



Millennium Development Goals

Lebanon Report
September 2003



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Introduction

The Millennium Development Goals Report (MDGR) for Lebanon was prepared through the active participation of both the Lebanese government and the UN Country Team. As campaign manager, UNDP supported the Council for Development and Reconstruction (CDR), the main government representative, in this joint endeavor.

The MDGR takes into consideration information contained in national planning reports prepared by the government, UN agencies, and civil society. The MDGR was prepared by technical thematic groups that included representatives of government institutions (Ministries of Health, Social Affairs, Education, Environment, and Economy & Trade), as well as the CDR, the Central Administration of Statistics, and the Prime Minister's Office; UN agencies (UNICEF, WHO, UNFPA, UNESCO, and UNDP); and civil society.

The process of preparing the MDGR was as important as the product itself, for awareness-raising about the stipulated goals and for developing partnerships through a participatory approach. The report will be widely distributed to all stakeholders in order to support alliance-building at every level with government ministries and agencies, civil society organizations, the media, and the private sector. The objectives are to establish a baseline situation, monitor progress achieved till date, and provide indication on what should be done. The first seven sections assess Lebanon's progress against the baseline situation and the challenges and prospects of achieving the outlined goals, as well as provide recommendations for action. The concluding section on fostering global cooperation gives an overview of national efforts to strengthen the basis and improve the environment for developing strong partnerships to achieve macro-economic and other important national objectives.

Although the MDG targets and indicators are more attuned to measure progress in less developed nations, rather than a middle-income country such as Lebanon, the original list of targets and indicators has been kept for the purpose of global comparison. In some cases, the indicators were not highly relevant, such as for Goal 1: Eradicate Extreme Poverty and Hunger. There, indicators do not include poverty in the wider sense, i.e. lack of capabilities or the satisfaction of basic needs. Another example relates to Goal 3: Promote Gender Equality and Empowerment of Women, where the indicators are more relevant to middle-income countries. Therefore, the analysis in the text retains and explores the margin of flexibility for dealing with the national characteristics; the only exceptions being those cases where the indicators are irrelevant to the Lebanese context.

This report is the first MDGR for Lebanon; a comprehensive review of the MDG to measure achievement of the global targets will be prepared in 2015, and interim reports will be prepared on a regular basis. Poor availability of statistics has seriously constrained monitoring and review. The first major post-war sample survey was conducted in 1996 by the Ministry of Social Affairs and UNFPA. In addition to other institutions, the Central Administration of Statistics, the National Employment Office, and the Ministry of Public Health, supported by UNICEF and UNDP, also carried out sample surveys between 1996 and 2001. This report has incorporated these and other data and statistics when analyzing the situation to date. As a result, the base-line year for this report is 1996 in most cases.

Forthcoming reports will benefit from access to additional statistics to become available; the Ministry of Social Affairs and the Central Administration of Statistics, with support from the World Bank, UNDP, and UNFPA, have initiated the implementation of a Multi-Purpose Household Survey, and UNICEF will update the CHILD-INFO database on a regular basis.

We look forward to sustained advocacy and debate with all stakeholders on the issues and priorities for action to increase the well-being of the citizens of Lebanon. We would like to thank the members of the Advisory and Technical Committees, who have invested time and resources in the preparation of this report.

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President
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United Nations
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WB/IMF



UNESCWA



UNODC



UNOHCHR

“We, heads of State and Government, have gathered at United Nations Headquarters in New York from 6 to 8 September 2000, at the dawn of a new millennium, to reaffirm our faith in the Organization and its Charter as indispensable foundations of a more peaceful, prosperous and just world.

We are determined to establish a just and lasting peace all over the world in accordance with the purposes and principles of the Charter. We rededicate ourselves to support all efforts to uphold the sovereign equality of all States, respect for their territorial integrity and political independence, resolution of disputes by peaceful means and in conformity with the principles of justice and international law, the right to self-determination of peoples which remain under colonial domination and foreign occupation, non-interference in the internal affairs of States, respect for human rights and fundamental freedoms, respect for the equal rights of all without distinction as to race, sex, language or religion and international cooperation in solving international problems of an economic, social, cultural or humanitarian character.”

United Nations Millennium Declaration

“The new millennium, and the Millennium Summit, offer the world’s peoples a unique occasion to reflect on their common destiny, at a moment when they find themselves interconnected as never before. They look to their leaders to identify and act on the challenges ahead. The United Nations can help meet those challenges, if its Members share a renewed sense of mission. Founded to introduce new principles into international relations in 1945, the UN has succeeded better in some areas than others. This is a chance to reshape the United Nations so that it can make a real and measurable difference to people’s lives in the new century.”

“We the People - The Role of the United Nations in the 21st Century”

From the Executive Summary of the Millennium Report of the Secretary General of the United Nations



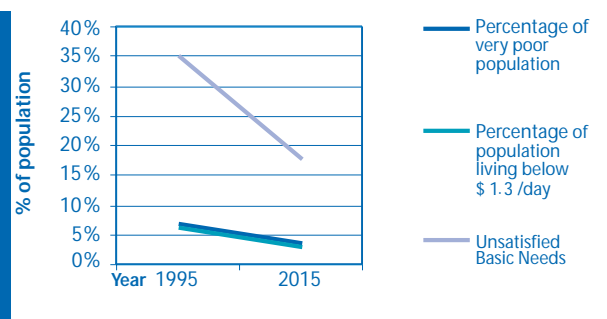
1 Eradicate Extreme Poverty and Hunger





Target 1: Reducing the proportion of people whose income is less than one dollar a day to the half between 1990 and 2015

Indicators ¹ (Percent)	1995	2015 Target
Population living below \$1.3 per day (current prices) ²	6.3 (1997)	3.1
Share of the lower income population (17percent of total) in national conditions ³	4 (1997)	...
Unsatisfied Basic Needs: (represented by the Living Conditions Index): ⁴		
- Population living in poor conditions (low and very low living conditions)	35.2	17.6
- Of these, population living in very low living conditions	6.8	3.4



A Progress to date

Limited data availability does not allow an accurate measurement of the national poverty line and of progress in poverty reduction, measured against the global MDG indicators. It is basically due to the lack of data concerning the base year (1990) and to the absence of a national poverty line measured by income or consumption. In addition to the characteristics of poverty in Lebanon, such as relative poverty and disparities being more important than hunger. For this, several alternative indicators were adopted. A relatively low percentage of the population, 6.3 percent in 1997, lived with less than US \$1.3 per capita per day, while about 18 percent of the population lived with less than US \$ 2.2 per capita per day. As for the distribution of income, it is estimated that the share of the poorest 17 percent of the population was only 4 percent of national income and the Gini coefficient was 0.435 in 1997. Based on a more recent study (2002), to measure the poverty line (US \$ 2.2 per capita per day) in Lebanon, 7.1 percent of the population was estimated to be living under this line⁸.

An alternative way to measure poverty in Lebanon used socioeconomic indicators to construct the "Living Conditions Index". It classified the living conditions of the population into five categories, based on the data of the Population Housing Survey in 1995/1996.⁹ This index revealed that 35 percent of the population lived under the satisfaction level of basic needs (equivalent to upper poverty line). Of these, 6.8 percent lived in very poor conditions (equivalent to extreme poverty), while 3.5 percent lived at a very high level of satisfaction).

Based on estimations of both; the income and the "Living Conditions Index", 7 percent of the population can be considered to be living in extreme poverty.¹⁰ Also, the proportion of the population living below a minimum level of dietary energy consumption is estimated to be less than 2.5 percent. The prevalence of underweight children under five years of age was estimated at 3 percent in 1995 and remained at this level in 2000¹¹.

Poverty in Lebanon is positively correlated with family size and dependency ratios. The average family size of households with low satisfaction was 5.1 members compared to 4.7 nationally in 1995/1996. However, very poor families have smaller size (usually one or two persons) and with elderly constituting a big number of them. Poverty is negatively correlated with access to basic services, educational attainment (70 percent of households headed by an illiterate person had a low degree of satisfaction in 1995/1996); activity rates and access to employment. Poor families depend mostly on income derived from wages and revenues from self-employment, and expenditure on food related items accounts for the highest percentage of household budget¹².

Regional disparities in poverty levels are significant; with most of the poor areas being rural and with poverty pockets within cities and suburbs. Poverty in these regions is correlated with the degradation of public infrastructure and services, lack of employment opportunities, crowding, school dropout, child labor, etc. The percentage of households living in low satisfaction is estimated at around two thirds of residents in Bint-Jbeil, Hermel and Akkar, compared to a national average of 32.1 percent¹³. Data for 2002 also shows regional disparities in income poverty: incidence of extreme poverty reaches 22.2 percent in Hermel, 21.8 percent in Baalbeck, and 19.4 percent in Akkar, compared to 7.1 percent for the country and 0.4 percent in Kesserwan and Aley, 0.7 percent in Beirut¹⁴.

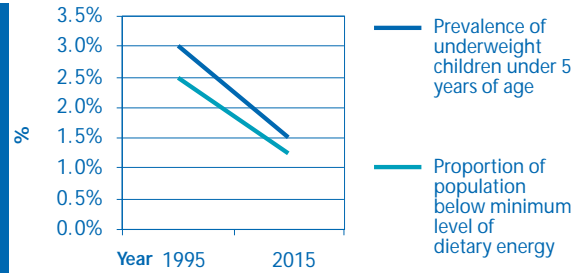
Disparities in the wages of workers in different economic sectors reveal lower incomes for workers in agriculture and unskilled labor. Lower-category administrative personnel in the public sector are not better off in addition to the unemployed. The self-employed mostly belong to lower-income groups. In addition, vulnerable groups, such as the elderly, unemployed, female-headed households (43.8 percent of female headed households have low satisfaction compared to 30.1 percent for male headed households¹⁵), and the disabled suffer from low access to social welfare services and social safety nets. Hence, "vulnerability" in the Lebanese context is one of the basic determinants of poverty in Lebanon;



Goal 1: Eradicate Extreme Poverty and Hunger

Target 2: Halve the proportion of people who suffer from hunger

Indicator (Percent)	1990	1995	2015 Target
Prevalence of underweight children under five years of age ⁵	--	3	1.5
Proportion of population below minimum level of dietary energy consumption ⁶	<2.5	<2.5	<1.25



particularly that access to health insurance (public and private) is limited to around 42 percent of the total population.¹⁶

B The Challenges

Several challenges are facing Lebanon when dealing with the poverty issue, especially within the conditions of slow economic growth. The most pressing challenges are:

- The necessity of providing accurate and detailed data on regular basis.
- Stimulating economic growth that generates employment opportunities and incomes as a prerequisite for poverty reduction.
- The need for formulating a comprehensive national development strategy and social policies to reduce poverty. The Lebanese government has no time-bound strategy to alleviate poverty although some attempts have been made to define sectoral strategies.
- The need for a national strategy for balanced regional development, including setting priorities of intervention in the most deprived regions and the creation of an effective coordination mechanism between a multitude of local and national stakeholders.
- The need for a policy to address social safety nets.
- The need for addressing the high cost of basic needs and social services, compared to limited income, as well as looking at the effectiveness, coverage, and efficiency of health and educational services, compared to the high expenditure on these sectors, from both the public budget, as well as out-of-pocket household expenditure.
- The limited job opportunities and increasing unemployment, especially among the youth and those who are first-time job seekers.

C Strengths

Lebanon has several supporting factors to enforce a national strategy for poverty reduction. These include the existence of:

- A well-educated human resource base that can implement and sustain poverty reduction interventions.
- Significant economic potentials that can be realized in several fields and sectors, including advanced industries and agriculture.
- An experienced private sector that can partner with

the government and civil society in reducing poverty through targeted strategies.

- A very active civil society that continues to have a role in providing a safety net for the poor, and implement targeted initiatives for poverty reduction through community development and income generation schemes.
- Two recently established institutions working, under the supervision of the Council for Development and Reconstruction, on poverty reduction and regional development. These are the Economic and Social Fund for development and the Community Development Program.
- A relatively low percentage of individuals in extreme poverty and hunger.

D Recommendations

- The following points provide few recommendations that help reaching a national strategy for reducing poverty:
- Conducting poverty studies towards adoption of a national poverty definition and poverty line, as well as a poverty profile, including the identification of the geographic distribution of the poor, their characteristics and gender.
- Formulating a time-bound national strategy for poverty reduction, social integration and balanced regional development within the framework of a comprehensive development vision, emphasizing an equitable distribution of, and access to, resources.
- Formulating and implementing a labor/employment policy conducive to the creation of new employment opportunities especially for the poor, (taking into consideration the demand and supply of labor) and including a flexible wage and income policy consistent with the cost of living and the price levels.
- Formulating and implementing a national social safety net to ensure equitable access to quality health and education services, and develop social welfare interventions for vulnerable groups.
- Strengthening community mobilization for poverty reduction at the local level, including empowerment and participation processes in local communities.
- Strengthening coordination between the government and civil society organization for the prioritization of poverty reduction interventions, within the context of true partnership, and strengthening coordination between the different social funds.



2 Achieve Universal Primary Education

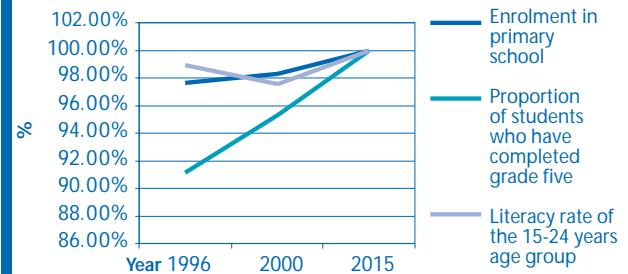




GOAL 2: Achieve Universal Primary Education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators (Percent)	1996	2000	2015 Target
Net enrolment in primary education ¹⁷	97.6 ¹⁸	98.3 ¹⁹	100
Proportion of students who have completed grade 5	91.1 (1997) ²⁰	95.3 ²¹	100
Literacy rate of the 15-24 years age group	98.9 ²²	97.5 ²³	100



A Progress to date

Lebanon's achievement in educational attainment is significant. Net enrolment in primary education reached 98.3 percent in 2000, up from 97.6 percent in 1996. The percentage of students completing primary education increased from 91.1 percent in 1997, to 95.3 percent in 2000; and recent studies indicate that the literacy rate for those aged 15-24 reached 97.5 percent in 2000.²⁴

There has been a notable promotion of basic education at the national level in recent years. Education accounted for 11 percent of GDP in 1999. The share of government expenditure on general education varied from 7 percent in 1993 to 6.31 percent in 1996 and 0.06 percent in 1999²⁵, and the budget for primary education increased from 1.6 percent of GDP in 1993 to 2.3 percent in 1998.²⁶ Expenditure on primary education as a percentage of total government expenditure on education increased from 56 percent in 1993 to 65 percent in 1998.

However, the high primary enrolment rates are mitigated by concerns regarding the quality of education in the country. Only 65 percent of children in grade 4²⁷ and 66 percent of those in grade 8²⁸ possess the basic set of skills accredited at the national level. One consequence of the decline in the quality of public education in the 1980s was increased enrolment in private schools²⁹, a trend that has reversed in recent years due to the deterioration of the economic situation; enrolment was 30.6 percent in public schools, 56.1 percent in private schools, and 13.4 percent in private, not-for-profit schools in 1999-2000.³⁰

Gender disparities in access to primary education in the country are small (see Goal 3). Dropout rates are higher for boys (7.8 percent) than girls (5.5 percent)³¹, and more girls completed grade 5; 87.7 percent compared to 79.6 percent of boys in 2000.³² This is primarily a result of the earlier entry of boys into the labor market due to poverty and socio-economic pressures. On the other hand, the percentage of boys attending private schools is higher (52.4 percent) than that of girls (48.7 percent).

As is the case for poverty, regional disparities in access to education are characteristic of Lebanon. Illiteracy is higher in deprived regions of the country; 30.5 percent in Akkar, compared to 7.7 percent in Aley (1995).³³ Gross total enrolment rates vary in different regions, reaching 82.5 percent in Mount Lebanon, 80.3 percent in Beirut, 78.5 percent in South Lebanon, decreasing to 74.3 percent in Bekaa, and 74.1 percent in North Lebanon (1998/99).³⁴ A higher percentage of private schools are concentrated in Beirut and Mount Lebanon (40 percent) compared to other regions of the country (18 percent in South Lebanon, 18 percent in the Bekaa, and 20 percent in North Lebanon in 1995-96).³⁵ In terms of the distribution of schools per region, Beirut and Mount Lebanon encompass a higher percentage of private schools (58.7 percent and 51.7 percent, respectively), while other regions have a higher percentage of public schools (56.2 percent and 52.4 percent in South Lebanon and the Bekaa, respectively, in 1995-96). North Lebanon has the highest percentage of public schools in the country (66.5 percent).³⁶

B Challenges

- The implementation of a national strategy to ensure primary education for all by 2015. A committee, set up to formulate a national plan of action in conformity with the guidelines of the World Forum on Education (Dakar, 2000), was expected to have completed a report on the priority fields of intervention in 2002. However, the blueprint was found inadequate in major areas and required further input. In addition, the law stipulating free and compulsory primary education has not yet been fully implemented. Figures presented by UNICEF in a seminar held at the Lebanese parliament in 2002, showed that 1,200 children aged 6 were not enrolled in any educational institution, and that school dropout rates represented 30 percent of total enrolment.³⁷ The primary reason was the deterioration of economic standards, with 54.3 percent of non-enrolment due to poor economic conditions.³⁸ Expenditure on education constitutes 13.1 percent of



the family budget, third after expenses related to food and transportation.³⁹

- The full implementation of the revised curricula of 1998, delayed due to the lack of adequate human and physical resources, though a teacher-training program had been initiated by the Center for Educational Research and Development (CERD), in cooperation with the Directorate General of Education. A comprehensive evaluation of the new curricula in 2000, conducted in the framework of a joint project between the Educational Research Center, UNESCO, and UNDP, revealed some problems regarding additional teacher-training, modern school buildings, as well as equipment and laboratories. A delay in the revision of history textbooks for all levels was also noted.

- Problems resulting from public expenditure appropriations. Around 82 percent of public expenditure on education is used for salaries; 75 percent for teaching staff and 7 percent for administrative personnel.

- The low correlation between the quality of education and the high teacher/student ratio, estimated at 1:9 compared to a global ratio of 1:15-20.⁴⁰

- The high proportion of students who leave primary school and move directly to the labor market, rather than continuing in secondary education. The setting-up of school guidance and career counselling services for grades 8 and 9, based on the capabilities and needs of the students as well as those of the labor market, may help reverse this trend. This service could also be provided at secondary and university levels to offer graduating students a set of professional skills to assist them in entering the labor market.

C Strengths

- The adoption of the educational system rehabilitation plan by the Council of Ministers in 1994, an important step towards reforming the educational system and the implementing of new curricula in 1998.

- The enacting of the law on compulsory primary education in March 1998, following advocacy efforts by UNICEF and several organizations involved in child rights, in coordination with the Parliamentary Committee for the Rights of the Child, thus providing the basis for ensuring primary education for all. This was a significant milestone and efforts are now required towards the implementation of this law, whether in terms of providing classrooms with proper specifications for all concerned age groups, or of limiting dropout for early entry into the labor market, especially in poor families and in peripheral regions.

- The ratification of the International Convention on the Rights of the Child and the Convention of the International Labor Organization #138.

- Lebanon's commitment to the implementing of the decisions taken by the World Education Forum held in Dakar and appointment of a committee to formulate a national plan for "Education For All".

D Recommendations

- Finalize a national plan of action to determine the steps required to ensure better quality primary education for all through: adopting procedures for the implementing of compulsory education for children up to 15 years of age; ensuring enrolment of all children, including those with special needs, and lowering dropout rates; updating and re-evaluating the curricula based on the evaluation studies conducted by CERD, UNESCO, and UNDP; allocating adequate school facilities; training teachers and upgrading skills to meet the requirements under the new curricula; and building the capacity of public educational administration, especially in terms of planning, implementation, and evaluation.

- Rationalize expenditures and resource allocation, based on a comprehensive strategy that takes into consideration: the work processes at the Ministry of Education and the distribution of responsibilities; the continuous evolution of the educational system; a medium-term plan to ensure availability of suitable educational premises; and the re-allocation of teachers and staff to reach a teacher/student ratio of 1:20, as is the norm in OECD countries.



3

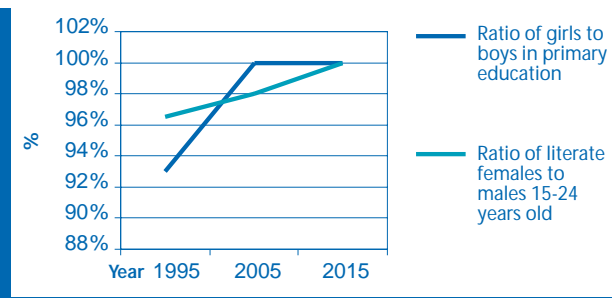
Promote Gender
Equality and
Empowerment of
Women





Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and all levels of education not later than 2015

Indicator (Percent)	1995	1999/2000	2005 Target	2015 Target
Ratio of girls to boys in primary education ⁴¹	93	100	100	
Ratio of literate females to males 15-24 years old	96.5 ⁴²			100
Share of women in wage employment in the non-agricultural sector	14.2 ⁴³			
Proportion of seats held by women in national parliament ⁴⁴	2.3	2.3		



A Progress to date

Lebanon has made significantly progress towards achieving gender equality in educational attainment. As noted in Goal 2, overall gender inequality in access to education is negligible; enrolment in all levels of education reached 30.9 percent in 1996, 31.5 percent for males and 30.5 percent for females.⁴⁵ In 1996, the ratio of girls to boys reached 93 percent in primary, 104 percent in intermediate, and 103 percent in secondary education.⁴⁶ Recent studies indicate that gender equality in access to primary education has almost been achieved. The ratio of girls to boys has significantly improved over the past two decades, when primary enrolment had been less than 80 percent for girls compared to 90 percent for boys. This gap was wider for other education levels, where enrolment for 15-19-year-olds was less than 40 percent for girls, compared to more than 50 percent for boys; and secondary enrolment, i.e. the age group 20-24 years, was less than 10 percent for girls and more than 25 percent for boys.⁴⁷

Dropout rates increase after grade 5 for girls and boys alike. In 1995, female enrolment recorded 95.6 percent in primary education, 94.8 percent in intermediate level, and 67.6 percent in secondary level; compared to 95.3 percent in primary, 93.2 percent in intermediate, and 61.2 percent in secondary for male enrolment.⁴⁸ The higher dropout rate for boys is the result of many factors, the most important of which is the early entry into the labor market due to family economic needs.

Despite the general improvement of enrolment rates at the national level, illiteracy among females remains higher than for males (17.8 percent and 9.3 percent, respectively; national average 13.6 percent).⁴⁹ Regional variations in illiteracy rates are evident, with the highest recorded in North Lebanon (20 percent; 15.6 percent males and 24.3 percent females), followed by South Lebanon (14 percent; 9.8 percent males and 18.3 percent females), Nabatiyeh (18 percent; 10.8 percent males and 25 percent females) and Beirut (9.5 percent; 6 percent males and 12 percent females).⁵⁰ While variation in illiteracy

levels between males and females for younger age groups is low (illiteracy at 1.7 percent, 2.3 percent, and 3.9 percent for females aged 10-14, 15-19, and 20-24 years, respectively), the incidence increases with older age groups.⁵¹

Although there is no gender gap in educational attainment, this is not translating into an improved access of women to economic activity or to decision-making at the national level. The economic activity rate is estimated at 34 percent of the total population and 49.3 percent of the total economically active population (aged 15-64).⁵² Female economic activity is estimated at 14.7 percent, compared to 53 percent for males, and females constitute 21.7 percent of the labor force.⁵³

Employment rates vary regionally and sectorally. Commerce takes up 24.1 percent of the male labor force, compared to 15.9 percent of the female labor force. This gap is higher in Beirut where 29.5 percent of males and 13.5 percent of females are employed in this sector. The majority of women are employed in the services sector (64.7 percent of the female labor force, compared to 33 percent of the male labor force). In addition, the percentage of males working in agriculture is double that of females (10.6 percent for males and 5 percent for females), which may be a result of women's uncounted, unpaid labor in this sector.

Although improving, female employment remains characterized by low access to positions of responsibility and decision-making. The majority of the female labor force is found in lower level jobs. Women constituted 8.5 percent of employees in high managerial positions in 1996, an increase from its 1970 level of 2.3 percent but still below the global average.⁵⁴

Gender disparity in wages and income is also noted. In 1997, the average monthly wage was estimated at LBP606,000 for males compared to LBP466,000 for females.⁵⁵ Other studies indicate that around half of working women earn monthly wages of LBP300,000-LBP500,000, while the percentage of women earning



Goal 3: Promote Gender Equality and Empowerment of Women

Number and Proportion of Female Candidates and Winners in Local Elections (1998)⁵⁸

District	Number of Candidates	Number of Women Winners	Percent of Women Winners
Beirut	17	1	6
Mount Lebanon	142	48	34
North	130	63	48.5
Bekaa	25	13	52
South	23	5	12
Nabatiyeh	16	9	68
Total	353	139	39

more than LBP1million per month is estimated at 11 percent only (1996).⁵⁶

Access of Lebanese women to national decision-making and their participation in political life remains weak. Parliamentary seats held by women did not exceed 3 out of 128 (1995/2000), i.e. 2.3 percent of total seats. No woman has ever held a ministerial post. The proportion of women in the first and second government categories is low (2 percent and 10 percent, respectively), while it is higher in the third category (19 percent).⁵⁷ Women's representation in municipal elections of 1998 was higher, and 139 out of 353 female candidates were elected as members of municipal councils, with considerable regional variations. This is globally comparative, as it is easier to enter into local representative councils that fit into women's reproductive and community roles. The rate of women's participation in election campaigns and in the voting process was very close to that of men.

B Challenges

- Discrimination of some laws against women, such as the citizenship law which deprives the Lebanese women from conferring their nationality to husband or children.
- Many women are unaware of their legal rights.

C Strengths

- The Lebanese constitution affirms equality among all citizens, irrespective of gender.
- Lebanese laws do not include articles that discriminate between men and women in terms of rights and obligations, except those related to personal status and the right of women to confer their nationality to husband and children (the articles in the law which deprived women from the right of testimony before cadastral administrations and in cases subject to penal law, the right to travel alone, and to practice the trade profession have been cancelled).
- Lebanon ratified, in 1996, the Convention on the Elimination of all Types of Discrimination Against

Women (CEDAW). Despite Lebanon's reservations on three basic articles (Article 9 covering nationality, Article 16 on personal status, and Article 29 on arbitration), the ratification of the convention represented a positive step.

D Recommendations

- Remove reservations on the Convention for the Elimination of all Types of Discrimination Against Women, and introduce all necessary amendments to the applicable laws in Lebanon. Ratify the conventions covering human rights and all others adopted by international and Arab organizations, particularly those related to women's right to work.
- Change all laws discriminating against women, and look at ways to provide favorable discrimination for women, especially in terms of access to employment.
- Continue the discourse concerning a new election law and take a clear position concerning the allocation of a share for women in the parliament.
- Develop the work of women's organizations and raise the level of democracy and coordination, including increasing political awareness in the regions outside Beirut.
- Review the laws on social and health security and insurance to include workers in the informal sector, especially as this is a major source of employment for women.



4 Reduce Child Mortality





Goal 4: Reduce Child Mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five child mortality rate

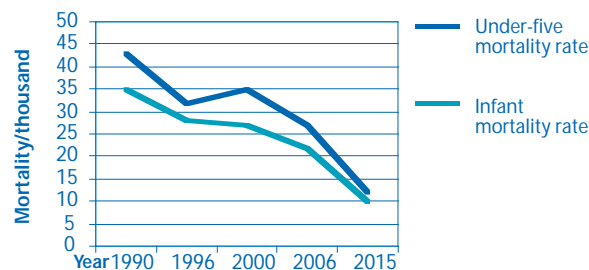
Transitory Targets:

Reduce infant mortality rate to 22 per thousand by 2006

Reduce under-five child mortality rate to 27 per thousand by 2006

Maintain 90 percent of children immunized against MMR

Indicator (Percent)	1996	2000 ⁵⁹	2015 Target
Under-five mortality rate (per 1,000)	32 ⁶⁰	35	12
Infant mortality rate (per 1,000)	28 ⁶¹	27	10
Proportion of children under one year immunized against DPT ⁶² (percent)	94.2	93.6	
Proportion of children under two years immunized against MMR ⁶³ (percent)	88	79.2	



A Progress to date

Lebanon confers great importance upon children's rights. Since the beginning of the nineties, national efforts for the enhancement of children's rights and the improvement of their living conditions and standards were intensified. Since its formation, the Parliamentary Committee for Children's Rights has pursued the implementation of the Convention on the Rights of the Child, ratified by Lebanon in 1991. In addition, and as a follow-up of the CRC, the Higher Council for Childhood, which includes representatives from governmental and non-governmental organizations, was established to monitor this implementation.

Primary health care programs, initiated by the Ministries of Social Affairs and Public Health and certain NGOs, are focusing on awareness and outreach and have been crucial in achieving progress in child health. Since the beginning of the nineties, the condition of children in Lebanon has witnessed tangible improvement, with a decline in infant and under-five child mortality rates; from 35 per thousand in 1990 to 28 per thousand in 1996, and 43 per thousand in 1990 to 32 per thousand in 1996, respectively. As of 1996, improvements continued for IMR

but at a lower pace. As is the case for other indicators, regional variations exist. Infant and child mortality rates in 2000 were much higher in North Lebanon compared to Mount Lebanon and Beirut, and higher for boys than for girls.

Immunization coverage against DPT increased to 90.1 percent in 2000 for infants under one, and the latest case of polio was reported in 1994. Newborn tetanus was eradicated in 1995, and immunization coverage against measles increased to 88 percent for children aged 12-23 months (2000), with no deaths of measles recorded in recent years.

Incidents of acute diarrhea in children under five fell by 28 percent between 1996 and 2000, and consumption of anti-diarrhea medications halved during the same period. In addition, oral rehydration therapy for treatment of diarrhea recorded 82 percent in 2000, while hospitalization treatment fell to 26 percent.

Vitamin A deficiency has completely disappeared since 1994. Iodization of table salt was introduced in 1995, with 91.3 percent of households using iodized salt.⁷¹

Infant Mortality Rate (per 1,000)

Year	Rate	Female	Male	Beirut	Mount Lebanon	North Lebanon	South Lebanon	Bekaa
1990 ⁶⁴	35							
1996 ⁶⁵	28	27.6	28.6	15.9	22.4	51.5	35.2	35.9
2000 ⁶⁶	27	24	30	21	19	37	34	40

Under-Five Child Mortality Rate (per 1,000)

Year	Rate	Female	Male	Beirut	Mount Lebanon	North Lebanon	South Lebanon	Bekaa
1990 ⁶⁷	43							
1996 ⁶⁸	32	31	33	19.6	30.6	53.7	32.3	39.8
2000 ⁶⁹	35	30	40	26	23	51	47	58



Immunization Rate ⁷⁰ (Percent)			
Year	DPT	MMR	Polio
1990	77.8	57.5	77.8
1995	-	-	96
1996	91.8	85.7	91.8
1997	94	-	94
2000	94	79.2	94

Iron deficiency⁷² among women of child-bearing age (15-49 years) was 27 percent in 1997-1998, while 23 percent of children under five and 43 percent of 12-23-month-olds had iron deficiency.⁷³ In view of these results, a national strategy for the prevention of anemia and iron deficiency was prepared for children and pregnant women, with progress reported through the provision of iron supplements. Although the program for mother's milk substitutes has not achieved the required success, the rate of breast-feeding increased from 7 percent in 1990 to 26.6 percent in 2000.

B Challenges

- Health status compares less favorably with that of other middle-income countries, although expenditure on health and education, estimated at 21 percent, is high. Lebanon should achieve better results for such high expenditure.
- Regional disparities in infant and child mortality, especially in under-served areas of the country.

C Strengths

- Political commitment to fulfill the goals of the World Summit for Children, through the enacting of laws which conform to the articles of the Convention on the Rights of the Child.
- Cooperation and coordination between stakeholders to strengthen the roles of different parties involved in health care.
- The adoption of measures for the reform of the health sector.
- The active role of the civil society, particularly non-governmental and community organizations, in improving access to municipal infrastructure and services.
- The contribution of the media in raising public opinion and disseminating information to the public.
- The important role of the private sector in the fields of education, health, and social services.

D Recommendations

- Increase efforts to reform the health sector in order to make it more efficient, equitable, and cost effective, including improved quality of primary health care services provided to children and pregnant women.
- Increase access for children to immunization and primary health care facilities in under-served areas.
- Improve child nutrition through promotion of breast-feeding, proper use of supplementary foods, and protection against iron deficiency.
- Ensure all mothers are provided with vitamins and minerals during pregnancy.
- Increase anti-smoking efforts and protection against domestic accidents.
- Strengthen protection and rehabilitation services to children suffering from chronic diseases and disabilities.
- Implement the interventions proposed by the National Program for the Survival and Development of Children, improve the conditions of children and mothers, build the capacities of public-sector employees working in child health, and gather data for the planning and implementation of child-care programs.



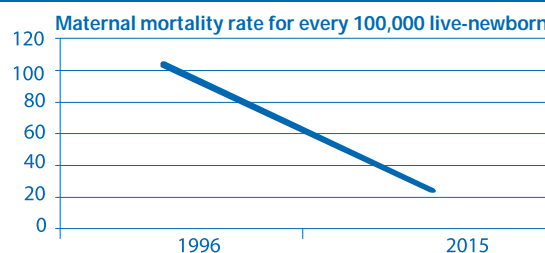
5 Improve Maternal Health





Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

Indicator	1996	2015 Target
Maternal mortality rate ⁷⁴ for every 100,000 live-births ⁷⁵	104	26
Proportion of births attended by skilled health personnel (percent) ⁷⁶	96	98



A Progress to date

In 1996, maternal mortality rate (MMR) was estimated at 104 per 100,000 live births. This high rate could be due to the years of civil strife (1975-1991), as results are based on accumulated data and figures of reported cases of the preceding 12 years, in addition to the fact that MMR data is very difficult to derive and can sometimes be misleading.

While several factors affect maternal mortality rates, the most important are pre- and post-natal care and supervision from skilled health personnel during birth. Nationally, the percentage of women accessing health care during pregnancy increased from 87.1 percent in 1990 to 93.9 percent in 2000, with significant regional variations; 89.1 percent in the Bekaa, compared to 98.4 percent in Mount Lebanon. The most noticeable improvement in pre-natal care is in North Lebanon, with a 90.4 percent access in 2000, compared to 71 percent in 1996.

Improvement in the percentage of women receiving health care during pregnancy is mainly due to the integration of quality reproduction health services, outreach interventions, and primary health-care programs implemented by the Ministry of Public Health, the Ministry of Social Affairs, and UNFPA. Further increase in the proportion of women seeking pre-natal care, particularly in regions that show considerable disparities, would improve the chances of reducing maternal mortality by the given target.

Estimates by the Ministry of Public Health indicate that 96 percent of women access birth services attended by a skilled birth attendant, such as an obstetrician or a midwife (2000). However, that data was collected on births attended by skilled health care providers during the year the study was

conducted, and such a high percentage is expected given the fact that most deliveries took place in a hospital or maternity ward. On the other hand, cases of delivery by traditional birth attendants (TBAs) are decreasing in under-served areas such as Akkar, which has the highest proportion of deliveries by TBAs, from 24 percent in 1990 to 18 percent in 1995, and 9 percent in 2000.⁸⁰ Enhancing emergency obstetric care is crucial for reducing maternal mortality levels.

Family planning is one significant indicator of the status of reproductive health (RH). Family planning, particularly the use of male condoms, constitutes the most important and effective means of protection against sexually transmitted diseases. Adoption of family-planning methods is linked to age, literacy, and level of awareness. The contraceptive prevalence rate (CPR) increased from 53 percent in 1987-1994 to 61 percent in 1996, and 63 percent in 2000, including traditional contraceptive means. In 1996, the CPR for modern methods among women of child-bearing age indicated 37.2 percent, with the IUD considered the most frequent method used (17.1 percent), followed by oral pills (10 percent), and male condoms (5.6 percent). Regional disparities exist with regard to the contraceptive prevalence rate, from 58 percent in Mount Lebanon to 70 percent in Bekaa and Beirut (64 percent in South Lebanon and 62 percent in North Lebanon).

An important observation is the relatively universal knowledge of contraceptive methods among married women, showing a 99 percent knowledge of at least one modern method and a 96 percent knowledge of any traditional method⁸¹. This clearly implies that while women have greater knowledge of contraception, strategic interventions should focus on broadening the range of modern methods available,

Percentage of pregnant women who received ante natal care (by year and region)

Year	Rate	Beirut	Mount Lebanon	North Lebanon	South Lebanon	Nabatiyeh	Bekaa
1990 ⁷⁷	87.1
1996 ⁷⁸	87	98.8	95.8	71	93.6	82	86.1
2000 ⁷⁹	93.9	98.3	98.4	90.4		98.1	89.1



Goal 5: Improve Maternal Health

in particular the use of condoms. Promoting awareness is one of the basic conditions for improving maternal health and reducing child mortality. Studies indicate that there is a positive correlation between the level of education of women and improved maternal and child health.

Fertility rates for women between 15-19 years of age decreased from 47 per thousand in 1990 to 30 per thousand in 1996, and the total fertility rate (births) is 2.9 children per woman, indicating a significant drop from around 5 in 1970. It is expected to reach 2.10 by 2021, which is equivalent to replacement level.⁸²

Gender disparities in access to health care are not apparently significant. Although public and private insurance covers around 46 percent of the population, the Ministry of Public Health covers hospitalization fees for delivery in public hospitals and public maternity centers available in the various districts. The ministry also covers the cost of delivery in emergency cases admitted in private hospitals.

B Challenges

- The decline in general economic and social conditions limits the ability of families to pay for health care.
- The decline in the quality of medical services provided by the public sector has led to a growth in the role of the private sector and contributed to the rise in health care costs, especially as there is a lack of regulation.
- Regional disparities in quality and accessibility to health services, particularly with respect to health insurance coverage.
- The lack of national surveys, the multiplicity of information sources, and varied indicators have frequently distorted the overview on the sector and created different, and sometimes misleading, results.
- Limited male participation in reproductive health programs.

C Strengths

- The political commitment to fulfill the reproductive health goals of the program of Action of the International Conference on Population and Development.
- The high rate of education among women and gender equality in access to education, both supporting enhanced health awareness.
- The presence of an active civil society that implements health projects and the important role played by the media in raising public awareness.
- The existence of a national multi-sectoral reproductive health program and related interventions that extend to most regions.
- The coordination that exists among various stake-

holders for improving the reproductive health situation of men and women.

- The national commitment for allocating significant domestic resources for the implementation of the reproductive health program that aims at improving maternal health.

D Recommendations

- Fully integrate the reproductive health interventions in the primary health care system, as part of the overall health sector reform, in order to make it more efficient, of better quality, less expensive, and more equitable in its coverage. It is also important to improve the role of public health care institutions to increase safe motherhood and extend the scope of services.
- Assist in enhancing quality control on services offered by hospitals, health centers, and dispensaries by developing capacity to implement the RH strategy in general, with particular emphasis on safe motherhood and development of a RH commodity strategy.
- Enhance comprehensive emergency obstetric care provided by the public sector and NGOs, particularly in under-served regions.
- Ensuring that all pregnant and breast-feeding mothers do not suffer from anemia and are provided with adequate nutrition and vitamins to prevent malnutrition and iron and folic acid deficiency.
- Increase awareness and outreach programs to men and women on reproductive health rights and choices.
- Provide assistance for improving national capacity to periodically gather, analyze, update, and utilize high quality data on reproductive health, including data on MMR, such as the undertaking of the Pan-Arab Family Health Survey (PAPFAM).



6 Combat HIV/AIDS, Malaria and Other Diseases





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

Target 7: Have halted by 2015, and begun to reverse the spread of HIV/AIDS

Indicator (per 100,000)	1996	2015 Target
HIV prevalence among pregnant women aged 15-24 ⁸³	24	

Target 8: Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases

Indicator	2001	2015 Target
Prevalence of tuberculosis (per 100,000) ⁸⁴	13	
Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course) ⁸⁵ (Percent)	100	

A Progress to date

HIV/AIDS

The number of reported HIV/AIDS cases is limited in Lebanon. The first case was detected in 1984, and by early 2003 the number of detected cases had reached 700. However, the WHO estimates the number of unreported cases at 2,500. Reported cases are still few, particularly among children (2.1/100,000 cases for 0-14-year-olds⁸⁶), while incidence is higher for older age groups (2.9/100,000 for those aged 15-24⁸⁷) and most cases are found among those aged between 31-50. The ratio of females to males is 1:9.

Forty-eight percent of all cases were contracted during travel and tourism, while the number of locally transmitted cases has been on the increase in recent years. The main cause of infection is sexual relations; 68 percent of all cases, of which 14.8 percent among homosexuals. Transmission of infection from mother to child does not exceed 3 percent, while IV drug users account for 6 percent. Infection due to blood transfusion accounts for 7.3 percent, with none reported since 1993.

The National HIV/AIDS Program (NAP) has succeeded in mobilizing various actors to combat the disease. Studies conducted by NAP indicate that awareness of the disease and modes of transmission exists. However, this has not been translated into increased precautionary measures; only 33 percent of persons aged between 15 and 65, and 24 percent of those aged 15-24, use male condoms.⁸⁸

Collected data on AIDS is analyzed in accordance with WHO standards and published annually. The program was able to develop a national strategic plan in response to HIV/AIDS.

Tuberculosis

Statistics published by the Ministry of Public Health indicate that tuberculosis cases have declined from 983 in 1995, to 516 in 2001, by virtue of the implementation of the the Directly Observed Treatment Short (DOTS) course method. According to the National Program for the Control of Tuberculosis, around 1,000 cases have been detected and treated since 1992. The figures below give the number of new cases registered between 1995 and 2001.⁸⁹

Pulmonary tuberculosis, frequently attacking children and the elderly, constitute 80-85 percent of detected cases. About 5 percent carry the bacteria for two years before the disease appears, while as many become ill at a later date. The danger of tuberculosis lies in its great potential for spreading; one infected, improperly treated individual can transmit the disease to 15 other persons. The highest rate of tuberculosis cases was registered in Beirut and Mount Lebanon, due to high population density there. The spread rate in 2001 was 13/100,000, and recorded deaths resulting from this disease was 2.5 percent.⁹⁰

B Challenges

HIV/AIDS

- The disease is still considered a taboo, making it a challenge to promote precautionary measures and safe sex in order to halt the spread and transmission of infection.
- Limiting the socio-economic impact of the disease on patients, and providing professional counseling to infected individuals and their families.
- Making the best use of external actors and allies in the fight against the disease.
- Gender inequality is a determining factor; the number of females infected with the disease is

Year	Cases	Female	Male	Positive	Recurrence	Negative	Non-pulmonary infection
1995	983	412	571	197	3	528	255
1996	836	372	464	198	14	384	240
1998	690	315	375	244	6	233	227
1999	679	301	378	249	19	168	243
2000	571	274	297	202	6	149	214
2001	516	226	250	171	7	134	204



increasing and statistics relating to this trend should be explored.

Tuberculosis

- The behavior of some patients, who may object to declaring the disease and refuse treatment. Tuberculosis patients are treated under DOTS for six months. It is assumed that the patient will be cured if this treatment is adequate and properly followed. Although death caused by tuberculosis is rare, the reasons are various. Resistance to treatment can result in extended treatment or re-administration if test results remain positive.
- The lack of adequate financial support; the budget of one center does not exceed LBP40 million (US\$27,000/year).
- Poverty, the arrival of a large number of foreign workers, and the presence of some nomadic groups combine to make it difficult to eradicate tuberculosis in Lebanon.

C Strengths

HIV/AIDS

- Training courses conducted by NAP for NGOs, the medical corps, health support staff, and teachers; educational materials published; and the media have combined to increase public awareness. NAP targets young people in schools and communities, travelers and immigrants, women, prostitutes, homosexuals, drug addicts using injections, prisoners, and traveling armed forces. NAP publishes a semi-annual newsletter and cooperates with the Ministry of Education to introduce materials on HIV/AIDS in the school curricula. An educational package has been produced and studies on the most vulnerable groups have been conducted. Other national programs, such as in reproductive health, support HIV/AIDS preventative-related interventions.
- The Ministry of Public Health covers all HIV/AIDS treatment expenses and seeks to provide drugs at the cheapest prices possible, and a free-of-charge laboratory for the detection of the virus has been opened.
- An open attitude among the Lebanese, diversified sources of information, and freedom of expression are supporting factors for spreading awareness about HIV/AIDS.
- The proactive role of the local NGOs in raising awareness on HIV/AIDS prevention, particularly among vulnerable groups.

Tuberculosis

- The active effort by the public health sector to detect, follow up, and provide free treatment and control of tuberculosis cases. This is achieved through nine centers located in different regions (Saida, Sour, Tripoli, Zahleh, Hermel, Beit Eddine, and the main center in Karantina, Beirut).
- The DOTS program, launched by the Ministry of Public Health in cooperation with the WHO, to treat

patients and immunize their families to prevent the spread of the disease. The treatment continues for a period of six months and is available in all regions and covers every case in Lebanon. It provides the necessary treatment, ensures drugs are taken as recommended, monitors the patient's condition, and prevents transmission. The DOTS method is based on isolating patients to prevent transmission and spread of resistant tuberculosis.

- National programs for fighting tuberculosis and HIV/AIDS and working towards the elimination of these two diseases, following close cooperation among the concerned governmental, non-governmental, and international parties.
- General awareness and openness among Lebanese, as well as the active participation of the media in awareness-raising campaigns.
- Efficient and enthusiastic medical corps and health personnel.

D Recommendations

HIV/AIDS

- Conduct an evaluation of achievements made by NAP and other partners in HIV/AIDS-related interventions to form the basis for a new, comprehensive, and more efficient plan to focus on the most vulnerable groups and ensure the sustainability of protective and educational efforts.
- Strengthen awareness, e.g. through sexual education in intermediate and secondary schools, as well as enforce the role played by civil society organizations in the fight against the disease.
- Strengthen the participation of the private sector, particularly in the information and communications fields, to spread awareness of and information about the disease and its causes and how to take care of infected individuals. Cooperate with drugs manufacturing companies in order to provide the necessary treatment at a reduced cost, especially to poor and needy persons.
- Strengthen control mechanisms, particularly vis-à-vis flows of incoming workers, emigrants, and tourists.
- Enhance capacities of local NGOs and grass-roots organizations in raising awareness and reaching out to the most vulnerable groups.

Tuberculosis

- Consolidate national programs, including the allocation of financial support, and expand coordination to include other sectors and authorities.
- Upgrade skills for early detection, protection, and treatment of other contagious and epidemic diseases and provide laboratories with appropriate equipment.
- Introduce syllabus courses in the educational curricula to help raise awareness and promote campaigns for the early detection of diseases.



7 Environmental Sustainability





Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Indicator	1992	1994	1996	1997	1999	2000	2015 Target
Proportion of land covered by forests ⁹¹ (percent)			13				
Land area protected to maintain biological diversity ⁹² (Percent)	0.2					2	
Annual energy consumption (as proxy of energy efficiency) ⁹³						GDP/ 9,712 gigawatt	
Consumption of agents that deplete the ozone layer ⁹⁴					CFC: 527.3 tons MeBR: 202 tons		0
Emission of green house gases ⁹⁵		15,874.82 gigagram CO ₂					
Energy generated from renewable sources ⁹⁶ (Percent)				1.6			

Target 10: Halve, by 2015, the proportion of people without access to safe drinking water

Indicator (percent)	1996	2015 Target
Proportion of dwellings with sustainable access to water ⁹⁷	79.3	90

Target 11: By 2020, to have achieved a significant improvement in the lives of at least one million slum dwellers

Indicator (percent)	1996	2000	2020 Target
Proportion of buildings with access to waste water networks ⁹⁸		37	
Disposal of solid waste ⁹⁹			Landfill: 82.8 Conversion: 5.1 Recycling: 5.3

A Progress to date

The Ministry of Environment was established in 1993 to address environmental challenges. The mandate is continuously reviewed to strengthen decentralization in addressing environmental sustainability issues (the first amendment to the law was in 1997, and by-laws are currently being revised). A framework law for the protection of the environment (Law 444 of July 29, 2002; Code of Environment) was promulgated in 2002 to ensure the sustainability of the environment as a basic national entitlement and a public goal. Several protection measures, in line with international conventions ratified by the Lebanese government, were enforced, such as; preparing a draft law on protected areas, formulating a strategy for climate change, implementing a five-year plan for reforestation, establishing the Lebanese Environment and Development Observatory (LEDO), establishing national standards, and mainstreaming environmental concerns in other sectors such as education.

Biodiversity

The number of protected areas increased during the past decade to reach 33 in 1999, seven of which established by law. Protected coastal areas are estimated at 888 hectares (1999),¹⁰⁰ while forests account for 13.3 percent of total land area.

Green house gases (GHG) and other emissions

The first GHG inventory in Lebanon in line with the Climate Change Convention regulations indicated carbon dioxide (CO₂) to be one of the most commonly emitted gases, with an estimated emission of 13,803,000 tons in 1994.¹⁰¹ The transport sector is considered the main source of pollution, followed by the energy sector (emissions from this sector increased by 35 percent between 1994 and 1999), and the industrial sector (responsible for 14 percent of CO₂, particularly from cement factories in Chekka and Siblin). About 82 percent of methane gas emissions are due to the disintegration of organic waste, 15 percent from agriculture, and 3 percent from the energy sector.

In an attempt to reduce gas emissions from the transport sector, Law 341, issued in August 2001, addressed control measures on fuel utilization, prohibiting the use of leaded gasoline in all vehicles and diesel in small-sized vehicles, as well as prohibiting the import of diesel engine vehicles (minivans and cars).

Ozone-depleting substances

The use of ozone-depleting substances peaked in 1993 (around 920 tons), and began to decline with



Goal 7: Environmental Sustainability

the prohibition of halons in 1998 and the use of alternative materials (to 527.3 tons), as well as the use of methyl bromide alternatives in agriculture.¹⁰² After the ratification of the Vienna Convention and the Montreal Protocol, a national committee and a special Ozone Office at the Ministry of Environment were established.

Water resources

Annual precipitation is estimated at 8,600million m³ and 40 rivers and streams have a total annual flow of 3,900million m³.¹⁰³ Exploitable ground water varies between 400-1,000million m³. Access to water through public water networks is 79 percent of total dwellings, with noted regional variations. The actual daily per-capita accessibility is estimated at 60 liters, compared to a theoretical daily average of around 160 liters; the disparity is due to seepage from deteriorated networks. Government attempts to ensure sustained access to safe water continue through installation of networks in rural areas and plans for the constructing of dams to satisfy potable water requirements and other needs.

The pollution of water resources, especially as a result of waste-water infiltration to underground water resources, is a national problem that has to be addressed. Proliferation of lime constituents and cracks in soil layers allow infiltration of liquid waste into the groundwater; haphazard digging of artesian wells leads to the infiltration of seawater into fresh groundwater, resulting in increased salinity; and the disposal of domestic and industrial solid waste and waste water are polluting factors.

Waste-water management

Only 37 percent of dwellings had access to waste-water networks in 1996, while the remainder, mainly in rural areas, depended on septic tanks.¹⁰⁴ In 1997, 58.5 percent of households had access to public sewage networks, while 42.8 percent used septic tanks.¹⁰⁵ As is the case for other indicators, regional disparities are evident; 23.8 percent of households in Nabatiyeh have access to public sewage networks, compared to 98.3 percent in Beirut.

Solid waste management

Domestic solid waste continues to be a major environmental problem, with more than 80 percent being dumped in landfills. The Ministry of Environment has prepared a national strategy for solid waste management and is currently drafting an action plan for government approval. In addition, a proposal for a legal framework for domestic solid waste is in the preparation process; the METAP project that suggests treatment technologies, management, and methods for cost recovery.

B Challenges

- Absence of a comprehensive national environmental strategy and related programs of intervention, as environmental challenges are not mainstreamed in the public and private sectors.
- Limited public financial resources allocated to environmental protection (2.4 percent of total public expenditure¹⁰⁶).
- Lack of proper support for the agricultural sector and the prevalence of unsustainable practices; e.g. agrochemical application and high water consumption lead to deterioration in environmental conditions, particularly in poor regions.
- Power production and distribution are a main source of pressure on the environment. Fuel and coal derivatives constitute 97 percent of primary fuel sources. The use of renewable energy sources is still limited, in particular solar energy for water heating. Power production from renewable sources does not exceed 1.6 percent of total energy production.¹⁰⁷
- Insufficient monitoring systems for assessing the air quality, increased urbanization, low quality fuel, poorly-maintained vehicles, weak transport management, and inadequate infrastructure.
- A possible water shortage in the coming 15 years, as indicated by statistics on water use. Annual consumption, currently 1,400million m³, is expected to increase to between 1,900million¹⁰⁸ to 3,300million m³ in 2010.¹⁰⁹
- Pollution of water resources, especially as a result of waste-water infiltration to groundwater sources; and a lack of adequate monitoring of the quality of potable water distributed by private companies.
- Inadequate waste-water treatment; out of a total of 35, only one treatment plant has been constructed to date.
- The need for integrated solid waste management plans and policies.
- The lack of environmental law enforcement due to shortage of staff.
- Overlapping of responsibilities among different public-sector administrations.
- High internal migration from rural to urban areas, resulting in the abandoning of land in rural regions and increased pressure on urban areas.
- The lack of cooperation and focus of efforts and goals among environmental NGOs. There is a need for additional scientific and technical capacity-building of these organizations to realize their full partnership and advocacy roles.

C Strengths

- Lebanon's ratification of international conventions and treaties related to the environment, and the establishment of a Ministry for the Environment, as well as the adoption of the Code of Environment.



- The formulation of draft decree on environmental impact assessment, a framework law for protected areas, as well as laws regulations for septic tanks.
 - The adoption of a national plan for water management and a five-year reforestation plan, as well as the implementation of new water and sewage network projects.
 - Increased environmental awareness and participation of civil society organizations in activities for the protection of the environment, including monitoring the implementation of public environmental policies.
 - The engagement of international organizations and extended global and regional sources to provide financial resources for the execution of environmental activities and programs.
 - Active involvement of the media in addressing environmental issues through regular (daily or weekly) columns in newspapers.
 - A strong integration of environmental concerns in educational curricula and extra-curricular activities.
- private partnerships through increased access to information.

D Recommendations

- Formulate a national strategy integrating the principles of environmental sustainable development into polices and guidelines of all concerned authorities, creating an institutional framework for coordination among relevant public administrations, NGOs, private and academic sectors.
- Enforce the implementation of the Environment Protection Law, adopted in 2002; and complete enactment of regulations, such as environmental impact assessments and stipulations related to the protection of the environment.
- Formulate and enforce legislation, decrees, and integrated plans, and adopt the mechanism of strategic environmental assessments (SEA).
- Develop the capacities of local authorities for environmental management (Agenda 21), execute national programs of public awareness, and build up the capabilities of employees in the public sector, municipalities, and NGOs.
- Adopt a national policy to manage water resources and monitor consumption, as well as rehabilitate infrastructure and adopt treatment technologies.
- Establish policies in agricultural practices, the industrial and transport sectors, urban planning, infringements on coastal areas, biodiversity, as well as energy consumption and renewable energy resources, accessibility to water and sewage networks and treatment facilities, and integrated solid waste management.
- Implement the provisions of the international conferences on sustainable development and the environment and the Arab initiative for sustainable development.
- Strengthen public participation and public-



8 Developing a Global Partnership for Development





Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Indicator ¹¹⁰ (percent)	1995	2000
Exports of goods and services as a percentage of GDP	18 (1990)	13
Weighted average tariff on imports	11.4	18.6
Net foreign direct investment inflows as a percentage of GDP	0.2 (1990)	1.8
Other private flows as a percentage of GDP	0.2 (1990)	10.5

Targets 13 and 14: not applicable

Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Indicator (percent)	1995	2000
Net ODA as a percentage of GDP ¹¹¹	9.1 (1990)	1.2
Proportion of ODA to basic social services ¹¹²	11.9	16.9 (1999)
Debt service as a percentage of exports of goods and services ¹¹³	3.3 (1990)	27.0
Debt service as a percentage of GDP ¹¹⁴	3.5 (1990)	18.0 (2002)

Target 16: Develop and implement strategies for decent and productive work for youth

Indicator(percent)	1995	2000
Unemployment rate among 15-24-year-olds	21.6 (1997) ¹¹⁵	...

Target 17: Provide access to affordable, essential drugs

Indicator(percent)	1995	2000
Proportion of population with access to affordable essential drugs on sustainable basis	...	85 ¹¹⁶

Target 18: Make available the benefits of new technologies, especially information and communication

Indicator ¹¹⁷ (percent)	1995	2000
Telephone lines per 1,000 persons (land-based and cellular)	...	392.9 (1999)
Personal computers per 1,000 persons	...	est. 5.0 (2002)
Number of ISP subscribers	...	65,000

The achievement of a global partnership for development implies that globalization become a positive force for development. Such global partnership represents a mutual responsibility of developed and developing countries (the International Conference on Financing for Development, Mexico City, 2002; and the World Summit for Sustainable Development, Johannesburg, 2002). This requires developing countries, including Lebanon, to commit and make progress with respect to good governance, development, and poverty reduction; and for developed countries to respond with increased aid and trade support.

Lebanon engaged in early forms of globalization and has accumulated significant historical and social capital through literacy and education, cultural exchanges and acquisition of linguistic skills, intellectual and organizational renewal, and coexistence and emulation. Exchange between Lebanon and the globalizing world has also had negative aspects, such as the continuous brain drain of the country's best minds.

A Status and tendencies

Trade and Finance

Exports of goods and services represented barely 13



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percent of GDP in 2000. However, in 2001 and 2002, exports increased by 25 percent and 20 percent, respectively. The weighted average tariff on imports increased during the 1990s, to peak at 22.6 percent in 1999. It decreased to 18.6 percent in 2000, and has contracted further as a result of trade liberalization measures. Large imports caused a wide gap in the trade balance; however, this was compensated by sustained capital inflows transiting the banking sector (US\$5-6billion annually in recent years), the large majority being transfers from Lebanese emigrants and mainly channeled into consumption. Foreign direct investment has been of little benefit for the productive sector, as most has gone into real estate.

Since the mid-1990s, Lebanon has engaged different initiatives of market building through trade liberalization. The country has implemented a gradual decrease in customs duties in the context of the Arab Free Trade Area, to be established by 2005. In addition, Lebanon and the European Union signed the Euro-Mediterranean Partnership Agreement in March 2002, which came into effect in June 2002. The related MEDA support program is important to help overcome the structural imbalances between Lebanon and Europe and to establish the basis for sustained, long-term development and a more balanced relationship with the European Union. To consolidate the initial gains made under the Lebanon-EU partnership, Lebanon needs to increasingly open up, multi-laterally and multi-dimensionally, to the Arab countries and to the rest of the world by joining the WTO. The country has made initial progress in coping with the requirements for accession; the first round of negotiations was completed in October 2002, and the target for membership is end 2004.

The Lebanese economy extends beyond its geographical borders as a result of the high number of emigrants, roughly estimated at threefold the resident population. Their presence in countries across the world has contributed to enhancing commercial and economic relations; and the Lebanese diaspora has played a significant role in developing the economy and supplying financial and technical assistance.

Sustainable debt

Throughout the 1990s, persistent budget deficits led to a rapid accumulation of debt, reaching a level that would become unsustainable in the long run. The gross budget deficit was estimated at 24 percent of GDP and net public debt reached US\$23billion at the end of 2000. It further increased rapidly to reach nearly US\$30billion at the end of 2002 (173 percent of GDP). Debt service increased steadily during the past decade to 16.9 percent of GDP in 2000, and 18

percent of GDP in 2002. In that year, it also absorbed 80 percent of government revenues and exceeded tax returns. Consequently, the confidence of the private sector deteriorated and private investment declined. However, the government had in 2000 formulated a comprehensive strategy for addressing the debt crisis through internal efforts and external support, including fiscal reform, privatization, and administrative reform. This program was revised and updated for the Paris-II Conference.

The Paris II Conference of November 2002 was made possible by the economic reform measures of recent years that gave a positive signal to the international community on the commitment of Lebanon. It culminated in the pledging of solid financial support for the national economic reform program (more than US\$4billion, largely paid up by May 2003), enabling the government to substitute part of the high-interest, short-term, mostly-internal debt with long-term loans from donor countries. This support, together with more financial and structural reforms, resulted in a sharp decline of interest rates and a subsequent reduction of the debt servicing costs. The lower interest rates are also expected to encourage private sector investment in productive projects.

Increased aid

Since the end of the war, the government has cultivated close working relationships with the international community and pursued strategic partnerships with the UN System and main donors. Persistent efforts have been made to mobilize resources for the country's recovery, totaling US\$5.1billion secured foreign funding at the end of 2002, of which 56 percent are soft loans and grants (the latter representing 14 percent), while commercial loans account for 44 percent (Council for Development and Reconstruction). An additional US\$0.4billion of foreign financing is in the pipeline, i.e. agreed or promised.

Net ODA flows to Lebanon in 2000 amounted to US\$197million, a level that has been fairly stable in the past few years. On a per-capita basis, ODA has been of an average level, particularly taking into account the country's needs following the period of war. ODA spent on basic social services increased as of the mid-1990s, reaching almost 17 percent in 1999. The effectiveness of aid expenditures on basic social services is compromised by the absence of planning in most sectors, and could benefit from improved coherence and focus of donor programs.

Decent and productive work for youth

The country's employment market is small and narrow in the absence of strong productive sectors



and constrained by a difficult economic situation. Notwithstanding a weak economic activity rate, 34 percent in 1997, there has been widespread unemployment in recent years. Most affected has been the youth (15-24 years), of which more than an estimated one-fifth are unemployed (according to the University of Saint Joseph, Beirut, 2002). Unemployment among the young has continued to fuel large-scale emigration; of concern is the unemployment rate of 10 percent among men aged 25-29, one of the groups most affected.

Affordable essential drugs

Government policy aims to make available affordable essential drugs and medication for treating chronic diseases and cancer through a nationwide network of public health centers, supervised and managed by the Ministries of Health and Social Affairs and, to an increasing extent, by selected non-governmental organizations. In 2000, 85 percent of the total population had access to affordable essential drugs on sustainable basis, a slightly improved situation from the mid-1990s. In the past years, UNICEF and WHO have provided financial and technical support towards making drugs available and improving and upgrading the health system. Early in 2003, the Ministry of Health, in cooperation with UNAIDS and WHO, entered into an agreement with some international pharmaceutical companies to provide AIDS sufferers with drugs at greatly reduced prices.

New technologies - availability and benefits

In the past decade, Lebanon has moved swiftly to develop its information and communication technology resources. An ICT strategy document for the public sector is presently awaiting approval by the government and a national E-strategy is being prepared. In recent years, ICT has spread rapidly in business and society; however, there were only an estimated eight PCs per 100 persons in 2002. A new divide appears to have been created, accentuating the socio-economic rift and separating 'the connected' from 'the disconnected'. Cost is a basic obstacle to Internet access and strong national initiatives are required to spread ICT throughout the school system and at local level in areas outside Greater Beirut.

B Challenges

The challenges to Lebanon today are those of its own internal renewal and development, and of better strategic management of long-established and extensive relations with the world. Globalization challenges and development requirements underline the need to rethink the role, function, and social philosophy of the Lebanese state. A key challenge is the full implementation of the

reform program outlined by the government at the Paris-II Conference, with a view to decreasing the burden of debt on the national economy and better positioning the country with respect to competitiveness.

Administrative performance is a real obstacle for increased development outcomes. The public administration suffers from poor productivity and effectiveness, constrained by lack of modernization and delays in upgrading of staff capacity. Weak public administrations hinder the coordination, management, and delivery of assistance. In this context, UNDP, the European Union, the Arab Fund for Economic and Social Development (AFESD), and the World Bank support the implementation of administrative rehabilitation and reform projects.

Aid coordination and aid effectiveness would benefit from an explicit medium-term reconstruction strategy and program. Increased absorption capacity and eased budget constraints towards covering the cost of expropriation and domestic counterpart funds would enhance achievements of reconstruction.

The long years of conflict isolated Lebanon from global economic and technological advances and constrained private sector development. The latter was also affected by high interest rates and difficult access to local credit, limiting investment in the productive sectors.

The successful achievement of the EU-Lebanon partnership will require strong and deep adjustment and reforms to ensure the upgrading of both the private and public sectors to fully seize opportunities. Whereas trade liberalization policies need to be enhanced, it is essential that they be balanced by prioritizing capacity development; human, institutional, and productive. Thus, trade liberalization should be accompanied by, or rather preceded by, macro-economic reform, social development strategies, environmental protection measures, and policies that can positively impact on the poor and the categories likely to be hurt.

There is an urgent need to improve the fundamentals of the labor market by increasing investment, creating new jobs, and activating economic growth. There is also a need to manage migratory flows, both within the country and between Lebanon and the outside world.

Another challenge of particular importance concerns the elimination of the digital divide by ensuring E-literacy and universal access, and by creating an enabling environment for all to achieve digital opportunities.



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C Support framework

The geographic location, open financial and economic policy, and skilled human resources are factors that can support Lebanon in facing globalization challenges through enhancement of the country's position as a commercial, cultural, and media center in the region. These characteristics help attract foreign companies and encourage them to open regional offices in the country, thus enabling Lebanon to become a centre for Arab and foreign investment.

The integration of Lebanon in the regional and global economy is facilitated by the existence of a political commitment towards reform. The strategy adopted by the government aims at reactivating the economic cycle, increasing production, and ensuring sustained growth through structural reforms that will liberalize the economy, decrease constraints faced by the private sector, and gradually reform the general financial situation (in order to lessen the burden of public debt on the economy).

The strategy is based on the following axis:

Structural reform

Legislation related to trade and the private sector has been modernized with a view to attracting investment and reactivating growth, improving transparency and productivity of the public sector, and facilitating the work of the private sector. New laws for public accounting, procurement (in compliance with international standards), customs, and intellectual property have been ratified. Laws under preparation include those related to competition, simplification of the procedures for commercial permits, and consumer protection in the context of the requirements for joining the WTO. To encourage private investment and attract foreign investment, a recent law has introduced a 'one-stop shop' for investors (see below), provided a set of tax incentives, and reduced restrictions on land ownership by foreigners.

Procedures

Eliminating certain restrictions and simplifying procedures have decreased production costs and promoted job creation. Customs fees on primary and intermediary goods have been lowered, as has the contribution by employers to the National Social Security Fund. The government has improved access to credit for the productive sectors, especially small and medium enterprises, in addition to supporting the export of fresh agricultural products. The government has also set up a 'one-stop shop' for investors through the Investment Development Agency of Lebanon (IDAL).

Public finance

Public finance can be improved through modernization of the tax system and rationalization and decrease of expenditures. The government has taken structural measures to decrease public expenditure and reduce debt, rationalize employment in the public sector, and restructure the national TV broadcasting organization and the national airline. The government has also implemented a value-added tax (VAT) and strengthened procedures in tax management, including customs administration, real estate registries, and income tax department.

Privatization

Accelerating privatization of a number of public services will increase productivity, acquire modern technology, attract foreign investment, and assist in reducing public debt. In 2000, a privatization law was passed and the privatization of the communications and electricity sectors prepared, with plans for the water and ports sectors to follow.

Liberalization of trade

Trade liberalization will help economic reform through incentives for increased quality control, based on international standards, and encouragement of partnerships to transfer know-how and technology to Lebanese entrepreneurs. Adoption of international standards and development of the legislative framework governing trade and production in Lebanon will create a favourable investment environment and attract foreign investment. Technical assistance to help build trade capacity has been provided by USAID, European Union, and UNDP.

D Recommendations

Lebanon has implemented some basic reform measures for macro-economic stability to form the foundation for sustained, balanced, socio-economic development.

- The process of structural reform of the national economy and the public sector needs to be continued and accelerated through modernization of laws; simplification of procedures; and improvement of productivity, competitiveness, and public accountability. This can best be supported by enhancing national ownership of the development process and building strategic and strong partnerships in trade, finance, and technology - the main drivers of globalization. For these processes to succeed, they must be conceived and pursued from a people-centered perspective. It is important that all, especially low-income and vulnerable groups, be protected and given equal, fair opportunities to apply their potential and achieve their targets.



- Within the context of the national goal of sustained, balanced, socio-economic development, the implementation of an enabling environment for the development of the productive sectors is vital. Of critical importance is the focus on small and medium enterprises, as they form the basis of the economy. This will involve the development and modernization of legislation, the introduction of incentives and mechanisms to secure soft loans, and the transfer of know-how and modern technology through joint projects with foreign companies.

- The MDG process provides an excellent opportunity for Lebanon's partners to widen and deepen partnerships through a joint review of their relationships.



ANNEXES



Summary of Progress Towards the Millennium Development Goals

Goals/Targets	Will Development Goals/Targets Be Met?				State of Supportive Environment			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
EXTREME POVERTY Halve the proportion of people living below the national poverty line by 2015		● ● ●				● ● ●		
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015	● ● ●				● ● ●			
HUNGER Halve the proportion of underweight among under-five-year-olds by 2015	● ● ●				● ● ●			
BASIC AMENITIES Halve the proportion of people without access to safe drinking water	● ● ●				● ● ●			
UNIVERSAL PRIMARY EDUCATION Achieve universal primary education by 2015	● ● ●				● ● ●			
GENDER EQUALITY Achieve equal access for boys and girls to primary and secondary schooling by 2005	● ● ●				● ● ●			
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015	● ● ●				● ● ●			
CHILD MORTALITY Reduce under-five mortality by two-thirds by 2015		● ● ●			● ● ●			
ENVIRONMENTAL SUSTAINABILITY Reverse loss of environmental resources by 2015		● ● ●				● ● ●		



Capacity for Monitoring and Reporting MDG Progress

Goal	Quantity & Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty and Hunger	●●	●●		●●	●●		●●	●●		●●	●●		●●	●●	
Universal Primary Education	●●			●●			●●			●●			●●		
Gender Equality		●●			●●			●●			●●			●●	
Child Mortality	●●			●●			●●			●●			●●		
Maternal Health		●●			●●		●●			●●			●●	●●	
Water and Sanitation			●●			●●			●●			●●			●●
HIV/AIDS		●●			●●		●●			●●			●●	●●	
Environmental Sustainability	●●			●●			●●			●●			●●		



Poverty: Definitions and Indicators

Income Poverty:

Poverty is a state of deprivation or inability to get all or parts of basic needs a person (or a household) needs to live at a decent level in an identified place and time. There are two ways of poverty measurements: **Absolute Poverty** (absolute poverty line), when levels and kinds of basic needs are identified in a fixed way. According to this definition, every person who does not get these needs is a poor. **Relative poverty** (relative poverty line) is based on distribution of income, where those whose income is less than a certain percentage of the mean income (or median) are considered poor. Accordingly, this poverty line changes whenever the income distribution does. The **poverty line** is the minimum level of income/expenditure needed by a household to sustain its existence. The lower poverty line is the level of income/expenditure necessary to sustain the needs for food and very basic needs to keep existence, while the upper poverty line considers other needs too, including shelter, clothing, education, health care and transportation. Lebanon does not have a nationally approved poverty line. The poverty line used in some studies and publications in Lebanon reflects an estimation of the needs of households, rather than an accurate value of the poverty line in the strict scientific sense.

- The MDG indicator to measure extreme poverty is of US \$1 per capita per day (PPP-values). Data for this indicator is not available. An alternative indicator was adopted instead. According to the Central Administration of Statistics (1997), the proportion of people living in households with a monthly per capita income equivalent to the minimum monthly wage (LBP300, 000 for an average household of five members or LBP 60,000 per each member) US \$1.33 per capita per day (at current prices), is close to the MDG indicator of US \$1 per capita per day.
- **Headcount Index:** (incidence of poverty) measures the percentage of the population living below the poverty line.
- **Poverty Gap:** is a numerical expression on the gap that should be closed to bring people living below the poverty line to live at its level.
- **Poverty Gap Ratio:** an indicator equal to the total of multiplying the value of the headcount index with the poverty gap.

The measurement of the headcount index, the poverty gap and the poverty gap ratio depends on the availability of a national poverty line calculated on the basis of either income or expenditure, which is not available at present. A national multi-purpose household survey, which will provide the necessary data for the determination of the poverty line on the basis of income or expenditure, is under preparation and is expected to be completed at the end of 2005.

- The **share of the poorest quintile in national income:** data not available. As an alternative, the share of the 17 percent of the lower income population accounts for only 4 percent of national income in 1997, which is the closest available to the MDG indicator. (Central Administration of Statistics, 1997)
- The **Gini indicator** was 0.435 in 1997, which demonstrates the existence of high concentrations in the distribution of income in Lebanon. (Central Administration of Statistics, 1997)

Unsatisfied Basic Needs:

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 is based on the Unsatisfied Basic Needs methodology (UBN), which retained four areas of basic needs: housing (rooms per person, built area per person, principal means of heating); water and sewerage (connection to a water network, principal source of potable water, means of disposal of sewage); education (pursuit of studies, level of education); and Income-related indicators (Number of private cars, dependency rate, main occupation). Based on this index, households/ individuals are classified into five categories of living conditions: very low (7 % of households), low (25%), intermediate (42%), high (22%), and very high level of satisfaction (4%).



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