

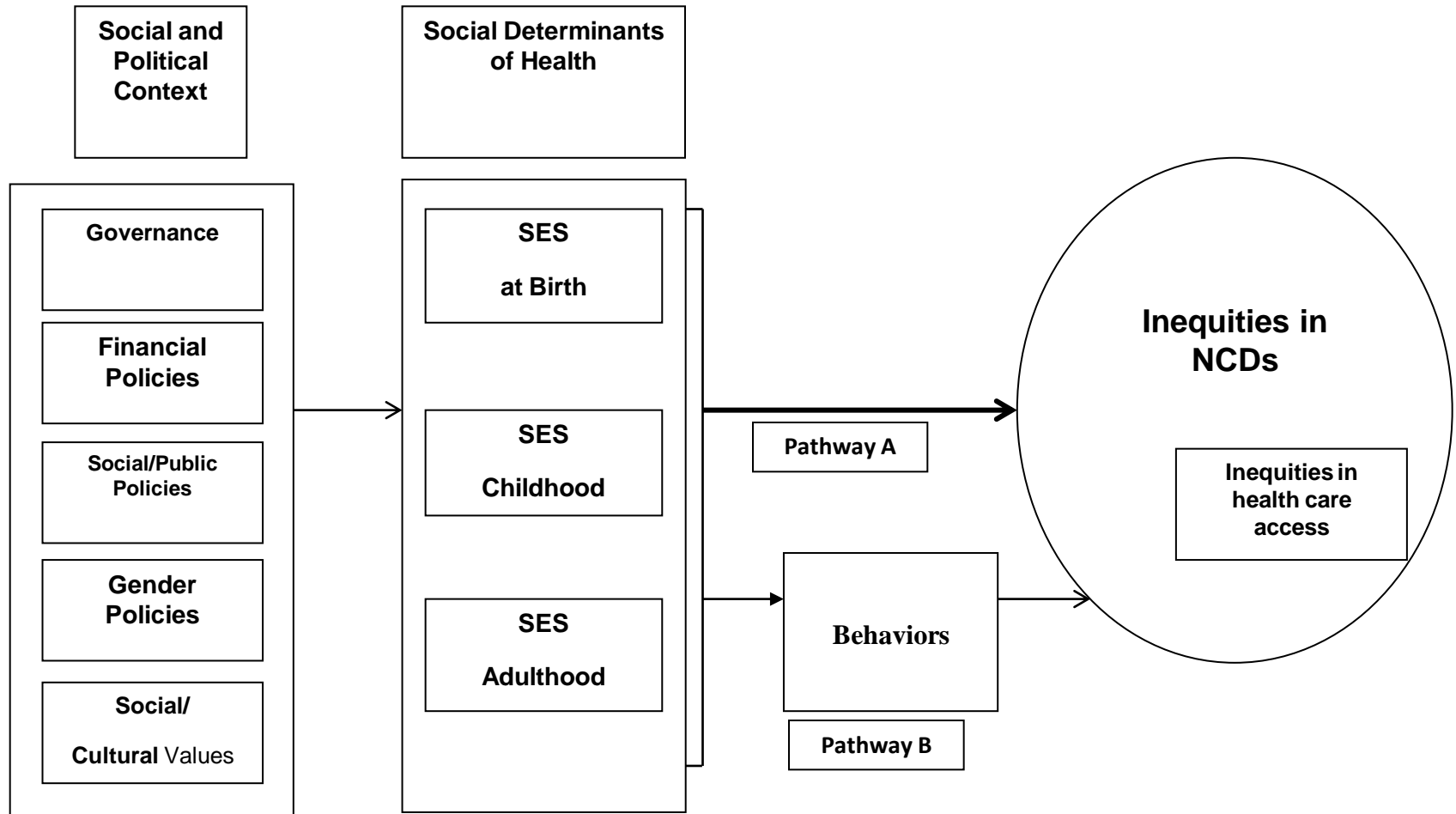


Lebanon Country Report

The Social Determinants of NCDs

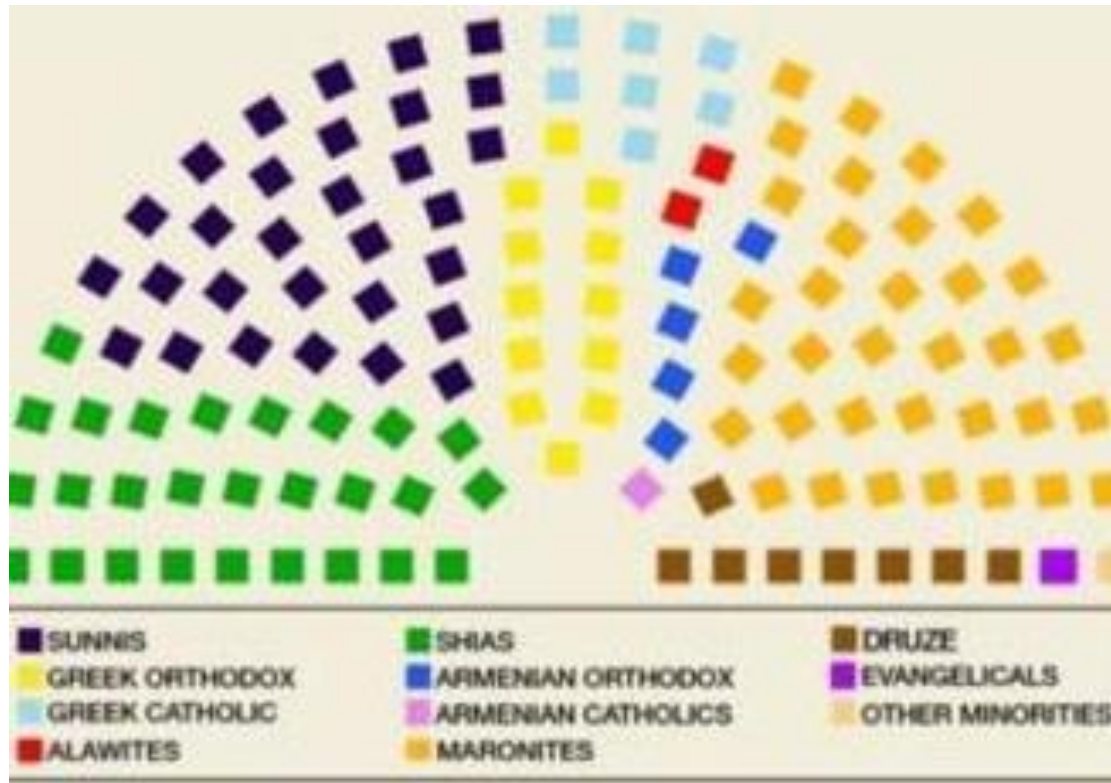
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Zahraa Beydoun, Dalia Mikdashi, Shahd Osman

Conceptual Framework



The Social and Political Context

Institutionalization of sectarian political representation



Weak government institutions and laissez-faire economic policies





Predominantly private, expensive, & inequitable health care system



The Human Rights and Peace Club at AUB.
In collaboration with the Lebanese Economic Association and the Friedrich Naumann Foundation
Invites you to the Discussion:

HEALTH IS A RIGHT, NOT A PRIVILEGE.

**Towards a Universal Health
Coverage in Lebanon**



BREAKING NEWS: WORKERS' VICTORY

Spinneys has complied with the
National Social Security Fund order
to register all employees - porters included -
in the social security program.
#PowertotheWorkers!

Spinneys  **Slavery** 

- ▶ Stark regional inequalities
- ▶ Inequalities *within* regions
- ▶ The richest 20% in Lebanon consume six times higher than the poorest 20%
(Laithy, Abu-Ismaïl, & Hamdan, 2008)

Social Determinants of Health

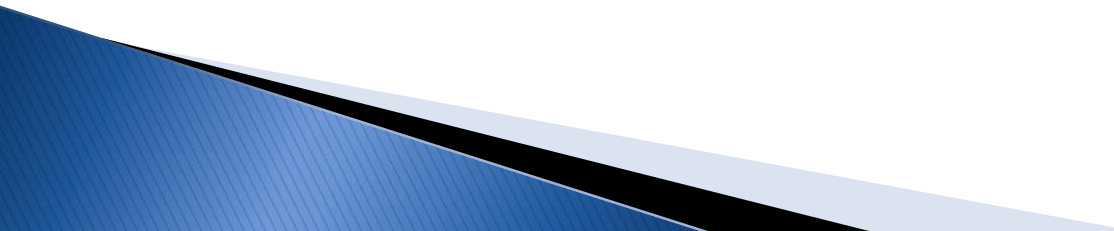
The politics of data

- ▶ Last census in 1932 (population ~ 1 million)
- ▶ Politicization of population data

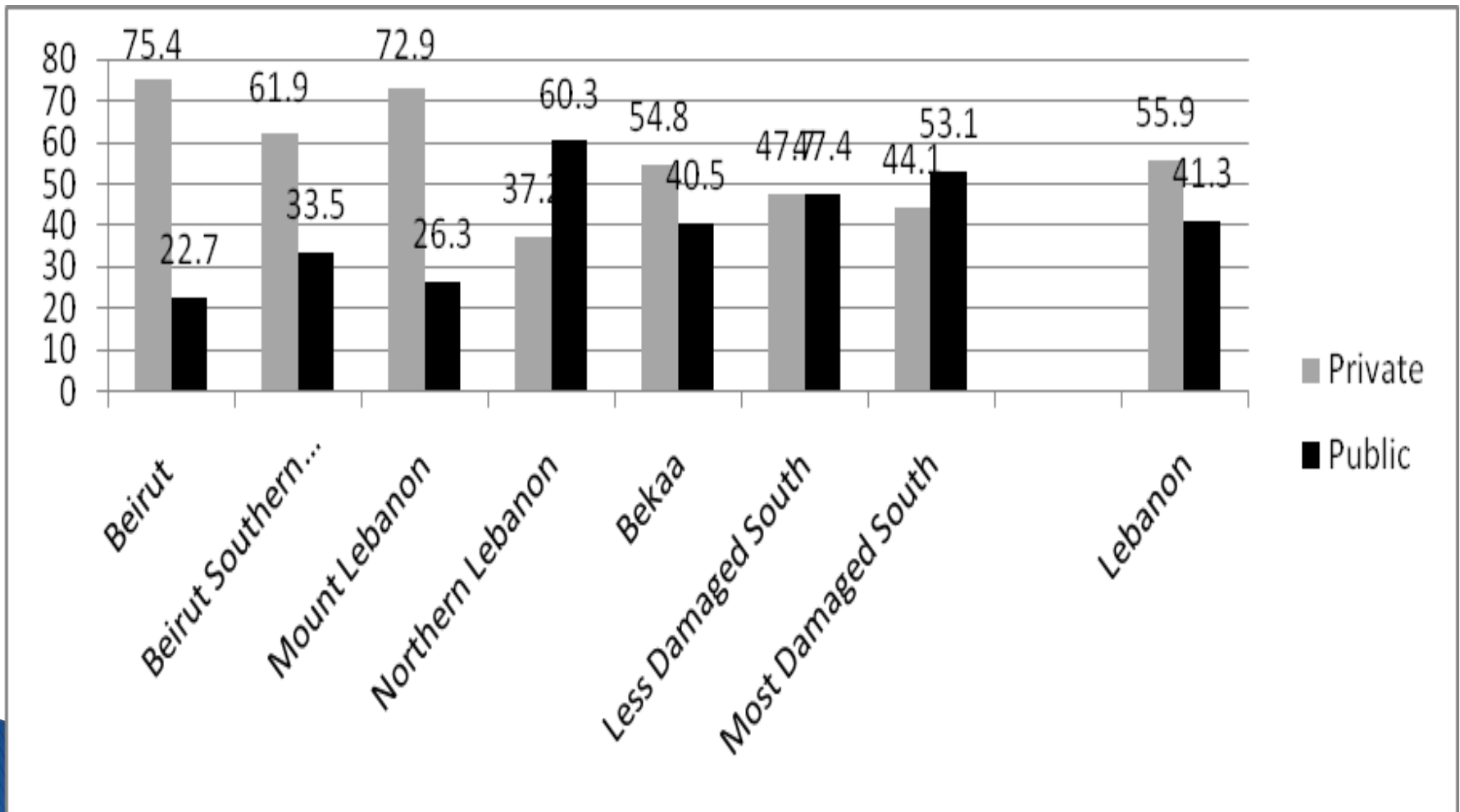
Data Sources:

- ▶ National Surveys of HH Living Conditions (1997, 2004, 2007)
- ▶ MICS (2009)
- ▶ Labor force surveys by CAS

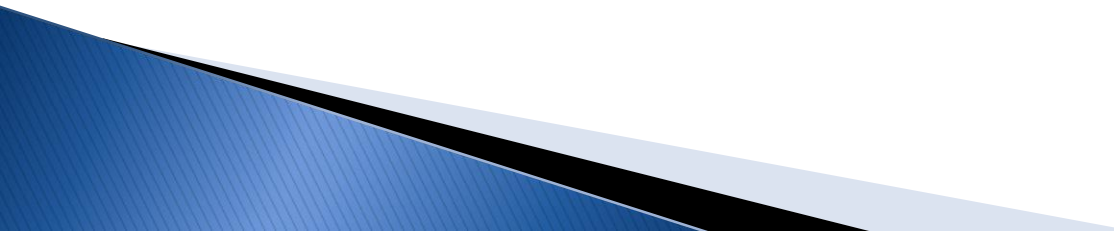
Social Determinants of Health Education

- ▶ Major strides in reducing illiteracy (2% for both genders)
 - ▶ However, low investments in public education (2% of GDP)
 - ▶ Inequalities in school dropout after the primary level by region and family SES
 - ▶ Women are **NOT** more disadvantaged than men in educational outcomes
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Percent of Lebanese students who attend public vs private schools by governorate, CAS/UNDP, 2008

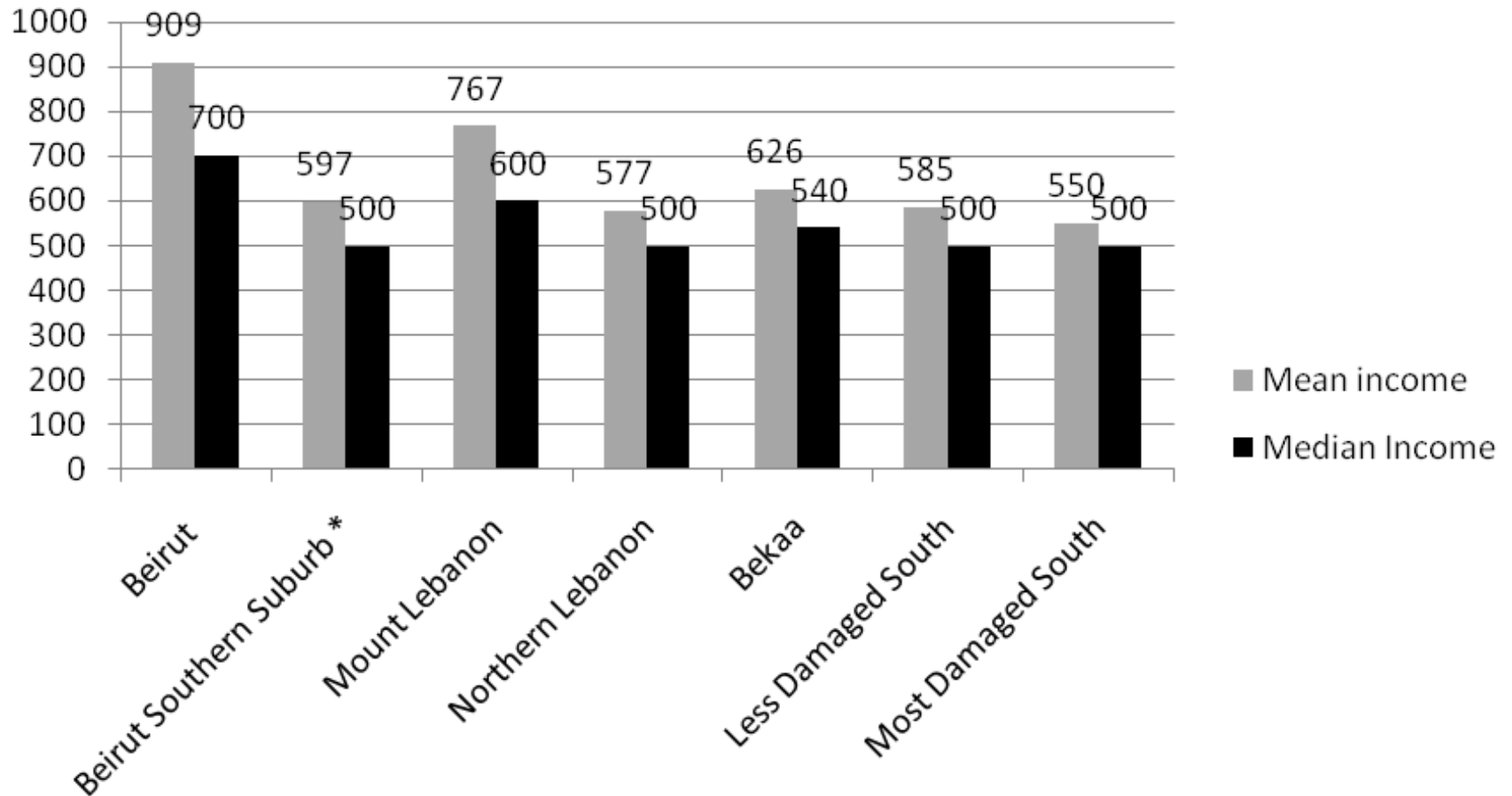


As a result ...

- ▶ Whereas 99% of 5–9 year old children are enrolled in primary school ...
 - ▶ Only 3/4 of 12–17 year old Lebanese boys were enrolled in preparatory and secondary school in 2007 and 2009
 - ▶ Stark regional differences: 78.9% in Beirut versus 60% in Northern governorate (Akkar, Minye, & Dinniye)
 - ▶ Family SES (private vs public school) is a strong determinant of school enrollment
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Social Determinants of Health Income

Mean and median household income (LBP) by region, *CAS/UNDP, 2008*



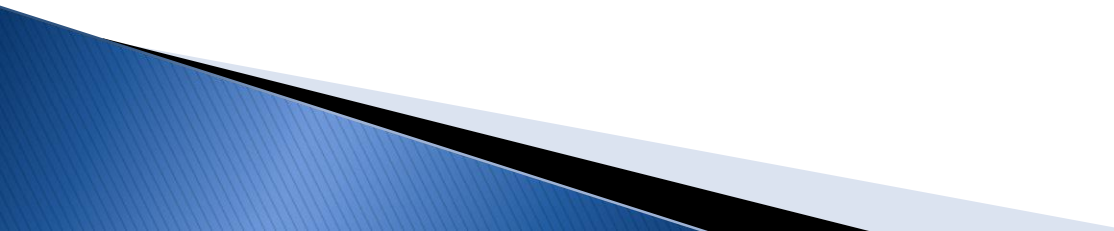
Regional Inequities

- ▶ Inequities *between* regions – Beirut vs North
- ▶ Inequities *within* regions – more wage differential in Beirut vs in North

Gender Inequities

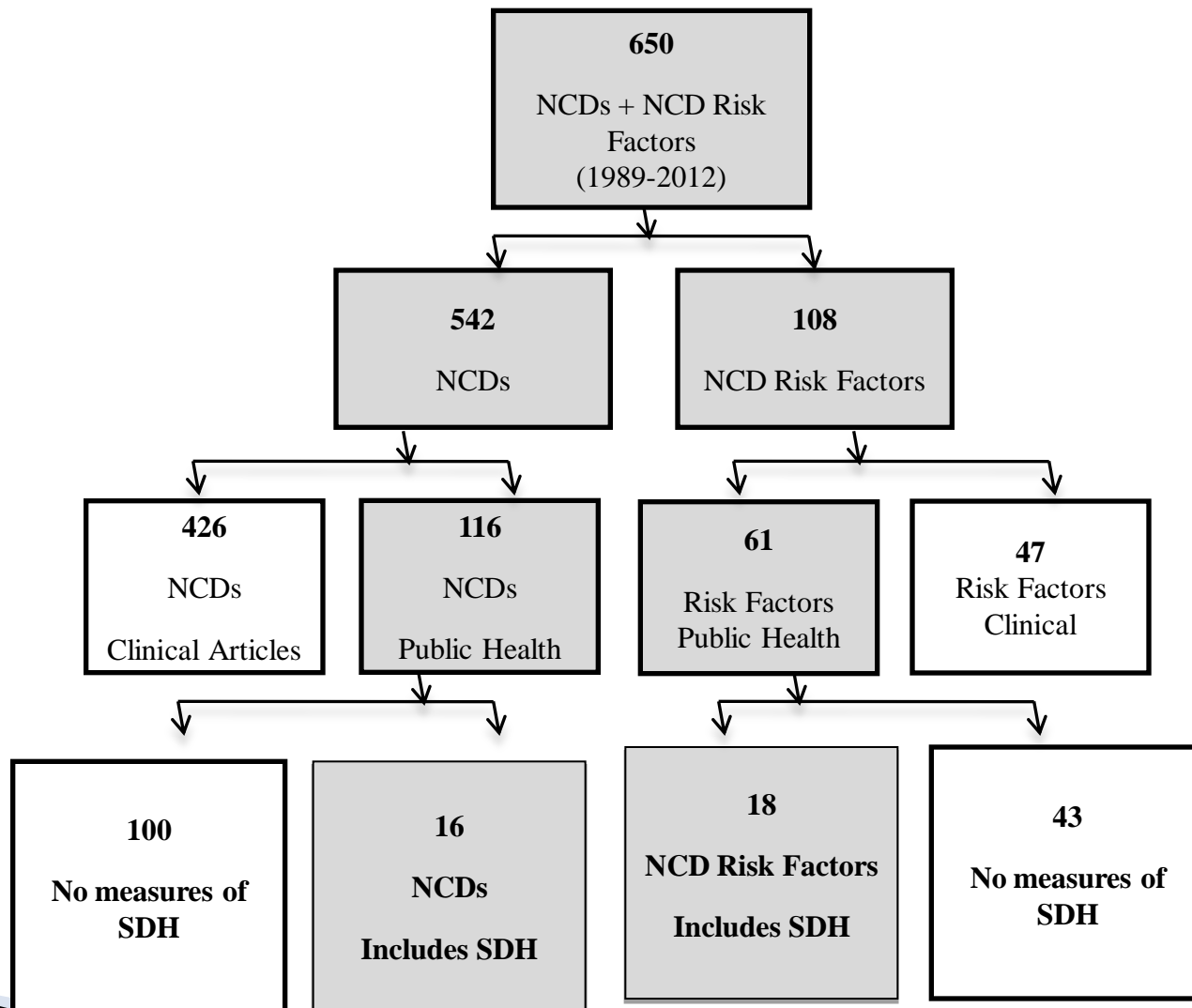
- ▶ Women earn lower wages; gender pay gap is 6% (Yaacoub & Badre, 2011)

NCDs as an Outcome of Social Determinants

- ▶ In high-income countries, CVD, diabetes, & their risk factors are viewed as “health outcomes of poverty”
 - ▶ Prevalent view in regional literature that CVD and diabetes are outcomes of affluence and modernization (studies in GCC)
 - ▶ New evidence that SES cross-over in CVD risk has been set in place (Egypt)
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Systematic Review Methodology

- ▶ **Articles published in academic journals**
- ▶ **1989–2012**
- ▶ **NCDs**
 - CVD; Diabetes; Cancer
- ▶ **NCD Risk Factors**
 - Behavioral (smoking)
 - Clinical (HBP)
- ▶ **N = 650**



CVD and HBP

Self-reported CVD and HBP in Lebanon by education for adult men and women. Source: (PAPFAM, 2004).

Education	CVD		HBP	
	Women %	Men %	Women %	Men %
No education	5.4	6.2	16.4	8.3
Primary	3.3	5.1	10.4	6.9
Preparatory	1.7	3.2	7.3	4.7
Secondary	0.7	2.9	4.5	4.5
Higher	0.5	2.4	1.8	3.3

- ▶ Significant and graded association between education and self-reported CVD

*Ramahi, Khawaja,
Abu-Rmeileh,
Abdulrahim, 2010*

- ▶ Hypertension is higher among low education, low occupation, and low income Lebanese adults

*Tohme, Jurjus,
Estephan, 2005*

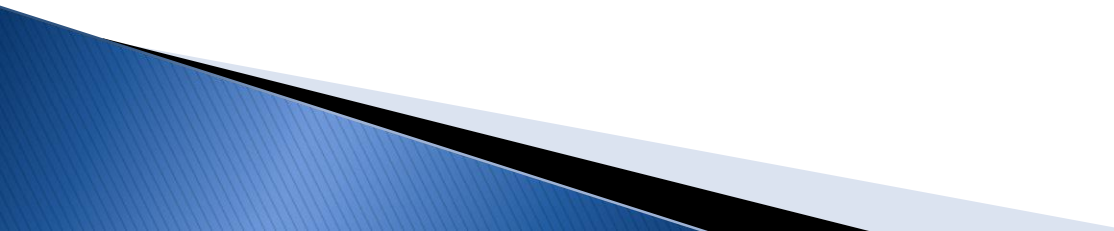
- ▶ Synergistic relationship between war-related stress and SES; men with low education experienced ↑ CVD mortality

*Sibai, Fletcher,
Armenian, 2001*

- ▶ Education and income are important determinants of control beliefs about CVD symptoms

*Noureddine &
Colleagues, 2012*

Cancer and Smoking

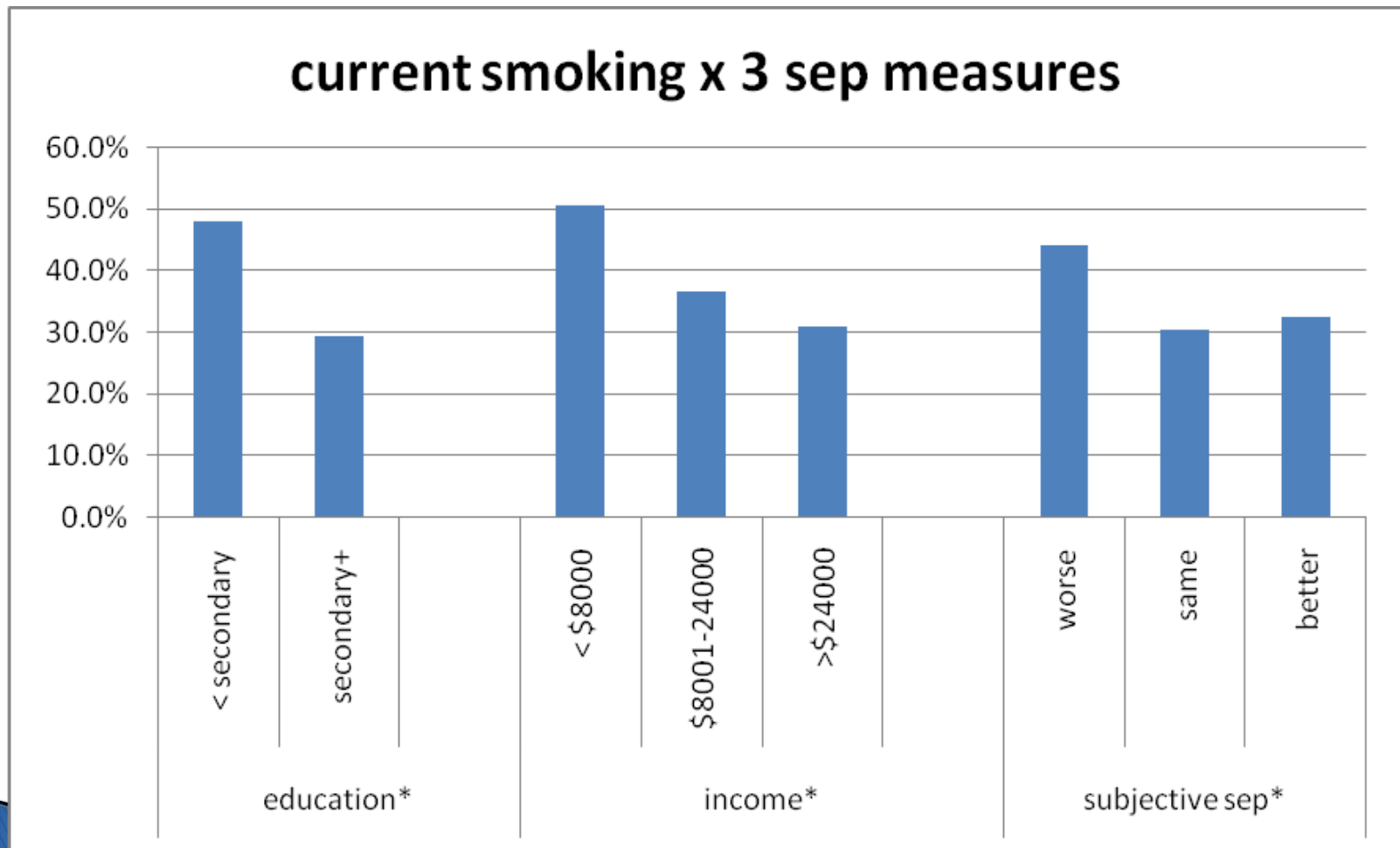
- ▶ Cancer registry does not gather data on any SES measures!
 - ▶ ↑ Lung cancer; men
 - ▶ ↑ Breast cancer; young women
 - ▶ Explanations: Lifestyle changes and maturation of tobacco epidemic
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Tobacco Smoking

- ▶ “everyone in Lebanon smokes”!
- ▶ Very little attention to the social determinants of smoking in Lebanon

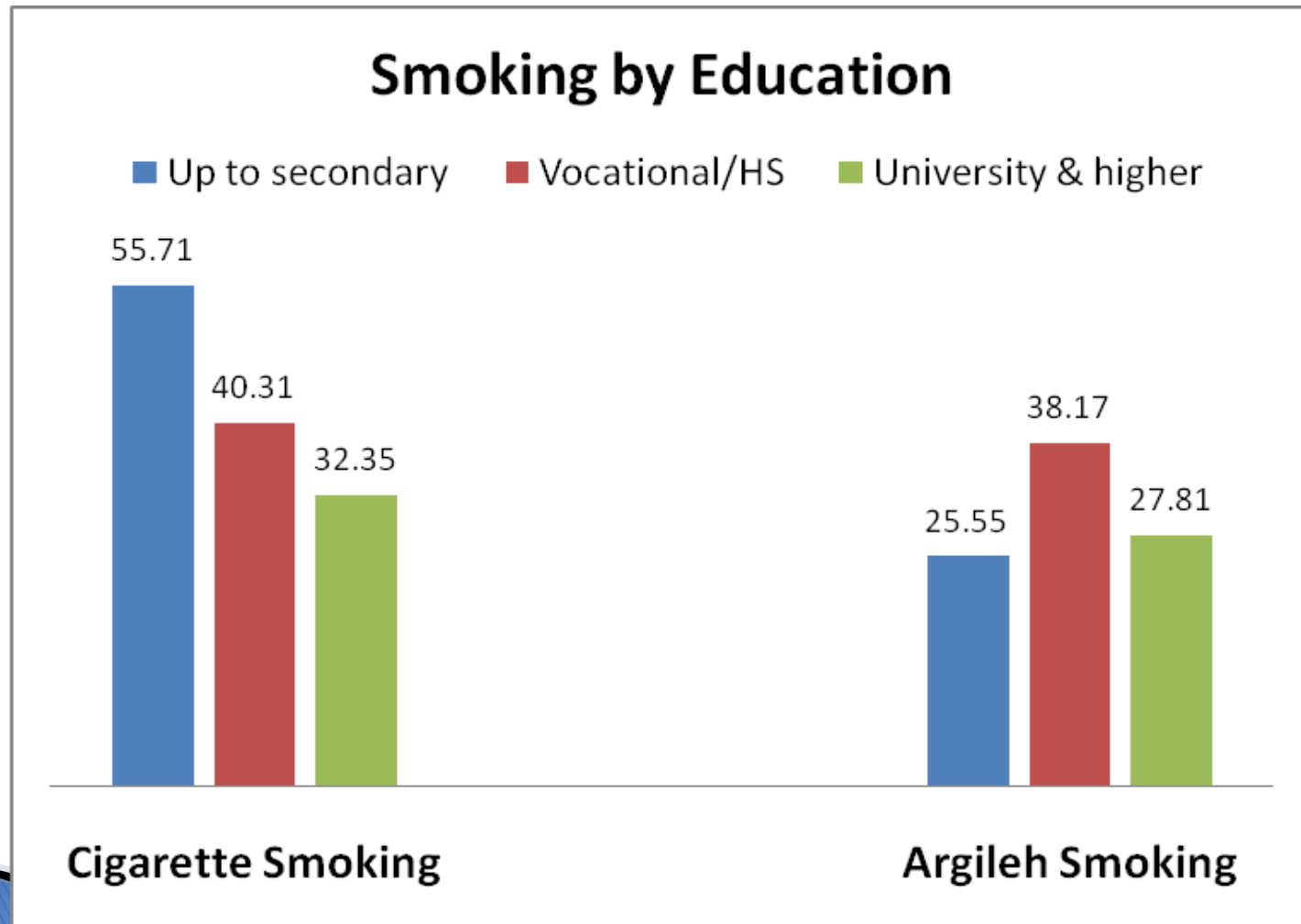


Current smoking by education, household income, and a subjective social status measure. Source: (Ras Beirut Well-being Study 2011; PI Afamia Kaddour)

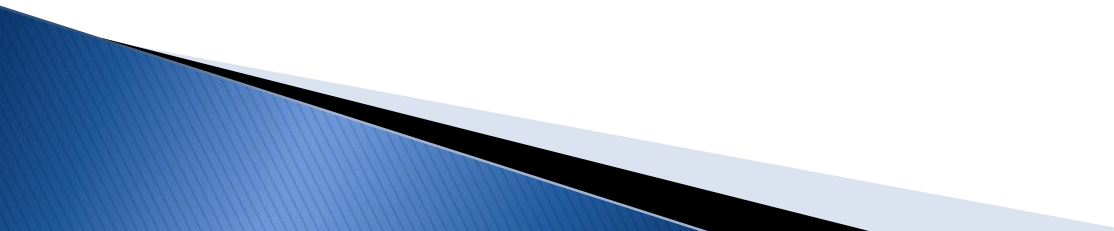


Current cigarette and argileh smoking by education.

Source: (Lebanese Perceptions Study, 2012; PI Sawzan Abdulrahim)



Concluding Remarks

- ▶ Majority of PH research on NCDs does not address the important association between basic socioeconomic indicators (education & income) and health outcomes
 - ▶ Nonetheless, the limited available evidence suggests that disadvantaged socioeconomic position is associated with higher prevalence of NCDs, NCD risk factors, and quality of life outcomes related to NCDs
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- ▶ Strong need to shift the focus from risk factors to social determinants
- ▶ Training of researchers on the social determinants perspective
- ▶ Data! Data! Data!

Acknowledgements

- ▶ RESCAP-MED
- ▶ IDRC

Associations with multiple risk factors (smoking, physical inactivity, alcohol and low veg/fruit intake, N–NCD Survey 2009).

Variables	Single Risk Factor	2 Risk Factors	3–4 Risk Factors
Socioeconomic Status:	OR (95% CI)		
Education Level			
Illiterate/Basic Literacy	1	1	1
Up to Complementary	0.8(0.5–1.5)	0.8(0.5–1.5)	0.9(0.4–1.7)
Up to Secondary	0.5* (0.3–0.9)	0.6(0.3–1.1)	0.6(0.3–1.2)
University	0.4* (0.2–0.7)	0.3* (0.2–0.7)	0.3* (0.1–0.7)
House Ownership			
Rented or property of relatives/friends	1	1	1
Owned	0.7* (0.5–0.8)	0.8* (0.6–1.0)	0.5* (0.4–0.8)