

## The right to health in Lebanon

'The Right to health- a multi-country study', University of Aberdeen School of Law,  
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### Introduction

Lebanon has committed itself to a right to health by becoming a party to a number of treaties which detail numerous state obligations regarding the health of its population. Since the end of its civil war in 1991, Lebanon has made progress with regard to the practical realisation of a right to health. There seems to be a commitment towards improving the health of the population and towards combating health disparities. Infant mortality rates have dropped and the general health of the population has improved.

As will be explained more elaborately below, the largest health problems that Lebanon currently faces are the inefficiency of its health care system, the high cost of health insurances and services, the prevalence of therapeutic care over both primary care and preventive services, regional disparities in health, and unhealthy lifestyles.<sup>1</sup> It is reported that these deficiencies have adverse repercussions on the health status of citizens in general and on children in particular.<sup>2</sup>

The attack on Lebanon by Israel in the summer of 2006 has caused a major blow to the health situation in Lebanon. More than 1100 were reportedly killed, more than 4400 were injured, almost a million persons were displaced, 30.000 houses were destroyed and it has left many people without access to proper medical services and without access to the water network.<sup>3</sup> It has been argued by several sources that during its attack Israel has violated international humanitarian law, or in other words the so-called 'Geneva Conventions', the conventions of the International Federation of the Red Cross that regulate the conduct of combatants during situations of war.<sup>4</sup> It has also been asserted that Hezbollah, as a non-state actor that took part in the conflict, has also violated international humanitarian law, in particular by using the civilian population in Lebanon as 'human shields'.<sup>5</sup>

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<sup>1</sup> See, for example, Committee on the Rights of the Child, Second Periodic Report by Lebanon (Addendum), UN Doc. CRC/C/70/Add.8, 26 September 2000, paragraph 288.

<sup>2</sup> Idem.

<sup>3</sup> Lebanon on Siege, Presidency of the Council of Ministers, at <http://www.lebanonundersiege.gov.lb/english/F/Main/index.asp?>, accessed 27 February 2007.

<sup>4</sup> For example, Amnesty International, at <http://web.amnesty.org/library/Index/ENGMDE150702006?open&of=ENG-2D2>, accessed 28 August 2006. For the Geneva Conventions and Additional Protocols see the website of the International Federation of the Red Cross, <http://www.icrc.org>. See also Mission to Lebanon and Israel', Implementation of General Assembly Resolution 60/251 of 15 March 2006 entitled "Human Rights Council", UN Doc. A/HRC/2/7, (report by Philip Alston, Paul Hunt, Walter Kälin and Miloon Kothari), see [http://www2.essex.ac.uk/human\\_rights\\_centre/rth/reports.shtm](http://www2.essex.ac.uk/human_rights_centre/rth/reports.shtm), accessed 27 February 2007.

<sup>5</sup> For a discussion of this matter see 'Mission to Lebanon and Israel' (see note 4).

There is in fact a striking similarity between international humanitarian law and the international human rights law and the right to health in particular. Both laws are aimed at protecting civilians from infringements upon their health, and both bodies of law seek to protect the undisturbed delivery of medical services, and also of water services. As argued by the Human Rights Council, both bodies of law are complementary and mutually reinforcing.<sup>6</sup> It can be argued that during times of war a 'minimum right to health' applies, which is comparable to the protection provided by international humanitarian law.<sup>7</sup> As such the argument could be made that attacks on civilians and the disturbance of the provision of medical and water services constitute not only a violation of international humanitarian law, but also a violation of the right to health. Therefore, the effects of the civil strife on the health situation in Lebanon have been integrated in this report.

A major obstacle that permeated the process of preparing this report was the low reliability of statistical and other information. The aim of providing the data is, however, not to give the exact figures but rather to provide a basis for a right to health assessment of Lebanon. Important sources of information for the current report have been the reports and statistics provided by the United Nations Development Fund (UNDP) and the World Health Organization (WHO).

### **Legal commitment to a right to health**

The human right to health is recognized in numerous international instruments and Lebanon is a party to a great number of these treaties. The most important UN treaties are the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Convention on the Rights of the Child (CRC).<sup>8</sup> Lebanon is also a party to the important health-related civil and political human rights conventions, including the International Covenant on Civil and Political Rights (ICCPR), and related to that the Protocol on the Abolition of the Death Penalty, and the Convention Against Torture (CAT).<sup>9</sup> It is also a party to fifty conventions of the International Labour Organization (ILO), some of which are health-related.<sup>10</sup> Of relevance for our purposes is the Convention concerning Indigenous and Tribal Peoples in Independent Countries (no 169), which in Article 25 stipulates a right to health of indigenous and tribal peoples. Finally, Lebanon is also a party to at the Geneva Conventions and Additional Protocols that stipulate the rules of international humanitarian law and offer health protection during wartime.<sup>11</sup>

Lebanon also adheres to a number of non-binding declarations that contain health-related provisions, including the Standard Minimum Rules for the Treatment of Prisoners, the Principles of Medical Ethics relevant to the Role of Health Personnel, and the Declaration on the Rights to Development.<sup>12</sup> At a regional level, it is a signature to the Arab Charter of Human Rights (1994, not yet ratified). Finally, mention should be made of the Universal Islamic Declaration of Human

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<sup>6</sup> Human Rights Council, Special session resolution S-2/1, The grave situation of human rights in Lebanon caused by Israeli military operations, available at <http://www.ohchr.org/english/bodies/hrcouncil/docs> . See also 'Mission to Lebanon and Israel', (see note 4).

<sup>7</sup> BCA Toebe, 'Health and Health Care', Right to, *Encyclopaedia of Human Rights*, Routledge, forthcoming in fall 2008.

<sup>8</sup> See <http://www.humanrightinglebanon.org/file22.html> , accessed 29 June 2006.

<sup>9</sup> Idem.

<sup>10</sup> See below under 'occupational health', *supra* note 74.

<sup>11</sup> Idem.

<sup>12</sup> Idem.

Rights (adopted by the Islamic Council in 1981), which mentions the right to medical care as part of the right to social security (Article XVIII).

Altogether, Lebanon has made a strong international commitment to the international human right to health. Whether this right is also implemented in a national legal framework remains, however, unclear. No information is available to the present author as to whether the international standards containing a right to health have been enforced before a court of law.<sup>13</sup> It should in this respect also be observed that the Lebanese Constitution does not contain economic and social rights, and so also not a right to health.<sup>14</sup>

## Health policy and financing

### Health expenditure

According to UNDP, *government* health expenditure as a percentage of GDP was 3.5% of GDP in 2002.<sup>15</sup> Despite the military unrest that the country faces, military expenditure does not seem to be huge compared to health expenditure, approximately 3-4.5 % of GDP.<sup>16</sup>

Government statistics estimate that *total* health expenditure as a % of GDP is 11.3 %.<sup>17</sup>

According to Sen and Mehio-Sibai, the Lebanese health care system is one of the most expensive in the world.<sup>18</sup> UNDP concludes that while expenditure on health is high, health status compares less favourably with that of other middle-income countries.<sup>19</sup>

Comparing the total health expenditure with government health expenditure demonstrates that there is a large gap between government and total health expenditure.<sup>20</sup> While, as mentioned, public health expenditure is approx. 3.5 % of GDP, *private* health expenditure is 8.0 % of GDP.<sup>21</sup>

A large amount of this private health expenditure consists of out-of-pocket expenditure for health services. While general government expenditure as a % of total health expenditure is 29.3 %, out-of-pocket expenditure is 56.2%.<sup>22</sup> Out-of-pocket expenditure is high because, as will be discussed below, more than half of the population remains uninsured in Lebanon.

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<sup>13</sup> See ESCR-Network, at [http://www.escr-net.org/EngGeneral/Case\\_law.asp](http://www.escr-net.org/EngGeneral/Case_law.asp), accessed 26 July 2006.

<sup>14</sup> Constitution of Lebanon, fashioned after that of the French Third Republic, adopted 23 May 1963, amended most recently Charter of Lebanese National Reconciliation (Ta'if Accord) of October 1989, available for example at <http://www.oefre.unibe.ch/law/icl/le00000.html>, accessed 24 July 2006.

<sup>15</sup> UNDP, Human Development Reports, <http://hdr.undp.org/statistics/data/countries>, accessed 24 July 2006.

<sup>16</sup> The CIA website mentions a figure of 3.1 % (2001), the World Factbook, at <https://www.cia.gov/cia/publications/factbook/geos/le.html>, accessed September 2006, and the Stockholm International Peace Research Institute mentions a figure of 4.3 % (2002), available at [http://www.sipri.org/contents/milap/milex/mex\\_share\\_gdp.html](http://www.sipri.org/contents/milap/milex/mex_share_gdp.html), accessed 24 July 2006.

<sup>17</sup> Health Indicators, Department of Statistics of the Lebanon, April 2006.

<sup>18</sup> Sen and Mehio-Sibai, (see note 20). See also The Economist, *Pocket World in Figures*, 2005 Ed., which estimates that health spending as a % of GDP in Lebanon is 12.4. The Economist places Lebanon second under the US, with a health expenditure of 13.9 %.

<sup>19</sup> Millennium Development Goals, Lebanon Report, September 2003, p. 16, at [http://css.escwa.org.lb/scu-countryreports/Lebanon\\_Eng.pdf](http://css.escwa.org.lb/scu-countryreports/Lebanon_Eng.pdf), accessed 29 August 2006.

<sup>20</sup> Kasturi Sen and Abba Mehio-Sibai, 'Transnational Capital and Confessional Politics: the paradox of the health care system in Lebanon', *International Journal of Health Services*, Volume 34, Number 3, pages 527-551, at p. 541, 2004, at pp. 530-531, available at <http://baywood.metapress.com>, accessed 4 October 2006.

<sup>21</sup> UNDP statistics at <http://hdr.undp.org/statistics/data/countries.cfm?c=LBN>, accessed 24 July 2006. According to WHO's statistics, total expenditure on health of % of GDP is 11.5 %. General government expenditure on health as % of total health expenditure is 30.1 %, and out-of-pocket expenditure as total of % of total health expenditure is 55.9 %, at <http://www.who.org>.

<sup>22</sup> Health Organization, Regional Office for the Eastern Mediterranean, available at, at <http://www.emro.who.int/emroinfo/index.asp?Ctry=leb>, accessed 2 April 2007.

### Public and private health care provision

Traditionally, the involvement of the public sector in the direct provision of health care has been very limited in comparison to the role played by the private sector. The civil disturbances compelled the Health Ministry to respond to the immediate needs of the population, while the private sector filled up the gap by providing hospital care.<sup>23</sup>

It is reported that currently, health care services in Lebanon are provided by both public and private agencies. The Ministry of Health provides care for the Lebanese population in its own hospitals and outpatient facilities and it reimburses the costs of services that are delivered in private hospitals with which it has contracts. There are five important public financing schemes, including the National Social Security Fund (NSSF), which arrange financial reimbursement for health care charges incurred by employees in the private sector.<sup>24</sup> Given that this system is largely oriented towards employees, there remains a large section of the population that goes without any health insurance whatsoever (see below).

Several critics of the system point out that despite the public subsidy, the private sector still plays a large role in health care provision, which does not favour the quality and accessibility of the health care services. The services provided by private health care providers are often expensive and lack an adequate system of distribution.<sup>25</sup>

Furthermore, as Sen and Mehio-Sibai point out, the Lebanese health care sector is increasingly evolving as a service with trans-national ownership.<sup>26</sup> Like in many other countries, multinational corporations increasingly permeate the Lebanese health care market.<sup>27</sup>

### Lack of health insurances

Another large problem in Lebanon, which affects the affordability of health care services, concerns the lack of health insurances. While 20-25% of the population have private health insurance, the major source of health expenditure consists of out-of-pocket expenditures for health care services.<sup>28</sup> Sen and Mehio-Sibai suggest that 53% of the population is not covered by any kind of health insurance schemes.<sup>29</sup> As such, where it concerns a right to health, the affordability of health care services is one of the biggest problems in Lebanon.

### Emphasis on tertiary care

Another problem in terms of availability, accessibility and quality of health care services is a strong emphasis on the provision of tertiary care. In 1997 UNDP reported that the Lebanese health care system was strongly focused on the tertiary sector, with a high availability of hospital capacity, advanced technology and medical expertise. UNDP's concern was that resources were essentially concentrated in tertiary care rather than in secondary and primary care levels. It observed that primary health care was still fragmented with insufficient linkages with the higher levels.<sup>30</sup>

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<sup>23</sup> UNDP, Profile of Sustainable Human Development in Lebanon (1997), available at <http://www.undp.org.lb/programme/governance/advocacy/nhdr/nhdr97/index.html>, accessed July 2007. See also Kasturi Sen and Abla Mehio-Sibai, 'The Dynamics of Commercial Health Care in the Lebanon', in Mackintosh and Koivusalo (eds.), *Commercialisation of Health Care*, New York: Palgrave Macmillan, 2005, pp. 66-84, at p. 66.

<sup>24</sup> American University, International Institute for Health Promotion, *Country Profile – Lebanon*, by Sahar Tabarra, at <http://www.american.edu/cas/health/iihp/iihpcplebanon.html#anchor693932>, accessed 24 July 2006.

<sup>25</sup> Kasturi Sen and Abla Mehio-Sibai, pp. 530-531 (see note 20).

<sup>26</sup> Kasturi Sen and Abla Mehio-Sibai, pp. 527-551 (see note 20).

<sup>27</sup> See for example Mackintosh and Koivusalo, chapters 2 and 3 (see note 23).

<sup>28</sup> American University, International Institute for Health Promotion, *Country Profile – Lebanon*, (see note 24).

<sup>29</sup> Kasturi Sen and Abla Mehio-Sibai, pp. 540, 2004 (see note 20).

<sup>30</sup> UNDP, Profile of Sustainable Human Development in Lebanon (1997), (see note 23).

The General Comment on the Right to Health refers to the 'Primary Health Care Strategy' of the WHO as part of the minimum obligation of governments in terms of a right to health.<sup>31</sup> Adoption of a Primary Health Care Strategy implies addressing the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. Efforts are under way to improve the quality and availability of secondary and above all primary care. In 1994 the Ministry of Health (MPH) in Lebanon, in co-operation with the WHO, prepared strategic goals for a Primary Health Care Implementation Plan. Among the goals are expansion of Primary Health Care coverage throughout the Lebanese territories, upgrading management capabilities of primary health care at district level, and promotion of community participation in health development.<sup>32</sup>

#### Other health policy issues

It is also reported that there is a lack of reliable health data, which has led to improper planning, which again affects the availability and accessibility of health care services.<sup>33</sup> Another problem concerns an oversupply of physicians in Lebanon. In relation to this, physicians are not adequately allocated across the country and there is a poor allocation of their time for capacity building, a matter that affects the geographic accessibility of health care services.<sup>34</sup>

#### International aid

A coherent overview of international aid does not seem to be available. In September 2006 Lebanon received a grant of US\$70 million from the World Bank, which according to World Bank will not involve any additional debt burden for Lebanon. The purpose of the money is to compensate for the impact of the recent hostilities on the Lebanese economy. It is reported that the fund will partly be used for projects already under preparation, especially in the municipal and water sectors.<sup>35</sup>

#### **Health-related information**

Information about health issues in Lebanon is made available and disseminated by the National Health Information Centre, a joint project from the Lebanese Government, the Lebanese University and the World Health Organisation.<sup>36</sup> It is unclear how effective this Centre is and more generally, to what extent the population is generally informed about existing health threats.

#### **Participation of the public in the decision-making process over important health-related decisions**

No information is available to the present author regarding the extent to which the public is involved in the decision-making process over important health-related decisions.

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<sup>31</sup> UN General Comment on the Right to the Highest Attainable Standard of Health, adopted 11 August 2000, UN Doc. E/CN.12/2000/4, available at <http://www.unhchr.ch>, paragraph 43-44. Primary Health Care: Alma-Ata Declaration, Report of the International Conference on Primary Health Care, Alma-Ata, 6-12 September 1978, in: World Health Organization, "Health for All" Series, No. 1, WHO Geneva, 1978, available at <http://www.who.org>.

<sup>32</sup> World Health Organization, Regional Office for the Eastern Mediterranean, available at <http://www.emro.who.int/lebanon/collaborativeprogramme-phc.htm>, accessed 24 July 2006.

<sup>33</sup> American University, International Institute for Health Promotion, *Country Profile – Lebanon*, (see note 24).

<sup>34</sup> For example, Human Resources for Health, *The providers of health services in Lebanon: a survey of physicians*, at <http://www.human-resources-health.com/content/4/1/4/abstract/>, accessed 24 July 2006.

<sup>35</sup> The World Bank, *Lebanon*, <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/MENAEXT/LEBANONEXTN/0,,contentMDK:21060445~menuPK:294909~pagePK:2865066~piPK:2865079~theSitePK:294904,00.html>, accessed September 2006.

<sup>36</sup> See <http://www.leb.emro.who.int/NationalProg-nhic.htm>, accessed November 2006.

## **General health of the population**

The World Bank places Lebanon in the 'Upper Middle Income Group', which implies that in Lebanon there is a fairly high standard of living.<sup>37</sup> According to UNDP, a relatively low percentage of the population, 6.3 per cent, lived in extreme poverty in 1995. Yet, about 35 percent of the population lived in 'very poor conditions' in 1995. Poverty was most prevalent in rural areas and is positively correlated with family size.<sup>38</sup>

This corresponds with the figures provided on life expectancy. According to recent estimates of the CIA, general life expectancy is 72.88 years (*male* 70.41 years and *female* 75.48 years). This is slightly higher than Syria, but considerably lower than Israel, where life expectancy is 79.46 years.<sup>39</sup>

Many of the more common diseases in Lebanon seem to be lifestyle related: there is a high incidence of cardiovascular diseases as well as of diabetes.<sup>40</sup> As mentioned below, there is growing awareness at a governmental level that in order to lower the incidence of these diseases, people's lifestyles should be addressed.<sup>41</sup>

## **Women's health**

Lebanon is a party to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). This implies that it has made a commitment to Article 12 CEDAW, which stipulates a right to access to health care services for women. With regard to reproductive health, this provision states in paragraph 2 that governments are to 'ensure to women receive appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation'. According to paragraph 21 of the General Comment on the Right to Health in Article 12 ICESCR, one of the major global goals for promoting women's right to health should be lowering maternal mortality.<sup>42</sup>

### Access to reproductive health services and information

On the basis of paragraph 34 of the General Comment on the Right to the Health, States should refrain from limiting access to contraceptives and other means of maintaining sexual and reproductive health-related information, including sexual education and information.<sup>43</sup>

It seems that in Lebanon, there is no taboo sphere surrounding sexual and reproductive health, with information about reproductive health services and HIV/AIDS being generally available. Since the 1970s, the Lebanese Government has become increasingly involved in providing direct support to family planning services. Two articles in the Penal Law, which prohibited the use of contraceptives, have been repealed in 1983. Several types of contraceptives are commonly sold in pharmaceuticals without prescription. It is reported that pills are distributed free of charge by

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<sup>37</sup> Income groups: Low / Lower middle /Upper middle / High. See the overview of the UN Millennium Goals, at [http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/Regional/asia\\_western.htm](http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Data/Regional/asia_western.htm) , accessed 28 August 2006.

<sup>38</sup> Millennium Development Goals, Lebanon Report, September 2003, p. 1, at <http://www.undp.org/reports> , accessed 29 August 2006.

<sup>39</sup> US Central Intelligence Agency website, country profile of Lebanon, <https://www.cia.gov/cia/publications/factbook/geos/le.html#People> , accessed 28 August 2006.

<sup>40</sup> American University, International Institute for Health Promotion, *Country Profile – Lebanon* , (see note 24).

<sup>41</sup> See below, remaining health problems.

<sup>42</sup> General Comment No. 14, paragraph 21 (see note 31).

<sup>43</sup> General Comment on the Right to Health, (see note 31).

the Lebanese Family Planning Association.<sup>44</sup> In 2006, the use of modern contraceptives among married women was 37 %.<sup>45</sup> There is a 99 % knowledge of at least one modern contraception method.<sup>46</sup>

There has been a significant drop in the fertility rate for women, from around 5 in 1970 to 2.9 children per woman in 2003. It is expected to reach 2.10 children per woman by 2021, which according to UNDP is equivalent to replacement level.<sup>47</sup>

#### Access to health care during pregnancy and delivery / maternal mortality

The most important factors that affect maternal mortality rates are pre- and post-natal care and supervision from skilled health personnel during birth. In Lebanon, the percentage of women having access to health care during pregnancy was 90.3 percent in 2000.<sup>48</sup> More particularly, women are almost always attended by skilled health personnel when they give birth.<sup>49</sup> Of some concern are the regional disparities, with Bekaa and North Lebanon still lagging slightly behind. It is also reported that in areas such as Akkar, still 9 percent of births are attended by a traditional birth attendant (TBA).<sup>50</sup>

Altogether maternal mortality rates are not very low in Lebanon. They were estimated at 104 per 100,000 live births in 1996.<sup>51</sup> A more recent estimate by UNDP is 150 per 100,000 live births, which is rather high compared to surrounding countries including Jordan (41) and Israel (17), but slightly lower than Syria (160).<sup>52</sup>

It is reported that the recent attack by Israel has resulted in a serious gap in maternal and child care facilities, in particular in the south of the country. According to this report one in four primary health care facilities are able to provide pre-natal care, and just one in ten can support proper delivery and emergency obstetric care.<sup>53</sup> This may cause a rise in the maternal mortality rate.

#### Abortion

In Lebanon, abortion is only permitted under very strict circumstances. The Lebanese law only permits abortion when this is the sole means of saving the life of a pregnant woman. In such a case, the attending physician or surgeon is required to consult two physicians, who must jointly give their approval.<sup>54</sup>

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<sup>44</sup> Population Policy Databank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. See <http://www.un.org/esa/population/publications/abortion/doc/lebanon.doc>, accessed 28 August 2006. Lebanese Family Planning Association, at <http://www.arabinformall.org/En/OrgData.aspx?orgid=253&sectionid=5>, accessed 28 August 2006.

<sup>45</sup> Millennium Development Goal Indicators Database, Millennium Indicators for Lebanon, available at <http://www.millenniumindicators.un.org>, accessed 24 July 2006.

<sup>46</sup> Millennium Development Goals, Lebanon Report, p. 19 (see note 18).

<sup>47</sup> Idem.

<sup>48</sup> Millennium Development Goals, p. 19 (see note 18)

<sup>49</sup> 100 % attendance in 2001, see United Nations Economic & Social Commission for Western Asia, <http://www.escwa.org>, accessed 22 June 2006.

<sup>50</sup> Millennium Development Goals, Lebanon Report, p. 19 (see note 18).

<sup>51</sup> Millennium Development Goals, Lebanon Report, September 2003, p. 19, (see note 18). See also Department of Statistics, Health Indicators, April 2006.

<sup>52</sup> UNDP Human Development Report 2006, at <http://hdr.undp.org/hdr2006/statistics/indicators/98.html>, accessed February 2007

<sup>53</sup> 'Mission to Lebanon and Israel', paragraph 89 (see note 4).

<sup>54</sup> Articles 539-546 of the Penal Code of 1 March 1943, in the version of 16 September 1983, gives the general prohibition. The exception is provided by Presidential Decree (No. 13187) of 20 October 1969. See the Population

No data are available on the abortion rate in Lebanon. Given that abortion is only allowed under very strict circumstances, there is a risk that abortions are being performed under illegal and unsafe circumstances that may lead to increased maternal mortality.

### **HIV/AIDS**

Although the number of reported cases of HIV/AIDS was only 700 in 2003, WHO estimates that the number of unreported cases is approximately 2500. While most cases are found among those aged between 31-50, the ratio of females to males is 1:9. It is, however, reported that the number of females infected is on the rise. It is also reported that almost half of all cases were contracted during travel. Mostly, people are infected through sexual intercourse (68 %), of which 14.8 % is among homosexuals. While infection through blood transfusion accounts for 7.3 % of all cases, 7% of cases concerns drug users, and transmission from mother to child concerns 3 % of all cases.<sup>55</sup>

Some efforts to address the disease are made by the National HIV/AIDS Program (NAP).<sup>56</sup> However, according to UNDP the disease is still considered a taboo in Lebanon, which makes it difficult to promote precautionary measures and safe sex. Apparently, only 33 % of persons aged between 15 and 65 use male condoms.<sup>57</sup>

According to UNDP, the Ministry of Public Health covers all HIV/AIDS treatment expenses. It also seeks to provide drugs at the cheapest prices possible. It is reported that local NGOs play an important role in raising awareness on HIV/AIDS prevention.<sup>58</sup>

### **Child health**

As mentioned above, Lebanon is a party to the Convention on the Rights of the Child (CRC). Of particular importance for the purposes of this study is Article 24 CRC, which contains an elaborate and comprehensive provision on the right to health of children. On the basis of this provision, Lebanon is obliged to ensure that children have access to health services that are accessible and of good quality.

In fact, it is reported that Lebanon confers great importance upon children's rights. In 1991, a Parliamentary Committee for Children's Rights was established, which has pursued the implementation of the CRC. Also, the 'Higher Council for Childhood' was established, which includes representatives from governmental and non-governmental organisations. This organisation was established to monitor the implementation of the CRC.<sup>59</sup>

### **Infant mortality rate**

Infant mortality rates in Lebanon have dropped during the last 10 years; from 35 per thousand in 1990 to 27 per 1000 live births in 2000. Of these 27 infants, 24 are female and 30 are male. Infant mortality rates were much higher in North Lebanon compared to Mount Lebanon and

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Policy Databank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. See <http://www.un.org/esa/population/publications/abortion/doc/lebanon.doc>, accessed 28 August 2006.

<sup>55</sup> Millennium Development Goals, (see note 18). For similar estimates see the World Factbook of the CIA, at <https://www.cia.gov/cia/publications/factbook/geos/le.html#People>, accessed September 2006.

<sup>56</sup> For some information about the NAP see <http://www.emro.who.int/lebanon/collaborativeprogramme-asd.htm>, accessed September 2006.

<sup>57</sup> Millennium Development Goals, Lebanon Report, p. 22, (see note 18).

<sup>58</sup> Ibid., p. 23 (see note 18).

<sup>59</sup> Ibid., p. 23 (see note 18).

Beirut.<sup>60</sup> UNDP concludes that these regional disparities are one of the challenges that Lebanon faces with regard to children's health.<sup>61</sup>

### Immunization

UN reports that immunisation coverage against DPT increased to 90.1 percent in 2000 for infants under one. According to the same source, while polio was eradicated since 1994, tetanus was eradicated in 1995. Immunisation coverage against measles increased to 88 percent for children aged 12-13 months (2000), with no deaths of measles recorded in recent years.<sup>62</sup> Similar improvements were made with regard to acute diarrhoea in children under five. Vitamin A deficiency has disappeared since 1994. The rate of breastfeeding increased from 7 percent in 1990 to 26.6 percent in 2000.<sup>63</sup>

### **Prison health**

Several sources express concern about the health conditions of prisoners in Lebanon. For example, in May 2001 members of the Parliamentary Commission for Human Rights, which visited a number of prisons in 2001, stated that "the health conditions of the prisoners are deplorable and require continuous care".<sup>64</sup>

Amnesty International expresses its particular concern over the situation of female prisoners. It reports that women arrested in Lebanon risk torture and ill-treatment at the hands of law enforcement institutions especially during pre-trial detention. Also, that a large number of sick female prisoners were not receiving adequate medical attention. Conditions in the prisons, especially in terms of hygiene, sanitation and ventilation were said to be inadequate. There were no adequate facilities for catering the needs of pregnant detainees and those with children.<sup>65</sup>

### **Mental health**

The WHO has expressed concern over the mental health problems created by the latest attack on Lebanon. It states that due to the attack people will subject to intense post-trauma distress.<sup>66</sup>

### **Persons with disabilities**

UN General Comment No. 5 pays attention to Persons with Disabilities. According to the General Comment, States are to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to people with disabilities in order to achieve the objectives of full participation and equality within society for all persons with disabilities.<sup>67</sup>

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<sup>60</sup> Ibid., p. 23, (see note 18). The CIA provides similar figures, at <https://www.cia.gov/cia/publications/factbook/geos/le.html#People>, accessed September 2006.

<sup>61</sup> Ibid., p. 16, (see note 18) and CIA, Ibid., (see note 60).

<sup>62</sup> Millennium Development Goals, Lebanon Report, p. 16, (see note 18).

<sup>63</sup> Ibid., p. 16, (see note 18).

<sup>64</sup> As reported by the U.S. Department of State, country reports on human rights practices, at <http://www.state.gov/g/drl/rls/hrrpt/2001/nea/8270.htm>, accessed September 2006.

<sup>65</sup> Amnesty International, *Torture and ill-health of women in pre-trial detention: a culture of acquiescence*, at <http://web.amnesty.org/library/index/ENGMDE180092001>, accessed October 2006.

<sup>66</sup> WHO, 'WHO and partners assess health facilities across Lebanon', at <http://www.who.int/mediacentre/news/notes/2006/np21/en/index.html>, accessed February 2007. See also 'Mission to Lebanon and Israel', paragraph 63 (see note 4).

<sup>67</sup> UN Committee on Economic, Social and Cultural Rights, General Comment No. 5, Persons with Disabilities, available at [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/4b0c449a9ab4ff72c12563ed0054f17d?Opendocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/4b0c449a9ab4ff72c12563ed0054f17d?Opendocument), accessed November 2006.

The US Department of State gives account of the large amount of people that became disabled during the civil war, more than 100,000 persons. It also reports that private organisations play a large role in providing care for persons with disabilities. Few accommodations for persons with disabilities exist in the cities.<sup>68</sup>

The same report points out that there are no requirements for non-government buildings for ease of access to persons with disabilities. The private “Solidere” project, a project for the reconstruction of Beirut which has self-imposed requirements for access by persons with disabilities, is singled out as an example of a good policy for persons with disabilities. Government legislation that implies similar requirements is underway.<sup>69</sup>

### **The elderly**

WHO reports that there is no health insurance scheme for the growing elderly population in Lebanon, apart from the possibility to purchase individual health insurance. According to WHO the Government has initiated the revision of the Laws and Social Security Regulations to address the health needs of the elderly.<sup>70</sup>

WHO also reports that health care services for the elderly are not fully integrated within the national Primary Health Care System. In addition, there is a need for an adequate information system on the health needs of the elderly population.<sup>71</sup>

It is reported that during the civil strife in 2006, the remaining inhabitants of a number of villages in South Lebanon became extremely isolated, which seriously affected their access to elementary health care services. Many of those who remained were elderly.<sup>72</sup>

### **Minorities**

The Palestinian refugee population continues to live in camps. It is reported that the Government does not provide health services to these refugees. They are largely reliant upon their own services, which are to some extent funded by donor agencies including UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the near East). They also rely on UNRWA-contracted hospitals.<sup>73</sup>

### **Occupational health**

Lebanon is a party to 50 ILO-Conventions, a number of which are explicitly health-related.<sup>74</sup> It is unclear how and to what extent these treaties are implemented in Lebanon and to what extent follow-up is given to their content.

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<sup>68</sup> U.S. Department of State, country reports on human rights practices, at <http://www.state.gov/g/drl/rls/hrrpt/2001/nea/8270.htm> , accessed September 2006.

<sup>69</sup> Idem.

<sup>70</sup> WHO Country Office Lebanon, ‘Health of the Elderly’, at <http://www.emro.who.int/lebanon/collaborativeprogramme-ElderlyHealth.htm> , accessed 27 February 2007.

<sup>71</sup> Idem.

<sup>72</sup> Mission to Lebanon and Israel, paragraph 63 (see note 4).

<sup>73</sup> U.S. Department of State (see note 68).

<sup>74</sup> The Medical Examination of Young Persons (Non-Industrial Occupations) Convention, (C78, 1946), the Radiation Protection Convention (C115, 1960); The Hygiene (Commerce and Offices) Convention (C120, 1964), The Benzene Convention, (C 136, 1971); The Occupational Safety and Health (Dock Work) Convention (C152, 1979), The Chemicals Convention (C170, 1990); the Safety and Health in Mines Convention (C176, 1995), see <http://www.ilo.org/ilolex/english/newratframeE.htm> , accessed November 2006.

At a more practical level, WHO reports that as a consequence of the civil strife Lebanon is facing constraints in implementing occupational health services across the country. It reports that the country lacks sufficient numbers of trained occupational health personnel. In addition, the organisation of the industrial and agricultural sectors has to be strengthened. There is a lack of adequate statistical data on morbidity and mortality from occupational diseases.

According to WHO, the government is sensitive to the need of improving workers health and promoting occupational health in the country. It reports that several government personnel have received training in different aspects of occupational health, including plan and policy formulation. In addition, community health workers in occupational health are being trained as part of an integrated occupational health service in the primary health care system of the country. WHO itself seeks to support the national authority to undertake situation analysis in order to address the above-mentioned shortcomings.<sup>75</sup>

### **Access to safe water and to adequate excreta disposal facilities**

Access to safe drinking water does generally not seem to cause problems in Lebanon. In 2000, the population that had access to improved drinking water was 100%, both urban and rural.<sup>76</sup> The same goes for improved sanitation facilities, although it is reported that in rural areas 13% of the population lacks access to improved sanitation facilities.<sup>77</sup>

The Israeli attack on Lebanon in the summer of 2006 affected the access to water services in the South of the country. The International Federation of the Red Cross (ICRC) reported that lack of drinking water made life close to impossible for people in southern villages throughout the weeks of hostilities. It reported that the shortage also caused extensive damage to crops and killed thousands of cattle. Displaced people who went back after the ceasefire, frequently found their homes without running water and their fields without irrigation.<sup>78</sup>

### **Environmental health**

As to environmental problems which may lead to ill health, the following problems are reported: deforestation; soil erosion; desertification; air pollution in Beirut from vehicular traffic and the burning of industrial wastes; and pollution of coastal waters from raw sewage and oil spills.<sup>79</sup> Also mentioned are the pollution of water resources, and inadequate solid and water-waste management.<sup>80</sup>

The Lebanese Center for Policy Studies reports on the environmental problems caused by quarrying, which became a profitable industry during the construction boom in the 1970s and 1980s. The concern is that the quarries destroy the local environment. It is reported that water supplies are often lost, and that repeated dynamiting can result in landslides and can cause

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<sup>75</sup> See WHO, Regional Office for the Eastern Mediterranean, <http://www.emro.who.int/lebanon/collaborativeprogramme-safety.htm>, accessed November 2006.

<sup>76</sup> United Nations Economic & Social Commission for Western Asia, <http://www.escwa.org>, accessed 22 June 2006.

<sup>77</sup> Idem.

<sup>78</sup> ICRC, at <http://www.icrc.org/web/eng/siteeng0.nsf/htmlall/lebanon-news-250806>, accessed 28 August 2006.

<sup>79</sup> CIA, the World Factbook, at <https://www.cia.gov/cia/publications/factbook/geos/le.html>, accessed September 2006.

<sup>80</sup> Millennium Development Goals, Lebanon Report, September 2003, p. 26, (see note 18).

structural damage to nearby buildings. It may also coat the surrounding countryside in dust which has a detrimental effect on agriculture and health.<sup>81</sup>

According to UNDP, the challenges for Lebanon are, among other things, the lack of financial resources to environmental protection, possible water shortage in the coming 15 years, the inadequate treatment of waste, the lack of environmental law enforcement, and the high migration from rural to urban areas.<sup>82</sup>

At an international legal level, there is a strong commitment towards environmental health. Lebanon is a party to a number of international environmental conventions, including the Biodiversity Convention, the Climate Change Convention, the Hazardous Wastes Convention, and the Convention on the Law of the Sea.<sup>83</sup> It is unclear to what extent national laws have been adopted to give effect to these treaties. No information is available as to whether environmental health issues have been addressed before the Lebanese courts.

In order to address its environmental problems, the Lebanese government established a Ministry of Environment in 1993. It has promulgated a framework law for the protection of the environment in 2002, which provides for several protection measures, which are in line with the international conventions to which Lebanon is a party.<sup>84</sup>

It should also be noted that the civil strife in 2006 reportedly damaged the environment in a number of ways. For example, the attack on the Jiyeh power plant caused the spilling of heavy fuel into the sea, also affecting the coast. Local health professionals have reported an increase in asthmatic and skin complaints that may be attributable to smoke and other pollution.<sup>85</sup>

### **Obesity and smoking**

Obesity constitutes a growing problem in Lebanon. It is reported that 47.3 per cent of the population in Lebanon can be classified as obese, a figure which is expected to contribute to a rise of non-insulin dependent diabetes.<sup>86</sup> Another health problem is caused by smoking, with 37 per cent of men and 27 per cent of women smoking.<sup>87</sup>

In response to these problems, the Lebanese Ministry of Health has adopted a National Health Strategy Plan in 1998, in which it seeks to address health-related behaviour such as diet and smoking.<sup>88</sup>

### **Overall conclusions**

In Lebanon, there is a strong legal commitment towards an international human right to health, with Lebanon being a party to a number of treaties that stipulate this human right and related human rights. At a more practical level, efforts are made to improve the health of the population,

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<sup>81</sup> The Lebanese Center for Policy Studies, The Lebanon Report Number 3, Fall 1996, Environment: The Quarry Quarrel, at <http://www.lcps-lebanon.org/web04/english/publications/periodicals/periodicals/lreport/quarry.html>, accessed July 2006.

<sup>82</sup> Millennium Development Goals, Lebanon Report, p. 25 (see note 18).

<sup>83</sup> CIA, the World Factbook, (see note 16).

<sup>84</sup> Millennium Development Goals, Lebanon Report, (see note 18).

<sup>85</sup> 'Mission to Lebanon and Israel', paragraph 92 (see note 4).

<sup>86</sup> American University, International Institute for Health Promotion, (see note 23), accessed 24 July 2006, referring to a study entitled "Dietary trends and obesity in Lebanon, 1998" (Baba, Adra 1998).

<sup>87</sup> *Idem*.

<sup>88</sup> *Idem*.

for example through the adoption of policies to combat regional disparities in health, infant mortality, and unhealthy lifestyles.

The largest problems that Lebanon faces in terms of a right to health concern the affordability and geographic accessibility of health care services. In terms of affordability, it is striking that more than half of the population remains uninsured. As to the geographic accessibility of health care services, the uneven distribution of health care services across the country and the related regional disparities in health are a reason for concern. Critics of Lebanon's health system suggest that Lebanon's health system is inefficient and that the government lacks control over the large private health care sector. Some groups seem to suffer in particular from the above-mentioned failures of the Lebanese health care system: children, the elderly, immigrants and persons with disabilities.