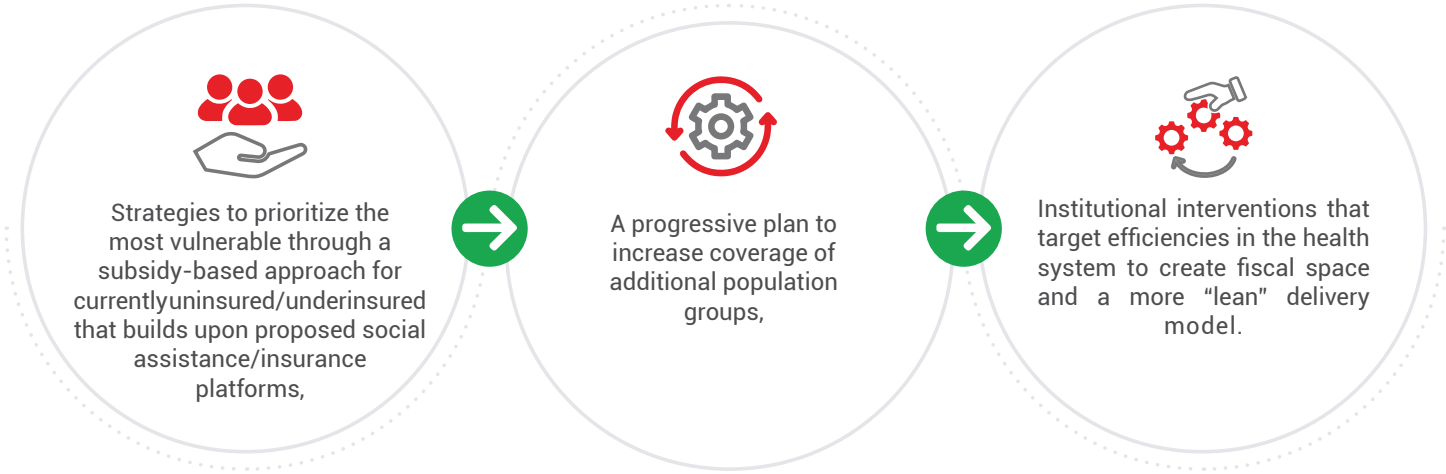
FINANCIAL ACCESS TO BASIC SERVICES

SOCIAL HEALTH PROTECTION

The aim of the Social Health Protection component within the Financial Access to Basic Services Pillar is to have a unified system characterized by reduced fragmentation and adequate coverage to the entire population with the fundamental premise of health as a human right. The objectives are to introduce a universal health coverage law that integrates healthcare services with unified tariffs, reduce out-of-pocket expenditures, enable further solidarity, allow for the proper allocation of resources, drive synergies between public and private healthcare provision, and support a transparent regulation of the healthcare sector.

The main components of social health protection include:



POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

P4H.01:
Coverage against health care costs is available to all Lebanese citizens and permanent residents, across all life stages, with a particular focus on marginalized groups[1] of the population, including uninsured children, women and adolescent girls, persons with disabilities, and older persons.

P4H.02:
Adequate financial protection is provided at the different levels of care (primary, secondary, tertiary, etc.) for essential services to ensure effective and efficient coverage of needs based on equity and solidarity.

P4H.03:
Streamlined institutional, financing and administrative system for accessing healthcare is developed.

STRATEGIC ORIENTATIONS AND INITIATIVES

Strategic Orientation 1:
Unify access to financial health protection to all Lebanese.

Initiative 1.1:
Introduce emergency measures to reinforce the role of social insurance schemes in covering beneficiaries' healthcare costs during times of crisis.

1. The European Network for social inclusion and health defines marginalization as the "position of individuals, groups or populations outside of 'mainstream society'". Marginalized patients experience severe health inequities which can result in poorer health status, higher premature morbidity and increased risk for patient safety incidents in comparison to the general population.

Initiative 1.2:
Extend a mechanism for emergency health protection to reduce OOP for the uninsured and vulnerable segments of the population, including through free or subsidized access to outpatient services at Primary Healthcare Centers, to selected medicines, to rehabilitative and support services for PwDs, and waiver of co-payments from social insurance or hospitalization services covered by MoPH.

Initiative 1.3:
Progressively expand social health insurance coverage to all through expansion of mandatory contributory coverage to more categories of workers, and subsidization of contributions for those who cannot contribute based on tax revenues.

Initiative 1.4:
Reinforce public health services and expand financial access to (quality) primary healthcare for all.

Strategic Orientation 2:
Progressively unify risk pooling and purchasing functions within a streamlined institutional framework. Harmonize design and enhance cost-effectiveness of existing health financing schemes.

Initiative 2.1:
Move towards strategic and active purchasing methods with a focus on Primary Health Care.

Initiative 2.2:
Progressively unify benefit package and tariffs across different schemes.

Initiative 2.3:
Merge existing social health protection schemes under a single umbrella in charge of revenue raising and strategic purchasing.

- **Policy Option A:** Direct public funds towards a revamped NSSF in its role as sole social health insurance administrator to provide universal health coverage.
- **Policy Option B:** Establish a National Health Fund (NHF) that manages all the public and contribution-based financing and ultimately replaces all existing schemes.

Initiative 2.4:
Establish modalities for all workers to contribute according to their capacity with a view to increase revenues of the single risk pool, differentiating according to broad employment types rather than sector wherever possible.

Strategic Orientation 3:
Strengthen sector-wide governance, institutions and systems for service delivery to enhance cost-effectiveness, cost-efficiency and coordination.

Initiative 3.1:
Reactivate the Higher Council for Health (HCH) and establish a clear mandate for it.

Initiative 3.2:
Enforce Law 253 regarding the establishment of the National Drug Agency.

Initiative 3.3:
Strengthen the MoPH capacity as a regulator of the entire health system.

Initiative 3.4:
Develop more efficient service provision models with improvements in healthcare infrastructure.

Initiative 3.5:
Develop a unified health management system that operates across all financing streams, purchasers and providers, and links core health institutions.

Initiative 3.6:
Process automation and administrative simplification.

FINANCIAL ACCESS TO EDUCATION

The aim of this pillar component is to ensure that households have financial access to education for all children. This implies that for households with school-age children, support provided under the other pillars such as social assistance or social insurance is not simply 'cancelled out' by high economic barriers to attending school or other learning opportunities. As a result, three key strategic approaches are necessary:

The need to reduce or eliminate the direct costs of schooling, essentially fees;

To reduce the indirect costs of education – such as the costs of books, supplies, transportation;

To create a clear linkage with, and recognition of the role of, social assistance programs in reducing economic barriers (both direct and indirect) of poor and vulnerable households to basic services. Other linkages are also vital, such as those with the social welfare system to support families to address related challenges or with labor activation programs to promote employment.

The rationale for including financial access to basic services, including education, in a national social protection strategy is clear – while social assistance and social insurance may combine to support households economically, basic services must by definition remain equitably accessible to all. Despite the provision of free basic education in Lebanon, the highest dropouts from school occur within the lowest socioeconomic group and the most common reason stated for not attending is cost, both direct and indirect. It is worth noting that Lebanese law stipulates the compulsory and tuition-free nature of basic education (from the first to the ninth grade), however, this directive doesn't apply to paid private education, and there are no implementing decrees for its enforcement.

POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

P4E.O1:
Universal quality education is financially accessible for all basic education students (including non-formal sector), with particular attention to marginalized groups, and exploration of fee waivers at the secondary level and within TVET.

P4E.O2:
Social assistance programs promote financial access to education for program recipients and link to complementary services and programs.

STRATEGIC ORIENTATIONS AND INITIATIVES

Strategic Orientation 1:
Ensure elimination or reduction of fees for attending education.

Initiative 1.1:
Agree funding mechanisms with development partners and education stakeholders to ensure basic public and private education remains fee free, including reduction or cancellation of books, uniform, and transportation fees.

Initiative 1.2:
Propose roadmap for equitably reducing fees at secondary level as well as for TVET, with particular attention to prioritizing marginalized children and fee waiver for specific vulnerable groups and support with associated costs.

Initiative 1.3:
Review subsidies to private free school versus direct funding of public schools, considering a range of key factors such as quality and cost-efficiency.

Strategic Orientation 2:
Introduce and progressively expand social assistance programs that promote financial access to education and develop linkages between complementary services and programs.

Initiative 2.1:
Design and roll out a new national Child Grant and include children with disabilities in the new national Disability Allowance currently being designed.

Initiative 2.2:
Prioritize referral, follow-up and case management of households with children to social welfare services, capacity building programs and TVET, ensuring coordination between social care services and MEHE.