

Health Care Delivery to Syrian Refugees in Lebanon: A Mounting Challenge



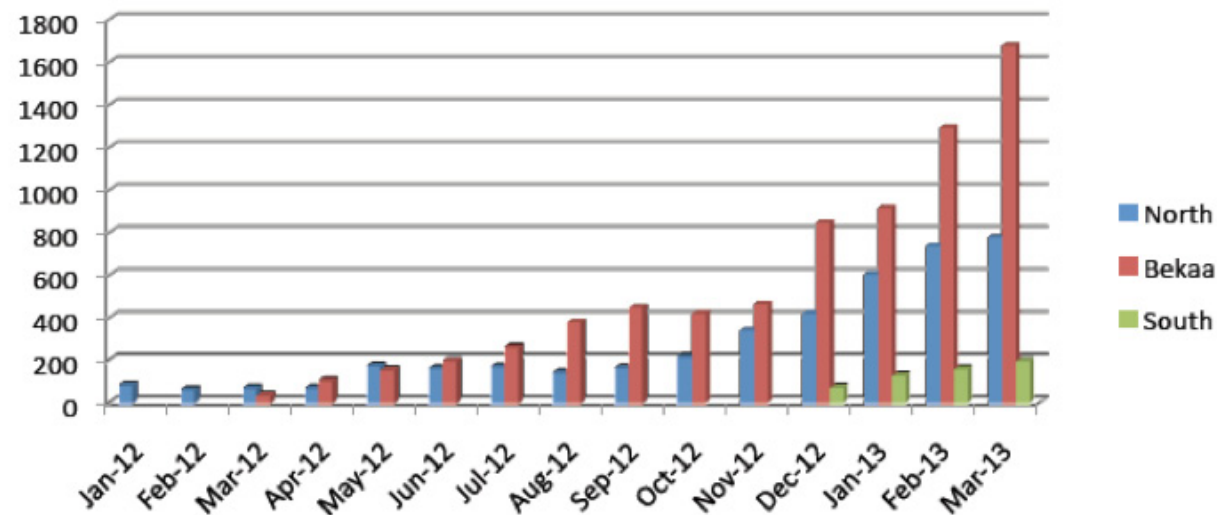
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Since the beginning of the Syrian crisis, a massive number of refugees fled to the Bekaa Valley. A relatively large number of Syrians lack both the financial and the social means, and are staying in public places such as mosques, old schools, unfinished buildings or empty garages with the risk of being evicted at any time. Consequently, many suffer from precarious living conditions such as living in overcrowded shelters and rooms augmenting thus the risk for stress, domestic violence, and contributing to poor hygiene and deteriorating health.

Over the past two years, and as a result of the Syrian crisis, thousands of refugees fled the violence and conflict to Lebanon. As of April 2013, the United Nations High Commissioner for Refugees (UNHCR) has registered over 440,000 Syrian refugees while many are still unregistered and are awaiting registration. As the Syrian crisis intensifies, a massive influx of refugees into Lebanon is expected especially when the Lebanese Government has uttered to maintain its borders open; it has been estimated that there will be a million Syrians in Lebanon by the end of 2013.

As per the UNHCR report, deliveries, acute respiratory infections, digestive disorders and gastrointestinal diseases are the most common ailments among Syrian refugees, where three-quarters of recalled cases being women and children. Moreover, many of the refugees are elderly, suffering from chronic diseases such as diabetes, lung disease, cancers and cardiovascular diseases. It is no secret that the number of hospitalized cases hastily escalated during the first quarter of year 2013 when compared to the year 2012 (Graph A)

Syrian Refugees Hospital Admissions



Graph A: The number of hospital admissions for Syrian refugees 2012 – 2013



Secondary health care remains a serious gap that is not addressed by many Non-Governmental Organizations (NGOs) and is available at the high cost in the public and private sectors. Besides, the Lebanese Ministry of Public Health (MOPH), already strained to meet the needs of the Lebanese population, is not currently able to guarantee these services for free or at low-cost to the Syrian community. The UNHCR has been coordinating relief programs and providing secondary health care services through its partners the International Medical Corps, Caritas, Makhzumi Foundation and its affiliated hospitals. The International Medical Corps for instance, has contracted with a network of private hospitals based on the availability of services, accessibility and provision of discounts based on the MOPH flat rate. Also, some not-for-profit national organizations came to rescue the Syrian refugees through partially or totally covering their share of the total hospitalization cost. Recently, as a consequence of high demand and budgetary constraints, the UNHCR Representation in Beirut has initiated stricter selection criteria for the costly supported essential tertiary and secondary health care: the registered refugee will have access only to emergency obstetric, surgical and medical referrals care under co-funding conditions where she or he shall contribute 25% of the total cost for the supported- secondary health care, and the UNHCR will cover the remaining 75%. Emergency life-saving conditions are exempted from such regulations and are hence fully covered.

However, refugees are coming from a system where they are not used to pay. On top, more often than not, Syrian refugees struggle to cover the remainder of the costs which used to amount for 15% of the total health bill. One question remains unanswered: are Syrian refugees able to compensate for the remainder 25% of their hospitalization fees or is it another impediment further hampering their access to health care?

In times when refugees were suffering from psychological and physical distress, and were anxious about affording any medical care for themselves and/or families, Chtoura Hospital was one of the chief hospitals in the Bekaa region to support the influx of wounded and ill Syrian refugees and to provide them with urgent medical assistance. However, till the time when the Syrian conflict ends, the challenges of providing access to affordable and quality health care for Syrian refugees will only increase. UNHCR will need to continue to address this gap in the future as many Syrian refugees do not receive anywhere near adequate levels of humanitarian assistance largely due to their registration delays and their dire financial constraints. The solidarity of the Lebanese people has been psychologically supportive to integrate and help refugees, yet, it is not enough to keep body and soul together. It is time for donors to truly commit themselves to address the growing needs of the refugee population in Lebanon, and for national and international aid actors to re-evaluate the methods and the amount of aid they are providing.