

Health Beyond Politics

PREFACE

*“Then render unto Caesar that which is Caesar’s, and render unto God that which is God’s”
Holy Bible: Mathew 22:21*

*﴿And when my servants ask thee concerning Me, surely I am nigh﴾.
Holy Quran: Baqarah (2):186*

This work updates and complements “Health Financing and Reform in Lebanon” published in 2003. It comes in response to a need expressed by health professionals, universities and the WHO-Eastern Mediterranean Regional Office.

The past five years (2003-2008) did not witness any structural change in the health sector in Lebanon. However, a meaningful progress has been made in different components of health reform, thanks to the perseverance of dedicated health professionals working in different institutional settings, guided by science, professional ethics and human values. Those actors in public and private sectors, without necessarily knowing each others, and despite the depressing political climate and unfavorable working conditions, are contributing to alleviate pain, reduce morbidity and mortality, improve quality of life and promote social progress. Unlike other sectors in Lebanon, the health sector did not experience significant draw backs resulting from the persisting

economical and political crisis. In addition to achieving health goals, with undeniable indirect social and economic benefits, the health sector in Lebanon has been also directly contributing to sustainable development. It remains, for example, a major field for employment, representing for many families a source of income that is not to be underestimated. This has probably an important social and economic impact, especially in rural areas, by creating local economic circuits, pivoting around health facilities and involving many other sectors.

The stepwise managed change occurred progressively over the past years as planned, except for the financing component. This specific component was the most elaborated involving a structural reform and hence needed true political commitment. Different scenarios had been developed ranging from soft modular options for harmonizing public financing, to more radical ones aiming at pooling public funds under one management. Stakeholder analysis and political mapping were conducted for each option considering legislation reform, financial sustainability and political feasibility. The institutional ground was set, actors in the health sector were prepared and the public opinion was receptive for the change. Nevertheless, political players failed in changing a status quo with deep historical and confessional roots. This additional political failure is threatening the sustainability of health care financing, with serious consequences on people's health and increased exposure to impoverishment related to catastrophic health spending.

The hope that structural health reform could be achieved with the willingness and commitment of one minister or even the Council of Ministers, proved to be an illusion. The health system is an integral part of the confessional socio-political system. The multiplicity of public coverage funds was willingly designed by the political and confessional forces in the nineteen sixties to serve their interests. These same forces, sometimes with different names and faces, are still taking full advantage of the system's structural dysfunction, while raising radical reform slogans.

Majority and opposition political forces, of which few are religious and for the most merely confessional, are all sharing

power or influence over public funds and exploiting public resources for their political purposes. In addition, they possess their own “charity” funds, some of which benefit from important foreign financing, all of which are beyond any meaningful state control.

On the provision side, most health facilities, financed mainly by the Ministry of Public Health (MOPH) and other public funds belong directly or indirectly to religious congregations and confessional political forces. Hospitals and clinics by all the saints and prophets’ names are providing medical services using and sometimes abusing public money.

Those who play the role of intermediary between Allah and his servants in spite of God’s words “I am nigh”, impose themselves as an interface between the state and the citizens. Those who force their value system over the whole society are obstinately using what is Caesar’s to serve their confessional interests. Those powerful retrogressive forces have been preventing reform leaps, but have been unable to hinder progress and can never do, as long as free women and men living in this resilient society resist all forms of intimidation.