

Key figures

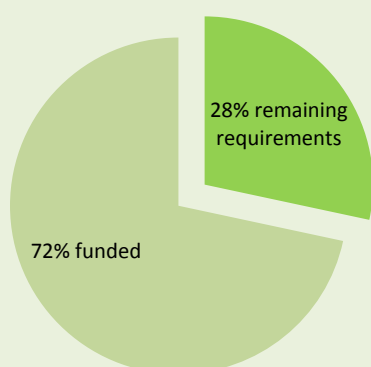
3,000	Individuals / week receive primary health care funded by UNHCR
700	Patients / week receive secondary and tertiary care

Funding

UNHCR health requirements: **37.9 m**

Percentage funded: **72 %**



■ Remaining UNHCR requirements (RRP5)
 ■ Funding received as of September



September developments

- Over 17,400 children were vaccinated by UNICEF at UNHCR registration centres (North, Bekaa, South and since September also Beirut) in collaboration with the Ministry of Public Health.
- 14,397 individuals were assisted in primary health centres by UNHCR through the International Medical Corps, Amel Association and Première Urgence - Aide Médicale Internationale (PU-AMI).
- 2,536 patients were provided secondary and tertiary health care through IMC.
- 5,085 patients were provided clinical and social consultations for mental health conditions by UNHCR through IMC and Restart.
- UNHCR increased the number of referral hospitals from 23 to 27 to better serve the increasing needs in secondary and tertiary health care.
- A community health workforce has been initiated to better support refugees upon hospital admission and proper follow-up after discharge for certain medical conditions.
- UNHCR is piloting a new provider of medical and financial hospital auditing in Beirut and Mount Lebanon area to cover its increasing network of referral hospitals.

Achievements January – September

Activity	 reached Jan – Sep	 2013 Target
Primary health care (including reproductive and mental health)	89,700	100,000
Life-saving secondary healthcare	28,345	49,000
Health education	103,000	250,000

Needs

As a consequence of the violence in Syria and the destruction of public infrastructure, many refugees arrive in Lebanon with health conditions that require immediate attention. Others have developed health problems during displacement related to trauma and substandard living conditions. As a result and due to their limited financial resources, refugees need



support in accessing primary, secondary and tertiary health care within the public and private health care systems.

Common health care needs of refugees include: reproductive health care and family planning, child health care (i.e. vaccinations), treatment for acute illnesses (respiratory infections, gastrointestinal diseases), chronic diseases (hypertension, diabetes) and mental health.

Challenges

Refugees need help accessing health care services:

Physical access to health care centres is a challenge for some refugees who live in remote locations. In addition, access is limited by short working hours and availability of trained health personnel. Visits of mobile medical units are in place to address this obstacle, but harmonizing these visits remains a challenge. UNHCR's existing network of 18 primary health care centres needs strengthening in order to offer comprehensive services and adequate follow-up of chronic conditions. By improving access to primary health care UNHCR aims to minimize the need for referrals to its network of 27 hospitals, and to reduce the burden of hospitalization.

High cost of health care:

Refugees are charged the same medical fees as Lebanese nationals. As these fees can be prohibitive for some, UNHCR promotes access to primary health care by covering 80% of consultation fees for all refugees and covering 85% of the cost of diagnostic procedures for select groups (including pregnant women, children under 5 and adults over 65 years). In exceptional cases, up to 90% of costs of primary health care will be covered. Despite these contributions by UNHCR, many refugees may still find it difficult to pay for medical costs. In addition, medications and diagnostic tests are frequently overprescribed, increasing costs for refugees and UNHCR. Moreover, some providers require upfront payment of costs not covered by UNHCR.

Needs for health care outstretch available resources:

With the daily increase in the number of refugees, UNHCR's resources cannot meet all health care needs. As a result, funds are increasingly stretched among prioritized and vulnerable cases, particularly at secondary and tertiary care levels. Lifesaving interventions in the area of maternal and infant health (surgical deliveries by caesarean section and care of premature infants) are extremely costly.

Strategy

UNHCR's role vis-à-vis refugee health is to facilitate, monitor, and advocate for refugee access to health care services in Lebanon.

- **Primary Health Care:**

UNHCR supports a network of primary health care centres, which serve as the entry point for refugees needing medical care. In addition, UNHCR will expand the existing network of mobile medical units to ensure free of charge access to the most vulnerable refugees and those living in remote locations. UNHCR prioritizes targeted health care, especially reproductive healthcare, services for infants and young children (including immunizations), and mental health care services. UNHCR seeks to identify and address mental health needs at the primary health care level.

- **Secondary and Tertiary Health Care:**

UNHCR supports secondary and tertiary health care on a needs-only basis. All referral care is limited to emergency referrals only. 75% of all emergency life-saving care and between 75% and 100% of cost of delivery are covered. Moreover, UNHCR has established an exceptional care committee to review exceptional cases basing decisions on prognosis, treatment plan and cost criteria.

UNHCR implementing partners

International Medical Corps (IMC); Caritas Lebanon Migrant Center (CLMC); Makhzoumi Foundation; Première Urgence - Aide Médicale Internationale (PU-AMI); International Orthodox Christian Charities (IOCC); Amel Association – Lebanese Popular Association for Popular Action (AMEL) Restart Center; Association Justice and Misericorde (AJEM).