



Lebanon – Researched and compiled by the Refugee Documentation Centre of Ireland on 23 March 2010

Information on the health service in Lebanon including availability of access and availability of drugs and treatment. Information on treatment of mental health issues such as anxiety, depression, post traumatic syndrome, including psychiatric treatment. Information on maternity services and those that deal with problem pregnancies. Information on treatment of Autoimmune Hepatitis.

In a section headed “Health & Development” a *World Health Organization* document states:

“The health system is very costly with a very expensive health bill accounting for 12.32% of gross domestic product. Equity is not well protected, as a high cost incurred by households and the percentage of income spent on health by households is higher in the poor population.” (World Health Organization (May 2007) *Country Cooperation Strategy at a glance*)

In a paragraph headed “More than 90% of health service delivery is provided by the private sector” this document states:

“The private sector is growing unregulated, allowing uncontrolled investment and generating a supplier induced demand. The system lacks a gatekeeper and referral mechanisms. There is an oversupply of beds, sophisticated services and specialized doctors. The regulation of pharmaceuticals pricing needs focus. The public hospitals were unable to compete with the market. A new public hospitals autonomy law has resulted in a substantial increase in public hospital admissions and patient satisfaction. The regional distribution of private hospitals shows inequity in distribution of services.” (Ibid)

Paragraph 34 of a report from the *UN Committee on the Elimination of Discrimination Against Women (CEDAW)* states:

“While noting the high quality of health services in Lebanon, the Committee is concerned about the dominance of the private sector and geographical disparity in the delivery of services, preventing access to health care for women and girls from poor and rural areas, as well as disabled women.” (UN Committee on the Elimination of Discrimination Against Women (CEDAW) (8 April 2008) *Concluding comments of the Committee on the Elimination of Discrimination against Women: Lebanon*, p.7)

In a section headed “Social and Cultural Rights” a *Freedom House* report on women’s rights in Lebanon states:

“Lebanese women are entitled to make decisions unilaterally regarding their reproductive rights and health, and the government has made efforts to provide adequate health care to its population. The country's commitment to this goal began with its 1972 ratification of the International Convention on

Economic, Social, and Cultural Rights, which enshrines health care as a human right, and continued with its subsequent pledge to implement the Millennium Development Goals. Although Lebanon spends more on health care than any other Eastern Mediterranean country, this has not been accompanied by an efficient use of resources, as the country's performance on major health indicators is not significantly higher than that of its neighbors. The system's shortcomings were temporarily compounded by the 2006 war, which hampered or destroyed health care facilities in the affected areas." (Freedom House (3 March 2010) *Women's Rights in the Middle East and North Africa 2010 – Lebanon*)

This section of the report also states:

"The ability of citizens to access health care depends substantially on their economic status. Only 46.3 percent of women and 43.6 percent of men have health insurance, as the poverty gap in coverage is wider than the gender gap. The lack of access to affordable health insurance and care has had a particularly negative effect on women. Within poorer families, the health of the main breadwinner – generally the husband – takes priority over women's health, and the health of male children is similarly valued due to their likelihood of joining the labor market at a relatively young age." (Ibid)

An *IRIN News* report states:

"Over the past 20 years the Ministry of Public Health has founded 27 state hospitals, but half of these have closed due to poor management and finance, according to Ismael Sukkareye, a member of a parliamentary committee which worked with the World Health Organization (WHO) on the 'Right to Healthcare' report on Lebanon's healthcare system, released in Arabic in December 2007. Of a total of over 1,500 beds in state hospitals, just 300 are functioning, according to the research." (IRIN News (28 February 2008) *Lebanon: Patients suffer privatised, politicised healthcare*)

In a paragraph headed "Privatised" this report states:

"By comparison, Lebanon has 175 private hospitals with around 14,500 functioning beds. They are generally considered to have more modern facilities and provide a higher standard of healthcare. In 2006, total government health spending was just US\$400 million, while total costs in the healthcare sector amounted to \$686 million, according to the WHO report. 'The Ministry of Health is encouraging the privatisation of healthcare by transferring more and more patients from state hospitals to private hospitals,' said Sukkareye. 'In 1971, 14 private hospitals had contracts with the ministry to treat patients under public healthcare. In 2000, the figure had risen to 134.' When a patient is treated at a private hospital under such a 'transfer' arrangement, the Health Ministry is supposed to pay 90 percent of their bill. However, the government has become increasingly unable to pay its bills, said Sukkareye, leaving private hospitals massively out of pocket and meaning that since 2006 no private hospitals have accepted such public to private transfers." (Ibid)

A paragraph headed "Lack of insurance" states:

“The failure of government to pay for public healthcare bills means Lebanese are required to hold expensive private healthcare insurance. Only 27 percent of residents are able to do so, according to December’s report. Poor migrant workers or asylum-seekers are particularly vulnerable to Lebanon’s expensive healthcare system. Figures from the WHO December report reveal the extent of the healthcare problem. Out of 2,700 patients needing treatment for kidney disease, 1,200 were state employees with government health insurance, 100 had their bills paid by the army, 400 had private health insurance, while 1,000 had to pay their bills without support.” (Ibid)

See also an *IRIN News* report which states:

“Much like its political landscape, Lebanon’s healthcare system is grounded in sectarianism. It has also become increasingly privatised since the end of the civil war (1975-1990), pricing many citizens out of basic treatment. According to a December 2007 report by the Lebanon government in conjunction with the World Health Organization, of the over 1,500 beds in some 15 state hospitals, just 300 are functioning. By comparison, Lebanon has 175 private hospitals with around 14,500 functioning beds. They are generally considered to have more modern facilities and provide a higher standard of healthcare.” (IRIN News (4 March 2008) *Abed Akkawi, Lebanon: "I couldn't pay the full bill so they wouldn't let my wife leave the hospital"*)

A *Medecins sans Frontieres* report refers to the availability of treatment in Lebanon for persons with mental health problems as follows:

“In Lebanon, 17 per cent of the population have mental-health problems, but only 11 per cent of this group have access to medical treatment. The health system is expensive because it is heavily privatised, and mental-health care is not covered by public health services. The few existing mental-health centres focus only on children, but adults also need this kind of care, including those in the refugee population. The 2006 war highlighted this need among Lebanese people, but the necessary measures have been slow to be implemented.” (Medecins sans Frontieres (31 August 2009) *2008 International Activity Report – Lebanon*)

The Introduction to an article on mental health care in Lebanon published in the *Eastern Mediterranean Health Journal* states:

“More than 25% of people are affected by mental and behavioural disorders at some point during their lives . In 2000, neuropsychiatric disorders accounted for 12% of the total disability-adjusted life years (DALYs) due to all diseases and injuries, and this is projected to increase to 15% by the year 2020. Two decades of civil war in Lebanon in the last century affected the mental health of the majority of Lebanese people. Since the end of the war in 1991, sporadic bouts of violence, particularly bombings in civilian areas, and political and economic instability have continued to instil a sense of fear, anxiety and insecurity. Mental illness, specifically depression, is consistently found in surveys to be associated with dysfunction in productive and social roles. Unfortunately no reliable data have been collected from population-based studies in developing countries. Lebanon is no exception. The burden of disease affects everyone but can be particularly devastating among those in the lower socioeconomic strata. Preliminary analysis of data gathered in 2004 shows that 5% of Lebanese households live in extreme poverty and

19% in relative poverty. Spending on health care in Lebanon is largely out-of-pocket (see below), and for patients and their families with low incomes, the burden of mental illness carries with it the burden of unaffordable costs. Because patients with mental illness in Lebanon often do not receive the care necessary to return to the community in a functional capacity, they suffer not only from the burden of disease itself but also loss of meaningful employment and loss of wages.” (Eastern Mediterranean Health Journal, Vol. 15, No. 6 (2009) *Mental health care in Lebanon: policy, plans and programmes*, p.1597)

In a section headed “Burden of mental illness in Lebanon” this article states:

“Lebanon was found to have the 4th highest prevalence of any mental disorder among 15 countries surveyed. In 2002–03, the 12-month prevalence of mood and anxiety disorders in a Lebanese sample was 6.6% and 11.2% respectively . Unfortunately, only 3.7% of subjects and only 14.6% of those with severe mental disorders received treatment, the lowest rates among 15 countries . Other studies have confirmed that only a minority of Lebanese people with mental disorders receive appropriate treatment” (Ibid, p.1598)

A section headed “Mental health services in the community” states:

“In the community, patients with mental disorders are largely cared for by untrained family members. The MoPH has established 85 primary care centres in various regions of the country with the goal to establish more in coming years. These centres are staffed by various numbers of physicians and paraprofessionals. The staff members are offered training in various aspects of primary health care, with the emphasis on primary prevention, but not mental health care. Otherwise, the few mental health services that are available are based on outpatient clinics and consultations. There are a few nursing services that provide home care, including companionship, assistance with activities of daily living and medication administration. These nurses are not specifically trained in psychiatry.” (Ibid, p.1599)

A section headed “Psychotropic medications in Lebanon” states:

“Lebanon has a therapeutic drug policy and imports all essential medications specified by the WHO. Availability is lacking because of the high cost of medication and there is a regular shortage of supply at the MoPH and NSSF, often due to corruption by customs officials and transport delays, leaving patients unmedicated for months, particularly for newer unpatented drugs. What we have discussed so far shows the level at which mental health is delivered in Lebanon is basic at best and constrained by multiple system barriers to optimal care, minimal professional training, lack of human resources and poor funding.” (Ibid, p.1600)

In a section headed “Barriers to optimal mental health delivery in Lebanon” this article concludes:

“Lebanon has neither a mental health policy nor a truly active mental health programme as defined by WHO. It lags behind many Eastern Mediterranean countries in this respect.” (Ibid, pp.1600-1601)

An article published in *The Lancet* states:

“Some Lebanese resort to medications to deal with this uncertainty, and to treat illnesses such as depression, anxiety, and post-traumatic stress syndrome. Pharmacies in Beirut report that the sales of psychotropic medications increase dramatically during and shortly after times of heightened tensions. ‘After May 7 [when militias fought in Beirut earlier this year], sales increased. In the first 2 months after that, we saw a lot of prescriptions for mental-health drugs’, says Lubna Halabi, a chemist in West Beirut’s Hamra district. ‘But some people take them for silly reasons’, she adds. ‘Many say they have been taking them for so long that they cannot sleep without them.’ Some Lebanese psychologists are alarmed by what they believe is a trend of self-medication and over-prescription of mental-health drugs. ‘You’ll see 12-year-olds with nervous systems that are all mixed-up because of medications’, says Ola Ataya, a psychologist and coordinator of the mental-health programme at the Arab Resource Collective—a non-governmental organisation that works in several Arab countries. ‘We are over-medicalising a nation, and not dealing with the underlying causes of mental illness’, she says, arguing that the use of psychotherapeutic drugs is far more common in Lebanon than in other Arab countries.” (The Lancet (27 September 2008) *Lebanese turn to drugs to treat mental-health problems*)

An article published by the Lebanese newspaper *The Daily Star* states:

“Since 1998, professor Elie G. Karam from the Department of Psychiatry and Psychology at St. George Hospital in Beirut, has shown in research conducted in four districts of Beirut that war as an environmental stressor causes symptoms of depression. Research conducted by Karam in 2006, for the whole of Lebanon, showed that people exposed to three or more events of war are almost five times more likely to have depression. Also, in a 2008 study, Karam’s work demonstrates that a person exposed to war is almost 3.7 times more likely to develop depression for the first time in his or her life. The same study found that the lifetime risk of a Lebanese having depression is 17.2 percent. But potentially more important than these figures is the conclusion Karam and his team drew from their research: Depression and other mental disorders attributable to war might have long-term implications for a war-exposed population and turn into a heavy burden for future generations if it is not properly treated. And the obstacles to getting proper treatment for depression in Lebanon remain high. These obstacles include a lack of awareness and a lack of qualified medical personnel, and a widespread notion of depression as socially taboo.” (The Daily Star (29 October 2008) *The scars no one can see: Too many Lebanese aren’t getting treatment for war-induced mental illnesses*)

A *New Scientist* article states:

“Cultural stigma over mental disorders and a dearth of mental health workers may be contributing to the prevalence of disorders and a delay in treatment, says study co-author Somnath Chatterji of the World Health Organization. “The overall number of physicians in Lebanon is high, but the availability of mental health services is quite limited,” he says.” (New Scientist (5 April 2008) *War takes its toll on civilian health: Three-quarters of Lebanese adults have been exposed to traumatic events related to the country’s ongoing conflict, putting them at increased risk of mental illness*)

Information on services in Lebanon which deal with problem pregnancies or the treatment of Autoimmune Hepatitis was not found among sources consulted by the Refugee Documentation Centre within time constraints.

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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