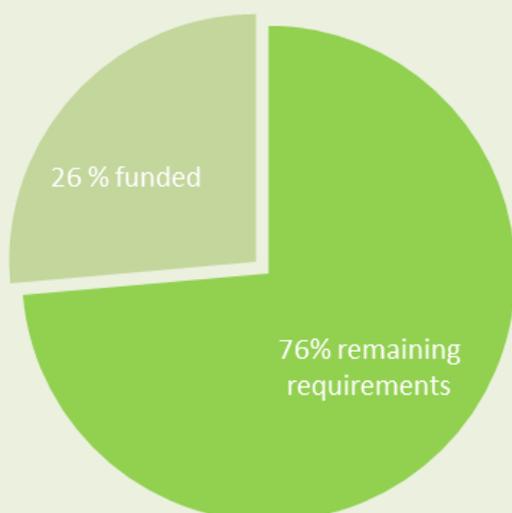


### Key figures

993,689	individuals registered or pending registration
30	# UNHCR supported primary health centres
6	# UNHCR supported mobile clinics
62	# UNHCR-supported hospitals

### Funding

UNHCR requirements 2014: **468 m**



UNHCR health requirements: **93 m**



### March developments

- UNHCR’s annual secondary and tertiary health care report for 2013 shows that a total of 41,168 patients were referred to hospitals, with 37% of them in Bekaa. Over 70% of patients are women and nearly a quarter of them are children less than 5 years old. A very high number of referrals among females are linked to high demand for reproductive health care including deliveries (41%). More details can be found on <http://data.unhcr.org/syrianrefugees/download.php?id=5364>.
- Over 28,800 patients received primary health care in March with UNHCR support. The top three reasons for consultations were for ante-natal care, respiratory tract infections, and routine child care.
- UNHCR further expanded the hospital network this month and now includes a total of 62 hospitals, almost 30% of which are affiliated to the government. Over 4,500 received life-saving care and support in March. More than 500 of them were fully covered by UNHCR, based on pre-defined vulnerability criteria and assessments, while the remainder were covered for 75% of the costs

### Achievements: January - March

Activity		reached January- March	 2014 Target
Primary health care (including reproductive and mental health)		74,334	240,000
Life-saving referral healthcare		11,912	60,000
Health education		95,290	700,000

## Needs

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 (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

**Refugees are facing difficulties in getting 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 providing coverage in all areas remains a challenge. UNHCR's existing network of 30 primary health care centres needs strengthening in order to offer comprehensive services and adequate follow-up for chronic conditions.

### **High cost of health care:**

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

**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. 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 caesarean section and care of premature infants) are extremely costly.

## 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 primary health care centres, which serve as the entry point for refugees needing medical care. Through its partners, UNHCR covers most of consultation fees for all refugees and 85% of the cost of diagnostic procedures for select groups (including pregnant women, children under 5 and adults over 65 years). In addition, UNHCR is working to expand the existing network of mobile medical units to ensure free of charge access to 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 (including immunizations and adequate infant and young child feeding), and mental health care services. By improving access to primary health care UNHCR aims to minimize the need for secondary health care.

### • **Secondary and Tertiary Health Care:**

UNHCR supports secondary and tertiary health care 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 basing decisions on prognosis, treatment plan and cost criteria.

## 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); Lebanese Popular Association for Popular Action (AMEL) Restart Center; Association Justice and Misericorde (AJEM) and GlobeMed Lebanon.