



IHR (2005) State Party Self Assessment Annual Report

National Profile 2021

Lebanon

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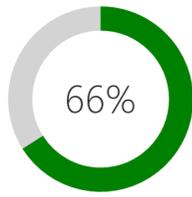
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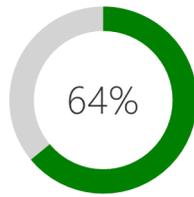
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In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

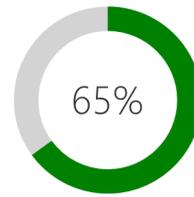
All Capacities Average



Lebanon



EMRO



Global Average

Designated Points of Entry

2 Ports

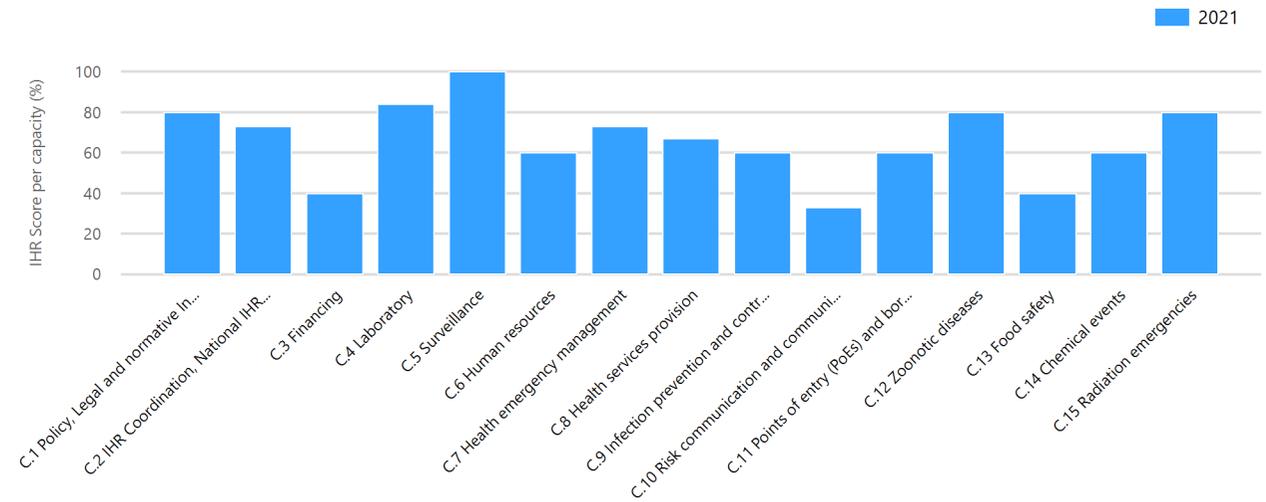
1 Airports

1 Ground Crossings

Authorized ports to issue ship sanitation certificates:

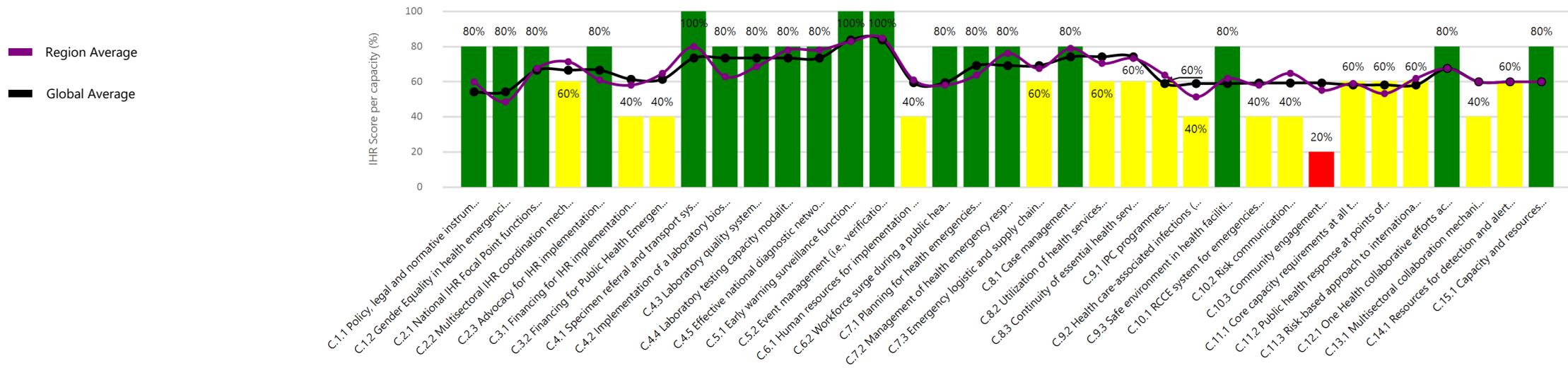
Yes

IHR Capacity



IHR Indicator Scores

IHR Indicators



IHR Indicator Scores



Achievements

C.4 Laboratory	
C.4.1 Specimen referral and transport system	100
C.5 Surveillance	
C.5.1 Early warning surveillance function	100
C.5 Surveillance	
C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	100
C.1 Policy, Legal and normative Instruments to implement IHR	
C.1.1 Policy, legal and normative instruments	80
C.1 Policy, Legal and normative Instruments to implement IHR	
C.1.2 Gender Equality in health emergencies	80
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.1 National IHR Focal Point functions	80
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.3 Advocacy for IHR implementation	80
C.4 Laboratory	
C.4.2 Implementation of a laboratory biosafety and biosecurity regime	80
C.4 Laboratory	
C.4.3 Laboratory quality system	80
C.4 Laboratory	
C.4.4 Laboratory testing capacity modalities	80
C.4 Laboratory	
C.4.5 Effective national diagnostic network	80
C.6 Human resources	
C.6.2 Workforce surge during a public health event	80
C.7 Health emergency management	
C.7.1 Planning for health emergencies	80
C.7 Health emergency management	
C.7.2 Management of health emergency response	80
C.8 Health services provision	
C.8.1 Case management	80
C.9 Infection prevention and control (IPC)	
C.9.3 Safe environment in health facilities	80
C.12 Zoonotic diseases	
C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	80
C.15 Radiation emergencies	
C.15.1 Capacity and resources	80

Challenges

C.2 IHR Coordination, National IHR Focal Point functions and advocacy	
C.2.2 Multisectoral IHR coordination mechanisms	60
C.7 Health emergency management	
C.7.3 Emergency logistic and supply chain management	60
C.8 Health services provision	
C.8.2 Utilization of health services	60
C.8 Health services provision	
C.8.3 Continuity of essential health services (EHS)	60
C.9 Infection prevention and control (IPC)	
C.9.1 IPC programmes	60
C.11 Points of entry (PoEs) and border health	
C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	60
C.11 Points of entry (PoEs) and border health	
C.11.2 Public health response at points of entry	60
C.11 Points of entry (PoEs) and border health	
C.11.3 Risk-based approach to international travel-related measures	60
C.14 Chemical events	
C.14.1 Resources for detection and alert	60
C.3 Financing	
C.3.1 Financing for IHR implementation	40
C.3 Financing	
C.3.2 Financing for Public Health Emergency Response	40
C.6 Human resources	
C.6.1 Human resources for implementation of IHR	40
C.9 Infection prevention and control (IPC)	
C.9.2 Health care-associated infections (HCAI) surveillance	40
C.10 Risk communication and community engagement (RCCE)	
C.10.1 RCCE system for emergencies	40
C.10 Risk communication and community engagement (RCCE)	
C.10.2 Risk communication	40
C.13 Food safety	
C.13.1 Multisectoral collaboration mechanism for food safety events	40
C.10 Risk communication and community engagement (RCCE)	
C.10.3 Community engagement	20



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Capacity	Average of Capacities Score (%)	Indicators	Indicator Score Details	Indicator or Score (%)	2021 Comments	Status of Implementation	Area Involved
C.1 Policy, Legal and normative Instruments to implement IHR	80	C.1.1 Policy, legal and normative instruments	The country has identified and reviewed gaps in all sectors and across government levels and developed and/or revised the necessary legal and normative instruments and policies for IHR implementation at the national and subnational levels, where applicable.	80	The framework law and executive legislations sent to the Parliament for ratification	Planned	3. Coordination and Collaboration Mechanisms
		C.1.2 Gender Equality in health emergencies	The developed action plan(s) to address at least one IHR capacity is funded and being implemented, with mechanisms in place for monitoring, evaluation and reporting	80	NA		
C.2 IHR Coordination, National IHR Focal Point functions and advocacy	73	C.2.1 National IHR Focal Point functions	National IHR Focal Point is a centre sufficiently organized, resourced and positioned within the government with levels of authority and institutional arrangements and instruments to access the relevant information sources and decision-making level within the national surveillance and response system.	80		Planned	3. Coordination and Collaboration Mechanisms
		C.2.2 Multisectoral IHR coordination mechanisms	Multisectoral coordination mechanisms for IHR implementation are in place, disseminated and are being implemented at national level	60			
		C.2.3 Advocacy for IHR implementation	The advocacy mechanisms are in place, disseminated and being implemented at the national and intermediate levels.	80			
C.3 Financing	40	C.3.1 Financing for IHR implementation	Financial planning is limited with a budgetary allocation or substantial external financing made for some of the relevant sectors and their respective ministries to support the IHR implementation at the national level.	40		Planned	3. Coordination and Collaboration Mechanisms
		C.3.2 Financing for Public Health Emergency Response	Public Financing exists that allows for structured reception, rapid distribution and use of funds for responding to public health emergencies.	40			
C.4 Laboratory	84	C.4.1 Specimen referral and transport system	Sustainable referral and transport systems, that are exercised (as appropriate) reviewed, evaluated and updated on a regular basis, are in place for all specimen types and requests for the diagnosis, confirmation, characterization of all specimens with complete coverage at all levels.	100		Planned	3. Coordination and Collaboration Mechanisms
		C.4.2 Implementation of a laboratory biosafety and biosecurity regime	National laboratory biosafety and biosecurity guidelines and/or regulations are implemented by all laboratories at national, intermediate and local levels	80			
		C.4.3 Laboratory quality system	National quality standards have been developed and are being implemented at national and sub-national levels, Activities include mandatory licensing of laboratories in line with basic quality requirements or national laboratory standards.	80			
		C.4.4 Laboratory testing capacity modalities	Laboratory system can perform nucleic acid amplification testing (NAAT), bacterial culture with antimicrobial sensitivity testing with quality assurance process in place and has some basic sequencing capacity and country has ability to test for all its endemic diseases and its priority diseases.	80			
		C.4.5 Effective national diagnostic network	Tier-specific diagnostic testing strategies are being implemented at national level.	80			
C.5 Surveillance	100	C.5.1 Early warning surveillance function	National guidelines and/or SOPs for surveillance have been developed and implemented at national, intermediate and local-levels ; and the system is exercised (as applicable), reviewed, evaluated, and updated on a regular basis, with improvement at all levels in the country	100		Planned	3. Coordination and Collaboration Mechanisms
		C.5.2 Event management (i.e., verification, investigation, analysis, and dissemination of information)	Process or mechanisms for managing detected events is being implemented at national, intermediate and local levels levels and exercised (as applicable), reviewed, evaluated, and updated on a regular basis	100			
C.6 Human resources	60	C.6.1 Human resources for implementation of IHR	Appropriate human resources are available in relevant sectors at national level , to detect, assess, notify, report and respond to events according to IHR provisions.	40		Planned	3. Coordination and Collaboration Mechanisms



C.6 Human resources	60	C.6.2 Workforce surge during a public health event	A national multisectorial workforce surge strategic plan in emergencies is implemented to carry out the functions at national and intermediate levels, with procedures and adequate capacity to send and receive multidisciplinary personnel within the country (shifting resources), including the government and non governmental partners workforce as applicable.	80			
C.7 Health emergency management	73	C.7.1 Planning for health emergencies	All-hazard risk informed health emergency plan is developed and being implemented at the national and intermediate levels.	80		Planned	3. Coordination and Collaboration Mechanisms
		C.7.2 Management of health emergency response	An incident management system integrated with a national public health emergency operations centre or equivalent structure is in place and operational at the national and able to support intermediate levels	80			
		C.7.3 Emergency logistic and supply chain management	Emergency logistics and supply chain management system/mechanism is developed and is able to provide adequate support for health emergencies at national level	60			
C.8 Health services provision	67	C.8.1 Case management	National clinical case management guidelines for priority health events are developed and being implemented at national and subnational levels	80		Planned	3. Coordination and Collaboration Mechanisms
		C.8.2 Utilization of health services	Satisfactory levels of service utilization in tertiary health care facilities at national level (Number of outpatient department visits per person per year ≥ 2.0 visit/person/year, in both urban and rural areas.)	60			
		C.8.3 Continuity of essential health services (EHS)	A package of EHS and plans/guidelines on continuity of essential health services in emergencies are developed and mechanism for monitoring service continuity during emergency are in place at national level.	60			
C.9 Infection prevention and control (IPC)	60	C.9.1 IPC programmes	An active national IPC programme exists, and a national IPC operational plan according to the WHO minimum requirements is available. National guidelines/standards for IPC in health care are available and disseminated. Selected health facilities are implementing guidelines using multimodal strategies, including health workers' training and monitoring and feedback.	60		Planned	3. Coordination and Collaboration Mechanisms
		C.9.2 Health care-associated infections (HCAI) surveillance	A national strategic plan for HCAI surveillance (including antimicrobial resistant pathogens that are antimicrobial resistant and/or prone to outbreaks) is available but not implemented.	40			
		C.9.3 Safe environment in health facilities	National standards and resources for safe built environment (e.g., Water Sanitation and Hygiene in health care facilities), including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan.	80	Implementation is done but not through a national plan		
C.10 Risk communication and community engagement (RCCE)	33	C.10.1 RCCE system for emergencies	Mechanisms for coordination of RCCE functions and resources, including plans, SOPs and formal government arrangements are developed.	40		Planned	3. Coordination and Collaboration Mechanisms
		C.10.2 Risk communication	Mechanisms for public communication and/or media relations, including infodemics, are developed but not fully implemented with significant gaps	40			
		C.10.3 Community engagement	Mechanisms for systematic community engagement in public health emergencies, including guidelines and/or SOPs, are under development or community engagement activities are implemented on an ad hoc basis	20			
C.11 Points of entry (PoEs) and border health	60	C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	Some designated PoEs are implementing routine core capacities and these are integrated into the national surveillance system for biological hazards/all-hazards (e.g event based and early warning surveillance).	60		Planned	3. Coordination and Collaboration Mechanisms



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C.11 Points of entry (PoEs) and border health	60	C.11.2 Public health response at points of entry	All designated PoEs have developed PoE public health emergency contingency plans for events caused by (biological hazards) and integrated into national emergency response plans	60		
		C.11.3 Risk-based approach to international travel-related measures	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level.	60		
C.12 Zoonotic diseases	80	C.12.1 One Health collaborative efforts across sectors on activities to address zoonoses	The animal, human and environment health sectors collaborate regularly and coordinate their activities at national and intermediate level to prevent, detect assess/investigate and to respond to prioritized zoonoses, and have appropriate procedures to jointly react in case of emergency, including in case of new or emerging zoonotic diseases.	80		Planned 3. Coordination and Collaboration Mechanisms
C.13 Food safety	40	C.13.1 Multisectoral collaboration mechanism for food safety events	A multisectoral collaboration mechanism that includes the INFOSAN Emergency Contact Point is in place at the national level AND Communication channels between the INFOSAN Emergency Contact Point, the National IHR Focal Point and all relevant sectors for food safety events, including for emergencies, have been established at the national level.	40		Planned 3. Coordination and Collaboration Mechanisms
C.14 Chemical events	60	C.14.1 Resources for detection and alert	A poisons information service or equivalent national service that performs surveillance for chemical exposures, and for communication of alerts is in place on a 24/7 basis	60		Planned 3. Coordination and Collaboration Mechanisms
C.15 Radiation emergencies	80	C.15.1 Capacity and resources	Access to technical expertise for managing radiation emergencies, including guidelines, protocols and regularly trained experts, is in place and access to stockpile to support radiation emergency preparedness and response is in place.	80		Planned 3. Coordination and Collaboration Mechanisms



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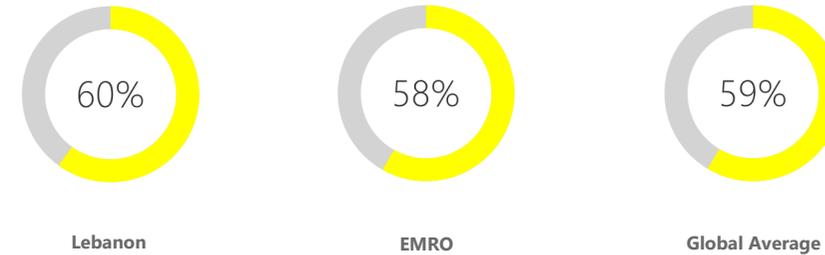


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Designated Points of Entry					
	Average number of designated PoEs	Total of all types of Points of Entry	Airports	Ports	Ground Crossings
Lebanon		4	1	2	1
EMRO	13	268	95	100	73
Global	10	1229	415	462	352

PoEs Specific Capacities Details				
	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)
Lebanon	100% 4	0% 0	0% 0	100% 1
EMRO	78% 209	67% 180	65% 173	76% 16
Global	82% 1005	72% 891	77% 948	74% 90

Capacity 11 Points of Entry Score Average



Score per indicator (%)

Indicators	Lebanon	EMRO	Global
C.11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	60	59	58
C.11.2 Public health response at points of entry	60	53	56
C.11.3 Risk-based approach to international travel-related measures	60	62	62



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PoE Details							
Airports Name of Point of Entry	IATA Airport Code	ICAO Airport Code	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
BRHIA			LB BEY	Yes	No	No	Yes
Ports Name of Point of Entry	Code 1	Code 2	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
Beirut Port			LB BEY	Yes	No	No	Yes
Tripoli Port			LB KYE	Yes	No	No	Yes
Ground Crossings Name of Point of Entry	Code 1	Code 2	United Nations Code for Trade and Transport Locations (UNLOCODE)	PoEs with competent authorities identified	PoEs with Programme for vector surveillance and control	PoEs with public health emergency contingency plan	States Parties reporting SSC authorized ports
Al Masnaa			LB ANJ	Yes	No	No	Yes