

Key figures

2,500 individuals/week receive primary health care

500 patients/week receive secondary and tertiary care

UNHCR key targets (RRP 5)

400,000 individuals supported in accessing primary health care including reproductive health and mental health

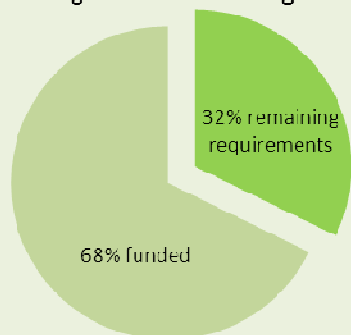
49,000 individuals benefit from secondary and tertiary health care

Funding

UNHCR health requirements: **37.9 m**

Percentage funded: **68 %**

- Remaining UNHCR requirements (RRP5)
- Funding received as of August



Needs

Violence in Syria and the destruction of public infrastructure has meant that many refugees arrive in Lebanon with health conditions that require immediate attention. Others have developed health problems in displacement linked to trauma and their substandard living conditions. As a result, and due to their limited financial resources, refugees need support in accessing primary, secondary and tertiary health care within the public and private health care systems.

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.

Challenges

Refugees need help 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 harmonizing these visits remains an ongoing challenge. UNHCR's existing network of 18 primary health care centres needs strengthening in order to offer comprehensive services and adequate follow up of chronic disease. By improving access to primary health care UNHCR hopes to minimize the need for referrals to its network of 23 hospitals, and to reduce the burden of hospitalization.

Cost of public (and private) health care:

Contributory payment is required for all health care services in the public health care system. While the same fees apply to refugees as locals, the fees may be prohibitive for many refugees. Medications and diagnostic tests are frequently overprescribed, increasing costs for refugees and UNHCR. In addition, some providers require upfront payment of costs not covered by UNHCR.

Needs for health care outstretch 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 cesarean 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:**

To this end UNHCR works to promote and support refugee access to a network of primary health care centres, which serve as the entry point to the national health care system (both public and private). In addition, in order to improve access to refugees living in remote areas, and for the most vulnerable, UNHCR will expand the network of mobile medical units. "Safety nets" and free of charge access is available for the most vulnerable. UNHCR prioritizes targeted preventative and curative health care, especially reproductive healthcare, services for infants and young children (including immunizations), and mental health care services. UNHCR seeks to identify and address mental health needs at the primary health care level.

- **Secondary and Tertiary Health Care:**

UNHCR supports secondary and tertiary health care on a needs-only basis. All referral care is limited to emergency referral only (and in most cases, refugees must bear the cost of 25% of treatment out of their own pockets). UNHCR has established an exceptional care committee to review exceptional cases basing decisions on prognosis, treatment plan and cost criteria.

Achievements January – August

	Individuals reached
Primary health care	75,300
Life-saving secondary healthcare	22,121
Health education	34,000



Syrian refugee children receive vaccinations in a primary health centre © UNHCR/S.Baldwin

August developments

- Over 15,700 children were vaccinated at UNHCR registration centers (North, Bekaa and South) in collaboration with the Ministry of Public Health and UNICEF.
- A total of 3,460 patients received clinical and social consultations for mental health issues provided by IMC, Makhzoumi Foundation and Restart.
- Approximately 9,500 individuals assisted in primary health centres, and 3,712 in secondary and tertiary health care.
- In August UNHCR began a two-month evaluation of mental health psychosocial services for Syrian refugees.
- UNHCR began planning to increase the number network of referral hospitals by ten (10), to better serve increasing needs in secondary and tertiary health care.

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), Amel Association – Lebanese Popular Association for Popular Action (AMEL), Restart Center, Association Justice and Misericorde (AJEM).