

Health System and Reform In Lebanon

PREFACE

Over the last decade, the health sector has witnessed meaningful, and sometimes paradoxical, changes. Health authorities have recognized the importance of strengthening the institutional capabilities of the Ministry of Public Health in parallel with improving its image, and allowing it to build a consensus among stakeholders on a transparent and evidence-based reform plan. Such a plan constituting a blue-print for reform is still lacking, even though some components have already been drawn.

A policy paper signed by Minister Marwan Hamadé in 1994, became the basic document for loan negotiations with the World Bank, which led to financing the "Health Sector Rehabilitation Project". That document clearly stated that physical rehabilitation and construction of public hospitals would be restricted to remote and underserved areas. Nevertheless the Lebanese government embarked on a massive public hospitals construction plan, in almost every district including the oversupplied cities of Beirut, Saida, Tripoli and Zahlé. This showed the lack of political commitment and even contradicted the very principle of the Government privatization strategy!.

In 1997, a subsequent paper signed by Minister Suleiman Frangié, "Health Sector Reform, Draft for Discussion" was essentially a declaration of intentions rather than a policy document. It provided insights on the principles of reform and aimed at launching a public debate on that issue.

Lessons drawn from our experience revealed that the pace of reform is not only affected by the bureaucracy of the public administration, but depends also on the degree of political commitment and readiness. We believe that the present socio political context may not be favorable for the adoption of an official wide-ranging "White Paper" that commits the government to a comprehensive health reform plan.

The present work synthesizes information collected from multiple health studies undertaken in the period following the end of the civil wars (1975-1991). It assesses the current situation and analyzes reform attempts made during this period. It considers the progress made so far in many areas of reform and emphasizes the integration of its various components. It also stresses the importance of a stepwise approach where new alliances are needed

according to stakeholder interests that vary along the course of change. A separate chapter is dedicated at the end of this work to the financing reform component, for its special importance and the vivid national debate that it usually provokes. Three reform options are proposed and a stakeholder analysis conducted, setting the ground for policies to be translated into legislative amendments and organizational changes.

Many countries in the Eastern Mediterranean region have embarked on privatization as part of their efforts to reform the health sector. For these countries, the pluralistic health system in Lebanon with a powerful private sector, and the struggle to regulate the health market by attempting to impose normative measures and introducing incentives within the financing and delivery arrangements, are particularly inspiring.

This book constitutes a benchmark for the health system in Lebanon and contributes to filling the existing gap in the health care bibliography.