

Non-communicable disease as priority health need during crisis; the case of Syria and Lebanon

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Turkey

Syria

Iraq

Iran

Egypt

Saudi Arabia

Kuwait

Bahrain

Qatar

Dubai

UAE

Oman

Yemen

Lebanon
West Bank
Gaza Strip

Israel
Jordan

21 m

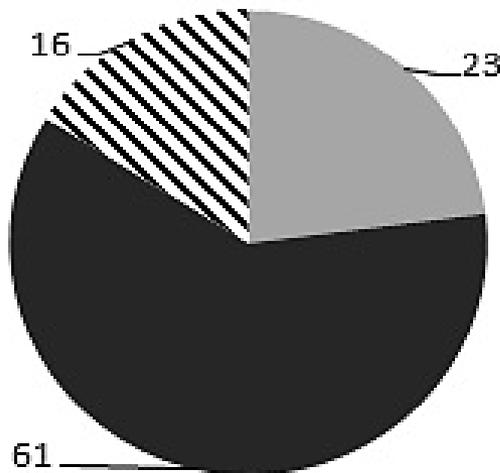
4.5 m



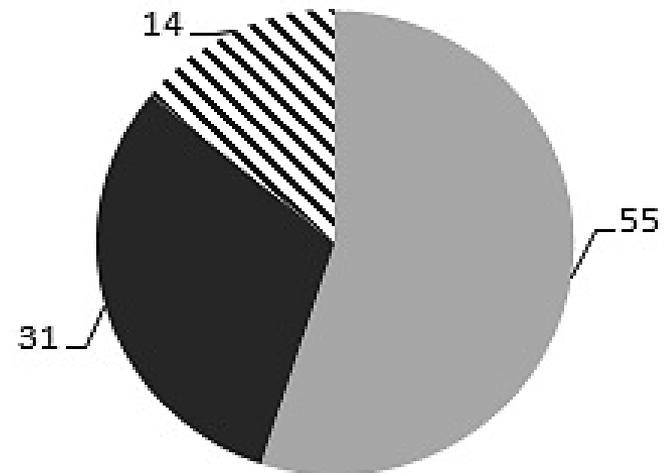
Syria: health profile, pre-crisis (2010)

- Middle income country of 21 million
- Immunization coverage for DPT and measles (1-2 YO) were approximately 80% (UNDP, 2012), Third dose of polio 91% (2010)
- Fertility rate of Syrian women witnessed an important declines between 2000-2010 (from 3.6 to 2.9)(WB, 2012).
- Improvements in antenatal care,
- drop in maternal mortality (\approx 40% drop) (UNDP 2012).
- 54% of Syrian women (ages 15-49) were using any contraceptive in 2009 (WB)

Syria



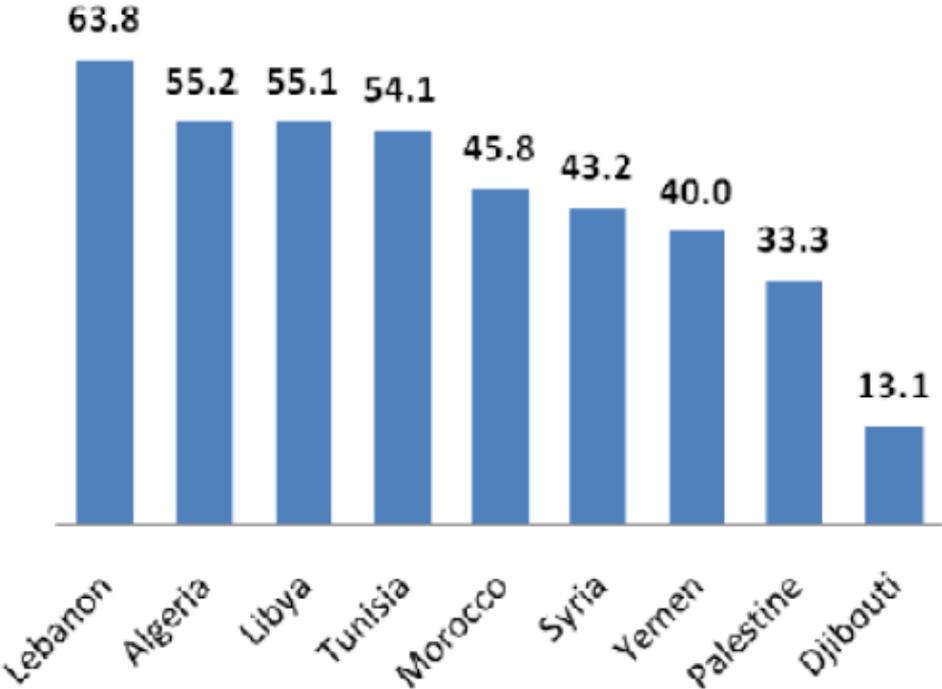
Eastern Mediterranean



■ Communicable ■ Noncommunicable ▨ Injuries

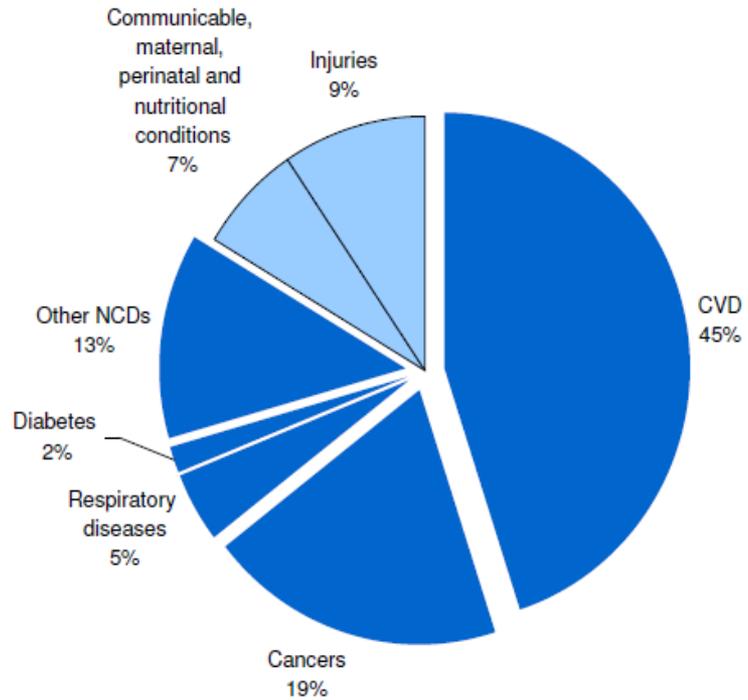
Morbidity patterns in Syria are typical of the epidemiological transition

Figure 1. Proportion of older adults suffering from at least one chronic disease



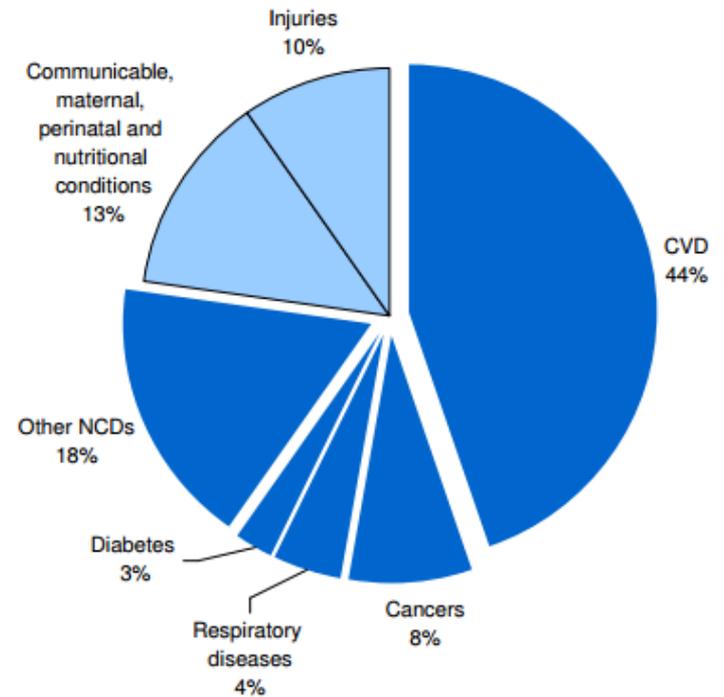
Source: Center for Studies on Aging (2010)

Proportional mortality (% of total deaths, all ages)*



NCDs are estimated to account for 84% of all deaths.

Proportional mortality (% of total deaths, all ages)*



NCDs are estimated to account for 77% of all deaths.

- Risk factors for CVD were also widespread among the adult population (30-45 years old) with about **two out of five were hypertensive, obese, or smokers** (Maziak et al., 2007).
- Modeling analysis based on time trends in CVD mortality in Syria showed that the **overall rate of coronary heart disease mortality rose by 64% between the years 1996 and 2006**, mostly due to increases in their risk factors (Rastam et al., 2012).

Table 10. Clustering of NCD risk factors

Number of risk factors	Men	Women	Both sexes
0	4.4	15.1	10.3
1-2	52.7	57.9	55.6
3-4	42.9	27.1	34.1

Source: Extracted from Sibai & Hwalla (2010)

March 2011

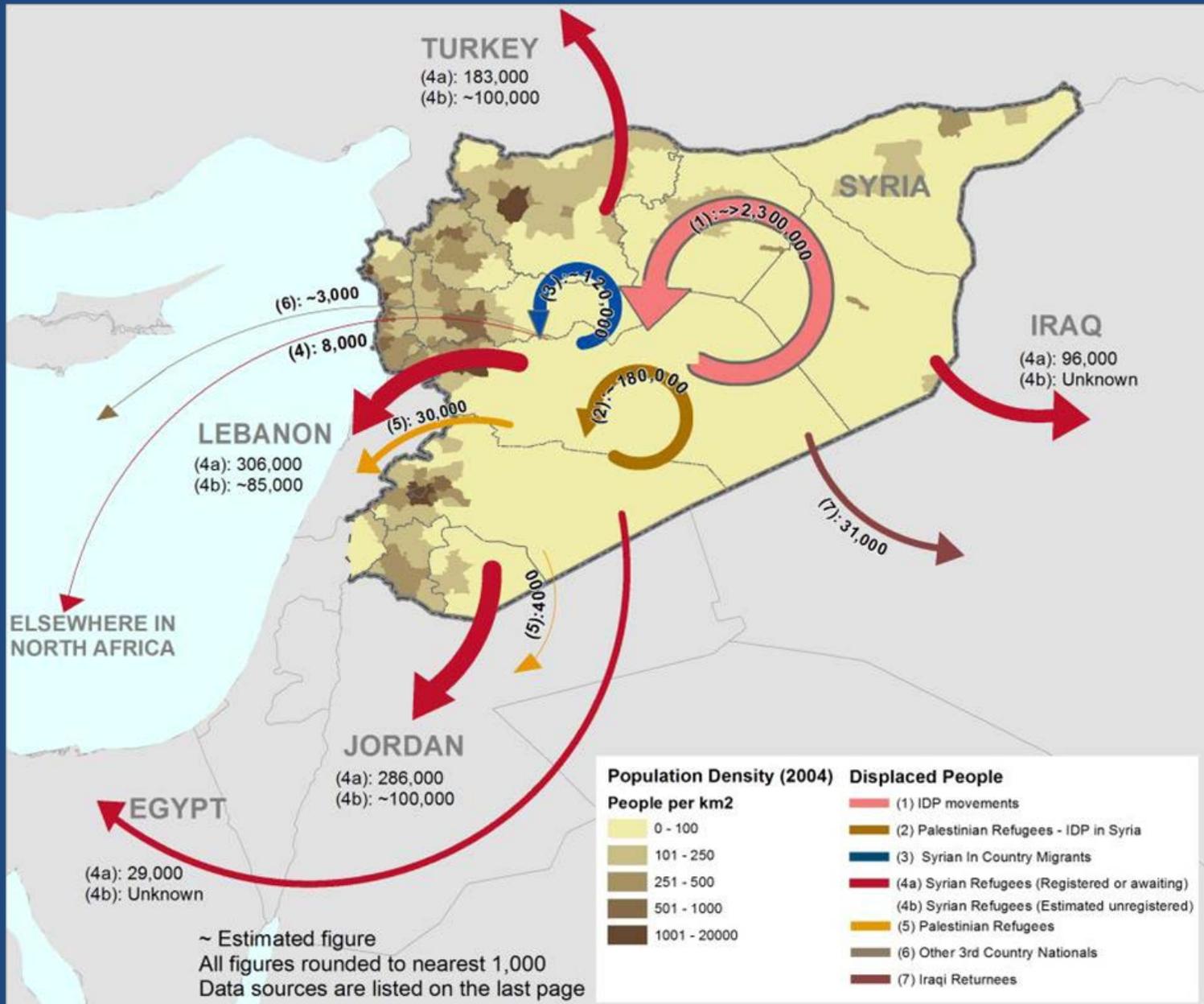
- Peaceful demonstrations erupted for civil liberties and for political, social and economic changes.
- Quickly confronted by government forces.
- 40 months later it becomes one of the most challenging global humanitarian crises



- After three years of violent conflict
 - >150,000 people have died,
 - 6.5 million are IDPs
 - 2.9 million refugees(Lebanon, Jordan, Turkey, and Iraq)
 - 9.3 million people inside Syria are in need of humanitarian assistance.



In one day, 10,000 Syrians crossed the border to Iraq



73% of hospitals and 27% of primary health care facilities out of service



Dar Al Shifa Hospital - Aleppo



- 80 % of ambulances have destroyed
- used to transport weapons and fighters

Some of the hospitals that are nonfunctioning are being used for shelter by IDPs.

Beyond numbers

- Erosion of the social and economic livelihood of millions of Syrians.
- Militarization and politicization of Syria's healthcare institutions
- Destruction of health facilities and lack of essential medicines and trained health workers have completely changed the country's health profile
- Thousands of health professionals have been fleeing the country seeking security and work.
- Recent reports have shown how health facilities and professionals have become increasingly implicated in the conflict and its political polarization

urban settings conflict: destruction of public health infrastructure

- Water sanitation
- Electricity grid
- housing
- sewage
- garbage disposal



- Trauma : 625 000 people injured
- Famines : besieged areas.
- 50% of the population is in need of psychosocial support/mental health care. (WHO)
- Polio re-emerged (35 cases, all are in the opposition areas)
- Inside Syria: more than 50% of people with chronic disease are having difficulty in getting their medicines (JRAN, 2013).

Beasts of Darkness

- Outbreaks
- Injuries and disabilities
- Chronic diseases
- Mental and psychosocial disorders
- Starvation and famine



May 2014

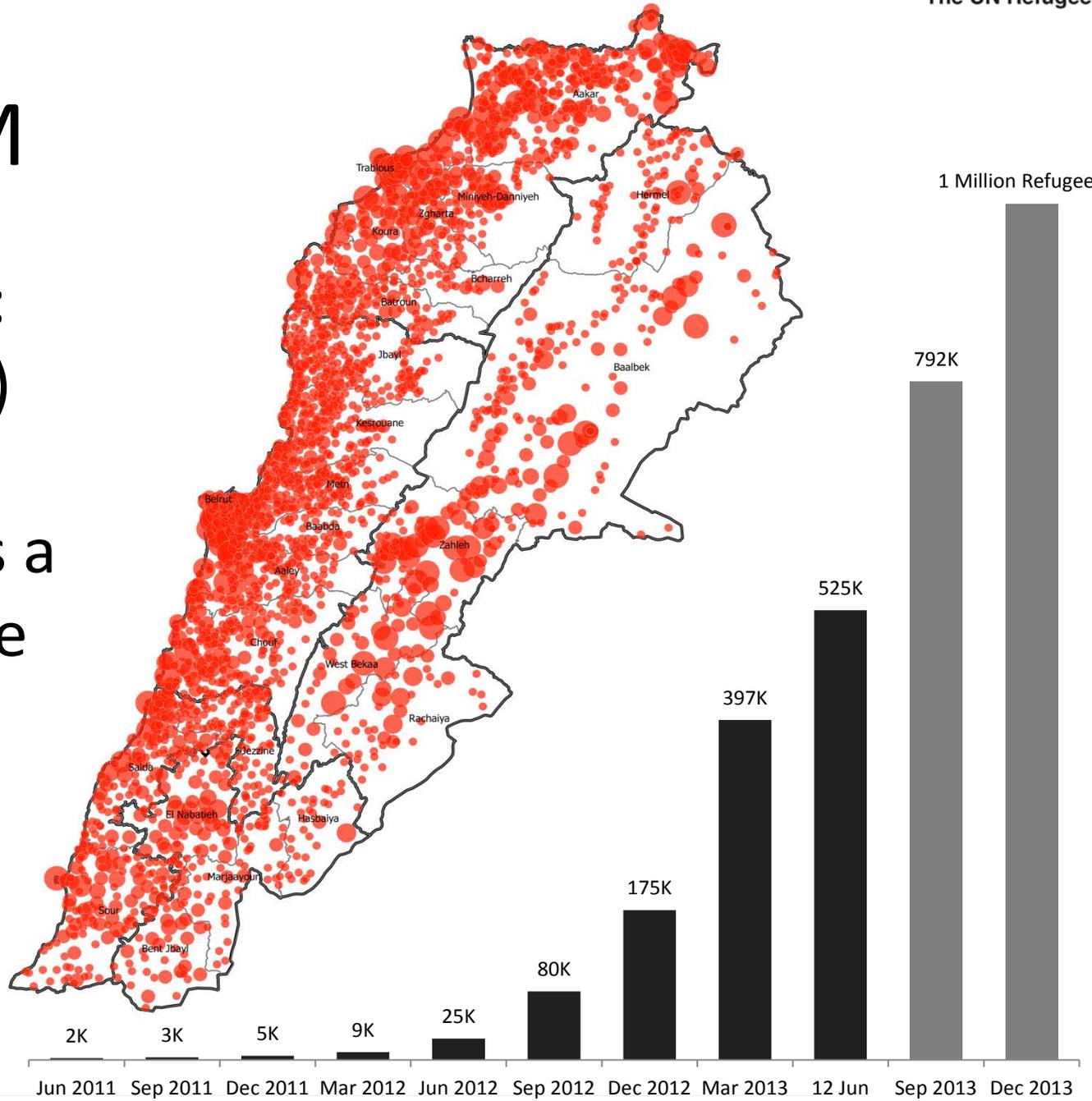


1.1 M

Unregistered:
275,000 (est.)

1 in every 4 is a
Syrian refugee

UNHCR- June 2014



1 Million Syrian Refugees in Lebanon

Source: UNHCR / 03 April 2014



10,000

April 2014

1,000,000

April 2013

355,719

April 2011

2,058

April 2012

17,817



- 96% of registered Syrian population and 66% of vulnerable Lebanese live side by side in 225 localities
- limited public services (health, education..)
- Holder of “distinction” of hosting world’s highest number of refugees per capita

Syrian Refugee Children in Lebanon

Source: UNHCR / 03 April 2014



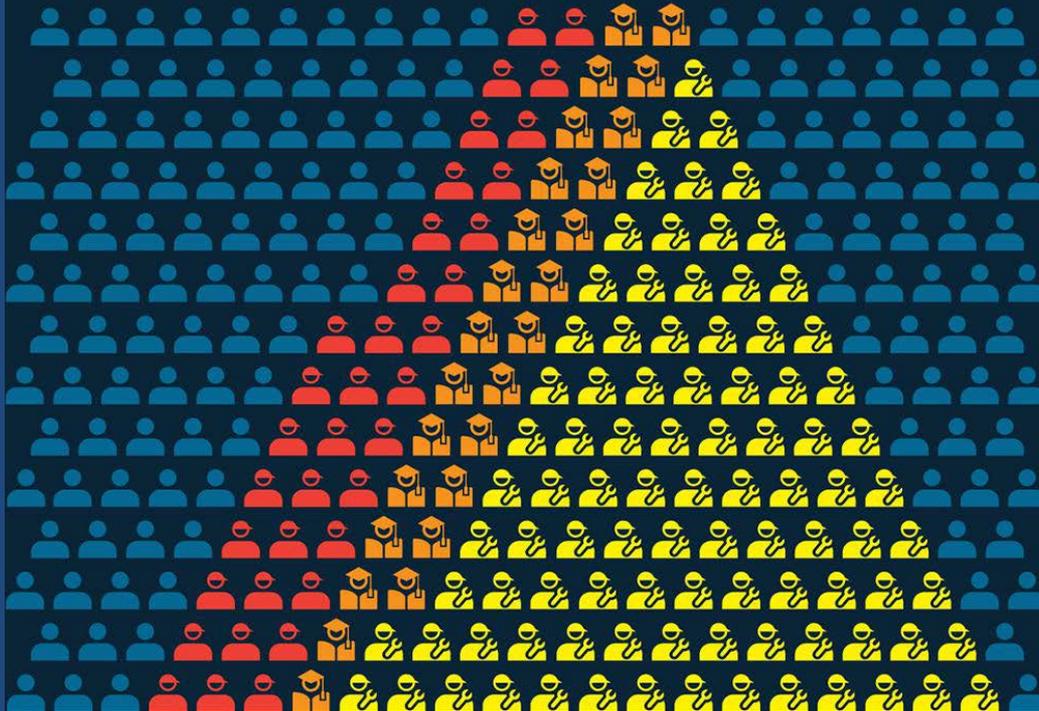
Adults
480,000

Children
520,000

Non - School Age Children
120,000

Children in School
90,000

Children out of School
310,000



Refugee children:
more than half of
refugee population,
no access to
education for
months, if not years

Lebanese Health system

- Very privatized (81% of hospital beds are in private)
- Heavily focused on secondary hospital-based curative care and treatment rather than primary and preventive health measures
- Public secondary and tertiary healthcare institutions in Lebanon are semi-autonomous and referral care is expensive.
- 50 % of the Lebanese population possess no formal health insurance

In the last three years

- 50% increase in utilization of the health services at PHC level
- an increased secondary and tertiary utilization by around 35%
- secondary health-care services are life-saving and delivery only
- large out-of-pocket payments.

UNHCR Secondary Healthcare

- Costs of USD<1500 ,75% of costs are covered by UNHCR and the refugees cover the remaining 25%
- > 1500 and non-emergency cases refer to an Exceptional Care Committee that is responsible for authorization of coverage
- Subcontract Globe Med (private health insurance company)- no clear MoU; a Third Party Auditor or Third Party Administrator?
- type of care (e.g. emergency life-saving, , obstetric ,medical and surgical)

- **Why NCDs should be considered as priority health need during the current Syrian crisis?**

- Syria pre-crisis faced a change in its health profile toward more morbidity and mortality from NCDs
- Urban/non- camp displacement
- According to UNHCR, in the health domain, two of the most important are management of NCDs and health systems *(Guterres, Spiegel,2009)*.

- some 200,000 Syrians have died from chronic illnesses due to lack of access to treatment and medicines, which is in fact more than the estimated 162,000 people who have died as a direct result of warfare. (EU report, 2014)
- In Lebanon; 32.1 percent of beneficiaries were treated for cardiovascular conditions (MoPH)
- A study by CLMC on older persons among refugees
 - 60% of respondents have hypertension, 47% have diabetes, and 30% have some form of heart disease.

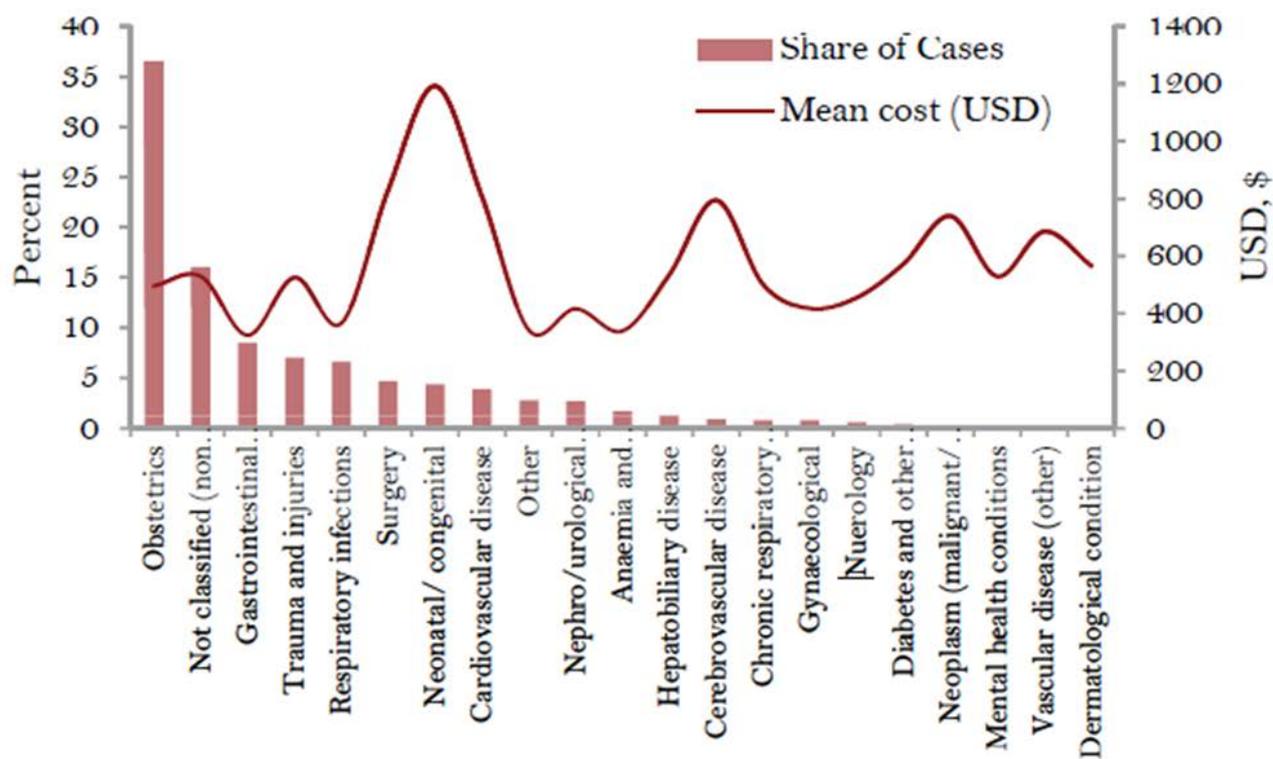


FIGURE 34. Secondary and tertiary health care: Referrals and associated costs for refugees, H1 2013

Source: UNHCR, 2013.

- Issues requiring attention include health financing in protracted settings, access barriers due to user fees, and integration of services within formal health systems
- UNHCR has begun to advocate and negotiate for refugees to have access to health insurance, particularly in middle-income countries where such systems exist for host populations.

- Examples from Iran, Cambodia, Costa Rica, and some countries in West Africa
- In Iran, health insurance for Afghan refugees was introduced in 2011. By June 2012, 347 000 refugees had enrolled in the scheme, representing 40% of registered refugees (UNHCR unpublished data).
- These refugees have the opportunity to access secondary and tertiary health care for treatment of NCDs

To conclude

- Conflicts become more and more chronic and complex
- International aid agencies must continue to adapt to the changing demographic profiles of refugees and IDPs as well as to the effects of global urbanization
- this includes a focus on NCDs and health systems with sustainable programs that support access to preventive and curative services

- Opportunity rather than disastrous / assets more than burden
- Strengthening the health system to absorb the current and future difficulties rather than denial/ignoring/or complaining

- Finally, refugees' health cannot be seen in isolation from other sectors. Innovations in access to care will have a meaningful effect only if they form part of a comprehensive protection-based approach addressing the needs of refugees and IDPs across a range of sectors, including livelihoods, education, nutrition, water and sanitation, and the environment



Vatican



Aleppo

THANK YOU