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**THIS ACTION IS FUNDED BY THE EUROPEAN UNION**

**ANNEX**

of the Commission Implementing Decision amending Commission Implementing Decision C(2022) 7910 final as regards introducing of a new delivery method for Annex III

**Action Document for EU Response to the Syrian Crisis: Securing access to quality primary health services**

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and a measure in the sense of Article 23(4) of NDICI-Global Europe Regulation.

## 1. SYNOPSIS

### 1.1. Action Summary Table

<b>1. Title</b> <b>OPSYS</b> <b>Basic Act</b>	<b>EU Response to the Syrian Crisis: Securing access to quality primary health services in Lebanon</b> Annual measure in favour of Lebanon for 2022 OPSYS business reference: NDICI-GEO-NEAR/2022/ACT-61255 ABAC Commitment level 1 number: JAD.1013235 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe).
<b>2. Team Europe Initiative</b>	No
<b>3. Zone benefiting from the action</b>	The action shall be carried out in Lebanon
<b>4. Programming document</b>	N/A
<b>5. Link with relevant MIP(s) objectives/expected results</b>	N/A
<b>PRIORITY AREAS AND SECTOR INFORMATION</b>	
<b>6. Priority Area(s), sectors</b>	DAC code: 120: Health
<b>7. Sustainable Development Goals (SDGs)</b>	Main SDG: SDG 3: Good health and well-being Other significant SDGs (up to 9) and where appropriate, targets: SDG 1: No Poverty SDG 5: Achieve Gender Equality

	SDG 10: Reduced Inequalities			
<b>8 a) DAC code(s)</b>	12191: Medical services 40% 12281: Health personnel development 40% 72010 - Material relief assistance and services 20%			
<b>8 b) Main Delivery Channel</b>	20000 Non-Governmental Organisations (NGOs) and Civil Society 21000 International NGO 40000 Multilateral Organisations 60000 Private sector institution 90000 Other			
<b>9. Targets</b>	<input checked="" type="checkbox"/> Migration <input checked="" type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
<b>10. Markers (from DAC form)</b>	<b>General policy objective</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Disaster Risk Reduction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>RIO Convention markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>11. Internal markers and Tags</b>	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>
Digitalisation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tags digital connectivity		<input type="checkbox"/>	<input type="checkbox"/>	

	digital governance	<input type="checkbox"/>	<input type="checkbox"/>	/
	digital entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	
	digital skills/literacy	<input type="checkbox"/>	<input type="checkbox"/>	
	digital services	<input type="checkbox"/>	<input type="checkbox"/>	
	Connectivity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Tags			/
	digital connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	energy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	transport	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	education and research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Migration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Reduction of Inequalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COVID-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### BUDGET INFORMATION

<b>12. Amounts concerned</b>	Budget line(s) (article, item): 14.020110 – Southern Neighbourhood Total estimated cost: EUR 35 000 000.00 Total amount of EU budget contribution EUR 35 000 000.00
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### MANAGEMENT AND IMPLEMENTATION

<b>13. Implementation modalities (type of financing and management mode)</b>	Project Modality <b>Direct management</b> through: - Grants - Procurement <b>Indirect management</b> with the World Health Organisation (WHO)
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## 1.2. Summary of the Action

Lebanon has been facing compounded challenges with its largest peace-time socio-economic and financial crisis, aggravated over time and intensified by the impact of the COVID-19 pandemic on key sectors of the economy and the consequences of the explosion of the Port of Beirut in 2020. More than 80% of the Lebanese population would be living in multidimensional poverty. Lebanon has been hosting the largest number of refugees per capita in the world for more than a decade, with currently over 1.5 million Syrian refugees, a number equivalent to 25% of its population, and around 200 000 Palestinian refugees. Their situation has been deteriorating gradually as well. Despite increasing humanitarian aid, almost 90% of Syrian refugee households are below the Survival Minimum Expenditure Basket, and are not able to afford the essential goods and services to ensure their minimum living standards. Access to affordable and quality health is an area of increasing demand. The number of free and subsidised consultations provided at primary health care centres (PHCC) has doubled in one year.

Accordingly, the overall objective of this 60-month action is to contribute to healthy lives and physical and mental well-being of extreme poor and socially vulnerable groups in Lebanon, through two specific

outcomes (1) improved equitable access to quality primary health care and (2) strengthen access to acute and chronic disease medication.

The Action will support primary health care centres within the national network coordinated by Ministry of Public Health (MoPH) in an effort to promote Universal Health Coverage in the country as well as strengthen access to the increased needs towards medication which is increasingly restricted in Lebanon. A National Health Sector Strategy currently being drafted will be a guiding document for engaging the Government of Lebanon in policy advocacy for health systems strengthening and health system financing, including social safety nets for the poorest segments of the population. Support to its implementation will also be provided. The Action also seeks to support primary health care centres towards more efficient and greening energy solutions. The objectives included in this Action Document will ensure the interventions contribute to the Sustainable Development Goals, primarily the Goal 3: Ensure healthy lives and promote well-being for all at all ages.

Taking into account the Council conclusions on Lebanon of the 7 December 2020<sup>1</sup>, this Action will provide support for a people-centred recovery in Lebanon in line with the “*Reform, Recovery and Reconstruction Framework*” (3RF). This Action builds upon actions of the EU Regional Trust Fund in Response to the Syrian Crisis and NDICI 2021 and seeks to implement pledges of the EU made at the Brussels conferences on the future of Syria and the Region in 2020 and 2021.

By supporting access to Universal Health Coverage (UHC) with a particular focus on primary health care and medication for all populations, the Action responds to the political commitments made at the Brussels Conferences on “*Supporting the Future of Syria and the Region*” co-hosted by the European Union and the United Nations in 2020 and 2021. It is also aligned with the European Commission’s Priority “*Promoting our European Way of Life*”, in particular the policy area “*European Health Union*” and with the Joint Communication “*A Renewed Partnership with the Southern Neighbourhood – A new Agenda for the Mediterranean*”<sup>2</sup>, in particular its priority on “*Human development, good governance and the rule of law*” and its “*Flagship 1- ‘Support to social sectors, education, skills and health’*”. The Action will contribute to several Sustainable Development Goals, in particular the SDG 3 - Good health and well-being.

## 2. RATIONALE

### 2.1. Context

Lebanon has been facing compounded challenges with its largest peace-time socio-economic and financial crisis, aggravated over time and intensified by the impact of the COVID-19 pandemic on key sectors of the economy and the consequences of the explosion of the Port of Beirut in 2020. According to the World Bank, the financial crisis that Lebanon is going through is “one of the top ten, possibly top three most severe economic collapses worldwide since the 1850s”. In 2020, the COVID-19 pandemic took its toll on the economic activity, especially on small businesses and the informal sector. Lebanon defaulted on its public debt, cutting its access to financial markets. In 2021, the devaluation of the national currency against the US dollars accelerated, affecting dramatically an economy highly dependent on imports. The Central Bank and the banking sector severely restricted access to people’s savings and limited cash withdrawals. Subsidies (food, gasoline, medications) were lifted abruptly. In 2022, the country might be facing a “bread crisis” as 80% of its wheat imports originate from Ukraine. A triple digit annual inflation rates was reported for the 18th consecutive month in December 2021, with annual inflation reaching a record 224%, compared to December 2020. Food and non-alcoholic beverages witnessed a staggering annual increase of 438%, compared to December 2020. Lebanon’s economy contracted by 10.5% in 2021, the highest contraction amongst 193 countries globally. This devastating contraction follows from a 21.4% contraction in 2020, reflecting the near

<sup>1</sup> <https://www.consilium.europa.eu/media/47184/st13730-en20.pdf>

<sup>2</sup> [https://www.eeas.europa.eu/sites/default/files/joint\\_communication\\_renewed\\_partnership\\_southern\\_neighbourhood.pdf](https://www.eeas.europa.eu/sites/default/files/joint_communication_renewed_partnership_southern_neighbourhood.pdf)

complete destruction of an economy and a shrinking GDP to USD 21.8 billion. Lebanon's inflation rate for 2021 is the third highest globally after Venezuela and Sudan.

Poverty rate amongst Lebanese would have reached 81% in 2021 and the extreme poverty rate 34%. More alarming is that food insecurity is today a reality in Lebanon. In October 2021, 53% of families reported skipping a meal compared with 37% only 6 months beforehand. Seven in ten families had to buy food on credit or borrow money to afford food; the situation is even more alarming for Syrian refugees with nine out of ten families having recourse to this coping mechanism<sup>3</sup>. The crisis has resulted as well in a massive impoverishment of the middle classes, with the bulk of the labour force - paid in Lebanese lira- including civil servants - suffering from plummeting purchasing power. Thousands of highly qualified Lebanese (especially medical practitioners, university professors and scientists), entrepreneurs and young graduates, are migrating in search of better opportunities. The living conditions of the population have deteriorated dramatically, in part due to lack of resources and a robust social protection systems. Households are facing difficulties in accessing basic services, including electricity, health care, water supply/sanitation and education.

Lebanon's leadership policy responses to these challenges have been highly inadequate, which is not so much related to knowledge gaps and quality advice, but rather the result of a dysfunctional governance system based on vested interests hampering the achievement of political consensus over effective policy initiatives. Prior to the Parliamentary elections in May 2022, the International Monetary Fund (IMF) reached Staff-Level Agreement on economic policies with the Lebanese authorities that aims to "bring back confidence and put the economy back on a sustainable growth path, with stronger private sector activity and job creation". The 2022 parliamentary elections showed growing support for candidates representing civil society and demanding reforms, which increases the potential to implement the five key pillars of reform outlined in the IMF Staff-Level Agreement, namely 1) restructuring the financial sector, 2) implementing fiscal reforms, 3) reforming state-owned enterprises, 3) strengthening governance, anti-corruption and anti-money laundering / combating the financing of terrorism and 5) establishing a credible and transparent monetary and exchange rate system.

Lebanon has been hosting the largest number of refugees per capita in the world for more than a decade, with currently over 1.5 million Syrian refugees, a number equivalent to 25% of its population, and around 200.000 Palestinian refugees. Their situation has been deteriorating gradually as well. Despite increasing humanitarian aid, 88% of Syrian refugee households are below the Survival Minimum Expenditure Basket, and are not able to afford the essential goods and services to ensure their minimum living standards. Legal employment options for Syrian refugees are limited to three sectors, i.e. agriculture, construction and waste collection. Households continue to resort to negative coping mechanism, including not sending their children to school. Around half of Syrian refugees are food insecure and violence against children has increased by 56%. With rising poverty, competition over jobs and resources for survival is increasing, creating a high risk of social tensions between refugees and host communities.

Access to affordable and quality health is an area of increasing demand- compared to the first quarter of 2021, the number of free and subsidised consultations provided at primary health care centres (PHCCs) has increased by 2.25 in the last quarter. While health care provision is highly privatised, the Ministry of Public Health (MoPH) is the overseeing body for health care access and quality at primary, secondary and tertiary level. However, MoPH is constrained in terms of resources as well as management capacity. Since the beginning of the economic downturn, the complete depletion of purchasing power of government workers has resulted in a mass exodus of its administrative staff. This human resource exodus has also featured in the medical staff working at leading hospitals in the country as well as academia but has been less pronounced at primary health care level. The electricity and fuel shortages in 2021 were detrimental to health facilities which had to reduce capacities and operate only certain parts of their wards to mitigate against the limited functioning of complex medical equipment and cold storage for vital medications and vaccinations. The Beirut blast damaged 36% of health facilities in Beirut and surroundings including the Quarantina hospital, one of the leading paediatric government hospitals in the country.

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<sup>3</sup> UNICEF.

In response to these multidimensional crises, including in particular the explosion of the Port of Beirut in August 2020, the EU, jointly with the United Nations and World Bank developed, in close cooperation with the Government of Lebanon, Lebanese civil society, and the international community, the “Reform, Recovery, and Reconstruction Framework - 3RF”. Launched in December 2020, the 3RF focuses on the impact of the explosion on affected communities and businesses in the Beirut area. It distinguishes two types of priorities, track 1 -supporting the most vulnerable individuals, communities and businesses affected by the explosion; and track 2, reconstructing critical assets and services. The inclusion of reform priorities under the second track recognises that reconstruction will not be feasible nor sustainable without reform. The health sector is under the pillar IV “Improving services and infrastructure” through actions at reform and policy level, at investment/program level and at institutional strengthening level.

A National Health Sector Strategy is currently being drafted with the support of the World Health Organisation and was adopted in January 2023. It will constitute a guiding document for engaging the Government of Lebanon in policy advocacy for health systems strengthening and health system financing, including social safety nets for the poorest segments of the population.

By supporting access to Universal Health Coverage (UHC) with a particular focus on primary health care and medication for all populations, the Action responds to the political commitments made at the Brussels Conferences on "Supporting the Future of Syria and the Region" co-hosted by the European Union and the United Nations in 2020 and 2021. It is also aligned with the European Commission’s Priority “Promoting our European Way of Life”, in particular the policy area “European Health Union” and with the Joint Communication “A Renewed Partnership with the Southern Neighbourhood – A new Agenda for the Mediterranean”, in particular its priority on “Human development, good governance and the rule of law” and its “Flagship 1- Support to social sectors, education, skills and health”. The Action will contribute to several Sustainable Development Goals, in particular the SDG 3 - Good health and well-being.

Component I - primary health care will build on the results of the current EU health programme, which since 2016 has supported the ministry in the development of the Long Term Primary Health Care Subsidisation Protocol (LPSP) for the delivery of primary health care services to around 500,000 vulnerable beneficiaries annually. This component will also include energy audits for a selected number of PHCCs aiming at informing future environmental strategies at Primary Health Care (PHC) level. Component II - provision of medication will also build on the ongoing programme by continuing to support the provision of medication and the strengthening of its supply chain at national level to the PHC Network. This component will also aim at providing support the implementation of the National Health Sector Strategy, which will have scope for health sector reform also around the supply chain and provision of medication and medical supplies at national level.

#### EU added value

The Action will support the implementation of the external dimension of the overall EU principle of achieving Universal Health Coverage (UHC) as well as the Green Deal in supporting health facilities in achieving better energy consumption patterns. The EU will build on its investment in the health sector in Lebanon since 2016 and ensure continued access to basic primary health care services across the territory as well as strengthened supply chain practices for the provision of medication.

## **2.2. Problem Analysis**

#### Short problem analysis

The health sector in Lebanon is extremely fragmented and dominated by the private actors – 85% of hospitals beds are private. In addition, there is an over utilisation of hospitalisation due to a weak primary health care system which increases costs and renders the system inefficient. If more people can have access to quality services at primary health care level then the population would rely less on hospitals which are much more costly to the system. Furthermore, health financing is an important challenge as the Ministry of Public Health (MoPH) runs with limited budgets and has not proper financing for primary health and preventative care.

Since 2019, MoPH has not had any budgets available for the procurement of medication with the exception of some cancer medication.

In addition, growing poverty levels entails that the proportion of the population seeking free or affordable care is increasing. The only mechanisms active in Lebanon for free and subsidised care at primary health level is the MoPH Primary Health Care Network (PHCN) which supported 251 Primary Health Care Centres (PHCCs) across the territory with free medication and vaccinations. While these PHCCs are part of the PHCN, they are independent and directly managed by local organisations, non-governmental organisations, foundations and associations. The PHCN has also recently developed a comprehensive package of care, called the Long Term Primary Health Care Subsidisation Protocol (LPSP) that provides a blue print and basis for subsidisation of consultations, laboratory testing and other services to strengthen preventative care for the most vulnerable persons. This blueprint is implemented by MoPH without a true health financing mechanism, leaving a gap for the international community to fill. This network of PHCCs constitutes the basis of access to free public health at primary care level for any person across Lebanon.

With the exacerbated economic situation and the increased poverty rates amongst host, refugee and migrant communities in the country, demand for these free and subsidised services has increased especially in the centres located in the most vulnerable areas of areas where the population does not have an alternative care system. The Lebanon Crisis Response Plan foresees to support PHCCs located in the most vulnerable areas and the areas with the highest number and proportion of Syrian refugees in the territory. In addition, obtaining affordable fuel to maintain constant power supplies at PHCCs proves to be a new challenge. While studies have been done to understand the energy use and more efficient energy practices at public hospitals, PHCCs still fall behind and are oftentimes left to their own devices to come up with alternative energy solutions. With the high fuel costs, PHCCs are compelled to reduce their operating hours.

Ensuring continuous and adequate supply of acute and chronic disease medication to all populations in need represents an additional challenge. With the increasing levels of poverty, decreasing health expenditure is one of the leading negative coping mechanisms adopted by refugees and Lebanese alike. With support from the World Health Organisation, MoPH procures acute and chronic disease medication to meet national needs. MoPH medication is distributed free of charge at a selected number of PHCCs that are part of its PHCN and any beneficiary attending one of these centres is able to access the medication for free after a medical consultation. The demand for this free of charge medication has dramatically increased throughout 2021 with the deteriorating economic situation and the shortages of availability of drugs in the local and private market. As a result, MoPH is seeking to expand its national medication programme in order to respond to these needs and be able to supply PHCCs with additional stock.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action.

The primary stakeholders and direct beneficiaries of this proposed action are poor women, men and children in need of primary health care services and medication for chronic diseases. Persons with disabilities and pregnant women will also benefit from dedicated assistance. The Action aims to provide primary healthcare services to around 30,000 women and children every month through a network of 66 clinics and supply chronic medication to around 170,000 persons in total.

The Lebanese health sector is characterised by a plethora of different actors. Since the civil war, Lebanese and International non-governmental organisations (NGOs) have been playing a major role in the provision of primary health care services. Today, MoPH relies on this network that represents 90% of PHCCs in the country. The MoPH oversees the PHCCs network and is mandated to oversee the delivery of health care services at national level. The Ministry of Social Affairs (MoSA) also offer health services through some of its Social Development Centres (SDCs) that have integrated full-fledged PHCCs. In order to receive the PHCC status, MoSA SDCs need to meet a certain number of quality criteria that are verified by the MoPH. Coordination between MoSA and MoPH for this is critical albeit not always fully efficient with SDCs' application often pending with MoPH for extensive periods. These stakeholders are expected to continue

support to the network of Primary Health Care Centres and to remain committed to continuing to support the application of the LPSP model.

Health personnel (doctors, nurses) are important actors for the implementation of the Action. As other segments of the population, they have been severely affected by the economic and financial crisis. As elsewhere in the world, the COVID-19 pandemic has further stretched the capacities of the healthcare system. Around 40% of doctors and nurses would have left the country in the past 18 months.

Municipalities play an important role for community awareness. Academic institutions could contribute to the implementation of the long term PHCC Subsidisation Protocol through analysing the potential impact of the Protocol on public health outcomes.

### **2.3. Lessons Learned**

The proposed Action will work towards bridging the humanitarian-development nexus and will play an important role towards achieving Universal Health Coverage (UHC), including access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines for all. According to the 2019 EU regional Trust Fund in response to the Syrian crisis (EUTF) Health Sector review, support to primary healthcare (PHC) services for the achievement of UHC remains extremely relevant. The review also recommended that health interventions be underpinned by a more strategic approach and to this end, a Steering Committee for the EU Health Programme chaired by MoPH was created and continues to be a guiding forum for coordination and strategic guidance to all EU health implementing partners. The formulation of the National Health Sector Strategy in 2022 will constitute an important milestone. The review also highlighted the importance of creating synergies across specific interventions and this Action seeks to build on the complementarity between the delivery of PHC services and the expected levels and stock of medication at national level to be distributed through the same delivery channels. Further, a key recommendation was to focus on sustainability of EU health interventions and consider longer term development needs of the sector. The development of the Long Term Primary Health Care Subsidisation Protocol has been a key element in ensuring sustainability as it has now provided MoPH and all health actors in Lebanon with a specific protocol and model to apply in the delivery of PHC services.

In addition, this Action builds on the recommendations drawn from the Third Party Monitoring (TPM) contract that has been monitoring a select number of EUTF health actions since 2018. Over the years, the TPM has followed the evolution of the EUTF health interventions and the recommendations that have drawn from it have been guiding the development of this Action. As recommended by the TPM, this Action will continue to adopt a more comprehensive approach to the procurement and distribution of non-communicable diseases (NCD), linking it more strongly to supply chain strengthening and specific protocols in line with the Package of Essential Non-Communicable Disease Interventions for primary health care. This includes ensuring regular check-ups and follow ups of patients with chronic disease to re-evaluate prescriptions and medication needs on a regular basis to ensure the most effective and sufficient use of medication.

The Action also complements humanitarian interventions in Lebanon. The primary health component seeks to offer a full package of services which humanitarian aid does not support as its actions are mostly focused on community health and emergency health in geographical areas not covered by this Action. The gender-based violence (activities proposed in this Action are carried out in different geographical areas to humanitarian interventions and use PHCCs as the entry point for identification rather than community health.

In addition, given the ongoing financial crisis, additional procurement of acute medication is necessary. This is important to ensure predictable medication supply chain free of charge to poor and extreme poor patients, especially at PHCCs level. Based on previous experience and previous interventions by EUTF through the WHO for the procurement of these medication, it is advisable and needed to support MoPH also in the wider supply chain management and storage of medication especially in light of growing needs and demand for free acute and chronic disease medication. As such, this Action builds on lessons learnt and ongoing EUTF and



humanitarian Actions supporting the medication programme with field monitoring and quality assurance of medication supply and management at PHCC level.

### **3. DESCRIPTION OF THE ACTION**

#### **3.1. Objectives and Expected Outputs**

The Overall Objective (Impact) of this action is to contribute to healthy lives and physical and mental well-being of extreme poor and socially-vulnerable groups in Lebanon.

The Specific(s) Objective(s) (Outcomes) of this action are

1. Improved equitable access to quality primary health care
2. Strengthened access to acute and chronic disease medication

The Outputs to be delivered by this action contributing to the corresponding Specific Objectives (Outcomes) are

#### **contributing to Outcome 1 (or Specific Objective 1):**

- 1.1 Continued access to quality primary health care services across national territory
- 1.2 Increased access to quality mental health and psychosocial support (MHPSS) services at supported clinics including increase technical capacity building of front-line staff
- 1.3 Strengthened capacity of PHCCs staff and community individuals in safe identification and referrals of GBV survivors
- 1.4 Improved knowledge of health personnel on the status of energy use and efficiency at supported PHCCs

#### **contributing to Outcome 2 (or Specific Objective 2):**

- 2.1 Strengthened acute and chronic disease medication procurement and supply chain
- 2.2 Strengthened medical supply chain quality systems at national, regional and local levels
- 2.3 Strengthened management capacity of national authorities on the implementation of the Lebanese National Health Sector Strategy

#### **3.2. Indicative Activities**

##### Activities related to Output 1.1:

- Implementation of MoPH Long Term Primary Health Care Subsidisation, including reproductive health, maternal health and specialist services for PWDs at supported clinics
- Support to diagnostic and laboratory testing
- Capacity building to PHCC staff in coordination with MoPH
- Strengthen Health Information System (HIS) at PHCC level
- Build technical skills and capacities of community Health Outreach Volunteers (HOVs)
- Provide health education through community health clubs and health campaigns
- Provide health referrals and community screenings to identify the most vulnerable including persons with disabilities (PwDs)
- Follow up and inclusion of identified beneficiaries in supported primary health care services

- Distribution of medical based Non-Food Items (NFIs)

#### Activities related to Output 1.2:

- Continued provision of MHPSS services through case management teams following LPSP model
- Strengthened capacity of front line PHCC health workers on mental health needs identification
- Provision of psychotropic medications at supported PHCCs as part of LPSP model
- Provision of mental health awareness raising sessions at community level and in PHCCs

#### Activities related to Output 1.3:

- Capacity building and training sessions to PHCC staff and HOVs in safe identification of referrals of GBV survivors
- Organise Clinical Management of Rape (CMR) trainings and coaching to the prioritised CMR facilities
- Organise GBV safe identification and referral trainings to PHCC staff
- Increase GBV and CMR cases identification, referral and follow up

#### Activities related to Output 1.4:

- Development of an energy audit on a selected number and sample of supported PHCCs
- Review of energy infrastructure and use at selected PHCCs to inform future interventions

#### Activities related to Output 2.1:

- Support to the expansion of the national procurement of acute disease medication programme
- Support to the expansion of the national procurement of chronic disease medication programme

#### Activities related to Output 2.2:

- Recruitment of staff to support Field Monitoring of medication commodities availability and quality at PHCCs level
- Maintenance of Karantina national central drug warehouse
- Technical support to medication supply chain software used by MoPH and PHCCs

#### Activities related to Output 2.3:

- Technical capacity support to the MoPH in the implementation of the National Health Sector Strategy with specific focus on medication procurement
- Organisation of medical academic exchanges on public health priority areas identified by the strategy and focusing on national procurement systems
- Support to health crisis management and public health monitoring and analysis
- Technical capacity support to primary health care services to improve the quality of care

### **3.3. Mainstreaming**

#### **Environmental Protection, Climate Change and Biodiversity**

#### **Outcomes of the Environmental Impact Assessment (EIA) screening**

The EIA screening classified the action as Category C (no need for further assessment).

#### **Outcome of the Climate Risk Assessment (CRA) screening**

The CRA screening concluded that this action no or low risk (no need for further assessment).

### **Gender equality and empowerment of women and girls**

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that activities under the programme will aim at increasing the participation of women and girls in view of contributing towards gender parity and equality in both the implementation of programmes and the accessibility of services it will seek to provide.

The worsening economic situation in Lebanon has increased the disparity between genders and exacerbated the risks towards gender-based violence (GBV) faced by women and girls within the host, refugee and migrant populations. The prevalence of gender-based violence has also worsened during the COVID-19 pandemic in Lebanon. With the lockdown measures, the gender-based violence information management system has reported disproportionate violence against women and girls (99% female survivors), 3% increase of violence perpetrated by an intimate partner or family member since the lockdown (69%), 5% increase of physical assault incidents, 9% increase of incidents that occurred in the survivors' home (65%).

Support to family planning, antenatal care and post-natal care is a major area of intervention under S.O.1 relating to continuing access to primary health care services. The Action will seek to pay particular attention to reach women, girls and boys through health education programming and community health initiatives. In principle, women will constitute the predominant group of community health workers and they will be responsible for facilitating safe and confidential referrals to services, informing the community on availability of services and basic practices in disease prevention and well-being. In addition, trainings for health professionals will include clinical management of rape survivors and guiding principles of responding to GBV in humanitarian and protracted emergencies.

### **Human Rights**

In its support to the provision of basic services, this Action will adopt a human rights-based approach (HRBA), ensuring that all persons, especially the most vulnerable groups in Lebanon such as refugee, migrants and host communities are included as beneficiaries of the Action. The HRBA to health ensures focus on capacity development, both of duty bearers to meet their obligations and of right holders to claim their rights. Health status is not only the result of health care services that are available, accessible, culturally acceptable, and of high quality but also the result of other determinants not targeted directly by this Action such as education, clean air, water and sanitation, and income, but targeted through other programmes. Therefore, this action will ensure a proper coordination is made with these other areas of work which centrally important and fully in line with EU fundamental values.

### **Disability**

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that the programme will aim at increasing the participation and inclusion of persons with disability (PWDs). Under Output 1.1, specific activities are foreseen to increase access for PWDs to health services as well as implement specific services responding to the needs of PWDs. PWDs face widespread barriers to accessing basic services including health care and specifically medical care, therapy, and assistive technologies. These barriers are a product of inadequate legislation policies and strategies at national level as well as a lack of knowledge and understanding about disability, accessibility, and service provision. A principal issue is the lack of available funding for disability-specific services. This Action seeks at directly maintaining the inclusive approach to PHC services initiated by the EU in 2016 and maintaining specific disability services at PHCCs to ensure PWDs have access to assistive devices and technologies supporting their specific needs and improving the quality of their life.

### **Democracy**

By working within the primary health care network of the Ministry of Public Health, this programme will contribute to the overall strengthening of the public health system in Lebanon which is conducive to

accountability, good governance and democracy. The programme will aim at improving access in a fair and democratic way to primary health care services and medications in Lebanon.

### **Conflict sensitivity, peace and resilience**

The activities of this Action will be implemented in a participatory manner and will promote a transparent approach involving refugees residing in Lebanon and Lebanese with different societal, economic, political and religious background. Social cohesion will be mainstreamed in the action and operational tools will be put in place to monitor progress in this area. The action will ensure coordination with other actions providing response to the Syrian crisis in Lebanon, to ensure that conflict analysis and transformation is integrated into the implementation.

In the midst of a severe economic crisis in Lebanon, the calls for Syrians to return to their country have become a deeply divisive politicised issue over the decade-long civil war in Syria. These calls have recently been exacerbated by the election which took place in June this year in Syria. The implementing partners will be requested to include social tensions monitoring and prevention in the regular reporting. By supporting health access to everyone, Lebanese and Syrians, inter-tension should be mitigated.

### **Disaster Risk Reduction**

S.O.2 of this Action includes two outputs directly related to supporting MoPH with the development and implementation of the National Health Sector Strategy which includes pillars in support of strengthening the capacity of the Epidemiological Surveillance Unit and Disaster Risk Management. By supporting the national strategy this Action will also contribute to disaster risk reduction at national public health level.

### **3.4. Risks and Assumptions**

<b>Category</b>	<b>Risks</b>	<b>Likelihood (High/ Medium/ Low)</b>	<b>Impact (High/ Medium/ Low)</b>	<b>Mitigating measures</b>
1 - External Environment	Socio economic situation in Lebanon continues to deteriorate resulting in constrained resources	H	M	The Action intends to support the provision of basic services in health which is directly in line with supporting a further worsening economic situation in Lebanon. In addition, the Action seeks to support system's strengthening in the health sector to increase its resilience against sudden shocks.
	Economic deterioration and upcoming elections in Lebanon result in negative political discourse and perception against the presence of Syrian refugees in Lebanon	M	M	The Action supports the strengthening of health systems and ensures that anyone accessing these services can receive subsidised access in order to reduce negative perceptions against refugees and non-Lebanese communities. In addition, visibility and communication activities will be undertaken to increase awareness of the services made available by this Action to all populations across the territory.
	Security situation in Lebanon	L	M	In case of a severe deterioration of the security situation in certain areas of

	deteriorates and leads to inability to securely access geographical areas			Lebanon either due to a further spill-over of the Syrian conflict into Lebanon or violent tensions between communities, the activities of the intervention would be moved to areas deemed safe. In case of a severe deterioration of the security situation in the entire Lebanese territory, the intervention might have to be halted until the situation improves.
	Other disease outbreak in overcrowded areas and informal settlements linked to inadequate living conditions	M	M	Support national emergency preparedness and response including health measures and supply stockpiling as needed. Further, the action seeks to strengthen capacity of MoPH with its emergency preparedness and response in case of outbreak.
	Lack of Government commitment to parallel assistance for vulnerable non-Lebanese groups in Lebanon including Syrian refugees.	M	M	Constant policy dialogue with MoPH at both political and technical level to support the Action. In addition, the Action has a strong element of system's strengthening and ensuring equal non-discriminatory access to services which is managed directly with implementing iNGO and NGO partners.
2 - Planning, process and systems	Shortage of availability of medication on global markets	L	L	Contingency stocks to be foreseen within the Action in order to ensure constant supply to meet medication needs. The Action also targets supply chain strengthening.
	USD/LBP exchange rate used by implementing partners is below the open-market exchange rate, negatively impacting the overall efficiency of interventions.	H	H	Continue multi donor negotiations with Lebanese Government to obtain an exchange rate mechanism which corresponds to the open-market rate as well as facilitation to use USD as main currency for disbursement.
	Mobilisation of domestic resources	H	H	Continuous policy dialogue with the MoPH, Ministry of Finance and PMO, especially through the 3RF Strategic Health Group Technical Working to ensure minimum financial

				participation of MoPH in national health service delivery
	Insufficient involvement of concerned Ministries and Departments.	H	M	Increased strategic and operational coordination among MoPH/MoSA/implementing partners and other relevant donors/stakeholders through relevant working groups and fora
	Increased demand for public services exacerbates capacity of health providers to absorb additional needs	M	H	The Action aims at supporting 75 PHCCs across national territory in order to reach a maximum number of vulnerable persons in need. If demand for services increase the Action will adapt on a monthly bases and find economies of scale where it can through the PHCCs demand for funds disbursement which is based on month to month needs. Continuous monitoring of the increase in demand will also be reported back to MoPH to highlight the growing needs and with other potential donors to invest in the health sector.
	Fuel, electricity and water shortages hamper the ability of health facilities to function effectively damaging cold chain for vaccination storage and conditions in PHCC	M	H	Coordination with HC/RC and MoPH to ensure the prioritisation of fuel and resources for the health sector as well as constant follow up with IPs and PHCCs to ensure access to fuel for generators and the installation of solar panels on installations where possible in order to reduce dependence on fuel. The Action aims at undertaking an energy audit on a selected sample of PHCCs in order to better understand how natural resources and green elements can be integrated and contribute to a longer and more effective power supply which is less dependent on fuel and generators for PHCCs.
	Delivery of primary care services under SO1 depends on external donor financing including EU funding and is not sustainable in the long run	H	M	The EU continues to advocate through implementing partners, the National Health Sector and other donors active in the health sector in Lebanon for the development of longer term strategies for health financing. The implementation of SO1 under this AD will build on the 2021 Special Measure with an increased participation of national NGOs and organisations in the delivery of

				PHCCs. The delivery of SO1 under 2022 Special Measure will also build on sustainability strategies developed in 2021 to ensure PHC service delivery continues beyond EU funding.
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#### External Assumptions

- MoPH continues to coordinate Primary Health Care network
- Long term primary health care subsidisation protocol continues to be implemented and supported in MoPH network
- Vulnerable populations in Lebanon continue to have access to primary health care network centres (PHCCs) for health related needs
- MoPH continues to coordinate medication stocks for PHCCs at national level
- WHO and YMCA continue to have the mandate to procure NCD and acute medication for MoPH
- Central drug warehouse continues to function for the medication supply chain and logistics

### 3.5. Intervention Logic

The underlying intervention logic for this action is that in order to maintain quality equitable access to health services in Lebanon there needs to be a comprehensive and sustainable approach to strengthening the health system, including energy-efficiency measures, focusing on primary health care services affordability and increasing access to medication for the poor and vulnerable populations, while supporting the implementation of the forthcoming National Health Strategy.

If, as a general assumption, the Ministry of Public Health (MoPH) continues to support its Primary Healthcare Centres Network (PHCN) network and promote primary health care as an entry point in to the Lebanese health care system for poor and vulnerable populations and the EU can continue to anchor its support within this network;

If, access to the national PHC network continues to be equitable and inclusive of all persons especially women, children, refugees, migrants, vulnerable populations and persons with disabilities;

If, the level of care provided at PHCC continues to improve and be expanded upon to include access to mental health and psychosocial support services and gender-based violence identification and referrals;

If, PHCC staff continues to be supported through capacity building in coordination with MoPH;

If, PHC facilities initiate a process of identifying their energy efficiency and needs to sustain operating hours and make full use of specialised medical machinery;

Then vulnerable populations will continue to have access to the PHC services packages including prevention and curative visits, acute and chronic disease medication and diagnostic testing when needed. Persons needing to be referred to more specialised levels of care will be identified early on and directed onto the right level of care. Persons needing access to chronic disease medications will be identified and monitored through the system to not only ensure their wellbeing but to allow MoPH to manage the caseload and needs for acute and chronic diseases for the populations residing in Lebanon.

Further, if MoPH continues to implement its national acute and chronic disease medication programme;

If Lebanese, Syrian and migrant workers continue to attend to PHCCs for the primary health care need and receive prescriptions for acute or chronic disease medication to treat their conditions;

If leading UN agencies continue to support MoPH with the procurement of medication;

If these same leading UN agencies continue to support MoPH with the strengthening of medication supply chain and storage;

If major health sector stakeholders continue to be committed and able to develop the National Health Sector Strategy;

If MoPH continues to maintain the capacity to implement said strategy including important pillars around supply chain management and best practices;

Then, PHCCs will be able to provide free acute and chronic disease medication to vulnerable populations needing medication to treat their medical conditions and their healthy lives will be promoted. The disease burden on these individuals and families will decrease and the chances of disease outbreak will be minimised. MoPH will have stronger ability to lead and respond to public health needs. If MoPH continues to monitor and evaluate the progress of its work then it will have better capacity to plan, monitor and report on the health sector in Lebanon in an effort to better identify the most urgent needs and gaps.

### **3.6. Indicative Logical Framework Matrix**



Results	Results chain: Main expected results	Indicators	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
<b>Impact</b>	To contribute to healthy lives and physical and mental well-being of extreme poor and socially-vulnerable groups in Lebanon	1 Universal Health Coverage index (SDG 3.8.1) 2 Under-5 mortality rate (SDG 3.2.1)	1 UHC index of service coverage, 77 (2017) 2 14.5 per 1,000 deaths (2021)* <i>*expected</i>	1 Progress against the baseline 2 Decrease against baseline	MoPH - official statistics (WHO data) Interviews/testimonies from the stakeholders involved; Final narrative and financial reports, Evaluations Results of MoPH/partners assessments/evaluations/studies	<i>Not applicable</i>
<b>Outcome 1</b>	Improved equitable services to quality primary health care including MHPSS, across national territory	1.1 Number of women/children benefitting from the basic health services package disaggregated by sex, community of origin. 1.2 Number of people with disabilities with access to health services disaggregated by sex and community of origin 1.3 Number of PHCCs applying the MoPH's LPSP protocol 1.4 Number of persons benefiting from MHPSS services at PHCCs disaggregated by sex and community of origin 1.5 Number of persons referred to specialised MHPSS services	1.1 30,000 monthly (2021) 1.2 150 monthly (2021) 1.3 75 clinics (2021) 1.4 14,000 (2021) 1.5 tbd in the description of the action	1.1 30,000 monthly 1.2 tbd in the description of the action 1.3 66 clinics 1.4 tbd in the description of the action 1.5 tbd in the description of the action	Project monitoring reports Official MoPH data Data from PHCC registry and records	MoPH continues to coordinate Primary Health Care network  Long term primary health care subsidisation protocol (LPSP) continues to be implemented and supported in MoPH network  Vulnerable populations in Lebanon continue to have access to PHCCs for health-related needs

<b>Outcome 2</b>	2 Strengthened access to acute and chronic disease medication	2.1 Total number of beneficiaries provided with chronic disease medications at 420 PHC centres and dispensaries, disaggregated by sex and community of origin  2.2 % of stock out of acute disease medication at PHCCs and dispensaries	2.1 170,000 (2021)  2.2 <5%	2.1 tbd in the description of the action  2.2 tbd in the description of the action	2.1 MoPH and WHO data  2.2 MoPH and WHO data	MoPH continues to coordinate medication stocks for PHCCs at national level  WHO and YMCA continue to have the mandate to procure NCD and acute medication for MoPH  Central drug warehouse continues to function for the medication supply chain and logistics  PHCCs and dispensaries continue to have demand for medication by vulnerable beneficiaries
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<b>Results</b>	<b>Results chain: Main expected results</b>	<b>Indicators</b>	<b>Baselines (values and years)</b>	<b>Targets (values and years)</b>	<b>Sources of data</b>	<b>Assumptions</b>
<b>Output 1 related to Outcome 1</b>	1.1 Continued access to quality primary health care services, across national territory	1.1.1 Number of people receiving primary health care consultations (PHCCs) and essential medicines disaggregated by sex and community of origin	1.1.1 680,000 (annual)	1.1.1 tbd in the description of the action	1.1.1 Project reporting, MoPH data	PHCCs are able to provide preventative and curative care consultations
<b>Output 2 related to Outcome 1</b>	1.2 Increased technical capacity in of front-line health staff on MHPSS in selected PHCCs	1.2.1 Number of front line technical health staff trained on MHPSS packages, disaggregated by sex and community of origin	1.2.1 tbd in the description of the action	1.2.1 tbd in the description of the action	1.2.1 MoPH data, project reporting, Health sector reporting	Training capacity and materials can be absorbed by supported clinics
<b>Output 3 related to Outcome 1</b>	1.3 Strengthened capacity of PHCCs staff and community individuals in safe identification and referrals of GBV survivors	1.3.1 Number of people trained on the safe identification and referrals of GBV survivors, disaggregated by sex and community of origin	1.3.1 tbd in the description of the action	1.3.1 tbd in the description of the action	1.3.1 MoPH data, project reporting, Health sector reporting	Training capacity and materials can be absorbed by supported clinics
<b>Output 4 related to Outcome 1</b>	1.4 Improved knowledge of health personnel on the status of energy use and efficiency at supported PHCCs	1.4.1 Status of the Energy efficiency use study	1.4.1 No study	1.4.1 Study drafted/operationalised	1.4.1 Project reporting by contracted consultant	PHCCs continue to function and external projects are able access to them for data analysis and collection

<b>Results</b>	<b>Results chain: Main expected results</b>	<b>Indicators</b>	<b>Baselines (values and years)</b>	<b>Targets (values and years)</b>	<b>Sources of data</b>	<b>Assumptions</b>
<b>Output 1 related to Outcome 2</b>	2.1 Strengthened acute and chronic disease medication procurement and supply chain	2.1.1 Number of vulnerable beneficiaries provided with chronic medications	2.1.1 tbd in the description of the action	2.1.1 tbd in the description of the action	WHO and MoPH data	YMCA continues to expand its national NCD programme  Registration for new users continues to be supported by YMCA and WHO programmes and aligns to MoPH needs
<b>Output 2 related to Outcome 2</b>	2.2 Strengthened medical supply chain quality systems at national, regional and local levels	2.2.1 Number of health facilities using PHENICS for medication stock management 2.2.2 Number of health staff at PHCCs trained on PHENICS	2.2.1 tbd in the description of the action  2.2.2 tbd in the description of the action	2.2.1 tbd in the description of the action  2.2.2 n/a	MoPH network and WHO project data	IT solutions continue to be used for medical supply chain management  Health facilities continue to have access to needed hardware and software for medical supply chain management
<b>Output 3 related to Outcome 2</b>	2.3 Strengthened management capacity of national authorities on the implementation of the Lebanese National Health Sector Strategy	2.3.1 Status of implementation of the National Health Sector Strategy	2.3.1 Not started	2.3.1 Started	MoPH data, 3RF WG reporting, WHO project reporting	Health Sector Strategy document was adopted in January 2023

## **4. IMPLEMENTATION ARRANGEMENTS**

### **4.1. Financing Agreement**

In order to implement this action, it is not envisaged to conclude a financing agreement with the Government of Lebanon.

### **4.2. Indicative Implementation Period**

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is **60 months** from the date of adoption by the Commission of this financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this financing Decision and the relevant contracts and agreements.

### **4.3. Implementation Modalities**

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures<sup>4</sup>.

#### **4.3.1. Direct Management (Grants)**

##### **a) Purpose of the grant(s)**

The grant shall contribute to achieving the Outputs of the Specific Objective 1 aiming to support the primary healthcare centres' network of the Ministry of Public Health.

##### **b) Type of applicants targeted**

Non-Governmental Organisations.

##### **(c) Justification of a direct grant**

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to a Non-Government Organisations (or a consortium of Non-Governmental Organisations), selected using the following criteria:

- Specialised in the delivery of primary health care services delivery including mental health and psychosocial support services;
- Experience in implementing projects in support of Syrian refugees and vulnerable Lebanese populations in Lebanon working through the national network of primary healthcare centres;
- Capacity to cover a wide geographical area in Lebanon with the possibility of creating partnerships and consortia with other organisations to maximise the geographical scope and reach of the intervention;
- Demonstrated adequate financial capacity to implement projects of a minimum budget of EUR 20 million;
- Experience working in procurement and distribution of medication;
- Experience implementing long-term primary health care subsidisation programme (LPSP) model for service delivery in primary healthcare centres.

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<sup>4</sup> [www.sanctionsmap.eu](http://www.sanctionsmap.eu) Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified given the crisis situation in Lebanon (Art 195 (a) FR). As a result of the continued exceptional circumstances in Lebanon, the Commission considered justified to renew the Crisis Declaration (currently until 06/2023) and continue using the flexible procedures applicable to cases of crisis situations as defined in Article 2(21) of Regulation 2018/1046 on the Financial Rules applicable to the General Budget of the Union.

#### **4.3.2. Direct Management (Procurement)**

Procurement will contribute to achieving Output 2.3 of Specific Objective 2.

#### **4.3.3. Indirect Management with a pillar-assessed entity<sup>5</sup>**

A part of this action may be implemented in indirect management with the World Health Organisation.

This implementation entails Output 2.1 and Output 2.2 of Specific Objective 2.

The envisaged entity has been selected using the following criteria:

- International mandate: Entity mandated with procurement of medication in Lebanon
- Logistical and management capacities: Entity with proven track record in implementing national medication procurement programmes;
- Optimisation of donor coordination: Entity able to undergo large scale procurement and manage multiple donor grants simultaneously in support of the national medication procurement programme in coordination with MoPH;
- Specific expertise: Experience working towards public health policy and support health sector stakeholders and actors in Lebanon towards achieving best practices in health;

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria. If the entity is replaced, the decision to replace it needs to be justified.

#### **4.3.4. Changes from indirect to direct management (and vice versa) mode due to exceptional circumstances**

If direct management through grants for the delivery of Specific Objective 1 as per section 4.3.1 cannot be implemented due to circumstances outside of the Commission's control, the alternative modality would be indirect management with a pillar-assessed entity using the criteria set in the aforementioned section.

#### **4.4. Scope of geographical eligibility for procurement and grants**

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply, subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

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<sup>5</sup> The signature of a contribution agreement with the chosen entity is subject to the completion of the necessary pillar assessment.

#### 4.5. Indicative Budget

<b>Indicative Budget components</b>	<b>EU contribution (amount in EUR)</b>
<b>Implementation modalities</b> – cf. section 4.3	
<b>Specific Objective 1 Improved equitable access to quality primary health care</b> composed of	<b>30 000 000.00</b>
Grants (direct management) – cf. section 4.3.1	N.A.
<b>Specific Objective 2 Strengthened access to acute and chronic disease medication</b> composed of	<b>5 000 000.00</b>
Indirect management with World Health Organisation – cf. section 4.3.3	3 000 000.00
Procurement (direct management) – cf. section 4.3.2	N.A.
Grants – total envelope under section 4.3.1	30 000 000.00
Procurement – total envelope under section 4.3.2	2 000 000.00
<b>Evaluation</b> – cf. section 5.2 <b>Audit</b> – cf. section 5.3	will be covered by another Decision
<b>Communication and visibility</b> – cf. section 6	N.A.
<b>Totals</b>	<b>35 000 000.00</b>

#### 4.6. Organisational Set-up and Responsibilities

Considering the importance of this action, the EU Delegation will maintain close steering and monitoring of the projects mentioned above for all components of the Action and regardless of management modalities. The EU Delegation to Lebanon will provide oversight on projects implementation through the existing Steering Committee for the EU Programme in Support on the Health Sector as well as through regular monitoring and evaluation activities. Ad hoc and random project Field visits will continue to take place.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

#### 4.7. Pre-conditions

N/A

### 5. PERFORMANCE MEASUREMENT

#### 5.1. Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its Outputs and contribution to the achievement of its Outcomes, and if possible at the time of reporting, contribution to the achievement of its Impacts, as measured by corresponding indicators, using as reference the logframe matrix.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring: the implementing entities will be the primary actors responsible for data collection, analysis and monitoring. The EU, evaluators and external monitors may request data against logframe indicators and more specifically within specific project activities throughout the implementation of the project and implementing entities may provide this in a timely manner. MoPH will also play an important role in the coordination of data collection for what concerns the global health indicators such as universal health access and SDG indicators. Coordination for data collection will also be enhanced through the Health Steering Committees organised bi-annually by MoPH, EU and all implementing partners

## **5.2. Evaluation**

Having regard to the nature of the action, an evaluation will not be carried out for this action or its components.

## **5.3. Audit and Verifications**

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

## **6. STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY**

All entities implementing EU-funded external actions have the contractual obligation to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. To that end they must comply with the instructions given in the [Communication and Visibility Requirements of 2018](#) (or any successor document).

This obligation will apply equally, regardless of whether the actions concerned are implemented by the Commission, the partner country, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU Member States. In each case, a reference to the relevant contractual obligations must be included in the respective financing agreement, procurement and grant contracts, and delegation agreements.

For the purpose of enhancing the visibility of the EU and its contribution to this action, the Commission may sign or enter into joint declarations or statements, as part of its prerogative of budget implementation and to safeguard the financial interests of the Union. Visibility and communication measures should also promote transparency and accountability on the use of funds. Effectiveness of communication activities on awareness about the action and its objectives as well as on EU funding of the action should be measured.

Implementing partners shall keep the Commission and the EU Delegation/Office fully informed of the planning and implementation of specific visibility and communication activities before the implementation. Implementing partners will ensure adequate visibility of EU financing and will report on visibility and communication actions as well as the results of the overall action to the relevant monitoring committees.