

# LEBANON/SYRIA SITUATION

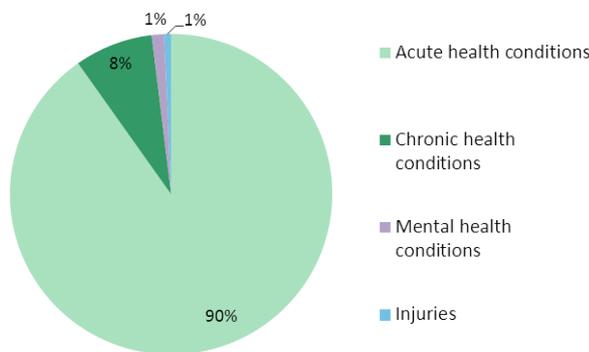
## HEALTH MONTHLY UPDATE

July 2014

### JULY DEVELOPMENTS

- The Health Information System (HIS) mid-year report was released which includes data from around half of all UNHCR supported facilities. In the reporting period, the vast majority of patients came for acute health conditions and some eight per cent sought treatment for chronic conditions. One third of all acute health cases suffered from respiratory tract infections while Asthma/COPD, hypertension and diabetes constituted over 90 per cent of chronic diseases diagnosed. For more details click on: <http://data.unhcr.org/syrianrefugees/download.php?id=5659>

HIS MIDYEAR DATA SEGREGATION



- 23,118 patients received primary health care (PHC) with UNHCR support this month and over 4,656 people received life-saving care and support. The two most common reasons for hospitalization were obstetric care followed by respiratory tract infections.

- Through its partners, UNHCR distributed four Emergency Health Kits (EHK) to PHC Centres in Beirut and Mount Lebanon. Each kit contains acute medications and other items to respond to immediate health needs of some 10.000 persons over a period of three months.
- As part of a conflict reduction project launched in July, UNHCR distributed IT equipment and fax machines for Epidemiological Surveillance to 180 PHC centers of the Ministry of Public Health (MoPH).



### Needs

As a consequence of the violence in Syria and the destruction of public infrastructure, many refugees arrive 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. 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

**Difficulties in accessing health care services:** Physical access to health care centres is a challenge for some refugees in remote locations. Access is also limited by short working hours and lack 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 network of 41 PHC centres needs strengthening to offer comprehensive services and adequate follow-up for chronic conditions.

**Needs for health care exceed available resources:** With the daily increase in the number of refugees, UNHCR resources are not able to meet all health care needs. Even for prioritized life-saving interventions financial resources are severely stretched. Lifesaving interventions in the area of maternal and infant health (surgical deliveries by caesarean section and care of premature infants) are extremely costly.

**High cost of health care:** Refugees are charged the same medical fees as the Lebanese. Despite contributions by UNHCR and other partners in health centres supported by the humanitarian community, many refugees still find it difficult to cover the remaining costs of medical treatment. In addition, medications and diagnostic tests are frequently overprescribed thereby increasing costs borne by both the refugees and UNHCR. Moreover, some providers require upfront payment of costs that are not covered by UNHCR.

## Strategy

The role of UNHCR 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 PHC centres, which serve as an entry point for medical care. Through its partners, UNHCR covers most of the consultation fees for all refugees and 85% of the cost of diagnostic procedures for selected groups (incl. pregnant women, children under 5 and adults over 65 years). UNHCR is also working to expand the existing network of mobile medical units to ensure free of charge access for the most vulnerable refugees and those living in remote locations. UNHCR prioritizes essential services for those most in need, especially reproductive healthcare, services for infants and young children and mental health care services. By improving access to appropriate PHC services, UNHCR aims to minimize the need for secondary health care.

### Secondary (SHC) and Tertiary Health Care (THC)

UNHCR supports SHC and THC 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 and decides based on prognosis, treatment plan and cost criteria.

## Achievements: January – July

Activity	reached Jan- Jul	2014 Target
Primary health care (including reproductive and mental health)	185, 192	240,000
Life-saving referral healthcare	33,858	60,000
Health education	381,107	700,000

## Key figures

- 1,138,874 Individuals registered or pending registration

## Funding (UNHCR total requirements: USD 451 m)



## UNHCR implementing partners

Association Justice, Misericorde (AJEM ), Caritas Lebanon Migrant Center (CLMC), International Medical Corps (IMC), International Orthodox Christian Charities (IOCC), Lebanese Popular Association for Popular Action (AMEL), Makhzoumi Foundation, Première Urgence - Aide Médicale Internationale (PU-AMI), Restart Center, the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO).

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**Links:** Inter-agency Information Sharing: <http://data.unhcr.org/lebanon>; Twitter: @UNHCRLebanon - Facebook: UNHCR Lebanon