumours in children

WHO offered technical and financial support to the Children's Cancer Center of Lebanon (CCCL) for the development of a guidebook for medical doctors about early detection of tumours among children. The guidebook has been developed to provide medical doctors with the information needed to act when a malignancy is suspected. The guidebook was printed with the support of WHO and disseminated by the CCCL to medical doctors in different regions in Lebanon.

Bringing palliative care to the forefront of patient support

WHO has been engaged in the development of palliative care in Lebanon since 2016, as part of WHO support to implement people-centred care, namely, ensuring the continuum of care. In 2019, WHO's contribution focused on replicating the proposed model of palliative care, based on a mobile palliative care team within a hospital, to ensure hospice and home care for end-of-life patients. The palliative care initiative was expanded in partnership with a specialized nongovernmental organization, SANAD. The project encompassed three components:

finalizing the establishment of a hospital-based palliative care service at Rafik Hariri University Hospital in Beirut; establishing a home-based palliative care service at Ain Wazein Medical Village hospital in Mount Lebanon; and supporting the CCCL team in conducting support groups.

The project was successful in finalizing the establishment of a palliative care service at the Rafik Hariri University Hospital through different training and shadowing stages. A noticeable culture change has been observed, with many oncologists now readily referring patients to the palliative care service. Patients are increasingly benefiting from the services of the well-trained multidisciplinary palliative care team. At Ain Wazein Medical Village, the palliative care team has been trained on home-based palliative care and a palliative care system has been established. As part of the third component of the project, the capacity of CCCL's team members was upgraded for running and leading support group discussions for their staff in order to alleviate the stressors of their work that often cause staff burnout. In parallel, WHO has supported a costing exercise to determine the reimbursement scheme that the Ministry of Public Health will offer for hospitals and nongovernmental organizations providing palliative care services.



Palliative care service at the Rafik Hariri University Hospital.
© WHO Lebanon / H. Habib

PREVENTING NCDS AND PROMOTING MENTAL HEALTH

Addressing nutrition to improve health

Malnutrition in all its forms takes a heavy toll on the health, well-being and sustainable development of Lebanon's population. NCDs, unhealthy diets and physical inactivity are key contributors to this burden.

Following a consultative process, WHO Lebanon supported the Ministry of Public Health in developing a National Nutrition Strategy. The strategy outlines a road map for the improvement of the nutritional situation and outcomes in the Lebanese population. The final strategy document and plan of action will be completed in 2020.

In addition, and as part of the global target to eliminate trans-fat from the local food supply, WHO conducted a food composition analysis for the 30 most consumed dishes in the Lebanese diet, as well as for Arabic sweets and some market food products (biscuits, oils, etc.).



Working with media to fight stigma related to mental health

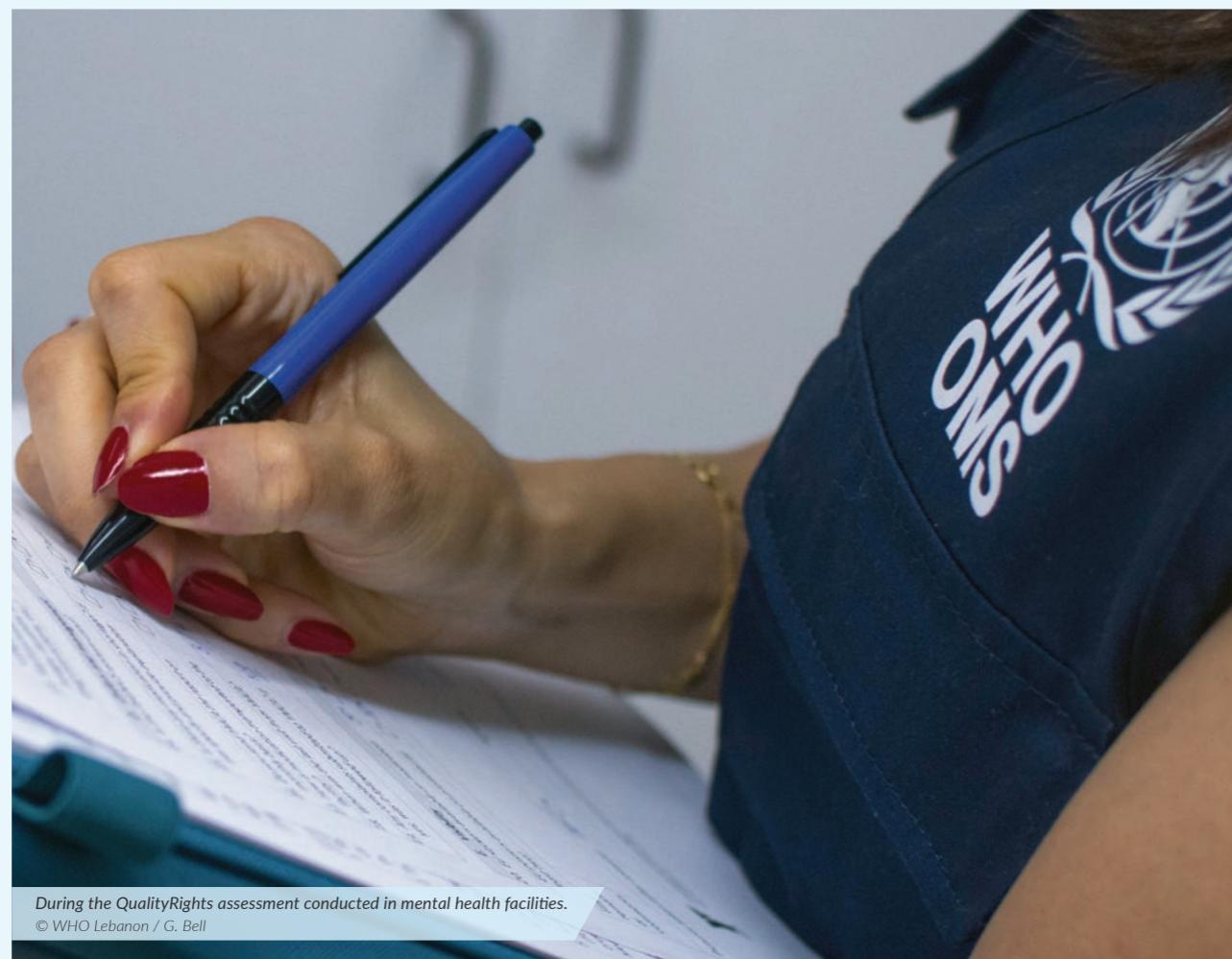
The National Mental Health Programme at the Ministry of Public Health was established in 2014 with strong advocacy and support from WHO. Throughout 2019, the National Mental Health Programme continued to benefit from this support. In this context, a practical guide for media professionals on the coverage of mental health and substance use was developed, to promote informed and responsible reporting about mental health, and thus fight stigma related to mental disorders.

PROTECTING THE HUMAN RIGHTS OF PERSONS WITH PSYCHOSOCIAL DISABILITIES

In February 2019, Al-Fanar Psychiatric Hospital in Lebanon was closed down following allegations of serious human rights violations against beneficiaries, such as inadequate standards of living, lack of hygiene and suboptimal treatment, among other abuses.

WHO Lebanon and the National Mental Health Programme at the Ministry of Public Health were successful in advocating for rights of the beneficiaries as well as the use of the WHO QualityRights tool for assessing and improving the quality and human rights aspects of mental health services.

Prior to its closure, Al-Fanar hospital hosted about 166 people (70% males and 30% females, the majority of which were Lebanese nationals). Following its closure, the people at Al-Fanar hospital were transferred to four different facilities in the country. Emergency needs were addressed; namely, the treatment of lice and scabies, securing personal hygiene and clothing items, screening for tuberculosis and provision of necessary preventive treatment and other screening tests, in addition to hospitalization for emergency mental health and medical treatment.



ACCELERATING ELIMINATION AND ERADICATION OF HIGH-IMPACT COMMUNICABLE DISEASES: HIV

With WHO support, and in collaboration with nongovernmental organizations and service providers, the National AIDS Program was able to maximize HIV testing uptake and increase coverage to rural areas across the country.

Prevention

On-site and outreach sexual health activities were conducted, including HIV testing, counselling, referrals, psychosocial support and other related services.

> 9 000

rapid HIV tests were conducted and 214 positive cases were detected in 2019.

> 80 000

condoms were distributed.

~ 2 000

HIV self-tests were conducted. This is an innovative testing methodology that partially leapfrogs associated stigma and discrimination by ensuring the privacy of users.

> 100

social workers were trained on HIV and sexually transmitted infection basics, as well as on counselling and partner notification.

Through intensified decentralized testing at the community level, 2500 persons living with HIV are now aware of their status in Lebanon in 2019.

Treatment

The National AIDS Program provided antiretroviral treatment to more than 1700 persons living with HIV.

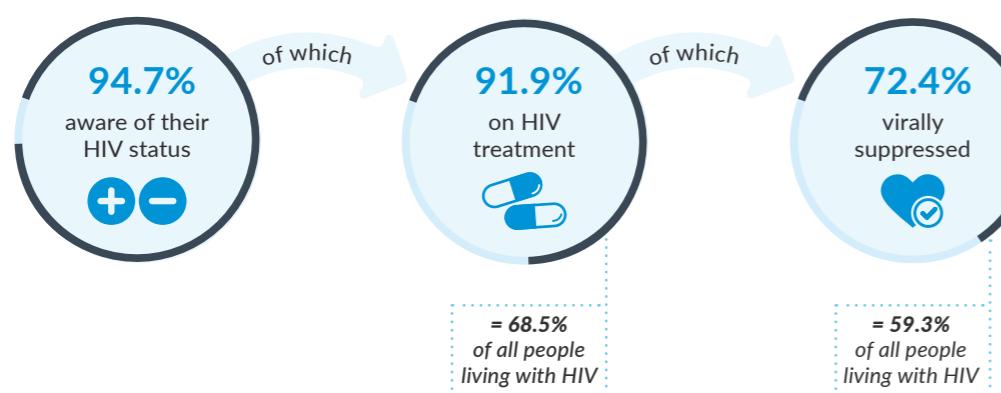
With the support of the International Organization for Migration and through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the National AIDS Program was able to provide treatment and cover the costs of necessary laboratory tests for close to 150 non-Lebanese persons living with HIV. A total of 214 new cases were started on treatment in 2019, while all persons living with HIV in Lebanon received continuous treatment as per the latest guidelines without any stock interruption.

During 2019, the antiretroviral treatment guidelines were updated and adapted according to the most current international recommendations, and in particular the WHO consolidated guidelines (July 2019). These guidelines take into consideration the current epidemiology in Lebanon as well as the availability of drugs and laboratory testing capacities.

Research studies

The test-treat-retain cascade analysis was updated in Lebanon in 2019. The main findings are: 94.7% of people living with HIV were found to be aware of their status (compared to 68.6% in 2015); 68.5% were found to be enrolled in care (compared to 61.7% in 2015); and 59.3% were virally suppressed (compared to 35.4% in 2015).

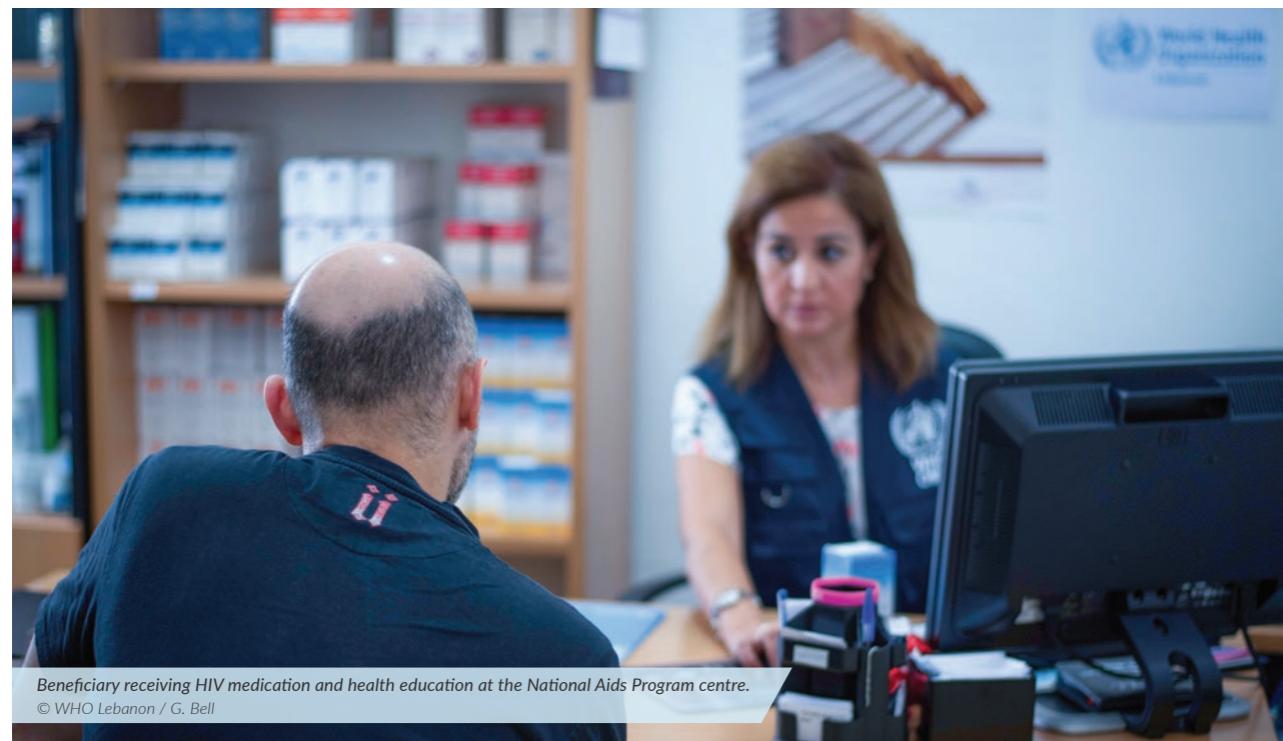
Fig. 3. Test-treat-retain cascade 2019 findings



A study on the prevalence of sexually transmitted infections and associated risky behaviours was conducted among men who have sex with men. The results showed a high lifetime prevalence of:

Gonorrhoea **21.4%** Human papillomavirus **17.4%** Chlamydia **13.4%**

across a sample of men who have sex with men, with a strikingly low mean age. A high-risk behavioural profile was also detected across the sample.



Beneficiary receiving HIV medication and health education at the National Aids Program centre.
© WHO Lebanon / G. Bell

ADDRESSING ENVIRONMENTAL HEALTH

Ministry of Public Health water laboratories assessment

WHO supported the assessment of water laboratories in eight public hospitals. The aim was to evaluate the functionalities of the water laboratories, and to propose the necessary corrective measures. The recommendations of the assessment included:

- developing guidelines on water sampling techniques and testing;
- provision of equipment and reagents for chemical and physical testing;
- capacity-building on water analysis, water sampling techniques and drinking water quality surveillance of different staff involved in these activities;
- addressing water laboratory software.



Visit to the water laboratories.
© WHO Lebanon / G. Bell

Joint workshop on environmental health

A joint environmental health workshop took place between the United Nations, the European Union and the World Bank. Recommendations from the workshop included updating the existing environmental health strategy, taking into account the following actions:

- aligning ongoing environment priorities with the SDGs;
- strengthening early warning, monitoring and surveillance for different environmental health hazards;
- estimating the economic and social impact of environmental risks on health;
- advocating for environmental risk mitigation in all programmes with clear follow-up mechanisms;
- enhancing coordination and leadership.

Training on air quality monitoring

In collaboration with the AUB Nature Conservation Center, WHO through its Regional Centre for Environmental Health Action organized a 2-day training workshop on health impact assessment of air pollution in Lebanon. The workshop feeds into the application of the air quality and health road map, which addresses air pollution, climate change and the sustainable development agenda.

The workshop was part of the overall framework for the environmental health risks programme. As the objective of the framework is to address environmental health degradation in the country, collecting evidence on the health impacts of air pollution is essential.

Water assessment

WHO supported the assessment of drinking water by conducting the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water country survey in 2019. The survey focused specifically on policies and national targets, with water, sanitation and hygiene finance as a major theme.

WHO continues its advocacy against tobacco use in Lebanon

A team of national experts was trained on the WHO Tobacco Taxation Simulation Model. Following this, a tobacco taxation study was conducted to generate evidence for advocacy. The main recommendation was to tax locally produced tobacco products as well as imported tobacco products.

National academic institutions that were declared smoke-free

Following the declaration of the AUB in 2018, the University of Saint Joseph and the Lebanese University-Central Administration declared their campuses smoke-free in 2019. This is the result both of continuous advocacy led by WHO and commitment of the Ministry of Public Health to encourage more institutions apply tobacco control Law No. 174.

In 2017, the WHO Framework Convention on Tobacco Control established a knowledge hub for waterpipe tobacco smoking at the AUB. In 2019, the hub continues to implement activities that aim at curbing the epidemic of tobacco use, including the burden of waterpipe smoking. These activities include enhancing awareness on the use of waterpipe health warning labels, as well as on the toxicant contents of waterpipe smoke, and on the health effects of waterpipe tobacco smoking and the economics of tobacco consumption.

THE WAY FORWARD

Amid the complex and critical situation in Lebanon, WHO will continue its support to the health sector in general and specifically to the Ministry of Public Health.

Strengthening the health system will be further supported through the projects under the EU Madad Fund (until 2022), with additional funds received to cover existing gaps in medicines for acute and chronic conditions. Support to health system strengthening with a focus on universal health coverage under the EU-Luxembourg projects will continue. Similarly, the support to mental health under a project funded by the Agence Française de Développement will be pursued through to 2022, with a focus on advocacy and rights, with the development of a modular university training curriculum for mental health management and leadership.

The SDG 3+ Global Action Plan road map will be further developed into a project to be supported through a multi-donor trust fund.

Moreover, support to strengthening emergency preparedness and response will continue, especially in the light of the coronavirus disease (COVID-19) pandemic. Health security, within the IHR (2005) requirements, will be further reinforced. Re-establishing a central public health laboratory and expanding the capacity and automation of the central drug warehouse are both critical issues that will require priority support.

Specific attention will be given to health care access, and in particular to good quality care. This will be carried out through the expansion of people-centred primary care by ensuring quality care through capacity-building and audits.

Mobilizing resources for critical interventions will be intensified, particularly in the light of the evolving financial crisis.

Further expansion of the WHO Country Office team with staff and/or United Nations volunteers is underway to better respond to the escalating needs for technical and logistics support.



WHO values charter

Our values
Our DNA

WHO, as the directing and coordinating authority on international health within the United Nations system, adheres to the UN core values of integrity, professionalism and respect for diversity. The values of the WHO workforce furthermore reflect the principles of human rights, universality and equity established in WHO's Constitution as well as the ethical standards of the Organization. These values are inspired by the WHO vision of a world in which all peoples attain the highest possible level of health, and our mission to promote health, keep the world safe and serve the vulnerable, with measurable impact for people at country level. We are individually and collectively committed to put these values into practice.



Trusted to serve public health at all times

We put people's health interests first
Our actions and recommendations are independent
Our decisions are fair, transparent and timely



Professionals committed to excellence in health

We uphold the highest standards of professionalism across all roles and specialities
We are guided by the best available science, evidence and technical expertise
We continuously develop ourselves and innovate to respond to a changing world



Persons of integrity

We practice the advice we give to the world
We engage with everyone honestly and in good faith
We hold ourselves and others accountable for words and actions



Collaborative colleagues and partners

We engage with colleagues and partners to strengthen impact at country level
We recognize and use the power of diversity to achieve more together
We communicate openly with everyone and learn from one another



People caring about people

We courageously and selflessly defend everyone's right to health
We show compassion for all human beings and promote sustainable approaches
We strive to make people feel safe, respected, empowered, fairly treated and duly rewarded

Promote health | Keep the world safe | Serve the vulnerable



WHO staff signing the WHO values charter.
© WHO Lebanon / H. Habib



World Health Organization - Lebanon

P.O. Box 11-5391

Beirut, Lebanon



www.emro.who.int/countries/lbn/



emwroleb@who.int



WHOLebanon

ISBN 978-92-9022-321-4

A standard linear barcode is positioned vertically in the center. To its left is the ISBN number, and to its right is a vertical barcode identifier.

9 789290 223214