

Lebanon

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	4.65 M
Urban population (2012)^a	4.06 M
Rural population (2012)^a	0.59 M
Population growth rate (2012)^a	3.70%
Gross domestic product USD (2012)^b	42.95 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	8
Under 5 mortality / 1,000 live births (2012)^c	9.3
Life expectancy at birth (2012)^d	80 yrs
Diarrhoea deaths attributable to WASH (2012)^e	18

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	NA
Use of drinking-water from improved sources (2012)^f	100%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/15.66

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Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
GLAAS visual identifier design by Ledgard Jepson Ltd, Barnsley, South Yorkshire, England.
Printed by the WHO Document Production Services, Geneva, Switzerland

Sanitation, drinking-water and hygiene status overview^{*}

Lebanon succeeded in providing universal access to improved drinking-water sources despite the national and regional political challenges facing the country, the significant losses in public water distribution networks, and the high level of water pollution.

Lebanon completed the GLAAS 2013/2014 cycle assessing the state of the enabling environment of the water, sanitation and hygiene (WASH) sector. Several ministries and institutions share the lead for drinking-water and sanitation services, however, GLAAS highlighted the need to synchronize and coordinate between ministries and institutions related to the water, sanitation and hygiene sectors.

In Lebanon, water and sanitation are recognized as a human right in legislation for all of the population including disadvantage groups. National standards are updated regularly, but there is a shortage in updating regulations and decrees and in enforcing implementation of existing decisions and laws. Plans and targets for improved services exist for water and sanitation, but not for hygiene promotion. The Ministry of Health (MoH) plays a major role in the regulation and governance of the water and sanitation sector and leads monitoring and surveillance of the drinking-water sector. The MoH is also a contributor to the monitoring and surveillance of the sanitation sector.

Performance indicators for monitoring the performance of services are present and there is a high level of data availability reported for policy-making and response to WASH related disease outbreak. However, for water and sanitation, data is available and analyzed but used for only a minority of decisions. Users participation and effective complaint mechanisms are lacking in the WASH sector.

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are preference of skilled graduates and workers to work in other sectors or abroad. There is also a lack of motivation to work in the public sector due to low salaries.

Lebanon lacks a financing plan for the WASH sector. There are also reported difficulties in absorption of donor commitments and an insufficiency of funds to meet MDG targets especially for sanitation.

^{*} Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point, or their regional counter part, based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Several ministries and institutions share the lead for drinking-water and sanitation services.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Public Health (MOPH)		✓	✓
Ministry of Water & Energy (MOEW)	✓	✓	
Ministry of Environment (MOE)			
Ministry of Interior and Municipalities (MOIM)	✓	✓	✓
Ministry of Social Affairs (MOSA)			
Ministry of Finance (MOF)			
Water Establishments (WE)	✓	✓	

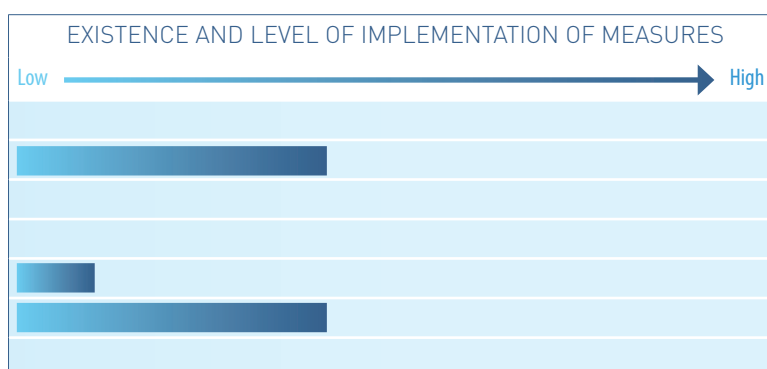
Number of ministries and national institutions with responsibilities in WASH: **8**

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✓	80	2015
Rural sanitation	✓	80	2015
Sanitation in schools	✓	80	2015
Sanitation in health facilities	✓	80	2015
Urban drinking-water supply	✓	100	2035
Rural drinking-water supply	✓	NA	2035
Drinking-water in schools	✓	100	2035
Drinking-water in health facilities	✓	100	2035
Hygiene promotion	✗	75	NA
Hygiene promotion in schools	✗	75	NA
Hygiene promotion in health facilities	✗	75	NA

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and reuse of wastewater or septage and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING

	SANITATION	DRINKING-WATER	HYGIENE
Latest national assessment			
Use of performance indicators^a	●	✓	●
Data availability for decision-making^a			Health sector
Policy and strategy making	✓	✓	●
Resource allocation	●	●	NA
National standards	NA	●	NA
Response to WASH related disease outbreak	NA	NA	✓
Surveillance^b	Urban Rural	Urban Rural	
Independent testing WQ against national standards	NA NA	✓ ✓	
Independent auditing management procedures with verification	NA NA	✓ ✓	
Internal monitoring of formal service providers	✗ ✗	✓ ✓	
Communication^a			
Performance reviews made public	✗ ✗	✗ ✗	
Customer satisfaction reviews made public	✗ ✗	✗ ✗	

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water though some gaps and follow up actions have not been identified. The most important constraints identified are preference of skilled graduates and workers to work in other sectors or abroad. There is also a lack of motivation to work in the public sector due to low salaries.

HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	●	●	●
Strategy defines gaps and actions needed to improve^a	●	●	●
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	✗	●	●
Skilled graduates	✓	✓	✓
Preference by skilled graduates to work in other sectors	✗	✗	✗
Emigration of skilled workers abroad	✗	✗	✗
Skilled workers do not want to live and work in rural areas	✓	✓	✓
Recruitment practices	✗	✗	✗
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is not in place for the WASH sector. There are also reported difficulties in absorption of donor commitments and an insufficiency of funds to meet MDG targets especially for sanitation.

FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies ^a	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used ^b	✓	✓	✓	✓
Estimated % of donor commitments used ^b	✗	✗	✗	✗
Sufficiency of finance				
WASH finance sufficient to meet MDG targets ^b	✗	✗	●	●

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	1.8
Health ²	7.4
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, three disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✓		✓	
Participation and reporting ^a	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	✗	✗
Effective complaint mechanisms	✗	✗	✗	✗

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. People living in slums or informal settlements
2. Displaced persons
3. Syrian refugees

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

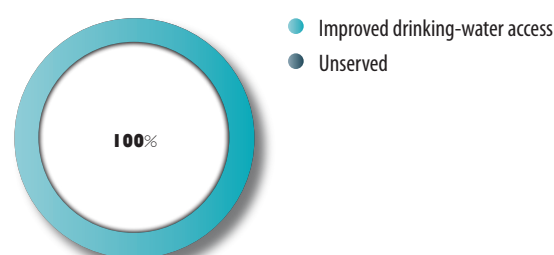
[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

[No data available.]

Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.