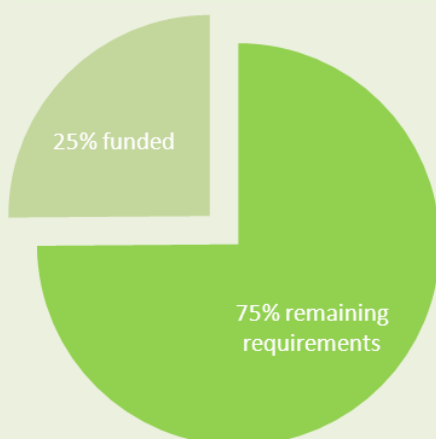


Key figures

945,461	individuals registered or pending registration
30	# UNHCR supported primary health centres
6	# UNHCR supported mobile clinics
58	# UNHCR-supported hospitals

Funding

UNHCR requirements 2014: **468 m**





UNHCR health requirements: **93 m**

February developments

- The final results of the joint nutritional assessment conducted in collaboration with the Ministry of Public Health, UNICEF, WFP and IOCC showed that global acute malnutrition (GAM) among children has risen over the past year, from 4.4% in 2012 to 5.8% in 2013. In the Bekaa the prevalence was slightly higher at 8.9%.
- Over 20,500 patients received primary health care supported by UNHCR in February. (Over 20,300 Syrian refugees and over 200 Lebanese). Common ailments included respiratory tract infection, skin diseases and acute diarrhoea.
- UNHCR added 16 hospitals to the referral network this month. Over 4,000 refugees received treatment, 90% of its life-saving. 500 individuals were fully covered for the cost of treatment, based upon vulnerability criteria.

Achievements: January - February

Activity	 reached January-February	 2014 Target
Primary health care (including reproductive and mental health)	39,392	240,000
Life-saving referral healthcare	7,260	60,000
Health education	65,790	700,000



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. 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. As a result and in light of their limited financial resources, refugees need support in accessing primary, secondary and tertiary health care within the public and private health care systems.

Challenges

Refugees are facing difficulties in 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 providing coverage in all areas remains a challenge. UNHCR's existing network of 30 primary health care centres needs strengthening in order to offer comprehensive services and adequate follow-up of chronic conditions.

High cost of health care:

Refugees are charged the same medical fees as Lebanese nationals. Despite contributions by UNHCR and other partners in health centers supported by the humanitarian community, many refugees still find it difficult to cover the costs of medical treatment. 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 exceed 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. Through its partners, UNHCR covers 80% of consultation fees for all refugees and 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 are covered. In addition, UNHCR is working to 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 essential services for the most vulnerable groups, especially reproductive healthcare, services for infants and young children (including immunizations and adequate infant and young child feeding), and mental health care services. By improving access to primary health care UNHCR aims to minimize the need for referrals to its network of hospitals, and to reduce the burden of hospitalization.

- **Secondary and Tertiary Health Care:**

UNHCR supports secondary and tertiary health care in life-saving and emergency situations only. 75% of all emergency life-saving care and 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); Lebanese Popular Association for Popular Action (AMEL) Restart Center; Association Justice and Misericorde (AJEM) and GlobeMed Lebanon.