



Lebanon Field Office: Reform of UNRWA health programme: a three- year journey 2010-2012

Executive Summary

Palestine refugees in Lebanon live under dire conditions. to thirds of them are poor, and 56% of those of working ge are jobless. The Palestine refugees' population is a young one with half of the population being under the age of 25 years. Palestine refugees face double burden of disease; on one hand, health problems related to infectious diseases such as acute respiratory and gastrointestinal infections are still present; on the other hand, non-communicable diseases such as hypertension, diabetes mellitus and mental health problems are becoming more prevalent.

Palestine refugees in Lebanon do not benefit from any form of social or public health insurance and therefore rely heavily on UNRWA. In this respect, UNRWA in Lebanon, similar to other fields, provides free comprehensive primary health care services for Palestine refugees in its 28 health centers located inside and outside the camps. In addition, UNRWA contracts locally operational hospitals for the provision of secondary and tertiary care.

Although secondary care hospitalisation is almost fully covered by UNRWA, tertiary care remains the main burden to the refugees because of the partial coverage offered by the Agency and the escalating prices of the health care system in Lebanon.

In an attempt to improve its services, UNRWA conducted several assessments of its health programme both internally and by external consultants. The assessments highlighted several areas that need improvement in the provision of health services, which ultimately affects the quality of the services (such as crowdedness in health centers, short consultation time, high load per medical officer per day) and accessibility to care (such as limited availability of hospital care and unclear rights for the beneficiaries).

The reform of the UNRWA Health Programme was launched at the end of 2009 in Lebanon Field Office and is still ongoing. The objectives of the reform are to increase the access of Palestine refugees to quality healthcare, to enhance equity and to improve efficiency and effectiveness in the delivery of services, while at the same time ensuring the sustainability of these services.

This reform was supported initially and is still supported by the Italian Government and the Italian Development Cooperation Office. Other donors contributed later to the different activities of the reform namely the Australian Government, the German Government, the Monaco Government, European Union, the European Community Humanitarian Office (ECHO), the Government of United States of America, Medical Aid for Palestinians (MAP) and the Qatar Red Crescent (QRC).

The reform was channeled through six main pillars: governance, health workforce, service delivery, health information system, communication and partnerships. The health department at the Lebanon Field Office (LFO) was restructured as to decrease the bureaucracy of work and enhance decentralization to the five areas of operation in the country. Investment in the health workforce was and still is a main priority of the programme: a revision of job descriptions, upgrading of some health posts as well as capacity building programs were the main activities conducted in this respect.

Several interventions were implemented to improve the delivery of services at multiple levels. These include but are not limited to the following: introduction of the Family Health Team (FHT) approach, piloting of the appointment system, introducing new services that aim at improving quality of care (Echocardiography, specialist in diabetes care, and preventive oral health namely fluoride application) as well as the rehabilitation of some health centers in order to improve the safety of the working environment.

At the level of secondary and tertiary care, a new hospitalisation strategy was introduced early 2010. An increased number of hospitals was contracted and the previous bed-ceiling applied to each hospital per month for Palestine patients was discontinued. This strategy introduced also a thorough monitoring and evaluation system with periodic measurement of quality indicators. Secondary care continues to be almost fully covered by the Agency with better access for patients to quality hospitalisation, while the coverage of tertiary care has increased during the last years from an average of 30% to around 50% of the bill. More patients were found to have access to hospitalisation care (an increase of 41% in 2012 as compared to 2009) with more than 80% satisfaction for the quality of services received. In order to improve the access of patients in need of tertiary services to the care needed, a new programme entitled CARE programme was launched April 2011. This programme succeeded in extending support to 425 patients by the end of December 2012. Patients with multiple sclerosis, thalassemia and sickle cell anemia have now access to medications at discounted rates, an unattainable privilege before the CARE programme started.

UNRWA has committed to improve access, quality and quantity of the health services it provides and has been undergoing substantial reforms to appropriately meet the needs of the Palestine refugees in Lebanon. While some targets are being achieved, there are still significant gaps that require action. This is even more relevant if it is taken into consideration that the conditions of Palestine refugees in Lebanon are worse than in other fields where UNRWA operates, that needs are growing with time and health costs in the country are on the rise. Other challenges worth mentioning here, though they are not part of the reform and will not be covered in this report are the relief special programme for the Internally Displaced Population from Naher El-Bared Camp (ongoing since 2007) and the relief programme for the newly displaced Palestine Refugees from Syria. These two have an impact on the delivery of services as well as the resources of the health programme at Lebanon Field Office.

Securing sustainable sources of funding remains a major challenge in improving and expanding UNRWA's health services. Nevertheless, the Agency will continue its reform process in the coming years for these services to become even more efficient and effective. UNRWA will continuously advocate for more funding and support from the international community and the host Government of Lebanon. Moreover, various partners need to join efforts in order to achieve the reform targets. In this respect, the Palestinian Liberation Organisation (PLO) can still play an important role in improving the delivery of health services to Palestine refugees in Lebanon, despite its limited budget for health and medical care. International non-governmental organisations as well as the local non-governmental organisations can substantially contribute, in partnership with other parties, to complement the services provided by UNRWA, as well as continue to raise health awareness and knowledge among refugees. The Lebanese Ministry of Public Health has been so far supportive in facilitating provision of services. UNRWA will continue working with the Lebanese Government in order to improve the provision of health services for Palestine refugees, a basic right that everyone should be entitled to. Finally, the role of the community is and remains crucial in determining and shaping the health services that are provided to its members.

