

# Operational Guidance

May 2013



UNHCR's Public health approach is based on the primary health care strategy.

UNHCR's role is **facilitate** access, **advocate** for access through existing services and health service providers and to **monitor** access to health care services.

This operational guidance note is anchored on the principles of universal health care for all persons of concern fleeing the ongoing conflict in Syria and in need of international protection in Lebanon. However, with a rapidly growing refugee population and limited funding we propose:

- to prioritize public health interventions,
- to focus on those that impact a large proportion of the refugee population,
- to concentrate on diseases and conditions that have the potential to result in significant morbidity and excess mortality and
- to ensure the most vulnerable refugees have access to health care in a highly complex and expensive health care system.

The Lebanese public health care system is based on cost-sharing and for all services provided through the Ministry of Public Health and the Ministry of Social Affairs. A minimum contribution of LBP 10,000 is levied per visit in a primary health care facility. Public secondary and tertiary health care institutions are semi-autonomous and charge often commercial rates.

Till April 2013, UNHCR and its partners provided extensive subsidized health care package, regardless the socio-economic status of refugees. The use of secondary and tertiary health care services by a small number of refugees accounted for a significant proportion of health care expenditure to the detriment of funding preventive primary health care services and urgently needed reorientation. This policy guideline outlines a shift in focus from secondary to universal access to primary health care integrated within the national framework.

UNHCR's overarching goal is to ensure that refugees access primary health care services that are scientifically sound, effective and available at a cost that the refugee population can afford while being sustainable.

## **Objective 1: Universal access to primary health care at an affordable cost**

The humanitarian community, led by UNHCR will strongly advocate for inclusion of vulnerable refugees within the national, private, faith based, community based organizations as well as NGOs network of primary health care services offered to Lebanese nationals. Financially and materially endowed refugees as well as those gainfully employed shall be encouraged and supported to take national health insurance policies.

Up to 90% of all costs incurred in accredited PHC centres shall be covered for vulnerable and financially challenged refugees. To be accredited, each PHC center shall be required to have a set number of health care providers, reports regularly to MOPH surveillance unit, provides comprehensive services including oral rehydration, childhood vaccination, treatment of common endemic diseases and provide reproductive health care as well provide services. UNHCR implementing and operational partners shall reimburse PHC centers for consultation fees, supplementary services and diagnostics for vulnerable registered refugees. The vulnerability criteria shall be based on mutually agreed socio-economic financial criteria. All PHC units shall use the existing vulnerability criteria used by UNHCR Lebanon.

With support from the humanitarian community and partners we propose to integrate refugees into existing mobile outreach services as well as establish outreach services to reach underserved informal tented settlements and isolated refugee communities and nationals. These networks shall be supported by UNHCR directly and operational partners. Each governorate through the humanitarian coordinating unit shall determine the routing and frequency of the MMU.

- The mobile clinics will provide the following services free of charge;
  - Consultations for acute illness and early warning (EWARN) system
  - Child health including nutrition and vaccinations
  - Reproductive health services (ANC, SGBV, Family Planning)
  - Health education
  - The mobile units will ideally have a Medical Doctor, Midwife, Nurse and Health Educator.

In principle all refugees will need to contribute towards their own health care like the Lebanese population as follows:

- Vulnerable refugees in need of financial support (children under 5 years of age, pregnant women, people over 60 years of age and disabled): a contribution of LBP 3-5,000 maximum is expected (depending on the health facility), as well 15% of the diagnostics fees. All additional consultation, diagnostics and medicines, will be covered by UNHCR, for these refugees.
- Refugees not falling in above categories will be asked a contribution of LBP 3-5,000 maximum for consultations, as well as 100% of the diagnostic fees. However, essential medicines will be free of charge (acute and chronic).
- For children all consultation fees for vaccinations will be covered.
- For pregnant women UNHCR will cover a maximum of two ultrasound examination during the current pregnancy.
- For complicated pregnancies, cost-sharing contributions will be provided for visits above the 4 required ANC visits and diagnostics will be refunded, based on strict clinical criteria established.
- For family planning methods, intra-uterine devices (the preferred family planning method of Syrian women) will be provided free of charge by UNFPA. UNHCR will cover the costs for insertion up to LBP 10,000.
- Chronic medications will be provided through the YMCA/MoPH/MOSA/WHO programme for chronic diseases. All refugees will cover the dispensing fee of around LBP 1,000.

## **Objective 2: Support access to preventative and community health outreach**

UNHCR and implementing and operational partners will advocate and support community based health interventions with a strong prioritization on the hygiene and health education in the collective centres, transit sites and informal tented settlements. To improve inter-linkages and cost effectiveness, the hygiene education teams from PU-AMI, ACF, CISP and Oxfam (WASH partners) will be trained on simple health messages related to typical water-borne and hygiene related outbreaks (scabies, water-borne diseases).

If funding allows additional community health teams, will work from the social development centres with focus on child health (including nutrition) and women's health.

## **Objective 3: Advocate for and support access to mental health and psychosocial support programmes**

In line with the Mental Health Gap Action Programme (mhGAP) principles, UNHCR encourage access to mental health services at the primary health care level. Mental health and psychosocial support programmes will be provided through IMC and Restart.

UNHCR will actively reach out and advocate with MSF to include the refugees into their mental health programmes and advocate for countrywide coverage of their services.

## **Objective 4: Advocate for continued free access to vertical health programmes (TB and HIV)**

The Lebanese National Tuberculosis Programme (NTP) provides universal access to tuberculosis diagnostics and treatment for refugees. All refugees have access to the National AIDS Control programme without discrimination. Free HIV testing and counselling services are provided through the National AIDS Programme and two local NGOs, e.g. Soins Infirmiers de Developpement Intercommunautaire (SIDC) and the National AIDS Society.

## **Objective 5: Support access to life-saving emergency care at secondary health care level**

Medical referral care is an essential part of health services. While the primary health care strategy is the core of all interventions, access to secondary health care is important.

In light of the current funding constraints and the high costs of medical referral care, ALL referral care will be limited to emergency referral care (obstetric, medical and surgical) ONLY under co-funding conditions.

The prognosis will be the most important criteria. However concomitant illnesses that affect the prognosis will be considered. All referral care cases covered through cost sharing by UNHCR will be limited to those cases where the life or basic functions are at stake.

It's important to understand that referral is a medical decision and to ensure this UNHCR will establish a detailed SOP for Lebanon and a transparent system, with an elective care committee (ECC) that will approval all referrals. The ECC will consist of 2 external medical officers and the UNHCR Senior Public Health Coordinator.

- UNHCR will refund for medical costs up to 75% for life-saving emergency care only.

- All medical bills for survivors of rape and torture will be covered by UNHCR at 100%. All cases will be submitted through confidential emails (limited number of persons copied) between protection (one dedicated person) and the UNHCR Senior Public Health Assistant. These cases will not be submitted to the ECC but directly handled by UNHCR.
- Refund will only be provided for refugees admitted in the current 24 contracted hospitals. There will be no expansion of the referral hospitals till a detailed assessment and negotiation package has been established and agreed by all partners.
- A package based on Ministry of Public Health (MoPH) rates has been negotiated with hospitals and contributions by patients depend on the class of hospital but are not to exceed 25% for both, normal vaginal delivery as well as caesarean section. There will be no re-fund for any non-necessary medical expenses occurred during and post-delivery (e.g. epidural, expanded hospital stay).
- Planned caesarean sections will need to be approved by the ECC. All emergency caesarean sections will be reviewed by the ECC before payment is made.
- Neonatal care will be covered up to 75% for a period of 1 week after which the ECC needs to be contacted for extension of stay. A strict protocol will be developed and shared with all partners and the hospitals to reduce the number of days in the neonatal room.
- All immediate life-saving interventions will be covered up to 75% for the first 24 hours. UNHCR will need to be informed immediately upon admission of the patients via e-mail by its partners using the official forms. Approval for continued treatment shall be granted by UNHCR after screening by medical consultants of partner NGOs and if deemed life-saving.
- Exceptional higher UNHCR co-funding will be provided if the case is submitted with a social assessment (protection/community service systems) as well as the medical reports through the ECC.
- All patients on current long-term treatment will need to be resubmitted through the ECC.
- Refugees who have been approved to receive secondary health care and who cannot afford the cost sharing to access secondary health care, can receive a contribution to cover the additional costs; this will be on case-by-case basis. The additional contribution will be based on socio-economic assessment criteria. Till these are in place, existing vulnerability criteria used by UNHCR Lebanon will be used.

### **Objective 7: Ensure a strong communication strategy on access to Health Care**

A very strong communication strategy is required to ensure that all refugees are aware of the Lebanese health care system, the costs of health care in Lebanon and the different type of services provided.

UNHCR will ensure that refugees, donors and NGO community are aware of the packages and the limitations due to the high costs of medical care and limited funding available. Regular updates will be provided.

### **Objective 8: Ensure establishment of strong monitoring tools to measure the access to health care**

UNHCR will monitor the access and costs of health care services through the following monitoring tools:

- Collection of minimum set of health data in UNHCR supported health facilities.
- Strong analysis of all referral data and people applying for refund for referral care.
- Assessment by John Hopkins University on access to Health Care
- Prospective surveillance, with a cohort of refugees that will be followed on a monthly basis to monitor their access and the obstacles to access health care.

### **Objective 9: Ensure vulnerable Lebanese population benefits from strengthened health system**

A strengthened network of MoPH accredited PHC centers will benefit the local communities by:

- Extended opening hours-access leading to increased access and minimized need for referrals to ER and reduce potentially waiting time for all patients at that center
- Better diagnostics/laboratories at MOPH structures at cheaper fees
- Overcoming the shortage of medicines for chronic diseases (YMCA network)

A country-wide system of free of charge services at mobile medical unit including reproductive health, child health and vaccinations will serve remote deprived areas and hence be beneficial to all people living in that area. In addition, outreach activities and health awareness conducted at municipality level or in MOSA centers will target the entire population.

Improved SHC/THC MoPH structures will be needed in several areas in Lebanon.

Lastly close collaboration with the MoPH and WHO on infectious disease surveillance (vaccines and outbreaks), monitoring and strengthened health reporting will be a sustainable outcome.

The above measures are, inter alia, intended at mitigating the risk of tension between host communities and refugees.