



Workshop on “UNRWA Health Services: Past, Present and Future”
Hosted by UNRWA Lebanon in Beirut, 23 June 2011

Keynote Address by Mr. Salvatore Lombardo, Director of UNRWA Affairs in Lebanon

Ladies and Gentlemen,

I want to welcome you all to this workshop on UNRWA’s healthcare services. Today’s purpose is to review the services we provide, to discuss the current restructuring of our program and share with you our vision for the future.

I will focus on some of the challenges both UNRWA and the Palestine refugees face in Lebanon, and invite you in our discussion on the way forward. Your final recommendations will enlighten our future actions.

Over the past two years, improving UNRWA’s health services has been at the centre of our work in Lebanon. This was determined not only by UNRWA’s overall strategy to revamp its services, but also - and above all - by the Palestine refugees’ strong petition for improved and increased healthcare coverage. We have heard their call.

The data explains why urgent action is needed. According to the UNRWA/ AUB survey, 66% of the Palestine refugee population in Lebanon lives below the poverty line; 56% of the refugees of employable age are without work. As a result, 95% of the refugees rely on UNRWA for health services.

The high cost of health care in Lebanon is unaffordable for the refugees. Again, the survey reveals that a family with a hospitalized member spends on average US\$ 614 over a six-month period. Between 30 and 40% of those expenses are covered by friends and relatives. This shows the severity of the conditions refugees face here – something we do not observe in UNRWA’s four other fields of operations.

The case of a young refugee woman called Mirna, a cancer patient, illustrates what the refugees confront.

Mirna is a 22-year-old Palestinian student from Tripoli. Her father works as a salesman. He has a modest monthly salary, which is barely enough to meet the basic needs of a large family.



Workshop on “UNRWA Health Services: Past, Present and Future”
Hosted by UNRWA Lebanon in Beirut, 23 June 2011

Six years ago, she was diagnosed with lymph node cancer and underwent chemical and radiotherapy treatment. Her doctor recommended a bone marrow transplant, which costs an estimated US\$ 40,000.

Mirna’s parents started a long journey in search of financial support. Unlike many other refugees in similar situations, they succeeded in raising the funds - largely through a donor UNRWA identified. A few months ago, Mirna had her surgery. Showing improvements, Mirna was discharged from the hospital in May and is now recovering at home.

Mirna’s case is an exception. Most Palestine refugees with serious health complications face substantial obstacles standing in the way of life-saving treatments. Although, the treatments they may require are readily available in a country of world-class medical facilities and resources, their circumstances make it difficult to access them.

In many cases jobless- and in all cases facing discrimination and a limited job market, impoverished Palestine refugees cannot afford expensive treatments.

Another challenge Palestine refugees face is linked to UNRWA’s budget. It is not sufficient to sustain increased demand and Lebanon’s rising health costs. For example, UNRWA primarily covers secondary care costs and only partially tertiary care costs.

In Lebanon, contrary to other refugee situations worldwide, the support of the host government is limited to the international community’s financial contributions through UNRWA. For different reasons, the host state has not recognized access to healthcare as a basic socio-economic right for refugees. This is unlike other host country governments.

In the absence of UNRWA’s support, Mirna might not be recovering at home today. And so, here lies a moral question, should access to life-saving treatments be barred from an impoverished refugee population? Should financial constraints determine refugees’ right to healthcare? This question is constantly posed to UNRWA and this is a question for us all today.

Two years ago, we began a series of initiatives to restructure and update our healthcare services. My colleagues will cover these issues extensively later but I would like to summarize a few now.

For primary health, which is free of charge for over 280,000 patients, we have



Workshop on “UNRWA Health Services: Past, Present and Future”
Hosted by UNRWA Lebanon in Beirut, 23 June 2011

focused our attention on service delivery. We restructured our services to meet community needs across our 28 centers in the country. We increased management support at the local level to meet our goal to decentralize operations and become more efficient. We have been offering our staff training to update their practical skills and knowledge.

The changes are being implemented incrementally. We believe it will take two or three years before the benefits are felt across the country.

For secondary care, we launched a hospitalization reform in January 2010. It is designed to provide efficient and accessible hospitalization services, and has created a mechanism monitor the quality of the services.

In 2010, we signed contracts with 35 hospitals an increase from just 15 in 2009. Refugees now have wider access to hospitalization services closer to where they live.

A patient satisfaction survey conducted in August-September 2010 revealed an 80% approval rate of the services. We have also been able to determine that the number of patients using the hospitalization service increased by 38% in 2010 as compared to 2009.

It may not be surprising to learn that UNRWA’s budget on hospitalization has doubled. Though it continues to be modest compared to the health needs of the refugees, we are spending almost US \$7 million per year.

Without the generosity of donors and the development of sound partnerships, we would not have been able to tackle our ambitious restructuring effort. In fact, developing partnerships has been instrumental in improving the delivery of health services to the refugee community.

We have worked closely with the Lebanese Ministry of Health to provide us with discounted hospital and medication rates. With the Palestinian Red Crescent Society (PRCS), our strategic partner, we have focused on service provision and cooperation.

With institutions like the American University of Beirut, local and international NGOs, UN organizations, namely WHO and UNICEF, we have worked together to find solutions on the ground.

Although the initiatives we set for ourselves are showing promise, we are not



Workshop on “UNRWA Health Services: Past, Present and Future”
Hosted by UNRWA Lebanon in Beirut, 23 June 2011

there yet. We still have a long way to go before meeting Palestine refugees' health needs in Lebanon.

We are looking to expand financial support to UNRWA's health program. We are appealing to our donor's - especially regional donors - to contribute more and consistently. Sustained financial support is key to our joint success if we are to provide comprehensive health coverage to Palestine refugees.

For example, a recent donation has allowed us to increase financial assistance to tertiary care. If we receive more, we can do more. We need an additional US\$ 3 million per year towards hospitalization cost for tertiary care to reach 85% coverage. This is a priority for us.

Through our newly launched CARE program - about which you will hear more on later – we are reaching out to the private sector. This has allowed us to receive more funds from private donors and to support uncovered pathologies under our current tertiary health coverage. If we receive more financial support under the CARE program, we will be able to offer more support to cases suffering from *thalassemia*, or who need transplants for example.

Providing financial and technical support to UNRWA's health service is not only a humanitarian contribution, but it is also a contribution to Lebanon's stability. By providing Palestine refugees with healthy and dignified living conditions, Lebanon will enjoy a more stable and secure environment.

Also, the structural changes in UNRWA's healthcare services along with our new partnerships need to be further strengthened and consolidated in the years to come.

The campaigns on anemia and more recently on reducing the misuse of medication have shown that working with a unified vision has a positive impact. The recent decrease of anemia levels in some refugee camps and increase in hemoglobin levels in nursing mothers is an indication that together we can make a difference.

Our joint work with the Ministry of Health resulted in lowering medication cost to refugees; with PRCS and Medecins Sans Frontieres (MSF), we are tackling mental health and quality of service delivery. With our partners, we can face the service gaps and fill them together.

Reflecting on Mirna's case, we fulfilled our duty by assuming responsibility. We



Workshop on “UNRWA Health Services: Past, Present and Future”
Hosted by UNRWA Lebanon in Beirut, 23 June 2011

will continue to do so until a just and fair solution is found. However, Mirna is not an isolated case. Her story is one of many and it is a shared reality for all of us in this room. I therefore urge all of you today, from the Government of Lebanon, to the UN organizations like UNICEF and WHO, the donors, the NGO community, and the Palestinian representatives to work together to shoulder “our” responsibility toward Mirna and others like her.

Together, we can begin resolving Mirna’s case in Lebanon. Her call is urgent and I look forward to hearing your constructive contributions and your recommendations throughout the day.

Thank you