



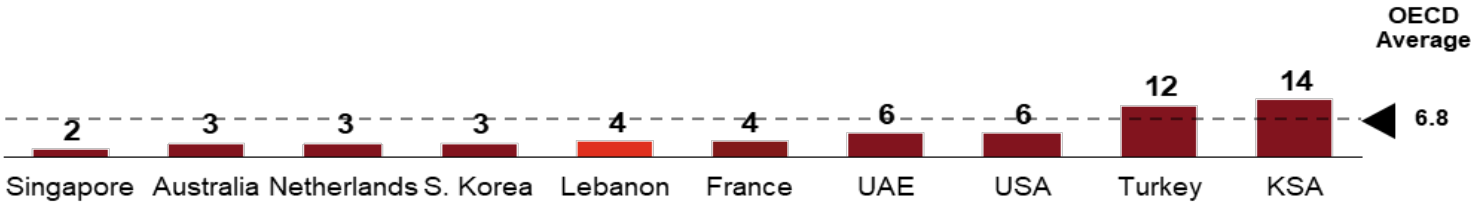
# MOPH Strategy 2025

March 2018

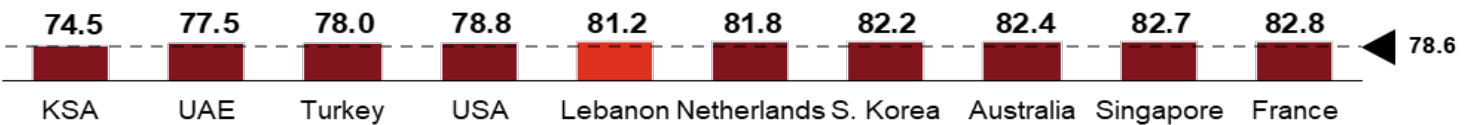
# It is important to recognize the achievements of the healthcare sector in Lebanon

## Healthcare Sector Indicators

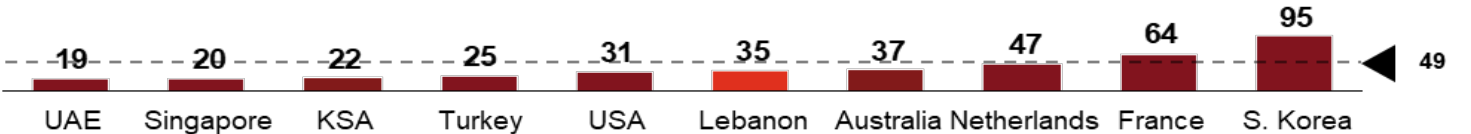
### Infant Mortality Rate (per 1,000 people)



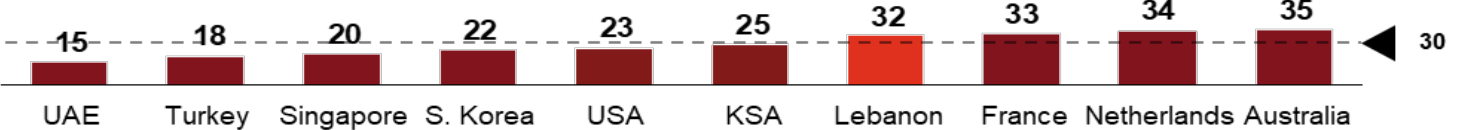
### Life Expectancy at Birth (Years)



### Hospitals Beds (Beds per 10,000 Population)



### Physicians (Physicians per 10,000 Population)



### Ranked 32: Economist Health outcomes and cost (2014)

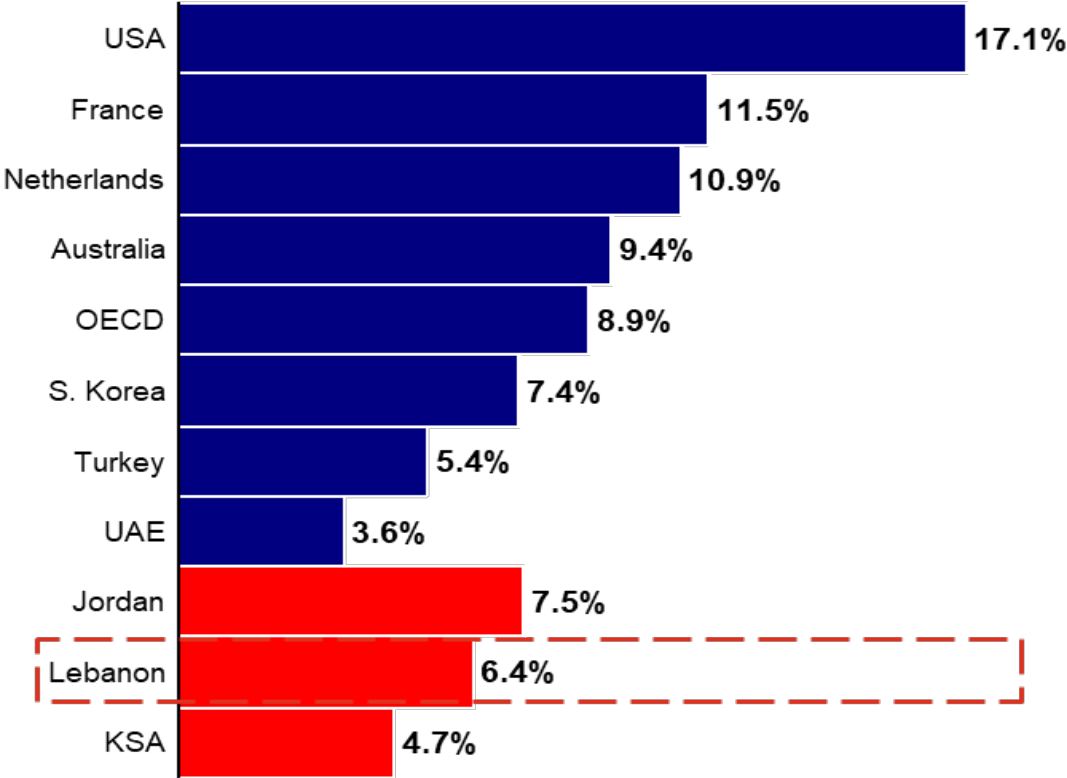
Tier 1		Tier 2		Tier 3		Tier 4	
1	Japan	30	Qatar	57	Vietnam	85	Mauritius
2	Singapore	32	Lebanon	65	Turkey	89	Armenia
5	Australia	33	USA	71	Jordan	95	Egypt
15	S. Korea	44	UAE	76	Brazil	...	..

### Ranked 32: Bloomberg 2017 Healthiest Country Index

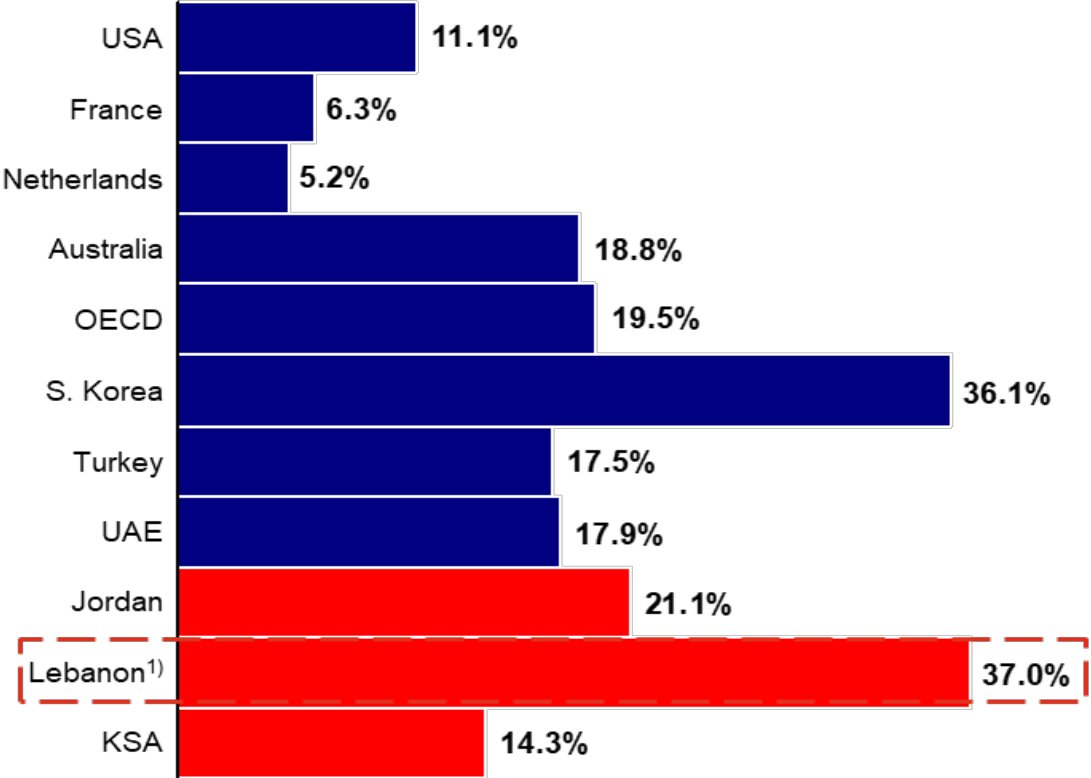
1	3	4	7	11	14	20	25
Italy	Switzerland	Singapore	Japan	Norway	France	Greece	Malta
26	28	32	34	36	40	45	50
Belgium	Denmark	Lebanon	USA	Qatar	Bahrain	UAE	Albania

The healthcare bill in Lebanon is inline with comparable countries; however, Out of Pocket share is high

Health Expenditure as Share of GDP  
(As percentage of GDP) (2014)



OOP Share of Total Healthcare Expenditure  
(Estimates) (As % of Total Expenditure) (2014)



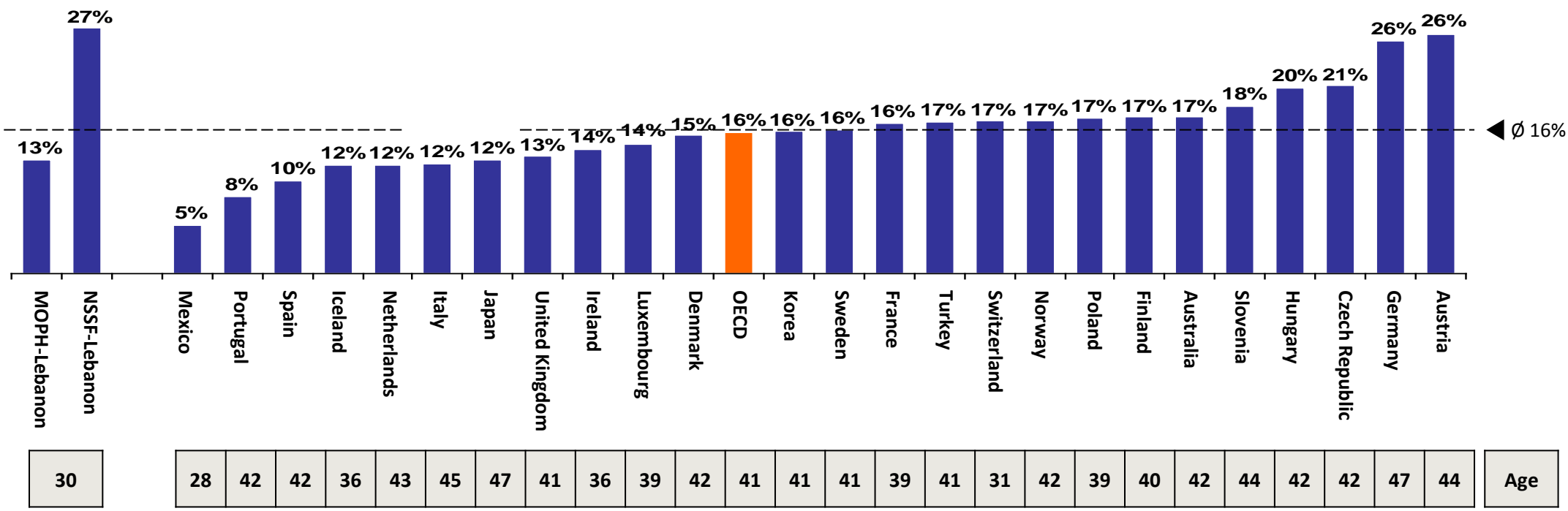
Developed Countries  
Developing Countries

In addition, a number of other challenges are adding significant strain on the system

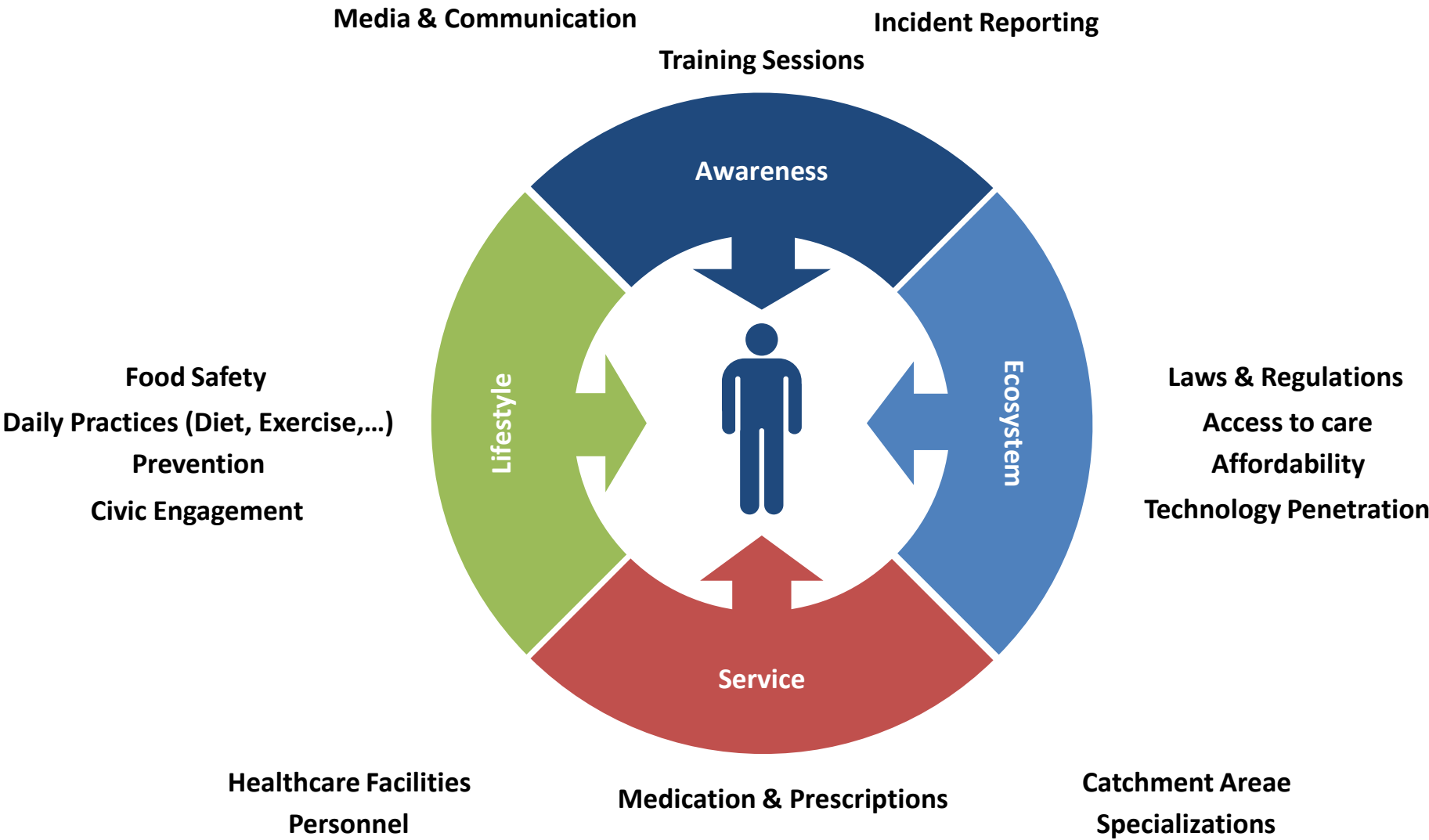
Challenge	Description	Implications
Ambiguity related to MOPH services	<ul style="list-style-type: none"><li>• MOPH beneficiaries <b>have limited awareness of their healthcare benefits</b> and rights, mainly due to sub-optimal communication</li></ul>	<ul style="list-style-type: none"><li>• Some patients are wrongfully denied HC access or they have <b>unrealistic expectations from the system</b></li><li>• Beneficiaries have low confidence in the services provided through MOPH</li></ul>
Absence of Solidarity	<ul style="list-style-type: none"><li>• Beneficiaries of MOPH services do not contribute into the MOPH budget to cover some of the medical bill</li><li>• Today, there is <b>no copayment on pharmaceuticals</b> that MOPH provides</li></ul>	<ul style="list-style-type: none"><li>• MOPH forfeits what typically is the leading sustainable funding source for a healthcare payor</li><li>• Absence of copayment incentivize over-utilization, leading to a growing pharmaceutical bill</li></ul>
Absence of Direct Funding Sources	<ul style="list-style-type: none"><li>• Today, the MOPH does not benefit from direct funding sources to cover its medical bill, and relies mainly on the government budget</li></ul>	<ul style="list-style-type: none"><li>• The availability of funding to cover the medical bill of eligible citizens <b>is subject to overall government budget constraints</b></li></ul>
Difficult Eligibility Control	<ul style="list-style-type: none"><li>• Difficulty in confirming eligibility of citizens due to <b>limited coordination / database sharing</b> among the Private sector and MOPH</li><li>• Difficulty in identifying needy people</li></ul>	<ul style="list-style-type: none"><li>• This could result in shifting a heavier burden on the MOPH budget, <b>with potential for patients to “double-dip”</b></li></ul>
Uninsured Private Sector Retirees	<ul style="list-style-type: none"><li>• Current private <b>sector retirees</b> (who retired before January 2017) <b>are not covered by the NSSF</b></li></ul>	<ul style="list-style-type: none"><li>• The MOPH is finding itself facing a large medical bill for a segment that typically <b>utilizes the healthcare system the most</b></li></ul>

MOPH current admission/ hospitalization rate stands at 13%; based on benchmarks, utilization could go up to 16%

Admission/Hospitalization Rate-Benchmark  
(%)(2016)



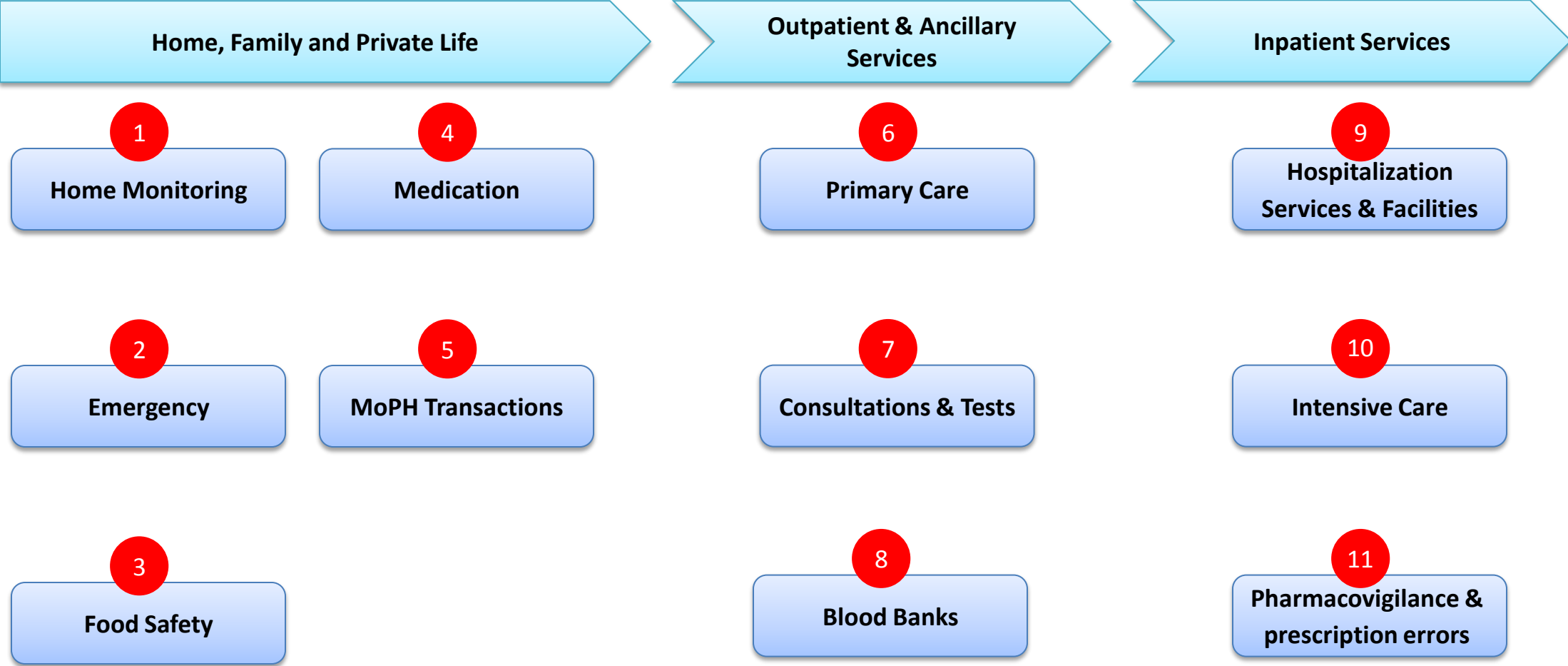
# The MoPH Strategy 2025 is patient-centric



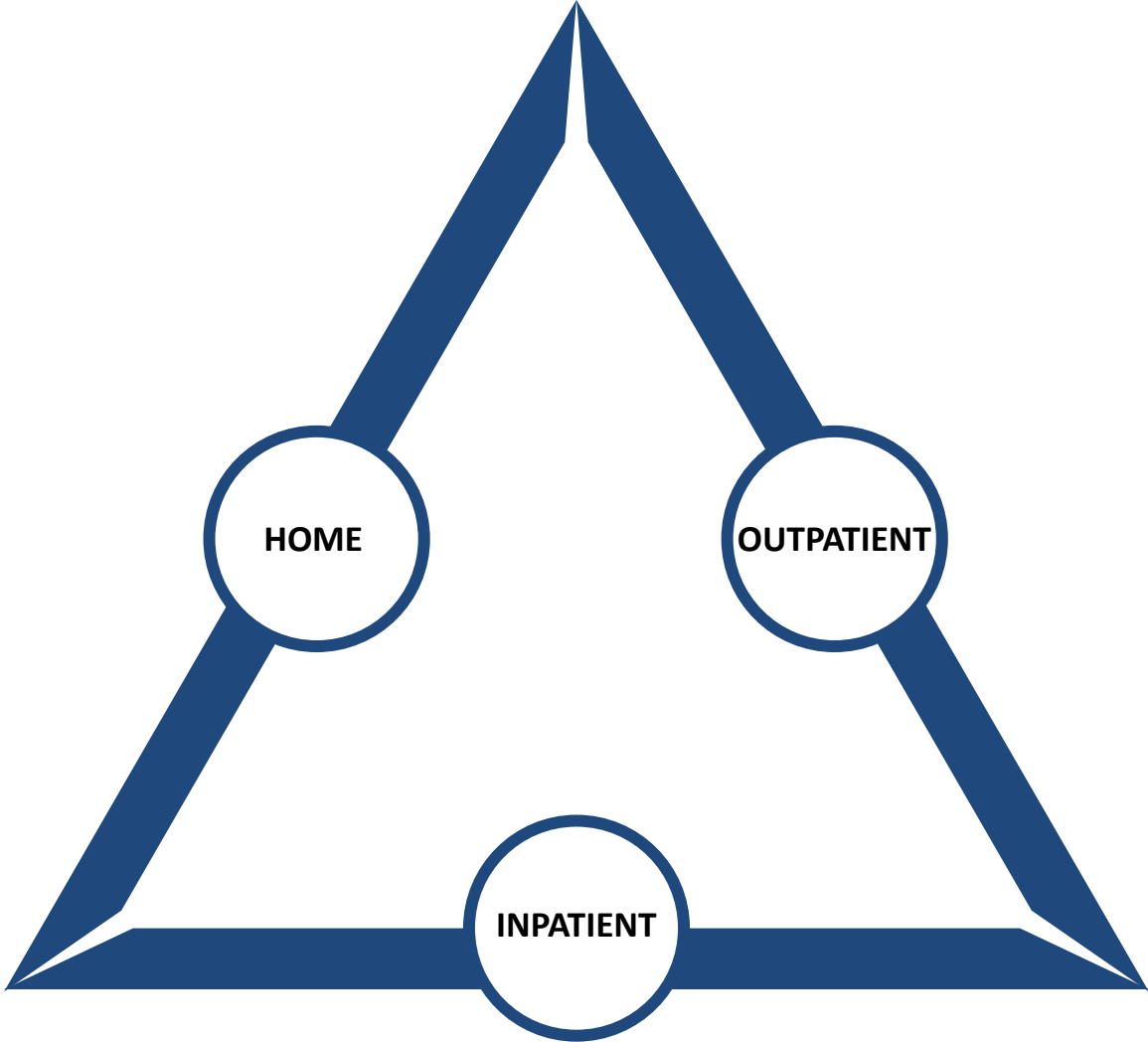
# To design it, we relied on 5 key guiding principles



We translated the resulting action items into 3 dimensions and 11 focus areae

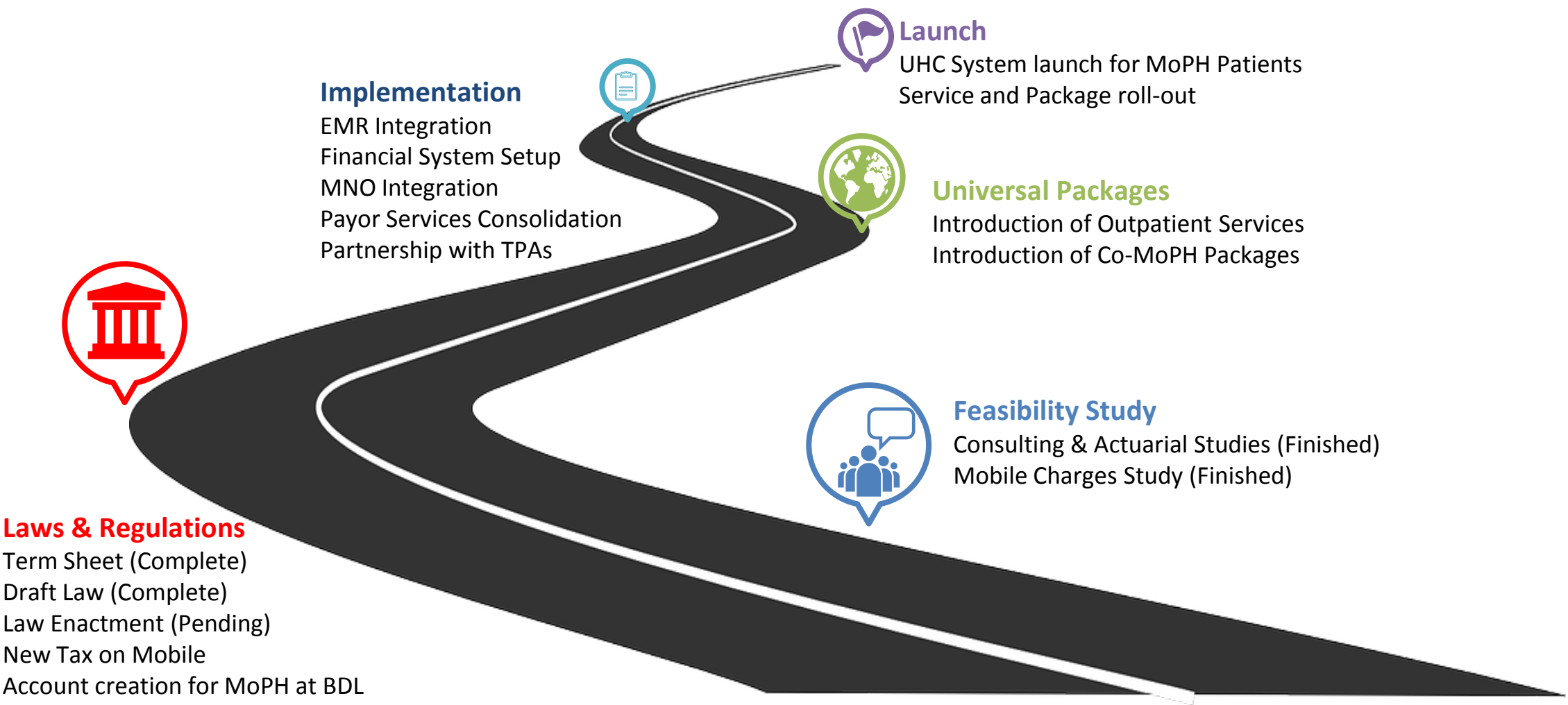


**The three dimensions are correlated whereas their respective focus areae are prerequisites and co-requisites one another to optimize the Lebanese Healthcare Ecosystem**



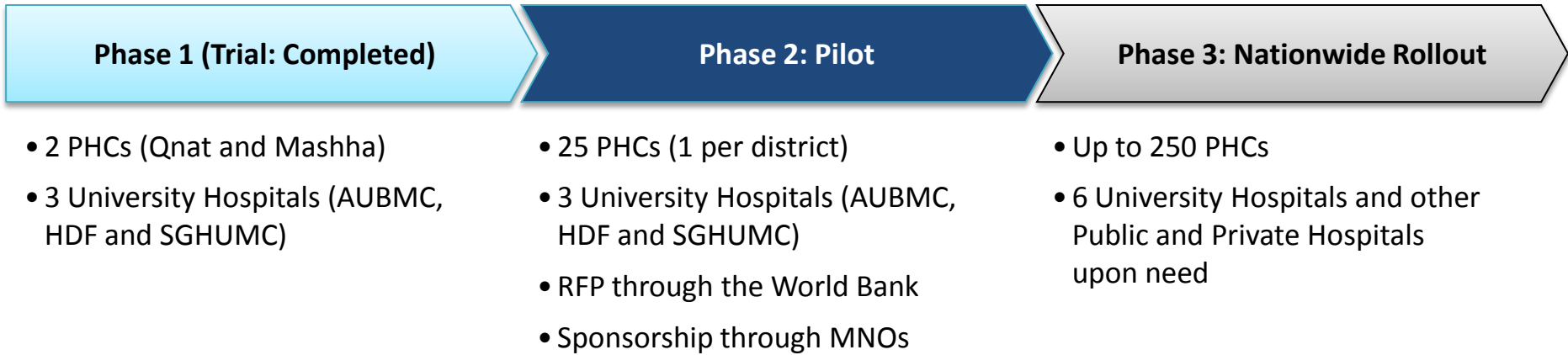
# The UHC Implementation plan could be segmented into five phases and would span over the next 2 years

## 1 Universal Health Coverage Roadmap

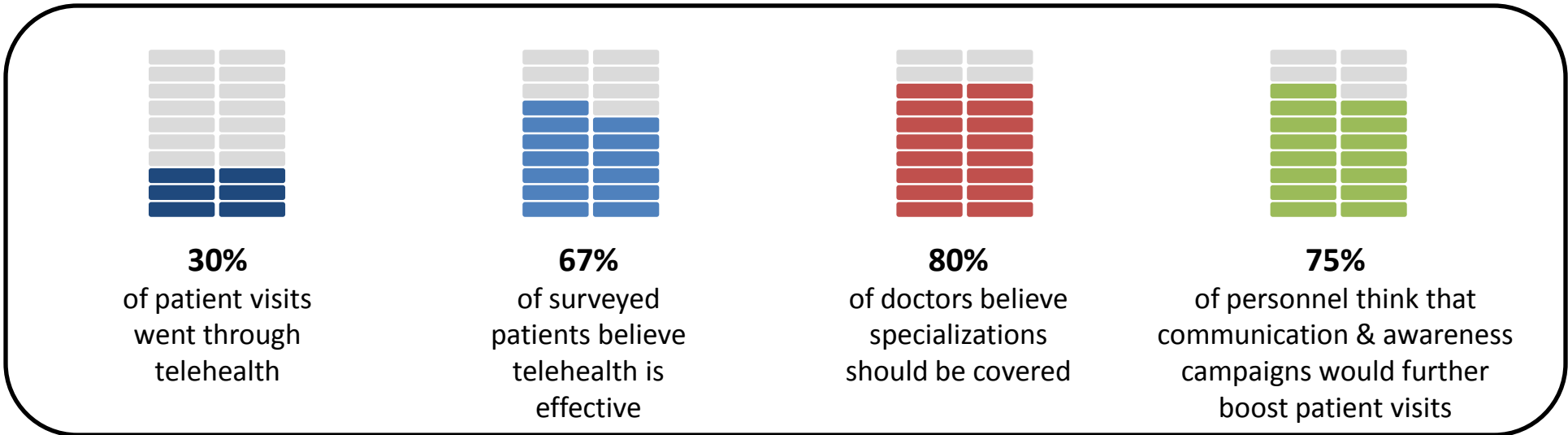


# The upcoming Phase (2) of the telehealth project will deploy the service over all the districts of Lebanon. The full project roll-out is estimated to last for 2 additional years until 2020

## 2 Telehealth services between PHCs and University Hospitals

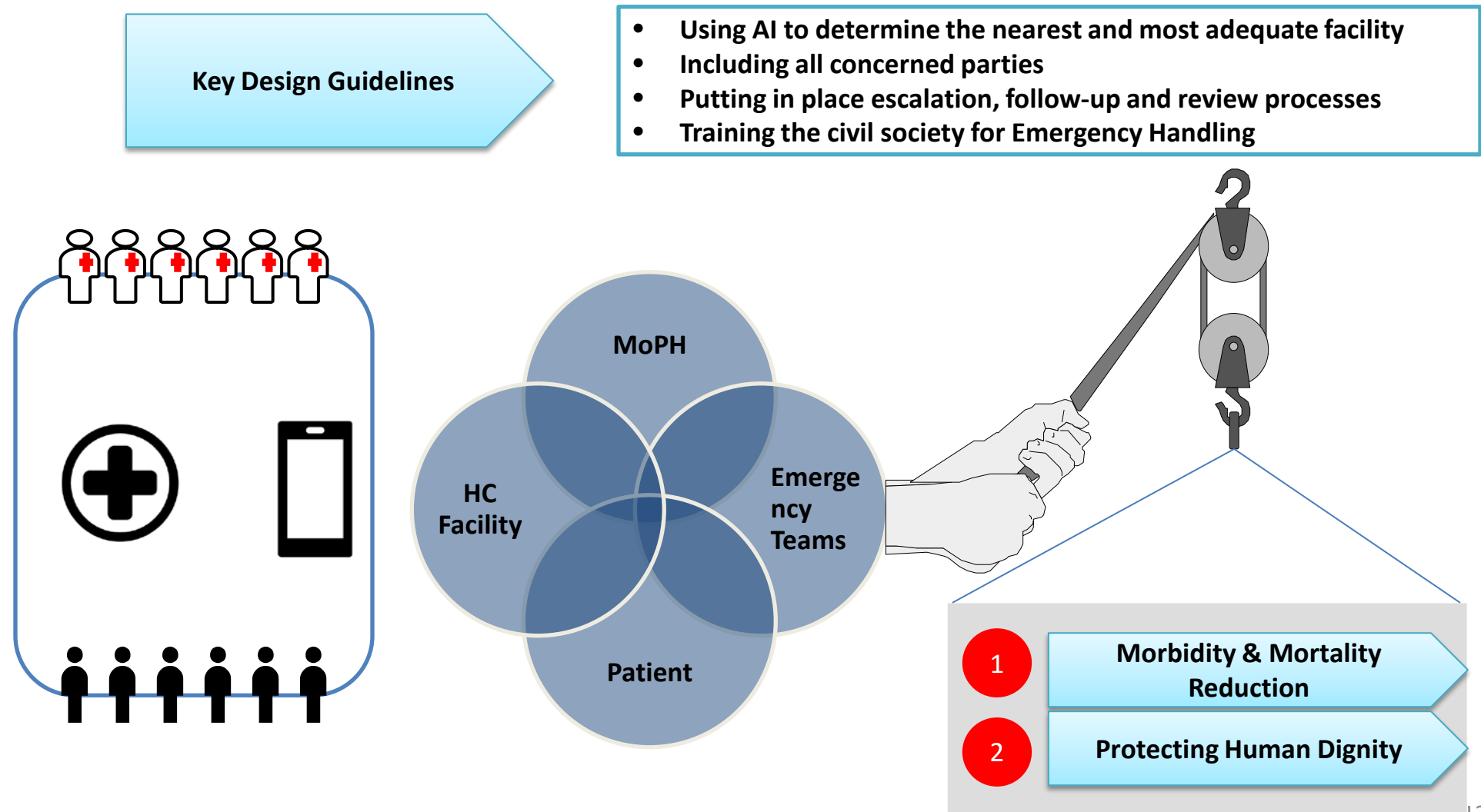


### Facts in a nutshell (based on the trial):



# The 5 year emergency response plan draws on all aspects of hospital, social, rehabilitation, emergency, technical and physical crisis management

## 3 New Emergency Response and Crisis Management Processes



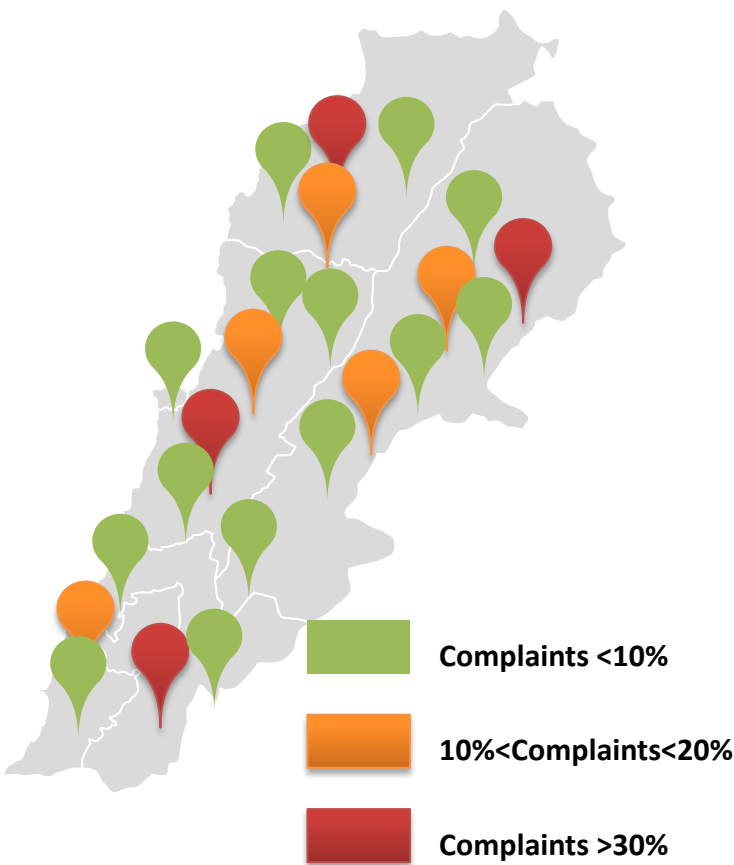
# We revitalized our existing food safety policy by empowering municipalities to take ownership of quality control within their perimeters, technology introduction and new follow-up processes

4

## Revitalized Food Safety Policy

A

### Collaboration with Municipalities



B

### Food Safety at Home



Food safety at home increases awareness and healthy practices and reduces significantly food poisoning risk as well as other health issues

C

### Food Safety in Touristic Resorts and Organizations



Using Mobile technology for reporting and spreading awareness

The PICU Strategic Initiative has a 4-year timeframe. 80% of its actions can however be implemented within 15 months

5

Pediatric Intensive Care Project

Capacity	PICU Beds [+25%] Immediate C10	Post reanimation PICU beds and step-down (+25%) B8	Pediatricians permanence in ER [in University hospitals] B9	Transport 24/7 (with LRC) Urban B10 Rural A10
	PICU Beds [+75%] within 1 year B9	Post reanimation PICU beds and step-down [+50%] A6	Pediatricians permanence in ER [in Regional Hospitals] A6	Helicopter Transport A5
Events	LOP (LPS) MOH WHO D7	NCPNN D7	LOP (LPS) MOH WHO D9	
Advocacy	Organ donation C7		Hospital-based Child Protection Units and Policy (INSPIRE WHO program) C9	
Data	Child Deaths Reviews Registry (USJ) C9	National Premature and Neonatal Network (AUB) D9	Observatoire de l’Enfance et la Jeunesse au Liban [ÆIL; USJ] for PED admissions Registry C9	Child Injuries registry D9
Training	PICU Fellow (AUB) 3 + 3 D9	NICU Fellow (AUB) 3 + 3 D9	DU urgences pédiatriques (USJ) 4 + 1 D9	Basic Life Support for Nurseries D10
	Advanced Pediatric Life Support /PALS/ D9	Integrated Management of Adult and Adolescent Illness [IMAI] B7	Emergency Triage, Assessment, and Treatment [ETAT Triage] C9	Integrated Management of Childhood Illness [IMCI] D8
	Senior pediatric clinical managers B9	Sepsis Management Guidelines B9	ETAT-plus admission care B7	WHO Pocket Book of Hospital Care for Children and Pediatrician Guide D9

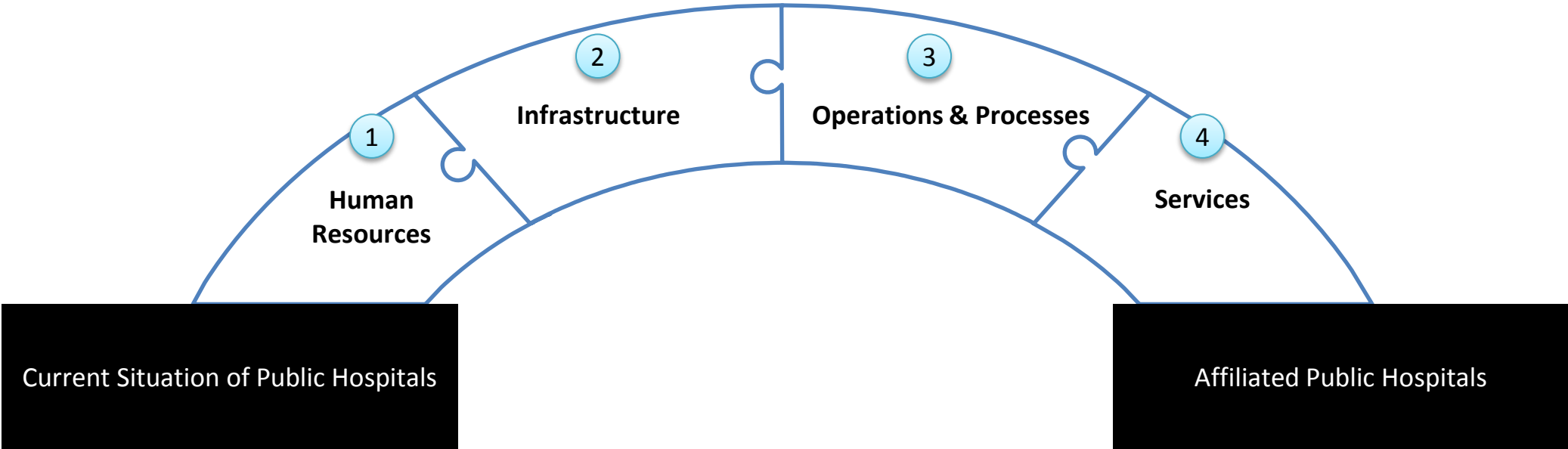
**Urgent to achieve:**  
1 [Not Urgent] →  
10 [Vey Urgent]

**Difficult to achieve:**  
A [Very Difficult] →  
E [Very Easy]

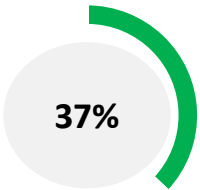
Immediately possible

The PPP between hospitals aims to foster collaboration in the HC field and give a boost to public hospitalization. We intend to launch a pilot project with 6 hospitals prior to national roll-out

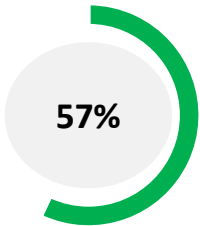
5 Private-Public Hospitals Strategic Affiliation



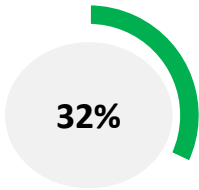
Expected Improvements



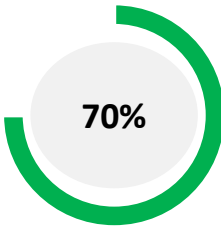
Decrease in Mortality Rate



Increase in Bed Turnover Rate



Increase in the Number of Nurses







Reduction in Bed Replacement Rate

The national pharmaceutical industry size is approximately USD 1.5B (3% of GDP). Improving its quality standards, restructuring its prices and finding new markets for it will foster local job growth

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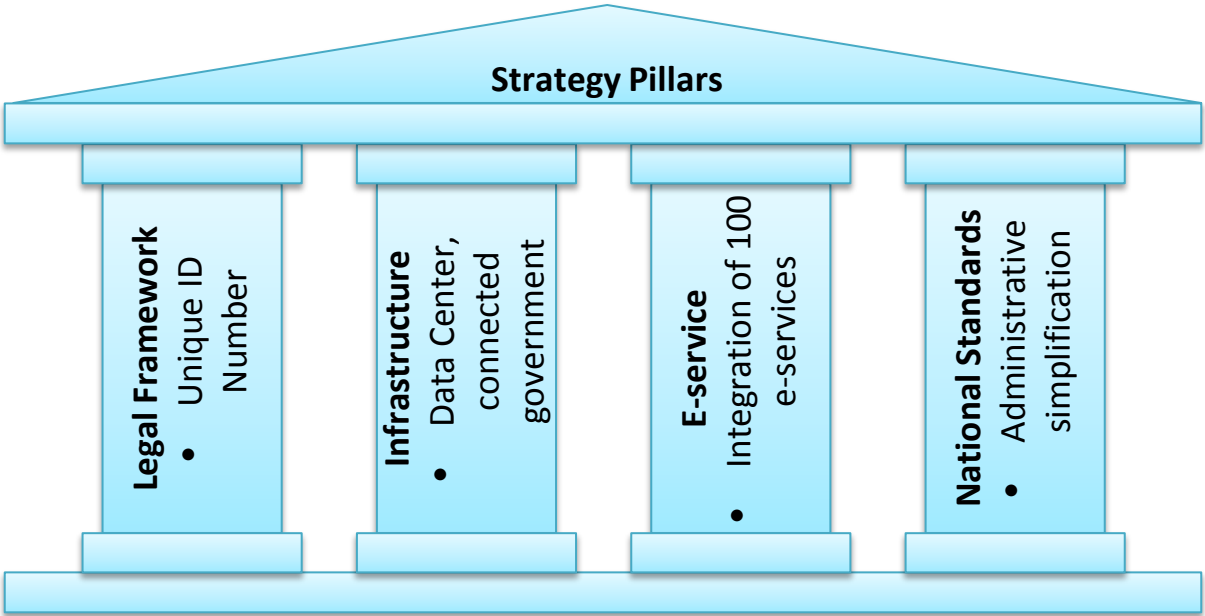
Pharmaceutical Industry Support

Export	Local Production	PV and Prescription Errors	Price Structure Review
<ul style="list-style-type: none"><li>▪ Collaborating with local producers to upgrade quality standards</li><li>▪ Establishing agreements with international holdings, countries or (country unions) to create new markets for local production thereby increasing demand and job opportunities</li><li>▪ Introducing Arab, African and European Health Ministers to the local pharmaceutical industry by organizing tours to local factories while setting-up reciprocity agreements</li></ul>	<ul style="list-style-type: none"><li>▪ Giving local pharmaceuticals the priority in prescriptions through the MoPH Unified Prescription Form</li><li>▪ Helping manufacturers reduce costs</li><li>▪ Launching a national campaign for local industry support</li><li>▪ Reviewing the registration policy of imported generic drugs</li></ul>	<ul style="list-style-type: none"><li>▪ Launching a pilot project for medical prescription errors declaration in collaboration with the Lebanese University and the Syndicate of Hospitals</li><li>▪ Launching a pharmacovigilance system in collaboration with the pharmaceutical industry</li></ul>	<ul style="list-style-type: none"><li>▪ Benchmarking Medication pricing structure in 12 countries (MENA, NA and Europe)</li><li>▪ Collaborating with the WHO</li><li>▪ Redefining Benchmark pillars in light of the first exercise for the best of patients and the healthcare sector in general</li></ul>
			

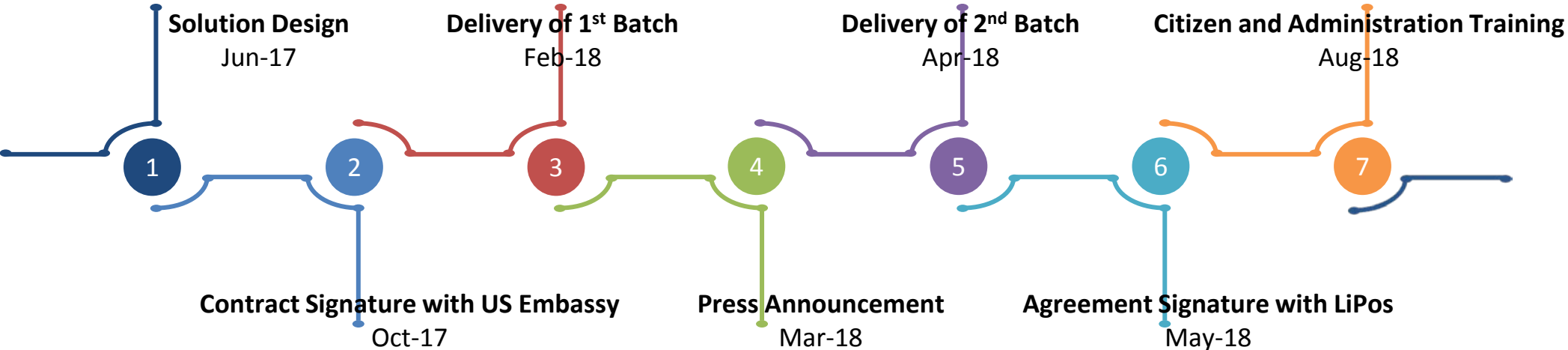
Our digitization plan is the largest implementation of e-Government in the MENA. It aims to promote welfare & sustainability and increase administrative efficiency and productivity

7

E-Government Strategy



Implementation Roadmap



**Thank You**