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# IMPROVING HEALTHCARE ACCESS FOR PERSONS WITH DISABILITIES IN LEBANON: TOGETHER FOR JUSTICE IN SERVICE PROVISION

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## Summary

*This policy brief<sup>1</sup> is based on a participatory research study conducted in partnership with informal groups of persons with disabilities (PwDs) and injuries living in the Bekaa and North Lebanon governorates in Lebanon. The study was conducted by the Arab NGO Network for Development, in collaboration with the Issam Fares Institute, as part of the “Right to a Future for People Affected by the Syrian Displacement Crisis” project implemented by Oxfam in Lebanon in partnership with ALEF– act for human rights, and funded by the Ministry of Foreign Affairs of the Netherlands.*

## Introduction

An estimated 10% of the Lebanese population, around 400,000 individuals, live with a disability in Lebanon (Lebanese Civil Society’s Coalition, 2015). The number of PwDs in Lebanon increased with the influx of refugees as a result of the nearby war in Syria. The Vulnerability Assessment for Syrian Refugees in Lebanon (2016) found that 12% of Syrian households surveyed had at least one member with a physical or mental disability (World Food Programme, United Nations Children’s Fund, & United Nations High Commissioner for Refugees,

## KEY RECOMMENDATIONS

- ▶ All relevant stakeholders must develop and use a unified and systematic method for classifying disability, which reflects the diversity of PwDs in Lebanon;
- ▶ Financing should focus on the provision of health services in a systematic and equitable manner and should be based on a comprehensive study of the healthcare needs of PwDs in accordance with internationally acceptable standards;
- ▶ The MoSA and humanitarian organizations are advised to introduce a monitoring and accountability system to hold institutions and providers to high standards of quality of care;
- ▶ Healthcare centers and institutions must be held responsible by ministries and donors for equipping their facilities and for training their staff members to ensure access to healthcare for PwDs. Furthermore, ministries and donors should ensure that specialized services for PwDs are available at these centers and institutions;
- ▶ A directory of all healthcare services available for PwDs must be prepared which provides PwDs with relevant and accessible information.

2016). As for Palestine Refugees from Syria (PRS), 10% of households reported having at least one family member with a disability (Abdulrahim, Harb, & UNRWA, 2015). PwDs are among the most marginalized and vulnerable groups in Lebanon, and their rights and needs are seldom met. In emergency contexts, they are often at a greater risk of being excluded from services, such as healthcare services, which in Lebanon is exacerbated by a lack of national-level targeted interventions for PwDs (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017).

All Lebanese citizens with a disability can register for a disability card via the Ministry of Social Affairs (MoSA) as per law 220/2000 on the Rights of Disabled

*1 Policy recommendations made in this policy brief are based on a cross-sectional survey conducted in August-September 2017 among a convenient sample of PwDs and injuries (n=475; missing varies by variable) in the Bekaa and North Lebanon governorates and of the following nationalities: 82.7% Syrian refugees, 6.5% PRS, and 10.7% Lebanese, as well as on focus group discussions and workshops conducted with PwDs, and a cross-sectional survey conducted among a convenience sample of healthcare service providers (n=33) across Lebanon. References to findings from the study are reported in a general format, with specificities noted as required. For more information on the study results and findings, please contact Maysa Baroud at mb95@aub.edu.lb.*

Persons, as long as they meet the definition<sup>2</sup> for disability stipulated by the law. Cardholders are entitled to a wide range of healthcare services, including primary, secondary and rehabilitation services, to be covered in full by the relevant ministries. Like Lebanese, Syrians with disabilities have access to primary healthcare (PHC) services via the Ministry of Public Health's (MoPH) PHC network or through mobile clinics, while PRS access PHC through UNRWA clinics (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017). Humanitarian organizations subsidize several services for Syrian refugees and vulnerable Lebanese, including those with disabilities, through the network and at secondary care facilities. Syrian refugees have access to subsidized obstetrics and life-threatening care covered by the UNHCR through select hospitals across Lebanon (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017). PRS have access to secondary care through UNRWA (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017). Both the MoPH and humanitarian organizations face funding issues. Furthermore, the crisis has placed a heavy burden on both primary and secondary healthcare organizations in Lebanon in terms of infrastructure and financial sustainability, especially in the North and Beqaa governorates (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017).

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Though a number of Lebanese ministries and humanitarian agencies provide healthcare services for PwDs in Lebanon, PwDs still face several barriers to accessing healthcare, resulting in unmet needs, and having a detrimental impact on their physical and mental wellbeing. Survey respondents reported a number of complications, as well as psychological stress, as a result of not receiving the healthcare services they require. Among survey respondents, 21.6% reported suffering from a secondary healthcare condition, such as diabetes, cardiovascular disease, hypertension and/or asthma.

<sup>2</sup> The law 220/2000 defines a PwD as any “person whose capacity to perform one or more vital functions, independently secure his personal existential needs, participate in social activities on an equal basis with others, and live a personal and social life that is normal by existing social standards, is reduced or non-existent because of a partial or complete, permanent or temporary, bodily, sensory or intellectual functional loss or incapacity, that is the outcome of a congenital or acquired illness or from a pathological condition that has been prolonged beyond normal medical expectations.”

Moreover, a number of respondents reported needing but not receiving kinetic aids and medical devices, the lack of which impacts their way and quality of life. As a result, respondents reported turning to relatives or friends for financial assistance (57.2%), abandoning treatment or medication (55.6%), and the sale of possessions or property (30.7%) as means of coping with the lack of services and unmet needs. In some cases, respondents reported working on illegal migration (21.4%), begging (7.4%) and returning to Syria for care as coping mechanisms (7.0%).

### **Barriers to healthcare access among PwDs in Lebanon**

#### **Financial ability**

Among respondents, the most commonly cited barrier to accessing healthcare was financial ability (78.5%). PwDs are less likely to receive an education or to be employed, which in turn may lead to increased socioeconomic hardship (World Health Organization, 2015). This is reflected by the demographic profile of survey respondents. More than 30% of Syrian refugees and PRS reported not having attended school at all, while above 80% of Syrian refugees and PRS older than 18 reported being unemployed. Furthermore, 54.9% of respondents older than 18 reported having a monthly income of less than \$200 USD. Yet, PwDs face additional expenses related to their disability, such as for healthcare, rehabilitation, assistive devices, and transportation (World Health Organization, 2015). In some cases, transportation acts as a barrier to accessing healthcare due to additional costs incurred, and due to lack of adequacy.

#### **Lack of coverage for certain healthcare services**

Respondents (55.8%) also reported lack of coverage for services that are not free as a barrier to accessing healthcare services. The law 220/2000 for the Rights of the Disabled mandates full coverage of healthcare services for all Lebanese PwDs, however no implementation decrees have been issued for the Law (Lebanese Civil Society's Coalition, 2015). Up to May 2015, only 90,583 Lebanese were disability cardholders, possibly due to the strict definition for disability set by the law, and to favoritism influencing its distribution (Raef & El-Husseini, 2015). Even with a disability card, PwDs are sometimes denied care by organizations, which state that ministries are late to reimburse them for services provided (Raef & El-Husseini, 2015). As for refugees with disabilities, coverage by humanitarian agencies and through the PHC network does not meet all their healthcare requirements. Although 75-90% of secondary care is subsidized by the UNHCR (based on a vulnerability score), beneficiaries are required to cover the remaining 10-25% of the cost of services, which many times is impossible due to their financial circumstances (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017). Both Lebanese and refugees receive acute medications free of charge, and chronic medications and consultations at a minimal fee through certain centers in the MoPH network; however, permanent medications (54.9%) and medical consultations (54.5%) were the two most common services cited as required by respondents.

From among those who specified whether they had received the required service or not, the majority had not received it. In addition, despite subsidies that cover laboratory and radiology tests for both Lebanese and refugees through the PHC network, lack of coverage for these services was cited as a barrier to accessing healthcare by 33.1% of respondents.

**“Among respondents, the most commonly cited barrier to accessing healthcare was financial ability.”**

#### **Structural barriers**

Limited availability of specialized services, such as rehabilitative services, for PwDs was reported as a barrier by 56.4% of respondents. Other structural barriers cited included health centers not being equipped structurally to accommodate PwDs, such as centers lacking ramps or elevators or the proper equipment, and staff not having the proper training to deal with PwDs.

#### **Cognitive and personal barriers**

More than half of survey respondents reported being exposed to one or more protection issues while receiving healthcare services. The majority reported being excluded from services, or being financially exploited, but respondents also reported being exposed to discrimination, and to several forms of violence (psychological, physical and sexual). Syrians (36%) were significantly more likely than Lebanese to report lack of trust and credibility as a barrier to accessing healthcare in Lebanon.

Lack of documentation is an issue both for Lebanese and refugees. Lebanese who do not have the disability card face significant difficulties in covering healthcare costs. Refugees who are not registered with the UNHCR face difficulties accessing services, while those who do not have residency permits are not able to travel to Beirut to obtain specialized healthcare services.

#### **Lack of information on healthcare services available**

Discrepancies between the types of services that respondents reported as unmet, and the services available to them, point to a lack of information or awareness concerning available healthcare services. Moreover, 29.2% of respondents reported that lack of information about the healthcare services and healthcare centers available acted as a barrier to accessing healthcare for them. The majority of respondents reported receiving health information from their communities, through WhatsApp groups, or via the directory prepared by informal groups of PwDs from their community. Very few reported obtaining information from humanitarian organizations, health centers, or the available hotline.

## **Recommendations for improving healthcare access for PwDs in Lebanon**

### **Unifying disability classification**

It is recommended that the MoSA and MoPH develop a unified and systematic method for classifying disability, which reflects the diversity of PwDs in Lebanon. This may be based on the World Health Organization’s International Classification of Functioning, Disability and Health (ICF). In addition, eligibility for the disability card should be based on a comprehensive and systematic instrument, such as the WHO Disability Assessment Schedule. This will ensure that all eligible PwDs obtain a disability card and will facilitate their access to healthcare services. This same classification should be used upon registering a refugee with the UNHCR and UNRWA and other humanitarian organizations, to ensure that they too receive the services they require. Special registration should be available for PwDs who lack necessary documentation, or who are not registered with any organizations, since PwDs are classified as a vulnerable group. In special cases, services should be provided in lieu of documentation or registration with any organization, based solely on the classification of a disability.

### **Financing and providing services in an equitable manner**

Financing should focus on the provision of health services in a systematic and equitable manner and should be based on a comprehensive study of the healthcare needs of PwDs in accordance with internationally acceptable standards. Furthermore, it is necessary to collect national level data on PwDs, including on their health needs, in order to inform budgeting, and the development of long-term national level programs, targeted interventions, and specialized services and facilities. This will ensure that budgets are allocated in an equitable and efficient manner. In line with the efforts of the Health Working Group for the Syria Refugee Response in Lebanon, it is imperative that governmental organizations and the humanitarian sector coordinate their response and the services they offer in order to avoid duplication of services, and to better manage donor funds. In addition to providing healthcare services to PwDs in full and as needed, an effort should be made to ensure that PwDs who are not able to reach healthcare organizations still receive the care they require. This can be achieved by providing transportation for PwDs to healthcare organizations, by ensuring that in-home, or residential services are available to them, or by providing healthcare services through mobile clinics.

### **Introducing a comprehensive monitoring and accountability system**

The Disability Monitor<sup>3</sup> at the MoSA Social Development Centers should be activated, and centers should be monitored in order to ensure that disability cards are distributed in a fair manner. The MoSA, in collaboration with the MoPH, should expand its Disability Monitor to include PHCs and other healthcare organizations, and

<sup>3</sup> The Disability Monitor was an initiative by the MoSA and a number of PwDs’ organizations meant to monitor implementation of the law 220/2000 at municipalities, social development centers and other institutions for PwDs.

an accessible and anonymous system for submitting complaints on discretions (such as protection issues) should also be available at these organizations. This same complaint system should be implemented at all humanitarian organizations. Furthermore, organizations and healthcare providers should be held accountable for the quality of care they provide to PwDs by funders through monitoring and evaluation, and conditional contracting may be used to ensure that centers are equipped and accessible.

### **Equipping healthcare centers and organizations and training staff members**

In order to guarantee accessibility of healthcare services, both public and private healthcare organizations must become equipped structurally. Equipment and services available at the center should also be accessible for PwDs, and patients should be followed-up on. Furthermore, ministries and donors should ensure that specialized services for PwDs are available at these centers and institutions. Healthcare centers must recruit qualified and specialized staff that are aware of the needs of PwDs and how to deal with these needs. The Ministry of Education and Higher Education must integrate educational and training programs on treating PwDs into vocational, undergraduate and graduate curriculums for all healthcare providers. At the healthcare organization level, training must be given to all staff that deal directly with PwDs, including training on effective communication with PwDs. Incentive schemes may be introduced to encourage organizations and providers to improve accessibility and quality of care.

### **Providing relevant and accessible information**

A directory on healthcare services available to PwDs in Lebanon must be developed and distributed to all PwDs, either at healthcare organizations, or directly to their residences, via service providers. The directory should contain relevant information concerning the organizations providing healthcare services to PwDs in Lebanon, the types of services provided, their cost, and

## **Refugee Research and Policy Program**

Lebanon and the Arab region are facing one of the largest refugee crises that have spawned serious public policy challenges. Given this context, the Refugee Research and Policy in the Arab World Program seeks to harness refugee-related, policy-oriented research that addresses an existing knowledge gap, enrich the quality of refugee-related debate among scholars, officials, international organizations and civil society actors, and subsequently inform decision- and policy-makers in the Middle East and beyond.

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what services are covered by which organizations. This directory should be prepared after mapping all service providers in Lebanon and identifying the types of services that they provide, through conducting a service availability and readiness assessment. Information in the directory should be accessible. The mapping of services and the directory may serve as a basis for the development of a referral system for patients.

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