

The impact of lack of residency on Syrian Refugees in Lebanon's access to Healthcare

Whilst the majority of UNHCR-registered Syrian refugees (84%) who sought primary healthcare reported to have accessed the care they needed in 2016¹, perceptions of overall access to healthcare in Lebanon among Syrian refugees are much lower. Barriers such as cost, lack of awareness, service-provider capacity and denial of services cause many refugees to postpone seeking treatment as much as possible, even at the risk of their conditions worsening. Lack of valid residency compounds many of these challenges and is a direct obstacle to refugees' ability to access healthcare facilities in safety and dignity.

Restrictions on freedom of movement resulting from a lack of residency limit Syrian refugees' ability to search for decent work all year-round and make it harder for refugees to cover their basic needs autonomously². This combined with a lack of basic assistance leads to continuous depletion of refugees' savings and further impedes access to health care.

Cost is the primary reason that Syrian refugees do not seek or cannot access health care whenever they need it. While UNHCR covers 75% of hospital costs for life-saving procedures and obstetrics (and up to 90% for severely vulnerable households) refugees must pay a number of costs in order to access care, including the remaining 10-25% of hospital costs in addition to consultation fees, medication costs and transportation. Treatments for illnesses such as cancer or blood diseases are not covered by UNHCR's insurance scheme 'NextCare' and alternative financial support for refugees with these conditions is very limited. The 23% of UNHCR-registered refugee households who did not receive the specialized care or hospitalization they required cited fees (71%) and transportation costs (13%) as the two main barriers. Out of the 16% of UNHCR-registered refugee households who were unable to access the primary healthcare they needed, the vast majority (94%) cited healthcare fees as the primary barrier to accessing these services³. When refugees seek health care in emergency situations and later find themselves unable to meet the costs of services they received, they risk confiscation of their IDs by hospitals or the unlawful detention of newborns or deceased relatives by hospitals attempting to compel payment.

Fear of crossing checkpoints and the risk of arrest significantly increase transportation costs and present a significant barrier to healthcare for refugees' lacking valid residency. The cost and level of risk entailed in travelling to healthcare facilities are impacted by a number of factors - including proximity of facilities (particularly subsidised services), time of day, curfews and the distribution of checkpoints⁴. Syrian refugees without valid residency having to take longer routes to avoid checkpoints, exponentially increasing the cost of accessing needed healthcare to up to \$20 in the day and \$100 at night, when curfews may be in place⁵. In many cases, these risks have led men in particular to restrict their movement – including in order to access healthcare, in all but emergency cases. In addition to delaying treatment one of the coping strategies refugees have adopted involves having women (and in some cases children) – who are perceived as being freer to move, regardless of residency status – accompany patients to facilities, as a way to deter arrests and threats of arrest. This solution creates more responsibilities and potential risks for the women and children adopting these roles.

As a result of these risks and barriers refugees tend to only go to healthcare facilities if there is no other way to receive care. Refugees will try and treat patients themselves or resort to pharmacies in order to postpone going to the hospital to receive medical treatment. These alternative care options may actually be less cost-efficient – incurring greater pharmacy consultation costs and prolonging the need for treatment, and could be potentially harmful where relying on unregulated healthcare options.

Local and International NGOs have been instrumental in responding to the growing health needs of refugee and host communities in Lebanon. Last year donors collectively contributed \$102m to the health sector under the LCRP 2016 – 35% of the required \$290m⁶. In addition to ensuring that adequate and multi-year funding is available to address needs so that refugees can access the healthcare they require, the Government of Lebanon and international community must:

Address ongoing barriers to residency to ensure that all refugees, regardless of their UNHCR registration status, means of entry to Lebanon and means of self-support once in Lebanon, are able to obtain and maintain residency through a clear, simple and reliable process that does not require sponsorship or fees.

Reduce the financial barriers faced by refugees from Syrian in Lebanon to access healthcare. Sufficient funding is needed to lower – and ultimately remove – the financial contribution for hospitalisation that Syrian refugees are currently required to pay.

Support existing safe networks of transportation to hospitals to reduce refugees' costs

¹ UNHCR, UNICEF & WFP, Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) 2016,

² AUB Profiling of Syrian Refugees, 2015

³ UNHCR, UNICEF & WFP, Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) 2016

⁴ Oxfam, Healthcare: Safe and Dignified Access, 2016

⁵ Oxfam, Healthcare: Safe and Dignified Access, 2016

⁶ UNHCR Inter-Agency Coordination Lebanon, LCRP 2016 Funding Update Q4

OVER 66% OF SYRIAN REFUGEE HOUSEHOLDS DO NOT FEEL THEY CAN ACCESS MEDICAL CARE WHENEVER THEY NEED IT



COST

17% of Syrian refugees who were unable to access healthcare the last time they needed it reported that they were denied services at primary healthcare clinics (PHCs), while 13% of refugees unable to access specialized care reported that they were denied treatment at hospitals. Some refugees are asked for documents that are not required to access healthcare, such as a UNHCR registration certificate, while others face ill-treatment and discrimination on the basis of their nationality. Service providers may also refuse to administer care unless Syrian refugee patients pay a substantial deposit or pay up front.

In 2015, refugees reported paying the following average costs at their most recent healthcare visit:

PRIMARY HEALTHCARE VISIT	\$13		\$329	HOSPITALIZATION
HOSPITAL VISIT	\$120		\$29	MEDICATION PER VISIT

Cost is the primary reason that Syrian refugees do not seek or cannot access healthcare whenever they need it, and refugees report that they forego treatment because they cannot afford to pay for services. While UNHCR covers 75% of the hospital costs for life-saving procedures and obstetrics (up to 90% for severely vulnerable households), refugees almost always need to cover the remaining 10 TO 25% OF HOSPITAL COSTS from their own pockets. Treatments for catastrophic illnesses such as cancer are not covered by UNHCR's insurance scheme, and alternative financial support for refugees with these conditions is very limited.

DENIED SERVICES

LACK OF SERVICE PROVIDER CAPACITY



PHYSICAL ACCESS

In some areas, the nearest subsidized health facility is far and/or inaccessible through public transportation. Syrian refugees without valid residence permits report having to take longer routes to avoid checkpoints, which can greatly increase transportation costs to up to \$20 during the day and \$100 at night. Such physical restrictions encourage inadequate care-seeking behaviors, which include relying on pharmacies for consultations at a higher cost.



Syrian refugees report that subsidized healthcare facilities sometimes lack the capacity to provide the services they need. 47% of refugee households who did not have access to the chronic care treatments they needed in 2016 reported that facilities did not have the required treatments. Clinics are also often described as overcrowded and having long wait times, fueling perceptions of poor service quality and negatively impacting care-seeking behaviors.

LACK OF AWARENESS



1 IN 4 Syrian refugee households lack awareness and information about subsidized healthcare services and assistance options. The procedures and coverage of the UNHCR insurance scheme in particular are not well understood, which is linked to the fact that prices vary significantly at different hospitals and there is a lack of clear information available regarding coverage criteria and decision-making on what counts as a life-saving procedure. Refugees are also generally not aware that they can access subsidized medication for acute and chronic illnesses.

