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Reevaluating the healthcare system in Lebanon in the light of economic Crisis

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Abstract

Lebanon has experienced several crises that have rocked different sectors of the country. One of the most significant of these was the medical sector, which is the most important in Lebanon and globally. In dealing with COVID-19, the medical sector in Lebanon proved to be one of the most effective in addressing the issue. However, due to the financial crisis and the disparity between the Lebanese pound and the dollar, all insurance sectors, including social security, the state employees' cooperative, the gendarmerie, the internal security forces, and insurance, refused to pay for patient care. This adversely affected the medical sector in Lebanon, which had already been negatively impacted by COVID-19. People are going through a tough crisis as a result of the public collapse and the loss of value of the Lebanese Lira. As a result, the healthcare sector is facing many challenges due to the loss of a significant amount of medical expertise, including doctors and nurses. Consequently, the Lebanese government is currently working to restore what was lost, particularly in the field of medicine. The aim of the article is, firstly, to show the extent to which the medical sector has been affected by the crises it has experienced, and secondly, how it is currently recovering from these crises. The study was based on a sample totaling 200 individuals.

Keywords: Challenges, Economic crisis, Healthcare, Lebanon's medical sector.

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1. Introduction

Lebanon's health care system has long been praised for its excellence. It has been recognized for years for its cutting-edge treatments and equipment, advanced medical centers, highly qualified medical staff, and innovative technology. All these distinctive characteristics have attracted patients from all over the area and beyond.

But unfortunately, the industry has encountered many difficulties lately as a result of the burden that political unrest, economic instability, and the effects of regional conflicts have placed on the healthcare system. Furthermore, the COVID-19 pandemic has added to the strain already experienced by the system.

The economic crisis that Lebanon has been witnessing since October 2019 has not only destroyed the purchasing power of the population and led to unprecedented inflation, but it has also largely affected the Lebanese healthcare system. This economy, which has been exacerbated by years of corruption, threatens the destruction of an entire health system [1].

The Lebanese health sector has harshly faced the effects of the crisis and, consequently, cast doubt on the capacity of the authorities to provide essential health services to the population. With a shortage of medical supplies, equipment, and staff, hospitals reached a stage where they were obliged to ration their services and prioritize their patients. Furthermore, the Lebanese government removed subsidies for most medicines and failed to meet its commitments to support Primary Health Care Centers, which provide free or low-cost medicines and medical consultations.

Consequently, Lebanese authorities must urgently tackle the health crisis by increasing the budget allocated to Primary Health Care Centers, alleviating the shortage of both subsidized and unsubsidized medicines, strengthening social assistance programs, and implementing long-term economic and financial reforms necessary to protect the sector. Confronting the hurdles and issues of the Lebanese health sector.

1.1. Severe Shortages of Essential Drugs

Cancer treatments are one of the few categories of drugs that the government continues to subsidize. However, across Lebanon, there are serious shortages of these treatments. Since 2019, the Ministry of Public Health has blamed them in part on traders and traffickers who buy them at low subsidized prices and store them before reselling them at inflated prices. The government is making inadequate efforts to combat this problem and hold those responsible accountable.

Lots of people suffering from cancer have to miss their radiotherapy sessions due to a lack of medication and live in constant fear of not being able to find the medicines for their next session.

There are also severe shortages of unsubsidized medicines because importers cannot bring in the necessary quantities due to the financial crisis.

On the other side, the supply of unsubsidized medicines varies greatly due to the accumulation of debts with manufacturers abroad. Foreign pharmaceutical companies do not ship new orders until previous invoices are paid. In July 2022, local importers owed 370 million euros to international pharmaceutical companies. As a result, imports of pharmaceutical products into Lebanon fell from 1.1 trillion euros in 2020 to 700 million euros in July 2022 [2].

1.2. A Parallel Drug Market

Faced with the dizzying rise in prices and the persistent shortage of medicines due to currency devaluation and shortages in supply chains, a parallel market has developed, presenting a serious challenge to Lebanon's healthcare system.

Vulnerable people are forced to turn to illicit channels to obtain their essential medicines for treatment. This has led to the emergence of a booming black market where drugs are sold at outrageous prices. Hopeless patients, unable to afford legitimate healthcare options, risk their well-being and health by buying counterfeit, uncontrolled, or expired medications of doubtful quality from unregulated sources and intermediaries that are not authorized or approved by the Lebanese Ministry.

To conceal the origin of drugs and remain anonymous, sellers often use a complex network of intermediaries, including resellers responsible for connecting patients locally and, in some cases, local pharmacies. Furthermore, the lack of government regulation and control is perpetuating a vicious cycle of suffering and allowing illicit traders to operate with impunity, which weakens trust in the healthcare system [3].

1.3. Primary Health Care Centers Without Any Government Support

With the new drug prices that are out of reach for most people and sometimes they double the minimum wage, Primary Health Care Centers, supervised by the Ministry of Public Health and managed by non-governmental organizations and local authorities, remain one of the last options for residents seeking to obtain their medicines for free or at Lower price. However, despite a clear increase in the number of people requesting their services (The number of patients with access to health services, particularly medicines, in these centers had increased by 62% since 2020), funding for these centers has not been increased, which is leading to shortages of medicines.

The government reduced its total spending in the health sector by 40% between 2018 and 2022, without increasing the share of Primary Health Care Centers to more than 3% of the health budget, meaning their funding has decreased over this period [4].

1.4. The Exodus of Medical Staff

After the beginning of the economic crisis and the port blast in August 2020, around 5,000 nurses and 3,000 doctors have left Lebanon and immigrated to other countries with financially profitable offers where economic and political situations are stable. This has also been the case for fresh medical graduates who are seeking a better future for themselves and their relatives.

With the devaluation of the Lebanese Lira and the reduction of their salaries, some Lebanese doctors have immigrated to European countries, while others have sought new opportunities in the United States of America and the Gulf region. The American University of Beirut Medical Center, the country's leading hospital, affirmed that nearly 40% of the emergency medical staff have quit for opportunities abroad.

However, according to the latest statistics, around 30% of doctors have now returned to Lebanon since mid-2023- about 1,000 of the nearly 3,000 doctors who relocated during the crisis- after the salaries and wages adjustments.

Their return was highly important to refill much-needed expertise and knowledge across various specialized domains [5].

1.5. Complexities at the Governance Level

For several decades, the Ministry of Public Health has faced many obstacles in regulating the health care sector. Weak organizational structures, a shortage of qualified human resources, and poor infrastructure are all factors that hindered the Ministry's ability to perform its basic functions in the field of public health. Inadequate accountability mechanisms led to widespread corruption, which worsened during the economic crisis [6].

As a result, the government is still struggling to control the sale, distribution, and smuggling of counterfeit medicines, especially cancer drugs.

Also, the lack of coordination between different financing agents and service providers has created disconnected mechanisms. In addition, the lack of political interventions has been and still is an important obstacle to strengthening the healthcare sector.

While a draft law aiming for 100% health coverage was proposed, it was canceled in mid-2023 due to the loopholes it contained. Currently, a revised draft has been proposed again and is under discussion in the Parliamentary Health Committee.

On the other side, the health care sector suffered from insufficient public supervision and monitoring, which led to ineffective allocation of resources, as the basis for setting budgets is not based on any performance indicators. This can be seen while examining health care expenditures, as public health care services receive limited resources, especially primary and preventive care, while a large proportion of expenditures is allocated to financing hospital care.

The health care system has also suffered for a long time from the fragmentation of insurance funds in Lebanon, as well as the lack of sufficient coordination between the concerned entities with financing and providing health care. For example, the National Social Security Fund, the largest public fund, faces many challenges due to weak accounting processes, "underreporting" of salaries, and difficulties in coverage.

The deterioration of the value of the national currency led to higher medical costs and increased inflation, which presented challenges to insurers and affected access to private health insurance. Private insurance companies began to receive payments in US dollars only, making them limited to the affluent socio-economic classes, while public insurance funds continued to receive contributions in Lebanese pounds, which is witnessing a rapid decline in value, leading to limited coverage of the medical costs incurred by the beneficiaries.

In the absence of a common vision between the concerned authorities in the health care sector, such as the Ministry of Public Health and the National Social Security Fund, efforts to mitigate the repercussions of the economic crisis have not yielded results. Despite the urgency and importance of this issue, Lebanon still lacks a comprehensive and specific national strategy to address the basic aspects of recruitment, training, and retention of human resources in the field of health.

2. Methodology

2.1. Study Design

A sample of 200 participants, consisting of nurses and doctors, was chosen randomly to fill out the survey via Google Forms sent through WhatsApp and emails using a link from different hospitals and various specializations.

Pilot testing was conducted among a small number of participants to enhance and validate the survey questions.

The survey covers demographic information, the effect of the COVID-19 pandemic, the effect of the economic crisis on the healthcare sector, and the outlook for the Lebanese medical sector.

2.2. Statistics

Descriptive statistics were reported as frequencies and percentages. All data were analyzed using Microsoft Excel and IBM SPSS V.26.

3. Results

Table 1.
Participants' demographics.

		Frequency	Percent
Gender	Male	98	49.0%
	Female	102	51.0%
Position	Doctor	98	49.0%
	Nurse	102	51.0%
Years of experience in healthcare	0-5 years	50	25.0%
	6-10 years	51	25.5%
	11-15 years	49	24.5%
	More than 16 years	50	25.0%

The survey was completed by a total of 200 participants, 49% are doctors, 51% are nurses, 49% are males, 51% are females. 25% have experienced between 0-5 years, 25% with 6-10 years, and 25% more than 16 years.

Table 2.
Reliability Statistics.

	Cronbach's Alpha	No. of Items
The impact of COVID-19 on the workload facility.	0.880	6
The areas of deterioration.	0.995	10
The challenges you've faced in accessing medications.	0.998	9
The measures that the government should take to improve the healthcare system amid the economic crisis.	0.810	5

The Cronbach's Alpha Reliability for our measurements (Scale) is greater than or equal 0.7, where it reached 0.880 in impact of Covid-19 on the workload facility, 0.995 in areas deterioration, 0.998 in challenges you've faced in accessing medications, and 0.810 in measures that the government should take to improve the healthcare system amid the economic crisis, which is good enough.

Table 3.
The impact of COVID-19 on the workload facility.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
1- Impact on healthcare delivery	n	9	21	90	37	43	200
	%	4.5%	10.5%	45.0%	18.5%	21.5%	100%
2- Shortages of medical supplies or equipment	n	0	2	16	34	148	200
	%	0.0%	1.0%	8.0%	17.0%	74.0%	100%
3- Delays in providing care and treatment to non-COVID patients due to the pandemic.	n	0	85	77	38	0	200
	%	0.0%	42.5%	38.5%	19.0%	0.0%	100%
4- Challenges in managing COVID-19 patients, such as limited ICU beds or ventilators.	n	0	100	50	25	25	200
	%	0.0%	50.0%	25.0%	12.5%	12.5%	100%
5- Staffing and workforce issues	n	0	100	50	25	25	200
	%	0.0%	50.0%	25.0%	12.5%	12.5%	100%
6- Increased stress, anxiety, or burnout	n	25	75	25	50	25	200
	%	12.5%	37.5%	12.5%	25.0%	12.5%	100%

21.5% of the participants strongly agree that COVID-19 had an impact on healthcare delivery, while 45% said neutral. 74% strongly agree that they experienced shortages of medical supplies or equipment. 42% disagree that there was a delay in providing care and treatment to non-Covid patients due to the pandemic. 50% strongly agree that they faced challenges in managing COVID-19 patients, such as limited ICU beds or ventilators. 50% of the participants disagree that they faced staffing and workforce issues, while 25% agree about increased stress, anxiety, or burnout.

Despite the COVID-19 pandemic that affected hospitals globally, the medical staff in Lebanon continued to cope with everything they could, even the injury of some of them.

Table 4.
In your opinion, how has the economic crisis affected the accessibility of healthcare services for patients in Lebanon?

	Significantly worsened	Worsened	Neutral	Improved	Total
n	25	75	75	25	200
%	12.5%	37.5%	37.5%	12.5%	100.0%

37.5% of the participants consider that the economic crisis that affected the accessibility of healthcare services is the worsened happened for patients in Lebanon. Due to the shortage of medical supplies, the high prices, the decrease in insurance, and the treatment delays. They find that the economic crisis after COVID-19 deteriorates the healthcare system.

Table 5.
Affordability and deterioration in the quality of healthcare.

		Yes	No	Total
Have you observed any changes in the affordability of healthcare services for patients since the onset of the economic crisis?	n	200	0	200
	%	0.0%	0.0%	0.0%
Have you noticed any deterioration in the quality of healthcare services since the onset of the economic crisis?	n	200	0	200
	%	100.0%	0.0%	0.0%

All the participants (100%) observed changes in the affordability of healthcare services for patients since the onset of the economic crisis and noticed a deterioration in the quality of healthcare services since the onset of the economic crisis.

Table 6.

How would you rate the quality of healthcare services in Lebanon before the economic crisis?

	Fair	Good	Excellent	Total
n	141	18	41	200
%	70.5%	9.0%	20.5%	100%

70.5% rating “Fair” the quality of healthcare services in Lebanon before the economic crisis, and v/s 20.5% rated the quality as “Excellent”.

Table 7.

The area's deterioration.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
1-Infrastructure Maintenance	n	0	29	71	71	29	200
	%	0.0%	14.5%	35.5%	35.5%	14.5%	100%
2- Staffing Levels and Workforce Morale	n	0	29	71	71	29	200
	%	0.0%	14.5%	35.5%	35.5%	14.5%	100%
3- Availability of medical Supplies and equipment	n	0	43	57	71	29	200
	%	0.0%	21.5%	28.5%	35.5%	14.5%	100%
4- Access to specialized care	n	0	29	57	85	29	200
	%	0.0%	14.5%	28.5%	42.5%	14.5%	100%
5- Diagnostic and treatment delays	n	0	29	57	85	29	200
	%	0.0%	14.5%	28.5%	42.5%	14.5%	100%
6- Infection Control and Sanitation	n	0	43	57	71	29	200
	%	0.0%	21.5%	28.5%	35.5%	14.5%	100%
7- Continuity of Care	n	0	29	71	71	29	200
	%	0.0%	14.5%	35.5%	35.5%	14.5%	100%
8-Patient Education and Support	n	0	43	57	71	29	200
	%	0.0%	21.5%	28.5%	35.5%	14.5%	100%
9- Quality Assurance and Regulatory Compliance	n	0	57	43	71	29	200
	%	0.0%	28.5%	21.5%	35.5%	14.5%	100%
10- Research and Innovation	n	0	29	71	71	29	200
	%	0.0%	14.5%	35.5%	35.5%	14.5%	100%

Table 8.

Shortages and difficulties in accessing medications.

		Yes	No	Total
Have you experienced shortages of medical supplies or equipment in your healthcare facility due to the economic crisis?	n	200	0	200
	%	0.0%	0.0%	0.0%
Have you encountered difficulties in accessing essential medications for patients due to the economic crisis?	n	200	0	200
	%	100.0%	0.0%	0.0%

All the participants (100%) agreed that they "experienced shortages of medical supplies or equipment in their healthcare facility due to the economic crisis," and all the participants "encountered difficulties in accessing essential medications for patients due to the economic crisis."

These findings highlight a stark contrast between the experiences related to medical supplies/equipment and essential medications. While there were no reported shortages of supplies or equipment, all respondents faced challenges in accessing essential medications, suggesting a critical issue in maintaining medication availability amidst economic crises.

Table 9.

How has the economic crisis affected the condition of healthcare facilities in Lebanon where you work?

	Improved	Stayed the same	Deteriorated	Total
n	40	40	120	200
%	20.0%	20.0%	60.0%	100%

60% of the participants in the sample said that the economic crisis deteriorates the condition of healthcare facilities, 40% said Improved and 40% said stayed the same.

Table 10.

The challenges you've faced in accessing medications.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
1- Shortages and Stockouts	n	0	15	40	79	66	200
	%	0.0%	7.5%	20.0%	39.5%	33.0%	100%
2-Rising Costs	n	0	14	40	79	67	200
	%	0.0%	7.0%	20.0%	39.5%	33.5%	100%
3- Import restrictions	n	0	14	41	80	65	200
	%	0.0%	7.0%	20.5%	40.0%	32.5%	100%
4- Inadequate Reimbursement	n	0	13	41	81	65	200
	%	0.0%	6.5%	20.5%	40.5%	32.5%	100%
5- Medication Hoarding and Speculation	n	0	13	42	80	65	200
	%	0.0%	6.5%	21.0%	40.0%	32.5%	100%
6- Lack of Alternatives	n	0	13	41	79	67	200
	%	0.0%	6.5%	20.5%	39.5%	33.5%	100%
7- Patient Compliance	n	0	14	41	79	66	200
	%	0.0%	7.0%	20.5%	39.5%	33.0%	100%
8- Ethical Dilemmas	n	0	14	41	78	67	200
	%	0.0%	7.0%	20.5%	39.0%	33.5%	100%
9- Increase Workload	n	0	15	39	80	66	200
	%	0.0%	7.5%	19.5%	40.0%	33.0%	100%

Considering the agreement levels (combining "Agree" and "Strongly Agree"):

Shortages and stockouts 72.50%, rising costs 73.00%, import restrictions 72.50%, inadequate reimbursement 73.00%, medication hoarding and speculation 72.50%, lack of alternatives 73.00%, patient compliance 72.50%, ethical dilemmas 72.50%, increased workload 73.00%.

These percentages represent the proportion of respondents who either agree or strongly agree with each stated challenge or issue within the healthcare system. The high percentages suggest widespread agreement among respondents regarding the existence and impact of these challenges.

Overall, the data highlights significant concerns among respondents regarding various aspects of the healthcare system, including shortages, rising costs, inadequate reimbursement, ethical dilemmas, and increased workload, among others.

This data suggests that a significant proportion of respondents are dissatisfied with the condition of healthcare facilities in Lebanon due to the economic crisis, with a combined total of 80% expressing some level of dissatisfaction (39.5% very dissatisfied and 40.5% dissatisfied). Only a minority (19.5%) reported being satisfied with the current condition. Additionally, there is a negligible proportion (0.5%) expressing a neutral stance. Overall, the data indicates a prevalent sentiment of dissatisfaction among respondents regarding the condition of healthcare facilities in Lebanon, likely influenced by the ongoing economic crisis.

Table 11.

The measures that the government should take to improve the healthcare system amid the economic crisis.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
1- Increased Funding	n	21	69	22	66	22	200
	%	10.5%	34.5%	11.0%	33.0%	11.0%	100%
2- Price Controls	n	49	24	26	75	26	200
	%	24.5%	12.0%	13.0%	37.5%	13.0%	100%
3-Subsidies for Healthcare Providers	n	0	35	74	46	45	200
	%	0.0%	17.5%	37.0%	23.0%	22.5%	100%
4-Investment in Healthcare Infrastructure	n	36	36	0	108	20	200
	%	18.0%	18.0%	0.0%	54.0%	10.0%	100%
5-Expansion of Health Insurance Coverage	n	34	36	2	104	24	200
	%	17.0%	18.0%	1.0%	52.0%	12.0%	100%

The provided data indicates the agreement levels (combining "Agree" and "Strongly Agree") among respondents regarding different measures to improve the healthcare system. Here's the breakdown: Increased Funding 44.0%, Price Controls 50.5%, Subsidies for Healthcare Providers 45.5%, Investment in Healthcare Infrastructure 64.0%, Expansion of Health Insurance Coverage 64.0%.

These percentages represent the proportion of respondents who either agree or strongly agree with each proposed measure to improve the healthcare system. The higher the percentage, the greater the level of agreement among respondents.

Overall, there is relatively strong support for measures such as investment in healthcare infrastructure and expansion of health insurance coverage, while other measures like increased funding and price controls also have notable support among the respondents.

About the future of the healthcare system in Lebanon, considering the ongoing economic crisis, 27.0% are optimistic about the future, and 27.0% are very optimistic, showing a high level of confidence in the future of the healthcare system despite the economic crisis.

Overall, the data reveal a range of perspectives, with a significant proportion expressing varying degrees of optimism alongside a notable minority holding pessimistic views.

4. Discussion

In recent times, the healthcare and medical sectors are facing difficulties due to political, social, and economic calamities. The country has been struggling with an acute financial crisis since 2019, which has resulted in the depreciation of the Lebanese pound and a considerable decline in the real GDP per capita.

The current global COVID-19 pandemic is one of the great challenges that have been difficult for healthcare systems to experience, thereby having a far-reaching effect on their financial standing. In response to the crisis, hospitals around the world have had to deal with major fiscal challenges. The situation demanded immediate funding for additional staff, reorganizing work shifts, and erecting new medical facilities, leading to augmented operational costs.

One of the largest explosions in the port's history occurred on August 4, 2020, in Beirut. Whatever the reason, the explosion had a catastrophic effect on the Lebanese healthcare system.

In Lebanon, hospitals mostly rely on imported materials, which primarily include stents, prostheses, and other medical devices. This is also due to severe limitations on the import of such indispensable supplies, which have resulted in a considerable cost to the healthcare system and a shortage of equipment. Indeed, private hospitals provide most health services in Lebanon. As a general principle, they are supposed to be reimbursed by social security and military funds; however, some crucial facts are that "private hospitals are owed US\$ 1.3 billion and received no government funds at all in 2019" [7].

Health professionals in Lebanon have been the victims of salary cuts, lack of essential supplies, and job losses, while patients cannot afford health services due to the negative effects of the economic downturn, with more than 40 percent of Lebanese living below the poverty line, especially in underserved areas.

Numerous departments, including foetal medicine, brachytherapy, and paediatric cardiac critical care, are now unable to deliver services due to the exodus of hundreds of doctors. This has major ramifications for patient care as well as the training of future generations of healthcare professionals on the job. Nowadays, the majority of young physicians and residents in the nation would rather complete their residency overseas because there are greater chances for training and research there. The most popular destinations are the United States, Canada, France, Belgium, Germany, and other Arab nations.

However, only those patients who can pay receive equitable medical care in Lebanon's largely privatized healthcare system. There is currently a scarcity of laboratory kits, vaccines, and screening kits in Lebanon, a country that was formerly renowned for its sophisticated screening programs and preventative medicine.

Where in the future, the consequences of these incidents on Lebanon's healthcare system have left it in danger of collapsing. It's possible that the system will survive and be able to coordinate attempts to recover, and this will be feasible given the political climate of today. In order to establish successful plans for managing crises, any progress towards the sustainability of health services must take into account the lessons learned from other nations about the reform of the fundamentals of the health system. A city can only hope to survive the public health emergencies it has been unfortunate enough to experience in Lebanon if it prepares for the unanticipated.

5. Recommendations

5.1. A Comprehensive Legislation Aimed at Fundamental Healthcare Services

In order to overcome the existing challenges facing the healthcare sector, the government should implement effective reforms, with a focus on 100% health coverage for those in need. To achieve this, the current proposed law must be reviewed to ensure that it is comprehensive and free of any loopholes that may impede implementation. This law should also take into account the establishment of basic health insurance packages that cover essential medical services.

5.2. Enhance Governance and Public Oversight to Facilitate Impactful Transformation.

Strengthening accountability and transparency mechanisms is crucial to achieving health reforms. This can be achieved by establishing an independent committee that includes specialized entities from the health care sector, which will strengthen accountability mechanisms and ensure sound governance. This committee could exert pressure on public opinion to ensure the implementation of anti-corruption legislation.

However, despite the vital role that the private sector plays in the healthcare system, it is necessary to control and manage it. Therefore, mechanisms must be put in place to regulate the private sector, coupled with increased supervision and control by the government. This may include setting clear rules and standards for healthcare providers, ensuring that healthcare facilities are licensed and inspected regularly.

5.3. Implementing Strategic Financial Strategies to Establish a Viable System for the Long Term

Several measures need to be taken to address financial challenges and promote sustainability. As a first step, inequalities in health coverage can be reduced by unifying medical insurance funds and launching common basic packages and tariffs. This will require implementing long-overdue reforms in the financing and payment programs of all funds, such as the Sickness and Maternity Branch of the National Social Security Fund, with the aim of enhancing their effectiveness.

For example, cost containment measures need to be taken to reduce wastage of resources. In addition, adopting value-based purchasing methods can rationalize health spending and ensure that healthcare resources are allocated effectively so that patients receive the most beneficial treatments. The government can benefit from the expertise of multinational companies to implement value-based procurement methods and digitize the health sector in order to improve resource allocation and increase efficiency.

Also, financial resources should be allocated directly to patients who cannot afford essential medicines, rather than relying exclusively on the Ministry to subsidize specific medicines. This can be achieved by implementing a tiered coverage system in which financial assistance is provided based on the patient's needs and the importance of the medications. This approach ensures that limited resources are allocated effectively and efficiently by guiding assistance to those who need it most. Implementing a national medicine card for all Lebanese citizens, instead of continuing to subsidize medicines, would facilitate access to healthcare services.

In addition, strict pricing schemes must be adopted to limit fluctuations in drug prices, and additional sources of income for the healthcare sector, such as increasing taxes on cosmetic products, must be sought.

5.4. Enhancing the Healthcare System by Focusing on Primary Healthcare Services

It is necessary to reorient the health care system towards preventive and primary health care and expand the scope of services to meet changing health needs. Such a move would require mobilizing political support to prioritize investment in and support for primary health care, which would provide the primary health care sector with an effective system of oversight and guidance that would reduce burdens on the health care system and lower costs. Additionally, raising awareness and changing the health habits of the population are essential elements for strengthening the healthcare sector through targeted advertising campaigns that emphasize the importance of preventive care versus curative care.

5.5. Enhancing Local Manufacturing Capabilities.

Investing in local manufacturing of essential generic medicines is crucial to reducing dependence on imports and ensuring the availability of medicines at affordable prices. One of the recommendations is for prestigious international organizations, such as the World Health Organization, to grant certificates to local manufacturers to ensure the quality of manufactured medicines and increase citizens' confidence in these products [8].

5.6. A Rigorous Coordination Among Diverse Entities.

In order to improve coordination between entities providing healthcare services in the humanitarian sector, it is necessary to create a common platform that brings together humanitarian actors and NGOs. Additionally, governance arrangements that stimulate joint planning and actions across multiple sectors to achieve a more effective response represent another approach to benefit different actors in the healthcare sector, such as collaborating with specialized organizations to establish the use of evidence in decision-making at the level of government and other organizations that affect the health system.

References

- [1] Worldbank, *In the grip of a new crisis. Lebanon Economic Monitor*. Washington, DC: World Bank, 2023.
- [2] E. Bou Sanayeh and C. El Chamieh, "The fragile healthcare system in Lebanon: sounding the alarm about its possible collapse," *Health Economics Review*, vol. 13, no. 1, p. 21, 2023. <https://doi.org/10.1186/s13561-023-00435-w>
- [3] J. R. Chehayeb, S. Kala, H. Abou Ghannam, G. Hasan, and J. Salloum, "The evolving Lebanese drug crisis: Trends in drug availability and affordability for common outpatient diseases from 2019 to 2023," *PLOS Global Public Health*, vol. 3, no. 11, p. e0002538, 2023. <https://doi.org/10.1371/journal.pgph.0002538>
- [4] N. Aoun and M. Tajvar, "Healthcare delivery in Lebanon: a critical scoping review of strengths, weaknesses, opportunities, and threats," *BMC Health Services Research*, vol. 24, no. 1, p. 1122, 2024. <https://doi.org/10.1186/s12913-024-11593-w>
- [5] T. v. d. Gronde, C. A. Uyl-de Groot, and T. Pieters, "Addressing the challenge of high-priced prescription drugs in the era of precision medicine: A systematic review of drug life cycles, therapeutic drug markets and regulatory frameworks," *PloS One*, vol. 12, no. 8, p. e0182613, 2017. <https://doi.org/10.1371/journal.pone.0182613>
- [6] MOPH, *Health system resilience in Lebanon: A consistent progress amidst political instability*. Lebanon: Ministry Of Public Health, 2019.
- [7] S. Devi, "Economic crisis hits Lebanese health care," *Lancet*, vol. 395, no. 10224, p. 548, 2020. [https://doi.org/10.1016/S0140-6736\(20\)30407-4](https://doi.org/10.1016/S0140-6736(20)30407-4)
- [8] S. B. Noaman and H. Lakkis, "Lebanese pharmaceuticals and healthcare industry: Investing in the pharmaceutical industry to promote exports," *Lebanese Science Journal*, vol. 23, no. 2, p. 178, 2022. <https://doi.org/10.22453/LSJ-023.2.178-190>