



HEALTH OF REFUGEES IN LEBANON, THE REGION AND EUROPE

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OUTLINE

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Overview of refugee situation

Healthcare needs of refugees

Access to healthcare services

Funding situation

Towards Universal Health Coverage

Conclusion

Overview of refugee situation

65.3 million people worldwide are forcibly displaced — roughly the population of France

21.3 million

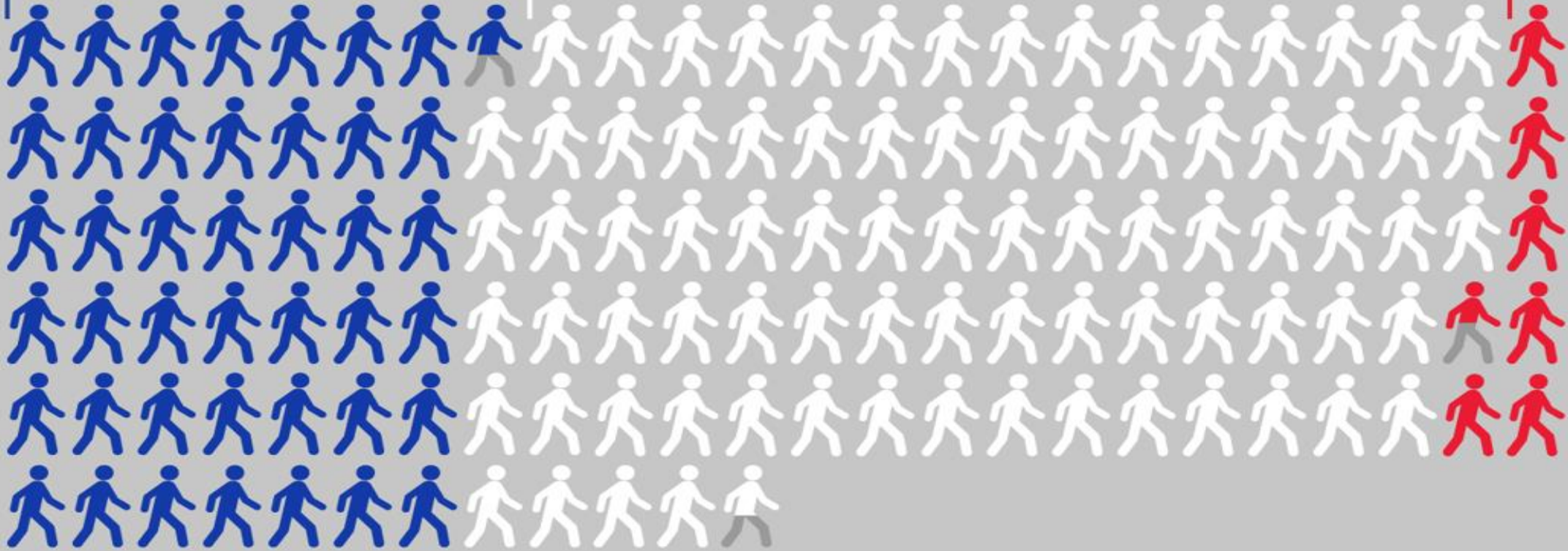
Refugees

40.8 million

Internally displaced people

3.2 million

Asylum-seekers



 500,000

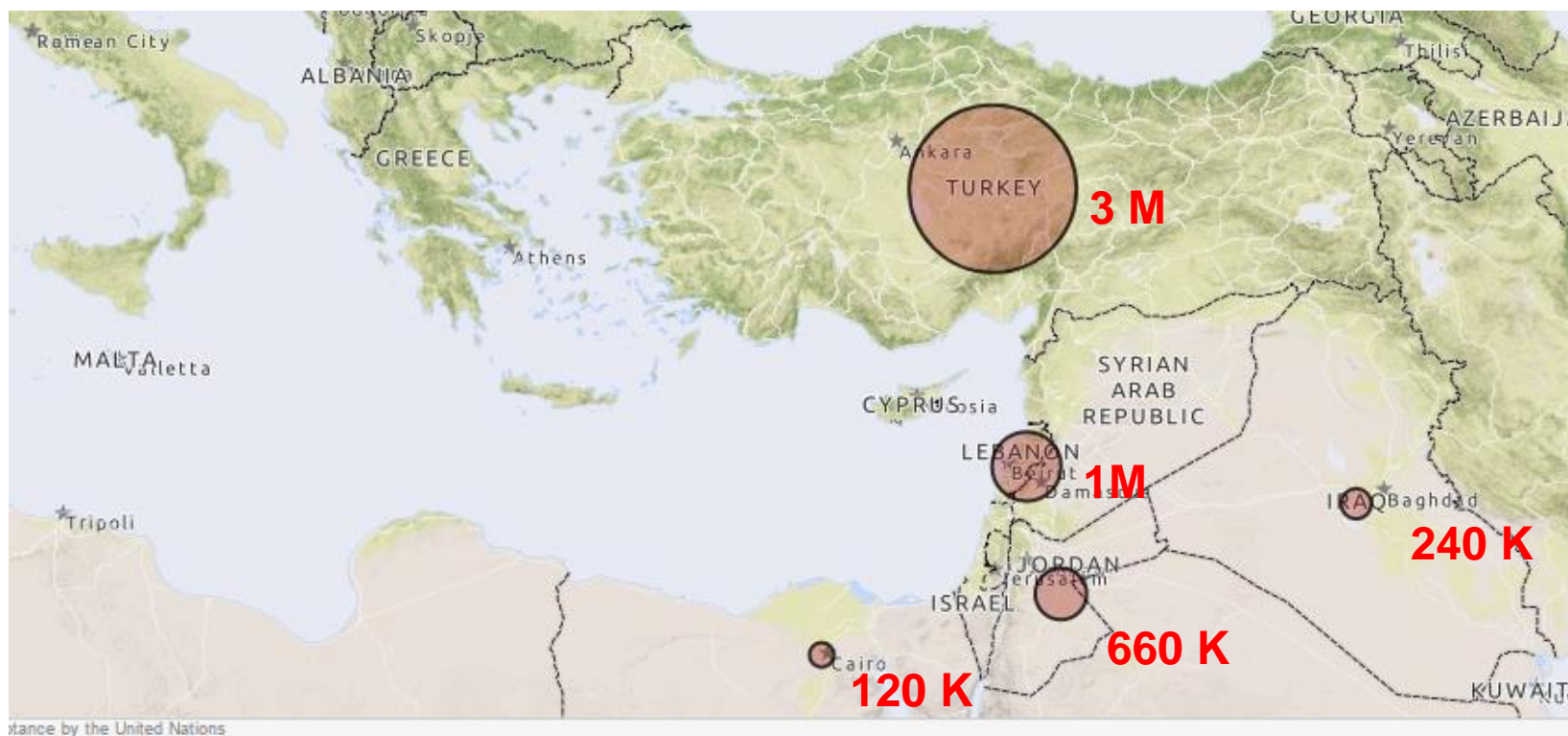
Source: UNHCR / 20 JUNE 2016



UNHCR
The UN Refugee Agency

SYRIAN REFUGEES IN THE REGION

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IDPs in Syria: 6.5 M

Total Persons of Concern

5,029,562

Last Updated 06 Apr 2017

Source - UNHCR, Government of Turkey

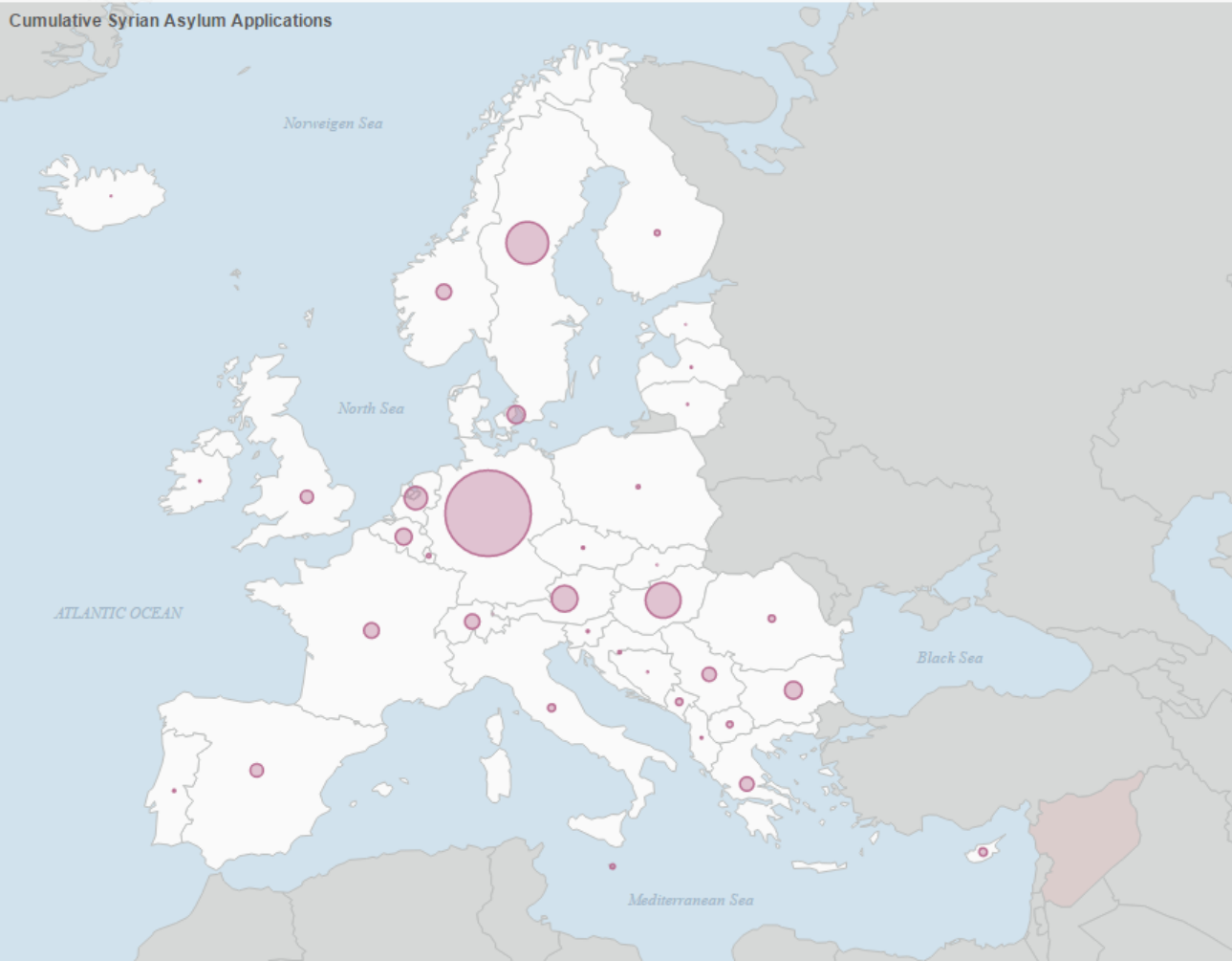
SYRIAN ASYLUM APPLICATIONS EUROPE

EUROPE: Syrian Asylum Applications

From Apr 2011 to Oct 2016

[Click here to toggle between views](#)

Cumulative Syrian Asylum Applications



Total Asylum Applications

884,461 between Apr 2011 and Oct 2016

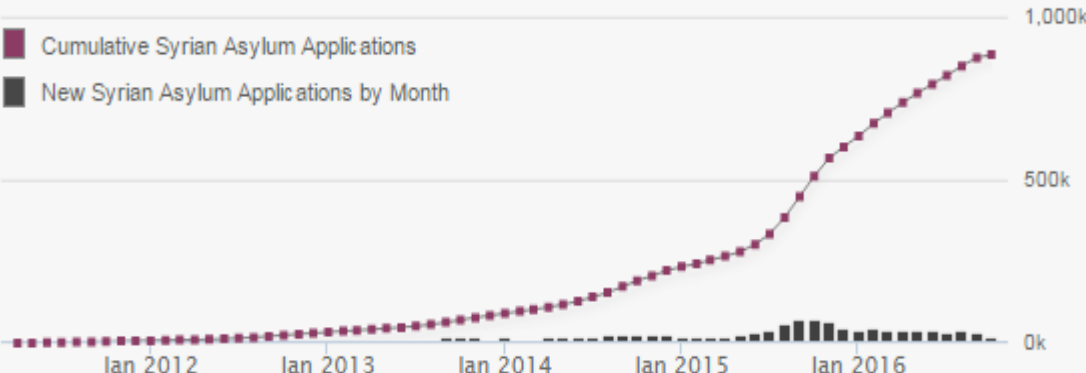
137,798 in 2014 only

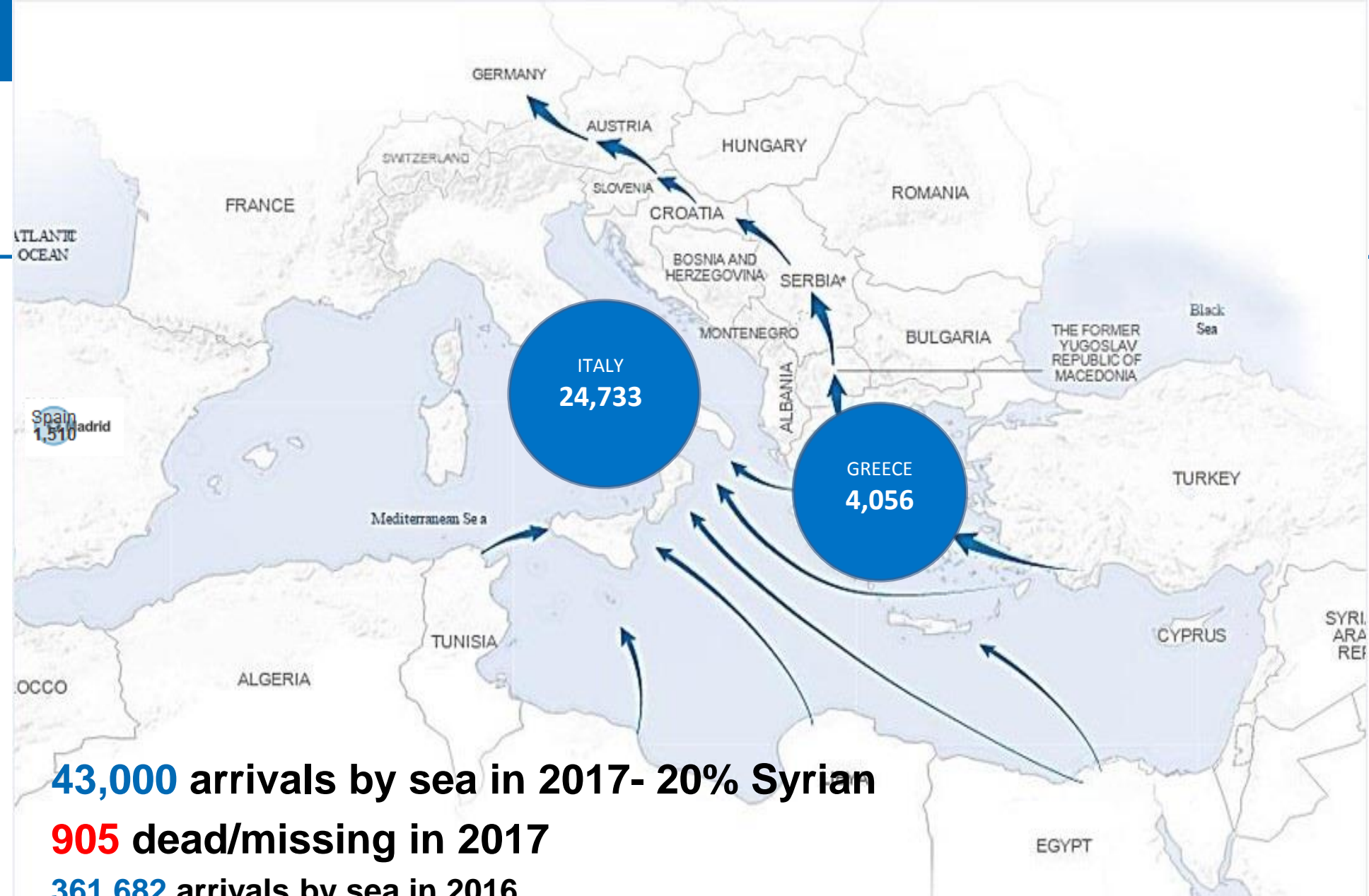
Note: Data for 37 European countries which provide monthly information to UNHCR. To the extent possible, the figures reflect first time asylum applications, but some of the statistics are likely to include repeated applications (same or different country).

Top Countries



Evolution of Asylum Applications





43,000 arrivals by sea in 2017- 20% Syrian

905 dead/missing in 2017

361,682 arrivals by sea in 2016

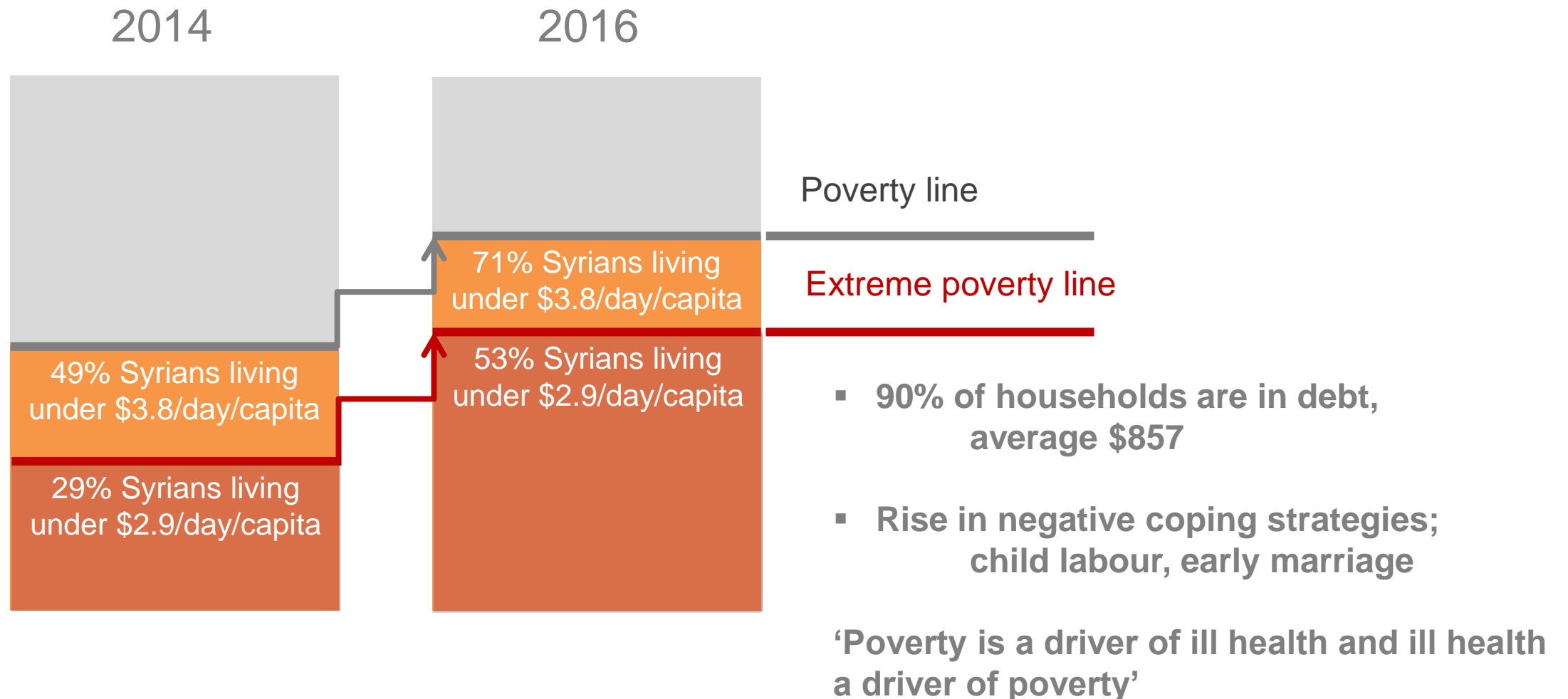
5,022 dead/missing in 2016

[May 2017]

Socioeconomic situation of refugees

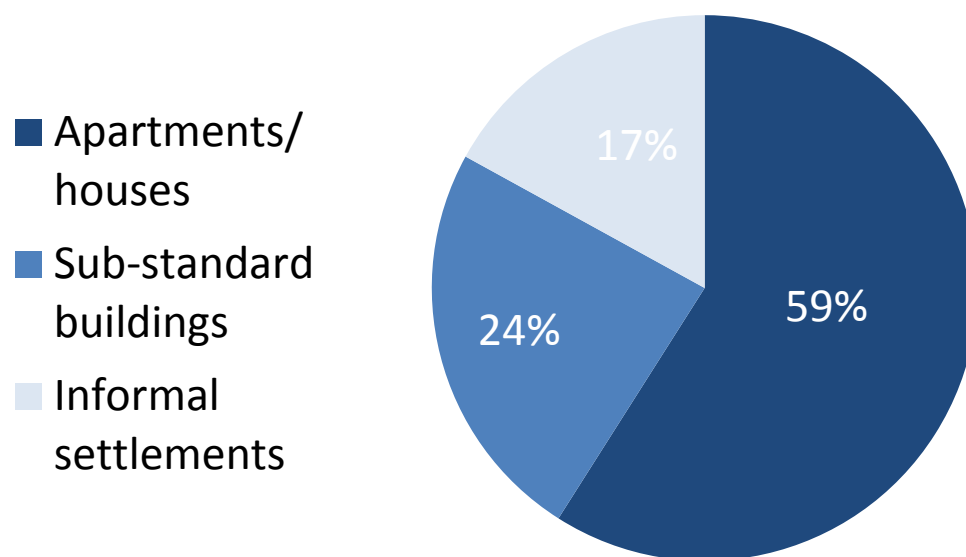
INCREASING POVERTY (Lebanon example)

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PRECARIOUS ACCOMMODATION (e.g. Lebanon)

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- **55% of Syrians live in inadequate shelter conditions:**
 - Temporary shelters in informal settlements
 - Dangerous or hazardous conditions
 - Overcrowded spaces
- **Average rent USD 190 per month**

REFUGEES ARE LIVING MAINLY OUTSIDE TRADITIONAL CAMPS (90%)

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REFUGEES ARE LIVING MAINLY OUTSIDE TRADITIONAL CAMPS (90%)

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The Berm between Syria and Jordan (est 70,000 persons)

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Healthcare needs of refugees

Healthcare needs of refugees

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Similar to host community

Specific points:

Primary Health Care

Main reasons for consultation URTI, LRTI, skin disease, NCDs and injuries

Non Communicable Diseases (NCDs)

Most prevalent diseases are hypertension, diabetes, Asthma/COPD, and heart disease.

Cancer- lack of accurate data, incidence probably similar to pre conflict Syria

The burden of NCDs and access to care (UNHCR HAUS 2016)

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Country	% of HH with at least one adult with an NCD	% NCD patients reporting inability to access care
Jordan	51%	37%
Lebanon	8% (prevalence)	37%
Iraq	16%	39%
Egypt	39%	24%

Sexual and Reproductive Health (UNHCR HAUS 2016)

Lebanon ANC 70% of which 53% 4 visits- barrier user fee

Jordan ANC 85% of which 59% 4 visits

Family planning- level of utilization 35-38%

SGBV services including clinical management of rape

Child Health

Vaccination, EPI and campaigns

Nutrition (low prevalence of GAM in region but growing food insecurity)

(Lebanon GAM 2.3%, SAM 0.8%)

Infant and Young Child Feeding (IYCF)

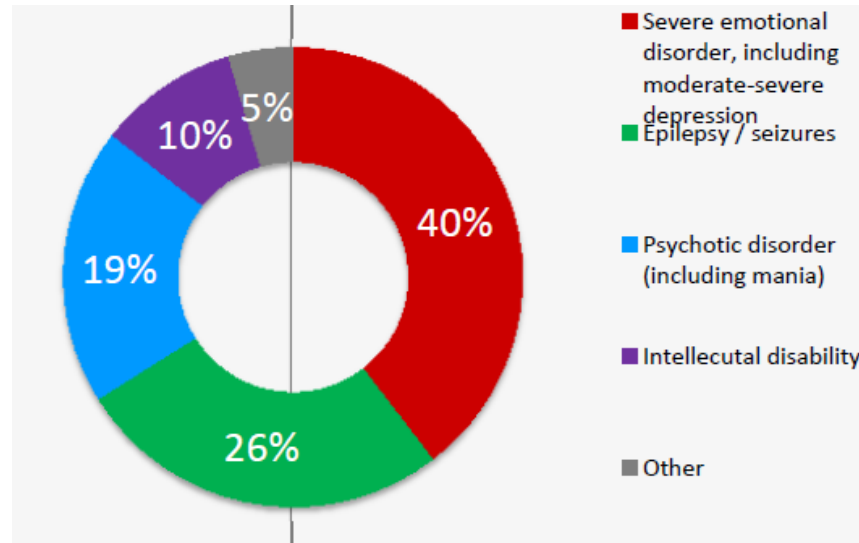


Healthcare needs of refugees

Mental Health (MH)

3% of HH have a member with MH condition (Lebanon)

Anxiety, depression, psychosis, PTSD eg Zaatari Jordan 2016



Healthcare needs of refugees

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Secondary and Tertiary Hospital Care

Access to life saving acute and chronic care

Obstetric and neonatal care

Injuries (road traffic accidents, falls, burns..)

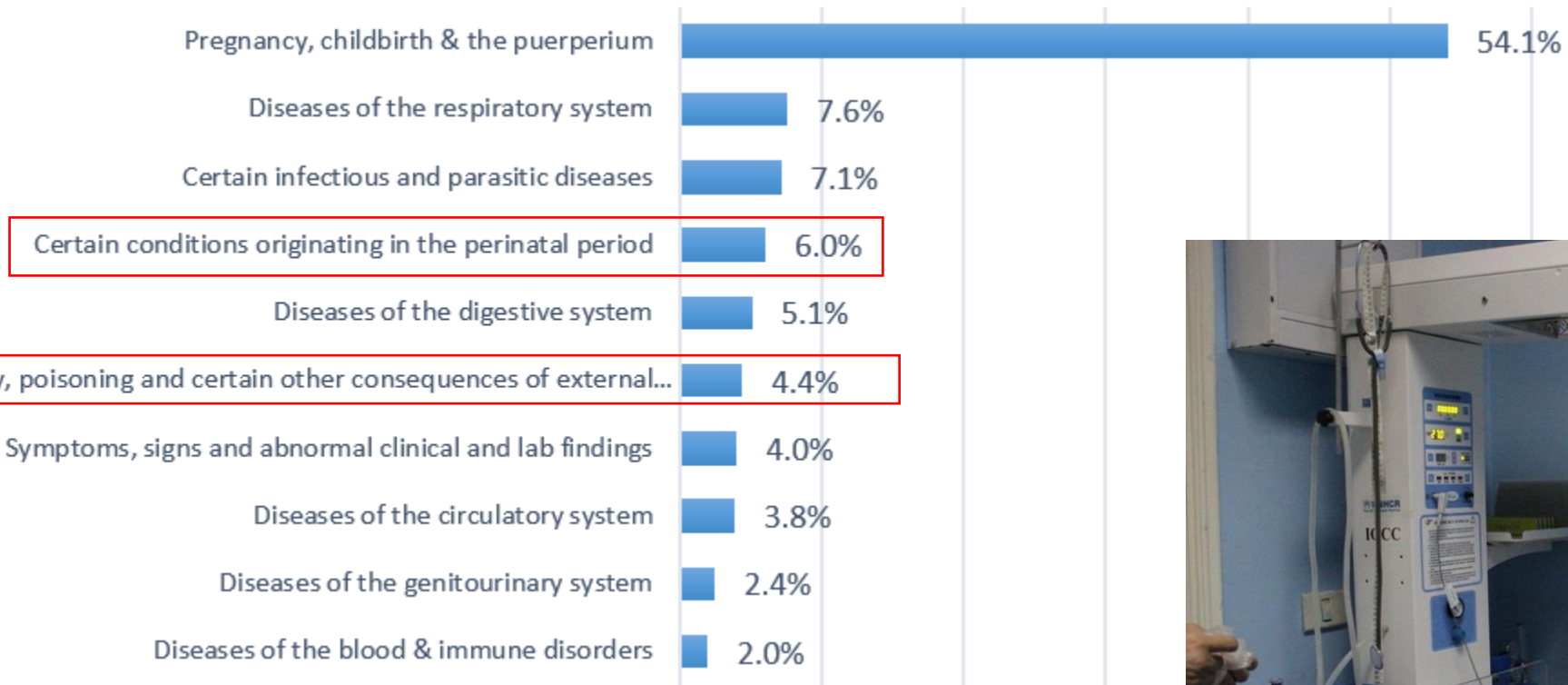
Complications of NCDs (Myocardial infarction, stroke, renal dialysis , diabetic foot...)

Cancer care

Lebanon : top 10 reasons for hospitalization supported by UNHCR 2016 n= 73,000

Average cost/ referral: USD 600

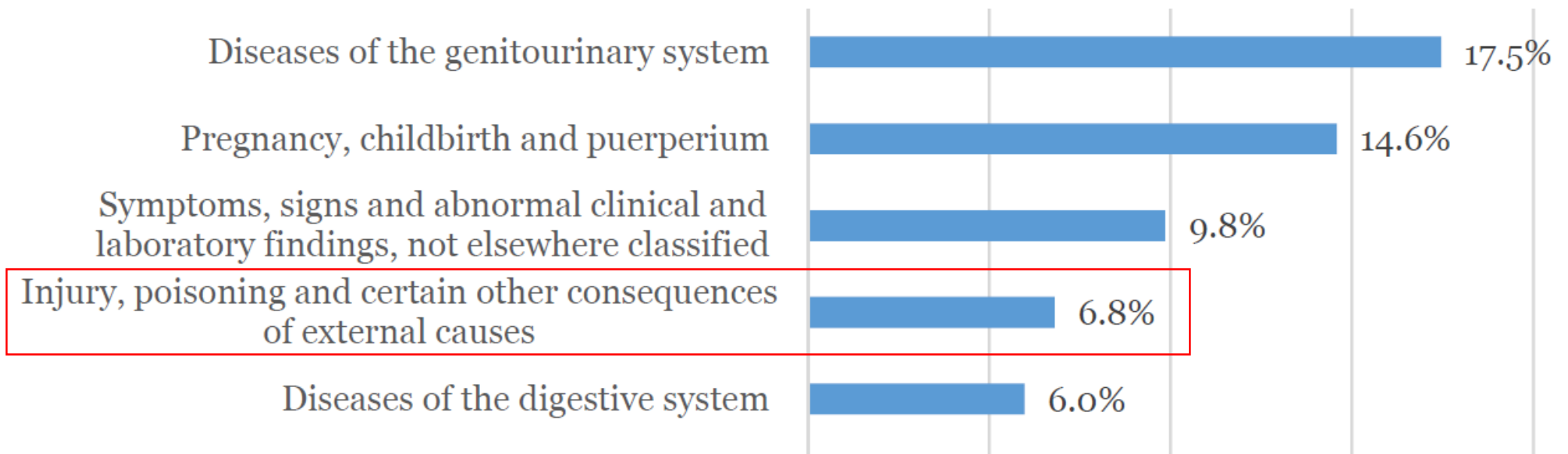
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Jordan: top 5 reasons for hospitalization supported by UNHCR 2016 n= 34,000

Average cost/ referral: USD 260

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Healthcare needs of refugees

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Communicable diseases

Limited outbreaks of vaccine preventable diseases eg measles, mumps

Leishmaniasis- were initially cases acquired in Syria but dramatic decrease in incidence since no local transmission

TB and HIV- incidence and prevalence similar to host community

Mortality

Zaatari Camp Jordan 2016 (pop 80k)

161 deaths (CMR 0,2/ 1,000/ month)

45% cardiovascular adults

19% neonatal (NMR 10/1,000 live births, pre crisis Syria 7)

Lebanon UNHCR hospital data 2016

869 hospital deaths

52% infant deaths < 1 yr (IMR estimate 12/ 1,000 live births, estimates 2015 Lebanon 7)

19% cardiovascular

Access to healthcare and barriers to access

ACCESS TO HEALTH SERVICES

UNHCR works with host governments and partners to support refugees to access the existing national system and avoiding parallel systems where possible.

The aim is for refugees to have access to services at the same level as the host community (1951 Refugee Convention).

In all countries, refugees have access to the existing systems which are different and generally include a mix of:

- National public system
- Private providers
- NGO run facilities
- NGOs supporting existing facilities
- 'Informal' system: pharmacies, Syrian healthworkers

The mix of utilization varies according to the country's system and healthcare seeking behaviour

European Union

In EU member states refugees generally covered under national health insurance schemes. But in Greece, resource limitations means NGOs are invited to provide many services.

Turkey

Access to national public system (refugees included in the General Health Insurance), same as nationals
Pay a nominal contribution for service

Lebanon

Access to national facilities- MoPH PHC network, NGOs and private providers
MoPH PHC USD 7-10 per consultation as per nationals; USD 2 in approx. 130 NGO supported PHCs
Hospital care- dominant private sector, UNHCR supports 75-90% cost for life saving and obstetric care
Chemotherapy and renal dialysis not able to be supported by UNHCR, some NGOs support available

Jordan

Access to national facilities, MoH, NGOs, private providers and NGOs run free services in camps
Syrian refugees pay nominal PHC fees and same subsidized rate as uninsured Jordanians for hospital care
UNHCR supports hospital care for the most vulnerable refugees inc. dialysis and advanced cancer care

Egypt

Mix of access through national system, NGOs and private facilities
Nominal fees for MoH PHC and hospitals

Iraq

Access to Kurdistan MoH facilities and NGOs

Access to healthcare for people on the move through Europe

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Different strategies depending on the different situations which include

Arrivals and rescue at sea

Transiting populations

Stranded populations

Urban, encamped, detained...

Arrival/ exit sites, way points, assembly points (bus/train stations)	Reception, registration sites, transit sites (with residual overnight caseload)	Collective centres, urban sites, long-term centres as defined by governments
0-12 hours	12-72 hours	> 72 hours
<ul style="list-style-type: none">• Rapid triage of wounded, severely ill• First aid and basic primary health care• Life-saving referral to pre-identified hospitals• Psychological First Aid• Feeding needs for non-breastfed infants	<ul style="list-style-type: none">• Extended primary health care services• Ensure strong linkage to health services through national health system.	<ul style="list-style-type: none">• Establish link to national health care system (e.g. health centres, polyclinics, hospitals)• Ensure equal access to care as nationals• Ensure access to full vaccination• Psychosocial support mechanisms set up

What was the level of access to healthcare 2016? (UNHCR Health Access Surveys and vulnerability assessments)

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Country	% of people needing PHC who received it	% of people needing Secondary or Tertiary care who received it
Jordan	91%	
Lebanon	90% (HAUS) 84% (VaSyr)	65% (VaSyr)
Egypt	91%	

WHAT ARE THE MAIN BARRIERS TO ACCESS?

- **Financial- user fees especially for hospital care**
- Transport costs
- Fear of movement due to lack of legal status
- Long waiting time at facility
- Service not available

What did Households (HH) spend on health?

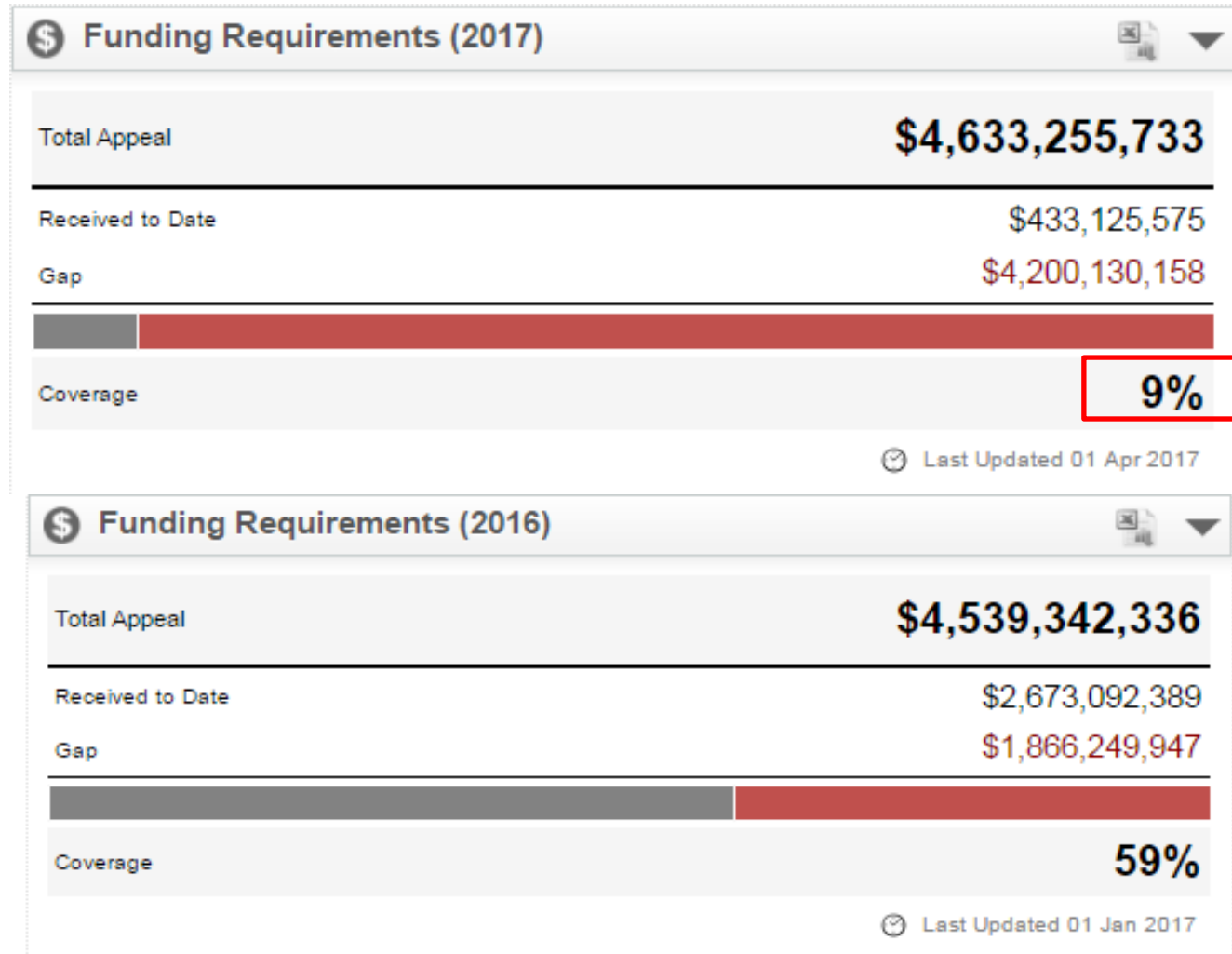
Self reported health expenditure 2016 (UNHCR HAUS)

Country	% of HH reporting health expenditure in the previous month	Average health expenditure USD
Jordan	80%	148
Lebanon	65%	148
Egypt	75%	40

Funding situation

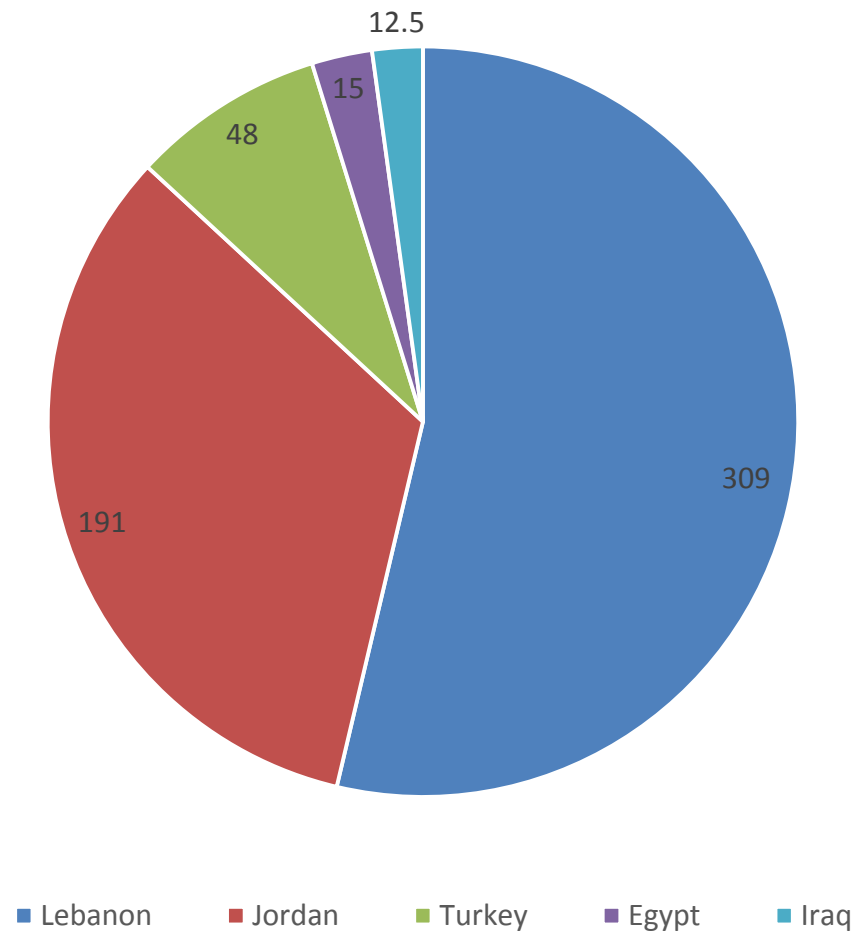
REGIONAL REFUGEE & RESILIENCE PLAN (3RP)- OVERALL APPEAL

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3RP HEALTH SECTOR FINANCIAL APPEALS BY COUNTRY 2017 (USD Million), Total 575 M

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Towards Universal Health Coverage

WHAT IS UNIVERSAL HEALTH COVERAGE (UHC)?

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Universal health coverage (UHC) means that **all people and communities** can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to **financial hardship**.

The three related objectives:

1. **Equity** in access to health services
2. **Quality** of services should be good enough to improve health
3. Protection against **financial-risk**

(WHO)

TOWARDS UNIVERSAL HEALTH COVERAGE

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The ultimate goal is that refugees have access to a functioning national universal health coverage system

Challenges:

- Variable progress towards UHC in the region
- Willingness to include refugees in UHC- political considerations
- Capacity to include refugees, sufficient facilities, human resources
- Financing capacity for nationals and financing for refugees
- Limited overall funding and there is clearly a need for reformed and more efficient and predictable humanitarian financing mechanisms

Conclusions

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- Countries in this region are shouldering the **burden** of the refugee crisis
 - **Poverty** amongst refugees is increasing in the face of limited livelihood opportunities
 - Despite the response, refugees have **suboptimal access to health care** and high OOP spending; especially for hospital care, **cost is main barrier**
 - Despite enormous **funding**; it is **insufficient** but the current way of providing assistance could be more effective through further integration and enhanced coordination
 - **Expanding UHC for nationals and including refugees** offers the best solution to improve refugees' access to care in a cost effective way. This may sound utopian but it is achievable if states, donors, development agencies, NGOs and UN agencies commit towards this goal.



Thank you and questions?

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