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Displaced Syrians in Lebanon:
Health System Resilience and Aid Effectiveness

Walid Ammar MD, Ph.D
Director General
Ministry of Public Health
Lebanon

Refugees registered in Lebanon currently represent around 25% of the population residing in the country. This is the highest refugee concentration per inhabitant in the world. The sudden and dramatic increase in population has exerted a lot of pressure on the country's infrastructure and institutions.
The impact of the influx is exacerbated by the uneven distribution of the refugees and their concentration in the poorest areas of Lebanon. 85% of registered refugees live in 182 localities in which 67% of the host population lives below the poverty line.

Health Needs and Health Services

According to a vulnerability assessment conducted in 2013, 41% of the households among the displaced have at least one pregnant or lactating woman, while 33% counted at least one member with a specific need (chronic disease, permanent disability, temporary disability or another issue). In 10% of the households there were members who needed support with their daily basic activities.
Chronic diseases are evident across the displaced population particularly type 2 diabetes, renal failure, cardiovascular disease, hypertension, chronic obstructive pulmonary disease, cancer, and mental disorders. However, there are currently few resources available to ensure continuity of treatment of chronic conditions particularly when hospitalization is needed.
The disruption of immunization activities in Syria coupled with poor living conditions of the displaced in Lebanon has heightened risks of disease outbreaks, including measles, mumps and polio, and the introduction of new diseases such as cutaneous leishmaniasis to the host community.
Rising incidence of tuberculosis, including multiresistant TB and waterborne diseases such as Hepatitis A have been noted since the advent of the crisis.
The outbreak of Poliomyelitis in Syria and Iraq in 2013 was particularly alarming. It was faced by a massive mobilization of all health partners and the

civil society in Lebanon to undertake a nationwide door to door vaccination campaign. This successful mobilization under the leadership of the MOPH, led to a high level of immunization coverage among Lebanese and Syrian children alike and maintained Lebanon Polio free.

While the MOPH with the support of UN agencies is meeting, to a certain extent, the refugees' needs for primary health care, access to hospital care remains limited. Secondary and tertiary care for displaced Syrians are financed by UNHCR at up to 75% of the total cost and are restricted to lifesaving emergencies, delivery and care for newborn babies. The 25% co-payment remains most often unpaid and causes increasing budget deficits, especially for public hospitals that are struggling to remain operational. Whereas patients that do not fit the UNHCR coverage criteria, mostly those with chronic illnesses, are suffering from the disease and its complications and find their conditions worsening.

UNHCR has repeatedly stated in its reports that "Even for prioritized life-saving interventions, financial resources are severely stretched".

Health System Resilience

Despite the Syrian crisis, however, the Lebanese health system is still showing considerable resilience.

Financing and delivery at the primary, secondary and tertiary levels have been maintained for Lebanese, while primary and secondary care services were expanded to cover Syrians as well.

Lebanon has been able to take the necessary measures to face communicable diseases and pandemic threats, preventing major outbreaks.

In terms of health outcomes, and despite the ongoing insecurity climate and sociopolitical instability for decades, the Lebanese healthcare system has been able to sustain achievements like the decrease in out of pocket expenditures while improving the health status of its population.

Despite the strain caused by high fertility rates among the Syrian population, both maternal and child mortality rates, which include mortality among Syrians, remain low. Lebanon is among the few developing countries that achieved both MDGs 4& 5.

Health Response Strategy and Aid Effectiveness

However, the health sector is now threatened with under-funding and a resulting reduced capacity to meet the increased population demand and ensure the continuity of health service provision.

Responding to the needs of Displaced Syrians in Lebanon is the responsibility of the international community. With the shift from a state of emergency into a state of protracted crisis in Syria, scarce resources ought to be directed strategically, after careful deliberations with national authorities. Priorities ought to be set at the government level instead of being driven by calls for funding emanating solely from UN agencies and NGOs. Therefore a financing

dialogue is urgently needed between donors and the Ministry of Health and partners operating in the health sector.

MoPH encourages partners to reduce intermediaries as much as possible, i.e. donors are encouraged to finance the health institutions providing health services as directly as possible, with as few partners in between as possible. This is to maximize the use of resources for service delivery and avoid administrative wastage. This would also enhance visibility, transparency and accountability.

The budget deficits borne by national health facilities, as a result of the insufficient funding of the Syrian patients, are too great for any institution to compensate for. Donors are therefore encouraged to address the inadequate financing while supporting the sustainability of health institutions in Lebanon.

The Ministry of Public Health (MoPH) is the primary national authority in the health sector in Lebanon and has, as such, assumed its leadership role in coordinating health response efforts and guiding them in the direction which best fits the national strategy.

A Health Response Strategy (HRS) was developed by MoPH in line with the recommendations of a "Health Steering Committee" which includes UN agencies, the WB, the EU and NGOs representatives. It serves two interdependent strategic objectives:

1. To respond to the essential health needs (primary, secondary and tertiary care) of the displaced Syrians and host community; and
2. To strengthen national institutions and capacities to enhance the resilience of the health system.

In addition of course to preventing and controlling outbreaks and preserving health security.

We plead the international community to reorganize its aid and efforts to serve this strategy.