



Inter-Agency
Coordination
Lebanon



UNHCR
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HEALTH

Health services are available to the refugee population in Lebanon through a network of primary health-care (PHC) centres, dispensaries and hospitals. VASyR 2022 examined the access of refugee population to the required care, barriers to health-care access, and related coping mechanisms. VASyR does not reflect on the quality of the received care; in 2022, it measured refugees' health access and barriers at both individual and household levels. At the individual level, VASyR measured the need and access to health care, places where health care was accessed, payment methods, and barriers to accessing health care, as well as COVID-19 vaccination. In addition, additional factors related to refugee health and health-seeking behaviour were examined, such as incidence of childhood diseases and incidence of home deliveries. At the household level, VASyR measured the barriers to accessing health care including medications, coping mechanisms and knowledge on health emergency services. Some VASyR findings for health are not comparable with those of previous years, since the formulation of questions has changed in 2022 in alignment with Multi-Sector Needs Assessment to allow comparison between populations of different nationalities.

KEY FINDINGS

- Eighteen per cent of individuals had a health problem that required access to health care in the last three months, and 73 per cent of these individuals were able to access the needed health care.
- Among individuals requiring health care, 90 per cent needed PHC and 10 per cent needed secondary health care (SHC). The percentage of households in need who were able to access PHC (75 per cent) was higher than the percentage of households who were able to access SHC services (59 per cent).
- Cost was, by far, the main barrier to accessing the needed care. This included direct costs such as treatment or consultation fees, and indirect costs such as transportation.
- The percentage of refugee children under the age of 2 who suffered from at least one disease in the two weeks prior to the survey was 24 per cent, which was similar to 2021 and 2020.
- Twenty-four per cent of women aged 15–49 had delivered a baby in the last two years, of which 54 per cent received at least four antenatal care visits, and 92 per cent delivered in health-care facilities.

TYPES OF HEALTH CARE

PHC refers to health care that does not require hospital admission. This includes services such as vaccination, medications for acute and chronic conditions, care for non-communicable diseases, sexual and reproductive health care, malnutrition screening and management, mental health care, dental care, and basic laboratory services and diagnostics, as well as health promotion. Fixed PHC outlets are either PHC centres that are part of the Ministry of Public Health’s network, or dispensaries outside the network. Other types of fixed PHC outlets include private clinics and pharmacies.

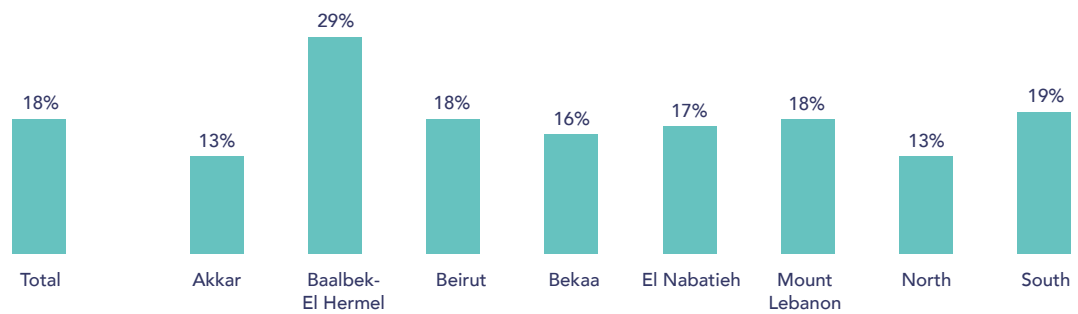
SHC refers to services that require hospital admissions, such as elective or life-saving surgeries, delivery services, cancer treatments such as chemotherapy or radiotherapy, hospital-based laboratory or diagnostic procedures, newborn illnesses, inpatient malnutrition treatment, and other specialized services provided at hospital level.

INDIVIDUAL HEALTH

Demand for and access to health care

About 18 per cent of individuals had a health problem that had required access to health care in the last three months, and 73 per cent of these individuals were able to access the needed health care. Baalbek-El Hermel governorate had the highest percentage of refugees in need of health care (29 per cent), while Akkar and North governorates had the lowest percentage (13 per cent).

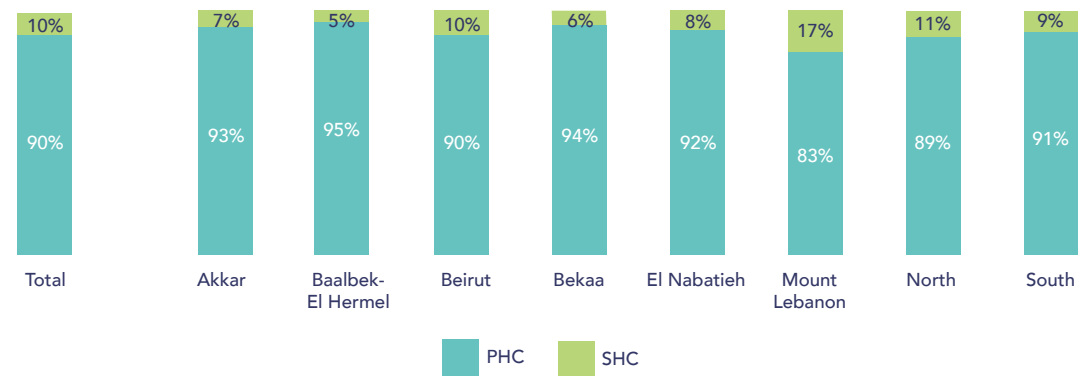
Figure 1: Share of individuals reporting health problems requiring access to health care in the previous three months, by governorate



A larger proportion of individuals with a disability (42 per cent) reported their need for health care compared to 14 per cent of those that did not have a disability. However, individuals with a disability reported a lower percentage of access to the required health services (64 per cent) than individuals without a disability (77 per cent).

Among individuals in need of health care, 90 per cent needed PHC and 10 per cent needed SHC. The highest need in PHC was in Baalbek-El Hermel governorate (95 per cent) while the highest need in SHC was in Mount Lebanon (17 per cent).

Figure 2: Type of health care needed by Syrian refugees in the previous three months, by governorate¹

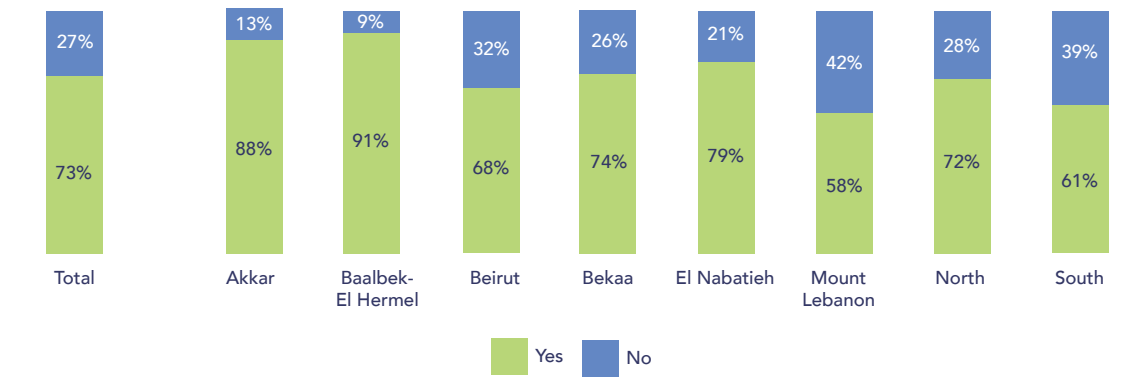


¹ Percentages out of the individuals who reported requiring health care in the past three months.

At the national level, 73 per cent of individuals in need of health care were able to access it. Mount Lebanon showed the lowest percentage of individuals being able to access the needed health care at 58 per cent, and Baalbek-El Hermel showed the highest at 91 per cent.

The percentage of individuals in need who were able to access PHC (75 per cent) was higher than the percentage of individuals who were able to access SHC services (59 per cent).

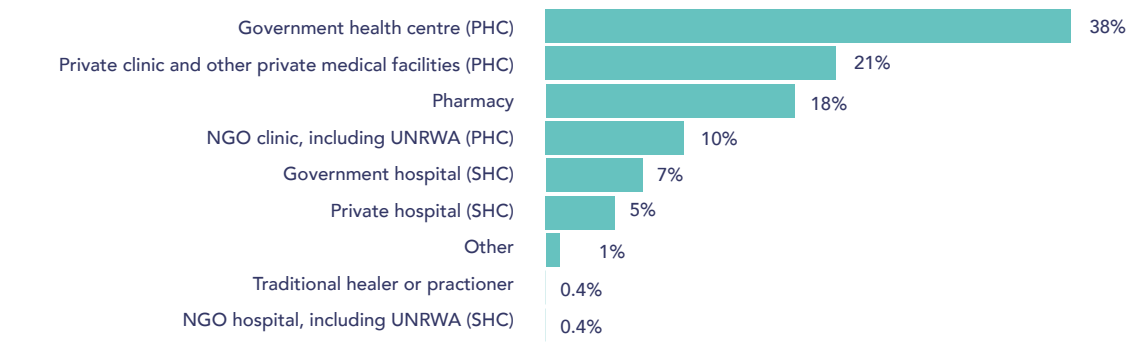
Figure 3: Share of individuals with health problems able to access the required health care in the previous three months, by governorate



Type of health-care providers

About 38 per cent of individuals received health services through a government PHC centre which was part of the Ministry of Public Health network, 21 per cent received health care through private clinics or medical facilities, 18 per cent through pharmacies, 10 per cent through clinics of non-governmental organizations including United Nations Relief and Works Agency for Palestinian Refugees (UNRWA) clinics, 7 per cent through government hospitals, and 5 per cent through private hospitals.

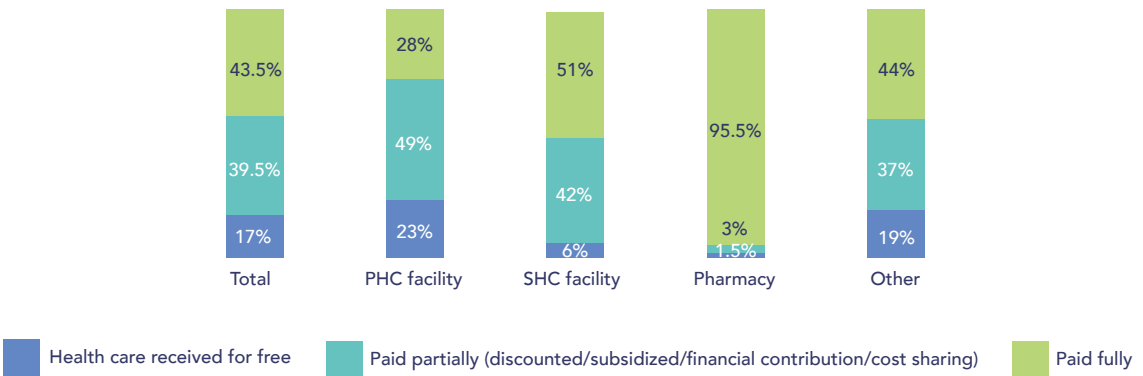
Figure 4: Places where primary health-care services were accessed



Payment for health-care services

Forty-four per cent of individuals who access health care paid the health-care cost fully, 40 per cent paid partially, while only 17 per cent received their health care for free. The vast majority (96 per cent) of those acquiring medication paid the medication cost fully. About 23 per cent of those receiving PHC received it for free, 49 per cent paid partially, and 28 per cent paid the full treatment cost. Regarding SHC, only 6 per cent of those receiving it did so for free, 42 per cent paid partially, while 51 per cent paid the treatment cost fully.

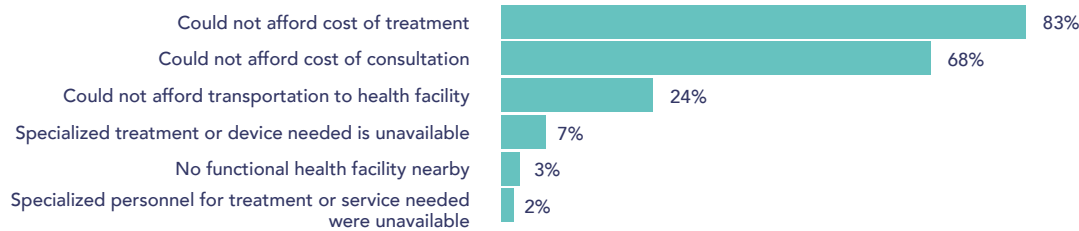
Figure 5: Payment for health care received



Barriers to accessing health care

Similarly to previous years, the main barrier to accessing health care was cost. About 83 per cent of individuals who were not able to access health mentioned that they could not afford the cost of the treatment, 68 per cent indicated they could not afford the consultation cost, 24 per cent were not able to afford transportation costs, 7 per cent mentioned that the specialized treatment or device needed were not available, and 3 per cent did not have a functional health facility nearby.

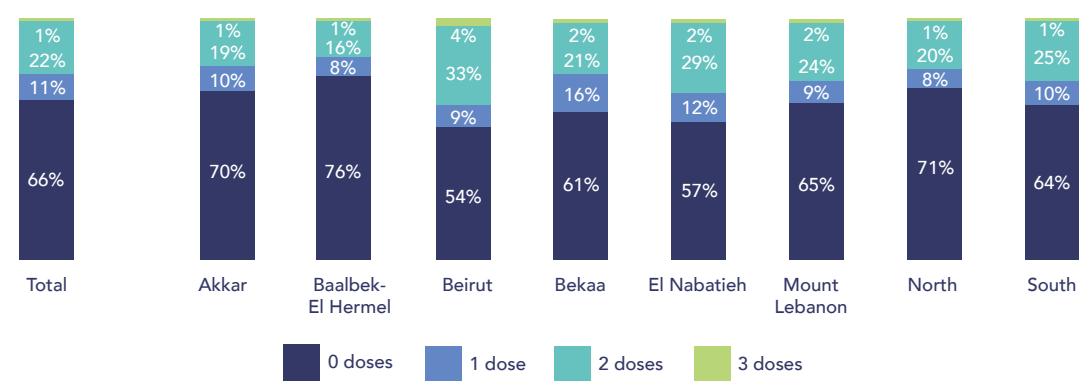
Figure 6: Barriers to accessing health care among individuals not able to access the required health care



COVID-19 vaccination

A total of 66 per cent of Syrian individuals aged 12 and above did not receive any COVID-19 vaccination dose, 11 per cent received one dose, 22 per cent received two doses, and only 1 per cent received three doses. As shown in figure 7, the percentage of individuals who received at least one dose was the highest in Beirut (46 per cent) and the lowest in Baalbek-El Hermel (24 per cent).

Figure 7: Number of COVID-19 vaccination doses acquired by Syrian refugees

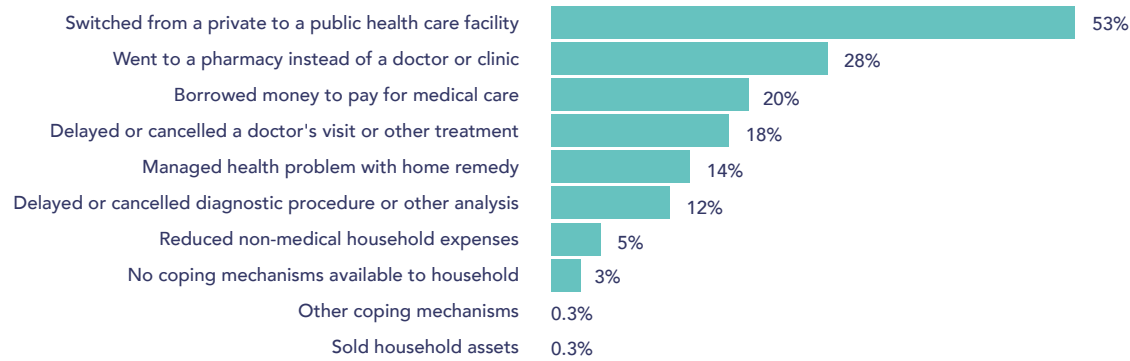


HOUSEHOLD HEALTH

Forty-eight per cent of households had at least one member in the last three months who needed access to health care, and 79 of these per cent had at least one member accessing the required health care. Yet only 66 per cent had all their members in need of health care able to access it. About 52 per cent of households had at least one member receiving at least one COVID-19 dose. A total of 86 per cent of households resorted to at least one

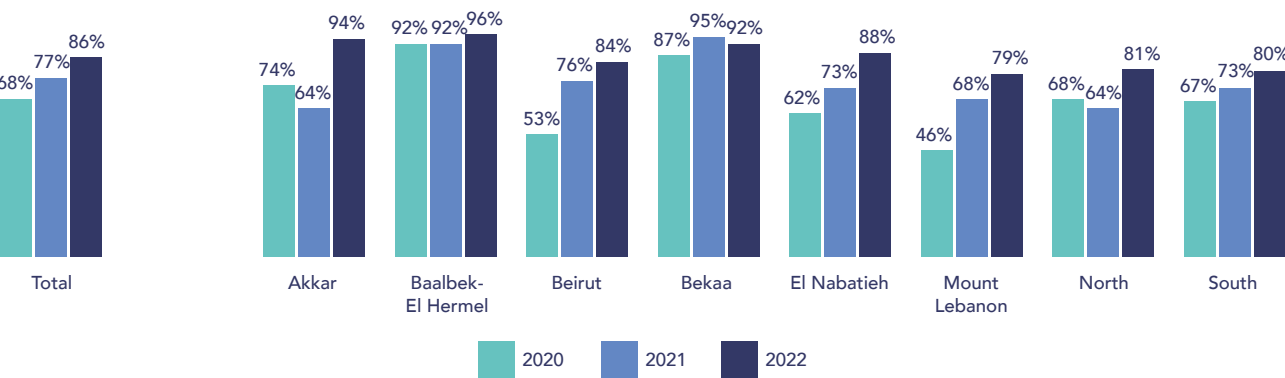
coping mechanism in the previous three months. The main coping mechanisms related to health access which were mentioned were switching from a private to a public health-care facility (53 per cent), going to a pharmacy instead of a doctor or clinic (28 per cent), borrowing money to pay for medical care (20 per cent), delaying or cancelling a doctors' visit or other treatment (18 per cent), and using home remedies (14 per cent).

Figure 8: Coping mechanisms related to health access used by Syrian refugee households



The share of households that reported knowing where to access emergency medical care or services increased to 86 per cent from 77 per cent in 2021 and 68 per cent in 2020. The highest rate was in Baalbek-El Hermel (96 per cent), while the lowest was in Mount Lebanon (79 per cent).

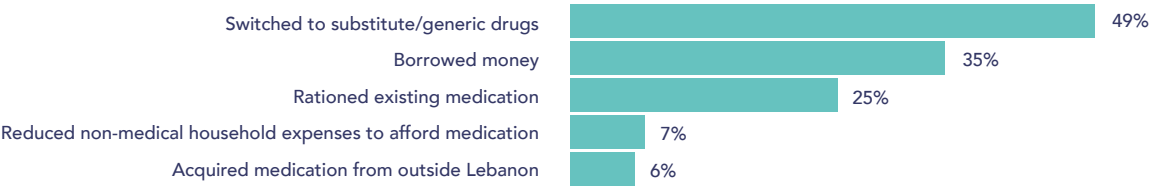
Figure 9: Share of households reporting knowing where to access emergency health-care services, by governorate



Medication barriers and coping mechanisms

About 74 per cent of Syrian households resorted to using at least one coping mechanism related to access to medication in the previous three months. The main coping mechanisms used were switching to substitute/generic drugs (49 per cent), borrowing money (35 per cent) and rationing existing medications (25 per cent).

Figure 10: Coping mechanisms related to access to medication used by households



About 27 per cent of those in need of health care in the last three months were not able to access it. A total of 12 per cent of these households did not face any barriers accessing medications, or did not need any medication. The main barriers to accessing medication, were medication cost (63 per cent), cost of doctors visit for a prescription (36 per cent), and availability of medications in health-care facilities (33 per cent) or pharmacies (22 per cent).

Figure 11: Barriers to accessing medications in Syrian refugee households



WOMEN AND CHILD HEALTH

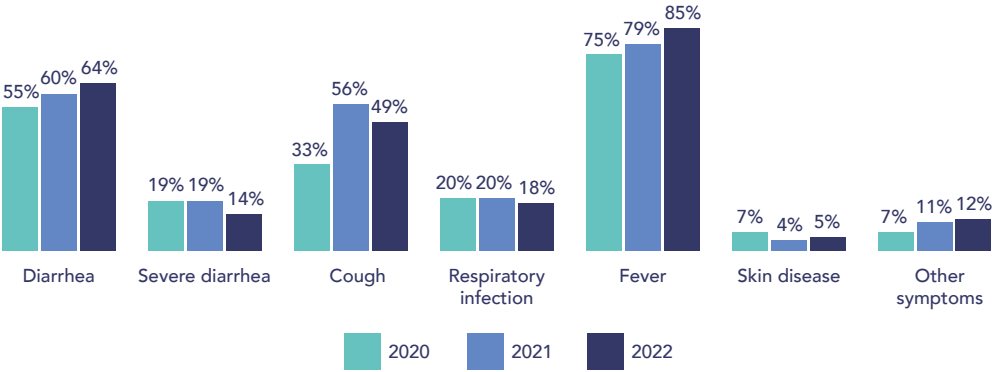
Childbirths

The vast majority of women (92 per cent) delivered their babies in a health-care facility (a fall from 97 per cent in 2021), and 5 per cent delivered at home under the supervision of professional health-care personnel. About 2 per cent of women reported home deliveries with non-professional care (a traditional midwife) and 0.3 per cent reported that they delivered at home unattended. Moreover, 54 per cent of women who had delivered in the past two years had at least four antenatal care visits during their pregnancy.

Child health

The share of refugee children under the age of 2 who suffered from at least one disease in the two weeks prior to the survey (24 per cent) is similar to 2021. Of those who were sick, 64 per cent suffered from diarrhoea, and 14 per cent from severe diarrhoea. The proportion of children who suffered from respiratory infection slightly decreased from 20 per cent in 2021 to 18 per cent in 2022.

Figure 12: Types of sickness experienced by children aged 0–23 months who suffered from disease in the previous two weeks, 2021–2022



Annex 1: Households' access to health care

	Access to health care		Coping mechanisms		Other	
	Share of individuals that needed health care	Share of individuals that received health care	Households with at least one coping strategy to address health care barriers	Households with at least one coping strategy to address medication access barriers	Households with at least one member having one dose of COVID-19 vaccine	Households that have knowledge on how to access emergency medical services
Total	18%	73%	86%	74%	52%	86%
Governorate						
Akkar	13%	88%	86%	70%	46%	94%
Baalbek-El Hermel	29%	91%	93%	86%	43%	96%
Beirut	18%	68%	87%	72%	67%	84%
Bekaa	16%	74%	91%	86%	61%	92%
El Nabatieh	17%	79%	90%	60%	62%	88%
Mount Lebanon	18%	58%	73%	66%	53%	79%
North	13%	72%	93%	66%	44%	81%
South	19%	61%	92%	77%	57%	80%
Gender of the head of household						
Male			86%	74%	54%	87%
Female			85%	75%	43%	83%
Shelter type						
Residential	17%	68%	83%	71%	52%	84%
Non-residential	18%	74%	90%	73%	51%	84%
Non-permanent	19%	87%	93%	86%	53%	94%