

This poster discusses the establishment and impact of a pilot program to manage local healthcare governance within a Municipal Health Committee (MHC) in Majdal Anjar, Lebanon.

The program was developed through a Participatory Action Research (PAR) study led by the American University of Beirut under the ReBUILD for Resilience program.

The MHC's goal is to coordinate healthcare services, manage resources, and enhance access to quality healthcare for the town's 50,000 residents, half of whom are Syrian refugees.

Background

Lebanon's health system has been severely affected by multiple crises (see Fig 1). Fragmentation and privatization have led to:

- the state's disengagement from healthcare services,
- shortages in medical supplies,
- an exodus of healthcare workers,
- rising out-of-pocket expenses, and
- compromised access to care.

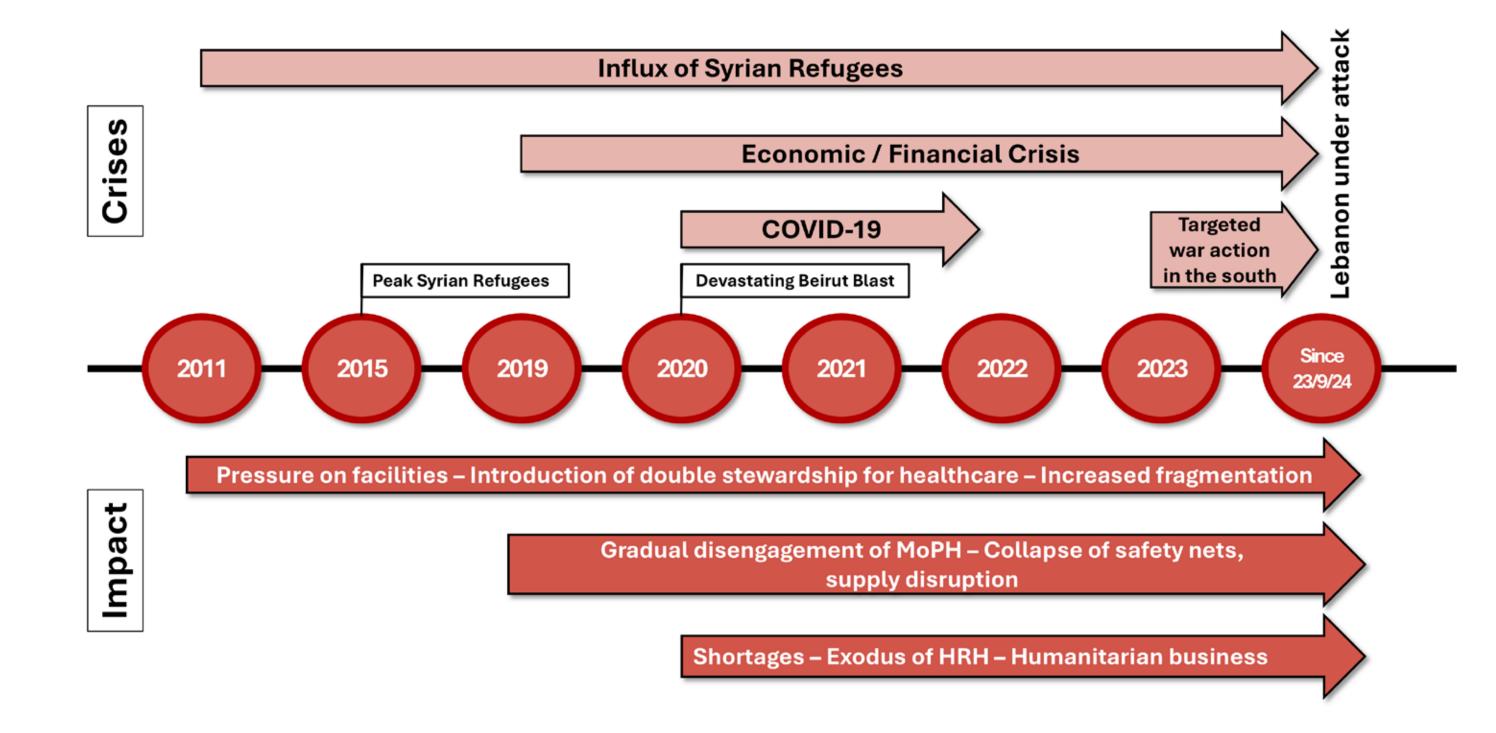


Fig 1: Crises impacting on Lebanon's health system

The learning site, Majdal Anjar (see Fig 2), was chosen because of its significant refugee population and the presence of key health stakeholders, including:

- private sector hospitals, clinics and laboratories,
- low-cost ambulatory sector, regulated by the MoPH
- UNRWA-affiliated health facilities centers for Palestinian refugees, and
- informal health facilities operated by Syrian refugees.

What we did

The lack of a structured framework for service coordination was identified as a significant challenge during Group Model Building workshops within PAR, leading to the establishment of the **Municipal Health Committee** (MHC).

Fig 2. Map of Lebanon

showing Majdal Anjar.

Credit: PeterHermesFurian

The MHC consists of representatives from the Lebanese, Palestinian, and Syrian communities, as well as local health professionals. Its goal is to improve governance, introduce evidence-based services informed by population health needs, ensure equitable access to healthcare, and promote resilience in the health system.

Data Collection and Analysis: Data were collected through participatory workshops, strategic plans, meeting minutes, and key informant interviews. A thematic analysis was conducted to assess internal dynamics, priorities, and outcomes of the MHC.

What we learned

- Improved governance: The MHC reflects the municipality's commitment to effective, community-centered healthcare governance. It promotes evidence-based practices, ensuring inclusivity, efficiency, and transparency in healthcare service delivery.
- **Equity and inclusivity:** The MHC prioritizes equitable access to healthcare for all residents, regardless of nationality or legal status. Its vision emphasizes the right to health, which is currently absent from Lebanon's constitution, and advocates for a new model of healthcare that serves both refugees and local populations.
- **Embedded research:** Recruitment of a local researcher to document MHC activities is crucial to ensure evidence-based decisions have been key to the MHC's success.
- **Strategic collaboration:** The MHC collaborates with local and international NGOs to streamline healthcare initiatives and integrate ad-hoc efforts into coordinated community-wide plans. A referral system was established to link these organizations with local health services.
- **Tracking health needs:** The MHC tracks health needs across the community, redistributing resources as needed.

Outcomes

- **Community-based initiatives:** Based on collected data, the MHC has launched initiatives such as a school health program, community health education, a virtual blood bank, and the reactivation of the national vaccination program.
- **Health centers as hubs:** Local health centers have been transformed into 'Health Hubs' under the MHC's supervision. They provide maternal and child health services, vaccinations, and chronic disease management, with routine data sharing to ensure continuity of care.
- **Building community trust:** Through continuous community engagement, dissemination events, and active social media outreach, the MHC has earned the trust and support of the population.

Conclusion

The MHC in Majdal Anjar has empowered marginalized groups to participate in healthcare governance. This has helped to build community trust and promote evidence-based practices. By addressing systemic barriers and prioritizing equity, inclusivity, and resilience, this localized, community-led governance structure serves as a model for improving healthcare during times of crisis. It highlights the potential for municipalities to ensure the universal right to healthcare for all, fostering justice, dignity, and belonging for vulnerable populations.



Further information on this study and its outputs can be found at rebuildconsortium.com



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Authors and affiliations
Paubara Variantial Japanes Khalili

Rouham Yamout¹, Joanna Khalil¹, Fouad Fouad², Wesam Mansour² Mohamad Meibar³, Joanna Raven²

¹ American University of Beirut, Lebanon,

² Liverpool School of Tropical Medicine, UK

³ Majdal Anjar Municipal Health Committee, Lebanon
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