

# Lebanon



## Health systems

Economic classification: **Upper Middle Income**

### Health systems summary

Lebanon has a mixed health-care system. There is the government-funded National Social Security Fund, government schemes that cover civil servants and the military, and private insurance. Together, these schemes cover close to 50% of the population. In addition to the above, the many Palestinian refugees are covered by the United National Relief and Work Agency. Despite all of this, it is estimated that around half of the population in Lebanon lack healthcare coverage, and for those that do have coverage, co-payments are common. As a result, out of pocket payments in Lebanon are considered to be at 'catastrophic levels' (55% of health expenditure).

The public sector is considered to be of much lower quality than the private sector, suffering from low funding and difficulties with recruiting and retaining staff.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	No
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	No
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	No
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	Some progress
Are there any obesity-specific recommendations or guidelines published for adults?	No
Are there any obesity-specific recommendations or guidelines published for children?	No
In practice, how is obesity treatment largely funded?	Out of pocket

## Perceived barriers to treatment

High cost of out of pocket payments	Obesity not recognised as a disease	Lack of financial investment and funding for coverage	Lack of training
Failure to recognise or accept all treatment options	Poor availability of pharmaceutical treatments	Poor adherence to treatment	Poor health literacy & behaviour
Cultural norms and traditions	Obesogenic environment		

## Summary of stakeholder feedback

Stakeholders felt that neither the government or the healthcare providers in Lebanon considered obesity as a disease. This was felt to be evidenced by the lack of initiatives and action on the obesity front for both the prevention and treatment of obesity. It was felt that obesity could be better prevented if there were more awareness campaigns, government commitment and training for health professionals.

Stakeholders reported that there are a lack of clear obesity care pathways in Lebanon. This may be due to the absence of guidelines as well as the fact that primary care physicians do not have a gatekeeper role (people can go straight to specialists). No clear referral pathways mean that treatment is often left to endocrinologists and surgeons, with general practitioners playing a small (to no) role in obesity management and treatment.

It appears that most obesity treatment options are not covered by government funding/insurance - except for surgery when certain criteria are met. As a result, much obesity treatment in Lebanon is paid for out of pocket. The lack of guidelines in Lebanon mean that there is variation in when treatment can be received, but it appears that it is generally when BMI is above 30kg/m<sup>2</sup>.

There is no obesity training available in Lebanon. Endocrinologists are widely considered to be the most qualified to manage and treat obesity, but they do not receive specific obesity training in their specialisation training.

*Based on interviews/survey returns from 4 stakeholders*

Last updated: June 2020