

Lebanon Millennium Development Goals Report 2013-2014



ERADICATE
EXTREME POVERTY
AND HUNGER



ACHIEVE UNIVERSAL
PRIMARY EDUCATION



PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN



REDUCE
CHILD MORTALITY



IMPROVE MATERNAL
HEALTH



COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES



ENSURE
ENVIRONMENTAL
SUSTAINABILITY



A GLOBAL
PARTNERSHIP FOR
DEVELOPMENT

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Abbreviations And Acronyms

CFC	Chlorofluorocarbon
CSO	Civil Society Organization
DOTS	Directly Observed Therapy Short Course
GDP	Gross Domestic Product
GNI	Gross National Income
HCFC	Hydrochlorofluorocarbon
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
ICT	Information And Communications Technology
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
ODA	Official Development Assistance
TIMSS	Trends In International Mathematics And Science Study
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific And Cultural Organization
UN-ESCWA	United Nations Economic And Social Commission For Western Asia
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner For Refugees
WHO	World Health Organization
WTO	World Trade Organization

1 . Introduction

The Lebanon Millennium Development Goals report 2013-2014 is the country's national report outlining the progress in, and main challenges to, the achievement of the eight Millennium Development Goals (MDGs), agreed upon by 189 countries during the United Nations Millennium Summit in 2000. The report comes after three other similar reports. Lebanon published in 2003 its first MDG country report. In 2008, another report was published to review trends over the five-year period since the first report. Then, in 2011, a technical committee comprising representatives of intergovernmental and international organizations produced an updated interim MDG report.

The 2013-2014 report comes at a critical period for Lebanon. At the time of writing, Lebanon has been without a government Cabinet for more than eight months, and a few months later, without a president of the republic. This came in a context of a period of political instability, security risks, economic pressures, and social and humanitarian challenges. Under such intricate conditions, priorities are reshuffled.

It is also around a year before the 2015 deadline for attainment of the MDGs. With such a short timeline, and under prevailing domestic conditions, it is not realistic to expect any drastic shifts in trends in Lebanon, but at least achievements should be protected and efforts applied where a small push can achieve good results. At the same time, attention is turned now towards the post-2015 agenda, as lessons learned from the experience of the previous decade are feeding into the global debate.

Within this context, the 2013-2014 Lebanon MDG report aims to present, like its precedents, the country's track record. It reviews Lebanon's experience and the main lessons learned in order to contribute to the formulation of a new post-2015 development agenda. The report broadly goes through the impact and situation of the numerous Syrian refugees flowing to Lebanon, even though the MDG framework does not explicitly include refugees. If human rights values are to be respected – being essential for the achievement of the MDGs, as clearly stressed at the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (MDG+10 Summit), 2010 – it is necessary to consider the refugees through an MDG lens.

The methodology for data collection used for the report gives priority to official national sources, starting with the Central Administration of Statistics as the public institution mandated for production and coordination of statistics. In addition, information was obtained from other government sources, including ministries and other government entities. Information from international sources was only used where national data was not available. In some specific cases, data was used from reliable private sector sources. The analysis was also supported with qualitative information gathered through interviews with officials from relevant ministries and other public and civil society entities.

Data collection was a major challenge in producing the report. For many indicators, availability of updated data is limited; also, statistics are not centralized, as there is no vision or strategy synchronizing the country's statistical output. The other main difficulty relates to the absence

of a ministerial Cabinet and the grim political climate that weighs on decision-making in public administrations. This was further compounded by the unexpected massive influx of Syrian refugees and the regular security breaches that reshuffled all public administration priorities towards a crisis-like response mode.

Notwithstanding these challenges, the report gathered all recent available information to draw a realistic picture of where Lebanon stands now and give direction on how it could deal with emerging issues and the post-2015 agenda.

Chapter 2 provides an economic and political overview of the country, to put in context the MDGs and related targets. The chapter also highlights the two main challenges the country is facing, namely political instability and the impact of the Syrian crisis, which has led to an unexpected mass influx of Syrian refugees into Lebanon. Against this backdrop, chapters 3-10 assess achievements, challenges, and good practices for each MDG, with each chapter including a section on the impact of the Syrian refugee influx on the attainment of the MDG. Chapter 11 summarizes the top priorities to be addressed in the final countdown towards 2015. It also assesses Lebanon's experience with the MDG framework as a tool for development, and concludes with main lessons learned for the post-2015 agenda.

2. Political And Economic Context



2. Political And Economic Context

The Republic of Lebanon is a small country of 10,452 square kilometres. The main cities are Beirut (the capital), Tripoli, Saida, Jounieh, Zahleh and Sour (figure 2.1). The resident population was estimated at around 3.76 million in 2007, with an additional 260,000 Palestinians (approximately, 2009) living in camps and other migrant workers. The Lebanese population is young, with 44 per cent of residents below 24 years old (Yaacoub and Badre 2012). Around 85 per cent of residents live in cities. Society is composed of a mixture of religious communities and sects. The political system, a consensual democracy, maintains a power-sharing balance between the religious communities. However, sectarian tensions have been the main triggers of internal conflicts, fuelled by the region's geopolitical developments.

Figure 2.1 Lebanon Administrative Map



Source: Central Administration of Statistics.

2.1 The Political Scene

Two decades after a 15-year Civil War, Lebanon is still witnessing erratic political, economic and security conditions. The assassination of Prime Minister Rafiq Hariri in 2005 marked a turning point in the country's politics and its relations with neighbouring Syria. This was followed by Israel's war on Lebanon in July 2006, resulting in 1,200 deaths and approximately 4,400 injuries. After this war, Lebanon managed to gain the trust of the international community for its reform plan at the International Conference for Support to Lebanon (Paris III), which took place in January 2007. Nonetheless, another military conflict occurred in 2007 between members of a militia and the Lebanese Army around the Nahr el-Bared Palestinian refugee camp in North Lebanon.

In parallel, a series of bombings, political assassinations and other security breaches have been ongoing since 2005. Within this context, the country was divided by a new form of rivalry between two major alliances: the 8 March Coalition, allied with the Syrian regime, and its opponents, the 14 March Coalition.

By 2008, an accord was reached between the two coalitions leading to the election of a new president of the republic and the formation of a one-year government until new parliamentary elections took place in spring 2009. A new unity government should have been formed immediately after the elections, yet it took five months because of political bickering. By the end of 2009, Lebanon had a short-lived government that was dismantled early in 2011 because more than a third of ministers resigned for political reasons.

It took another six months to form a new government, amid increasing tension between the two major political coalitions and a number of security clashes. The new government lasted from June 2011 until March 2013, when the prime minister resigned. Despite the appointment of a new prime minister, it took another four months to form the new government. Throughout this period, political bickering has continued, while the Syrian crisis has become more acute and more impactful on Lebanese political, economic and social conditions. The complex politics of Lebanon and the regional developments heavily weigh on the economy and consequently on the achievement of the MDGs, which requires political will and planning. The continued influx of refugees has been adding further to the social and economic pressures. The chapters on each MDG reflect these impacts.

2.2 Economic Overview

Lebanon is a medium-income, free-market economy with extensive links up with the developed world in most economic activities (table 2.1). The private sector plays a strong role in a liberal environment. It contributes to over 80 per cent GDP and includes agriculture, manufacturing, construction, trade and tourism, but is predominated by the services sector such as banking and finance, hotels and restaurants, and media and advertising.

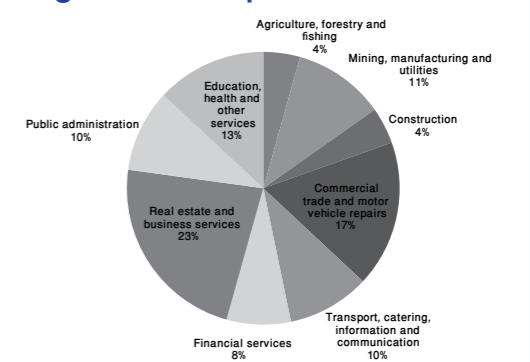
Table 2.1 Selected Economic Indicators

	2009	2010	2011	2012	2013
GDP (US\$ billion)	35.1	38.0	40.1	42.9	45.2
Real GDP Growth	10.3%	8.0%	2.0%	2.5%	1.5%
GNI per Capita (US\$)	7,720	8,440	9,020	9,520	9,870
Consumer Price Inflation	3.4%	4.6%	3.1%	10.1%*	1.1%
Trade Deficit/GDP	36%	36%	40%	39%	38%
Public Debt/GDP	146%	138%	134%	134%	140%

Sources: Ministry of Finance, Ministry of Economy, and World Bank estimates. * Subject to one time adjustment of housing cost component, which makes year-on-year comparison not indicative. Note: GDP = gross domestic product; GNI = gross national income.

Goods-producing sectors account for a small share of the Lebanese economy, and Lebanon relies primarily on imports for consumption. The share of agriculture was in constant decline from 1997 to 2011, and reached 4 per cent of gross domestic product (GDP) in 2011. The sector has a limited level of protection from international competition. Services account for more than 60 per cent of GDP (figure 2.2)

Figure 2.2 Composition of GDP



Source: Ministry of Finance 2014. * The total sectoral composition does not include taxes less subsidies on products which constitute 8 per cent of GDP.

With a heavy reliance on imports of goods, Lebanon has a structural trade deficit of around 38 per cent of GDP (2013). The country, nevertheless, benefits from important financial inflows, mainly coming from the remittances of the Lebanese diaspora and tourism and investment inflows from the Gulf countries, partially offsetting a chronic trade deficit. Financial flows are also a main element of resources of banking deposits, allowing the banking sector to play a major role in lending to the government and supporting its ailing public finances. Lebanon has been incurring a chronic budget deficit that has fuelled public indebtedness. The public finance deficit reached more than 9 per cent of GDP and debt to GDP went up again to 140 per cent in 2013 (Ministry of Finance 2014).

2.2.1 Economic Policy

Lebanon follows liberal economic policies that have been focusing over the past decade primarily on fiscal and monetary stabilization. The government has maintained a generally non-interventionist stance towards private investment and focused on providing the infrastructure.

After the 1975–1990 Civil War, the government launched a reconstruction and monetary stabilization programme that lowered inflation, stabilized the currency and improved private investment, leading to sustained GDP growth rates. However, this came along with increased fiscal deficits and a swelling public debt.

Fiscal and monetary policies were regularly geared towards fiscal consolidation, debt management and currency stability. The budget deficits have been sizeable, due to limited ability to contain spending and relatively high debt servicing. The debt stock increased to reach a peak in the mid-2000s of around 180 per cent of GDP, subsequently declining to close to 138 per cent in 2012 and rising again in 2013 (140 per cent).

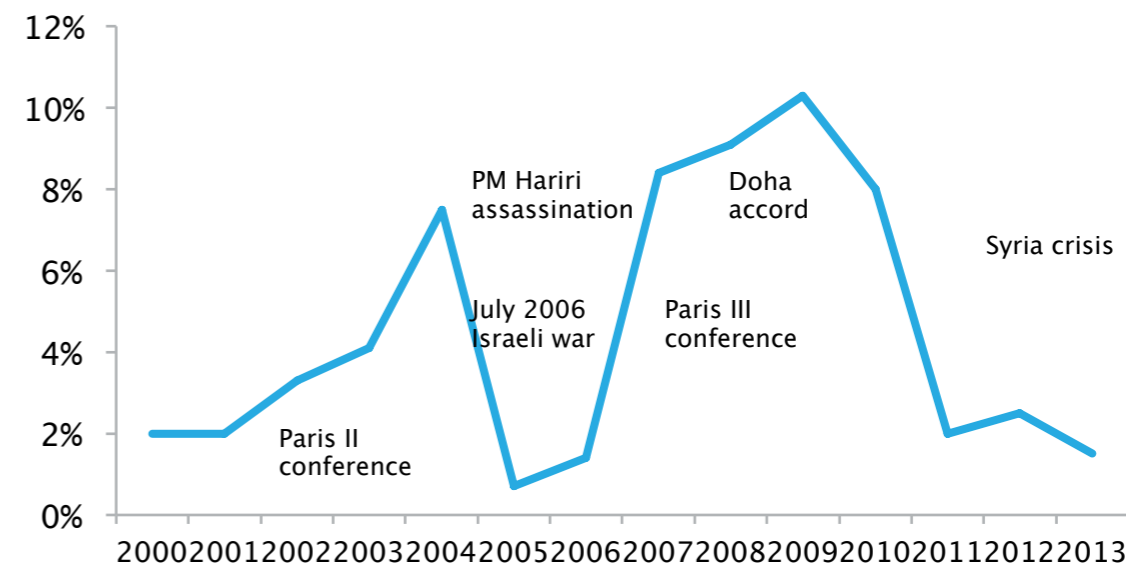
Since 2005, fiscal policy has changed little, as political divisions have hampered Parliament's approval of the yearly budget laws, including a number of reform measures. This has also meant that government expenditure has been legally frozen at its 2005 level. Successive governments have resorted to extra budgetary spending, and in 2012, Parliament approved an increase in the legal spending limit from the previous approved budget and authorized the government to undertake new borrowing in order to finance current expenditure and maturing debt.

2.2.2 Economic Performance

Fiscal consolidation and improved monetary management started to have a positive impact on economic performance indicators, particularly public debt trends, after 2002. The government and the Central Bank boosted the reform agenda in the aftermath of a donor conference that took place that year. The public debt was restructured with longer maturity and lower costs. However, the country's politics, complicated after 2005, weighed again on the economy, driving down growth rates. This was aggravated by the 2006 Israeli war on Lebanon. Growth rate was estimated at 1 per cent in 2005 and 0.6 per cent in 2006 (Ministry of Finance 2013).

After the 2006 war, a new reform programme was developed in 2007 for another donor conference (Paris III). Lebanon managed to get the support and trust of the international community through the assistance pledged to fund Lebanon's recovery and reconstruction, as well as its economic reform agenda. The end of 2008 registered improvements across all economic indicators, despite the onset of a global economic and financial crisis. Real GDP growth achieved strong records, mainly driven by construction and tourism, in 2008 and 2009. Domestic political divisions, nevertheless, worsened once more and constrained economic performance. This has been further compounded in the last two years by regional turmoil, especially the Syrian crisis. GDP growth rates declined to 2.5 per cent in 2012 and 1.5 per cent in 2013 (figure 2.3). Throughout these different stages, and although Lebanon managed to weather a number of crises, the impact of economic policy and economic growth on human development remained questionable.

Figure 2.3 Real GDP Growth Rate



Source: Ministry of Finance 2013.

2.2.3 Recent Government Development Plans

Historically, policymaking in Lebanon has dissociated the economic from the social agenda, relegating the latter rather to a secondary offshoot. Only recently have social issues started to feature notably in government plans and ministerial statements. The Social Action Plan – a road map consisting mainly of social safety nets – was instigated in 2007 as part of the government's reform plan submitted to the Paris III conference. The Social Action Plan stipulated the formulation of a national social strategy. Accordingly, in 2011, the National Social Development Strategy was drafted.

National Social Development Strategy, 2011. The strategy calls for a common vision guiding the establishment of a citizen-based civil State. It has five general objectives that coincide with the MDG focus and targets – achieving better health, strengthening social protection mechanisms, providing quality education, improving opportunities for equitable and safe employment, and revitalizing communities and developing social capital. More importantly, the strategy aims to change the Ministry of Social Affairs from a care provider to a social development agency in charge of putting Lebanon on a comprehensive social development track, rather than keeping social reforms as ad hoc measures that trail economic policies.

The last government also drafted an Economic and Social Reform Action Plan to be implemented over the 2012-2015 period, in line with the main pillars of the National Social Development Strategy, 2011. It also committed in its policy statement to work towards social justice and sustainable development.

Economic and Social Reform Action Plan, 2012–2015. The plan aims to stabilize public debt levels and pursue fiscal reform, foster the role of the private sector, and develop infrastructure, particularly the provision to all households of basic utilities such as water and sanitation, while halting environmental degradation (MDG 7). The plan also targets enhancing social cohesion and solidarity by improving access to education, health care and social protection, while improving the design and operation of programmes to ensure fair access to all social groups. In particular, the government intends to introduce reforms to the retirement and social protection system for the most vulnerable (MDGs 1 to 6). Another pillar of the plan is the promotion of a socioeconomic development strategy across all parts of Lebanon, beyond the traditional sectors, to induce job-creating growth (MDG 1).

Looking just at the overall strategic objectives of the National Social Development Strategy and Economic and Social Reform Action Plan – notwithstanding the details of each, and to what extent they were informed by previous strategies or plans – it is clear that policymaking in Lebanon has shifted towards giving more importance to social issues, cross-cutting with achievement of the MDGs. Unfortunately, the complicated political situation and the increasing humanitarian crisis resulting from an influx of Syrian refugees have put these objectives on halt. These two challenges threaten progress towards attainment of the MDG targets and may even result in reversal of past achievements.

2.3 Emerging Challenges

Assessing the MDGs cannot take place without taking into account the broader changes in the social, economic and political landscape of Lebanon. Two key emerging challenges weigh on progress in a number of MDG indicators: the political climate and the Syrian crisis, resulting in an unexpected and massive influx of refugees into the country.

2.3.1 Political Climate, 2011–2014

Political instability, manifested in the difficulty of forming and maintaining a regular government in recent years, is a major impediment to the economic and social development process. By 2013, politics had almost reached an impasse. Divisions had heightened, with Parliament deciding to renew its term, a resigned government, and a new cabinet long formation process (until the second month of 2014). Later, presidential elections were deadlocked and Lebanon has been without a president. Both legislative and executive authorities were almost paralysed as political divisions hindered normal operations and obstructed decision-making.

Lebanon has undergone such difficult and unstable times that obstruct the functioning of the state and the development process. The root causes go back to a political system based on a consensual formula of democracy along with deeply entrenched sectarianism. Such a structure has failed to prevent violent conflicts, ranging from sporadic violence to latent conflicts and, most damagingly, to Civil War. It also keeps governance weak, cements divisions throughout society at large, and keeps the country highly vulnerable to internal and external shocks in a currently unstable region. Lebanon was ranked 46th of 178 countries in the 2013 Failed States Index of the Fund for Peace. The difficulties presented by the country's intricate political conditions are compounded by the consequences of the Syrian conflict, which are felt at all levels from community to national.

2.3.2 Syrian Crisis

The Syrian crisis, with its implication on the political context, has exposed Lebanon's structural weaknesses. At the macroeconomic level, the Syrian crisis accentuated the repercussions of the deadlocked political situation and consequently economic growth dampened between 2011 and 2013. According to official sources, GDP growth rates went down to 1.5 percent in 2013 (Ministry of Finance 2014). Over 2014, the World Bank and IMF estimate real GDP growth rate not to exceed 1.9 per cent (World Bank 2013b). This is due to an overall decline in aggregate investment and consumption spending, despite the increase in spending from some of the better-off Syrians moving to Lebanon, and despite the increase in government consumption spending. The Syrians staying in Beirut are typically spending on basic goods rather than luxury or high-value-added items. The instability of the situation also weakened investors' confidence. A 2013 World Bank report estimated that the crisis would cost Lebanon around US\$7.5 billion in lost economic activity during the 2012–2014 period.

Two sectors of high importance to Lebanon have been directly hit: tourism and real estate. Tourism losses were estimated at 0.5 per cent of GDP in 2012 (World Bank 2013b). The real estate sector is witnessing an increase in rent demand due to the large influx of Syrians, but this is not a sustained

or healthy trend. The impact on other sectors varies from one industry to another. The impact on goods exports and imports varied over the last three years. While exports have been disrupted, because of Syrian route closures (the only terrestrial transit routes for trade from Lebanon), this was somewhat compensated for by an increase in Syria's demand for Lebanese exports. Likewise, imports slightly declined even though some of the basic food categories increased in the first few months of 2013. Overall, the trade balance widened between 2010 and 2013 by an average rate of 7 percent with the services account

The fiscal situation, already fragile before the crisis, was further strained due to the additional burden on fiscal spending and the impact of the economic slowdown on fiscal revenues. Lebanon recorded for the first time since 2006 a primary fiscal deficit in 2012 that widened in 2013. Lebanon's fiscal revenues did not change much between 2011 and 2013, while expenditure nudged slightly higher between 2012 and 2013 (2 percent), following a rise between 2011 and 2012 (14 percent). Debt service increased by 4 percent between 2012 and 2013, driving the primary surplus into a deficit. The total public deficit widened to 9.3 percent of GDP (Ministry of Finance 2014).

While the consumer price index shows relatively contained inflation over the last three years, most needs assessment in areas where Syrian refugees settled have reported increases in rents and a general sense of rising food and other basic items prices. The general consumer price index does not reflect location-specific inflationary trends.

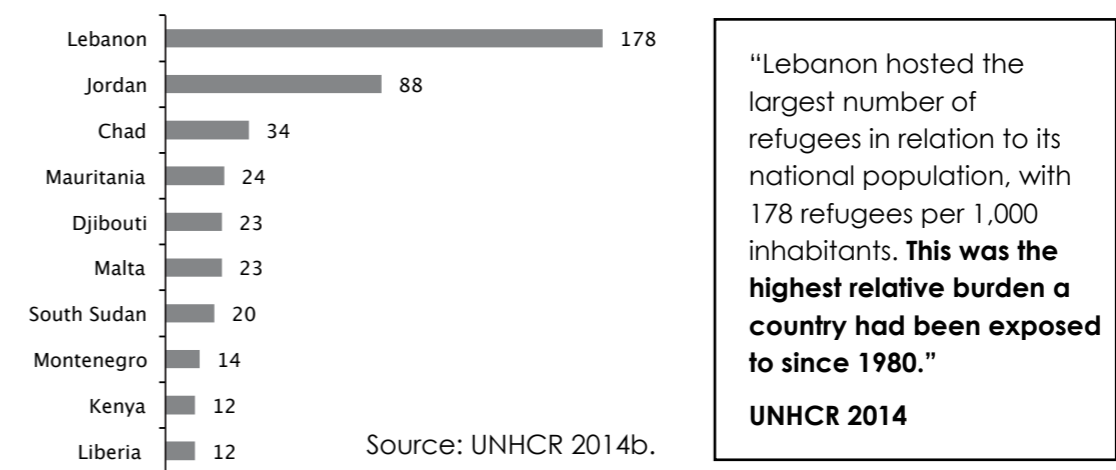
Finally, in addition to the above-mentioned economic conditions, the Syrian crisis resulted in a massive and unexpected influx of refugees that affected all aspects of society, particularly the most vulnerable Lebanese.

2.3.3 Syrian Refugee Influx

Lebanon is witnessing an unexpected refugee influx due to the fighting in Syria. The influx did not decelerate, unlike in other countries of the region, and thus its impact is constantly changing and of an uncertain magnitude (figure 2.4).

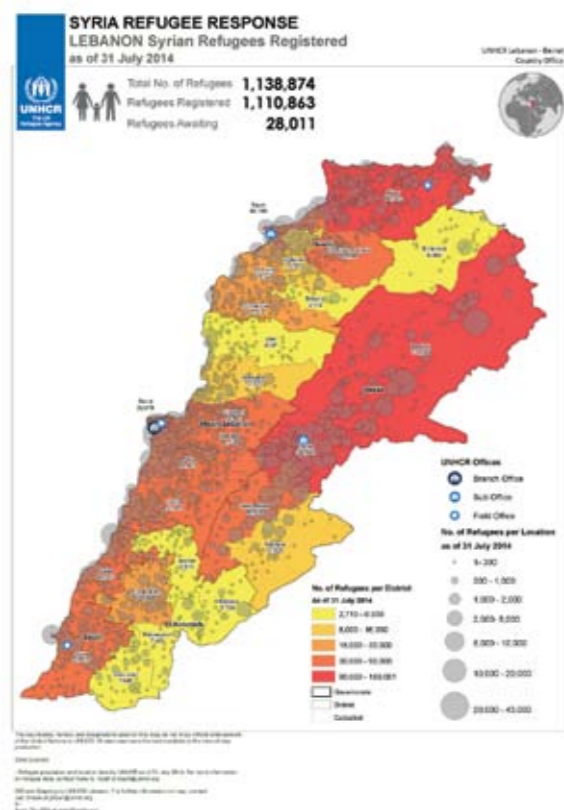
At the end August 2014, the Syrian refugee population registered with the United Nations High Commissioner for Refugees (UNHCR) was estimated to exceed 1.1 million in Lebanon, with almost 34,000 awaiting registration and around 53,000 Palestinian refugees coming from Syria. This does not include substantial numbers of Syrians in Lebanon who do not want to register and that are consequently not counted. These were estimated at around 250,000. The number of refugees is equivalent to more than 25 percent of the total population of Lebanon. (UNHCR 2014a).

Figure 2.4 Top host countries by number of refugees per 1,000 inhabitants, 2013



The Government of Lebanon estimates that 1.5 million Lebanese nationals are directly or indirectly affected by the crisis. With no refugee camps established, Syrian refugees live in over 1,700 villages and communities across the country and are increasingly residing in informal tented settlements (figure 2.5). The majority of the refugees are staying in the poorest communities of Lebanon (75 percent staying in the North and Bekaa), sharing scarce resources with many Lebanese who live below the poverty line (UNHCR 2013).

Figure 2.5 Syrian Refugees Registered In Lebanon, End Of July 2013



Source: UNHCR data portal.

Lebanon's official State response to the refugee influx was slowed down by the opposing political stances with regard to the Syrian crisis and the resignation of the government. Ultimately, a plan was formulated by the end of 2012 to provide services for 130,000 refugees. Of the US\$370 million allocated under the plan, US\$180 million went to Lebanese State institutions and US\$190 million to finance activities organized by international organizations (UNDP 2013). By 2014, Lebanon raised its funding requirement to US\$ 1.5 billion to implement a revised plan by the government, 11 UN agencies, 48 national and international NGOs, under the overall leadership of the Ministry of Social Affairs and UNHCR, and in close coordination with the donor community. No more than 30 per cent of the funds pledged have been received by mid 2014. State institutions and ministries (including municipalities and the Ministries of Health and Education) have been, however, already active despite the

limited resources available cooperating with civil society networks and United Nations agencies. Under shortage of funding, the United Nations and its partners have been reducing aid to refugees using a targeting approach.

The massive influx of refugees has a wide range of consequences in the areas of labour market dynamics and poverty, access to basic services such as education and health care, and pressure on the physical environment (water, shelter and sanitation). It has also created social tensions between refugee communities and host communities, with negative perceptions including allegations of criminality, particularly affecting the most vulnerable groups (including women). Although none of the eight MDGs deals specifically with refugees, most have direct relevance to the plight of refugees and the repercussions for host communities.

The scope and magnitude of the refugee problem have inevitably significant impacts on progress towards attainment of the MDGs in Lebanon. The linkages are highlighted in table 2.2. Furthermore,

from a rights-based perspective, the Millennium Declaration of 2000, which provides the basis for the MDGs, stresses the importance of protecting vulnerable populations (in which may be included the marginalized host or refugee communities in Lebanon) and respecting their social and economic rights. This report adheres to the fundamental values and principles of the Millennium Declaration, including those pertaining to human rights, and thus views the MDG framework not only as an end to be achieved by 2015, but also as a means of ensuring just and sustainable development.

Table 2.2 Impact of Syrian refugee influx on MDGs*

MDG	Syrian Refugee Conditions	Impact On Lebanese Communities Hosting Syrian Refugees
Goal 1: Eradicate Extreme Poverty And Hunger	<p>Poverty</p> <ul style="list-style-type: none"> • Highly unmet basic needs • Depleted resources, assets and savings • Dependency on aid • Loss of main breadwinner (majority of refugees are women and children) <p>Employment</p> <ul style="list-style-type: none"> • Limited employment opportunities • Low income generation and high vulnerability • Work exploitation: lower wages and harsher terms • Unclear labour regulation and no enforcement <p>Hunger</p> <ul style="list-style-type: none"> • Nutrient deficiencies 	<p>Poverty</p> <ul style="list-style-type: none"> • Deepening of poverty and increase in poverty rates • Price inflation of basic livelihood goods mainly food in specific areas, • Pressure on access to basic services <p>Employment</p> <ul style="list-style-type: none"> • Competition for work between the most vulnerable workers • Downward pressure on wages • Increased unemployment and informal employment
Goal 2: Achieve Universal Primary Education	<ul style="list-style-type: none"> • Barriers to enrolment (affordability, language, methods and curricula) • High dropout rates • Peer and school staff bullying • Child labour 	<ul style="list-style-type: none"> • Pressure on public school physical infrastructure • Pressure on public schools' staff unable to deal with refugees' special cases
Goal 3: Promote Gender Equality And Empower Women	<ul style="list-style-type: none"> • Deterioration in care-giving family conditions that are under women's responsibilities • Exploitation, harassment, and gender-based violence 	<ul style="list-style-type: none"> • Competition on low-skilled jobs • Feeling of insecurity among women

MDG	Syrian Refugee Conditions	Impact On Lebanese Communities Hosting Syrian Refugees
Goal 4: Reduce Child Mortality	<ul style="list-style-type: none"> • Outbreaks of disease (for example waterborne diseases) • Inadequate vaccination coverage • Deterioration in personal hygiene • Unaffordable primary and secondary medical services 	<ul style="list-style-type: none"> • Pressures on access and delivery of medical services including vaccination • Risk of contagion and outbreak of diseases
Goal 5: Improve Maternal Health	<ul style="list-style-type: none"> • Unaffordable cost of medical-assisted deliveries • Limited access to reproductive health 	<ul style="list-style-type: none"> • Pressures on access and delivery of reproductive health related primary care services
Goal 6: Combat HIV/ AIDS, Malaria And Other Diseases	<ul style="list-style-type: none"> • Increased occurrence of communicable diseases • Increased occurrence of non-communicable diseases • Unaffordable medical services 	<ul style="list-style-type: none"> • Risk of contagion and outbreak of diseases • Pressures on access and delivery of medical services
Goal 7: Ensure Environmental Sustainability	<ul style="list-style-type: none"> • Limited access to safe water and sanitation and risk of waterborne diseases • Inadequate shelter and informal tented settlements 	<ul style="list-style-type: none"> • Pressure on water resources and sanitation and risk of waterborne diseases • Expansion of slums • Pressure on natural sources
Goal 8: Develop A Global Partnership For Development	<ul style="list-style-type: none"> • Limited aid for relief and development • Limited access to affordable essential drugs and communication technologies 	<ul style="list-style-type: none"> • Pressure on Lebanon's fiscal situation and trade, leading to negative impact on debt dynamics • Intervention approaches moving towards targeting vulnerable hosting communities as well as refugees

* Based on a desk review of needs assessment reports by local and international organisations in 2012-2013

To sum up, Lebanon's open-door policy, extending public services to refugees, has been definitely a favorable humanitarian response. However, local capacities are coming under severe pressure. Basic physical, environmental and infrastructural services, and education and health-care services are strained by the increased demands of Syrian refugees and the Lebanese communities. The economic slowdown and political bickering further aggravate the situation and have been slowing and impeding policymaking. Progress towards achievement of the MDGs is at risk, more so at the subnational level, increasing geographical disparities. The following chapters will assess the record in achievement and reflect this risk on a goal-by-goal basis.



3. Goal 1: Eradicate Extreme Poverty



3. Eradicate Extreme Poverty And Hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Proportion of population below \$1 (PPP) per day
Poverty gap ratio
Share of poorest quintile in national consumption

3.1 Target 1.A Halve, Between 1990 And 2015, The Proportion Of People Whose Income Is Less Than One Dollar A Day

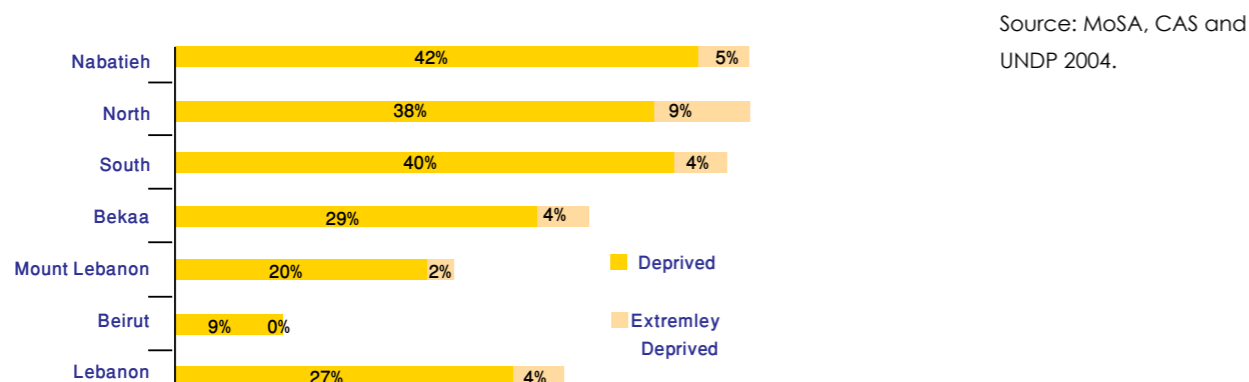
Assessing poverty levels and trends in Lebanon is a challenging exercise, due to scarce data and irregular surveys, notwithstanding the fact that poverty measures also have methodological shortcomings. The international measurement of poverty at US\$1.25 per day is not suitable to Lebanon's conditions. National poverty lines and other poverty indices are more relevant, as the problem is not only money-metric but involves multidimensional deprivation of basic needs. Poverty in Lebanon is characterized by geographical and sectoral disparities. It is more concentrated in agriculture and in the informal sector. Poor people also live, in general, far from the country's main centres, in peripheral areas of the North and Bekaa, though slums are expanding and nurturing poverty.

3.1.1 Target 1.A Situation Analysis: Achievements And Challenges

The latest official nationwide survey results on the living conditions of households date back to 2004-2005. Another household budget survey was launched in 2012, but at the time of writing of this report, its results had not been fully released.¹

A study conducted by United Nations Development Program (UNDP) and the Ministry of Social Affairs in 2008 used the 2004-2005 survey and applied the unsatisfied basic needs approach based on proxy indicators and found that the share of households that have unsatisfied basic needs accounted for 29.7 percent of total households (30.9 percent of the population). Out of these, 4.4 percent of households lived in extreme deprivation i.e. very low satisfaction of basic needs (3.9 percent of the population) (UNDP and MoSA 2007) (figure 3.1).

Figure 3.1 Percentage of low and extremely low basic satisfied needs out of total population, by mohafazat (governorate)



¹ A small-scale exercise, accounting for inflation in the food consumer basket, was undertaken in 2011 to inform the implementation of a national poverty-targeting mechanism and showed that the lower poverty line had increased to \$3.84 per day. This nonetheless remains insufficient to assess whether the number of poor people has changed.

A previous study conducted at the beginning of 2007 under the title of "The Evolution of the Mapping of Living Conditions in Lebanon - Comparative Mapping between 1995 and 2004" used the same unsatisfied basic needs approach, yet with a modified index to allow comparison the living conditions that was available in 1995.² The comparison showed that the percentage of deprived households of basic needs decreased (low and very low satisfaction of basic needs) from 30.9 percent in 1995 to 24.6 percent in 2004-2005. The percentage in terms of individuals declined from 34 percent to 25.6 percent respectively (table 3.1). The same study also suggested that the progress in poverty reduction could mainly be attributed to natural demographic changes (such as household size, age structure) and to partial improvements in the provision of public services. Taking only the percentage of the deprived population in the field of income-related indicators (employment, economic dependency and ownership of car) that make up part of the index, the change is negative. The percentage of deprived households in this field, reflecting poverty in terms of income and expenditure, had increased by 8.8 percentage points, from 42.8 percent to 51.6 percent, between 1996 and 2004-2005 (UNDP and MoSA 2007).

Furthermore, again using the same last household budget survey of 2004-2005, a national poverty line was estimated at US\$4 per day with a poverty rate of 27 percent. A lower poverty line of US\$2.4 per day and an extreme poverty rate of 8 percent were also calculated (MoSA, CAS and UNDP 2004).

Table 3.1 Poverty Rate Estimates Versus Mdg Targets

	1995	2004	2015 MDG Target
Living Conditions Index⁵			
Individuals living with very low satisfaction of basic needs	6.6%	4.2%	3.3%
Individuals living with unsatisfied basic needs (low & very low)	34.0%	25.6%	17.0%
National Poverty Line			
Population living under lower PL (2.4\$/day)	10.1%(1997)	8.0%	4.0%
Population living under upper PL (4\$/day)	33.7%(1997)	28.6%	10.3%

Source: UNDP and MoSA 2008.

Note: PL = Poverty Line.

² The study, published in 2007, aimed to assess the changes in the living conditions of the Lebanese population over a 10-year period (1996 to 2004/5). The comparative mapping adopted the same methodology for calculating the Living Conditions Index and measuring the deprivation rate of the Lebanese population that was used in Mapping of living conditions in Lebanon (UNDP 1998). The Living Conditions Index is the overall index adopted for measuring the degree of satisfaction of basic needs for households and individuals residing in Lebanon. The study was based on the unsatisfied basic needs methodology, which retained four areas of basic needs measured through 10 indicators: housing, water and sewerage, education, and income-related indicators. Based on this index, households and individuals were classified into five categories of living conditions: very low, low, intermediate, high and very high levels of satisfaction.

The poverty gap ratio is 1.5 percent for the lower poverty line and 8.1 percent for the upper poverty line (2004–2005), which means that many of the poor are way below the upper poverty line whereas the extreme poor are clustered not far below the lower poverty line (UNDP and MoSA 2008).

Poverty is concentrated in peripheral areas of the country, both urban and rural areas distant from the capital and mainly in the North and the South. The continuous rural–urban migration trend has also resulted in poverty pockets around big cities other than the capital, such as Tripoli in the North, where the number of poor is substantial. Geographical disparities are notable, for example when considering the lower poverty level. In Beirut the rate is 5.8 percent, versus 52.6 percent in North Lebanon (Akkar and Tripoli), where 17.7 percent are living in extreme poverty conditions.

Poverty in Lebanon is also associated with marginalized social groups such as the disabled, the elderly and female-headed households (often widows). Of female-headed households, 36 per cent are considered deprived, versus 23 percent of male-headed households (UNDP and MoSA 2007).

Other indicators of inequality based on the 2004–2005 data show that the distribution of expenditure is also highly unequal, with the poorest 20 percent of the population consuming only 7 percent of total consumption while the richest 20 percent consume 43 percent, meaning that the share of the richest is equivalent to more than 6 times that of the poorest (UNDP and MoSA 2008).

With the limited data available, it is difficult to undertake a broader trend analysis. The decline in poverty rates in terms of living conditions over the above-mentioned period cannot be projected to continue along the same path up to 2015. After 2005, Israel launched a war on Lebanon in 2006 that destroyed major infrastructure in the country. Economic growth went down to less than 1.5 percent. In the following four years, high economic growth in the 7–8 percent range was registered. The 2007 high growth rate is a typical post-war leap resulting from reconstruction of physical capital. The following years' growth rates (2008–2010) were mainly driven by external factors. Available information on the nature of these high growth rates suggest a narrow based growth that benefitted specific sectors, particularly the real estate and financial sectors that are not directly linked with the poor. It is also a growth that did not generate enough employment for the Lebanese to improve the country's long-term prospects (World Bank 2012d). By 2011, 37 percent of households did not have enough money to pay for essentials and 28 percent had to borrow to cover insufficiencies, as per the results of a household survey conducted by the Institute of Finance (Ministry of Finance 2013). Box 3.1 presents the results of a survey of urban poverty in Tripoli.

In parallel, official social safety nets remained weak and deficient (World Bank 2012b). The share of social expenditure out of total expenditure has not changed over the past five years. It actually accounted for 27 percent of total expenditure in 2005 and hovered between 22 percent and 24 percent afterwards, with more than a third of social spending going to civil servants' wages and end-of-service indemnities.³ A survey conducted by the World Bank in 2012 highlighted that the majority of Lebanese did not perceive the government's current efforts as effective in providing social safety nets, even though citizens considered the government as the main actor responsible for poverty alleviation (World Bank 2012b).

³ Ministry of Finance: Public Finance Reports 2005–2011.

Box 3.1 Poverty In Tripoli

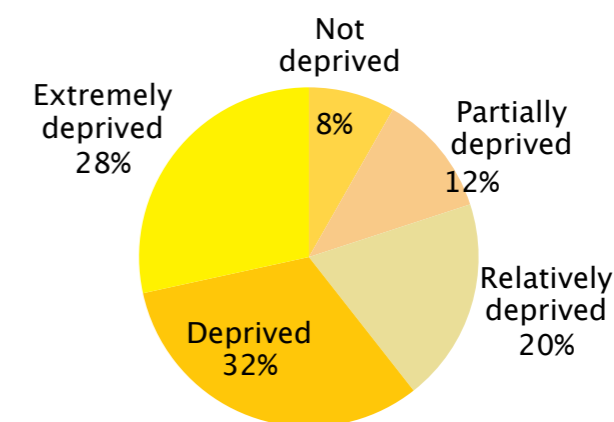
Urban poverty is significant in Lebanon. Tripoli, Lebanon's second largest city, located on the coast north of the capital Beirut, was the subject of a study conducted in 2011 by the United Nations Economic and Social Commission for Western Asia (UN-ESCWA), in cooperation with the Arab Urban Development Institute. The study exposed the magnitude of deprivation that characterizes the entire city and each of its neighbourhoods. The results revealed that 60 per cent of Tripoli's households are deprived, with almost half of them extremely deprived (figure 3.2).

The methodology consisted of a multidimensional Urban Deprivation Index, which assesses a household's basic socioeconomic deprivations in the fields of education, health, housing and economic conditions. Each of these categories is measured using three indicators that reflect deprivation of basic needs, capabilities, resources and rights, such as parents' education, health insurance coverage, housing amenities, and household economic conditions. Households considered deprived are those that are showing six or more of the deprivation indicator criteria. Econometric analysis and sensitivity analysis were used to identify indicators that were most related to income levels in Tripoli.

Within the city, the Urban Deprivation Index showed high concentration of poverty in specific neighbourhoods and highlighted the wide discrepancies between neighbourhoods. The area of Tebbaneh, registered the highest households' deprivation rate of 87 percent, out of which more than 52 percent households are extremely deprived. Such high levels of poverty and marginalization can explain the drive for youths in the area to resort to radical militancy and contribute to recurring violent conflicts with the nearby Jabal Mohsen neighbourhood, under the influence of external actors that ignite confrontations. In Jabal Mohsen, around 66 per cent of households are considered deprived. In contrast, 15 per cent of Tripoli-Basatin households are deprived, less than a fifth of the Tebbaneh deprivation level (figure 3.3.A).

Households in Tripoli are mostly deprived of material assets, as the Urban Deprivation Index showed that indicators related to economic conditions registered the highest deprivation levels, reflecting high levels of income poverty. However, deprivations in health, education and housing are quite significant as well, highlighting the need to deal with the problem of multidimensional poverty rather than just income poverty at the city level (figure 3.3.B).

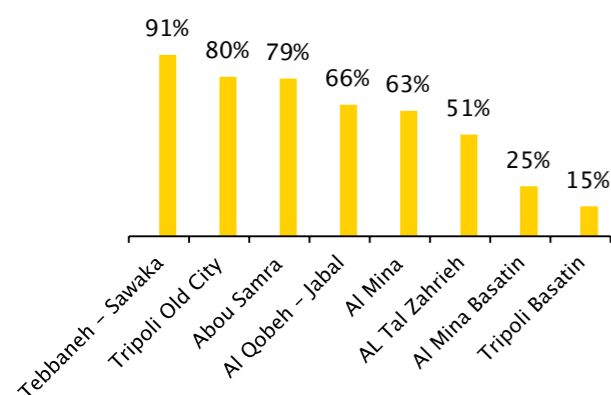
Figure 3.2 Proportion Of Deprived Households In Tripoli



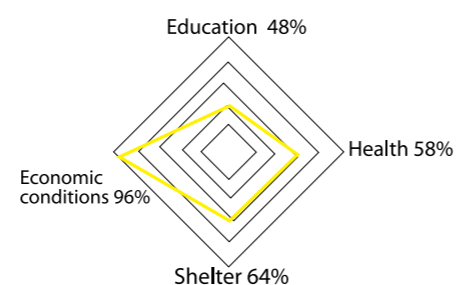
Source: Arab Urban Development Institute and UN-ESCWA.

Figure 3.3 Proportion Of Deprived Households According To Urban Deprivation Index

A. Urban Deprivation Index by neighbourhood



B. Urban Deprivation Index by field



Source: Arab Urban Development Institute and UN-ESCWA.

3.1.2 Target 1.A Selected Good Practices

The fact that consecutive recent governments in Lebanon have started including poverty in their priority list for action is a positive change and could be a sign of political will in that area. The 2007 Paris III Social Action Plan, followed by the National Social Development Strategy (NSDS), 2011, mark a turning point in addressing social issues, as they assign to the State – through reforms and transformation of the Ministry of Social Affairs – a developmental role complementing community development efforts and civil society work.

The Social Action Plan proposed a series of social safety net measures to reduce poverty and improve social indicators. The plan addressed achievement of the MDGs as a main objective through the set of suggested interventions, including establishment of an inter-ministerial committee whose main task was to coordinate government efforts and elaborate an overall social strategy.

The National Social Development Strategy made a political statement and set a new vision for Lebanon's social development by promising citizens social and economic rights, addressing multidimensional poverty specifically, and striving for achievement of a number of development goals cross-cutting with the MDGs.

However, despite the positive elements of the two initiatives, implementation has been patchy and slow. Neither the National Social Development Strategy nor the Social Action Plan has been fully implemented so far.

A main outcome from the NSDS was the National Poverty Targeting Program (NPTP). Funded by the Lebanese Government, the World Bank, Italy and Canada, a central team from the Ministry of Social Affairs and the Presidency of the Council of Ministers was established for the implementation of the NPTP project. Its objective was to create a targeting mechanism that can be used by the government to deliver social transfers and services to the extremely poor (i.e. around 80 thousand households below the 8 percent lower poverty line) and the most vulnerable, using proxy means testing targeting mechanism.

The programme currently offers access to some benefits for selected poor households, namely

payment of the beneficiary portion of health bills in public and private hospitals; coverage of chronic disease prescription medications; registration fee waivers and free books for students in public schools; and discounts on the electricity bills submitted to Electricité du Liban (though the last item is not yet effective). As of August 2013, around 74,000 households applied, out of these 18,801 households were classified as beneficiaries (i.e. spending less than US\$3.84/capita/day, which is the extreme poverty line of 2004 adjusted to inflation from 2004 to 2011). Of the beneficiaries, 38 percent were from the North of Lebanon, 29 percent were from the Bekaa, 12 percent were from the South of Lebanon, 10 percent were from greater Beirut, 6 percent were from Mount Lebanon and 4 percent from Nabatieh.⁴

The programme still faces challenges in increasing visibility and awareness, operational mechanisms, and sustainability in a constrained fiscal environment. It also offers limited public services, while the State is not the main provider of services in Lebanon. Further, these services might not be needed by all poor households (senior households without children do not benefit from education services, for example, and thus get less support). As it stands, this type of targeting would not prevent the transfer of intergenerational poverty. Integrating the programme under a more comprehensive social strategy becomes thus essential.

Poverty in Lebanon has been also addressed in a bottom-up manner through community development projects in targeted locations. The Council for Development and Reconstruction, a government agency in charge of the planning and implementation of development and reconstruction projects, has implemented two projects targeting vulnerable communities.

The Community Development Project, funded by the World Bank and implemented by the Council for Development and Reconstruction, established partnerships with local non-governmental organizations (NGOs) and municipalities to deliver services in different fields from agriculture and infrastructure to cultural and training activities. Between 2006 and 2008, 324 projects were implemented and were successful to different degrees. Local communities were positively impacted in certain areas through job creation, agricultural development or health services. For example, 75 percent and 67 percent of projects in agriculture and health respectively were considered quite successful. The main factors behind the degree of success and sustainability related to the nature of the sector of intervention, type of contract and budget, poverty area, and characteristics of the partnering civil society organization (CSO) (World Bank 2012a).

Another project, under the aegis of the Council for Development and Reconstruction, is the ongoing Economic and Social Fund for Development, funded by the European Union. The Fund implements community development projects by partnering mainly with municipalities and the private sector, focusing on job creation through the provision of loans to small and medium enterprises. In 2012, the Fund was benefiting some 120 vulnerable villages through grants financing 78 community development projects and improving the livelihoods of about 310,000 inhabitants. Loans financed by the Fund have supported more than 6,500 projects and created about 4,000 new jobs.⁵

The Council for Development and Reconstruction was also commissioned, in 2009, to implement local development in North Lebanon with a grant from the European Union; a project titled ADELNORD. The Economic and Social Fund for Development cooperates with ADELNORD on the latter's geographical focus in the north, namely Hermel, Akkar and Minieh-Dannieh. ADELNORD adopts an approach based on three intervention sectors: agricultural infrastructure development, community development, and sustainable management of environmental resources.

⁴ National Poverty Targeting Programme (NPTP) statistics.

⁵ Economic and Social Fund for Development website: <http://www.esfd.cdr.gov.lb/news/Achievements%20of%2010%20Years>.

UNDP also launched in 2007 a local economic development program through the establishment of Local Economic Development Agencies (LEDA) in four regions of interventions, identified as most in need. These are North Lebanon, South Lebanon, Bekaa and Beirut suburbs.

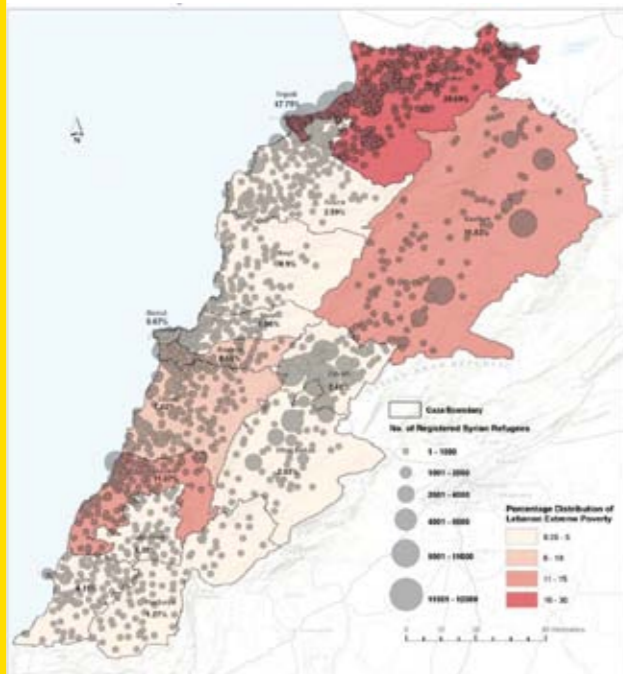
The LEDA concept is based on strategic economic development of the region. It begins with the development of identified sectors in the areas of production and industry and focuses on the different sub-sections of value chains of each sector.

3.1.3 Target 1.A Impact Of The Syrian Refugee Influx

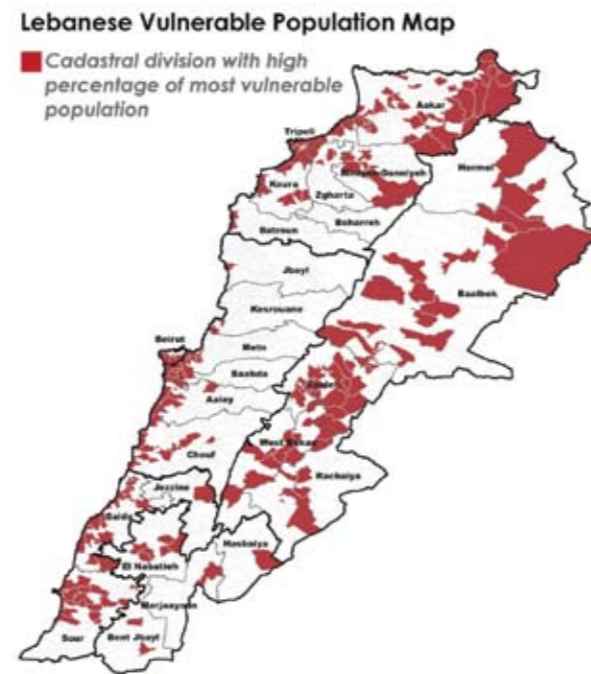
With more than a 25 percent sudden population growth in a two year-time, consisting of refugees concentrated in the most deprived areas, Lebanon is facing an emerging significant threat. Not only is the sheer number of refugees straining basic livelihood services in a country that already has many deficiencies, but the fact that most refugees are residing within the poorest communities of Lebanon further accentuates the problem, deepening poverty and increasing inequalities and geographical disparities (figure 3.4).

Figure 3.4 Distribution Of Refugees And Lebanese Poor And Vulnerable Populations

A. Distribution of refugees and areas of poverty in Lebanon



B. Distribution of Lebanese vulnerable populations



Source: Presidency of Council of Ministers, UNICEF and UNHCR 2013.

Note: Map B shows in red the cadastres (caza) of Lebanon that are classified as most vulnerable because they have the highest number of Lebanese poor and highest density of refugees.

The vulnerability of peripheral areas in the North of Lebanon (particularly in Tripoli and its surroundings) and in Bekaa is aggravated by the influx of refugees. These are locations that have long been identified as hosting the poorest in Lebanon. Likewise, slums housing refugees are increasing

around the suburbs of the capital Beirut. The most vulnerable areas are in the North and the Bekaa (the worst quintile) and have 85 percent of registered refugees and 67 percent of poor Lebanese (Presidency of Council of Ministers, UNICEF and UNHCR 2013).

In 2011 and early in 2012, Lebanese families were hosting a manageable number of refugees, but as the numbers have grown, many refugees are staying either in rented accommodation (including rented garages or basements) that offer sheltering conditions that are far from adequate, or in informal tented settlements that offer even worse living conditions.

Rapid assessments across different areas in Lebanon were conducted by United Nations agencies and local and international organizations. All reported significant hardships faced by both the poorest in the Lebanese host communities and the Syrian refugees. Both Syrian and Lebanese household consumption expenditure is increasing, while income generation is insufficient, increasing poverty in money-metric terms. All signs point not only to rising poverty incidence but also to the deepening of poverty in Lebanon, and broader multidimensional deprivation.

According to estimated projections by the World Bank, about 120,000 additional Lebanese would have been pushed into poverty in 2013, approximately 4 percent of the Lebanese population, as a result of the impact of the Syrian crisis. In 2014 another 50,000 are expected to become poor, if the same trends prevail. At the same time, the existing poor would be pushed deeper into poverty (World Bank 2013b).

Qualitative studies have reported that the vast majority of Lebanese, in Bekaa for example, were concerned about increased household expenditure due to the influx of Syrian refugees (Development Management International 2012). The expenditure of households in hosting communities has increased as a result of food inflation, especially where there is a high concentration of refugees in peripheral areas of the country, including the North and Bekaa. Incomes are decreasing because of the general slowdown and border closures restricting trade with Syria, which used to be a source of livelihood and of cheaper consumption goods, particularly in areas of high vulnerability near the Lebanese-Syrian borders.

It should be noted that a limited number of Lebanese in hosting communities may be benefiting from the situation. For example, some businesses are benefiting from the availability of cheap Syrian labour, and landlords from renting out; yet these remain a few better-off Lebanese in areas where refugees are concentrated. Likewise, increasing aid and employment of humanitarian agencies in the field have also an alleviating impact in some areas.

On the side of the Syrian refugees, needless to say the picture is grimmer, as they face the high cost of living in Lebanon, relative to their home country, amid limited work opportunities or very low wages (way below the minimum wage of 675,000 Lebanese pounds). As a result and as the crisis lingers, they are depleting their savings and resorting to borrowing. More than 70 percent of Syrian refugee households in Lebanon borrow to buy food (mainly) and pay rents, raising their vulnerability (World Food Programme 2013a). For instance, between June 2012 and June 2013 rent increased by 44 percent.⁶ In addition to the high incidence of money-metric poverty across the refugees, the rest of the chapters in this report will show the different deprivations they are facing related to multidimensional poverty, and highlight the difficult basic living conditions they endure.

⁶ Central Administration of Statistics, Consumer Price Index, June 2013.

3.2 Target 1.B Achieve Full And Productive Employment And Decent Work For All, Including Women And Young People

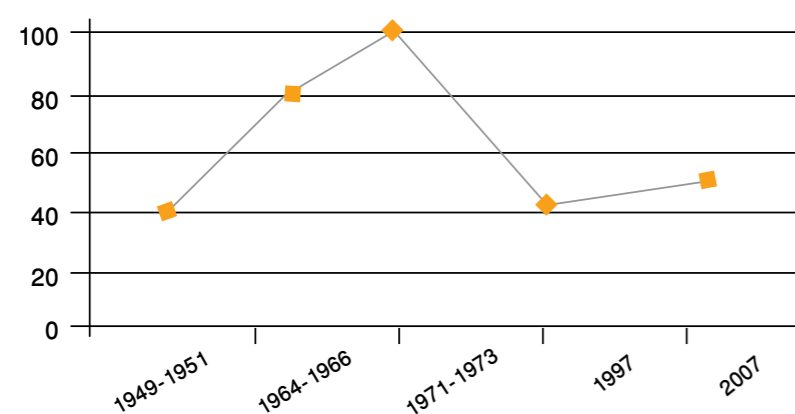
<p>Target 1.B: Achieve full and productive employment and decent work for all, including women and young people</p>	<ul style="list-style-type: none"> • Growth rate of GDP per person employed • Employment-to-population ratio • Proportion of employed people living below \$1 (PPP) per day • Proportion of own-account and contributing family workers in total employment
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Lebanon has a young population with a growing labour force (average growth of 2.2 percent between 2004 and 2010). However, Lebanon's economic growth has not generated sufficient decent jobs for the population. Although recent data for this target's indicators (target 1.A) are not consistent and regular, most available indicators highlight a problem of unemployment, particularly affecting women and youth, and relatively high levels of informal employment.

3.2.1 Target 1.B Situation Analysis: Achievements And Challenges

Recent data are not available for the first indicator of Target 1.B, the growth rate of GDP per person employed, which aims to measure productivity of labour. However, an index of labour productivity shows that in 2007, Lebanon's labour productivity remained half what it was before the Civil War (early 1970s) and only slightly higher than in 1997 (figure 3.5).

Figure 3.5 Index Of Labour Productivity At Constant Prices (1972–1974)



Source: National Social Development Strategy, 2011.

The latest official data show that the employment rate increased from 41 percent in 2004 to 45 percent in 2009, but this remains below its typical range of 50–75 percent (table 3.2). The low employment rate is mainly the result of relatively limited job creation. Between 1997 and 2009, GDP grew at an average of 3.7 percent per year, while the increase in employment was 1.1 percent, reflecting 0.2 employment–growth elasticity, which is lower than other countries in the region (World Bank 2012c).

The highest share in net job creation over the 2004-2009 period was primarily in trade, followed by low productivity services sectors, and construction. High productivity sectors such as information and communication technologies, financial and insurances, and those involving professional, scientific and technical activities have actually cut employment. Low productivity services employ 35 percent of wage employees and 61 percent of the self-employed. In contrast, 14 percent of wage employees and 3 percent of self-employed are in high productivity services (World Bank 2012c).

Around half the labour force is in the informal sector, either as wage employees or low-skilled self-employed, with limited access to formal insurance arrangements. In comparison, less than a third of workers are in wage employment and, thus, have access to labour regulations and social security (World Bank 2012c). That figure reflects the large informal sector, involving more than just the category of “own account and contributing family workers” set as an MDG indicator, and estimated at 34 percent in 2009. The most vulnerable in the informal sector are generally the wage employees, because they lack social protection and can be laid off at any time. These constitute almost one fifth of the labour force (World Bank 2012c).

Table 3.2 Productive Employment And Decent Work Indicators (Target 1.B)

	1995	2004	2007	2009
Growth rate of GDP per person employed	2.35%	1.79%		
Employment to population ratio	43%	41%	40%	45%
Employment to population ratio, women		18%	19%	20%
Employment to population ratio, men		64%	61%	69%
Proportion of own account and contributing family workers in total employment		32%	28%	34%
Proportion of own account and contributing family workers in total employment, women		14%	16%	19%
Proportion of own account and contributing family workers in total employment, men		37%	31%	38%

Sources: Central Administration of Statistics and United Nations statistics. See UNDP Millennium Development Goals website for indicators: <http://www.undp.org/content/undp/en/home/mdgoverview.html>. Also see CAS 2009, 2013.

In addition to high levels of informal employment, Lebanon suffers from a high rate of unemployment (10 percent in 2012), coupled with long average duration of the unemployment spell (close to one year). The situation is more acute for women and youths (table 3.3).

Unemployment also increases with level of education, with around 14 percent of university graduates and 15 percent of those with secondary education unemployed, versus lower rates for lower education. Unemployment by gender was estimated in 2010 at 18 percent for women, double the rate for men (a total of 11 percent). Among the reasons explaining a higher unemployment rate for women is the fact that they tend to exit and re-enter the labour force more often than men, because of their childbearing and child-rearing role, in a setting that lacks the policies of social protection, maternity leave, wages and social services that would retain women in their jobs during childbearing and rearing periods. Another reason is that men are more inclined to migrate when they cannot find jobs, whereas it is less common across women due to cultural norms. The problem of unemployment comes along with heavy emigration, as witnessed in the 1997–2007 period, mainly to the Gulf countries, with almost 40 percent of emigrants being highly skilled individuals (a

typical instance of “brain drain”) (Migration Policy Centre 2013). There is also a high youth unemployment rate – while youths might be able to find jobs faster than other age groups, the jobs are usually of shorter duration (World Bank 2012c).

Table 3.3 Selected Unemployment Indicators ⁷

	2004	2007	2009	2010	2012
Unemployment	7.9%	9.2%	6.4% ^a	11.0% ^b	10.0%
Unemployment, women	9.6%	10.2%	10.0% ^a	18.0% ^b	
Unemployment (15–19 years)	27%	26%	20%	34% ^b (15–24)	
Unemployment (20–24 years)	17% ^a	21% ^a	16% ^a		

Sources: a. CAS 2009 and www.cas.gov.lb ; b. World Bank 2012c.

The main impediments to more productive employment and decent work in high-productivity sectors in Lebanon relate to a combination of macroeconomic and sectoral characteristics. The country's economic structure - including nature of investments made - the development of labour skills and capacity, and deficiencies in social protection mechanisms, are not favourable to achieve this target (1.B). These challenges require pro-poor economic policies, including monetary and fiscal policies, under an integrated multisectoral policy framework that ties macroeconomic strategies to social development goals.

3.2.2 Target 1.B Selected Good Practices

Direct interventions to boost the employment to population ratio under target 1.B. have been geared towards building the capacities of the National Employment Office which is the public entity in charge of finding job opportunities for job seekers and improving the employability and skill level of newly entrant labour force. Specifically, UNDP and the International Labour Organisation implemented capacity building projects to train the staff, equip and upgrade technology resources available. In parallel, the World Bank and the government launched a program to improve the employment prospects of first-time job seekers. The program offers unemployed first-time job seekers life skills training, counseling, and placement services combined with twelve months on-the-job training in a private firm. Employers who employ first time job seekers will be reimbursed fully for the twelve months of social security contributions.

On another front and in an attempt to improve the work conditions of the lowest income groups and partially restore the purchasing power of wages, which has been shrinking due to inflation, the Lebanese Government issued a decree to increase the monthly minimum wage for private sector employees from 500,000 Lebanese pounds (LBP) (US\$333) to 675,000 LBP (US\$450) in 2012. In addition, the government announced and partly implemented measures boosting public sector wages through a cost of living adjustment and an adjustment to the salary scales. Furthermore, in 2013, following a salary scale adjustment given only to judges and public university professors, the government adopted a salary scale adjustment for the rest of the public sector, following heavy demonstrations and the demands of public school teachers, though this has not yet come into effect.

⁷ At the time of printing of this report CAS had released a 10 percent unemployment rate for 2012.

Since 1997, civil servants' salaries have only been increased twice, but did not offset the rise in cumulative inflation in that period. In fact, the pool of wage earners in Lebanon has been shrinking, with the wage share of GDP currently estimated at 22 percent, way below its share in the seventies (Chaaban 2013). Accordingly, the public sector salary scale adjustment aimed to contribute to a decent livelihood for a group of wage earners by readjusting wages to the basic cost of living and bridging the gap in pay with other sectors.

However, the adjustment jeopardized macroeconomic stability and thus required a package of measures aiming to secure budget resources and contain its potential fiscal implications. Employers' and economic interest groups, such as chambers of commerce and trade organizations, warned against unilateral salary increases in the absence of a more comprehensive programme for economic development. They considered the adjustment to benefit a particular segment of society (employees and civil servants), while other segments would not benefit (independent professionals, the unemployed and retirees), not to mention that the public sector is characterised by underemployment, overstaffing in some areas and shortages in others. They also warned that it would increase inflation if productivity did not increase accordingly.

While these warnings could have some validity, they can still be managed with political will and the positive efforts of all interest groups. The salary adjustment came after a long wait, but much more comprehensive structural reforms of the economy and the labour market are still needed to create decent jobs and ensure social protection.

3.2.3 Target 1.B Impact Of The Syrian Refugee Influx

The Syrian refugee influx is increasing workers' vulnerability in Lebanon. This is particularly the case in the high-vulnerability areas mentioned above. As the labour supply increases along with the number of refugees, wages are decreasing. Refugees and host community members are both struggling to find employment, especially in the informal sector, in services and in agriculture. Jobs in other sectors remain also scarce. In qualitative surveys, Lebanese host communities reported job competition as their biggest threat from the refugees' influx. The competition for jobs, in some locations, is also between Syrian refugees and the Syrian migrant workers that were working in Lebanon before the crisis, as in a number of sectors the labour market in Lebanon is segregated between Syrians and Lebanese. Needs assessment surveys reported that in some of the high-vulnerability areas, wages have decreased by almost 50 percent in the last two years (International Rescue Committee 2013).

No consistent data on the percentage of Syrian refugees in employment, with available statistics ranging from 17 percent to 33 percent of the population group (UNHCR 2014a). The pool of new entrants to the labour force is impacting the job market in different ways across sectors, mostly affecting low-skilled workers, youths and women. The supply in the latter two groups is expected to increase because most refugees are women and children, and because in hard times they tend to enter the job market to support household income generation. The Syrian refugees are mostly working in agriculture or in informal sector services, such as domestic work or self-employment in traditional low-skilled sectors. Box 3.2 presents a case study of the agricultural labour market.

For Syrian refugees, work is very hard to find, yet the refugees also face unclear labour laws and lack of regulatory enforcement. Multiple instances of employers refusing wage payment and requiring extremely long and unusual working hours were identified in qualitative surveys, particularly in Bekaa and the North (World Vision 2013).

Overall, on both sides, the refugee situation has negatively impacted the labour market, especially the casual labour market. However, it is difficult to see alternative options for newly arrived refugees other than to compete for paid work with local people. One way to absorb this pool of new labour, in the short run, is to create labour-intensive infrastructure work schemes (such as cash-for-work schemes) that could benefit host communities, generate employment and upgrade infrastructure that is in need of rehabilitation.

Box 3.2 Agricultural Workers Income Gap

A study by the International Rescue Committee and other organizations on the agricultural labour market system conducted in 2013 in the North and Bekaa – where most refugees are located – showed that income levels in the agricultural sector are lower today than in 2004–2005, and it is very likely that household expenditure is greater than 2004–2005 levels, due to the increased burden of hosting and the economic impacts of the Syrian conflict in Lebanon. The study does not provide exact calculation of the income shortage of families, but gives an indication of the deteriorating situation of Lebanese families involved in agricultural labour activity in communities hosting refugees (table 3.4). Decreasing wages and expanding expenditure requirements exacerbate the income gap. Only a small portion of the Lebanese population is engaged as agricultural labourers (estimated at 10 percent of the agricultural workforce in the North), and as such, this household economic analysis applies only to those Lebanese working in agricultural labour and cannot be generalized to the wider hosting community.

Table 3.4 Income and expenditure of Lebanese agricultural workers in the North and Bekaa

Location	Estimated average monthly household expenditure 2004–2005 (in 2012 dollars)	Average monthly income for agricultural workers 2004–2005 (in 2012 dollars)	Estimated monthly income for an agricultural worker in 2013 (observed fieldwork)
North	\$989	\$495	\$333–466
Bekaa	\$1,197	\$495	\$333–400

Source: International Rescue Committee et al. 2013.

3.3 Target 1.C Halve, Between 1990 And 2015, The Proportion Of People Who Suffer From Hunger

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
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3.3.1 Target 1.C Situation Analysis: Achievements And Challenges

Lebanon does not have a hunger problem as understood under the MDG target 1.C. According to relevant indicators (table 3.5), the MDG target has been achieved. There are, however, disparities between urban and rural areas in the level of child malnutrition, especially the intake of micronutrients, due to factors such as poverty, poor education of mothers, inadequate caring practices for children, poor care during pregnancy, poor access to health services and poor sanitation. With the exception of micronutrient deficiencies, nutritional deficiencies in general are rare. However, food insecurity and vulnerability to related shocks remain major concerns for the Lebanese poor.

Table 3.5 Proportion Of Children Who Suffer From Hunger

	1995	2004	2015 MDG Target
Prevalence of underweight children	3%	3.9%	1.5%
Proportion of population below minimum level of dietary energy consumption	< 2.5%	1.1%	1.25%

Source: MDG interim report 2011

3.3.2 Target 1.C Impact Of The Syrian Refugee Influx

The Syrian refugees in Lebanon are highly vulnerable to below-minimum food consumption. The food vouchers distributed by aid agencies are partly managing the situation, but as aid is dwindling and as UNHCR announced it would cut aid, the risks increase. In addition, food vouchers are only distributed to the registered refugees, while unregistered refugees cannot benefit from aid, and as a result becomes the most vulnerable. A survey conducted in June 2013 (covering only refugees who were registered or in the process of registration) showed that out of slightly more than 70 percent of households borrowing money, 81 percent were borrowing to buy food (World Food Programme 2013a). Furthermore, in 43 percent of households, children under five years old consumed less than three warm or cooked meals in the day before the survey date.

Food insecurity also hits the poorest in the Lebanese host communities. To cope with increased expenditure and decreased income, Bekaa residents reported, in a survey conducted in 2012, that they were purchasing food on credit (59 percent), borrowing food (42 percent), taking loans (37 percent) and spending from their own savings (37 percent). Around 40 percent of North residents reported reduced quality of meals. Similarly, 43 percent of North residents were buying “only afford to” food items and 40 percent were spending from savings. These figures reflect the high vulnerability of Lebanese households and the unsustainable situation (Development Management International 2012).



4. Goal 2: Achieve Universal Primary Education



4. Achieve Universal Primary Education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- Net enrolment ratio in primary education
- Proportion of pupils starting grade 1 who reach last grade of primary
- Literacy rate of 15-24 year-olds, women and men

Lebanon has fulfilled the second goal of the MDGs, according to the internationally set target and indicators. Lebanon has almost full enrolment in primary education and a high literacy rate among youth for both males and females.

4.1 Situation Analysis: Achievements And Challenges

Primary school education is compulsory in Lebanon, and is free of charge in public schools. This has boosted attendance ratios towards almost universal access for girls and boys at the national level (98.3 percent), according to the latest official statistics (table 4.1).

Table 4.1 Selected Primary Education Indicators

	2004	2007	2009
Net attendance ratio in primary education, boys and girls	92.7%	93.1%	98.3%
Net attendance ratio in primary education, girls	92.7%	93.4%	98.4%
Net attendance ratio in primary education, boys	92.7%	92.8%	98.3%
Net primary school completion rate, boys and girls			72.4%
Net primary school completion rate, girls			74.7%
Net primary school completion rate, boys			70.6%
Literacy rate of 15–24 year-olds, women and men	Above 98%	Above 98%	99.2%
Literacy rate of 15–24 year-olds, women	Above 99%	Above 99%	99.3%
Literacy rate of 15–24 year-olds, men	Above 98%	Above 98%	99.2%
Literacy rate, married women, 15–24 years			91.8%
Literacy rate, total	91.2%	90.7%	88.3%
Literacy rate, women		87.6%	84.0%
Literacy rate, men		94.0%	92.0%

Source: Central Administration of Statistics.

However, repetition rates and dropouts remain an issue, particularly during the last grade before the transition into the intermediate and secondary cycle, when net enrolment rates at intermediate and secondary levels reached 81.1 percent (2009). Children aged between 12 and 17 years old that were still enrolled in the primary cycle represent 5.2 percent of the age group (2009). The rate goes up to almost 11 percent in the northern area of Akkar and Miniyeh-Danniyeh, versus 2 percent in Beirut (table 4.2). Furthermore, the net primary school completion rate was 72.4 percent in 2009, with the lowest level in the North (65.0 percent), reflecting significant drop outs (CAS 2009).

Geographical disparities exist at all stages of education and are relatively more acute at the more advanced stages. The worst performing locations are generally in the North, specifically Akkar and Miniyeh-Danniyeh, and in the South.

Table 4.2 Selected Primary Education Indicators By Location (Lowest Rate And Highest Rate, 2009)

	Highest Rate	Lowest Rate
Enrolment ratio in pre-primary education	79.4% (Mount Lebanon, excluding Beirut suburb)	57.5% (Akkar and Miniyeh-Danniyeh)
Percentage of children of primary school entry age currently attending grade 1	100.0% (Beirut)	83.5% (North excl. Akkar and Miniyeh-Danniyeh)
Net primary school completion rate	78.9% (Mount Lebanon, excluding Beirut suburb)	65.0% (South Lebanon)
Percentage of children of secondary school age attending primary school, Lebanon	1.8% (Beirut)	10.7% (Akkar and Miniyeh-Danniyeh)

Source: Central Administration of Statistics.

The wide disparities in quality of education are apparent when considering private versus public schools, two completely disaggregated systems in Lebanon. The disparities between the public and private education systems in Lebanon intersect with the geographical distribution of schools to the disadvantage of certain geographical areas away from the centre. The majority of private schools are located in the more affluent Beirut and Mount Lebanon areas, as compared to the remote areas.

The public sector provides education to the lower-income groups across almost 1,400 schools, 46 percent of the total number of schools in Lebanon (MEHE 2010). However, a little more than a third of total students attend public schools. This has kept the student to teacher ratio lower than 8, versus a ratio of between 11 and 19 in private schools. Student repetition rates during the elementary cycle were 60 percent in public schools versus 45 percent in private schools. Likewise, the average student rate is 40 percent in the elementary cycle in public schools, compared to 13 percent in private schools (MEHE 2010).

Overall, quality of education in Lebanon has not been up to par. A benchmark to assess quality of education in comparison to the rest of the world is the "Trends in International Mathematics and Science Study" (TIMSS) that is carried out every four years under the auspices of the International Association for the Evaluation of Educational Achievement. The TIMSS score placed Lebanon 25th out of 42 countries for the grade eight math test and 39 out of 42 for grade eight science test, down by three and one ranks respectively when compared to 2007. The public sector students' levels are 10 percent less than those of their counterparts in the private sector. Overall, whether in private or public schools, Lebanon's national level rank in TIMSS is relatively lower than expected for a country in the same developmental level as Lebanon.⁸

The quality of education is also affected by family-related factors such as socioeconomic class and education of parents, further reinforcing the marginalization of access to quality education in disadvantaged rural areas.

The underperforming quality of learning is due to weaknesses in teaching staff qualifications, the updating of the curriculum, teaching methods and processes, and the equipment of schools. For example, less than half of public schools have a computer laboratory and more than half of public school teachers do not possess a university degree. At the same time there is a shortage of teachers in specific subjects. Furthermore, 30 percent of teachers are hired on a contractual

⁸ TIMSS and PIRLS website: <http://timss.bc.edu/>.

basis, while those hired fixed term are relatively old (average age 58 years) (MEHE 2010). The more wider factors behind this performance include the regulatory framework for hiring teaching staff, political interference, absence of an efficient system for resource distribution and planning, and inadequate and inefficient financing.

The youth literacy rate is almost 100 percent, indicating that despite the weaknesses of primary education in Lebanon, it is delivering reading and writing results. Youth, nonetheless, suffer a range of other education-related problems, such as the long school to work transition, unemployment, and constrained aspirations. The youth unemployment rate exceeded 34 percent in 2010, with around 42 percent of youth thinking about migrating (World Bank 2012c).

The illiteracy rate for all relevant age groups is still lingering at more than 11 percent. It is highest for the above-50 age groups, with women recording rates double those of men (CAS 2007). These women highly vulnerable and requires specific learning targeting outside the formal educational system. Almost half the women that head households in Lebanon (15 percent of total households) are illiterate (CAS 2009).

4.2 Selected Good Practices

The above problems have all been well studied by the Ministry of Education and Higher Education and have been integrated as pillars of the Education Sector Development Plan for 2010–2015. The plan includes an implementation strategy with five priorities to be completed by 2015, based on 10 relevant programmes and achievement performance indicators.

The priorities consist of (a) making education available on the basis of equal opportunity; (b) promoting quality education that contributes to building a knowledge society; (c) education that contributes to social integration; (d) education that contributes to economic development; and (e) enhancing education governance.

The first two priorities, which were approached through programmes to improve retention and achievement, develop infrastructure, and develop the teaching workforce, are of direct relevance to MDG 2. However, while these two priorities acknowledged the importance of including learners with special needs and providing equal opportunity for enrollment, the Plan did not specify exact targets and quantifiable indicators to assess this special and important objective.

By April 2013, the programme on improving retention and decreasing repetition rates through the development and implementation of appropriate mechanisms was still in its early phases. The timeline for this programme stretches to 2017. To improve student achievement, remedial kits have been developed for cycle 1, though training teachers in remedial learning is still in the inception stage. Likewise, provision of academic, psychological and social support programmes for at-risk students has not yet commenced. Operationalization decrees for the Law of Enactment of Compulsory Education up to the Age of 15 have been drafted.

More progress has been made in the programme on infrastructure development, with all 183 targeted schools rehabilitated. Science laboratories are being equipped, with infrastructure completed for 46 laboratories, and preschool rehabilitation works continue. In terms, of professionalization of the teaching workforce, National Standards for Teachers have been drafted and a progress scale has been piloted. The latter two projects are still to be validated (MEHE 2013).

While the 2010–2015 plan is quite comprehensive and should lead to quality achievements, a huge challenge is how to keep progress on track and meet Lebanese ambitions and needs, while accommodating the school-age Syrian refugee children, who numbered 330,000 in July 2013, expected to increase to 550,000 by the end of 2013.

4.3 Impact Of The Syrian Refugee Influx

Towards the end of 2011, the Ministry of Education and Higher Education issued a decision offering free and open access to the Syrians refugees in public schools. While around 1,000 had registered in 2011, the number jumped 30 times in the following academic year.

Public schools cater for around 300,000 Lebanese students. Around 90,000 Syrian refugee children (5-17 years) were enrolled in public Lebanese schools in 2013/2014, two thirds of which are in the first shift and a third attends a second shift that was started in October 2013. The Ministry of Education and Higher Education has agreed, with UNHCR's support, to put in place a second shift in the afternoons in an effort to increase current capacity. The costs of attendance of the refugee children are covered through third-party international and local NGOs. The cost of a place in the public school system was estimated by the Ministry of Education and Higher Education at US\$ 2,200 per child per year for both Lebanese and Syrian children. The humanitarian community is paying US\$160 per child for the first shift, which covers running costs and materials (UNHCR 2014).

The public schools, where the majority of Syrian refugees are enrolled, are in Lebanon's most underprivileged and remote areas (North and Bekaa). These are already underserved areas, where quality of education is relatively low. The increase in the number of students in the primary cycle is placing enormous strain on teachers' abilities to provide adequate support, because of the social and educational difficulties and needs of the Syrian students. The educational difficulties relate to the use of foreign language in teaching some courses and to the differences in the curriculum. The physical infrastructure of schools, including sanitation and water supply, is also coming under pressure in overcrowded schools.⁹ It is worth mentioning, however, that, in the secondary cycle, the education-related problems, needs, and gaps of the refugee youth are completely different than in the pre-secondary levels.

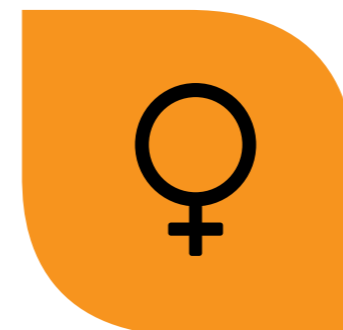
Within this context, and as the areas where most refugees are hosted already suffered from the low quality of education before the influx, the challenges multiply and threaten progress in the MDGs. The growing pressures affect quality and outcomes of learning.

On the Syrian children's side, more than 50 percent are estimated still not enrolled (June 2014) and remain in need of support and protection from the threats of basic needs deprivation and vulnerability to child labour or others forms of exploitation. The overall enrolment rate is around 31 percent for primary school education and less than 2 percent for secondary education.

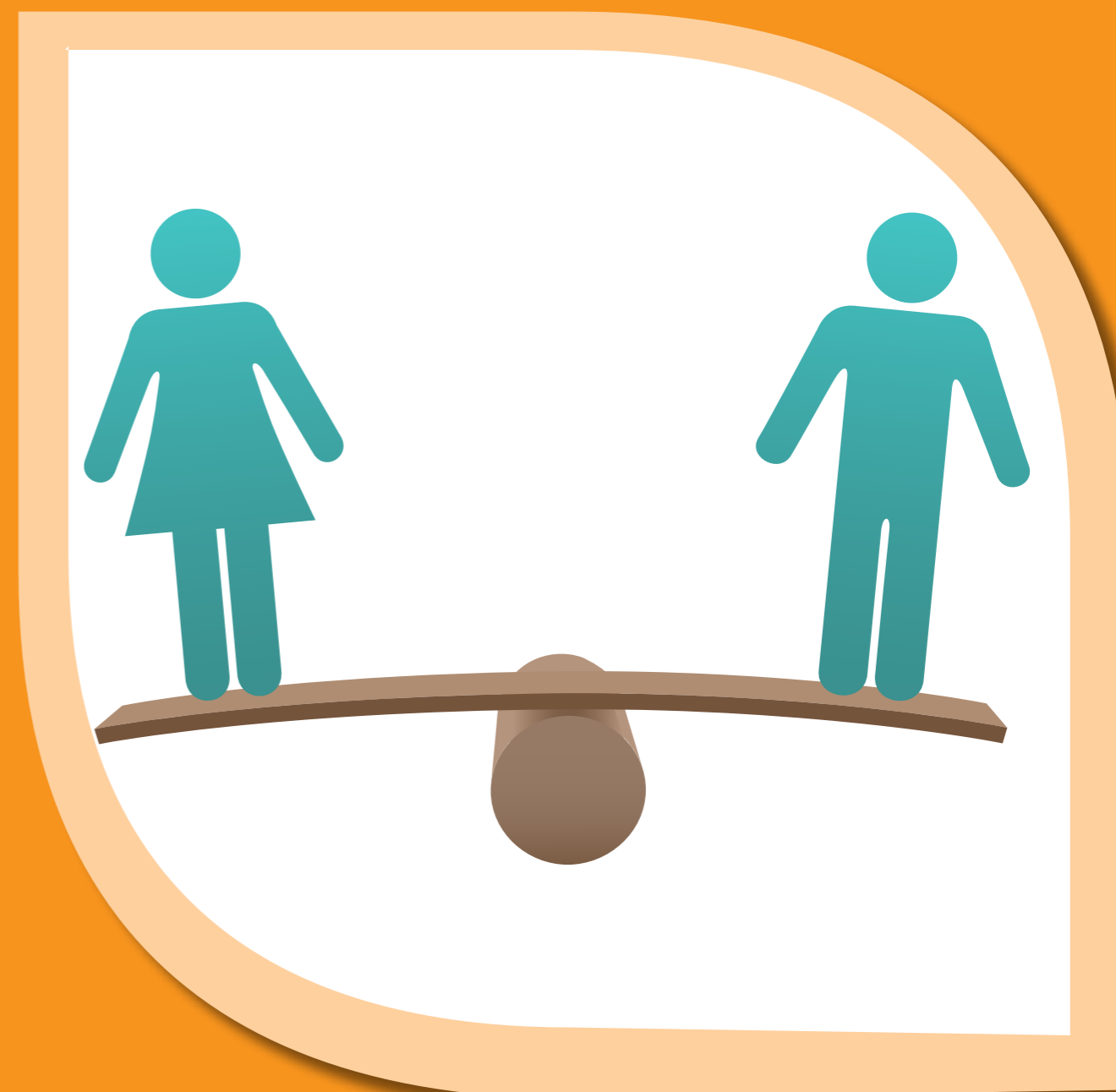
The Syrian children face great practical barriers to learning in Lebanon, including the use of a foreign language in Lebanese schools, the fast-paced curriculum, unfamiliar teaching methods, lack of academic support at home and in the community, repeated exam failures, family poverty, and prevalence of discrimination in schools and communities, which is negatively affecting their performance. Even transport cost is a serious obstacle. In a survey conducted early in 2013, almost 60 percent of Syrian refugee households said they did not send their children to school because they could not afford it, 18 percent because there was no space in the schools, and 12 percent because there was no school nearby (World Food Programme 2013b).

Increasing efforts are being made by the Ministry of Education and Higher Education and United Nations agencies to create space and find educational opportunities for school-age children, including through community-based education. Special programmes will be designed and supported to reach children with special needs, vulnerable populations, and those needing vocational and technical education.

⁹ UNHCR Regional Analysis for Syria report, 31 July 2013: <http://www.acaps.org/en/pages/syria-snap-project>.



5. Goal 3: Promote Gender Equality And Empower Women



5. Promote Gender Equality And Empower Women

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

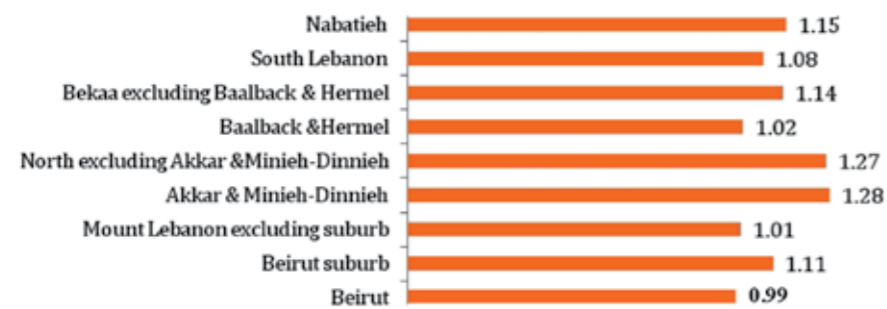
- Ratios of girls to boys in primary, secondary and tertiary education
- Share of women in wage employment in the non-agricultural sector
- Proportion of seats held by women in national parliament

At first sight, Lebanon seems to have achieved Target 3.A of MDG 3 on eliminating gender disparity in all education cycles. However, an in-depth look at gender equality indicators in the economic and political fields reveals many gaps resulting from entrenched sociocultural, political, legal and structural factors that contest women's rights as equal citizens in Lebanon.

5.1 Target 3.A Situation Analysis: Achievements And Challenges

At all educational levels in Lebanon, gender parity is achieved (figure 5.1). At the university level, the latest available figures show a ratio of girls to boys of 1.12. When looking at the figures by location, there seems to be a bias against boys in the most remote poor locations. In areas of poverty, boys often drop out of school before girls, as they are the first entrants to the labour force (CAS 2010b).

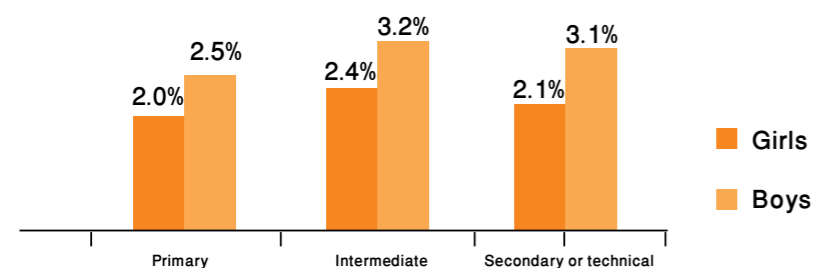
Figure 5.1 Ratios Of Girls To Boys In Intermediate And Secondary Education, (2009)



Source: Central Administration of Statistics.

In terms of performance, girls do better in school at all levels, as reflected by girls' repetition rates (figure 5.2). Women's achievement by level of education is equivalent to men's. Of women, 16.6 percent have a university degree, versus 16.5 percent for men; and 17.7 percent have a secondary school certificate, versus 16.2 of all men (CAS 2010a).

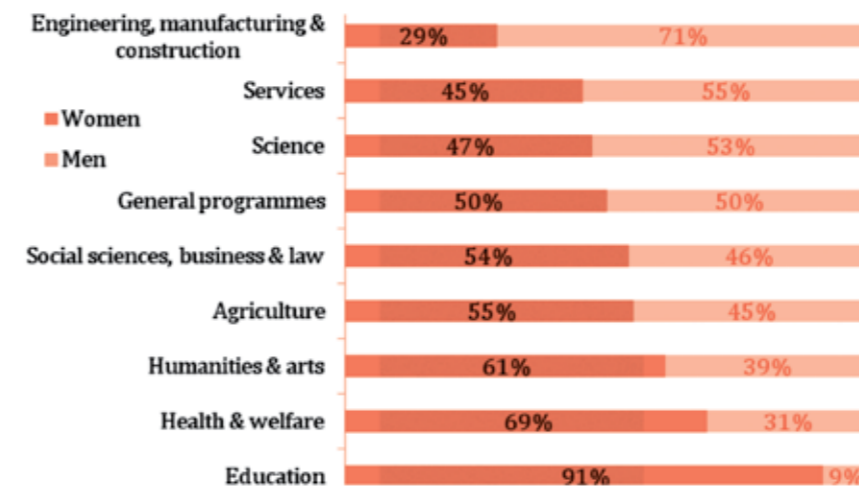
Figure 5.2 Percentage Of Students Repeating Classes By Sex, 2009



Source: Central Administration of Statistics.

When considering university specialization, there is a social divide between fields chosen by men and women, reflecting their traditional social roles. In education, health and welfare, humanities and arts women students are in a sizeable majority. In terms of professions they account for less than a third of engineers, medical doctors, dentists and lawyers (CAS 2010b) (figure 5.3).

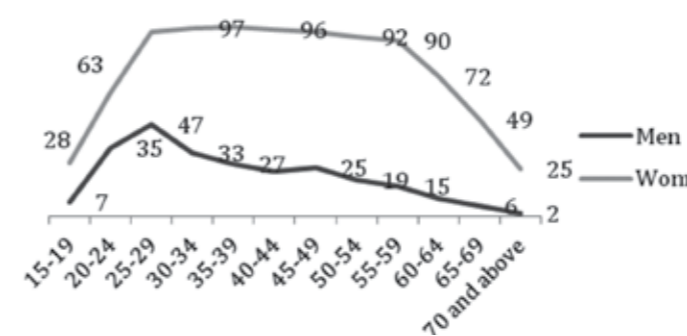
Figure 5.3 Students By Sex And Field Of Education, 2009



Source: Central Administration of Statistics.

The successful narrowing of the male/female educational gap is still not fully reflected in labour force participation, though an improvement has taken place in recent years. A 2010 survey revealed that 70 percent of working-age men are in the labour force, versus only 24 percent of working-age women (World Bank 2012c). The latter had increased from 23 percent in 2009 and 21 percent in 2007. The figures show that increasing numbers of women are becoming economically active (CAS 2010b). The gap in participation between men and women is narrowest in the age bracket 25–29 years, where the rate for women peaks at 47 percent (figure 5.4). This might suggest that women exit the labour force once their family role expands to include motherhood. The low participation rate can also be explained by the fact that there is little social protection coverage and possibilities for part-time work or other social care arrangements that would facilitate women to juggle family care and economic activity roles, in addition to cultural factors discouraging women's economic activity. Without a well-established support system for working mothers, women's participation will remain low.

Figure 5.4 Economic Activity Rates By Age Bracket



Source: Central Administration of Statistics.

The indicator on the share of women in wage employment in the non-agricultural sector is deemed to be quite high in Lebanon. Of all working women, only 5.7 percent are in agriculture and more than 80 percent are in trade and services, reflecting the structure of the economy and the jobs offered. Moreover, 73 percent of working women are wage employees versus 36 percent of "own account workers", and less than 1 percent are employers. Looking at occupation, women are more employed in mid-level jobs, as only 7 percent are senior officials, managers or legislators (that is, in high decision-making jobs), versus 16 percent of men (CAS 2010b). These occupations and positions are also in line with the choices of specializations made during university education that ultimately lead to wage employment.

Women are relatively more hit by unemployment (18 percent in 2010) (World Bank 2012c). Women's unemployment rate is higher than men's because women tend to leave the labour force intermittently for childbearing and child-rearing, before returning to the job market again to rejoin the unemployed. In addition, while men can migrate in search for jobs, economically active women are less mobile due to sociocultural factors. Another reason explaining the high women's unemployment rate relates to the sectors and occupations in which they seek jobs (see above), and the impact of economic cycles on such sectors. It is interesting to note though that, in 2009 and 2010, women's unemployment was double that of men, while in 2004 and 2007, the difference was smaller (table 5.1). This trend reflects the effect of recessions – when household income tightens, women seek employment and enter the labour force, but amid limited job creation they have difficulty finding work.

Table 5.1 Unemployment Rates: Women Versus Men

	Women	Men
2004	10%	7%
2007	10%	9%
2009	10%	5%
2010 ^a	18%	9%

Source: Central Administration of Statistics and World Bank.

a. World Bank 2012c.

Women's economic representation is also still weak, as they are rarely members of unions. Women's representation in unions has improved, albeit slowly, with a limited role in the decision-making processes of unions. Only a few unions, for professions hosting predominantly women, have allowed women to assume leadership positions in their ranks (Eljajj 2012). In politics, and despite relatively good educational achievements, Lebanese women likewise are not in positions of power. The proportion of seats held by women in the national Parliament was 3.1 percent in the 2009 parliamentary elections, one of the lowest in the world. In these last elections, out of 587 candidates in total, only 12 were women (2 percent) and four only were elected (table 5.2). All the women that were elected in Parliament came to replace a man in their family in order to preserve the family's name. Women's political participation is intricate, and reflects the complexity of the political and legislative systems and a social culture that defines women by religious sect and family kinship.

Table 5.2 Women's Representation In Lebanese Parliament

	2000–2005	2006–2009	2010
Seats held by women in national Parliament	2.3%	4.7%	3.1%

Source: United Nations statistics.

Women's overall political participation is further hindered by a lack of representation in government Cabinet. There were no women in ministerial positions in the last government appointments in 2011. The first female minister was appointed back in 2004. Six others were appointed afterwards in successive governments (figure 5.5). In 2006, the National Commission for Electoral Law (Boutros Commission) proposed some progressive electoral measures to reform the Lebanese system, including a 30 percent quota for women in parliamentary elections. However, consensus has not so far been reached on electoral law, never mind women's representation. Elections have been postponed and Parliament renewed its term in 2013.

Figure 5.5 Women's Political Participation



Source: UNDP Lebanese Elections Assistance Programme.

Likewise, the 2010 municipal elections witnessed a debate over the need to introduce a quota system to ensure a minimum participation and representation of women in elected bodies. The debate was not fruitful and the 2010 municipal elections took place without the introduction of a women's quota. Nevertheless, the 2010 municipal elections results registered an increase in women's municipal representation to reach 4.7 percent, up from 2.0 percent in 2004, benefiting from media coverage, awareness-raising and capacity-building campaigns (table 5.3).

Table 5.3 Share Of Women Winning Seats In Municipal And Mukhtar Elections

	Municipal Seats		Mukhtar (Mayor) Seats	
	2004	2010	2004	2010
North	2.6%	7.4%	4.4%	5.9%
South	1.5%	4.1%	3.7%	4.3%
Bekaa	1.1%	2.4%	1.0%	1.6%
Mount Lebanon	2.0%	5.4%	2.2%	4.6%
Nabatieh	1.3%	1.5%	1.7%	2.6%
Beirut	4.2%	12.5%	1.9%	4.6%
Lebanon	1.8%	4.7%	2.7%	4.2%

Source: UNDP: Strengthening Electoral Processes in Lebanon Project, 2008–2010.

Women are present in political parties mainly in youth sections or universities, but they rarely advocate universal women's rights through their parties, or cross the confessional or political alliance boundaries to lobby for gender equality. Lebanese women are more present in civil society than in politics and have been quite active in recent years in gathering efforts and lobbying for the amendment of discriminatory laws. This high level of activism has targeted honour killings and other forms of gender-based violence.

Overall, the Lebanese Constitution grants women and men equal rights. However, women's political participation (as low as it is) remains the derivative of a male legacy. The reasons behind such a discriminatory situation are related to the patriarchal structure of Lebanon's most basic social unit, the family, which defines women's standard social roles and images and which intersects with another patriarchal structure, the sectarian system, which defines citizenship in Lebanon. It is these two patriarchal structures that shape the Lebanese political system. Family laws that have been under the religious institutions' responsibility favour the authority of men and further buttress inequality. Fifteen religious tribunals govern personal and family status laws for 18 religious sects, thus discriminating between Lebanese women and impeding their coalition. Furthermore, the educational system most of the time reinforces the typical images. The media does not help either, as it frequently objectifies women.

5.2 Target 3.A Selected Good Practices

Women's empowerment and role in the public economic and political sphere, as stipulated in the MDG framework and the Millennium Declaration, cannot be achieved without removing the structural impediments, starting with providing women with equal rights as citizens. Correcting Lebanon's gender bias in legislation is a starting point, but is definitely not enough. As previously mentioned, the barriers in the legislative system intertwine with a deeply entrenched sectarian patriarchal social system.

In 2013, Lebanese activists made a breakthrough, standing up to a fierce battle against religious leaders and affiliated ruling politicians. After more than five years of advocacy, women's rights movements got the parliamentary joint committees' approval (following the government's approval in 2010) for a draft law granting women some rights to protection from domestic and gender-based violence and placing this charge under a civil tribunal.

The draft law – under the title “The protection of women and all members of the family from domestic violence” – confronted religious leaders fierce opposition, in a country where religious institutions predominate. It was nevertheless modified from its original version, yet was able still to place domestic violence under criminal courts. Marital rape remained a point of contention, as the law in its current form does not recognize it as sexual crime but rather penalizes the harm that accompany it. Moreover, and as indicated by the latest version of the draft law, minors do not profit from the protection order, unless they are still under the age of custody as set by the different religious laws. This article will make women more reluctant to report abuse because they may not be able to protect their children when they file for a protection order (KAFA 2013).

Activists have been able to successfully influence public consciousness with persistency in action, especially in lobbying through members of Parliament and ministers. For the law to come into effect, it still needs full parliamentary approval. The legislative process, however, remains obstructed, with Parliament very rarely convening because of political bickering.

As important as this achievement is, it remains a drop in the sea compared to what society and the State should offer women as fellow citizens. Lebanese women continue to face discrimination and

inequality within the national legal system, where, for example, unlike men, current law prohibits them from passing their nationality to their children.

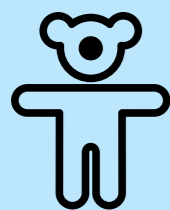
5.3 Impact Of The Syrian Refugee Influx

Lebanese women are impacted by the Syrian refugee influx through the pressure on basic services, competition for jobs (particularly low-skilled jobs) and increased insecurity. Economically active Lebanese women especially encounter competition in the low-skilled job market. The bulk of refugees are women who are increasingly entering the labour market to sustain their families. In addition, qualitative research has indicated that in some communities there has been a feeling of loss of security, among Lebanese women particularly.

The Syrian refugee women are at risk of losing whatever empowerment they had achieved. In a conflict situation, women usually suffer disproportionately. The risks that Syrian women are facing in Lebanon range from access to basic livelihood services to medical and psychosocial difficulties, all the way to all forms of gender-based violence, early marriage, sexual exploitation and survival sex. According to an assessment conducted by the United Nations Population Fund (UNFPA), Syrian women, especially mothers, are neglecting themselves and prioritizing other family members while being subjected to violence by intimate partners (UNFPA 2012). They are also facing different forms of harassment from parties that have influence and power over their livelihoods.

Other assessments confirm that early marriage, which was not uncommon in some areas in Syria, is being used as a coping strategy in Lebanon, and with women accepting lower terms and conditions for getting married than what had been the case in Syria. Instances of sex work for survival have been reported, with women turning to prostitution to secure assistance, food and shelter. International institutions are providing basic services to protect women against different forms of gender-based violence and other forms of exploitation.

Finally, the refugee situation has not really changed traditional gender roles within the family, as in some other conflict or crisis situations. Syrian men continue to control household income, and as the heads of household they are often the primary recipients of income-generating activities or cash transfers. Women remain the caregivers in charge of the family's well-being; they do collect non-financial aid from donor agencies related to their role as caregivers (ABAAD and Oxfam GB 2013).



6. Goal 4: Reduce Child Mortality

6. Reduce Child Mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- Under-five mortality rate
- Infant mortality rate
- Proportion of 1 year-old children immunised against measles

As for the education goal (MDG 2), Lebanon has registered good results with regard to reducing child mortality. MDG 4 has been achieved and has reached comparable rates to developed countries. Overall, Lebanon is doing well in children's health, yet more can be done to ensure fairness in access and to raise quality of services.

6.1 Situation Analysis: Achievements And Challenges

Under-5 mortality and infant mortality rates have fallen to a third of their 1996 level (table 6.1). According to data available from the Ministry of Public Health, the main causes of mortality among children below 5 years of age in Lebanon are neonatal causes (65 per cent), injuries (11 per cent), pneumonia (1 per cent) and diarrhoea (1 per cent). Twenty-two per cent of deaths result from unknown causes.

Vaccination coverage has increased to almost full coverage, as a result of significant efforts led by the Ministry of Public Health, along with the private sector and civil society, to build the capacity of the primary health-care system and reach out to the whole population. The Ministry of Public Health, in collaboration with the private sector, has revised the national vaccination calendar in order to progressively introduce new vaccines that will reinforce routine vaccination. Substantial steps have also been undertaken to ensure the quality of the storage of vaccines and improve their transportation at both the central and peripheral levels. However, it has been noted that some barriers to access children vaccination still exist, such as that doctors often charge a consultation fee, even though the Ministry of Public Health provides free vaccinations.

Table 6.1 Progress Of Selected Child Mortality And Immunization Indicators

	1996	2000	2009	2010	2011	2012	2013
Under-5 mortality rate (per 1,000 live births)	32	35	10	10			
Infant mortality rate (per 1,000 live births)	28	27	9	9			
Proportion of infants immunized against DPTa (%)	94	93	96	94	98	99	100
Proportion of infants fully immunized against measles (%)	88	79	93	95	98	98	99

Source: Ministry of Public Health and WHO vaccine-preventable diseases: monitoring system. 2014 global summary (http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=LBN&commit=OK)

a. DTP = diphtheria, pertussis and tetanus.

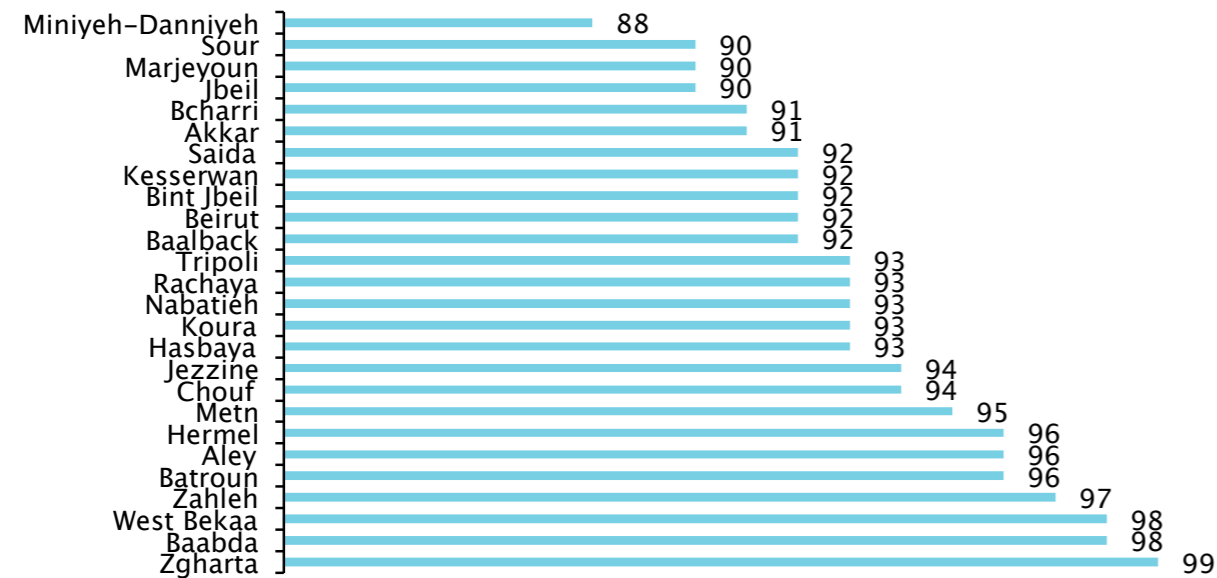
Despite the almost complete vaccination record, a measles outbreak appeared in 2013 with the Ministry of Public Health notified of 1,761 measles cases in Lebanon, compared to only 9 cases in 2011. This occurs around seven years later after the last outbreak of 2007. Four deaths were reported among children under 10 years. Two were Lebanese and two were Syrian. More than 77 per cent of the cases are under 15 years old. The largest number of measles case were being reported from Bekaa, the North and Mount Lebanon, the three areas with the heaviest concentrations of Syrians. However, Syrian refugees notified of catching measles were no more than 20 per cent of total



cases. In 2014, measles was still present. Possible explanations behind the outbreak, despite full first dosage immunization, include the massive flow of people coming into the country, the nature of disease characterised by high and quick contagion, as well as an immunization rate of the second dosage of the measles vaccines below 80 per cent in 2013.

In fact, the almost complete national vaccination coverage conceals some geographical disparities.¹⁰ For example, the polio vaccination coverage, which reached 96 per cent nationally in 2011, was 88 per cent in the area of Miniyeh-Danniyeh (figure 6.1). People who were vaccinated did not take place also tend to cluster together raising the risk of contagion.

Figure 6.1 National Polio Immunization Coverage Rates For 2011 By Caza (%)



Source: Ministry of Public Health.

Reasons explaining the geographical differences could relate to problems in accessibility, but also to social determinants of health. In such cases, addressing health problems with poverty reduction interventions, advancing education levels and other developmental interventions are necessary to bridge gaps and record improvements.

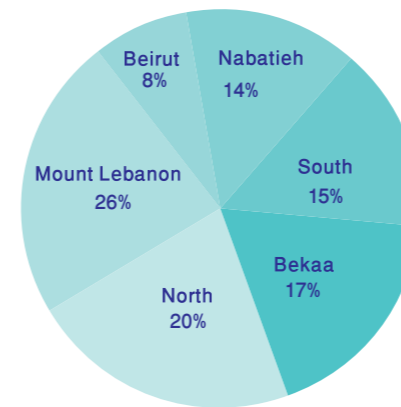
6.2 Selected Good Practices

The achievement of MDG 4 before 2013 is a result of the significant efforts that the Ministry of Public Health has made to develop the primary health-care system. The ministry started in 2008 a project to upgrade primary health-care centres to reach out to all parts of Lebanon. The project included expanding primary health-care centres across the country (reaching 186 in 2013), each aiming to serve a 5-kilometer radius (figure 6.2). The Ministry of Public Health has provided training, medication and technical support while other entities – including NGOs, municipalities and the Ministry of Social Affairs – have operated the centres. NGOs operate 67 per cent of primary health-care centres and municipalities operate another 20 per cent. The others remain either under the Ministry of Public Health solely or the Ministry of Social Affairs. The Ministry of Public Health is following up on quality of services by accrediting primary health-care centres through a Canadian accreditation organization. Twenty-five centres have already received accreditation and 60 are in

¹⁰ It is worth approaching the coverage figures with caution regarding place of origin as compared to the actual place of residence of the population, as some children might be vaccinated in places other than their residency.

the process of upgrading their services for accreditation in 2013. The centres provide consultations and vaccinations for children, in addition to consultations related to reproductive health, maternal health, general medical care, dental care and the provision of essential drugs. Around 234,000 children have benefited from the services of primary health-care centres in 2013. The number of child beneficiaries has increased at an average annual rate of 15 per cent since 2008 (Ministry of Public Health 2013a).

Figure 6.2 Distribution Of Primary Health-Care Centres In Lebanon, 2012



Source: Ministry of Public Health 2012a.

The strong growth in child beneficiaries can be attributed to the awareness campaigns that the Ministry of Public Health has launched, particularly in peripheral areas with low vaccination rates. The implementation of the Reach Every District (RED) strategy, which targeted every child, was another success factor. The primary health-care centres followed up with every case and raised awareness by reaching out to people at their own homes. Within this context, underserved locations were targeted in 2012 and the strategy reached out to children in nine districts (caza) in the North, South and Bekaa.

The main challenge is now to contain the outbreaks and return to recording progress, through active surveillance and timely intervention that would ensure overall population coverage level. The Ministry of Public Health's capacities are stretched as a result of the Syrian refugees influx.

6.3 Impact Of The Syrian Refugee Influx

Lebanon is facing the risk of spread of new diseases, affecting primarily children, due to the Syrian refugee influx, as many were not immunized prior to arrival and are now subject to unhygienic and unsanitary living conditions. The coverage of national immunization programmes in Syria has been deteriorating with the accentuation of the crisis. In addition, shipment of vaccines has been interrupted and vaccines wasted due to increasing difficulties in maintaining the cold chain. The World Health Organisation (WHO) also sees high risk for most waterborne diseases and new diseases to Lebanon. Children are particularly at risk.

The Ministry of Public Health, with support from United Nations agencies and local and international organizations, is providing measles and polio vaccinations through an outreach campaign and routine school-based vaccinations. In addition, vaccination teams have been established at refugee registration sites in coordination with UNHCR, starting in May 2013. The last polio vaccination coverage survey estimated coverage at 89 per cent (UNCHR 2014a). Preparations for the expansion of the ministry disease early warning system are ongoing (WHO 2013b). Notwithstanding

the significant efforts to provide vaccination services for children, immunization coverage is not adequate (UNHCR 2014a).

Lebanon's public health services are coming under enormous pressure from the added numbers of vulnerable beneficiaries. Given budget constraints and the added burden of refugees accessing the system, the pressure is also affecting the Lebanese that rely most on the government public healthcare system and that generally the population living below the poverty line.

The refugees are severely affected, having fled their country under harsh circumstances to live again in Lebanon in difficult conditions. Most of them are staying in inadequate shelter, making them prone to sickness. More than 75 per cent of refugees are women and children, both highly vulnerable groups.¹¹ The Syrian refugee children face a range of health problems, including both communicable and non-communicable diseases, and mental and psychosocial distress. For example, in a needs assessment survey undertaken in the Beirut suburb of Burj el Barajneh, more than 28 per cent of refugee population respondents reported that at least one child in their household had been diagnosed with some form of mental health problem. Around 53 per cent were stressed and 33 per cent had fears. Only 20 per cent indicated that any of the children in their families suffering from such problems had received professional help (Amel International 2013). Refugee households suffered from the cost of health care services, considered relatively high and viewed as a main burden. Refugees are facing difficulties in physical access to health care centres, especially for some refugees who live in remote locations.



7. Goal 5: Improve Maternal Health



¹¹ Ibid.

7. Improve Maternal Health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

Maternal health is an area in which Lebanon has recorded success. Lebanon has made significant progress in reducing maternal mortality and has reached the MDG 5 targets.

7.1 Situation Analysis: Achievements And Challenges

The maternal mortality ratio has decreased in Lebanon by more than two thirds compared to the 1990s, to reach a ratio of 25 per 100,000 live births in 2010 (table 7.1). That progress places Lebanon in a higher league than its regional peers, which register ratios around 10 times higher (WHO 2013a).

The proportion of births attended by skilled personnel was 98 percent in 2004, and was estimated in 2009 at slightly below that rate. Likewise, the proportion of pregnant women receiving antenatal care is above the 95 percent threshold, though there are not many details on whether they make multiple visits versus a single visit.

Table 7.1 Key Maternal Health Indicators

	1990	1996	2000	2004	2009	2010
Maternal mortality ratio (per 100,000 live births)	140	107 ^a		86	25	25
Proportion of births attended by skilled health personnel			96	98	96 ^b	
Married women using contraceptives (%)			63	58	54	
Proportion of pregnant women receiving antenatal care (%)			94	96		

Sources: PAFAM 2004, with data from the Ministry of Social Affairs, Central Administration of Statistics and World Health Organization.

a. In 1993.

b. This percentage is the ratio of infants that were weighed at birth out of total births. It can be considered as a proxy indicator for births attended by skilled personnel.

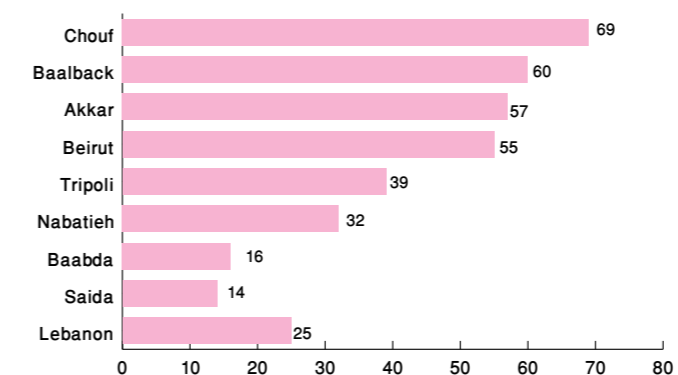
The upgrading of the primary health-care system over the last decade, including the recent expansion of primary health-care centres supported by the Ministry of Public Health, has contributed significantly to the progress made. All active primary health-care centres supported by the ministry offer reproductive health services and refer patients requiring further treatment to an appropriate

district hospital. Children and women, especially mothers, benefit most. In 2013, the number of pregnant women benefiting from the centres' services was 40,651, the equivalent of 45 per cent of all pregnant women in Lebanon (Ministry of Public Health 2013a).

The proportion of married women using contraceptives has fallen slightly over time and was 54 percent according to the latest available figures (2009), compared to 63 percent in 2000 and 58 percent in 2004. The slight decline is not necessarily because women do not have access to reproductive health services; the 54 percent includes women that do not have children or that have only a few and might want to expand their families. Among women with four more or children, the rate was 65 percent in 2009 (CAS 2009). Figures for unmet family planning needs are not available except for the year 2004, and were around 29 percent of total pregnant women in their fertility age (PAFAM 2004).

When analysing success in achieving MDG 5 by geographical area, the picture varies. For example, obstacles to benefiting from reproductive health services occur in rural areas because of social norms, traditions and religious beliefs, even though improvement has occurred over the last decade in traditional attitudes towards reproductive health. Use of contraception goes up to 62.4 percent in Beirut and its suburbs and is as low as 32.6 percent in the southern governorate of Nabatieh (PAFAM 2004). Likewise, disparities occur in maternal mortality ratios, with higher rates in some rural areas (figure 7.1). According to Ministry of Public Health statistics, maternal mortality ratios per 1000,000 live births were as high as 69 in Chouf and 60 in Baalback in 2011, versus 16 in Baabda and 14 in Saida. The sociocultural and economic factors previously mentioned could account for these disparities.

Figure 7.1 Maternal Mortality Ratios In 2011 In Selected Lebanese Locations (Per 100,000 Live Births)



Source: Ministry of Public Health 2011.

No data are available on adolescent birth rates in Lebanon. Only in 2009 did the Multiple Indicator Cluster Survey estimate the early marriage rate. Of total married women, 2.6 percent were 15 to 19 years old. While the phenomenon of early marriage is not prevalent in Lebanon at present, it is more widespread in rural areas where sociocultural norms permit it. It also has a tendency to increase as a survival strategy in conditions of economic hardship, and thus is being increasingly observed among some Syrian refugees in Lebanon coming from specific Syrian areas.

7.2 Selected Good Practices

Lebanon has done well to attain the MDG on maternal health. The efforts that have made this possible include upgrading the statistical system for regular monitoring, wider improvements across the primary health-care system, and the general increase in women's rights campaigns, which

have educated women and increased the awareness of society at large.

At the beginning of 2011, the Ministry of Public Health initiated a Maternal and Neonatal Mortality Notification System, which gathers data on all births and neonatal and maternal deaths occurring in hospitals throughout the country, in addition to other variables, such as birth-weight and incidence of birth defects.

In comparison to other measurement approaches, this system allows greater accuracy. In addition, if well implemented and followed up, such a system will oblige medical staff to take note of and record causes of death and investigate reasons. Accordingly, it is expected to prevent further deaths by identifying potential problems in the health service and thus contributing to a reduction in maternal mortality ratios. Otherwise, causes of maternal death might not be recorded at all. In addition, even if such deaths were recorded, the pregnancy status or cause of death may not have been known, and the deaths would therefore not have been reported as maternal deaths.

At the same time, the expansion and increase in quality of the primary health-care system has increased access to reproductive health services (see section 6.2). The Ministry of Public Health centres offer awareness campaigns and door-to-door services in order to educate women about the importance of medical follow-up. Accreditation by an external agency has helped maintain high quality and has encouraged most centres to upgrade, improving the image of the centres and encouraging women to use their services. The number of pregnant women using the centres more than doubled between 2009 and 2012. As this project has been developing well, the Ministry of Public Health has recruited a number of field coordinators to pursue quality development and cover geographical gaps.

7.3 Impact Of The Syrian Refugee Influx

The pressure on public health services from the Syrian refugee influx is a direct health impact affecting host communities. In most needs assessments conducted across Lebanon and particularly in remote areas of high poverty and vulnerability, public health centre staff and community members have reported feeling the strain on services and struggling to respond to emerging needs. Caseloads were reported to have increased at least 50 percent in 2012. Although funding and medical support has been boosted, it is not matching the rate of increase in demand (World Vision 2013).

In principle, the refugees have access to Lebanon's primary health-care services. Nevertheless, despite all the services offered through the government, civil society and international organizations, they are still incurring high out-of-pocket expenses. One in seven registered refugee finds hospital fees unaffordable (Médecins Sans Frontières 2013). Pregnant Syrian women in Lebanon are highly vulnerable, particularly those who have not been able to register as refugees. Reproductive health is a challenge for the refugees, as reflected in low uptake rates of family planning methods and lack of awareness of reproductive health issues (UNHCR 2013).

A study supported by UNFPA in Lebanon showed a number of needs related to reproductive health and maternal health. More than half (54 percent) of displaced women and girls were found to have menstrual irregularity, and 33 percent had genital infection symptoms. In maternal health, 23 percent had anaemia during pregnancy, and 16 percent had no antenatal follow-up. Other problems included significant delivery-related complications such as bleeding (29 percent), preterm birth (26 percent) and neonatal problems (52 percent). Only 37 percent of married women used contraceptive methods (UNFPA 2012).

Lebanese NGOs, in cooperation with international organizations, are addressing maternity and reproductive health, providing services mainly in centres and mobile clinics. The main barriers to access remain financial difficulty in securing the minor share of hospitalization cost for deliveries particularly, transport cost and distance, being unregistered as a refugee and (sometimes) discrimination (UNFPA 2012).



8. Goal 6: Combat HIV/AIDS, Malaria and Other Diseases



8. Combat HIV/AIDS, Malaria and Other Diseases

Lebanon is in a health transitory stage resembling more and more developed countries because non-communicable and degenerative diseases have become increasingly common. At the same time, the Lebanese population at large still suffers from infectious and communicable diseases, even though to a much lesser extent than the populations of other developing countries.

8.1 Targets 6.A And 6.B Situation Analysis: Achievements And Challenges

<p>Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<p>6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years</p>
<p>Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</p>	<p>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</p>

The prevalence of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in Lebanon is relatively still low. However, the trend of increasing prevalence of the disease is not being reversed (table 8.1), in the context of a high-mobility population, migration, tourism and growing permissiveness in sexual relations. According to the Ministry of Public Health National AIDS Control Programme, 109 new cases of HIV/AIDS were reported in 2011 (till November) to reach 1,455 cumulative cases. The majority of the new cases (72 per cent) were linked to local spread, and the rest were related to travel and migration to endemic areas (Ministry of Public Health 2012b).

Table 8.1 New HIV/AIDS Cases Reported In Lebanon

	Average annual new cases (2003–2006)	Average annual new cases (2006–2009)	2010	2011 (till November)
HIV/AIDS new cases	70	85	93	109

Source: Ministry of Public Health.

Despite the availability of free-of-charge treatment through the Ministry of Public Health, HIV disclosure could be underreported in Lebanon. Passive reporting is the only reporting mechanism used for acquiring the latest epidemiological trends in Lebanon.

Transmission modes of the diseases are, in contrast, well documented (WHO 2010). The vertical transmission (mother to child) of the disease is reported to be nil. The major channel of HIV transmission in Lebanon is through sexual relations (51 percent), with 47 percent classed as “non-specified”. Of the total infections by sexual transmission, 27 percent were through heterosexual behaviour, 22 percent homosexual, 1 percent bisexual and almost 50 percent not specified. No new cases of HIV infections through blood transfused in Lebanon have been reported since 1993,

reflecting a relatively good control on blood safety. Data on high-risk groups, such as intravenous drug users, sex workers and prisoners, are incomplete, though anecdotal evidence points to a prevalent problem.

The data by age group do not capture exactly the indicator of MDG 6, but show that cases below 30 years old constitute 28 percent. The higher number of reported cases remains in the 31–50-years-old age bracket (30 percent). Gender distribution shows that 93 percent of the newly reported cases are men.

Regarding access to treatment for HIV/AIDS, the Ministry of Public Health, through the National AIDS Control Programme, has been offering free-of-charge treatment. In addition to continued awareness-raising, the strategy identified the key vulnerability pockets, drivers of the epidemic and issues that are hindering universal access to prevention, treatment, care and support. Lebanon is considered to be doing well in terms of increasing awareness and knowledge on AIDS. The main challenges facing effective intervention are the passive reporting system, human and financial resource shortages, and discrimination against and stigmatization of those infected with HIV, reinforced by a legal system that penalizes drug addiction and homosexuality.

8.2 Target 6.C Situation Analysis: Achievements And Challenges

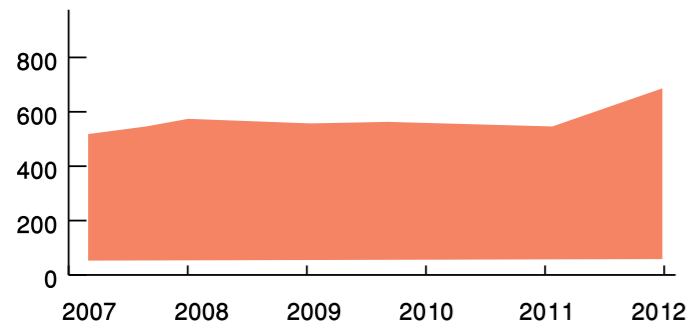
<p>Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course</p>
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Lebanon can be considered free of indigenous cases of malaria transmission. However, due to its openness and travel flows, few cases were imported from endemic areas. In 2013, 63 cases were reported¹², versus 83 in 2011, 66 cases in 2010 and 44 in 2009 (Ministry of Public Health 2011). Almost all cases came from African countries, thus the importance of building awareness on travel related medicine and prevention and building the capacity of the primary health sectors in that sector.

The prevalence rate of tuberculosis in Lebanon is estimated at around 15 per 100,000, based on 632 cases reported by the Ministry of Public Health National Programme for Combating Tuberculosis (NPT) in 2012. This compares to a lower prevalence rate of 12 per 100,000 inhabitants in 2009, based on 501 diagnosed cases. The 2012 cases include 45 children (7 percent of all cases, compared to versus a ratio of 5.6 percent worldwide) (figure 8.1) (Yaacoub 2013).

¹² <http://www.moph.gov.lb/Prevention/Surveillance/documents/lebanon.htm>

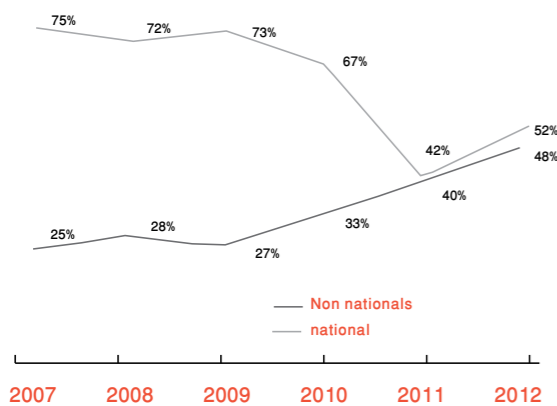
Figure 8.1 Tuberculosis Cases In Lebanon



Source: National Programme for Combating Tuberculosis.

The higher incidence has been triggered by the increased inflow of non-Lebanese patients, who accounted for 11 percent of total cases in 2002 and now account for almost half the cases (figure 8.2). The non-nationals are mainly domestic migrant workers that come to work in Lebanese homes, a common phenomenon in the country. They are predominantly from East Asia and Africa, where tuberculosis prevalence rates are 5 to 10 times higher than in Lebanon. In addition, with the Syrian refugee influx, Lebanon received 35 Syrian cases in 2012 and another 24 cases in the first quarter of 2013 (Yaacoub 2013).

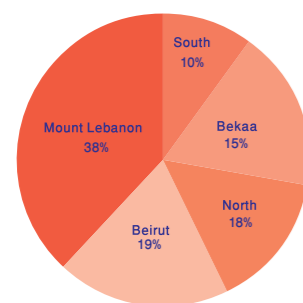
Figure 8.2 Share Of Non-Lebanese Cases Of Total Tuberculosis Cases



Source: National Programme for Combating Tuberculosis.

In terms of geographical distribution, throughout many years, Mount Lebanon and particularly the district of Baabda (14 percent of all cases) has accounted for the highest number of patients with tuberculosis (figure 8.3). This area includes slums and poverty pockets. There is also a concentration of migrant workers living there, and nowadays increasing numbers of Syrian refugees, in addition to poor Lebanese.

Figure 8.3 Tuberculosis Cases: Distribution By Location



Source: National Programme for Combating Tuberculosis.

Established more than 20 years ago, Lebanon's National Programme for Combating Tuberculosis aims to implement the directly observed therapy approach for treating tuberculosis and monitors the disease across the country. The programme provides free treatment, including for registered non-national tuberculosis patients. Lebanon has registered since 2005 a detection rate of 75 percent and above, surpassing the WHO standard detection rate of 70 percent (table 8.2). The treatment success rate in 2012 was 65 percent, compared to 44 percent in the WHO Eastern Mediterranean Region, but still lower than the WHO standard rate. The relative decline in success rates is due to high prevalence among non-nationals, who tend to leave the country before the end of the treatment (Yaacoub 2013).

Table 8.2 Selected Tuberculosis Prevalence And Treatment Rate Indicators

Indicator	2001	2006	2009	2011
Incidence of tuberculosis (per 100,000)	13.0 25.0 (1993)	9.4 (all cases) 4.5 (smear positive)	12.2	15.0
Proportion of TB cases detected and cured under DOTS (directly observed therapy short course) (percent)	100%	74% (detected) 92 % (success)	75% (detected) 91 % (success)	65%

Sources: WHO 2010, 2013a; National Programme for Combating Tuberculosis.

As such, Lebanon is witnessing an increasing prevalence rate from the influx of people carrying tuberculosis into the country. The medical, technical and financial capacities of the National Programme for Combating Tuberculosis are expected to face shortages and rising pressures if the above trends continue. There is an increased need to build up the early warning and monitoring system that can protect citizens from emerging diseases.

8.3 Selected Good Practices

The eight anti-tuberculosis centres distributed across the country are collaborating with the private sector and have been quite successful in detection, diagnosis and treatment. The private sector works also on detection of cases, reporting and referring around 80 percent of cases to the Ministry of Public Health's National Programme for Combating Tuberculosis. The free-of-charge tests, chest X-ray, and treatment according to the DOTS strategy have been helpful in treatment and encouraging reporting. The programme, as previously mentioned, offers hospitalization for both nationals and non-nationals. This coordination, as well as the adoption of a rights-based approach in treating all patients regardless of nationality, is another good practice in a country with a huge influx of migrant workers and visitors, but with limited financial resources and capacities.

Regarding other communicable diseases, Lebanon has not had high incidence rates in its recent history; it is rather non-communicable diseases' incidence, including cardiovascular disease and cancer that place a burden on the public health system. The Ministry of Public Health has undertaken some initiatives to raise awareness of those diseases (the breast cancer campaign, for example) and to promote prevention through the primary health-care system. Despite the above-mentioned successes, the public health sector still struggles with internal weaknesses in secondary and tertiary care and the multiple fragmented health coverage systems that are still far from offering universal and equitable coverage.

8.4 Impact Of The Syrian Refugee Influx

The influx of Syrian refugees has put additional pressure on Lebanon's resources, due to the swelling demand for basic services and increased exposure to diseases. The destitute conditions that the Syrian refugees are living in – particularly the unacceptable water, sanitation and hygiene conditions – and the movements of refugees back and forth to and from Syria are conducive to the outbreak of diseases.

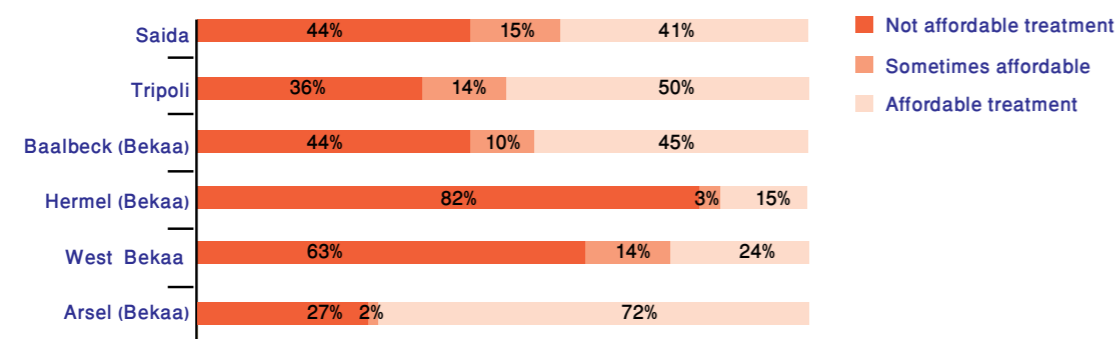
Hepatitis, measles and leishmaniasis are diseases that have been resurging in Lebanon, in addition to tuberculosis. As of June 2014, 1292 cases of leishmaniasis were detected in Lebanon, 98 percent of which are among displaced Syrian with almost the third under 5 years of age (Ministry of Public Health 2014a). Mental health conditions are also on the increase. Lebanon's health-care system is therefore facing a different mix of health cases that were not as prevalent previously.

The Ministry of Public Health, in collaboration with public hospitals, is following up on the outbreaks from detection to offering a full course of treatment free of charge. UNHCR, international organizations and local NGOs are providing the Syrian refugees with primary and secondary health services through the centres and through mobile clinics (UNHCR 2012).

Lebanese host communities are feeling pressures on access to and quality of health-care services. In the most vulnerable areas, health-care professionals reported that they were struggling to cope with the additional demand. Many Lebanese also have the impression that Syrian refugees get preferential access to, and treatment in, Lebanese health-care centres and hospitals. Some reports claim that resources targeting the health needs of poor Lebanese are being re-channelled to refugees (World Vision 2013). The situation is expected to worsen if funding tightens. UNHCR and collaborating organizations are reducing their aid.

In contrast, despite the effort being made, many refugees have had difficulties in accessing health-care services. Some refugees, mainly those in informal tented settlements, do not have sufficient information on the services available. Distance and transport costs are also considered obstacles for most refugees who are entitled to such services from NGO centres in areas where they registered when they first came and that might have become at present some distance from their current accommodation. Their accommodation usually changes as time passes and they identify a suitable location in which to settle. Affordability is the main problem, as many refugees cannot cover the costs of services, even though these are subsidized by international agencies (figure 8.4). Many essential medical treatments have proven impossible to afford for large numbers of Syrian refugees in Lebanon (the greater disparities for Hermel and west Bekaa are due to the limited number of health-care providers in those locations). The most vulnerable remain the unregistered refugees (Médecins Sans Frontières 2013).

Figure 8.4 Percentage Of Syrian Refugees That Can Afford Medical Treatment



Source: Médecins Sans Frontières 2013.



9. Goal 7: Ensure Environmental Sustainability



9. Ensure Environmental Sustainability

MDG 7 has three different components: an environmental and biodiversity component (Targets 7.A and 7.B); a component related to access to services, with a strong element related to poverty alleviation (Target 7.C); and a component that, in addition to its environmental facet, has a socioeconomic facet aimed at urban poverty (Target 7.D). Targets 7.C and 7.D are concerned with two basic human rights – access to water and sanitation and to shelter – as well as ensuring environmentally friendly management and quality of services. This chapter will deal with the targets from their respective different angles.¹³

9.1 Targets 7.A And 7.B Situation Analysis: Achievements And Challenges

<p>Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<p>7.1 Proportion of land area covered by forest</p> <p>7.2 CO₂ emissions, total, per capita and per \$1 GDP (PPP)</p> <p>7.3 Consumption of ozone-depleting substances</p> <p>7.4 Proportion of fish stocks within safe biological limits</p> <p>7.5 Proportion of total water resources used</p> <p>7.6 Proportion of terrestrial and marine areas protected</p> <p>7.7 Proportion of species threatened with extinction</p>
<p>Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss</p>	

9.1.1 Environmental Resources And Biodiversity

In 2010, forests covered around 13 percent of Lebanon's land, while other wooded lands covered another 10 percent. Coverage ratios have not change much in recent years, though high-density forest areas are decreasing. Forests in Lebanon have been facing many challenges (figure 9.1) due to habitat fragmentation, unplanned urban expansion leading to soil erosion, disease and dieback, forest fires, wood harvesting for home heating and charcoal production, and illegal quarrying. According to World Bank estimates, the cost of environmental degradation in Lebanon, linked to land and wildlife resources, is around US\$100 million per year, or 0.6 percent of Lebanon's GDP.

Lebanon has launched and implemented a number of programmes to combat deforestation and other environmental threats, such as the National Action Plan to Combat Desertification, the National Reforestation Plan, the Safeguarding and Restoring Lebanon's Woodland Resources programme and the Lebanon Reforestation Initiative. Civil society is likewise working on a number of reforestation projects.

Lebanon has designated 14 protected areas covering 2.5 percent of the territory. Additionally, Lebanon boasts three biosphere reserves (4 percent of the territory), 13 protected forests, 16 protected natural sites and landscapes, four Ramsar sites, five World Heritage Sites and at least 15 Important Bird Areas.¹⁴ Although the country has a number of protected areas and sites, criteria

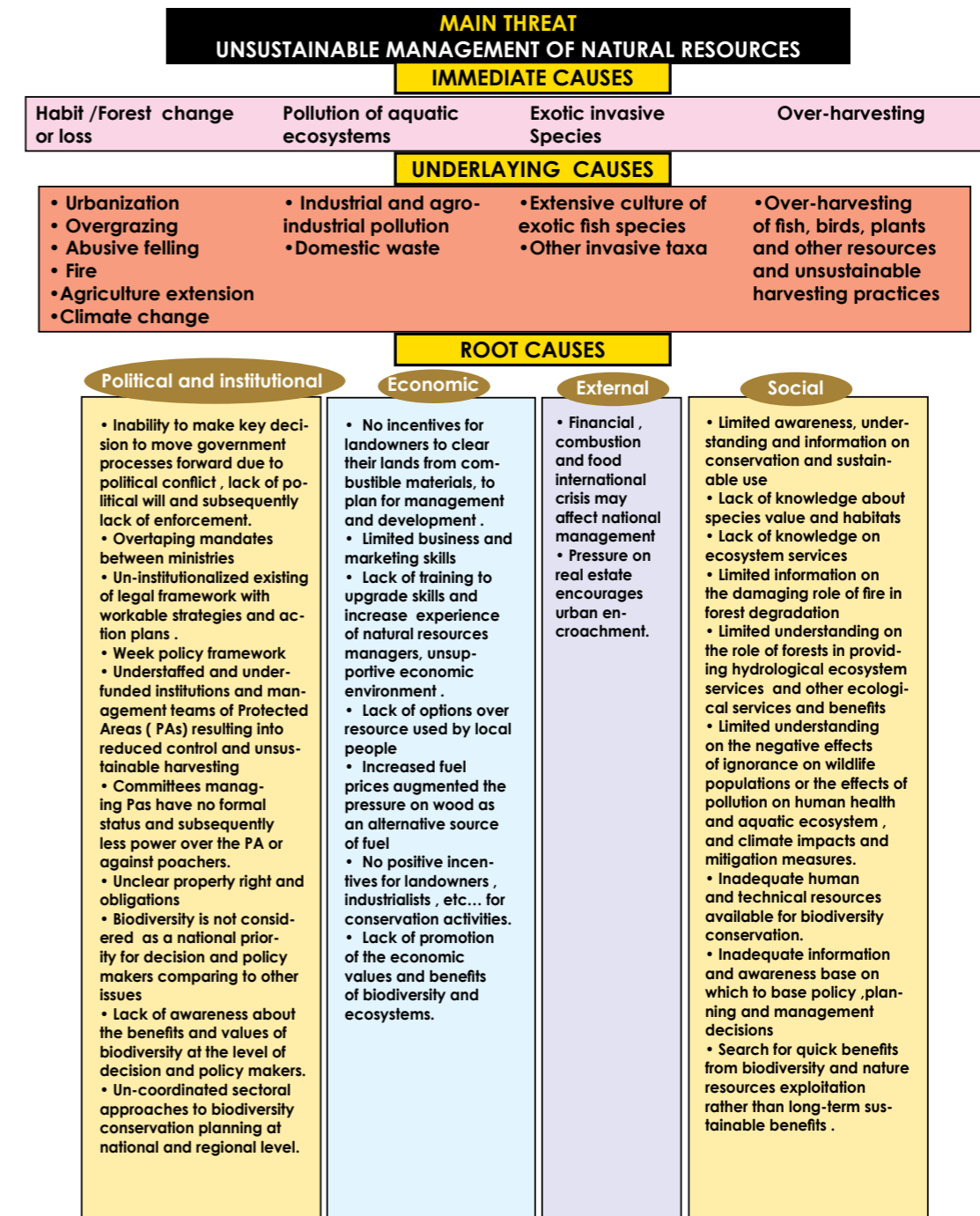
¹³ Unless otherwise stated, the information in this chapter has been extracted from Lebanon's report to the United Nations Conference on Sustainable Development (Rio+20), June 2012 (Ministry of Environment 2012a).
¹⁴ Ramsar sites designated under the Convention on Wetlands of International Importance especially as Waterfowl Habitat (Ramsar Convention); World Heritage Sites designated by the United Nations Educational, Scientific and Cultural Organization (UNESCO); Important Bird Areas designated by BirdLife International.

for protected area designation and management remained vague until recently, when a legal framework was drafted and approved early in 2012.

Regarding threatened species, of the 61 mammal species recorded in Lebanon, 10 species were already extinct by the beginning of the 20th century. Of Lebanon's avifauna (395 species), 3 species are thought to be extinct, 6.3 percent are threatened and 32 percent are rare.

In parallel, the marine environment has been neglected for decades and has often been managed like an expendable resource. It has been used for garbage dumping (for example the large-scale seafloor dump sites at the coastal cities of Tripoli, Beirut-Borj Hammoud and Saida).

Figure 9.1 Summary Of Root Causes Of Forest And Biodiversity Losses In Lebanon



Source: Jaradi 2010.

Furthermore, due to limited inland space, facilities have been built that violate the public maritime domain, including wastewater treatment plants, highways and sports stadiums. The marine environment is also a depository for untreated wastewater from cities and industries. Illegal sand removal, widespread in the 1990s, has altered the sea floor and has accelerated coastal erosion in several coastline areas. Protection measures for both species and ecosystems are still negligible in Lebanon.

These practices are not sustainable and have immeasurable and irreversible impacts on marine biodiversity and coastal habitats, such as altering wave patterns, preventing sand replenishment and reducing public access. Indeed, public access to the marine public domain has become in most coastal areas an expensive utility that only the rich can afford as private beach resorts have been built, charging high fees for access, thus excluding lower-income groups from right of access.

9.1.2 Greenhouse Gas Emissions

Lebanon's total greenhouse gas emissions were estimated at 18.5 million tonnes of carbon dioxide (CO₂) equivalent in 2000, up by 2.8 percent on average annually from 1994. The most significant sources of pollution from economic activities are the transport, energy and industry sectors. CO₂ is the main greenhouse gas emitted, with 84 percent of emissions in 2000, while methane (CH₄) and nitrous oxide (N₂O) constitute 10.2 percent and 5.7 percent respectively. Energy production and transport are the main contributors of CO₂ emissions producing 63 percent and 25 percent respectively, whereas the waste sector constitutes the main source of CH₄ emissions (88 percent). The main contributor to N₂O emissions is the agriculture sector.

The car fleet size is estimated at 1.2 million vehicles (one vehicle to every four people), resulting in heavy traffics at all times on narrow roads. The government has invested considerable resources in expanding the road sector, but the advantage impact of the more extensive road network has been effectively neutralized by the influx of new vehicles. There was no national vision for public transport. Government spending on public transport has been trivial compared to road spending.

Lebanon's energy production through seven thermal power plants is polluting the air and emitting large smoke plumes, contributing to almost 40 percent of the country's CO₂ emissions in 2005. The two power plants in Jiyeh and Zouk were built in 1970 and 1985 respectively and rely on combustion of oil, which is a dirty fuel.

Amid regular electricity cuts in Lebanon, ranging from complete blackouts in some areas to half-day cuts, and cuts of at least three hours daily in the best cases, the population and all economic sectors are resorting to private generators as a backup. Private electricity generation through generators has also become a significant informal sector business in Lebanon, providing electricity to households and businesses during power cuts for a certain fee. The public company's failure to supply adequate power, owing to decades of mismanagement and crumbling infrastructure, has led to the emergence of this informal sector, employing thousands of individuals and valued at over US\$1 billion annually (Battah 2011). Private backup generators are estimated to produce 500 megawatts of electricity, about 20 percent of total production. This type of electricity generation is another major contributor to air pollution, with detrimental effects in cities including noise, heat and exhaust pollution.

9.1.3 Ozone-Depleting Substances

To protect the atmosphere, Lebanon established in January 1998 the National Ozone Unit as part of the Ministry of Environment to meet its obligation under the Montreal Protocol on Substances that Deplete the Ozone Layer. Under the Protocol, Lebanon committed to the phase-out of all ozone-

depleting substances by 2010.

The National Ozone Unit has provided technical and financial assistance to approximately 100 industries (in the foam, aerosol and refrigeration sectors) in the country, helping them to convert their production to technology using non-ozone-depleting substances. During the period 1998–2010, Lebanon reduced consumption of chlorofluorocarbons (CFCs) from 923 tonnes in 1993 to zero consumption in 2010. Phasing out CFCs did not completely solve the ozone depletion problem. While CFC consumption declined, the reliance on alternatives, including hydrochlorofluorocarbons (HCFCs) with a high global warming effect, increased threefold from about 278 metric tons in 2004 to 826 tonnes in 2009. The Multilateral Fund for the Implementation of the Montreal Protocol will provide US\$2.5 million to help Lebanon prepare its HCFC phase-out management plan to reduce consumption of HCFCs by 10 percent by January 2015.

9.2 Targets 7.A And 7.B Selected Good Practices

Lebanon has made progress in moving towards a more sustainable development path, though much more effort is still needed from the authorities and from individual citizens. In recent years the country has introduced a number of relevant initiatives, and this section cites some of the many successful achievements of the Ministry of Environment (Ministry of Environment 2012b). For example, Lebanon has started an air quality-monitoring programme that should ultimately lead to the development of an air pollution management strategy in the country. In the last decade, dozens of municipalities and universities have started to invest resources in acquiring air quality monitoring instruments and training air quality professionals. Along the same lines, the total ban on leaded gasoline is another favourable air pollution reduction measure, with considerable benefits for public health and the environment. Likewise, the environmental guidelines developed by the Ministry of Environment for manufacturing industries (particularly cement) have contributed significantly to limiting greenhouse gas and other emissions from manufacturing.

In the area of biodiversity conservation and in order to maintain forest coverage, Lebanon has resumed the National Reforestation Plan, which was halted between 2006 and 2008. Moreover, building on the momentum of the National Reforestation Plan, a five-year Reforestation Initiative was launched in 2010 to strengthen Lebanon's forest seedling-producing nurseries. In addition, after the devastating forest fires that took place in 2007 and 2008, Lebanon developed a National Strategy for Forest Fire Management, and in 2010 a law prohibiting the exploitation of burned forest areas was approved. The law aimed to deter arsonists, who in some cases started fires in order to change the land use (Ministry of Environment and UNDP 2010). This action is in line with the National Strategy for the Protection and Rehabilitation of Forest Wealth in Lebanon, implemented by the Ministry of Environment in collaboration with UNDP.

These planning initiatives are all favourable practices promoting environmental sustainability. However, rigorous implementation and enforcement and continuous follow-up will determine the sustainability of success. The ability of the Ministry of Environment, other ministries and intergovernmental agencies to pursue plans are, as in many other countries, subject to political conditions and Cabinet reshuffles. With every reshuffle, plans are reconsidered and redrafted (Ministry of Environment and UNDP 2010).

9.3 Target 7.C Situation Analysis: Achievements And Challenges

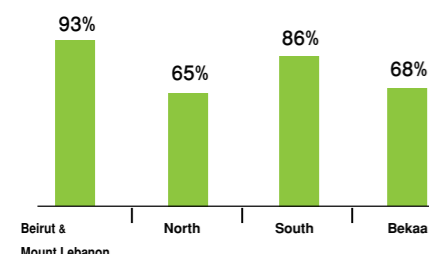
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

7.8 Proportion of population using an improved drinking water source
7.9 Proportion of population using an improved sanitation facility

Lebanon has adequate amounts of precipitation in the form of both rainfall and snow. Water resources are abundant, but water supply is not. In principle, the supply should easily satisfy demand, but widespread pollution and substandard water infrastructure are restricting the proper sustainable exploitation of the resources to meet water demand. The World Bank expects Lebanon to face chronic water shortages as soon as 2020. Irrigation is the largest water consumer in the country (61 percent) but efficiency is low, as open channels still constitute the majority of the networks.

Water supply to households is not adequate, although the national public network coverage is relatively high, estimated at 78 percent of households, according to the latest available information. Geographical differences do exist, ranging from 93 percent household connection rates in Beirut and Mount Lebanon to 65 percent in North Lebanon, where around half the population lives (figure 9.2). However, water supply continuity is intermittent and low. Water is supplied 3 to 22 hours per day during the summer season, depending on the areas (World Bank 2010).

Figure 9.2 Water Connection Rates Across Lebanon, 2003



Source: World Bank 2010.

In addition to the intermittent supply, residents do not trust water safety. Monitoring of water quality is not systematically undertaken. Regulatory instruments are inadequate to meet the sector challenges and enforcement capacity is low; as a result, over 70 percent of household water expenditure goes to private suppliers of water. The latest data available (2009) indicate that 98 percent of households are using safe drinking water, yet only 35 percent obtain it through the public network (table 9.1), whereas half the population resorts to other sources, purifying water or buying bottled water.

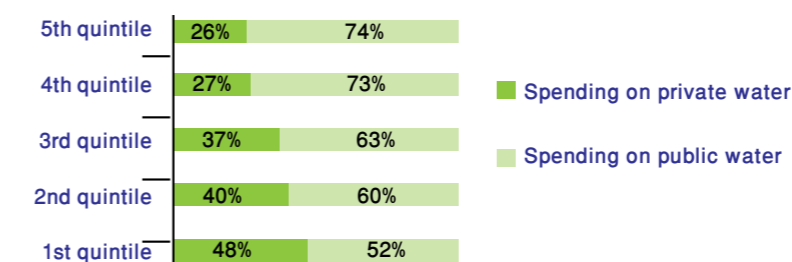
Table 9.1 Access To Safe Drinking Water

	1996	2004	2007	2009
Proportion of population with access to safe drinking water	67.4%	67%		
Proportion of population using public piped network as a drinking water source		57%	46% ^S	35%

Source: CAS 2009.

Thus, whereas the MDG indicator on access to drinking water may appear to have been achieved, quality of water and the inequitable burden on the poorer households are serious difficulties in achieving affordable and safe access. The unit price of public water supply ranges from US\$0.3 to US\$0.8 per cubic metre (depending on the location), compared to US\$3 to US\$6 per cubic metre for water tankers and US\$400 to US\$500 per cubic metre for small bottles. Poorer households end up paying almost half their annual expenditure on water to private suppliers (1st quintile in figure 9.3) (World Bank 2010).

Figure 9.3 Share Of Water Expenditure By Source Of Supply And Quintile (Connected Households)



Source: World Bank 2010.

The indicators of access to the wastewater network show a relatively wide coverage (table 9.2). Two thirds of households are connected to the public sewerage system and more than 28 percent use sanitary pits. The problem is again not in access, but in quality of this basic service.

Table 9.2 Means For Domestic Wastewater Drainage

	Public sewerage system	Open air sewers	Sanitary pits	Does not exist/other
2004	67.4%	1.9%	29.5%	1.2%
2007	65.7%	2.1%	32.1%	0.1%
2009	66.9%	4.6%	28.3%	0.2%

Source: CAS 2009.

Lebanon still does not have enough treatment plants in operation. Most are small and remain insufficient compared to the volumes dispensed, even though efforts have been made to increase provision. Lebanon's Council for Development and Reconstruction has developed a number of treatment plants, though they are not yet fully operational because of limited capacity and unfinished supply networks.

Environmental degradation caused by untreated wastewater is estimated to cost Lebanon around 1 percent of GDP. Wastewater generation is impacting groundwater resources almost everywhere in Lebanon. This is due to raw sewage overflow and leaking septic tanks and sewer lines. Most industrial wastewater is discharged into the environment with little or no prior treatment, either directly into rivers and streams or through municipal wastewater networks. Many river systems receive raw sewage, resulting in dangerously high biological loads (World Bank 2010).

As to solid waste, the situation is even grimmer, since no plan for solid waste management has so far been implemented. Since the Civil War a number of plans have been developed, such as the Emergency Plan for Solid Waste Management in 1997, a master plan dated 2006, and a waste-to-energy plan in 2010. Implementation remains fragmented due to drained government resources and insufficient political momentum to make progress. Successive governments continue to apply below optimal, yet politically

convenient emergency measures. More than half of all municipal solid waste goes into landfills. Around 32 percent is dumped, and 17 percent is recovered through sorting and composting.

9.4 Target 7.C Selected Good Practices

One of the pillars of the Economic and Social Reform Action Plan focused on infrastructure works. It aimed to improve the coverage and continuity of water supply across Lebanon by increasing storage capacity, reducing network losses and expanding irrigation coverage, alongside increased levels of wastewater collection and treatment.

The Ministry of Energy and Water has also formulated a national water sector strategy, approved by the Council of Ministers in 2012. Similarly, the ministry launched a National Wastewater Strategy in December 2012. The Council for Development and Reconstruction has also embarked on an action plan to complete the rehabilitation and expansion of potable water supply in all parts of Lebanon and increase water sources across all governorates. In the solid waste sector, the Council of Ministers approved a draft law on integrated solid waste management and referred it to Parliament. However, as the law has not been passed yet, Lebanon is still operating under the outdated 1997 Emergency Plan for Solid Waste Management.

To sum up, it is evident that assessments and knowledge of environmental problems are well formulated. Plans have been put in place and successive governments have featured the sector as a priority. What remains missing is the political will and resources for implementation.

9.5 Target 7.D Situation Analysis: Achievements And Challenges

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums
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Urbanization in Lebanon is increasing fast, with 88 percent of the population living in urban areas, compared to 55 percent in Syria before 2011 and 78 percent in Jordan. This rate of urbanization has been accompanied by an expansion in slums, though official recent quantitative research is not available to measure the change. Qualitative information suggests a slums' expansion in Lebanon, with no significant improvement in slum dwellers' living conditions. For example, the slum of Hay el Tanak, Tripoli, has existed since the 1960s, when the land was State-owned. Registers showed that 70 Lebanese families were living there at the time, none of whom could afford to build a home of their own. That original community has grown over the years and today includes about 200 families, plagued by malnutrition, health problems and extreme poverty (Castagne 2011). Over the last year, Syrian refugees have joined the poorest Lebanese families in finding shelter in Hay el Tanak.

In addition, almost every city in Lebanon hosts refugee camps that were established more than 50 years ago as temporary residences for Palestinian refugees and that have accommodated through time, in addition to Palestinians, the poorest people in Lebanon of different origins and nationalities. Extreme deprivation and marginalization characterize the camps, which have typically become places where poverty and crime are endemic.

Slums and camps in Lebanon have been expanding, under destitute living conditions, hosting different people across time, from low-income international refugees, rural-urban migrants, internally displaced Lebanese that settled in squatter communities during the Civil War, migrant workers earning below-minimum wages, all the way to the recent influx of Syrian refugees. Whatever the dwellers' origins, the slums and camps continued to expand and host the most vulnerable and poorest.

9.6 Impact Of The Syrian Refugee Influx

Lebanese communities, particularly those hosting refugees, are witnessing increased demand for water supply and sanitation provision. The burden on an already deficient system requires financial and technical resources to boost supply and improve quality. Lebanese families squeezed out under the pressures of demand are bearing the cost of resorting to alternatives sold in the private sector. It is estimated that the demand for water has increased by 7 per cent, equating to a cumulative cost of approximately US\$18 million (World Bank 2013b).

In addition, the pressure on water and sanitation services is expected to have high health and environmental impacts. Solid waste generation has doubled in several areas, which is contributing to groundwater contamination, pollution of water resources and spread of waterborne diseases. Municipalities lack the resources to manage such an overload of waste. Their financial resources have not increased in the short term.

The shelter conditions of refugees in Lebanon are a significant challenge to any environmental or habitat goal. Although the majority of registered Syrians refugees continue to reside in rented apartments and houses, an increasing number are forced to live in unfinished houses, shops and tents. A total of 40 per cent of Syrian refugees live in sub-standard buildings and informal settlements, impacting severely the water and sanitation service provision.

Thus, at least 28 per cent of Syrian refugees do not have enough access to safe water and more than 70 per cent of households rely on the public water network, and supplement it to meet their drinking and other water needs. Water supply is a greater concern in the rural areas where water trucks do not fill household tanks as frequently. Water shortages have become more problematic starting summer 2014 due to lower than average precipitation in the preceding winter. In terms of sanitation services, the situation is not any better with almost 30 per cent of Syrian refugees in need of access to improved sanitation, 7 per cent of which are particularly vulnerable. In informal settlements, wastewater is not properly evacuated (UNHCR 2014a).

These conditions are even worse for the estimated 14 per cent of Syrian refugees living in some 1,069 informal settlements, and for the Syrian refugees in the Bekaa valley and the North of Lebanon who live in difficult-to-access locations. The Palestinian refugees from Syria who are residing in Palestinian gatherings are considered to be among those most in need of water and sanitation services (UNHCR 2014a). They have added to the already underserved Palestinian populations who were living on minimal service provision before the current crisis.

For example, during the summer of 2013, assessments of some regions of the South, reported on raw, untreated sewage being dumped directly into water streams close to refugee shelters. Plastic and nylon bags are being used as nappies. There is no adequate water supply or washing facilities in most sites, and families need buckets for personal hygiene and to wash clothing. This situation has led some Syrian families to swap food vouchers to purchase essential items such as nappies and female hygiene items.¹⁵

A nationwide survey showed that 12 per cent of refugees live in tents, 18 per cent in separate rooms, and 59 per cent in housing units. One quarter of households live in spaces of less than 25 square metres, and 42 per cent of household housing has a density of four or more people per room. More than a quarter of households do not have access to sufficient water and 13 per cent do not have soap or hygiene items. Around 27 per cent use a flush latrine while 7 per cent use the open air. In addition, 14 per cent of households use a latrine shared with 15 people or more. While 11 per cent share a bathroom with 15 people or more, 6 per cent have no access to a bathroom (World Food Programme 2013a).

While these statistics might vary from one location to another and from one survey to another, no assessment doubts that more than one million people are living in slum-like shelter conditions with inadequate access to basic water or sanitation services.

¹⁵ UNHCR Regional Analysis for Syria report, 31 July 2013: <http://www.acaps.org/en/pages/syria-snap-project>.



10. Goal 8: Develop a Global Partnership for Development



10. Develop A Global Partnership For Development

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Includes a commitment to good governance, development and poverty reduction – both nationally and internationally

Target 8.B: Address the special needs of the least developed countries

Includes: tariff and quota free access for the least developed countries; exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.

Official Development Assistance (ODA)

8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income

8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied

8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

8.5 ODA received in small island developing States as a proportion of their gross national incomes

Market Access

8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty

8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product

8.9 Proportion of ODA provided to help build trade capacity

Debt Sustainability

8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)

8.11 Debt relief committed under HIPC and MDRI Initiatives

8.12 Debt service as a percentage of exports of goods and services

The eighth MDG assesses the macro setting in which all other goals are achieved. It differs from the other seven specific goals in that it puts a global responsibility towards developing countries, in addition to the national responsibility.

While global responsibility towards a partnership for development remains essential to facilitate developing countries' catching-up, this chapter will focus on the Lebanese national efforts in creating a macro setting conducive to development through linkages with the rest of the world. Having set the stage with a brief overview of Lebanon's macroeconomic situation in the introductory chapter, this chapter will discuss the elements of MDG 8 most relevant to Lebanon. These are trade and financial cooperation for development (Target 8.A), debt sustainability (Target 8.D) and private sector cooperation for development through the pharmaceutical and telecommunication sectors (Targets 8.E and 8.F).

10.1 Target 8.A Situation Analysis: Achievements And Challenges

Lebanon's geographical location at an intersection point between East and West, its history of economic liberalism including free movement of capital and goods, its full currency convertibility and well-developed banking sector, have all facilitated its integration within the global economy.

Lebanon is pursuing trade liberalization reforms and reducing its tariff rates (table 10.1). The country already has a number of free trade agreements with large trading blocks such as the European Union, the European Free Trade Association and the Gulf Cooperation Council. Lebanon also became part of the Greater Arab Free Trade Area in January 2005, and is negotiating accession to the World Trade Organization (WTO). To date, seven working party meetings have taken place with the WTO to review the country's responses to issues that were raised by member States. Other bilateral and multilateral negotiations with trading blocs have been completed. Ongoing agreements such as the initiation of negotiations with Mercosur, the economic and political agreement between Argentina, Brazil, Paraguay, Uruguay and Venezuela are underway.¹⁶

Table 10.1 Tariff Rates

	2000	2001	2005	2007
Tariff rate, applied, simple mean, all products (%)	19.5	8.4	7.1	5.6
Tariff rate, applied, simple mean, manufactured products (%)	18.9	7.5	6.1	5.2
Tariff rate, applied, simple mean, primary products (%)	23.3	14.6	13.6	8.2

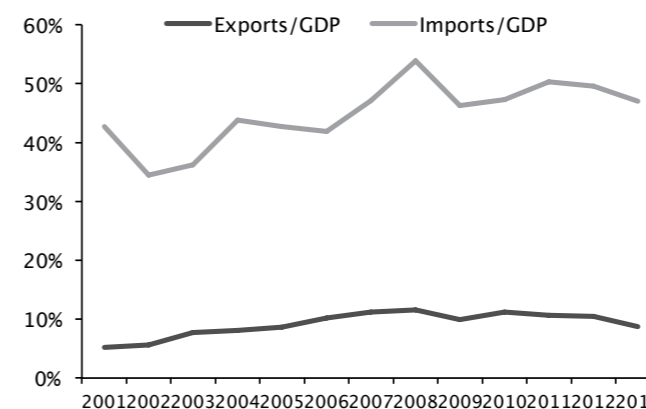
Source: World Development Indicators, World Bank.

These agreements have pushed Lebanon to introduce business reforms and to modernize the business and legal framework. However, their economic and social impact, particularly on decent job creation and poverty reduction, requires further in-depth investigation and might vary from sector to sector.

Lebanese exports over time have been erratic. While they had grown in nominal terms on average annually by 9 percent between 2007 and 2013, they did not change much when measured in net volumes. Likewise, as a percentage of GDP they account for no more than 11 per cent and slightly more than a fifth of the level of imports (figure 10.1). Lebanon has a chronic trade deficit, reaching approximately 38 per cent of GDP in 2013 (figure 10.2). Exports have been affected during the last year by the crisis in Syria.

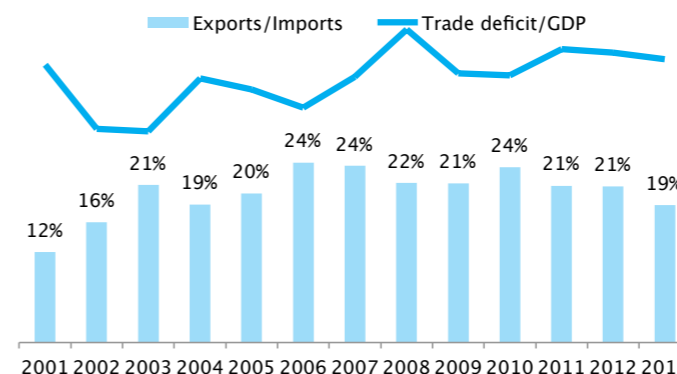
¹⁶ Ministry of Economy Trade and Development Newsletter, December 2011.

Figure 10.1 Imports And Exports Relative To GDP



Source: Ministry of Finance.

Figure 10.2 Export Coverage Ratios



Source: Ministry of Finance.

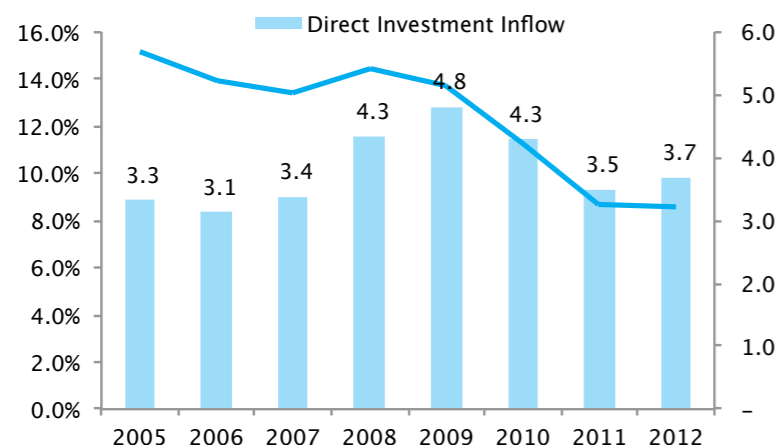
The obstacles that Lebanese exporters face include internal factors and external barriers ensuing from the export markets. The latter are mainly non-tariff measures, including technical and non-technical barriers to trade. For example, Lebanon's exports suffer from trade-distorting agricultural subsidies in developed countries. More than one third of Lebanese exports continue to go to Arab countries and almost a quarter go to African countries,¹⁷ reflecting more successful agreements with Arab countries than with European countries.

Likewise, businesses in Lebanon suffer from an outdated infrastructure in the agricultural and industrial sectors, relatively high costs of production and difficulties in access to finance. On the World Economic Forum's Competitiveness Index, Lebanon's score has not improved over the past three years. The most problematic areas in doing business remain the inadequate infrastructure, inefficiency of government bureaucracy, government instability and corruption (World Economic Forum 2013).

The trade deficit is accompanied with substantial private foreign financial flows that consist mainly of remittances and foreign direct investment (figures 10.3 and 10.4). Lebanon does not seem to lack access to international flows of financial resources. Moreover, the country has been following economic policies aiming to attract the inflow of financial resources. The drivers of these inflows are a consistent monetary policy, a strong banking sector, a lucrative real estate market, the regional oil wealth and a widespread Lebanese diaspora that is estimated to be around three times the size of the resident population and that is still closely connected to the home country.

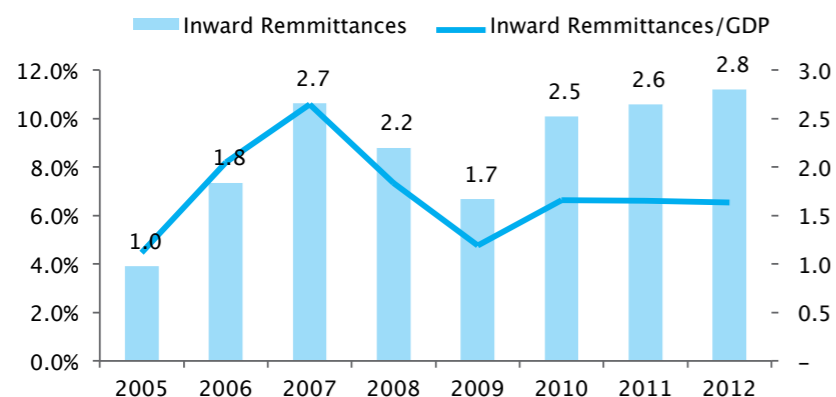
¹⁷ Lebanese customs data.

Figure 10.3 Foreign Direct Investment Inflows To Lebanon (US\$ Billion)



Source: Central Bank of Lebanon.

Figure 10.4 Inward Remittances To Lebanon (US\$ Billion)



Source: Ministry of Finance Country Profiles and Central Bank Quarterly Bulletin.

Private financial flows have boosted aggregate demand and economic activity. They have partially financed large trade and fiscal deficits and allowed Lebanon to escape economic shocks, but they have also concealed Lebanon's structural weaknesses and contributed to delays in structural transformation and development of a productive economy.

A large part of these financial inflows go to sectors that offer limited productivity gains and thus have little capacity for economic growth and job creation. For example, the real estate sector has captured between 50 and 70 per cent of Lebanon's total gross fixed capital formation since 1997, while capital formation and foreign direct investment in more innovative sectors remain very small (World Bank 2011).

Remittances boost household consumption, particularly during difficult times, and thus reduce vulnerability and aid poverty alleviation. However, cases from around the world indicate that, often, it is not the poorest that benefit most from remittances, and remittance inflows can initially lead to increasing inequality. This is because international migration is a selective process - i.e. it is not equally possible to all and it is rather the better-off that find jobs abroad- and as such its rewards, in terms of remittances, are not equally distributed, and often do not reach the poorest members of communities or countries. On another front, in Lebanon, significant emigration, which is the source of remittances, is also associated with social problems such as the brain drain and social hardships.

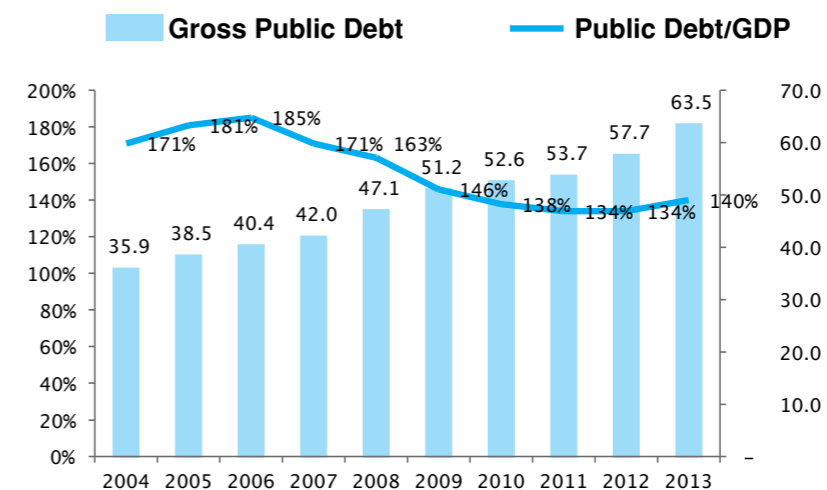
10.2 Target 8.D Situation Analysis: Achievements And Challenges

Debt sustainability has been a major obstacle to development in Lebanon. The country has a swelling debt and high debt servicing ratios, which are constraining fiscal space and limiting the manoeuvring of fiscal expenditure. Lebanon has attempted a number of public finance reform measures and debt alleviation measures, supported by aid. Despite some successes, the country has not yet embarked on a soft landing scenario.

Public debt is estimated at US\$63.5 billion, the equivalent of 140 per cent of GDP in 2013. It reached a peak exceeding 180 per cent of GDP in 2006 after the Israeli war on Lebanon, but has been declining since then. Following the Paris III donors' conference in 2007, yields on Treasury bills (the main instrument used to finance public domestic debt) have generally declined, while the Central Bank implemented debt service reduction measures. Between 2006 and 2012, public debt decreased by around 50 percentage points of GDP, primarily driven by implemented fiscal reforms and a record economic growth. The downward trend was interrupted in 2013. The fiscal deficit relative to GDP also went down between 2006 and 2011, mainly due to cyclical factors. By 2012, as reforms stalled, fiscal conditions had deteriorated, with revenue performance weakening on economic slowdown, while expenditure expanded briskly, mostly due to the cost of living adjustment for the public sector. The public deficit went up again to exceed 9 per cent in 2013 (Ministry of Finance 2014).

Although around 40 per cent of Lebanon's gross public debt is external debt, Lebanon has never conducted a Paris Club or London Club rescheduling of its external debt. The country has also never defaulted on any obligation. External debt is mainly held by Lebanese individuals or banks.¹⁸ This situation has its pros and cons. On the one hand, commercial banks have financed persistent fiscal deficits and supported the government in difficult times; on the other hand, it has weakened the banking sector economic intermediation role and channelled financial resources to deficit financing rather than productive sectors.

Figure 10.5 Gross Public Debt (US\$ Billion)



Source: Ministry of Finance

The swelling public debt is coupled with burdensome debt servicing, which has been consuming most fiscal revenues and leaving limited room for other types of spending (table 10.2). Debt service plus civil servants' wages and salaries account for more than 80 per cent of government revenues, keeping any consideration of a cut in expenditures limited.

¹⁸ Central Bank quarterly publications and Association of Banks of Lebanon monthly publications, 2012.

Table 10.2 Debt Service Indicators

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Debt service/ fiscal expenditure	49%	46%	46%	38%	35%	38%	39%	35%	35%	36%	34%	29%	29%
Debt service/ fiscal revenue	93%	79%	73%	54%	48%	62%	56%	50%	48%	49%	43%	41%	42%

Source: Ministry of Finance.

Well aware of its unsustainable debt situation, Lebanon has launched successive reform plans that have allowed it to receive concessional loans and restructure debt. The government's strategy has been directed to maximizing the use of concessional financing (in the form of grants or soft loans). Lebanon has received official aid mainly through donors' conferences, which have taken place in post-conflict situations (table 10.3).

Table 10.3 Official Development Assistance (ODA) Indicators

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Net ODA received (% of GNI)	3.2	1.3	1.1	3.6	3.8	3.5	1.7	1.2	1.2	1.6
Net ODA received (% of government expenditure)	8.7	4.7	4.0	11.7	12.5	12.0	5.7	4.2	4.5	6
Net ODA received per capita (US\$)	145	69	58	201	236	256	137	103	108	160
Net official development assistance and official aid received (US\$ million)	534.4	265.8	230.5	819.0	979.0	1,069.9	580.3	447.9	473.6	710.2

Source: World Development Indicators, World Bank.

The Paris III conference that took place at the beginning of 2007, five years after a similar donor conference in 2002 (Paris II), resulted in pledges of financial assistance to Lebanon of approximately US\$7.6 billion, of which approximately US\$4.3 billion had been received by the end of 2012. These included concessional loans to the public and private sector and issuance of Eurobonds. Lebanon Paris III concessional loans to the public sector accounted for 10.5 per cent of total foreign borrowing in 2012 (Ministry of Finance 2013).

This aid was tied to an economic and fiscal reform plan and the Social Action Plan that Lebanese authorities had prepared according to the government's assessment of the country's needs. The funds received were used to restructure public debt and to implement selected social reforms in the Ministries of Education and Higher Education, Public Health, and Social Affairs, and other government entities providing social services (Ministry of Finance 2009).

In addition to the Paris II and III financial assistance and foreign Eurobonds issued by the Lebanese government, at end-2013, Lebanon had outstanding foreign financing facilities in the form of contracted loans that amounted to around US\$2.0 billion. In 2013, disbursements from foreign financing loans were approximately US\$147 million. Multilateral institutions and individual countries provided these facilities under concessional terms (Ministry of Finance 2014).

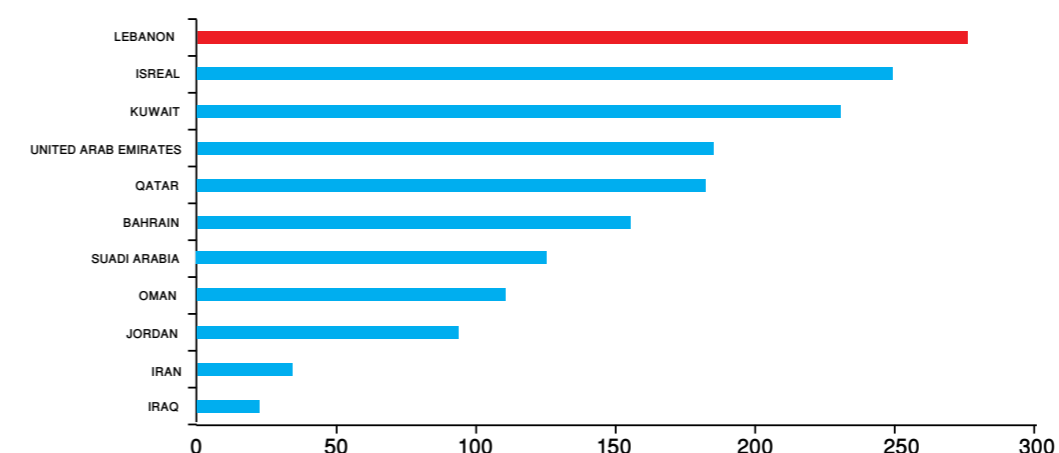
10.3 Targets 8.E And 8.F Situation Analysis: Achievements And Challenges

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Fixed telephone lines per 100 inhabitants 8.15 Mobile cellular subscriptions per 100 inhabitants 8.16 Internet users per 100 inhabitants

MDGs 8.E and 8.F focus on the private sector's role in the provision of affordable drugs and access to information and communications technologies. The private sector role in Lebanon is very important in terms of its contribution to economic activity and social services.

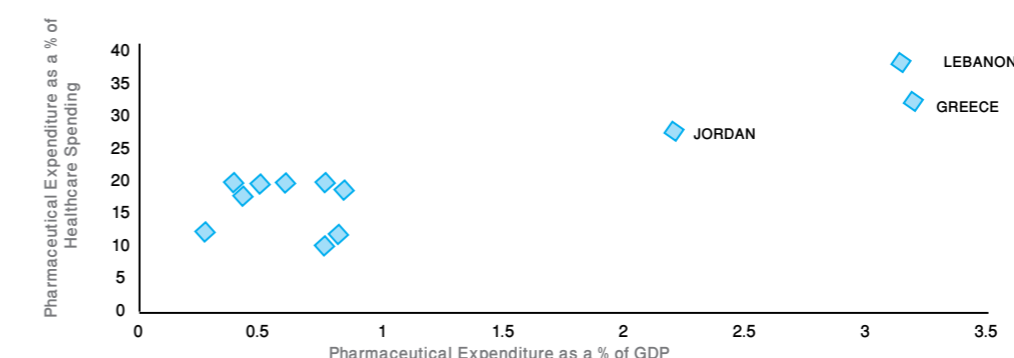
The pharmaceutical sector was estimated to have a market size of US\$1.28 billion in 2012, an increase of 6.4 percent from US\$1.2 billion in 2011. Per capita spending on pharmaceutical products was around US\$297 in 2012 in comparison to US\$282 in 2011 (figures 10.6 and 10.7). Spending on pharmaceuticals was equivalent to 2.9 percent of GDP, which ranked Lebanon in seventh place globally. Medicines represent more than 40 percent of health-care spending in Lebanon (Blominvest Bank 2012).

Figure 10.6 Pharmaceutical Expenditure Per Capita, 2012



Source: Business Monitor International, as published in Blominvest Bank 2012.

Figure 10.7 Pharmaceutical Expenditure As Share Of Total Health-Care Expenditure, 2012



Source: Business Monitor International, as published in Blominvest Bank 2012.

The sector is mostly based on imported medicines and on patented brand names, constituting more than 80 percent of the total market. The use of generics is not common. Physicians have complete freedom of prescription and pharmacists can sell most drugs without prescription, except for very few selected psychoactive drugs. Most of the time, they tend to prescribe branded rather than generic medication.

In addition, the high spending on health care and the large sales of pharmaceutical products are associated with a common health practice in Lebanon: prioritizing a curative rather than preventive care approach. Furthermore, with 90 percent of Lebanon's hospitals and pharmacies held by the private sector and as mark-ups are fixed on drugs, there is a tendency to prescribe high-value pharmaceuticals (Blominvest Bank 2012).

Government policy is to provide free-of-charge medicine to chronic disease patients through a programme supervised and managed by the Ministries of Public Health and Social Affairs and, to an increasing extent, by selected NGOs. The Ministry of Public Health provides through its primary health-care centres medications at a subsidized cost for people with chronic diseases.

Regarding access to information and communications technology (ICT), Lebanon has registered growth rates in penetration, driven by the various initiatives implemented to upgrade and modernize the country's infrastructure (table 10.4). Furthermore, according to the International Telecommunication Union, 72 percent of Lebanese households have a computer at home and 62 percent have Internet access (2011) (box 10.1).

Table 10.4 Selected ICT Indicators

	2000	2006	2011	2012
Fixed telephone penetration rate (per 100 people)	15.6%	17.0%		21% (April 2012)
Mobile penetration rate (per 100 people)	20.0%	27.0%	72.2%	84.0%
Fixed telephony internet penetration rate (per 100 people)	1.8% (2003)	4.6%	5.2%	11.6%
Mobile broadband penetration rate	18.3%	27.6%	79%	
Number of mobile broadband subscribers			280,000	722,000
Average speed of mobile broadband			70 kilobytes	1.2 megabytes
Fixed broadband penetration/household			20%	24%
Number of DSL subscribers			200,000	240,000
Average speed of fixed broadband			40 kilobytes	60 megabytes

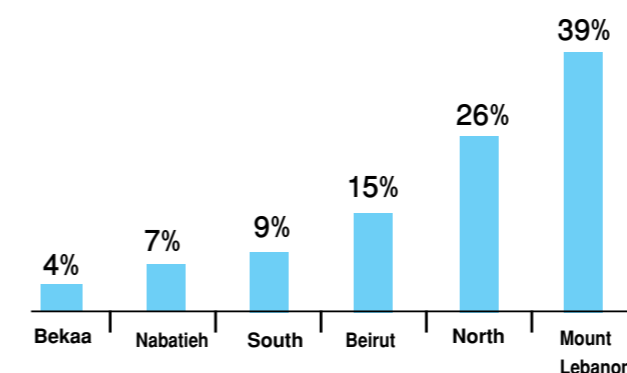
Source: Investment and Development Authority of Lebanon, Ministry of Telecommunication and the World Bank

However, these services are still not available in the quality and coverage corresponding to Lebanon's potential. The sector suffers from technical problems, market-related structural problems, lack of coordination and regular political bickering between different heads of the government telecommunication-related entities. As a result, prices have been kept relatively high and quality below accepted standards, when compared to the quick transformation undertaken in peer countries.

Box 10.1 Internet Access Is A Human Right

In 2011, eight years after the World Summit on the Information Society of 2003, the United Nations declared Internet access as a right. Among the goals was to address the global digital divide and to improve access to information and communication infrastructure and technologies as well as to information and knowledge. In Lebanon the divide remains, affecting education performance and knowledge gains. A geographical discrepancy is evident in school equipment, reflecting inequality in access to internet for students (figure 10.8).

Figure 10.8 Share of public schools connected to the Internet



Source: Ministry of Education and Higher Education.

10.4 Selected Good Practices

Lebanon's ability to secure financing, whether from the private sector through trade, or financial flows, or donor's aid, has been noteworthy. International institutions have questioned the ability of the country after every crisis to weather shocks. Three donor conferences have provided Lebanon with concessional financing without the need to resort to the international financial institutions' conditional programmes. It also pushed governments to start formulating long-term plans and for the first time incorporate a social plan, which was developed later into a strategy. Had this strategy been pursued more comprehensively to fulfil its vision, it would have advanced the country on its development trajectory.

Among more specific selected good practices related to MDG 8 is the Lebanese Ministry of Finance's endorsement of the International Aid Transparency Initiative. Lebanon was the 20th developing country to endorse such a voluntary, multi-stakeholder initiative that includes donors, partner countries and CSOs. The International Aid Transparency Initiative aims to make information about aid spending easier to access, use and understand.

Regarding access to medicine, it is important to highlight that even though the pharmaceutical sector is dominated by the private sector, the Ministry of Public Health has a number of initiatives to promote good governance and improve transparency in medication management and procurement. Legislation has been used to update registration, allowing a cut of more than 20 percent in prices through a readjustment of the pricing components of medicines and the creation of incentive schemes that favour the selling of low-price medicines.

Similar initiatives are taking place in access to ICT. Based on the recommendations of the Ministry of Telecommunication and the supporting opinion of the Telecommunication Regulatory Authority, the Council of Ministers approved a reduction in the prices of mobile services. These price

reductions, combined with Ministry of Telecommunication investment in mobile networks and the new management fee structure (which creates incentives to expand the subscriber base), have resulted in renewed marketing efforts by the managers of the two mobile service providers, a shift from prepaid to postpaid subscription, and recent increases in mobile penetration.

10.5 Impact Of The Syrian Refugee Influx

MDG 8, on partnership for development, cannot but be seen through the lens of the Syrian refugee crisis in Lebanon. The influx of people equivalent to 25 per cent of the population of a small country requires other countries to assume responsibility.

Lebanon made an appeal for US\$370 million at the beginning of 2013 to the donor community to finance its comprehensive plan for service provision to Syrian refugees. The funds are for services provided by the Ministry of Public Health, the Ministry of Education and Higher Education, the Ministry of Social Affairs and the Higher Relief Council, and to finance activities organized by international organizations. Up to September 2013, Lebanon had received only 27 per cent of that amount. Donors are shying away from Lebanon for different reasons, including political factors, but also technical and operational problems concerning the disbursement of aid.

Aid received has been insignificant compared to the continuous and soaring influx of refugees (30 percent at mid 2014 of the UN agencies revised request). United Nations agencies are tightening their aid budgets as funding decreases. UNHCR announced that starting in October 2013 it will cut 30 per cent of food aid and provide more "targeted assistance". The reductions are expected to continue if funding is not boosted.

Aid provided to refugees, as limited as it is, has created tension with Lebanese host communities that are generally in the poorest parts of the country (refer to previous chapters). The Lebanese host communities feel they are underserved whereas refugees benefit from aid. Amid dwindling funding and increasing community tension, the government's approach aims to target vulnerable communities, rather than refugees only, where the concentration of Lebanese poor and refugees intersect.

According to World Bank projections over the 2012–2014 period, around US\$1.6 billion is needed to ensure that access to and quality of services in the spheres of health, education, poverty, employment and livelihoods remain at pre-crisis levels. Another US\$1.3 billion would be needed to restore infrastructural services (electricity, water, sanitation, solid waste and transport) (World Bank 2013b).

The World Bank created a multi-donor fund for developmental projects in the areas inhabited by the most vulnerable host communities is under consideration, based on an updated assessment of the country's needs. However, so far only France and Norway pledged contribution in addition to a contribution by the World Bank. Other countries are still expressing interest. While this solution could resolve operational hurdles, such as programmatic and financial accountability, it has setbacks as well, according to experiences of other countries. It could entail time-consuming processes that have a critical effect on project delivery. It might also be faced with under-subscription to the project. The Lebanon Recovery Fund, established in the aftermath of the July 2006 war, could provide lessons learned.

Lebanon is in need of aid as it is becoming increasingly vulnerable under the impact of the Syrian crisis, whether through the refugee influx or the macroeconomic implications (see chapter 2). The fiscal costs are increasing, in a country with very limited fiscal space. The short-term widening fiscal deficit expected for the next two years could also increase the public debt ratio to place Lebanon back on an unsustainable path.

11. Unfinished Business Of The MDGs



11. Unfinished Business Of The MDG

Lebanon's track record with the MDGs remains mixed overall. This uneven record comes two years before the 2015 deadline. Within such a short time frame, and as the country is facing significant threats, it is essential to take action to protect any achievements made. Accordingly, based on the analysis of the MDG record in the previous chapters, the first part of this chapter will provide broad suggestions for priority areas where interventions are required.

At the same time, as global discussions are also under way to set a post-2015 developmental agenda, evaluating Lebanon's experience in terms of how the MDG framework has impacted its development trajectory is also important, even though conclusions cannot be fully asserted in the absence of counterfactuals. Such a broad analysis looks into two main impact areas of the MDGs: policymaking in general and improving data and statistics.

11.1 Priorities To Sustain MDG Achievements

Lebanon has achieved at least seven targets of the MDGs, mainly in health, primary education and gender equality in education. The remaining targets show mixed results, or are not applicable to Lebanon, or are not expected to be achieved on time. Most critical of the latter are poverty reduction and environmental sustainability.

As the country faces an aggravating humanitarian crisis from the Syrian refugee influx that unveiled Lebanon's development weaknesses, as the macroeconomic challenges mount, and as a political deadlock prevents any strategic decision-making, the outlook is not expected to unfold a significant transformation before the 2015 milestone. Lebanon's most realistic bet in the short term, given constraining circumstances, is to try and protect the MDG achievements made and contain any deterioration in poverty levels and environmental sustainability, while maintaining macroeconomic stability. At the same time, the MDG framework has helped identify key areas for dealing with the problems faced by the significant refugee population in Lebanon, even though the MDG framework itself does not include any refugee-specific target.

In order to protect achievements, policy response needs to move from being reactive to being proactive. This cannot be achieved without the political will to support decision-making. Most public administrations are trying to be pre-emptive, yet need to advance in planning, coordination, and this requires a fully operational Cabinet, and an active parliament for providing legislation, monitoring, and evaluation.

A development-oriented approach in dealing with refugee assistance is essential in targeting both refugees and host population community needs. The refugee influx to Lebanon has managed to attract attention to the situation of host communities, which are mostly in remote areas that have been underserved for long periods. Although refugees are imposing a burden on local communities and economies, draining public resources and services and straining the environment, if policy action is taken, they could also benefit host communities by providing temporary cheap labour to local producers, expanding consumer markets for local basic goods, and justifying increased foreign aid.

The following subsections summarize priority approaches for each MDG to deal with the refugees' situation in the short term and provide medium to long term broad suggestions that contribute to the achievement of the MDGs at large.

MDG 1

Emergency temporary job creation could redirect people to constructive activities. To contain

deterioration in MDG 1, employment creation is necessary primarily for locals and secondly for Syrian refugees in Lebanon. For the latter, these include cash for work, emergency employment services and short-cycle capacity development. The aim is to provide quick cash incomes and stimulate the development of skills for livelihood support, while at the same time benefiting labour-intensive infrastructure projects, such as agricultural roads and irrigation networks, and infrastructure rehabilitation of schools and other public centres. Emergency temporary jobs have to be well studied to reflect their impact on the overall local labour market and at the same time take into account equity considerations, thus following a "do no harm" approach, by avoiding creating tensions.

However, while such an intervention responds only to the direct impact of the Syrian refugee influx, it would not deal with the real bottlenecks that hampered the achievement of the MDG 1. Hence, a bridging between employment/livelihood short-term stabilization interventions and a wider strategic developmental interventions are needed, especially for host communities where the bottlenecks go further complicated. This can be applied through the continuation and upgrading of already elaborated public investment programs focusing primarily on a job creation component. At the same time, integrated and multisectoral local development plans need to be implemented, with thorough coordination, in most vulnerable areas and host communities.

Poverty alleviation (MDG 1) needs to target vulnerable communities at large, focusing on areas where poverty is high and, at the same time, include households identified as poor using multidimensional poverty criteria. Narrow targeting to provide a small basket of free public services to identified households is not sufficient in the Lebanese case, where no updated official income or spending poverty data are available from household surveys, and as the prevailing qualitative assessments point to a relative increase in the number of poor. This, combined with the significant geographical disparities that are a key feature of development in Lebanon, requires geographical interventions. Local development interventions have been initiated applying a variety of approaches, yet so far, interventions were sporadic and not tightly linked.

In the medium to long term, Lebanon is expected to deal with MDG 1, adopting a more integrated approach that reflects needs, deprivations and the real characteristics and experiences of the poor in Lebanon. Lebanon needs to realign interventions with a unified vision of social development, translated into a comprehensive social development policy, beyond narrow social assistance through safety nets. What is required is enacting and building the capacities of a public entity to become in charge of social development and applying transformative and integrated policies for sustained poverty reduction.

Achieving social objectives in line with MDG 1 requires specific economic policies geared towards poverty alleviation and redistribution, a crucial condition that is still almost non-existent in Lebanon. As long as such an orientation is missing, social development cannot take place. Economic policies in Lebanon, particularly fiscal policies, need to upgrade the productive capacities of individuals and communities, ensure economic growth that generates decent jobs, and promote a just social transformation.

MDG 2

Access to quality education is a priority in Lebanon, particularly in public schools, where primary enrolment has almost reached its maximum capacity and where Syrian refugees enrolment has been constantly growing. The situation of the Syrian refugees requires special efforts from international organizations and the government to tackle the problems and challenges of rising enrolment (see

chapter 4). In the higher education cycles, where the differences between education of Syrians and Lebanese are wider, more demanding solutions are required. Offering special curricula for the Syrians or providing alternative forms of education should focus on enrolling them under a system of formal education while avoiding negative impact on Lebanese students. In parallel, Lebanon needs to pursue the reforms planned in its Education Sector Development Plan 2010-2015, and address the issue of refugees enrolment without jeopardizing the academic achievement, which is already low in public schools.

MDG 3

In addition to legal reforms, gender equality needs an institutional transformation that leads to a fundamental change in society's assigned responsibilities and values, particularly in the political and economic sphere. Women's organizations in Lebanon working on gender violence are one typical case, planting a few seeds of success in the direction of transformation, even though further mobilization and commitment are needed from change agents to fully benefit from the momentum triggered. In the medium term, interventions, through regulatory reforms such as transitory political representation through quotas, can facilitate similar changes. Long-term changes are, likewise, needed to correct deeply rooted gender biases in structures and processes and enable women to claim their rights. One way to catalyse women's economic participation in Lebanon is to reduce the burden of care-related work by offering wider provisions for childcare and other family support, making the care responsibility, which is currently viewed mainly as a woman's responsibility, less of an obstacle to participation in public life and more a social responsibility. It is worth mentioning that any achievements in gender balance have a multiplier effect on all other goals.

MDGs 4, 5 and 6

The influx of refugees requires an intensification of immunization, public health and personal hygiene awareness campaigns, supported by primary health-care reach-out and capacity building. The successful achievements made in children's health and public health overall are jeopardized by the re-emergence of communicable diseases, decelerating the epidemiological transition that Lebanon was going through. Within this context, building the technical capacities and increasing the financial resources to support the disease early warning system at the national level and the local level, and facilitating access to the primary healthcare services are essential.

Awareness raising on reproductive health services and increasing their availability coverage among Syrian refugees and vulnerable Lebanese men and women in peripheral areas are the priorities of the maternal and reproductive health targets. On the other hand, even while maternal health services have registered significant progress, the quality of services can still be further improved. For example, the quality of emergency obstetric care provided by the public sector and NGOs, particularly in underserved locations, is an opportunity area.

In the medium and long term, the Lebanese health-care system needs wider restructuring to ensure universal and equitable coverage from a rights-based perspective. Efforts should also target the quality of medical services provided by the public sector. Setting more ambitious health targets requires again an integrated approach to social development.

MDG 7

Municipalities need direct financial and technical support to boost their capacities in managing sanitation and safe water access in underserved areas. Lebanon's basic utilities have been quite deficient in coping with local demand and now face a sudden surge due to the refugee influx. Municipalities of the most vulnerable and remote areas are in charge of these sectors and also have

a role in ensuring environmental management and sustainability of their locations, yet they are short of resources under prevailing macro conditions. Water, sanitation and shelter for the refugees are the highest priorities in the crisis situation. Municipalities need to be empowered to be able to have a greater role not only in response to the refugees influx but also in terms of administering local development plans in their regions.

In the longer term, Lebanon has more structural challenges in most of its infrastructure sectors that need to be addressed as a top priority at local and national level, starting with water and waste management and electricity provision, to ensuring environmental sustainability and preserving natural resources. Several reform agendas and studies have been planned, based on sound assessments of the problems. Strategies in the water and sanitation sectors have been completed and clearly identify the situation and the solutions.

MDG 8

Lebanon needs a stronger response (through financial aid) from the international community, in line with the "global partnership for development" stipulated by MDG 8, particularly at a time when it is carrying the heavy burden of a sudden surge in its inhabitants due to the refugee influx. Refugees are vulnerable and poor, and the country is ill equipped to meet such a surge in the deprived population, as it has weak public finances that are facing significant pressures. Due to funding constraints, United Nations organizations are reducing the proportion of registered refugees receiving aid. Targeted assistance provided only 72 per cent of registered individuals with food and non-food items in Mount Lebanon and Bekaa starting October 2013, and in the rest of the country starting November 2013. The financial contribution of donor countries remains insufficient.

Towards the end of September 2013, the United Nations convened the inaugural meeting of the International Support Group for Lebanon, in order to assist the country. The Support Group was successful at the political level, yet what is required is actual delivery of aid pledges.

11.2 Lessons Learned From The Lebanese MDG Experience

The benefits of the MDG initiative have been apparent globally, notwithstanding some of the inherent weaknesses and contradictions in conceptualization. The MDGs have provided an integrated developmental framework that has been simple to communicate as a basis for concrete actions and monitoring. It has aimed to influence policymaking by prioritizing certain dimensions of human development. In addition, with its specific set of quantitative targets and indicators, the framework has helped develop national statistical capacities to use data in support of policymaking.

As the MDGs will be soon reaching their due date, and the post-2015 development discussions are under way, it is worth assessing whether Lebanon has benefited from the existence of such a framework, as this could feed into the global evaluation exercise and forward-looking discussions, and also help Lebanon maximize benefit from any similar initiative.

11.2.1 Statistical Production

Regularity, periodicity and methodological differences in producing statistics remain a major challenge in Lebanon, as reflected in this report. The Central Administration of Statistics is the official public institution mandated to generate, coordinate and disseminate statistics. However, it is facing mandate, capacity, and funding problems. The latest available official social indicators, including only some of the MDG indicators, date back to 2009, when the last Multiple Indicator Cluster Survey was conducted. Ministries, private research agencies, international organizations and other entities produce their own statistics and indicators independently over intermittent periods of time and

based on their specific needs and funding.

In 2007, as part of improving the national statistical system, authorities have included in the Social Action Plan presented to the Paris III donor conference an initiative to build the country's statistical capacities through a strategic Statistical Master Plan. In 2008, a team of experts drafted and presented the plan to the Council of Ministers. The plan aimed to improve the statistical database in general, and the social database in particular, and aims for data production and dissemination and publication of statistics. It was expected to address comprehensively systematic cooperation between different official entities and the Central Administration of Statistics, being the public institution mandated for this purpose.

By 2013, five years later, the Statistical Master Plan had not been pursued, even though the 2013 caretaker government's Economic and Social Reform Action Plan (see chapter 2) included it again as part of its reform measures. Implementation did not happen because the Statistical Master Plan requires political decision-making at the executive and legislative levels and requires a budget outlay; all remain out of reach under the prevailing stalemate in Lebanon.

11.2.2 Policymaking

In many countries around the world, the MDGs created incentives to mobilize support and effect policy change towards active long-term planning. Many donor policy statements focused at least on some specific elements of the MDGs. At the national level, the impact varied from country to country, ranging from complete ownership and tailoring to national specificities by adding or modifying goals (for example, Iraq added a goal on good governance) all the way to setting up government entities or parliamentary committees for follow-up and monitoring (Bangladesh, for instance). Situating Lebanon along these lines, the impact of the MDGs on policymaking remains rather modest.

Influencing Policy Thinking

If taken out of the context of the Millennium Declaration and the process of its formulation, the MDGs could be considered as oversimplifying complex concepts and quantifying intangible social phenomena, such as reducing gender inequality and disparities in school enrolment. It could also be criticized for advocating a "one size fits all" approach for different countries. However, the MDGs need not to be constraining or reductionist, if countries use the ideas accompanying their inception, starting from the Millennium Declaration to all the following MDG review summits and special events. Countries that have tailored the global framework to their national specificities have benefited from the knowledge driving the MDGs.

While many of the MDG targets did not perfectly fit a medium-income country such as Lebanon and were not exactly reflective of its main developmental challenges, tailoring to the Lebanese national context did not take place. Lebanon also did not revert back to the Millennium Declaration and tailoring was only attempted at the local community level under two pilot projects in two locations: Chouf and Akkar (box 11.1).

A capacity building assessment carried out, in 2011, by UNDP's Support to the Achievement of the MDGs project, studied units within ministries and other public entities and found that a main challenge to benefiting from the MDGs was the absence of tailoring (UNDP 2012). The assessment related this weakness to the absence of an integrated strategic planning entity in charge of combined interventions, monitoring, and evaluation. The assessment also highlighted the need for fostering partnerships with key stakeholders and building public sector human resources' capacities.

Box 11.1 MDG Localization In Jurd El Quayteh, Akkar

In 2011, the UNDP's Support to the Achievement of the MDGs project and the Council for Development and Reconstruction initiated, with the federation of nine municipalities of Jurd el Quayteh in Akkar, a pilot project to implement capacity-building and localization (tailoring) of the MDGs with the partnered municipalities. The aim of the project was to build local capacities and allow, at the same time, community development through a decentralized local development planning, monitoring and evaluation framework.

The participatory approach of the project, which required training and capacity development of local key stakeholders on the MDGs, also raised awareness on the social and economic rights of the communities in order to empower them to claim these rights and ensure an equitable development process. The project also developed local statistical capacities, particularly with regard to gender-sensitive data. The collection of disaggregated data by sex also raised awareness about gender gaps.

The Jurd el Quayteh MDG report emphasized, however, that the localization of the MDGs is not sufficient for national achievements. It must be accompanied by national pro-MDG policies and by a global enabling environment in order to ensure a just and comprehensive development process.

Finally, the federation came up with eight localized MDGs, with relevant targets and indicators, and suggested further tailoring in the future. The goals related to:

1. Poverty elimination
2. Universal primary education
3. Gender equality
4. Improving children's health
5. Improving maternal health
6. Ensuring primary, secondary and tertiary universal health care
7. Reducing pollution and improving environmental conditions
8. Fostering local partnerships for development

Impact On Long-Term Planning And Coordination

Lebanon's first MDG report in 2003, along with other global and local events, turned attention towards existing development challenges, particularly increasing poverty incidence in Lebanon. This contributed to sensitizing the authorities towards thinking more about setting a social agenda. Social issues had started featuring increasingly on government agendas, yet to varying extents, with each successive government formulating its own different work plan. The MDGs did not feature explicitly in any of the eight successive post-2000 Lebanese governments' ministerial statements, which highlight the main themes of a government's work plan. Nevertheless, the last two ministerial statements included generally social issues such as poverty alleviation. The 2011 National Social Development Strategy vision coincided with the Millennium Development Goals on poverty alleviation, education and health. However, implementation of comprehensive and integrated developmental work plans did not ensue from that momentum.

The Council for Development and Reconstruction, which is the body responsible for all the major projects of reconstruction and development in the country, prepared long-term plans to set national

investment priorities and to coordinate the efforts of and ensure synergies between sectoral plans. However, plans have not been discussed or approved by the Council of Ministers since the 2005 National Physical Master Plan for the Lebanese Territory, which manages the usage of territory for all areas in Lebanon. Political divisions prevented approval of long-term strategies by the Council of Ministers. There was a preference to avoid being tied to preset long-term strategies, on which politicians rarely agreed (UNDP 2012).

In the absence of a work plan defining priorities, respective ministries set independent sectoral strategies, which the Council for Development and Reconstruction supported with investment financing and implementation, where possible (UNDP 2012). Inter-ministerial committees were established to ensure coordination across sectors on particular development-related themes, such as poverty, environment, education and health. Overall, however, the recurrent conflicts and political instability did not permit the building of institutional structures to carry on a long-term planning process.

Impact On Social Spending

The impact of the MDGs on domestic spending priorities is also difficult to quantify. However, the share of social expenditure out of total expenditure has not changed over the past five years. It accounted for 27 per cent of total expenditure in 2005 and has since hovered between 22 per cent and 24 per cent, with more than a third of social spending going to civil servants' wages and end-of-service indemnities in related-ministries.¹⁹ In addition, the Lebanese government has been financing subsidies on bread and diesel amongst others, even though their effectiveness in reducing poverty has not been tested.

Impact At Governance Level

The MDG framework, in principle, could create incentives for policy change by setting standards for performance that include provision for monitoring with associated rewards and penalties. In Lebanon, national MDG reports have attempted to evaluate and assess the country's track record, highlighting successes and failures. In parallel, most CSOs have dealt with the MDGs separately, depending on their sectors of engagement. Few organisations used the framework as is, such as the Beirut-based Arab NGO Network for Development that dealt with the MDGs as an advocacy tool as part of its rights-based approach. However, raising accountability requires placing the MDG records on parliamentary agendas for discussion. This has not been done in Lebanon, partly due to the deficiencies in the accountability mechanism at the national level and within the globally set MDG framework, and also because of the weaknesses in the roles that the local CSOs play in terms of monitoring and advocacy (ANND 2010).

11.3 National Priorities To Carry Beyond 2015

The lessons learned from MDGs experience in Lebanon over the past decade reveal four essential success elements that need to underlie any future global development agenda to influence policymaking:

The global agenda cannot reflect every nation's priorities, thus the need for tailoring to national needs is essential. Otherwise, the benefits of such future global development agreements are not realized. Tailoring of a post-2015 global framework to national needs should include further local-level tailoring (localizing) in order not to mask inequalities.

Any MDG-like post-2015 agenda requires dealing with targets using an integrated approach, as

¹⁹ Ministry of Finance, Public Finance Reports 2005-2011.

opposed to "project-like" interventions. The targets should be part of a long-term vision integrating appropriate strategies, policies and programmes.

Politics, power relations and governance cannot be sidelined in development planning. The case of Lebanon reveals how the political system, governance structure, and power relations can influence the economy and the social development process. The post-2015 agenda needs to take account of political roles and the behaviour of powerful agents and coalitions, adding a political economy analysis lens. It should support the process of monitoring and evaluation by clarifying and reinforcing accountability mechanisms to ensure effective implementation.

In addition to the above-mentioned lessons learned, the post-2015 agenda in Lebanon will carry forward the plight of the Syrian refugees and their impact on Lebanese host communities, raising the question of refugee status in MDG-like frameworks in order to resolve the unfinished work of the last decade. Based on the analysis provided in this report, table 11.1 summarizes the main priorities that Lebanon needs to carry beyond 2015.

Table 11.1 Summary Of Emerging Issues Under The MDG Framework

Priority Area Theme	Emergency Intervention Areas (Lebanese And Syrian Refugees)	Post-2015 Themes	Subnational Or Specific Themes
Poverty	<ul style="list-style-type: none"> Integrated poverty targeting approach Community poverty alleviation Short-term quick job creation 	<ul style="list-style-type: none"> Multi-dimensional poverty 	<ul style="list-style-type: none"> Poverty statistical capacity-building Integrated rural poverty interventions Urban poverty Geographical inequality
Employment	<ul style="list-style-type: none"> Active labour market policies 	<ul style="list-style-type: none"> Job-centred economic growth Ensuring decent work conditions in informal sector 	<ul style="list-style-type: none"> Social protection Youth employment and reverse brain drain Labour productivity
Education	<ul style="list-style-type: none"> Enrolment in intermediate and secondary education Integration and adaptation of curriculum and teaching (alternative education) 	<ul style="list-style-type: none"> Quality of education Reduction of drop outs Education beyond primary cycle 	<ul style="list-style-type: none"> Bridging gap between private & public education system Capacity building and upgrading of curriculum Integration of special needs learners
Health	<ul style="list-style-type: none"> Primary health care (immunization) Early warning disease surveillance capacity building 	<ul style="list-style-type: none"> Quality of public sector health services Health system reform 	<ul style="list-style-type: none"> Universal health coverage (for elderly, informal sector and other vulnerable groups) Non-communicable diseases

Priority Area Theme	Emergency Intervention Areas (Lebanese And Syrian Refugees)	Post-2015 Themes	Subnational Or Specific Themes
Gender	<ul style="list-style-type: none"> Containing gender-based violence 	<ul style="list-style-type: none"> Political and public participation Economic participation 	<ul style="list-style-type: none"> Personal and family civil rights Gender-based violence Quotas for women's political representation Public social services and infrastructure promoting a shared social responsibility of unpaid care work
Environment	<ul style="list-style-type: none"> Water and sanitation utilities expansion and upgrading 	<ul style="list-style-type: none"> Pollution Water Electricity Sanitation Oil exploration Biodiversity 	<ul style="list-style-type: none"> Ecosystem conservation Sea protection Forest fires Water and sanitation security and fair access Solid waste management Water and sanitation functioning infrastructure Electricity fair access
Political Governance, Security And Peacebuilding	<ul style="list-style-type: none"> Security threats and violence 	<ul style="list-style-type: none"> Equal and inclusive citizenship and civil rights Democratic governance 	<ul style="list-style-type: none"> Civil rights Clientelism and sectarianism Accountability Institution building Social pact and commitment to poverty reduction and development

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(Footnotes)

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