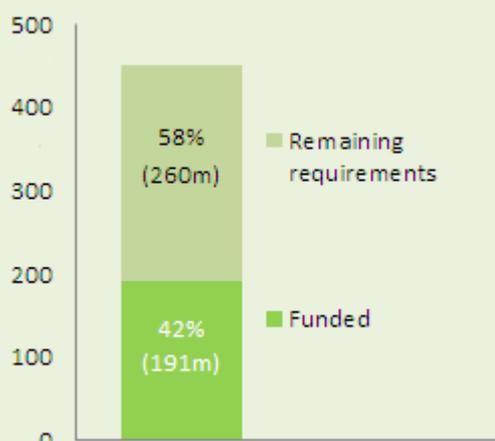


Key Figures

1,176,971	Individuals registered or pending registration
41	# UNHCR supported primary health centres
5	# UNHCR supported mobile clinics
68	# UNHCR supported hospitals

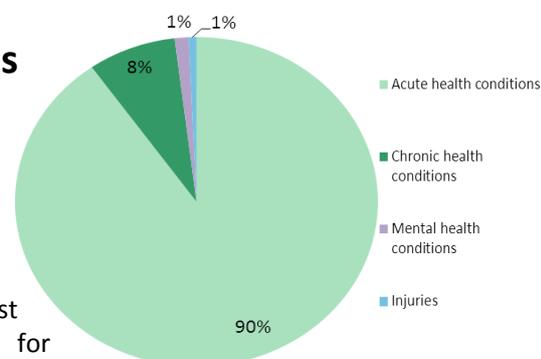
Funding

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



August developments

- 24,790 patients received primary health care (PHC) with UNHCR support this month and 4,897 people received life-saving care and support. The most common reason for hospitalization remains maternal care.
- UNHCR's first semester referral care analysis was finalized. From January to June 2014, 30,073 refugees were referred or self-presented for secondary and tertiary health care with an acceptance rate of 90%. Two-third of admissions were female, a quarter of them were children less than 5 years old and 14% were infants less than a year old. The report can be found at: <http://data.unhcr.org/syrianrefugees/admin/download.php?id=7021>
- As part of the Instrument for Stability (IfS) project, WHO updated the surveillance and response standard operating procedures and guidelines for 43 most commonly communicable diseases.
- As part of IFS, WHO also completed 26 training sessions on CEWARS (Early Warning and Response reporting on communicable diseases). 25 staff was recruited for the MoPH out of 50 positions planned.
- The second Summer Mop up Polio vaccination campaign was held from 15- 21 August. An assessment of four isolation rooms at Rafiq Hariri hospital (RHUH) was completed and rehabilitation will start in September.



Achievements: January - August

Activity	reached January-August	2014 Target
Primary health care (including reproductive and mental health)	209,982	240,000
Life-saving referral healthcare	38,755	60,000
Health education	437,500	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.



Dr. Salahdar, speaks with a patient at the El Iman Primary Health Care Clinic in Al Minah, Tripoli, Lebanon, @ UNHCR/ S. Baldwin

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 centres 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 38 PHC centres 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 (incl. 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 free of charge access 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, 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).