Responding to changing health needs in protracted crises: The case of the Syrian crisis

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Objectives

Identify the NCD-related health needs of Syrian refugees in neighboring host countries

Explore the systems and services available to them in Turkey, Jordan, and Lebanon

Highlight gaps and best practices in NCD health service delivery in these settings

Methods

- **Situation analysis**

Comprehensive review of academic and grey literature (Lebanon, Jordan, Turkey).

- **Empirical research**

In-depth interviews with policy makers and health service providers at the national (Lebanon, Jordan), regional, and global levels.

Results

- **Desk review**

244 peer-reviewed articles→10 contributed data

Grey literature →20 reports contributed data

25 out of 48 stakeholders provided 24 documents →13 contributed data

- **Key informant interviews (ongoing)**

  17 Lebanon

  12 Jordan

  5 regional/ global

Healthcare provision

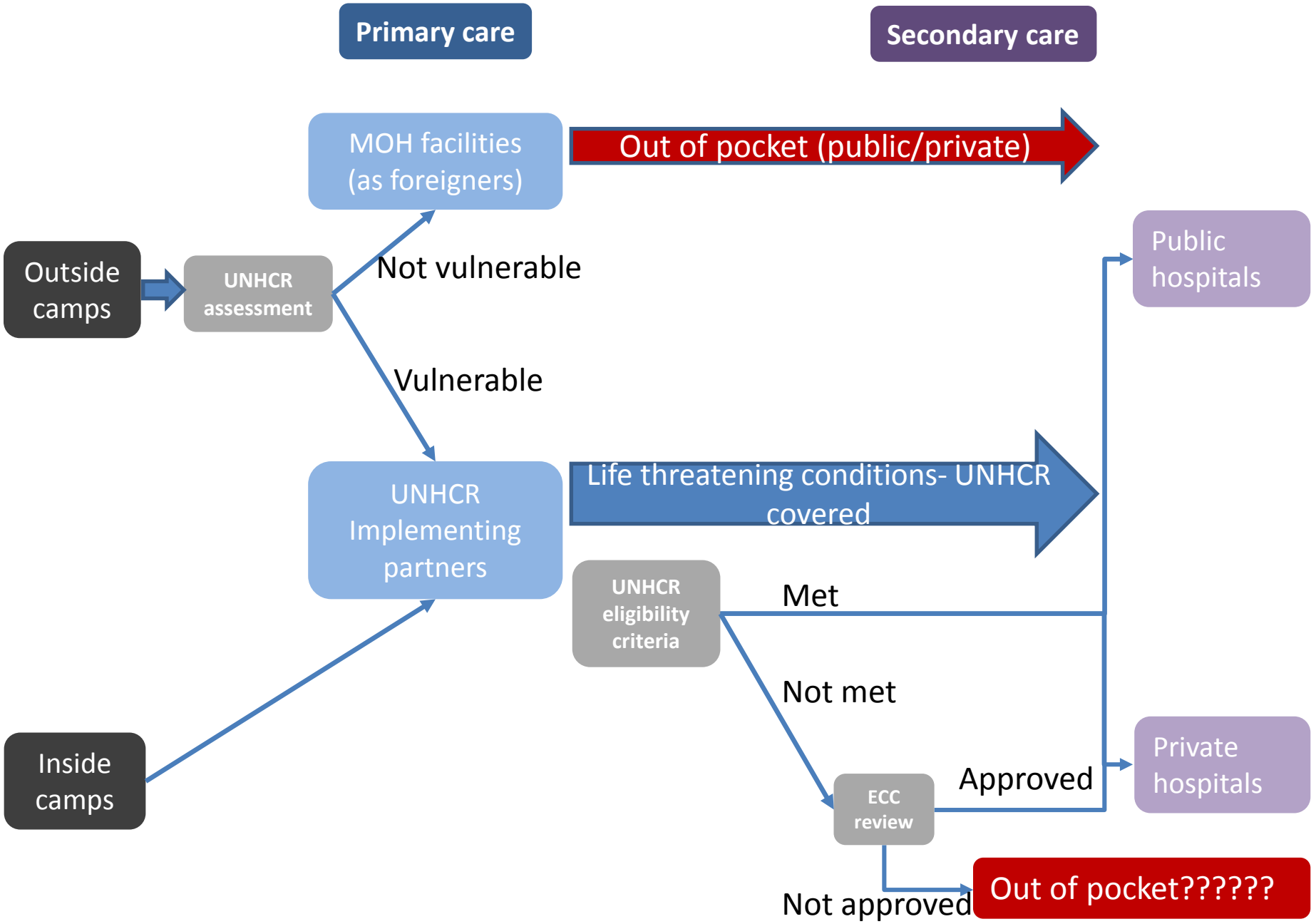
Jordan	Lebanon	Turkey
• Ministry of Health: full access to health services for refugees outside camps. • UNHCR, partner NGO clinics, and national organizations: 1° and 2° care inside camps.	• Around 100 PHCs under the umbrella of UNHCR, NGOs, and the Ministries of Social Affairs and Public Health (MoSA & MoPH). • MoPH and YMCA distribute medication and laboratory supplies.	• The Disaster and Emergency Management Presidency of Turkey (AFAD). • Community health centers provide PHC services; field hospitals and polyclinics provide 2° care . • NGO-led voluntary health centers provide 1° care. • Migrant health centers work in alliance with community health centers to provide 1° care.

Access to healthcare

Jordan	Lebanon	Turkey
• Refugees registered with UNHCR obtain a Ministry of Interior (MOI) service card to access 1°, 2° and some 3° care from Ministry of Health (MOH) facilities. • In camps – all services are co[illegible] **Pos[illegible] cha[illegible]** • N[illegible] care at MOH facilities. • Vulnerable refugees seek care through UNHCR implementing partners.	• Refugees registered with UNHCR obtain a registration card to access PHCs at a cost subsidized by UNHCR. • Unregistered refugees are limited to health centers	• Refugees registered under the Temporary Protection Regime have the right to Social Security, subsidized by AFAD. • Syrian refugees who reside in and out of the camps have free access to 1° & 2° health care facilities.

Percentage of refugees with an NCD condition who needed care and received it:
Jordan: 85% of refugees living within host communities
Lebanon: 83% of refugees living within host communities or ITS
Turkey: data not available

Jordan Referral Systems



“

Not all refugees are registered so […] sometimes someone arrives to the hospital and says,

‘I am Syrian but I have no identity’

so if they are in a life-threatening situation we guarantee coverage and then we give a 48 hour period to verify if they are refugees.

”

UN key informant
Lebanon

Access barriers

1. Legal and Cultural

- Language barriers in Turkey

"Refugees access to services is limited […]. It is not a health systems issue only; there are the logistics and security dimensions as well… the dispersion of settlements, the spread of the refugees themselves, the issue of legal residency documentation have all limited refugees' mobility."

Local NGO informant – Lebanon

Access barriers

2. Health systems

- Lack of guidance on navigating the health system in all contexts

"[*Navigating the system] is still an issue. […] A while ago, I had someone over the phone from [an iNGO] […] it's hard even for the NGOs to catch up with the system*."

UN informant – Jordan

Access barriers

3. Financial

- Cost of treatment – ***45%*** *(Jor) and* ***79%*** *(Leb) of household members with a chronic illness reported that they couldn't afford user fees (JHAS, LHAS)*

- Cost of medication – *critical driver of out-of-pocket spending in Jor, Leb;* ***over half*** *of respondents taking chronic disease medications were paying for their own drugs (HAUS Jordan & Lebanon)*

- Transportation

Financing pressures underlie access barriers

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[…] the fact that they’ve lost their free medical services […] it’s understandable that the Government of Jordan could not forever bear the brunt of and the burden of the health care services provided to Syrian refugees, […] in number it’s a significant cost. But I feel that that has ***disadvantaged a lot of the refugees from getting the care*** *and it is now dependent on the international NGOs and the UN agencies to be able to cover up for that and provide for that.*

”

Local organization key informant
Jordan

“

The health system itself is struggling […] with the load, so human resources is definitely a problem, […] when we have supported additional health workers, the quality and access improved because […] staff have more time, they can do a better job […]. The problem with this is for that to be sustainable then clinics should be able to fund these positions of nurses and this here is where we are going to face a problem […].

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UN key informant
Lebanon

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This level between primary care and cases [requiring referral] in hospitals, there is this kind of difficult area where people maybe have to come up with money, you know if it is to have a CT or an MRI scan to confirm the diagnosis. […] ***in terms of additional funding for this at the moment no, there is no good prospects so it is definitely another gap.***

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UN key informant
Lebanon

“

Because of the unpredictability and because of the uncertainties of duration of [hospital] stay, ***donors are not engaging into this kind of support [for secondary/tertiary care].*** *So, they are restricted so far to the life-threatening conditions, […] there are some NGOs that have brought external funding*

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Conclusions and questions

- There is a definite need for NCD services amongst Syrian refugees in neighboring countries
- Systems of care are available and functional but complex
- Some barriers to access remain and include legal, cultural, and financial, particularly for those who fall out of coverage, and end up paying out of pocket or not receiving care
- Issues around continuity, quality and sustainability of care stem largely from financing
- What innovative financing schemes can be put in place to fill these gaps?
  - Insurance schemes?

Financing / cost coverage

Jordan	Lebanon	Turkey
Acces … e in of ch… **late 2…** or pri… **Gove…** with … same highly subsidized rate for care at PHC facilities as uninsured Jordanians at any healthcare facility attended. **Governmental policy change 2018**: refugees pay the rates of "foreigners" rather than the rates for uninsured Jordanians • UNHCR works with JHAS clinics to cover the cost of treatment for patients through JHAS clinics if the patient is unable to pay for the treatment at PHCs and governmental hospitals and is deemed vulnerable. • UNHCR's mechanism for funding costly tertiary care for registered refugees is through the ECC.	… hospital treatment or medicines, including diagnostic costs, except disabled people, pregnant and lactating women and those > 60 years old (85% of costs covered). • If UNHCR's criteria for hospital care are met, 75% of the treatment costs are covered, excluding cost of medicines, unless the patients meet UNHCR's vulnerability criteria in which case 100% of costs are covered. • Refugees are covered for care as long as it falls under the financial ceiling of $10,000. • Privately funded PHCs may be providing free primary health care to all, in accordance with their own guidelines.	
Unregistered refugees / those without the MOI service card pay a "foreigner rate" which is up to 60% higher than the rate of uninsured Jordanians.	**Unregistered refugees** can attend health centers that are funded by private donors and charitable groups, which work in parallel to UNHCR, and provide for their own beneficiaries.	**Unregistered refugees** have free access to primary health care and emergency services. Unregistered refugees pay the same rates for secondary and tertiary care as Turkish citizens without Social Insurance.

The Jordanian Health Aid Society, which provides treatment to Syrian refugees registered with UNHCR and who fall within the 'vulnerable' category, has seen a **27% increase** in the number of patients seeking treatment in their clinics since the change in policy. However, JHAS is **not able to meet the increasing demands for care** and told Amnesty International "we often have 300 patients knocking on our door but we can only provide service to 120 patients."

Sample case-level snapshot/Severely vulnerable

38 year old widowed Syrian female with 4 children.

	Predicted expenditure 3	Predicted per capita 43 JOD			
	Documentation status 4	**PA Documentation** PA is missing MOI	**Family Documentation** Family registered		
	Coping strategies 4	1 emergency strategy being implemented			
	Dependency ratio 4	1 autonomous adult 4 children			
	Basic Needs 4	**Coping strategies** Emergency strategies	**Dependency ratio** Poor dependency	**Economic state** High debt per capita	
	Education 3	**Attendance risks** Finance main risk	3 school aged children 2 years missed education 2 children attending		
	Food 4	**Social vulnerability** High dependency ratio, Single headed	**CARI score** FCS = 103, 20% spent on food, Emergency		
	Health 4	**Access to services** Missing PA doc, not had problems accessing	**Family composition** No under 5's and over 60s in case	**Existing conditions** Existing disabilities present	
	Shelter 3	**Housing conditions** Missing essential items, showing poor signs	**Security of tenancy** Has contract but high debt	**Family composition** Female-headed house, high dependency ratio	
	WASH 3	**Health** No issues	**Access to latrines** Shared access with 1 house and safe access	**Access safe water** Municipality source 1 instances without	**Waste management** 0 instance water 3 instances solid

- UNHCR pre-defined set of criteria
  - Cost
  - Prognosis