Annex 3. Stakeholder discussions and recommendations

All the recommendations in this annex are taken from the discussion with the support committee and EMRO team, stakeholder discussions, stakeholder interviews, United Nations inception meetings, briefing with NGOs and lessons learned from specific countries. They are based on recommendations that emerged from the two policy dialogues that were conducted.

1. Governance

A. Leadership and collaborative governance

- Have a multi-year national strategy led by a clear vision of the needed health sector reform, and adopted at the level of the Council of Ministers, to allow for the channeling of donors' support.
- The multi-year health sector strategy should define a clear crisis management plan for the health sector to address urgent issues while setting the ground for major health system reforms in the medium and long term.
- Ensure that public and patient advocacy groups are involved in the decision-making process and increase community representation across official committees. This would direct the health system to address local priorities and reinforce the public's trust in governmental decisions.
- A sustainable, coherent institutional coordination mechanism and intersectoral collaboration led by the Ministry is needed to achieve consensus between different stakeholders and ministries, align their strategies and efforts to cater for the needs of all people and ensure the optimal implementation of the health sector strategy.
- Any national health strategy that aims to develop a resilient health system necessitates transforming the health system governance to be based on intersectorality and focusing on advancing towards universal health coverage and health security, establishing a model of care oriented towards primary heatlh care and strengthening and optimizing health financing and financial protection.
- The successful implementation of any reform and the endorsement of relevant policies by the parliament requires a strong political will and commitment of officials. It is necessary to obtain the buy-in of all policymakers, which would prevent the disruption of efforts due to the turnover of ministers.

B. Regulation

- Strengthen and prioritize the regulatory role of the Ministry of Public Health in overseeing the health sector and in providing technical guidance on issues of supervision and quality with a stepwise decrease in its payer function.
- Establish a national health council or any high-level governance entity under the umbrella of the Ministry to allow for the oversight of the roles of various stakeholders and ministries, improved accountability and the proper evaluation of health system reforms.
- Develop a robust, built-in monitoring framework to strengthen coordination and allow tracking of systematic indicators that reflect the progress of implementing the strategy.

- Improve the strategic purchasing of medicines by initiating the health technology assessment unit, running clinical trials and developing and updating national protocols, criteria and guidelines to promote the use of cost-effective and efficient treatments.
- Enhance accountability and good governance of health care facilities.
- Ensure the quality of products in the market by re-establishing the drug quality lab, building the capacity for GMP and improving registration requirements.
- Implement the Lebanese Drug Administration (LDA) to strengthen the regulatory process and re-establishment of the Drug Quality Control Lab.
- Develop and implement a time-bound road map for establishing the LDA and defining and transitioning the "new" role of the Ministry as a "tutoring authority".
- Develop a human resources strategy for pharmacists and other specialties needed to enhance the local manufacturing capacity.
- Promote and expand the local production and export markets on one hand and the importation of quality-assured pharmaceutical products on the other, while preventing the entry of illegal and low-quality medical products into the Lebanese market.
- Review the pharmaceutical sector's procurement and supply chain to ensure the long-term provision of essential medications and generics to the public in response to the central bank's latest policy of lifting the medications' subsidy.
- Promote the rational use of medications through an electronic prescription, the 2D barcode and MediTrack systems.

C. Transparency and accountability

- Develop a clearer mechanism for the evaluation and recruitment of qualified personnel into the public administration.
- Increase reliance on data and transparency, including for standardized costing and regulation, and make such information publicly accessible.

2. Health financing and universal health coverage

To achieve universal health coverage during severe financial constraints, sustainable public funding and financial support should be ensured in terms of the type of funding and its quantity, along with sustainable quality and safety of services, sufficient qualified human resources, a gatekeeping system, benefits packages with equitable eligibility criteria and the level of partnerships between the private and public sectors.

A. Health benefits

- An efficient national priority benefits package should be evidence informed, matching the public's needs and the health system's capacities, serving primary health care services to all people residing in Lebanon and particularly the most vulnerable, and adopted by all public payers.
- These packages should include screening programmes, essential medications and cost-effective diagnostics and treatments within primary health care centres and/or public hospitals, while excluding high-tech and costly technologies/services and preventing financial hardships.
- Pharmaceutical stakeholders recommend ensuring early access to expensive, innovative medications while maintaining resource optimization, where such decisions should be based on evidence, economic evaluation and policy dialogue between all relevant stakeholders.
- Prioritize the local population's access to health services over medical tourism, while maintaining the opportunity to strengthen the latter after crisis recovery.

- Deduct out-of-pocket payments of the most vulnerable populations through income-based waiver schemes and targeting mechanisms for health and social programmes that would prioritize them based on a set of criteria such as equity funds and the Ministry of Social Affairs/World Bank Proxy Means Testing through a close collaboration between international agencies, municipalities and the Ministry of Social Affairs. Such a mechanism would ensure equity in access, reduce the catastrophic impact of out-of-pocket expenditure and ensure that the limited resources and subsidization are reaching vulnerable populations.
- Designing a universal benefits package is done by first setting a basic yet realistic package then defining the instruments, criteria, health financing and service delivery mechanisms to provide these packages and then gradually expanding it.
- These packages could be supplemented by complementary prepaid voluntary insurance from private insurance schemes or mutual funds to support them in covering their health expenses, as they can be an add-on to other public-payer coverage schemes. Any additional services can be offered at private hospitals and funded by out-of-pocket expenditures.
- Categorize medications according to priority levels and define subsidization accordingly.

B. Health financing fragmentation versus diversity

- Any country strategy should provide a clear road map for advancing universal health coverage based on a health system revision exercise, data, evidence and national policy dialogues with the public, stakeholders and experts to inform and guide decision- and policymaking away from the political and personal interests of the policymakers.
- Develop strategies for long-term financial sustainability where immediate needs such as health rescue and sustenance are addressed through a phased approach, as major changes require considerable preparation work, and the ongoing crisis context may not be favourable for implementation.
- Identify realistic financial boundaries for change and sufficient financial resources, and prioritize the financing of health within the government budget. This, however, is not possible currently, thus necessitating sustained funding from international sources to respond to urgent needs, while having a view on long-term reforms for structural areas.
- Develop a national exit strategy or recovery plan, ensure transparent governance and tracking of the provided donations to encourage external funders on sending donations.
- Improve system efficiency, instead of continually increasing governmental spending, through the alignment of incentives across public and private entities and the removal of profit margins and mark-ups on medications and diagnostics in various set-ups where harmful incentives exist and do not align with the interests of patients and the overall health system.
- The most prominent barrier to more effective planning, financing and service delivery and medications today is the variable currency exchange rate of the Lebanese pound against the United States dollar. This paralyzes future planning for various stakeholders as well as mitigation measures that they otherwise might be able to undertake. An immediate improvement would be expected if a single rate is used, at least within the health system, if not nationally. Currency rate stability is a vital factor for ensuring accessibility and affordability of medications.
- Other lessons recommend having a single health institution responsible for all insurance schemes and purchasing power. Lebanon is known for its different sources of financing and its multiplicity of funds.
- Unify all public funds into one entity financed by taxes, as it would limit spending, align the varying packages and eligibility criteria, create more efficiencies and help develop a unified strategy for the sector. If this is not possible, harmonization of public funds' costing, provider payment methods, the referral system, coding systems, hospitalization rates and service tariffs, benefits packages and ICT systems should be done across the short term, with a goal of unification of all public payers under a newly created entity in the medium term. On the other hand, some stakeholders argue that multiplicity of funds can be maintained, even though this option compromises equity, as long as there is a clear governance structure for financing.

- Develop a new funding strategy that would ensure an adequate revenue cycle for the health care system, such as reliance on general taxation for health financing, rather than labour taxation and the removal of the employers' NSSF contributions and replacing them with taxes. Any taxation modality has to be based on a fair fiscal system such as progressive taxes like those imposed based on wealth, real estate and capital gains, and on harmful products. However, such a decision should be carefully evaluated before implementation as it will deny the health sector a vital and equitable financing source, drastically alter the financing model and governance structure of the NSSF and require the public's ability and willingness to pay additional taxes.
- Utilize a case mix–based approach to establish hospital budgets to ensure a fair distribution of funds between hospitals. This approach can include an output-based, quality-related reimbursement modality instead of a volume-based one.
- Rationalize purchasing to get better value for money through performance contracting for services and medical products.
- Introduce risk-based contracting for packages of services, as this has been shown to improve people's access to those services and the efficacy of health systems with limited resources.
- Set a properly defined costing structure and cost control of health services at the primary, secondary and tertiary health care levels as well as for palliative care.
- Establish an electronic prescription tool that would allow third-party payers to directly cover medication payments of patients.
    - Have public funds and insurance companies/third-party payers rely on an evidence-based, clear and explicit decision process for the assessment of health technologies.
    - Prevent hospitals from imposing extra fees on patients covered by the Ministry and other public funds.
    - Promote the shift of the poor's reliance from private ambulatory care to free primary health care, to reduce the issue of inaccessibility to health services.
    - Provide subsidized essential items for public hospitals to operate (like diesel and essential medical equipment), as this can lower the hospital's expenses and consequently the costs of treatment on the patients.
    - Rely on public revenues and public resources to cover individuals in the informal sector to advance towards universal health coverage.
    - Maintain the public's contribution through a well-designed financing instrument that would help safeguard additional resources to finance the health care system, to maintain sustainable and equitable health care services and improve the public's accountability against abusing the system while preventing catastrophic financial hardships and the overutilization and abuse of health care services and resources. This includes co-payments based on the patient's ability to pay or limited prepayments as a means of financing for health care services, where the latter can even prevent the inflated cost of treatment caused by co-payments determined by the bill.
    - Establish partnerships with private insurance funds that would widen their coverage and consequently reduce the cost of services, thus making insurance premiums more affordable to a wider segment of the population, where those unable to afford these insurance premiums should be covered by the government.

C. Institutional arrangements and public-private partnerships

- Enhance the collaboration with and among NGOs and the alignment of individual NGO/primary health care objectives with the overall national primary health care strategy, while adopting mechanisms to ensure financial transparency. This directs NGO efforts to meet the needs of the local population instead of the interests of funders, and limits the duplication of efforts.
- Acknowledge that public-private partnerships are not a a one-size-fits-all solution. Increase partners' accountability and oversight, to ensure that such contracts align incentives and are not a gateway to profiteering from health.

- To achieve universal health coverage, efforts should include social factors such as socioeconomic development, social inclusion and equity.
- Engage the private sector through different health insurance funds and allowing private providers to be involved in providing services within the national health strategy.
- Maintain public-private partnerships and contracting schemes as they provide flexibility and resilience to the health care system.

3. Health service delivery

A. People-centred health care

- Develop a new, resilient and more efficient health care delivery model based on the concept of leaving no one behind, which would improve access of all populations residing in the country to quality, integrated health care services and medications including generics using available resources, and while improving the system's performance, patient safety, quality of services and response to community needs.
- In a people-centred health system, the public would be the driver of the health system at the macro level, and the individual at the nano level.
- Increase linkages between municipalities, local health facilities and the surrounding community to reinforce public health and primary care functions.
- Enhance patient and public representation, and increase community engagement, by involving civil society organizations and local and international NGOs in health care-related decision-making and priority-setting exercises to aid in refocusing the health system on the people.
- Ensure students in the health sciences and skills development initiatives across institutions are educated on people-centred health care, as achieving people-centred health care relies on effective communication and collaboration among health professionals.
- Address all aspects of patient accessibility to services, including transport.

B. Public and private health care sectors

- Outline the relationship between the private and public sectors, along with a clear financial structure, to ensure that both sectors complement and collaborate with each other away from political interests, which should result in the efficient use of both and in a healthy competitive environment that improves the performance of both.
- Develop a strategic plan to prevent closure of hospitals or to alleviate the impact of private hospital closures. This can include transferring old payments for previously delivered services to all hospitals, revising reimbursement payments for hospitals and merging facilities in areas where hospital closures would considerably impact the local populations' access to health care.
- Establish a hospital sector transformation plan which focuses on strengthening the public sector to absorb the redirected flow of patients from the private sector. This can include revising the mission of public hospitals and increasing their accountability through the revision of the hospital board structure and accountability mechanisms, adopting performance evaluation mechanisms for hospital board members and managers, and increasing public transparency regarding hospital performance.
- Specialize private hospitals and transform small private hospitals that are unable to maintain quality tertiary-level services into polyclinics or primary health care centres, as this would allow facilities to complement each other's work and simultaneously improve the outcomes, quality and cost-effectiveness of health care. If specialization of private hospitals cannot be achieved, efforts should be made to specialize public sector facilities.
- Conduct a mapping exercise of the country's actual needs in terms of hospitals, hospital beds and primary care, in order to bring the supply-driven health care model to an end and ensure primary and

tertiary facilities are available where needed. This would also inform regulation policies and contribute to increasing equity, efficiency and sustainability in the health system.

- Counter clientelism in health care, address the public's negative attitude and prejudgment against primary health care and engage the community on the importance and efficiency of primary health care centres and their central role in the people's right to proper health care.
- Strengthen and optimize the primary health care system by establishing new primary health care centres at the level of public hospitals, especially in areas lacking primary health care facilities; providing primary health care centres with sufficient medicines and supplies, and qualified human resources; improving the contracting model and the efficiency of the financial mechanisms and fee-for-service model it dictates; setting and maintaining the primary health care accreditation mechanism; re-examining the primary health care packages to re-evaluate the care they provide to the elderly population; and piloting and scaling-up the family health care model through a phased approach.

C. Quality

- Restructure and reinvest in all public hospitals and primary health care centres, with a high emphasis on quality of care and ability to respond to major emergencies. This would be a vital factor for increasing the role of these facilities.
- A prerequisite for quality and efficiency is the development of an electronic health records system that would allow linkage across health facilities (hospital, primary care, pharmacy, laboratory), and the utilization of regulated and interoperable electronic medical records. This would not only yield immediate benefits, but also allow long-term planning and development based on readily available data that better reflects the real-world environment, as well as inform cost-effectiveness analyses of medical technologies and medications.
- Invest in continued development of value-based health care through the use of hospital case mix and quality indicators to align incentives across stakeholders, and drive towards better health outcomes.
- Enhance monitoring and evaluation practices within the health facilities and through governmental inspections.
- Safeguard minimal funds from external sources and international organizations and even redirect some external donations dedicated for public subsistence to the public and private facilities to provide them with their essential supplies and devices to operate.
- Adopt waiting lists to rationalize people's expectations and overutilization. Such lists may in any case be necessary, given the shortage of medical equipment and the lack of maintenance on that equipment.
- Maintain accreditation and sustain the health care workforce delivering health care services, to effectively preserve quality.
- Invest in some of the most urgent operational needs of hospitals and primary health care centres such as power/energy, infrastructure, sanitation human resources, sufficient medicines and supplies and other shortcomings in outpatient services.

D. Referral systems and case management

- Redesign the system so as to establish a referral system between primary health care and tertiary facilities, and between the public and the private sectors, in order to properly organize the functioning of the system. While primary health care centres are expected to play a key role, the role of the other entities should be defined.
- Gradually adopt a gatekeeping function, with primary health care centres and individual physicians acting as gatekeepers. Have formal protocols for allowing by-passes where relevant, since by-passing mechanisms can also be beneficial to efficiencies, where exceptions exist and some are not uncommon (as in medicine).

- The public perception that primary health care centres are less qualified persists and should be addressed. However, the current situation in the country provides suitable conditions for a smooth reform and establishment of a gatekeeping system since the public's inability to afford private clinics and pharmacies has made them more liable to refer to primary health care. This can be further used to make primary health care the first point of entry.
- To set the primary health care centres as the first point of entry into the health care system, a more active approach should be pursued to address knowledge and quality gaps at primary health care centres and with primary health care physicians, such as through performance-based incentives targeting the institutional level rather than the physician.
- Establish care centres and polyclinics in some hospitals, and leverage these to provide home care and awareness initiatives to the public to ensure their compliance with the treatment. These home care centres could also refer individuals to primary health care centres to get testing and primary care prior to secondary and tertiary care.
- Develop in a stepwise manner the telemedicine capacities of health facilities and set their associated regulations.
- As Lebanon relies heavily on the role of the Lebanese Red Cross for the dispatch of ambulances, developing a national emergency dispatch and referral system, similar to the Service d'Aide Médicale Urgente (SAMU) in France, is crucial. It should integrate the existing capacities of the Lebanese Red Cross to direct and advise people on facility distance, traffic and appropriateness of required care through a network-centric-like approach.
- Establish a contractual agreement between the private insurance companies and the primary health care system. Such an agreement could require private insurance beneficiaries to undergo annual health screenings and physical tests at primary health care centres as a prerequisite for renewing their contracts. This strategy would not only enforce the referral system but also improve disease prevention and force people to take better care of their health.

4. Health security

- Develop preparedness and contingency plans that consider multiple scenarios before the occurrence of such natural or human-made events. The COVID-19 pandemic highlighted the weaknesses of health response systems, their interconnectedness and the importance of health and provision of adequate health care for all. In response to these issues, WHO has been active in accelerating the health security agenda of its member states and this requires rethinking and reimagining the health care system and its components in order to manage crises.
- Any health system reform in Lebanon should aim to strengthen health security and include it in its national health agenda while advancing towards universal health coverage.
- Define a single spokesperson on behalf of the government regarding crises and emergencies such as COVID-19.
- Invest in the essential public health functions, so that they become the foundation of the new national health strategy, and the main responsibility of the Ministry.
- Expand the Ministry capacity at the border crossing points to enforce health security measures at points of entry.
- Invest in a strong emergency preparedness and response unit at the Ministry compliant with the WHO IHR, while pushing for an integrated and coordinated approach with all stakeholders involved in response to and recovery from crises. This will require identification of structural obstacles and barriers to preparedness, response and recovery.
- Any health security strategy should advance recommendations that are applied and sustainable for any type of threat, including agents of potential epidemic threats as well as biological, chemical, radiologic and natural disasters. A health security strategy should prioritize and implement the One

Health approach and address the three stages of any outbreak which are preparedness, response and recovery:

- For preparedness, an emergency preparedness unit should be established and supported by an intersectoral emergency task force to generate and update emergency-related protocols, in addition to an emergency database to communicate emergency-related events among the task force members in real time, a community (operations) emergency team to coordinate activities during emergencies and an emergency communications team.
- To properly respond to the emergency, the response should be aligned with the emergency management functions, depending on the nature of the emergency, where its components and involved stakeholders would be set by the Emergency Preparedness Unit (EPU).
- Any response mechanism should build the capacity and strengthen the infrastructure of the ESU, including timely diseases surveillance, timely outbreak investigation, links with laboratory networks, genomic surveillance and a robust health information system for transparent data sharing while linking epidemiological data to clinical and genomics data.
- The response should establish recovery centres nationwide to support the Government and health agencies in assessing and analysing the magnitude of the emergency.
- The response should be outlined in coordination with the scientific community and while considering access to essential tools for clinical care and case management, as well as public health and social measures.
- A strong risk communication and community strategy should be established, and the response should promote reimagining the health care system with an emphasis on preventive care and infection prevention and control. The reimagined health care system should scale up national stock supplies and supply chain such as medicines, vaccines and diagnostics.
- Recovery must begin during the response phase and include a national policy for safe return to work, and the establishment of a multisectoral recovery task force to coordinate and implement societal, financial, and health-related recovery arrangements.
- The Ministry of Public Health should be supported in expanding its resources to strengthen the health security and emergency response.

5. Health promotion and disease prevention

- Align the health sector strategy with the other governmentally endorsed strategies and building on their priorities and identified gaps, such as the national strategies for older persons, youth and mental health, social protection and others, since they are all health related and fall under the principle of leaving no one behind.
- Shift from a curative to a cost-effective, preventive health care system by reinforcing health promotion and early disease detection initiatives and awareness campaigns, and by educating future health care workers on the role of primary health care in promoting health.
- Social determinants of health are directly correlated with health status and the emergence of non-communicable diseases. One such determinant is health literacy, which can be promoted by increasing collaboration with municipalities and media platforms on health awareness, health promotion, screening programmes and disease prevention initiatives (for example, for COVID-19 vaccination and screening programmes for such diseases as breast cancer, colon cancer and cervical cancer).
- The health system should focus on combating non-communicable diseases, since the disease profile of the Lebanese population shows that non-communicable diseases attribute to 9 of the 10 top causes of death, and due to the high prevalence of their contributing risk factors, and since a chronic disease in at least one family member is reported in two out of three households.
- Scale up the availability of and accessibility to medications and essential health care services. Screening programmes should be applied to all non-communicable diseases, while prioritizing certain

types of cancer, so that any person suffering from a non-communicable disease has access to medication, treatment and follow-up.

- Expand services at the level of primary health care facilities, with a focus on mental health and substance use services, to include more evidence-based intervention packages like the WHO Mental Health Gap Action Programme (mhGAP).
- Mobilize the assistance of NGOs and international community agencies and engage them through policy dialogues as this can help generate more funding and increase access for vulnerable populations to health programmes for maternal and child health, malnutrition, immunization and other health topics within the universal health coverage vision.

6. Health workforce

- Set a national strategy that would put in place a plan to retain and improve the number and performance of a high-level workforce in collaboration with relevant orders and syndicates by revising and standardizing financial compensation to ensure that their wages allow them to cope with the ongoing economic crises; improving work conditions by allowing flexible work schedules; setting clear job descriptions commensurate with experience and academic qualifications; implementing performance monitoring systems; providing adequate technical support; improving management strategies to establish a feedback system; and increasing health workers' recognition and social acceptance.
- Conduct a mapping exercise to identify, update and to re-evaluate the needed human resources across the health sector on one hand and in the Ministry on the other, to define the number and type of human resources required, match it to fit with the modern-day requirements for universal health coverage and gatekeeping, and identify and address deficits.
- Mobilize the strong medical education, the highly qualified workforce, and the numerous Lebanese expats who work in the medical field and who are willing to return to the country after the crisis is resolved, as they are all assets of the Lebanese health care system.
- Ensure funding for the health care sector to prevent additional job losses, properly reimburse health care human resources, secure them a decent living, and provide them with financial and non-financial incentives such as fair overtime pay, commuter allowance, health insurance and child education. For example, a portion of the external donations assigned for the citizens in need could be redirected to the health care workforce, to improve the retention and performance of health care staff. This method can indirectly give back to the citizens by contributing to lowering hospitalization and health care expenses.
- Provide professional development trainings to all health care specialties on skills that are relevant to local needs, especially in rural/remote areas, in order to retain the human health workforce and sustain their performance. This would not only refine the health workers' skills but also reinforce their job satisfaction.
- Provide incentives such as scholarships and financial support that target youth, to motivate this population to enrol in and practise health care specialties that suffer from shortages of human resources, such as nurses.
- Enhance the recruitment of health professionals into the primary health care sector by promoting professions specific to primary health care, such as family physicians and primary health care nurses; through the provision of job opportunities and collaborations with academic institutions; through the provision of incentives; by increasing opportunities for nurses and physicians to have leadership roles in primary health care facilities, particularly in remote or rural locations; and by decreasing the salary gap between general practitioners and specialists, and between professionals at primary health care centres and hospitals.
- The main mitigation strategies needed to alleviate the sector and the challenges nurses face include ensuring better conditions by adjusting the payment currency; providing an attractive benefits

package; retaining more practitioners through adopting an attractive retention strategy; rationalization of the tasks to ensure they are commensurate to payment made; increasing the number of nurses; and provision of a comprehensive insurance package. Other mentioned interventions include adequate funding of the sector and resolution of deep-rooted economic issues.

7. Health information system

- Mainstream the systematic and population health indicators through a robust monitoring mechanism. This would ensure the generation of much needed quantitative information and data on the current health system and population health status, and it would strengthen the conduction of national surveys. Conducting national surveys through a built-in mechanism in turn presents a means to monitor the progress made in the health sector and allows the production of evidence, informing policies and guiding the sector's efforts.
- To digitalize the whole health system, the use of technological innovation and the mobilization of data analytics and artificial intelligence should be enhanced while ensuring data security and confidentiality. A digitalized health system also requires strengthening the health information system, which can be done by unifying data registries and establishing new ones, as these data registries would improve disease surveillance and consequently help in guiding research and informing policies. Moreover, achieving a digitalized health system necessitates the proper tracking of supply chains and services through the 2D barcode and MediTrack systems and the implementation of a national identification system to which electronic health records, electronic medical records, medication cards and hospitalization cards would be connected.