

**Lebanese Republic**  
**Office of the Minister of State**  
**for Administrative Reform**

**Citizens Charter for Public Health**

**Citizen's Rights and Obligations**  
**& Ethics of Curative Relation**

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*This paper was prepared by a working group formed by Minister of State for Administrative Reform, Mr. Fouad al-Saad, in cooperation with the Ministry of Public Health, in the context of a project that aims to draft sector-related charters to complement the Citizen's Charter endorsed by the Cabinet in its session on 15/11/2005. The working group comprised Mr. Antoine Roumanos, representing Public Health Ministry; Dr. Aziz Geahshan, Dean of Faculty of Pharmacy at the Lebanese University; Dr. Kamel Mohanna, a podiatrist and a leader in civil associations; Dr. Elie Mekhael, secretary General of Higher Childhood Council and a lecturer at the Faculty of Education at the Lebanese University; and Dr. Bernard Gerbaka, a professor at the Faculty of Medicine at USJ. Mr. Joseph Abi Rached took part in the final drafting, based on the proposals of the workshop that was held on 19/11/2002 and that included the majority of the sectors involved in health matters. Dr. Antoine Messarra was in charge of the general coordination of the Citizen's Charters (Health, Education, Environment, Heritage, Public Funds and Public Safety...).*

## Table of Contents

Introduction

Health Situation Indicators

Services and Expenditure Rationalization

Health Education, a means to change behavior

International Standards

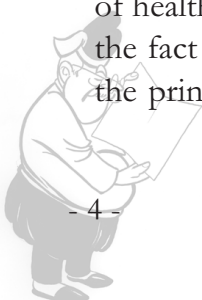
1. General Principles
2. Rights of Health Service Beneficiary
3. Obligations of Health Service Beneficiary
4. Obligations of Health Service Provider
5. Culture of Health Prevention
6. Health Administrative Formalities

## Prologue

The government spends huge sums of its resources on health treatment. In spite of the aggravating economic crisis, the culture of prevention is still absent: health education, early detection, medical examinations, tests, drainage of waste water, disposal of wastes, supply of good water, solution of the air pollution problem, etc... This culture will not be circulated if the media did not take part in its dissemination in order to achieve guidance and healthy communication between specialists and the public in a clear, comprehensible and transparent way. The citizen complains that medicine is no longer a humanitarian service, but in most cases it has become a profit-service, seeking to achieve the financial return before fulfilling the mission and the humanitarian role.

Before this reality, it has become our duty to rationalize a citizen's behavior and set a platform for ethics in treatment, where a citizen's behavioral charter for health could support efficient public policies and legislations. Among the positive consequences of the charter would be a reduction in the budget deficit and the public debt. We cannot go on with the increasing health expenditure until forever, or else, we, as Lebanese, will not find a way out of this infuriating dilemma.

Continuous improvement in health indicators does not eliminate the many problems in the Lebanese health system. Among the significant problems- in addition to the above-mentioned- is the lack of fairness, disparity in quality, high cost of health services, intervention of politics in health management, the fact that the health services market in Lebanon is subject to the principles of the unorganized free economic order, and the



focusing of these services on investment in developed and costly high-tech medical branches, where services are not adequate to the real needs.

The main objective behind the sectorial charter, **and the Citizen's Charter for Public Health in particular, is to promote the citizen's role, reinforce his confidence in his capacity in initiatives, participation and accountability.** The health charter does not conflict with many pioneer endeavors in the field of health policies, health legislation and professional ethics in health sectors, as it seeks to deal with health matters in relation with the citizen. It answers the following the question: what does a citizen do in his curative relation, as a contributor, participant, actor, initiator and supporter of policies and legislations?

Why does the office of the Minister of State for Administrative Reform “involve himself in health?” The answer to that is that the office of the Minister of State for Administrative Reform **seeks to shift from the concept of administration as “authority” to the concept of administration as “public service”** through integrated problems.

The charter focused on four main topics which the committee considered as priority issues in the current health situation in Lebanon:

- Establish a database.
- Build and practice a culture of prevention
- Build a humanitarian curative relation
- Establish a simplified administrative relation in health matters.

## Introduction

The issue of health is an essential topic that falls at the heart of social policies adopted by societies to ensure their well-being and a better quality of life for their individuals.

The health system in Lebanon is often restricted to a formula of a disease and a medication without taking into account the factors influencing health, particularly the ethical and behavioral factors. The largest part of resources is spent on treatment, while the culture of prevention is sometimes lacking.

Many times medicine takes off the characteristic of humanitarian service, the provider of which should enjoy high level of ethics and responsibility, to become a service that looks for financial return before fulfilling the mission and the humanitarian role.

Before this reality, it has become necessary, in addition to the public policies of the health sector, **to rationalize the citizen's behavior and set an ethical platform in curative relations.** A citizen's behavioral charter for health could promote the efficiency of public policies and legislations.

### 1. Health Situation Indicators

Remarkable improvement has been registered in the health conditions of the Lebanese people<sup>1</sup>:

1. **Economic growth** that started in the 50's and that was reflected in an increase in supply of goods and services, including health services.
2. **Improved standards of living and residence conditions.**
3. **Establishment of social and health insurance schemes.**

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*1. Revealing Facts on Health in Lebanon, working paper submitted to a workshop on human development that was organized by UNDP-Lebanon, Beirut in December 1996.*

4. **Success in controlling contagious diseases and epidemics** through adopting programs and campaigns specially designated for this purpose.
5. **Increased public awareness and developed health behavior** of Lebanese individuals and families, with an evident positive role of media, governmental and national, non-governmental and international parties on this level.

This improvement was particularly embodied in a decrease in the neo-natal mortality rate, a decrease in child mortality, an increased rate of adopting family planning means and a decrease in birth rates.

**The war in Lebanon (1975-1991) could not greatly affect the public health condition of citizens** despite the financial, human and institutional losses that the war caused. This is due to the following reasons:

- 1- **Culture of self-reliance** that the Lebanese people enjoy.
- 2- **Active and initiative role** of civil associations in ensuring health services and carrying out relief works.
- 3- **Continuous** large and active role of **the private sector** in health matters.
- 4- **External aids**, especially in cases of emergency.
- 5- **Integration of international organizations**, especially the UN adhoc agencies (UNICEF, World Health Organization (WHO),...) in comprehensive and field programs to treat communicable diseases and epidemics through vaccination, prevention and monitoring campaigns, and this could be achieved in cooperation with the Public Health Ministry and civil associations.

The health situation in Lebanon is marked by the following features:

- It is passing through a transitional period on the demographic and health levels.
- It is scoring a regression in the role of the public sector, for the benefit of the private and civil sectors.
- It lacks planning, which led to a hike in the cost of health services, as well as the rationalization of medication use and modern and expensive health technologies.

Such problems become more acute in the regions with low indicators of health services<sup>2</sup>.

Statistics in Lebanon indicate that around 50% of the Lebanese are not covered by medical insurance, except for what the services provided by the Public Health Ministry. The health-social problem can be summarized in the lack of equal opportunities before the Lebanese to obtain the same quality and quantity of preventive and curative services, and this is due to the level of income and the regional disparity in the availability of basic services<sup>3</sup>.

National health indicators in Lebanon conceal significant disparities on the regional and social level. The mortality rate of infants (less than one year) in Lebanon between 1986 and 1995 scored 33.5 for every 1000 born infants. Yet, the study of internal distribution of these ratios revealed great discrepancies according to the mother's educational level<sup>4</sup>. It is worth-noting that the

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2. *Sectorial policies for fighting poverty in Lebanon in the mid-nineties: health and education sectors: ESCWA.*

3. *Sectorial policies for fighting poverty in Lebanon in the mid-nineties: health and education sectors: ESCWA.*

4. *Lebanese Survey on the Maternal and Children Health, Lebanese Republic, League of Arab States, 1996.*

education level is considered as an indirect indicator of the social status.

The same level of disparity can be noticed between the capital and cities and between remote rural areas. This regional-geographical disparity results in a percentage of 60% of child mortalities is registered in the Bekaa and North Lebanon governorates even though they encompass 25% only of Lebanon's children<sup>5</sup>.

This disparity can also be observed in different public health indicators, particularly in the distribution of hospital beds which reaches 6.55 beds for every 1000 citizens in Beirut and Mount-Lebanon, while 0.68 in Nabatieh and the Bekaa<sup>6</sup>.

## **2. Services and Rationalization of Expenditure**

The health services market in Lebanon is subject to the principles of the unregulated free economic order. Most of these services are curative and are based on investment in developed medical branches (open heart surgery, lithotripsy...) and costly modern technology (CT scan, Magnetic Resonance Imagery). However, these services are not adequate to the real need.

Supply in the health sector develops demand, which leads to over-consumption of unnecessary, non-useful and expensive services, as there are insuring parties that cover this cost. As for preventive services that are marked by high return on the public health, in comparison with its relatively low cost, they often remain limited to the limited programs that the public sector undertakes in cooperation with the civil sector and international organizations<sup>7</sup>.

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5. *Health sector rehabilitation project – Staff appraisal report – World Bank. 1994.*

6. *Source: Ministry of Public Health. Rep. of Lebanon. Lebanon National Health Accounts 1998 (December 2000).*

7. *Health Minister Project to reform the health system, an-Nabar, 23/08/1997.*

This disparity between the excess in expensive and low-return services and the scarcity of curative services is accompanied by a disparity on the human resources level, as there is an excess in the number of physicians and a scarcity in assisting medical professions, and nursing in particular.

In 1998, health expenditure reached 1 billion and 996 million US dollars, i.e. around 12.32% of the GNP. This percentage is higher than those registered in European countries.

Disparities can also be seen in the regional distribution of hospitals, particularly with respect to North Lebanon and the Bekaa. Around 60% of hospitals are concentrated in Beirut and Mount-Lebanon. There are also discrepancies inside these areas between centers of governorates, and then districts and between the majority of rural villages, where the link between poverty and the medical conditions is clearly observed.

During years of war, and in light of the reduced capacities of government hospitals, a special method was adopted in treating emergency cases resulting from belligerent acts that are not covered by health insurance systems, where the Health Ministry contracted with private hospitals<sup>8</sup>. The Health Ministry was in charge of paying the expenses of some beds of patients on whom the specifications of Health Ministry benefits are applied<sup>9</sup>.

Therefore, the change in the role of the Public Health Ministry could be deduced, as its role was to fund the private medical sector. The ministry tried to reduce the dependence on

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8. *Sectorial policies for fighting poverty in Lebanon in the mid-nineties: health and education sectors: ESCWA.*

9. *And according to the Health Ministry statistics, the number of those treated on the expense of the Health Ministry reached 104,890 patients in 1996; whereas, the study on households livelihoods in 1997 revealed that 12.6% of households have benefited from Health Ministry service- households living standards in 1997, Central Statistics Administration.*

contracting with the private sector and develop its capacities as a health services producer, even partially, through constructing and rehabilitating 27 central and rural hospitals on the level of districts and constructing a university hospital (500 beds) in Beirut by 2001.

As for infirmaries and health care centers, they played a significant role during years of crisis, in the light of the deterioration of the public sector. In addition to the private sector, they were the right party to determine the people's needs and seek to meet them. During years of relentless work, they managed to ensure a rich and trust-worthy experience, locally and globally.

The accurate number of infirmaries operating is changing due to the relatively rapid movement in inaugurating new infirmaries or due to the closure of some, and this is due to the large number of civil institutions that deal with health matters and their flexibility in opening infirmaries in regions. The number of infirmaries increased during wartime due to security, economic and social necessities. And the need to provide the primary health care to the nearest place a patient can be found in had a priority due to the difficulty or the impossibility of movement at many times. According to a UNICEF study in 1991 that tackled the increase in the number of infirmaries, 429 new infirmaries have been established between 1974 and 1991, without calculating the infirmaries that closed down or field infirmaries and hospitals that used to be open in cases of maximum emergency<sup>10</sup>.

The improvement of health condition indicators in Lebanon for the poor, in particular, and for citizens, in general, necessitates dealing with the health situation as one of the basic

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10. *The Public Health Minister project for the reform of the health system indicates the existence of 800 infirmaries and health centers, among which 700 are of the civil sector, an-Nabar on 23/8/1997.*

indicators of human development. This requires going beyond the curative perspective in terms of diseases and medications to adopting primary health care as a main strategy to ensure health care for everybody. This implies a solid link to the population's socio-economic situation, and hence, a necessity to adopt an approach that transcends sectorial specialization and to concentrate many efforts, among which are those of Health, Education, Social Affairs, Agriculture, and Finance Ministries, civil associations, the private sector and international organizations in order to achieve the objectives of the aspired health policy<sup>11</sup>.

The problem of containing health services cost should be the slogan and the objective of the coming stage, as this crisis threatens the Health for All strategy. Often, it is the poor, socially disadvantaged people, such as women and children, who pay the price. It is noticed that the increase in the health cost did not lead to a parallel improvement of health services on the level of areas and social categories, as there is a bad distribution of health services by most of health sectors. We find the largest number of health institutions concentrated in main cities, compared with rural areas.

In Lebanon, there are 167 hospitals with 11,533 beds, out of which are 12% as hospitals and 10% as beds in the public sector, distributed between 2.88 beds for every 1000 citizens. It is the highest ration in the Middle East<sup>12</sup>.

### **3. Health Education, a means to change behavior**

The Lebanese society is young, where 30% of the population is less than 15 years old. The number of the elderly is increasing

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11. *Sectorial policies for fighting poverty in Lebanon in the mid-nineties: health and education sectors: ESCWA.*

12. *Sectorial policies for fighting poverty in Lebanon in the mid-nineties: health and education sectors: ESCWA.*

so that the percentage of those above 65 years reaches 7% of the population.

Moreover, communicable diseases that are prevalent in poor countries are still a major cause of child mortalities in spite of the success of vaccination campaigns and preventive programs in reducing their percentage. At the same time, chronic diseases increase to reach worrying rates. **More than half of the adult men and women suffer from obesity. There are more than 4,000 cancer cases annually. 13% of the people are diabetic, while 26% suffer from high blood pressure**<sup>13</sup>.

In addition to these diseases, there is a series of prevalent behaviors and conduct that harm the health of citizens and society, such as **smoking, non-rationalization of medications use, unsafe driving, insufficient exercise...** Therefore, health education plays a significant role in prevention and in changing the common conduct and the prevalent social pattern.

**Health Education is a life-going process** that includes the reinforcement of an individual's or communities' capacities to take responsible health decisions towards one's self and the society. Education here is not limited to giving an individual or a group a certain level of knowledge to enable them to understand diseases, their reasons and repercussions, but it includes their motivation **to enjoy certain conduct patterns that are useful to the health: body respect, social solidarity, participation and cooperation, and the ability to take a free and responsible decision. It also helps provide skills that change the patterns of a curative relation.**

For an efficient health education, it should be complemented by a series of procedures in which the private sector and the local community take part. Among these procedures are providing it with financial resources, a methodology and means to poll

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13. *The Health Minister project to reform the health system, an-Nabar on 23/8/1997.*

people's opinions and needs so that intervention conforms and complements the needs.

#### 4. International Standards

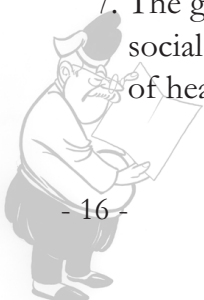
The Citizen's Charter for Health is based on:

1. Universal Declaration of Human Rights, which stipulated in article 25-1: **“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family...”**;
2. Declaration of Alma-Ata during the World Health Organization (WHO) General Assembly at the Alma-Ata Conference in 1978, which saw the participation of international organizations and scientific bodies. It was agreed that the concept of comprehensive primary health care should be adopted as a main axis for the health system and as an integral part of economic and social development, and as an introduction to achieve Health for All by 2000.
3. International legal instruments that underline an individual's right to health, particularly the Internal Convention on Economic, Social and Cultural Rights (1966), Convention on the Elimination of all Forms of Declaration against Women (1979), Children Rights Conventions (1989), Lebanese Children Rights (1979). This is in addition to Lebanon's ratification of all these conventions, where they have become part of its laws and at a position that transcends these laws.
4. Paragraph (g) of the Lebanese Constitution's introduction which stated: “Balanced development of Lebanese areas on the cultural, social and economic levels is a basic pillar of the State's unity and the stability of order.”

The Citizen's Charter for Health focuses on the main issues in the curative relationship, and it could be complemented later on by detailed ethical charters on the following topics: insurance, medical and assisting medical professions, medication, people with special needs, marginalized categories, health in jails, drugs and substances, school health, occupational health, women's health, children's health, youth's health and health of the elderly....

## 1 - General Principles

1. Health, with its ethical, humanitarian, social, economic and cultural dimensions, is one of the citizen's rights that the State and the society should fulfill.
2. Ensuring health to citizens includes ensuring residence, nutrition, clothes, education, sufficient income, healthy environment and civil peace. Any improvement in the indicators of the health situation is organically linked to these factors.
3. Individuals have to promote their health and their society's.
4. Citizens are entitled to physical, mental and social welfare and not to protection from disease and disability only, as good health supports and motivates development, which in turn backs good health.
5. Citizens have the right to find a health strategy that is adopted by the highest political authority and that receives the necessary financial and technical support. This strategy ensures the curative, preventive, rehabilitation health care for all citizens, particularly the most vulnerable categories vis-à-vis diseases (women, children and the elderly...)
6. The government and municipal councils should involve the civil society and local community in the responsibility of health promotion and development, through a health policy that is based on the individuals' needs and aspirations. This policy should also adopt and enhance this right, and it should reinforce the principle of participation.
7. The government is responsible for taking sufficient health and social measures that enable the public to attain a certain level of health so that people can lead a productive life on all levels.



**8. Citizens enjoy the right to health security through services that are provided to them with an acceptable cost and good quality. This is done through a series of measures, the most important of which are:**

**8-1 promote the role of the public sector**, which is a major and regular role. It regulates the health sectors as a whole. It monitors and supervises its work, draws up the public health policy, and translates this policy into definite plans and programs. The public sector coordinates between all stakeholders in the health field, whether ministers, governmental institutions, non-governmental civil associations. It also monitors the quality of offered services, and it sets accountability mechanisms for apparatuses in charge of implementation.

**8-2 reinforce the government's role in health care** and head towards health insurance as a substitute for hospitalization services.

**8-3 define the role of the Public Health Ministry** as a supervisor, regulator and controller of health regulations, and provide it with administrative support and institutional development.

**8-4 promote prevention** and support health education through allocating the funds and techniques necessary for education activities and preventive programs.

**8-5 promote the role of public sector institutions**, transcend the sectorial specialization and undertake joint action for the different involved bodies: government, health sectors, concerned social, economic, educational and environmental bodies, civil society organizations, local authorities, sectors of industry and agriculture, the private sector, trade unions, media and international

organizations... All are responsible for conciliating between interests in conflict in order to achieve the aspired objectives of the health policy, which would ensure an environmental, social and cultural surrounding that promotes the citizen's health and preserves it from epidemics and problems.

- 8-6 **consider the primary health care as the basic starting point** of a developed health insurance.
- 8-7 **set a plan to rationalize the use of medication** and set a national medication-related policy that guarantees reduced prices through adopting the principal medications list, subjecting importers to an efficient and transparent monitoring and encouraging the national industry.
- 8-8 **reform the finance system** and rationalize health expenditure through alleviating unnecessary demand which is based on the availability of benefits or over-consumption that is backed by incentives of compensation systems. Rationalization can also take place through conducting an efficient monitoring of financial agencies, reinforcing the Public Health Ministry's regulatory capacities and considering investment in health a capital that should be preserved and developed.
- 8-9 **set a health political plan** that is aimed at reducing the health bill in Lebanon through reducing the hospitalization period, promoting the role of primary health care centers by organizing and supporting them, covering the cost of nursing care which a nurse could provide at a patient's house, in addition to adopting means and methods of monitoring this work.
- 8-10 **control and monitor the active capitalization processes** in the medical and hospitalization sector

through adopting a health map that determines the quality of equipment and the necessary number to fill the gaps of local needs since that would be positively reflected on the public health cost.

8-11 **ensure a unified finance system** that is based on a unified database, and conduct the statistical missions, as well as continuous monitoring and rectification processes.

8-12 **promote competition between private insurance companies**, and preserve the citizen's right through obtaining a clear text that including total health coverage and exceptions, and not allow political any interventions in finance systems, which might hinder competition between these institutions.

9. **Citizen's right to a vigorous healthy environment, which is one of the basic indicators of human development, and this is through:**

9-1 **protect natural resources** from pollutants, rectify the surroundings and monitor water and food.

9-2 **methodological assessment** of the surrounding's impact on health in light of technological development, energy and urban planning.

9-3 **develop and organize environmental concepts**, as well as methods of awareness and guidance that should be circulated among the public to preserve public safety.

9-4 **detect and intervene** to ban anything that could harm the public health in a surrounding that preserves physical and psychological health, ensures the chances of man's development and preserves his dignity.

9-5 **promote the principle of public safety** and protect it

from implemented laws and projects (roads, sidewalks, restaurants, playgrounds...).

**10- Health is a public right that should not be exploited under the slogan of freedom of industry and commerce, and this is through:**

**10-1 reconsider the issue of training doctors** and members of the assisting medical apparatus in cooperation with vocational and university education, where the specialization of the medical corps is diversified in accordance with Lebanon's health needs. The role of general practitioners (school health, vocational health...) and family medicine doctors should be encouraged. New specializations should be added to include medical engineering and services for people with special needs.

**10-2 improve the educational level of the medical staff** through continuous training and reinforcement of the medical specializations committee. Moreover, necessary measures should be set in order to curb the crisis of unemployment among the medical corps. An aptitude exam should be adopted for students wishing to major in medicine, as well as a competence exam to protect the profession, in cooperation with orders and syndicates.

**10-3 organize health and assisting medical professions** through granting licenses and practice permits, monitoring over the respect of laws, respecting specifications and offering proper services (radiology technicians, food sciences, psycho-motor sciences, ortho-phonology, ....).

**10-4 establish flexible health regulations** that enable participation and popular monitoring and that are based on references founded on a wide database.

10-5 underline the presence of **“Law of the Profession’s Ethics”** for every profession that has to do with medical and health services.

11- **Citizen’s right to a comprehensive health information system** that ensures statistical demographic, social and health data in a scientific and regular method. This system would constitute a database that is used to stages of planning, project and program assessment, development of the moralities of the curative relation. This database includes records on the most wide-spread diseases in the Lebanese society and notifications of hospitalization centers.

12- **Citizen’s right to health education** in educational institutions through joint programs with the Public Health Ministry, civil society and the media, as well as educational publications disseminated to the widest category of the citizens, national health days according to an annual calendar between the public sector, medical and civil associations. Citizens also have the right to receive safety measures and monitoring over nutritional and health products, especially in terms of expiry dates and the right to litigate the responsible party.

13- Citizens, **of different positions and for the sake of a better future**, commit to defend and promote this charter. They should establish a strong alliance in order to ensure **Health for All**, and they stress the following:

13-1 **contribute to set public policies** and work in order to ensure fairness and justice in offering health services.

13-2 **confront the pressures in order to protect the natural**

**resources** and fight the use of hazardous substances, unhealthy life conditions, inadequate food, pollution, vocational risks and overpopulation.

13-3 **bridge the gap** on the regional and social levels.

13-4 **promote the individuals' responsibility**, reinforce the participation of the local community through establishing bodies, multilateral and multi-disciplinary local development committees: municipal councils, clubs, university bodies...

13-5 **reorient services** and their resources to ensure Health For All.

13-6 **cooperate with international organizations, bodies and associations** in order to enforce the principle of "Health For All" according to a strategy that is in harmony with moral, ethical and social values related to this charter.

## 2 - Rights of Health Service Beneficiary

**A citizen has the right to:**

14. Enjoy the highest health level possible.
15. **Receive good-quality health care** that is subject to an integrated health protection system, without discrimination between individuals and groups, provided that health coverage include all man's needs ranging from prophylactic medicine, general medicine, psychological medicine, hospitalization, dentistry, laboratory, artificial limbs to different types of medication.
16. **Have easy access to the health service.** The service should be realistic, where it shall take into account his needs, integrate with other services and serve his overall health condition.
17. **Know the reasons behind the need for the service and explain its repercussions,** justify its cost, inquire about the presence of more than one source to offer the service. A citizen also has personal freedom to choose, away from different temptations and influences, and he shall enjoy the capacity to avoid asking for a service if he was capable of substituting it by available alternative and easy solutions.
18. **Access the information and data on the internet** relative to every service: reasons behind the need for it, how to obtain it, negativities, costs, places where it is offered abroad in case it was not locally available.
19. **Get a medication that is subject to medical pharmaceutical monitoring** that proves its quality and validity.
20. **Get a medication with an acceptable cost,** where importing it is not exclusive and subject to competition, **identify the presence of low-cost generic drugs and**

encourage health and insurance companies to adopt them and doctors to prescribe them.

21. **Have total health coverage** of the medications that a patient needs, no matter what its price was, especially the medications for chronic diseases. A citizen also has the right to the necessary prerequisites and equipment to continue treatment outside the hospital and which enable him to control his sickness and avoid complications.
22. **Have access to information and data on the harm of using medications** and negative repercussions through a guidance and information center.
23. **Object and complain**, litigate and ask for indemnity with the available legal means (judiciary- mediation of the republic...) in case he was subject to physical or moral harm inflicted by the service provider. He also has the right to join associations and lobby groups of service beneficiaries, where these associations rationalize the policy of offering the service, its quality and comprehensiveness.
24. **Obtain a guarantee service that is subject to continuous monitoring and assessment**, where its provider enjoys capacity and competence. The service should also be documented for easy follow-up on the beneficiary's health track (records, health card...), based on scientific and humanitarian foundations, keeping pace with technological progress.
25. **Facilitate the access of whoever needs transplant** to this service according to priority and compatibility without remaining on the waiting list for many years. A citizen also has the right to the coverage of the cost of transplant medical devices in the body.
26. Set a legislation that imposes the continuity of the insurance

policy after the work of an insured person is terminated or after he quits his job. Moreover, the value of coverage shall not be reduced and he shall not be deprived of its renewal in case of a diagnosis of a chronic disease.

27. **Benefit from the techniques of scientific and technological progress** in a way that does not conflict with the ethics prevalent in the society through:
  - (1) seeking the assistance of the achievement of the genes project to improve the early diagnosis capacity.
  - (2) Genetic treatment of hereditary diseases.
  - (3) Use of new types of medications that have less side-effects and target defined sites in the body.
  - (4) Assistance techniques in induced pregnancy.
28. **Respect his personal life** and keep it confidential. His clear and enlightened approval should remain a prior condition to any medical action or intervention except in emergency cases.
29. Obtain the patient's or volunteer's approval of participation in clinical researches or medication experiments, acknowledge his right of quitting whenever he wants and receive compensation in case of harm.
30. Receive coverage of all examinations and early detection tests for all diseases.
31. **Children should obtain**, without any discrimination, **health insurance** regardless of the status of the parents in terms of benefiting from security services.
32. **Receive education services** that allow him to understand his condition, deal with his problems, alleviate his dependence, facilitate his integration into his surroundings, behave well and deal with easy emergency cases. This is in addition to the establishment of a system for emergency services that is equipped with the necessary means, covers all

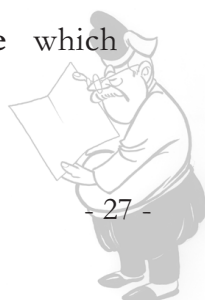
the Lebanese areas, ensure citizen's quick and secure access to the care center and receive the service without the prior payment condition, through allocating an easy telephone number to ask for help. This number and the addresses of parties that should be informed once an accident or a symptom takes place or appears should be promoted via media and educating publications.

33. **Receive sexual education** which would contribute in crystallizing an individual's personality, particularly since it enables the youth to take responsible health decisions and provides them with psychological and social skills: safe sexual behavior, loyalty to and respect of the body and the other person, love, partnership, interaction with the other, their protection from sexually transmitted diseases, especially AIDS and viral hepatitis.
34. **Ensure safe and useful means and meeting places for the youth** (clubs, public libraries, playgrounds...) that make them avoid behavioral perversions. This is in addition to the organization of educational activities that provide them with knowledge and the necessary matters to secure a better level of the quality of life.
35. **Establish youth consultation centers** to listen to them, guide them and encourage them to take part in public activities and educate their peers.

### 3 - Obligations of Health Service Beneficiary

#### Among a citizen's obligations:

36. Ask about the needs for the health service and know its negative effect.
37. Abide by the instructions of the health service provider, whether he was a doctor or a pharmacist or any other, and facilitate his work, following regularly and continuously the treatment protocol. Moreover, he should not hesitate to notify about any unusual development.
38. **Abstain from taking medications** without a medical prescription.
39. **Access health education means** and join support and volunteer associations to serve others, such as taking health and educational initiatives of a social dimension.
40. Take part in the treatment cost through joining one of the insurance companies and settle the adequate subscription fee.
41. Be sure and cautious before asking for any service of the alternative medicine services.
42. **Exercise regularly** (30 minutes minimum daily)
43. **Monitor the quality and safety of food and food products:** read the expiry date and know its nutritional value...ensure balance and diversity in diet, not have a later dinner, and give importance to breakfast.
44. **Activate and promote organic cultivations** to reduce diseases resulting from those grown by hormones and chemicals, or those nourished by polluted water, as well as health risks resulting from pesticides.
45. **Abstain from smoking and hubble-bubble** which constitute a dangerous social epidemic.

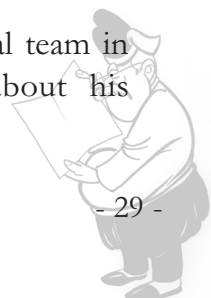


46. **Rationalize the rush on the health service** and not over-consume medications.
47. Ask to obtain health information and give a broader space to ask about health problems and methods of prevention: reading books, scientific means and internet...
48. Take part and volunteer in public educating campaigns.
49. **Rush to ask preventive health services:** general examinations, early diagnosis.
50. **Adopt a family physician** and consider him as the first party to resort to, where he would point to a specialist when needed.
51. **Adopt an open and informative dialogue with the physician** who should express the condition well: credibility and mutual trust.
52. **Make sure of safety conditions for the used transportation means**, not drive while drunk, not to speed-up and fasten the seat belt.
53. **Encourage organ donations** and blood transfusion for those in need.
54. Establish and join associations that constitute lobby forces to promote man's health, and seek to render the work of these associations integrated, harmonious and specialized, so that they avoid overlapping and meet certain needs that a citizen, patient and his family need.

## 4 - Obligations of Health Service Provider

**Among the health service provider's obligations:**

55. **He has to be informed about scientific developments:** continuous training sessions, conferences, subscription to scientific magazines, researches, etc...
56. **His talk and instructions should be clear and uninterpretable**, and they should not be misunderstood. For instance, he should clarify to the patient options of treatment and surgery when needed, and he should help him in decision-making (for example: breast cancer: partial or total surgery? Type of biopsy before surgery?)
57. His clinic or center should be computerized in a way that enables good follow-up (save a health file for every beneficiary...)
58. He should **guide the service beneficiary and refer cases** to specialists when necessary.
59. **His relation with the beneficiary should be permanent and not temporary**, and the beneficiary should ask about the reasons of his absence.
60. **He should take into account the beneficiary's economic capacities** through prescribing the efficient medication that is the least expensive.
61. **He should abide by "Medical Ethics Law" (Law No. 288 of 22/2/1994)**, especially in terms of preserving professional confidentiality and understanding the family circumstances and the beneficiary's awareness when he knows about his serious disease.
62. He should accept advice and work within a special team in difficult cases (be honest with the patient about his incapacity).



63. **He should write a prescription clearly**, where it should be easily read without any possible confusion.
64. **He should approve of social activities: educational, volunteer, free services...** especially for people with special needs and in areas where the necessary health conditions are not available.

## 5 - Culture of Health Prevention

Where prevention plays a significant role in promoting a health and a better quality of life, as its benefits are grandiose in comparison with its low costs; where it enables a citizen to avoid being struck by disease through staying away from the reasons and providing him with health knowledge in a way that increases his self-reliance and reinforces his capacities to confront health problems and ensure an adequate healthy environment in the place where he lives;

Where the main stakeholders in prevention are: school, university, workplace, places of entertainment, home and media...

**Therefore, the school has the following obligations:**

65. **Ensure a healthy environment at school:** heating, location away from pollution and cross-roads, healthy seats, adequate lighting, sanitary and indoor playgrounds.
66. **The school should have a team** composed of a doctor, nurse, social assistant, orthophonist, psychologist who would be in charge of ensuring health services (periodical medical examination, emergency cases), as well as educational services. The team would also set the general outline.
67. **Every student should have a medical file**, which would facilitate his case follow-up.
68. **Insure all students with a health insurance.**
69. **Seek an apparatus to listen, provide psychological support and advice** for interested students or those who need such services (pedagogic psychological guidance).
70. **The curricula should include health topics**, and the students should organize educating health activities.

- 71. **Give importance to physical education subject**, and integrate it within the assessment.
- 72. **Monitor the quality of food and safety of its preparation** at schools that provide students with meals.
- 73. **Monitor the products sold at school** and try to limit their existence: candies, potatoes, sodas...
- 74. **Pay attention to the weight of a student's schoolbag** since it might harm his health, organize the distribution of daily subjects in terms of the need for all books, and ensure the possibility to leave some at school a locker designated for each student.
- 75. **Students should accept their colleagues with special needs**, and the student should be equipped, according to its potentials, with the necessary devices to facilitate their integration.

**A university student's right to:**

- 76. **Obtain preventive health services** (vaccination...), basic examinations when registering at university to encourage him undergo periodical check-ups (diabetes, blood pressure, vision...), educational services (documents, lectures...), as well as support and consultation services, and add the **syllabus of health education** to all the specializations.
- 77. **Take part in education and prevention campaigns regarding addiction**, and obtain treatment and rehabilitation centers for addicts to integrate them in society.
- 78. **Take part in national educational campaigns** and statistical activities in cooperation with the public and civil sectors to promote the sense of responsibility.

### **A worker's right to:**

- 79. **Have access to healthy work conditions on the level of equipment:** seats, ventilation and special place for smokers.
- 80. **Obtain all preventive environmental measures** and complete information on the public safety conditions and risks resulting from work, and ensure treatment in case of any harm or accident. He also has the right to a recovery vacation and rehabilitation services for those working in plants and factories.
- 81. **Have a break at noon** to alleviate the pressure resulting from the nature of work.

### **A citizen's right to have access to entertainment places:**

- 82. **The location should be safe** (far from the danger of cars...) and **clean** (away from pollution...).
- 83. **The games should not be harmful** to vision and hearing, and should not expose the person practicing them to a physical harm or encourage him to undertake violent behavior.

### **Some of the rights and obligations of family members:**

- 84. **Obtain educational services** that enable them to deal with difficult health conditions and their repercussions, train them to follow-up with treatment correctly, and consult the medical apparatus. These services also give them the ability to avoid sickness.
- 85. **Talk freely about emotional, sexual, financial problems**, as well as those related to all relationships that their children suffer from in their daily life.
- 86. **Ensure a quiet ambiance away from disputes** that harm the children and the natural atmosphere that they should be provided with.

87. **Pay attention to points of risks** and to the wrong deeds that might increase domestic accidents.
88. **Provide the mother with the necessary nutritional education** (quality of food, safety of preparation...)
89. **Ensure hygiene inside and outside the house** (ventilation, lighting, cleanliness...). A family member should also avoid violent rebuke of a child, where he should be dealt on basis of equality but in a responsible manner so that the child follows the advice. Moreover, the quality of TV programs should be assessed (risk of practicing some games...)

#### **Obligations of Media, Publications and Research Centers:**

90. **Broadcast methodological educating and trust-worthy programs** and issue publications for health, scientific and civil bodies.
91. **Find a common institution** between public bodies and the civil sector, the task of which would be providing official institutions, associations and individuals with educating means and offering scientific advice for methodological planning.
92. **Encourage studies and researches**, especially **behavioral social ones**, as well as health sociology in order to know the prevalent social patterns and the factors influencing them so that interventions would be efficient and in conformity with needs, and so that information would be published and circulated among the public clearly and transparently.
93. **Assess the used educating material** and their impact on changing the recipient's behavior.
94. **Monitor the programs that offer medical advice** that do not take into account an individual's privacy.

95. **Suspend advertisements harmful to the health** (smoking, alcohol...) or at least not allow children and adolescents watch them, and not broadcast them during times of children programs, sports, or entertainment. Moreover, ads on medical and pharmaceutical products should be subject to scientific control.
96. **Encode pornographic TV channels** to avoid their easy access, especially by non-adults in order to preserve the psychological and physical health.

## 6 - Health Administrative Formalities<sup>14</sup>

In the context of efforts aimed at restoring the trust of citizens and to verify the administration's respect of integrity standards, and in order to reduce bureaucracy that burdens the administration through simplifying work mechanisms and procedures,

**A citizen has the right to:**

97. **Have the health electronic citizen's file available**, as it facilitates the saving of health information and guarantees its confidentiality. It also ensures the patient's continuous follow-up, promotes computerization to obtain periodical statistics that would provide the necessary information to improve the service, and sets a health system and intervention programs in order to alleviate and avoid diseases.
98. **Get informed about the methods of completing health administrative formalities** through multiple audio-visual and written means via the internet and obtain a documented and simplified guide that depicts the easy access to those involved in providing the health service.
99. **Obtain the necessary information about his health condition**, as well as information that is provided by the involved health institution on the expected approximate costs that he might pay in return for treatment, medical work and hospitalization. Such information also includes the conditions of coverage by the insurance companies. Moreover, unified basics for all medical, administrative and technological standards should be quickly set.

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<sup>14</sup>. Ministry of Public Health, *Citizen's Guide 1998 "It is time you know everything"*, Beirut, 1998,



100. **Complete his health formality at public administrations via the one-stop shop** or a computerized registration unit, where the one-stop shop receives the application, gives the citizen a number, and makes sure that all documents are there. So, the one-stop shop registers him and earns the set fee, in case it exists. Later, the one-stop shop refers the formality to the concerned unit to complete it.
101. **Obtain a health card, in case he was not insured** by any insurance party, as this card enables him to be provided with the adequate hospitalization services (internal or external) for his health condition by any hospital (governmental or private) that he chooses. This card would facilitate his entrance to any hospital without any burden or delay, and without having to be tired by preparing the personal documents and papers or wait to get the required approval.
102. **Obtain medication directly from the Ministry of Public Health, if he was uninsured**, from any insurance company after obtaining the health card that enables him to join the medication distribution program. The card is renewed monthly, or quarterly or annually according to the case.
103. **Enter any public or private hospitalization institution if he was a member** in public insurance bodies (National Social Security Fund, Cooperative of Civil Servants...) once he shows his membership card, provided that controllers of these bodies be in charge of completing the hospitalization formality directly via electronic communication with the central administration of the insurance body, and thus, the citizen won't have to prepare personal documents and papers or wait to obtain the approval.
104. **Obtain the medication directly from the pharmacy if he is a member** of public insurance bodies once he shows his

membership card in the concerned body, provided that he pay the due percentage directly to the pharmacy without having to pay the total fee and wait to recover the due sum after a series of formalities, required documents, tiring and complicated steps most of the times.

105. **There should be registers, statistics and studies** on all the diseases, cancer register in particular. There must also be registers for the deceased, which would help examine the diseases and reasons behind death, and thus promote prevention and early detection.
106. **Ministries and concerned administrations should settle the due for hospitals** regularly and in an organized way to guarantee continuous performance of these services.

**The independence of governmental hospitals should be promoted** through establishing public institutions to run them, where these institutions would enjoy financial and administrative independence, and considering them as a pioneer experience to offer medical and hospitalization services.

