

### Key Figures

**1,164,004** Individuals registered or pending registration

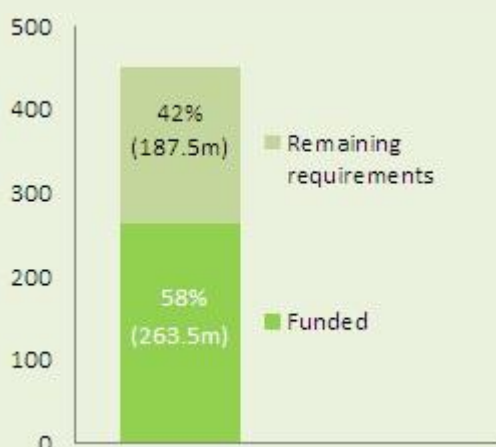
**40** # UNHCR supported primary health centers

**4** # UNHCR supported mobile clinics

**66** # UNHCR supported hospitals

### Funding

UNHCR total requirements 2014: USD **451m**



### September developments

- 27,654 patients received primary health care (PHC) with UNHCR support this month and 4,654 people received life-saving hospital care and support. The most common reason for hospitalization remains maternal care.
- UNHCR and GlobeMed Lebanon held a workshop on referrals for secondary health care. The workshop was part of UNHCR's ongoing effort to streamline the referral process and review the selection of the 66 network referral hospitals to ensure an appropriate balance of coverage taking into account cost-efficiencies of UNHCR's support for emergency and lifesaving health care for refugees.
- The Ministry of Public Health's Mother and Child Health Care Initiative which provides quality primary healthcare services to mothers and children was expanded to four primary healthcare centres linked to the Rachaya Governmental Hospital. Chronic medication, tuberculosis drugs and insulin were provided to the Ministry of Public Health to be distributed through its network of 190 PHC's. In Beirut's Rafik Hariri University Hospital, the rehabilitation of the country's first negative pressure rooms for isolation of infectious patients has started and will be completed by the end of October.

### Achievements: January - September

| Activity   | reached<br>January-<br>September | 2014<br>Target |
|--|----------------------------------|----------------|
| Primary health care (including reproductive and mental health) | 237,837                          | 240,000        |
| Life-saving referral healthcare                                | 43,409                           | 60,000         |
| Health education   | 491,500                          | 700,000        |

## 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

**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.

**Difficulties in accessing health care services:** Physical access to health care centers 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 40 PHC centers needs strengthening to offer comprehensive services and adequate follow-up for chronic conditions.

**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 (including 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 access free of charge 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 and Tertiary Health Care:**

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.

## UNHCR implementing partners

Association Justice et 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).