

SYRIAN REFUGEE RESPONSE: HEALTH WITHIN THE LEBANON REFUGEE CONTEXT



A refugee child receiving vaccinations at UNHCR's registration centre in Tyr, south Lebanon ©UNHCR / J.Eid

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LEBANON



#FutureOfSyria

Agencies and the Government of Lebanon appealed for US\$240 million in the latest revised inter-agency funding appeal for healthcare in Lebanon.

HIGHLIGHTS

- 514,762 consultations conducted since January 2014 for primary health care (PHC) services;
- 29,209 secondary health care (SHC) referrals since January 2014;
- Consultations for acute medical conditions, such as skin and ear infections, constitute 85% of the total PHC visits;
- 48% of the SHC referrals are obstetric cases;
- In 2014, UNICEF procured 2 million doses of vaccines for the March and April nation-wide polio campaigns for the Ministry of Public Health;
- 111 Public Healthcare Centres (PHCs) have been supported to assist Syrian, vulnerable Lebanese, and Palestinian refugees from Syria.

*January-June 2014

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 (e.g., 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 health care within the public and private health care systems. This report will focus on the inter-agency health strategy in Lebanon.

CHALLENGES

Access to Health Care

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 these obstacles, but providing coverage in all remote areas remains a challenge.

Needs for Health Care Exceed Available Resources

Given the number of refugees, resources are not able to meet all their health care needs. Funds are increasingly stretched among prioritized interventions 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.

High Cost of Health Care

Refugees are charged similar medical fees as Lebanese nationals. Despite subsidized healthcare in primary health care centers supported by the humanitarian community, many refugees still find it difficult to cover the remaining costs of medical. In addition, medications and diagnostic tests are frequently overprescribed; increasing costs for refugees and thereby health agencies.



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“Health care services were cheaper in Syria and everyone was able to afford the treatment” said Amina, a Syrian mother of three. Originally from Idlib, her husband who needs cardiac medication on a regular basis orders his medication from people coming from Syria because it costs far less than in Lebanon.

Improve Access, Coverage and Quality of Primary Healthcare Services

In close cooperation with the Ministry of Public Health, humanitarian partners are providing support to the national health care system including staffing, training, equipment and rehabilitation of health facilities.

On July 9 2014, the Ministry of Public health launched the project on ‘Conflict Reduction through Improving Healthcare Services for the Vulnerable Population in Lebanon’, funded by the European Union and implemented by WHO, IRD, International Alert, UNICEF and UNHCR. Through this project, over 180 primary healthcare centres will be targeted across Lebanon to provide quality healthcare services to both vulnerable Lebanese and Syrian refugees.

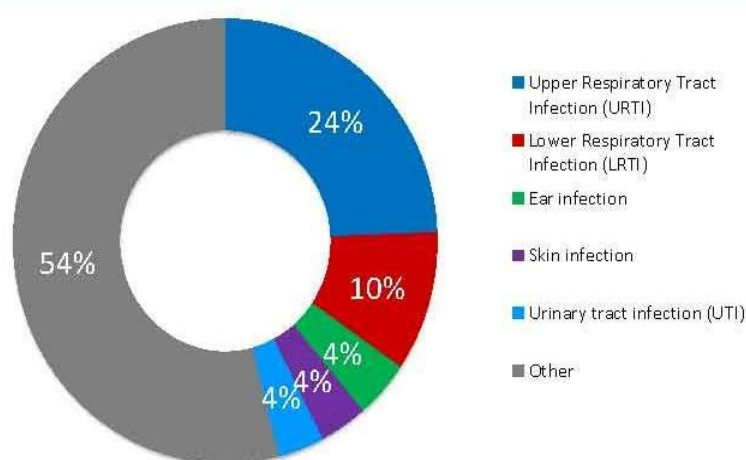
*514,762 consultations
conducted for primary
health care services*

Type of Consultations

Since the beginning of 2014, the total number of PHC consultations reported by UN agencies, NGOs and other partners is 514,762 provided through 111 PHC centers over the entire Lebanon and supported by the humanitarian community.

From Jan-April 2014, consultations for acute illnesses were the main reason for patients seeking care, accounting for nearly two-thirds of clinic visits.

Acute health conditions (%)



Acute illnesses included acute respiratory infections (34%), skin infections (4%), urinary tract infections (4%), Ear infection (4%), and other.

Approximately 37% of visits for acute illnesses were by children younger than 5 years even though they make up only 19% of the refugee population.

Immunization

Immunization is one of the most cost-effective public health investments that can be made to ensure children live longer, healthier lives. As a result of their displacement from Syria, many children have missed their routine vaccinations including polio. Ensuring that they are adequately immunized has been a focus for Lebanon's Ministry of Public Health (MoPH) and UNICEF in 2013 and 2014, in coordination with partners WHO, UNHCR and NGO Beyond Association.

In 2014, two million doses of vaccines were procured by UNICEF for the March and April nation-wide campaigns for the Ministry of Public Health. In March, 626,240 children were vaccinated against polio. In April, 1,165,871, children were vaccinated against measles and rubella, and 549,768 children were immunized against polio. Vitamin A supplementation was also provided to 1,056,830 children.



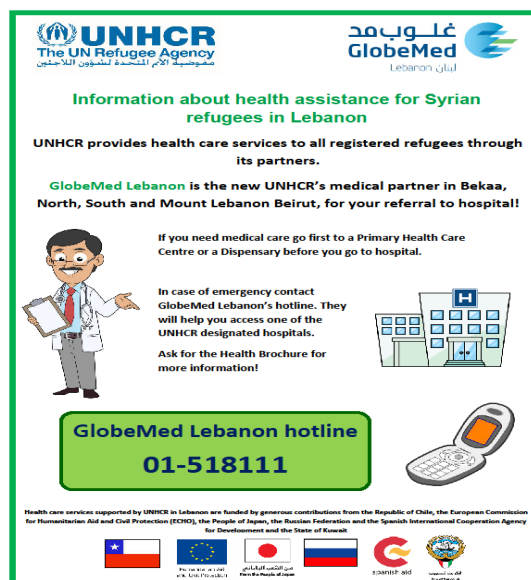
To support the summer vaccination campaigns, 650,000 information fliers have been printed and distributed. The fliers explain the dangers of polio and promote free vaccinations which are set to take place at Primary Healthcare Centres from 15-21 July, August and September for children 0-5 years of age.
© UNICEF Lebanon/July 2014

Additionally, UNICEF developed and distributed information, education and communication materials supporting the summer vaccination campaigns.

In total of 650,000 fliers, 23,000 posters and 370 street banners have been printed and distributed. In addition, family education cards have been printed and will be distributed to implementing social mobilization partners to educate and inform families about polio and the importance of vaccination.

Improve access and quality at the secondary healthcare (SHC) and tertiary healthcare (THC) level

Secondary and tertiary health care or hospital-based health care in Lebanon is expensive. UNHCR provides secondary healthcare for obstetrics and emergency care with strict treatment and testing guidelines to control costs. Only registered refugees are covered, and they pay a co-share of 25 per cent of their secondary health expenses. Extremely vulnerable cases can be covered up to 100 per cent and these has accounted for seven per cent of all cases. Some partner agencies may cover a proportion of those cases not supported by UNHCR, including weapon-wounded and longer term chronic conditions.



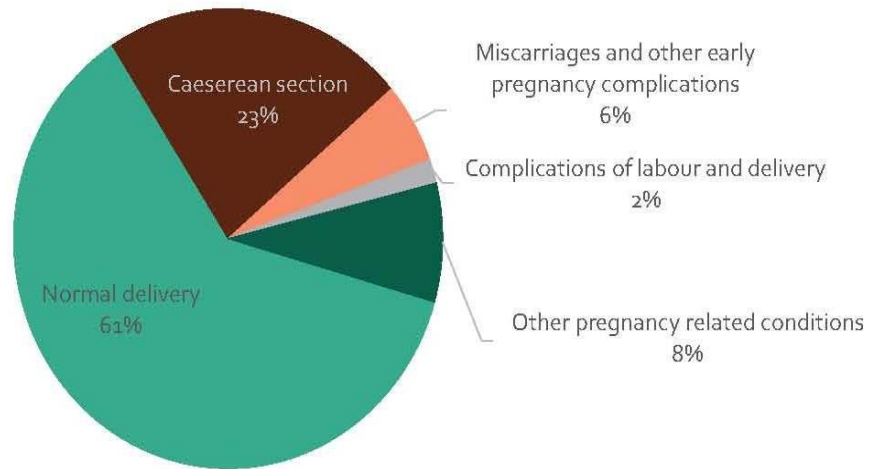
Health information posters distributed by UNHCR
©UNHCR

*Around 29,209
SHC referrals
since January
2014*

Since January 2014, around 29,209 patients were treated at UNHCR contracted hospitals. Referrals were reported from 88 hospitals across the country. About 48% of referrals were for obstetric care.

Among obstetric care referrals, main reasons for seeking care were deliveries (84%). Among hospital deliveries, the proportion of caesarean deliveries was 23% - a decline from the 33% observed in 2013.

Reasons for obstetric referrals



Mental Health

In collaboration with the MOPH, WHO Lebanon launched a series of trainings in 2013 on the mental health GAP-Intervention guide. Some 40 (doctors, nurses, social workers, etc.), were trained, distributed between 20 primary health care (PHC) centres across Lebanon. WHO Lebanon is planning on rolling out the mhGAP training in 30 centers in September 2014.

Malnutrition

Children under 5 and women of reproductive age provide an indication of the nutritional status of the rest of the refugee population. Currently, the nutritional status of refugees is considered a medium public health concern in Lebanon.

However, to address any potential deterioration, UN and partners are working with the Ministry of Public Health on:

- Providing food assistance to more than 832,600 refugees and vulnerable host community members;
- Raising awareness on the importance of breast-feeding and personal hygiene and food safety to more than 397,000 people;
- Malnutrition screening for children between 6 months and 2 years and immediate referral to treatment;

- Training to 58 Primary Health Care Centers and eight hospitals across Lebanon to detect and treat malnourished children and women.

Medical Mobile Units (MMUs)

Refugees are spread over 1,700 locations, making access challenging even though the geographic spread of public health facilities is relatively good. Refugees who live further away from facilities bear the extra cost of transportation. Humanitarian agencies operate mobile health clinics to reach as many vulnerable individuals as possible living in remote areas.



MMU physician providing consultation in South
©IMC

MMUs provide uniformed basic minimum primary health care services through targeting to most vulnerable persons of concern residing in remote locations with difficult or no access to Primary Healthcare Centres (PHC) and dispensaries.

There are 23 MMUs operating throughout Lebanon through 12 agencies (IMC, AMEL, Caritas Liban, Makhzoumi Foundation, MSF-Ch., Humedica, Layan, MSF-Belgium, IMA, RI, LRC and Beyond) in 250 locations. An MMU team includes at least one medical doctor, one nurse, and/or one health educator or counselor.

Medicine and medical equipment

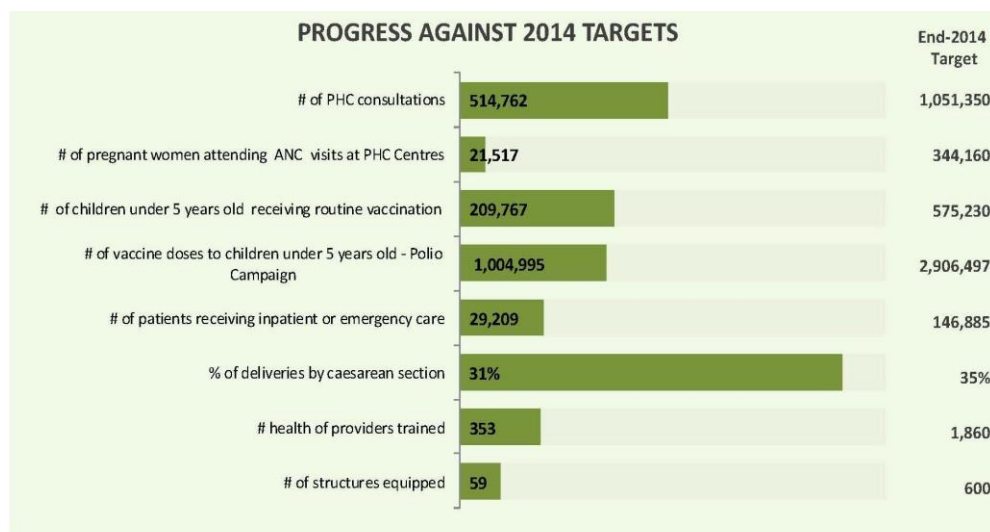
WHO Lebanon provided local health authorities with critical medicines and medical supplies. A shipment of 20 metric tonnes containing 50 interagency emergency health kits of life-saving medicines, intravenous fluids and surgical supplies, intended to support more than 500,000 patients, was distributed to 25 health care centers across Lebanon. Additionally, 30 surgical kits were distributed to public hospitals and 6 diarrheal kits that can serve around 3,600 patients were also distributed to six hospitals across Lebanon.

Chronic medication through the YMCA, for a total of 150,000 patients suffering from hypertension, cardiovascular diseases, dyslipidemias, diabetes, asthma, mental health and other chronic health conditions was also provided. A total of 70,000 vials of insulin were also provided.

FUNDING GAPS

With humanitarian agencies facing a 41 per cent funding gap, 900,000 refugees and vulnerable Lebanese may not receive support for basic curative and preventive treatment, 50,000 refugees requiring emergency secondary health care will not be subsidized for treatment with potential lethal consequences and 30,000 women will also not have subsidized access to safe delivery in hospitals or neonatal care.

Additionally, children will be at greater risk of contracting preventable diseases, and all will be vulnerable to outbreaks of communicable diseases. If additional funding is not secured vulnerable refugees and Lebanese are more likely to be exposed to the fatal consequences of diseases such as measles, acute watery diarrhea, malnutrition and respiratory infections.



Source: figures reported above reflect the information reported to Sector Coordinators by Partners participating in Working Groups

A PRIORITIZED APPROACH

Health interventions have been prioritized as, either lifesaving, preventing deterioration of the well-being of the patient or strengthening the public health systems and preparedness. From a health prospective, vulnerable groups include children under 5, pregnant and lactating women, adults over 60, and persons with specific disabilities. Prioritizing lifesaving and preventative interventions while targeting most vulnerable groups is the inter-agency strategy over the next 6 months.

DONORS

USA, Kuwait, EU, Japan, UK, Germany, Australia, Norway, Canada, Denmark, Netherlands, Russia, France, Sweden, Switzerland, Finland, Italy, Ireland, Austria, Republic of Korea, Spain, Luxemburg, Estonia, Czech Republic, Iceland, Greece, Hungary, Lithuania, Chile, Mexico, the Kingdom of Saudi Arabia, State of Qatar, and Slovakia.

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AGENCIES THAT HAVE CONTRIBUTED TO THIS REPORT

