

# “The Collaborative Governance of Lebanon’s Health Sector”

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This essay on “The collaborative governance of Lebanon’s health sector ” is a well-documented, easily read, review of the transformation of Lebanon’s health care system, over the past two decades. I would like to commend Dr Wim Vablerbergh, Dr Abdel Hay Michbal and Dr Nabil Kronfol who put this together based on evidence, published robust surveys, extensive interviews and mapping of all stakeholders’ positions.

This has not been an easy journey: the post-civil war period in the 1990s witnessed a health sector dominated by powerful lobbies, political clientelism, a booming private sector, and a Ministry of health – weakened and marginalized - yet actively requested to subsidize health care, with serious budgetary consequences to the country, already drained by the years of conflict.

Faced with this situation, the Ministry strived to rebuild itself. It did so using the power of information: surveys, studies, undertaken by the Ministry in collaboration with the World Health Organization, the World Bank, Academic institutions, national authorities –not only provided better data and information, to all stakeholders, but provided a road map on the priorities to address and the objectives to achieve. This approach gave the Ministry the credibility it needed to steer the health care system; it gave it the capability to fill the vacuum; it gave it a self-confidence to relate to all stakeholders and invite them all to assist in the development of the new health sector. This led to a unique international experience that was termed as “collaborative Governance” – well recognized by international organizations , as a recipe for success and

a model that could be readily adapted in other countries.

The Ministry chose to alleviate the burden on the less privileged strata by reducing the “catastrophic expenditures” that could (and did) push families to poverty. The Ministry re-engineered itself as a “safety net” to provide health care to the people who could afford least the cost of health care. It gave the hospital sector the attention deserved: it implemented the autonomy of public hospitals, refurbished the old hospitals and built new ones – and then improved the quality of care in these institutions by introducing accreditation – the first country in the region to do so – and improved on that system through repeated rounds. Private hospitals –the main providers of inpatient care, that were initially hesitant, bought into the culture of quality with enthusiasm.

In parallel, the Ministry sought mutually beneficial alliances with the Non-Governmental organizations to promote Primate health Care through well designed and effective programs, spanning the life cycle, promotion of health and prevention of diseases, whether communicable or chronic. In the same vein, support was introduced to cover “catastrophic illnesses”, such as chronic renal failure through dialysis, expensive medicines for cancer and other NCDs, and other advanced technologies. Through this stepwise approach, Lebanon is moving slowly but surely to provide universal health coverage to its population.

Rationalizing health expenditures was a pre-requisite to support these efforts. The Ministry took measures to contain costs based on robust information systems, scientific parameters introduced in concert with the stakeholders- who recognized again their relevance

1- Wim Van Lerberghe, AbdelHaye Mechbal and Nabil Kronfol “The collaborative governance of Lebanon’s health sector ”; Twenty years of efforts to improve health services

2- The success and the achievements of Lebanon’s Ministry of Health were recognized by the World Health Organization, The Economist Intelligence Unit, Bloomberg 2017 Healthiest Country, the Global Economic Forum Health index and the Health Care Access and Quality index



and their merit to health care institutions and programs. Performance contracting became the new standard to measure the amounts of funds to be disbursed to hospitals. Particular emphasis was also placed on adjusting the price of pharmaceuticals and medical supplies – that constitute a major component of health care expenditures – whether to the Treasury or the households.

This essay “The collaborative governance of Lebanon’s health sector” describes the various steps that were taken over the past two decades to transform the Ministry – and to move it from a being a passive bystander to become the main steward of the health care system – to move from a “laissez faire” complacent position to one of

active collaborative governance – based on strong strategic intelligence and consensual leadership. In fact, the very essence and fulcrum of this transformation resides in the leadership style of its principal architect, the Director-General of the Ministry of Health, Dr Walid Ammar, who has toiled hard over two decades to lead the Ministry staff to achieve these astounding results. Perhaps I should stress here that one of the main achievements of Dr Ammar has been the investment in the quality and capabilities of the Ministry staff – who have joined with zeal and dedication these efforts despite adversity, shortages and meagre rewards. Their drive was based on their belief in the leadership of the Ministry and the objectivity and soundness of their work.

Despite an impressive track record, the road remains bumpy and the transformation vulnerable essentially due to factors beyond the realm of the Ministry – as Lebanon faces one political crisis after another. Challenges related to the Syrian refugees are just one example – another is pandemic threats such as Ebola and other emergency diseases that know no boundaries. One should note though that the Ministry has been able to meet these challenges and overcome them even with its limited resources.

To sustain these successful achievements, it is paramount to maintain the culture of openness, transparency, evidence-informed policy making and collaborative governance. For this purpose, and based on Dr Ammar’s initiative, the Policy

Support Observatory was created as a joint project between the MOPH, WHO and the American University of Beirut – Faculty of Health Sciences.

I would like to seize this occasion to thank not only the Ministry staff, but also all the stakeholders that joined and participated in these ventures, from the private sector, the Non-Governmental organizations, academic institutions and professional orders. I need to recognize as well the international organizations that supported us starting with the World Bank, the European Union, UNICEF, and others, with special gratitude to the World Health Organization that joined forces intimately with the Ministry in this endeavour.