

AGONIZING CHOICES:

SYRIAN REFUGEES IN
NEED OF HEALTH CARE IN
LEBANON

**AMNESTY
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CONTENTS

Introduction	4
Methodology	7
Background	8
The health care system in Lebanon	8
How Syrian refugees access health care in Lebanon	9
Living with Illness: The impacts on refugees	12
Unnecessary complications arising from limitations on health care.....	12
Lack of affordable treatment for life-threatening diseases	14
Other access issues.....	16
Terrible Choices: Returning to Syria for treatment	16
Lack of accessible information	18
Lack of accessible complaints mechanisms	19
Other shortfalls leading to increased vulnerability	20
Lebanon's response to the crisis	21
International shame: the failure to provide sufficient international co-operation and assistance	23
Conclusion and Recommendations.....	25
Appendix	27
Lebanon's international obligations under human rights law and the obligations of the international community.....	27
Endnotes	29

INTRODUCTION

“We took him back to the house and he wasn’t getting any better. I tried to take him to Syria to get treated but at the border we were returned by the Lebanese authorities because our resident permits weren’t renewed.” Father of Arif*, a 12-year-old burn victim

ISMAEL’S STORY

Ismael* was diagnosed with Multiple Sclerosis (MS) seven years ago. He cannot afford the injections he needs every other day. He told Amnesty International he does not care so much about his health, he just wants to provide for his five children and heat his home. Ismael came to Lebanon on a dangerous road from Damascus, crossing from the mountains to Shebaa. For six months he ate very little.

On arrival in Lebanon, Ismael registered his family with UNHCR, but was later told they were not entitled to any assistance. He said that he tried calling the UNHCR hotline for three months. When his call was finally answered, he was told his medication was too expensive and could not be paid for.

Ismael can walk, but with pain. On his daily walk, the cold weather affects him. As his MS worsens, his daily functioning deteriorates and he loses his balance. In Syria, he told Amnesty International, the injections were free. But here he must pay LP 2,000,000 (US\$1,321) per syringe. He has not had a single injection since arriving in Lebanon.

Ismael began borrowing from a neighbour who ran a little store. When the debt reached LP 543,000 (US\$358) the neighbour stopped lending to him. To make ends meet, the family cracks walnuts and uses the money to buy vegetables. They are afraid to return to Syria, knowing that their home was in an opposition stronghold and fearing that the Syrian army would kill them if they returned.

The crisis in Syria, which entered its fourth year in March 2014, continues to take a devastating toll on the country’s civilian population. More than 100,000 people have lost their lives, hundreds of thousands have suffered injuries, and civilian property and livelihoods are destroyed on a daily basis. The conflict has led to mass displacement. An estimated 6.5 million people are displaced within Syria, and 2.8 million refugees have fled to neighbouring countries and North Africa.¹

Lebanon hosts over 1 million registered Syrian refugees, more than any other country, making it the largest per capita recipient of refugees in the world. This is in addition to hundreds of thousands of Syrians living in Lebanon without UN assistance and over 50,000 Palestinian refugees from Syria who have fled to Lebanon.² Turkey hosts the second largest number of Syrian refugees, around 735,888 people, followed by Jordan, Iraq and Egypt.³ A small number of those fleeing Syria, some 81,000 people, have claimed asylum in the European Union (EU), Norway and Switzerland.⁴

The UN estimates that there will be over 1.5 million Syrian refugees in Lebanon by the end of 2014, which would constitute more than one third of Lebanon's population prior to the conflict in Syria.⁵ The social, economic and security strain on Lebanon resulting from hosting such a large number of people from Syria – particularly given the country's already depleted infrastructure – has been acknowledged by the international community. However, this has not translated into sufficient support for Lebanon. Health care, water and sanitation facilities, shelter, and other resources that were already strained have been put under further pressure due to the huge and rapid increase in population. Poverty and unemployment are expected to increase, putting financial pressure on a country which already faces one of the highest debt ratios globally.⁶ The political and security situation in Lebanon has also been deeply affected by the fighting in Syria,⁷ with an upsurge in violence in border areas including Aarsal in northeast Lebanon, in Tripoli in the north of the country, and in Beirut, Lebanon's capital.⁸

To help support the vast number of refugees in the country, the UN has appealed for US\$1.7 billion for Lebanon in 2014, as part of a US\$4.2 billion UN appeal for Syrian refugees.⁹ Yet at the time of writing, only 17% of the funding requirements for Lebanon for 2014 have been met.¹⁰ As a result of the lack of funding, many refugees from Syria are being left without adequate access to health care, food, shelter, water and sanitation, and education.¹¹ Meanwhile, Lebanon's reluctance to allow the building of formal refugee camps or shelters continues to make international agencies' task of providing certain services to the refugee population more difficult.

LACKING ESSENTIAL SERVICES

Food shortages mean that 2,000 children under the age of five are at risk of dying from malnutrition, with over half of these children suffering from severe acute malnutrition. Between 5% and 10% of children under 5 years in Bekaa and north Lebanon suffer from acute malnutrition.¹²

Accommodation and shelter materials are in short supply. The majority of Syrian refugees live in host communities across 1,600 localities in Lebanon, with the highest concentrations in Bekaa and north Lebanon, which are considered the poorest areas of the country. These refugees live in various types of shelters, including rented rooms, apartments, garages, and in some areas dozens of families are living in tents or shacks on land rented from private landlords, which are known as 'informal tented settlements.' The Lebanese government has not allowed the establishment of formal refugee camps for Syrian refugees, nor has it allowed UNHCR or NGOs to build sturdier structures for refugees to live in, for fear of these becoming permanent.¹³

Water and sanitation services are under enormous strain, with 27% of registered Syrian refugees in Lebanon lacking adequate access to potable water, 29% needing improved sanitation facilities, and 70% needing assistance to maintain personal and household hygiene.¹⁴

The education needs of children are also suffering. In February 2014, 50% of Syrian refugee children in Lebanon were believed to be out of school.¹⁵

One of the main priorities for the refugee population is the need for adequate access to health care services. Many refugees fleeing Syria have serious health care needs due to, amongst other things, pre-existing chronic conditions and injuries suffered during the conflict. However, on arriving in Lebanon they are met with an overstretched system in which the services available to refugees are limited and difficult to access.

The health care system in Lebanon is largely operated by private providers, with users paying fees or being covered by insurance schemes. An international humanitarian response, led by the UN Refugee Agency, UNHCR, provides health care funding for Syrian refugees. However, this programme is woefully underfunded. As a result of limited resources and an increasing refugee population, UNHCR is restricted in the assistance it is able to provide.¹⁶

In May 2013, UNHCR had to reduce the provision of secondary and tertiary health care services to refugees and as a result had to limit its funding to primary health care and to narrowly-defined emergency treatment.¹⁷ UNHCR also had to reduce subsidized financial contributions provided to refugees from 85% to 75%, meaning that refugees now have to cover 25% of the treatment costs.¹⁸ People unable to access subsidized care under the UNHCR programme have included those needing care for non-life threatening injuries such as burns and bullet wounds, as well as those suffering from life-threatening conditions such as cancer and kidney failure.

Shortfalls in funding combined with the high cost of health care in Lebanon have contributed to the numerous challenges faced by humanitarian organizations in providing an adequate response.

Syrian refugees' ability to access health care is further affected by very high unemployment. According to a study published by the International Labour Organization in April 2014, almost a third of Syrian refugees in the Lebanon's labour market are unemployed and their average monthly income is almost 40% less than the minimum wage.¹⁹ The situation for refugee women is even worse: two thirds of those looking for a job were unable to find one and their average pay was just over one third of the minimum wage.²⁰

The impact on those denied access to medical care often has implications far greater than for the individual concerned. Amnesty International's research found that limitations on health care available to refugees in Lebanon have resulted in Syrian refugees with serious medical concerns being left untreated, families taking on debt to pay for private care (and as a result unable to afford other basic needs) or - in desperation - attempting the very dangerous journey back to Syria to seek treatment there. The situation of many Syrian refugees is further exacerbated by UNHCR's removal of assistance for all refugees in the form of vouchers for food and some non-food items due to funding constraints.²¹

This report focuses on the consequences for Syrian refugees in Lebanon of not being able to access adequate health care. It does not intend to cover all aspects of the right to health for Syrian refugees; rather it exposes shortfalls in the health care system as one of the many serious issues faced by Syrian refugees in Lebanon, a country which is overburdened and

under-resourced to sufficiently deal with the crisis. It concludes that the system in place to provide health care for Syrian refugees is inadequate and that the rights of refugees are severely compromised as a direct consequence of the international community's failure to provide adequate funding. The report also notes that certain government policies in Lebanon are unduly restricting the potential for international actors to increase access to health care services. At the end of this report, a number of recommendations are made, including to donor countries, the government of Lebanon, and the UN.

METHODOLOGY

This report is based on information gathered by Amnesty International during two visits to Lebanon, in December 2013 and February to March 2014, desk research based on a range of academic and NGO studies on this issue, and ongoing communication with a number of actors and agencies working on the Syrian refugee crisis. It uses the human rights framework, including the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of the Child, to assess the provision of health care services and international support and assistance to the Syrian refugees in Lebanon.²²

In February and March 2014, Amnesty International held meetings with health workers from government hospitals, humanitarian organizations and privately run clinics in Beirut and Mount Lebanon, Bekaa and Tripoli; government officials from the Ministry of Social Affairs; and UNHCR, the World Health Organization (WHO), UNICEF and the UN Relief and Works Agency (UNRWA), in addition to a number of international and national NGOs providing services to the refugee population. Amnesty International also interviewed Lebanese and Syrian activists, and Syrian refugees in a number of locations in Lebanon, including in Beirut and Mount Lebanon, Tripoli and Bekaa. Refugees were interviewed in their homes, including in informal camps, and in hospitals and clinics. Amnesty International was unable to meet with the Ministry of Public Health, but subsequently corresponded with them in writing.

This **report** focuses on Syrian refugees in Lebanon, rather than other refugees - which include over 50,000 Palestinian refugees who fled from Syria. This is because Palestinian refugees in Lebanon access services and protection needs through UNRWA,²³ which has its own subsidy system and health care providers, separate to the Syrian refugee crisis response, led by UNHCR for the international community. Those Syrian refugees who receive care outside of the UN system through alternative relief networks are also not included in the report, unless they additionally attempted to seek care through the UN system.

BACKGROUND

Lebanon has largely maintained an 'open-border' policy for Syrian refugees, and continues to allow Syrians into Lebanon. In 2011 and 2012 there were incidents of deportation,²⁴ but in 2013 the government committed not to forcibly return any Syrian refugees to Syria.²⁵ UNHCR's assessment is that "most Syrians seeking international protection are likely to fulfil the requirements of the refugee definition... since they will have a well-founded fear of persecution linked to one of the [Refugee] Convention grounds" and that in exceptional circumstances where this criteria is not met, those fleeing Syria should be considered for other forms of international protection.²⁶ UNHCR's assessment applies to Syrian refugees as well as Palestinian refugees from Syria.

In line with UNCHR's assessment, Amnesty International believes that all asylum-seekers from Syria should be *prima facie* considered eligible for international protection.²⁷ Lebanon's policies in this regard are welcomed. However, Amnesty International is calling for Lebanon to afford the same rights to Palestinian refugees from Syria, who face similar risks to Syrians but face restrictions in reaching Lebanon and in some instances have been forcibly returned.²⁸

Lebanon has ratified a number of treaties that guarantee the right to health, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),²⁹ and the Convention on the Rights of the Child (CRC)³⁰. However, it has not ratified the Convention on the Rights of Persons with Disabilities (CRPD). Neither has Lebanon ratified the 1951 Convention Relating to the Status of Refugees (the Refugee Convention), or its additional protocol of 1967, and the government maintains that Lebanon cannot be a permanent country of asylum.³¹

THE HEALTH CARE SYSTEM IN LEBANON

Lebanon has a fragmented and uncoordinated health care system. The public sector's financial and institutional capacity to deliver health care declined by 45% between 2005 and 2011.³² The health care system is highly privatized and based on user fees. Multiple actors deliver the main source of funding for the health care system, mainly through social and private insurance schemes.³³ For uninsured Lebanese citizens, the Ministry of Public Health provides services as a last resort, either through public hospitals or contracted private hospitals, and covers 85% of hospital care costs and 100% of medication costs for chronic and high-risk diseases.

Primary health care is provided through a network of centres, supported by the Ministry of Public Health and the Ministry of Social Affairs. The centres are predominately NGO-run through contractual agreements between the Ministry of Public Health and the NGO. The Ministry of Public Health procures essential drugs and vaccines for the centres who then charge a fee of LP 15,000 (approximately US\$10) per visit. Hospital and more specialized care (known as secondary and tertiary care³⁴) is mostly provided by the private sector, with 86% of hospital beds privately owned and the remaining 14% in the public sector.

Prior to the refugee crisis, Lebanon's Ministry of Public Health had a sizeable budget deficit, with delayed payments to contracted private hospitals as a result. According to the World Bank, the outstanding payments to private hospitals from public purchases is estimated at US\$800 million, with significant burden on the financial system of many hospitals as a result. This situation is likely to have been exacerbated by the Syrian refugee crisis, due to further lags in payments for treatment.³⁵

While this report does not focus on access to health care for the population of Lebanon, it acknowledges that many poorer Lebanese and non-Lebanese nationals living in Lebanon also face considerable barriers to accessing health care due to high costs and the limitations of public service provision. The influx of Syrian refugees exacerbates the challenges faced by Lebanese citizens seeking access to public health care, and is likely to further increase the overall morbidity and cost of care for Lebanese citizens as a result.³⁶

HOW SYRIAN REFUGEES ACCESS HEALTH CARE IN LEBANON

Registered Syrian refugees can in some cases access health care in Lebanon through a UNHCR-run programme. Because health care in Lebanon is largely privatized, UNHCR has to pay for the treatment of refugees. In order to do so with the limited financial resources available, UNHCR has adopted a public health approach which prioritizes affordable and accessible basic primary health and emergency care, over more costly and complex treatments and hospital care, with the aim of ensuring coverage for the greatest number of refugees in Lebanon.³⁷

Syrian refugees in Lebanon have access to a number of primary health care centres across Lebanon, mostly run by UNHCR's NGO partners, in addition to the Ministry of Social Affairs. Those refugees registered with UNHCR and between the ages of five and 60 can access care in these centres for a fee of LP 3,000 to LP 5,000 per consultation (approximately US\$2 to US\$3). Individuals also have to pay for x-rays and other diagnostic tests, which are required for referral to hospital for further treatment or medicines, where these are needed. For those deemed vulnerable, 85% of diagnostic costs are covered by UNHCR and 100% of the cost of medicines under a programme provided for by the YMCA charitable organization. This includes those under five years and over 60 years of age, disabled people, pregnant women and nursing mothers.³⁸

In addition to the primary health centres run by UNHCR's partners, there are a number of other primary health centres which co-ordinate with UNHCR but have their own sources of funding. Their consultation fees may vary from UNHCR's, and in some cases they provide free primary health care to all, in accordance with their own guidelines. There are also a number of health centres funded by private donors and charitable groups, which work in parallel to UNHCR, and provide for their own beneficiaries, many of whom are not registered with UNHCR.

Refugees who require other kinds of care, such as hospital care (secondary and tertiary care), must be referred by a primary health care centre that works with the UNHCR system, with the exception of a life-threatening emergency where this is not possible. UNHCR has developed a set of guidelines to determine who is eligible for subsidized secondary and tertiary care. The

criteria are limited to cases where “the life or basic functions are at stake,” and where the prognosis is good. These include referrals for emergencies (obstetric, medical and surgical) and elective cases for complementary investigations and/or specific treatment.³⁹

For those that meet UNHCR’s criteria for hospital care, 75% of the treatment costs are covered, with the remaining 25% - as well as the cost of medicines - to be covered by the individual, unless they meet UNHCR’s vulnerability criteria or are victims of torture or sexual or gender-based violence, in which case 100% of costs are covered.⁴⁰ The high cost of care for certain conditions means that treatment for those conditions is not subsidized under the UNHCR system. These include, among others: treatment for chronic diseases that require repeated hospitalization, such as cancer treatment or kidney dialysis; babies with extremely low birth weight and poor prognosis; and blood diseases unless an emergency transfusion is required.⁴¹

In order to determine and monitor who is eligible for hospital admission in accordance with its guidelines, UNHCR contracted GlobeMed Lebanon (GlobeMed) in January 2014. GlobeMed is a private “health care benefit management company” which acts as an intermediary between UNHCR, health care providers and refugees.⁴²

THE ROLE OF GLOBEMED

GlobeMed has made agreements on behalf of UNHCR with 64 ‘Class C’ public and private hospitals in Lebanon,⁴³ to provide emergency subsidized care for those who meet certain criteria.⁴⁴ GlobeMed’s role is to review the case of the person needing hospitalization and to decide whether to approve them for subsidized care.⁴⁵ Approval for subsidized care is based on criteria from the WHO International Classification of Diseases⁴⁶ and the UNHCR Standard Operating Procedures which have been incorporated into GlobeMed’s system and used to define life-threatening cases.⁴⁷

With the exception of life-threatening emergencies, in order to access hospital care refugees must have a referral from a primary health care centre. GlobeMed bases its decisions on eligibility for subsidized care on medical reports provided by the primary health care centres. Reports can be submitted directly in person at hospitals where GlobeMed is present, or via email. If GlobeMed approves a case for subsidized care through its system, the person is issued a ‘visa’ – a paper they can take to the hospital to prove their care is GlobeMed-approved.⁴⁸

Refugees who require emergency care and do not go to a contracted hospital will not receive subsidized care, unless the service required is unavailable in one of the GlobeMed contracted hospitals or if the non-contracted hospital agrees to accept GlobeMed’s tariff.⁴⁹ According to GlobeMed, its role is not in recommending coverage, but in applying its medical expertise to cover cases that are categorized as life threatening and exceed US\$1,500.⁵⁰ All cases where costs exceed US\$1,500 are referred back to UNHCR for a decision.

Some cases that do not clearly fit the eligibility criteria for subsidized hospital care are considered exceptional and can be submitted by GlobeMed or UNHCR partner organizations to an Exceptional Care Committee – an independent decision-making body consisting of three medical professionals and chaired by UNHCR’s Senior Public Health Officer. This committee determines whether a case should be referred to hospital based on prognosis and cost.

If the Exceptional Care Committee deems the case ineligible to receive subsidized assistance,

the person must find their own resources to get the required health care or else remain untreated.

All cases exceeding US\$1,500 are also reviewed by an Exceptional Care Committee consultant, prior to approval, with a cap of US\$15,000 applied for each case referred to the committee.⁵¹

LIVING WITH ILLNESS: THE IMPACTS ON REFUGEES

Amnesty International investigated how the UNHCR system works in practice. Despite financial and other challenges faced in working with the Lebanese health system, UNHCR has been able to provide primary health care to registered Syrian refugees in need. However, Amnesty International found numerous problems with the provision of hospital care and more complicated treatments due to the restrictions in place on subsidized care. In accordance with UNHCR's guidelines, subsidized care is restricted to conditions deemed to be immediate, life-threatening emergencies. Conditions requiring secondary or tertiary care outside of the criteria, or rehabilitation following treatment, are ineligible for subsidized care.

"Providing secondary healthcare in Lebanon's fragmented and privatized health system is extremely costly. Faced with rising patient numbers and limited resources, humanitarian agencies had to restrict financial support to the most vulnerable refugees with life-threatening conditions and increase the refugee contribution from 15 per cent to 25 per cent. Within these tight targeting criteria, partners supported over 28,000 Syrians in accessing care for life-threatening conditions. Beneficiaries included nearly 1,500 new-borns and infants, and 7,500 pregnant women....

Reduced health assistance has placed a heavy burden on refugees and health providers. Some refugees skipped treatment or resorted to negative coping mechanisms to pay for care. At the same time, hospitals accumulated significant unpaid bills.³⁸ Some hospitals resorted to unorthodox methods of collecting payment, such as detaining patients or bodies of the deceased, requesting upfront payment, and confiscating registration documentations. Without sustained humanitarian support in 2014, these incidents could escalate to outright denial of access to health care."

United Nations, *2014 Syria Regional Response Plan: Lebanon*, p.45.

The restrictions in place on secondary and tertiary health care have resulted in medical conditions that were initially relatively straightforward to treat becoming increasingly serious, and in some cases life threatening, due to lack of treatment. Amnesty International is also concerned for those who do meet the criteria for subsidized care, but are unable to afford the remaining 25%; in such cases Amnesty International's research found families incurring debt which placed them in ever more vulnerable situations. Furthermore, many refugees Amnesty International spoke to found the eligibility criteria confusing and, coupled with a lack of easily accessible guidance, a cause for further anxiety. Formal complaints mechanisms for refugees are also unavailable. The following sections of this report outline some of the main implications for refugees of the limited access to health care.

UNNECESSARY COMPLICATIONS ARISING FROM LIMITATIONS ON HEALTH CARE

Amnesty International spoke to several Syrian refugees with serious health conditions that required operations or further treatment, yet who were unable to receive treatment because of

the high cost and because they were not eligible under the criteria. These included cases of damage to limbs caused by shrapnel, and open, infected wounds left untreated, resulting in people becoming bedridden. In some of these cases, Amnesty International found that the lack of treatment for injuries had resulted in further complications, with severe negative health consequences for the individual as well as consequential impacts for their families. These longer-term impacts can be far worse for the individual and their family than the initial health issue.

Amnesty International visited Arif*, aged 12, and his family in a private clinic in Tripoli. Three months after suffering second- and third-degree burns that turned septic, Arif was finally operated on in early January 2014. On 5 March 2014, when Amnesty International visited Arif and his family, Arif was in a lot of pain, and his mother explained “his physiological situation has been low since he heard his brother and sister were thrown out of the house [because the family were late in paying the rent]. We live in a warehouse with one room and one toilet – it is all open. Arif got a virus because there are no hygiene standards, no tiles, just [bare] walls built by the owner.”

Arif's father had stopped working five months previously due to his son's condition. The doctors at the clinic blamed medical negligence for the deterioration in Arif's condition, and said that Arif requires a lot of treatment and a long process of bone reconstruction due to the damage to his legs.⁵²

Arif was working in a mechanics shop in Lebanon in late October 2013 when some other children set fire to his trousers which had flammable substances on them from working at the shop. His father told Amnesty International that he went to the fire station, civil defence and the Red Crescent to get first aid, but none of them had the equipment. His father then took Arif to Batroun Hospital, which reportedly refused admission. According to Arif's father, the hospital told him that as they are not contracted by GlobeMed/UNHCR, he would have to pay up-front for Arif to be admitted. The family could not afford it.

Arif stayed at home for three days with no medicines or treatment as his legs swelled and became infected. His father contacted UNHCR who referred him to Nabatieh Government Hospital in south Lebanon, where he was admitted on 29 October 2013. Arif's father said that they had to pay LP 500,000 (US\$332.50) before Arif was admitted and UNHCR agreed to pay 75% of the total costs for the two months that it would take for Arif to be treated. The other 25% was to be paid by one of UNHCR's partners, as the family could not afford to pay. The hospital said Arif would need to be operated on.

However, according to Arif's father, five days later UNHCR told the family they could no longer cover the costs of Arif's treatment. UNHCR reportedly told Arif's father they normally only cover costs for two days' hospitalization, but in this case had covered an additional three days. Arif's father said that UNHCR representatives came to the hospital, spoke to the doctor directly and knew that Arif needed treatment, but did not cover the cost. Arif was only treated for infections during the five days; his burns were not treated.

UNHCR's decision was due to the fact that the total cost of treatment in Arif's case exceeded UNHCR's limit of US\$1,500, and did not meet the Exceptional Care Committee's criteria as

a life-threatening case, despite the severity of his injuries.⁵³ According to UNHCR's referral guidelines, financial support is not available for post-burn contracture release (preventing the tightening of burned skin during healing, which is likely to lead to restricted movement and deformity if not treated).⁵⁴ However according to Arif's father this was not communicated to the family.⁵⁵

Arif's father said the family had to borrow money to pay the LP 400,000 (US\$266) in hospital fees when Arif was discharged. His father said: "We took him back to the house and he wasn't getting any better. I tried to take him to Syria to get treated but at the border we were returned by the Lebanese authorities because our resident permits weren't renewed. We used to communicate with a burns specialist doctor in Latakia [Syria]. I started dealing with a taxi driver who goes back and forth to bring medicines from Syria. I used to pay him money and the medicines lasted ten days. Medicines are cheaper in Syria. The child's situation did not improve because he needed an operation because the skin was attached on his legs. I have debts of \$4,500 [because of medical costs]."

Arif's father called someone he knew at UNHCR who referred him to another public hospital in Tripoli. Arif's father said: "When we got there we were so humiliated. We had to wait for hours and the doctor and nurse were disgusted by my son's legs... we changed the bandages ourselves and paid LP 100,000 (US\$66) for the few hours spent at the hospital. We decided to check out because of the bad treatment." Arif left the hospital without getting the treatment he needed.

Arif's father was eventually put in contact with a Syrian doctor in Lebanon through a family member. The doctor, through a charitable network, found an American volunteer doctor to perform the surgery on Arif's legs at a private clinic in Tripoli, where Arif was taken in January 2014. The doctors say he will be discharged once he can walk again. However, they told Amnesty International that Arif requires 13 more operations owing to the deterioration of his situation, which cannot be carried out in Lebanon due to the lack of more specialized equipment.

It is not known what Arif's fate would have been if the family had not been able to find other forms of assistance, but it is likely that his condition would have deteriorated further still. UNHCR recognize that Arif is in need of further medical care and will be "100 percent handicapped"⁵⁶ if he does not receive specialized care, which is not available in Lebanon, and which may not have been necessary had he received appropriate treatment initially. UNHCR are providing the family with food vouchers and hygiene kits in recognition of their vulnerability.

LACK OF AFFORDABLE TREATMENT FOR LIFE-THREATENING DISEASES

Amnesty International spoke to several Syrian refugees living with cancer and other non-communicable diseases who are unable to continue their treatment in Lebanon due to the high cost of care. According to WHO, non-communicable diseases were the leading cause of morbidity and mortality in the population in Syria in 2011, and there are serious concerns about treatment for these diseases being discontinued in Syria due to the crisis.⁵⁷ While a comprehensive health study of Syrian refugees in Lebanon has not been carried out, it is likely that the health demographic of the Syrian refugee population for non-communicable diseases is similar to that in Syria. Amnesty International is therefore concerned about Syrian

refugees having to discontinue treatment for non-communicable diseases in Lebanon because they do not qualify for subsidized care through UNHCR and because they cannot afford private care; the main options available.

Mahmoud*, aged 43, was diagnosed with brain cancer in Syria. He came to Lebanon in July 2013, having fled Syria after being arrested and detained in late June 2013. He now lives with his wife and nine children in a dilapidated one-bedroom apartment on the outskirts of Beirut. One of his children, aged 18 months, has cerebral palsy and is unable to walk. Mahmoud had three operations for a brain tumour in Syria in 2009. He says the tumour was not fully removed, and he was still receiving regular radiotherapy in Syria until the hospital was bombed almost two years ago. Since then, he has not received radiotherapy and is unable to afford treatment in Lebanon as he does not meet UNHCR's eligibility criteria.

He told Amnesty International that he is unable to work because of his condition, which causes fatigue and dizzy spells. Sometimes he buys medicines with the assistance of a local organization or by borrowing money from relatives and friends. But often he has no access to the medication he needs.

Mahmoud told Amnesty International:

"When I came to Lebanon I told UNHCR about my medical situation and they referred me to an NGO [one of UNHCR's partners], who referred me to Hariri [Rafik Hariri University Hospital]. I showed them my medical records and they said that they could not treat me because it was too expensive. I went back to the NGO and they referred me to another NGO⁵⁸ who did nothing as well. They said they couldn't afford it and they only treat children and simple cases. I am only taking medicine for dizziness from the first NGO. I am paying for my own expenses... I have no hope that the hospital will afford me radiotherapy. I am asking if they can simply afford me the medicines [to combat the dizziness]. It's LP 60,000 (US\$40) for 15-20 days."

Dima*, a 27-year-old mother of two with lymphoma cancer, lives in Shatila, a Palestinian refugee camp in Beirut, where Syrian refugees also live due to the lower cost of living. She and her family rent a room in the camp for LP 600,000 (US\$331) per month. Her husband was shot in his left leg multiple times in Syria and is unable to do manual labour due to his injury – he sells tissues in an effort to earn a living. The family are unable to cover their living expenses each month, and are helped by a community-based organization in Shatila.

Dima told Amnesty International she had a hip replacement operation in Syria in October 2012, which was linked to her cancer. Prior to the operation she had chemotherapy and radiotherapy in Syria, and very shortly after the operation she fled to Lebanon with her family. In November 2013, she gave birth to her son by caesarean section at a public hospital in Lebanon. According to Dima, the doctor at the hospital recommended she see a haematology specialist for her cancer at the time. When she visited a primary health care centre, however, she was told that treatment for cancer was not covered. She did not pursue cancer treatment any further due to the high cost.

Dima told Amnesty International:

“My leg is painful and I can’t move it normally. When I move it I feel pain, and find it hard to do work in the house. Sometimes my leg gets swollen and sometimes I get blood clots in my leg and get injections with blood thinners to stop the clots. I need injections every other day but my husband gets them when he can afford them. One syringe is LP 10,000 (US\$6.60).”

Dima and her family received food vouchers from UNHCR for their first two months in Lebanon. Dima told Amnesty International that she was not aware of the reason for the cut in assistance after two months. In November 2013, UNHCR moved from providing blanket assistance to all Syrian refugees, to providing targeted assistance to 75% of Syrian refugees who meet their vulnerability criteria. It appears that Dima and her family may have been removed from the list of those eligible for assistance during this process.

OTHER ACCESS ISSUES

Amnesty International documented other limitations concerning access to health care. The organization received reports of refugees requiring emergency treatment being turned away from GlobeMed contracted hospitals despite there being hospital beds available.⁵⁹ This was due to a number of factors, one of which was a backlog in payments to the hospital by GlobeMed. GlobeMed confirmed to Amnesty International that this practice does occur, and that when they become aware of it they redirect the person in need of treatment to another hospital. However, this is dependent on refugees being in contact with GlobeMed.⁶⁰

TERRIBLE CHOICES: RETURNING TO SYRIA FOR TREATMENT

“I feel afraid to go to Syria, But I have no choice” –Amal, Aged 55, who returns to Syria twice a week for kidney dialysis.

According to a questionnaire sent by UNHCR to 3,170 refugee households in February 2014, 24% of the households had returned to Syria since registering with UNHCR, and 11% had returned specifically for medical reasons.⁶¹ Interviews carried out by Amnesty International with health workers, NGOs and other Syrian refugees have indicated that in some cases those who return to Syria decide to remain for the duration of their treatment, after failing to access health care in Lebanon. Amnesty International considers the lack of access to affordable treatment in Lebanon - to the extent that Syrian refugees are forced to return to Syria to seek care - a grave failure by the international community to provide adequate financial support to the international protection work of UNHCR in Lebanon.

Amal* lives with her husband and her son’s family of nine in two rooms of a disused building in Lebanon’s Bekaa Valley. She was diagnosed with kidney failure five years ago and requires kidney dialysis twice a week. Without dialysis, her health will deteriorate rapidly and she is likely to die. Before fleeing to Lebanon, she received dialysis in Syria at no cost.

After arriving in Lebanon, Amal told Amnesty International that she had received kidney dialysis for the first three months in a hospital in Zahle, a town in Bekaa, paid for by UNHCR. After three months, she says UNHCR was unable to continue covering the cost of the treatment.

Kidney dialysis costs US\$100 per session, and Amal says her family cannot afford to pay US\$200 per week. She sometimes receives financial support from individuals in the

community to enable her to get treatment, but other times she returns to Damascus for treatment. According to Amal, despite paying for a return trip from Lebanon to Syria, a hotel in Damascus and an exit permit from Syria, she saves LP 50,000 (US\$33) per session.

Amal told Amnesty International:

“I feel afraid to go to Syria, but I have no choice. I go every Monday and Thursday. It takes two and a half hours to go to Sham [Damascus]... the treatment takes four hours. I can't return the same day so I sleep in a hotel... I do not know anyone there. When I leave the hospital I feel dizzy and there is no one to assist me. I go alone to reduce the cost.”

Amal said she needs further examination of her liver, but cannot afford the tests in Lebanon, as the costs of diagnostic tests are not covered by UNHCR.

UNHCR provides the family with money for food and fuel for heating, but they must still find US\$200 for rent and US\$50 for electricity per month. Amal's son has done manual work in Lebanon on an ad hoc basis. When Amnesty International visited the family, he said he was unable to find work and was borrowing money to pay for his mother's trips to Syria and to afford the rent and electricity. Debt is increasingly becoming an issue for refugees in Lebanon and is likely to worsen over time with the lack of job opportunities or assistance. Amal's son told Amnesty International that they spent the previous winter in the two rooms they rent which have window spaces with no glass, and that they were unable to get assistance despite going to several NGOs.

Amal is one of many Syrian refugees in Lebanon who require regular kidney dialysis in order to survive,⁶² finding ways to get treatment in Lebanon through borrowing money, donations, or returning to Syria for treatment. Given the ongoing conflict in Syria and security concerns in both countries, Amal's access to Syria and treatment there could be severed at any time.

Nine-year-old Juma* came to Lebanon in late November 2013 with his parents and five siblings. They live in an informal camp in Bekaa Valley; these camps are known by humanitarian agencies as an 'informal tented settlement', as Lebanon does not currently allow formal refugee camps other than those previously established for Palestinian refugees. The family is not registered with UNHCR.⁶³

In late December 2013, Juma became ill and his family believed he had caught a cold. However, his condition rapidly deteriorated and his family became increasingly concerned about his health. A local NGO working in the camp took Juma to three government hospitals in Bekaa in an attempt to get him urgent treatment. According to the NGO, each of the hospitals demanded a US\$300 admittance fee.⁶⁴

Juma's family was reportedly told by one hospital that he could not be admitted because the family are not registered with UNHCR. He was finally admitted at a fourth hospital and required a blood transfusion. Juma also required a biopsy which could not be done in Lebanon due to the high cost. The family decided go to a government hospital in Syria for his treatment.

In early January 2014, Juma, along with his father and pregnant mother, travelled to back into Syria. They told Amnesty International that they first went to a children's hospital in Damascus where they were turned away due to bed shortages. They then travelled to hospitals in Idlib and Aleppo, neither of which would take his case as they did not specialize in childhood cancer. They eventually returned to the hospital in Damascus, where Juma was treated for typhoid and tests were carried out for suspected leukaemia.

Juma travelled to Syria three times in the space of two months, and was due to travel again for further tests and medicines a week after Amnesty International interviewed him on 28 February 2014. His mother, who had recently given birth, would remain in Lebanon while Juma and his father went to Syria. His father stopped working on 20 January 2014 in order to care for his son. The landlord at the informal camp will not let them stay unless a family member works for a fee of US\$4 per day, and so the women and other children in the family work.

Juma's and his father's travel costs of around US\$300 per month are currently being paid by a local NGO. Juma's father told Amnesty International that there are around ten checkpoints between the camp in Bekaa and the hospital in Damascus.

LACK OF ACCESSIBLE INFORMATION

While the guidelines for eligibility for subsidized care are clearly set out by UNHCR, in practice many of the refugees interviewed by Amnesty International stated that they found the eligibility criteria extremely confusing. In some cases where the health condition did not meet the criteria for care, it is unclear whether decisions were explained clearly or adequately communicated by health workers.

Amnesty International raised this concern with UNHCR, who stated that they have a communication initiative in place, centrally and regionally through UNHCR field offices and partners, in line with their comprehensive public health strategy. This includes one-to-one or group communication, posters, brochures and information sessions, in addition to sending mass text messages and having hotlines and a web portal in place.⁶⁵

While Amnesty International saw Arabic posters and brochures in hospitals which explain where to seek health care, many of the refugees Amnesty International spoke to expressed frustration and confusion about the lack of information provided to them. Many said they had called the GlobeMed hotline several times and were unable to get a response or were put on hold for lengthy periods of time. This concern was also raised by some of the NGOs referring cases to UNHCR through GlobeMed.⁶⁶ GlobeMed responded to this concern stating that they receive 8,000 calls per month, many of which are not related to medical concerns and that responding to these requests is time consuming.⁶⁷

In an effort to address some of the challenges of working with a private intermediary, UNHCR have provided training to GlobeMed staff on their Standard Operating Procedures and on how to respond to vulnerable cases, however GlobeMed do not deal with refugees in terms of providing an assessment on their vulnerability – this is done by NGOs.⁶⁸ More senior staff from GlobeMed are also being trained in order to support call centres, and the number of operators has increased.⁶⁹

With increasingly limited funding for health care due to shortfalls in humanitarian funding for the refugee crisis, it is likely that the eligibility criteria will become even more restrictive and the process for deciding who is eligible is likely to become more confusing for those seeking health care.

LACK OF ACCESSIBLE COMPLAINTS MECHANISMS

Amnesty International found that there are no formal complaints mechanisms in place for those who believe they have not been treated well, or for those who do not receive the health care that they require. According to UNHCR, complaints at the primary health care level are directed to the implementing or operational partners providing the service – who in turn should follow-up and may remedy the case. This process is clearly limited as it means complaints are being made to the organization being complained about. Those who do not meet the eligibility criteria to be treated at a hospital are referred back to the primary health care centre where they can only receive primary health care.⁷⁰ Refugees are unable to make a formal complaint if they feel they should meet the eligibility criteria for hospital care, and are denied it. They are also unable to receive feedback or remedy for not being treated well, due to the absence of such a system.

In an effort to ensure adequate oversight mechanisms, a group of Lebanese, Syrian and Palestinian activists have formed a group called the Humanitarian Aid Monitor in Lebanon, which is still in its formation phase. Their goal is to enhance transparency in relief operations to ensure that the human rights of all refugees are met through adequate and co-ordinated assistance.⁷¹ Amnesty International is not aware of an oversight role by the government of Lebanon, nor of any cases of refugees attempting to make complaints to the authorities.

OTHER SHORTFALLS LEADING TO INCREASED VULNERABILITY

Apart from the immediate issue of health care and the availability of medical supplies, there are a number of inter-linked concerns that have implications for the health of the Syrian refugee population in Lebanon, all of which have their own challenges. These include access to adequate shelter, heating, education, safe drinking water, food and other items such as clothing, which if in short supply can lead to increased vulnerability and illness.

Due to funding shortages, in November 2013 UNHCR moved from providing blanket assistance in the form of vouchers for food and non-food items (including hygiene and baby kits, and fuel), to providing cash assistance to the 75% of the refugee population deemed most vulnerable.⁷² The criteria for determining vulnerability are complex and take into account multiple factors including health, at the time of the assessment; assessments are initially carried out when people register with UNHCR. The number of refugees receiving assistance will be further reduced in 2014 due to funding shortfalls.⁷³

Amnesty International spoke to dozens of refugees in December 2013 and February and March 2014 who had stopped receiving assistance from UNHCR, despite the fact that at least one family member of working age (between 16 and 59 years) was unable to work due to a medical condition. In some cases, one family member being unwell has resulted in the whole family being negatively impacted due to debts incurred for medical treatment and carers being unable to work. For example, in Arif's case (see above), living in poverty has exacerbated his existing health condition, his father is unable to work because of the time spent caring for his son, and the family were evicted from their home as a result.

The increased vulnerability faced by a family due to one or more family members having a medical condition is not taken into account when assessing whether the family is eligible for UNHCR support, or when someone requires medical treatment but does not fit the UNHCR eligibility criteria. Exceptions are if the family voices this during the registration process with UNHCR, during the assessment, or when an appeal for increased assistance is made either by the family or by an NGO on their behalf, rather than being made automatically.

Challenges in registering the most vulnerable refugees have also been reported to Amnesty International. This includes people with disabilities and impairments who risk being excluded from receiving assistance due to challenges faced in reaching registration points.⁷⁴ While mobile registration is available for people with specific needs who cannot physically reach registration centres, the service is provided on a case-by-case basis, and the coverage remains limited.⁷⁵ Unless a refugee is registered with UNHCR they cannot access even the limited support that does exist.

LEBANON'S RESPONSE TO THE CRISIS

While Lebanon has been generous in allowing Syrian refugees largely unfettered entry to the country, Amnesty International has some concerns about the limited way that the government of Lebanon is addressing the health care issue. In particular, there does not appear to be a national strategy for coping with the health care needs of the Syrian refugee population. A National Response Plan for the Syrian refugee crisis by the Lebanese government was initially proposed by the government over one year ago, but according to the Ministry of Social Affairs, the plan has not been finalized due to political instability in the country.⁷⁶ Furthermore, in July 2012 the Higher Relief Council, the humanitarian arm of the Prime Minister's Office in Lebanon, announced it was suspending medical assistance to Syrian refugees in the north of Lebanon.⁷⁷ It is unclear what form of assistance was being provided by the Higher Relief Council in north Lebanon at the time, and whether it has since resumed.

The Ministry of Social Affairs has been leading the response for the government through its own programme, including by co-ordinating with other NGOs to refer cases to UNHCR. It provides primary health care in 27 selected Social Development Centres across Lebanon, with many of these centres providing subsidized care for refugees funded by the UN. The ministry also has shelter and protection experts that co-ordinate with UNHCR. In order to aid the government's response, data on refugees began being collected in October 2013, and the Ministry of Social Affairs is developing a system for this. The Ministry is facing resource challenges in doing so, however, and relies on UN funding. According to the Director General of the Ministry of Public Health, Lebanon requires US\$400 million over one year to cover the cost of health care for Syrian refugees.⁷⁸

The WHO and Lebanon Country Cooperation Strategy for 2010-2015 outlines some of the priorities for Lebanon's Ministry of Public Health in improving the health care system.⁷⁹ The updated strategy overview from May 2013 mentions the Syrian refugee crisis as a burden on the health system, with newly introduced health threats such as Leishmania (a parasite spread through sand flies) and rabies, among others risks which have been linked to the influx of refugees.⁸⁰ WHO and the Lebanese government work on a two-year cycle in order to prioritize areas for capacity building. While the current two-year strategy does not explicitly entail a strategy for the refugee crisis, WHO have stated that it includes plans for increased immunizations, disaster preparedness, mental health, and neonatal and maternal health, all of which affect Syrian refugees.⁸¹ According to the publicly available Country Cooperation Strategy, the main challenge consistently facing donors is the government's lack of clear vision concerning health provision.⁸²

In addition, Lebanon will not currently allow the establishment of any formal refugee camps⁸³ or field hospitals⁸⁴ by international humanitarian organizations. Disallowing field hospitals means that many of the refugee populations' medical needs fall on Lebanon's existing health

care infrastructure, and that the international community has to work within Lebanon's health care system. Providing health care in this manner for such a high number of refugees in addition to the Lebanese population has strained resources in Lebanon's hospitals, and resulted in fewer hospital beds available for all concerned.⁸⁵

INTERNATIONAL SHAME: THE FAILURE TO PROVIDE SUFFICIENT INTERNATIONAL CO-OPERATION AND ASSISTANCE

The international community's response to the Syrian refugee crisis has been shameful. The UN humanitarian appeal for Lebanon faces an 83% shortfall in funding, which is resulting in cuts to food, shelter, health and other assistance provided to refugees. The international community has obligations to provide humanitarian assistance and co-operation in accordance with the Charter of the UN and relevant resolutions of the UN General Assembly and the World Health Assembly, during times of emergency, including assistance to refugees. Of particular relevance is that the international refugee protection regime places significant emphasis on the importance of international burden and responsibility sharing in reducing the effect of mass refugee influxes on host countries.⁸⁶ Each state should contribute to the maximum of its capacity, with priority given to medical aid and the distribution and management of resources, including food and medical supplies.⁸⁷

As a direct result of the significant funding shortfalls, access to health care and other services in Lebanon is severely restricted for refugees and is likely to become worse. This is compounded by the high cost of health care in Lebanon and other restrictions faced by humanitarian organizations in providing an adequate response. The impact on those denied access to medical care often has implications far greater than for the individual concerned. As this report has documented, families have incurred debt and been evicted from their homes attempting to pay for care. Some have felt they had no choice but to travel back and forth to Syria in order to receive adequate medical care.

Even full funding for the humanitarian appeal may not enable all those in need of specialist care to receive it. The current shortfall has meant that UNHCR has had to apply restrictive prioritization criteria that almost all service providers to whom Amnesty International spoke to believe are leading to increased vulnerabilities amongst refugees.⁸⁸

Furthermore, the burden of hosting Syrian refugees is deeply unequal. Only 6,100 refugees have secured resettlement and humanitarian admission beyond Syria's neighbours since mid-2013. This is an extremely small figure when compared to nearly 2.8 million Syrian refugees in Syria's neighbouring countries. Resettlement outside the region is essential, both in order to preserve the protection space in Lebanon and Syria's other neighbouring countries, and given the numbers of refugees, including people with medical conditions, who are unable to stay in the region due to lack of adequate treatment and other risks faced. Resettlement,

24 Agonizing Choices:
Syrian refugees in need of health care in Lebanon

other forms of humanitarian admission and individual sponsorship (including family reunification) are being encouraged by UNHCR for up to 30,000 refugees from Syria currently living in neighbouring countries by the end of 2014.⁸⁹

Limited resettlement places and restrictive visa requirements mean that increasing numbers of Syrian refugees take desperate measures, including risking their lives by being smuggled on boats from North Africa to Europe, where they face further abuses and even detention.⁹⁰

CONCLUSION AND RECOMMENDATIONS

With no abatement in the conflict in Syria, the number of refugees continues to rise, putting an ever-increasing burden on Syria's neighbours.

Amnesty International recognizes that more than 1 million people from Syria have sought refuge in Lebanon since 2011, and that Lebanon has kept its borders open to those fleeing the conflict. The organization also recognizes the heavy burden Lebanon is shouldering in hosting such a large number of refugees, amounting to a quarter of its population prior to the Syria crisis, and the severe strains on infrastructure and services, including shelter, education and health care provision.

People have fled conflict and unimaginable horrors in Syria only to face further hardships in their country of refuge. The international community's failure to provide sufficient support to Lebanon and the UN funding mechanisms is shameful and a central cause of the very restricted access to health care documented in this report.

The government of Lebanon has largely left the refugee crisis response to international humanitarian organizations, led by UNHCR, with little forward planning on its own response to the situation. No apparent efforts have been made by the government to loosen restrictions on international medical organizations which would allow them to set up their own field hospitals and take other measures used in humanitarian crises that could reduce the burden on Lebanon's health system.

Further action is required by the international community, the government of Lebanon and UNHCR to ensure that the hardships faced by those refugees requiring health care are reduced as quickly as possible. For every day that the situation continues, more refugees will become disabled, or face illness, death or a treacherous journey back into Syria, due to restrictions on health care in Lebanon.

In light of the findings outlined in this report Amnesty International makes the following recommendations:

To the international community including the Gulf Cooperation Council, the EU and its member states, the USA, Australia, Canada, and other countries able to provide support:

- As a matter of urgency provide meaningful financial contributions to the UN Syria Regional Response Plan (RRP6);

- Provide support to Lebanon and other countries neighbouring Syria to increase the capacity of national services, including health care facilities, to meet the needs of refugees from Syria and affected local populations;

- Significantly increase the number of resettlement and humanitarian admission places offered, over and above annual resettlement quotas. Priority should be given to the most vulnerable refugees, including but not limited to: persons with serious medical needs, women and girls at risk, persons with disabilities, persons with physical protection needs including as a result of their political or ethnic profile or their involvement in peaceful humanitarian or other activities, and lesbian, gay, bisexual, transgender and intersex individuals. Palestinian refugees from Syria should not be excluded from resettlement opportunities;
- Consider other meaningful and concrete measures to share responsibility with Syria's neighbours and support the most vulnerable refugees, including through medical evacuation, medical and humanitarian visas and a more flexible visa regime in general;
- Offer other avenues allowing people to leave the region safely and legally and enter safe third countries, such as work and student visas. Facilitate family reunification for people in the region who have family members living abroad. States should apply a broader definition of family members to include extended or non-nuclear family. Flexibility should be applied to the level of documentary requirements for proving family links and with regards to travel documents.

To the Government of Lebanon:

- Develop a national health strategy that reflects that fully recognises and makes provisions for the refugee population in Lebanon.
- Permit field hospitals to be established, subject to proper regulation and inspection;
- Ratify the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol;
- Ratify the Convention on the Rights of Persons with Disabilities.

To UNHCR:

- Ensure accessible information on health care, including the subsidy system, through increased communication initiatives that include one-to-one explanations and follow-up on health related issues;
- Provide regular training to GlobeMed staff and ensure management systems are in place to deal with a vulnerable refugee population;
- Ensure regular reviews of vulnerability criteria which would allow for reassessments of eligibility for assistance in cases where a family member has a medical condition;
- Ensure accessible and effective complaints systems and remedies for refugees who have faced negligence or other forms of ill-treatment in the process of accessing health care through the UNHCR system.

APPENDIX

LEBANON'S INTERNATIONAL OBLIGATIONS UNDER HUMAN RIGHTS LAW AND THE OBLIGATIONS OF THE INTERNATIONAL COMMUNITY

The Refugee Convention is the main international legal framework for the protection of refugees, which outlines the key legal protections, social services and other forms of assistance a refugee has a right to claim from the host state.⁹¹ While Lebanon has not ratified the Refugee Convention, it has a key obligation not to forcibly return refugees who face a real or perceived risk of persecution, under customary international law, and has a duty to uphold its obligations to international law, in accordance with Article 14 of the Universal Declaration of Human Rights.⁹²

The government of Lebanon has the duty to prioritize the most vulnerable and marginalized groups when allocating resources, and to address discrimination in health services and information, in accordance with the treaties ratified. This includes refugees from Syria, in accordance with the ICESCR, which states that these rights extend to non-nationals including asylum seekers, refugees and stateless persons, regardless of legal status.⁹³

Health care facilities, goods and services have to be available, accessible, acceptable and of good quality.⁹⁴ In practice, these interlinked and vital elements of the right to health mean that the Lebanese government should ensure:

Availability – the functioning of public health and health care facilities, goods and services, which have to be available in sufficient quantity. This includes the underlying determinants of health such as: hospitals, clinics and other medical facilities; trained medical staff; and essential drugs.

Accessibility – health facilities, goods and services should be accessible to everyone without discrimination, especially the most vulnerable. They should also be affordable and equitable to all. Payments for health care services, as well as services related to the underlying determinants of health, whether privately or publicly provided, have to be accessible and affordable to all, including socially disadvantaged groups. This means that poor households should not be disproportionately burdened with health expenses compared to richer households. Information including the ability to seek, receive and impart information and ideas concerning health issues should be available; and health facilities should be physically accessible to all.

Acceptability – all health facilities, goods and services must be respectful of medical ethics and culturally appropriate.

Quality – health facilities, goods and services must be scientifically and medically appropriate and of good quality. This requires, among other things, skilled medical personnel, scientifically approved and unexpired drugs, and hospital equipment.

In order to do this, Lebanon is required to put together a national health strategy and plan of action that outlines how the country aims to ensure the enjoyment of the right to health. This is a minimum core obligation under the ICESCR which means that Lebanon should prioritize and take immediate steps to put in place a strategy regardless of any resource constraints. A failure to do so has been deemed by the Committee on Economic, Social and Cultural Rights to be a violation of a State's obligations under the ICESCR.⁹⁵ The strategy should include an outlining of the resources available to attain defined objectives, and the most cost-effective way of using the resources.⁹⁶

ENDNOTES

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²⁹CEDAW General Recommendation 24 on health, para 6: "special attention should be given to the health needs and rights of women belonging to vulnerable and disadvantaged groups, such as migrant women, refugee and internally displaced women, the girl child and older women, women in prostitution, indigenous women and women with physical or mental disabilities". Para 16: "States parties should ensure that adequate protection and health services, including trauma treatment and counselling, are provided for women in especially difficult circumstances, such as those trapped in situations of armed conflict and women refugees". For more information see: <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom24> accessed on 7 May 2014

³⁰CRC General Comment 15 on Child Health (2013), para 88: "States have individual and joint responsibility, including through United Nations mechanisms, to cooperate in providing disaster relief and humanitarian assistance in times of emergency. In these cases, States should consider prioritizing efforts to realize children's right to health, including through appropriate international medical aid; distribution and management of resources, such as safe and potable water, food and medical supplies; and financial aid to the most vulnerable or marginalized children." For more information see: <http://www.refworld.org/docid/51ef9e134.html>, accessed on 7 May 2014.

³¹UNHCR, *Lebanon Factsheet, Beirut*, January 2014.

³²WHO, Ministry of Health and World Bank, *Draft (not for circulation) Lebanon National Health Accounts*, December 2000, available at: <http://siteresources.worldbank.org/INTHSD/Resources/376278-1261143298590/6660179-1280173228245/LebanonNHA.pdf>

³³World Bank, *Lebanon: Economic and social impact assessment of the Syrian Conflict*, 20 September 2013, p.68, available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/09/24/000333037_20130924111238/Rendered/PDF/810980LB0box379831B00P14754500PUBLIC0.pdf, accessed on 7 May 2014.

³⁴Secondary care is an “intermediate level of health care that includes diagnosis and treatment performed in a hospital or health centre having specialized personal, laboratory facilities, and bed facilities.” Tertiary health care is specialized for patients referred from secondary centres which require specialized surgical and other advanced treatments. For more information see UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, p.21, available at: data.unhcr.org/syrianrefugees/download.php?id=4277, accessed on 7 May 2014.

³⁵World Bank, *Lebanon: Economic and social impact assessment of the Syrian Conflict*, 20 September 2013, p.72, available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/09/24/000333037_20130924111238/Rendered/PDF/810980LB0box379831B00P14754500PUBLIC0.pdf, accessed on 7 May 2014.

³⁶World Bank, *Lebanon: Economic and social impact assessment of the Syrian Conflict*, 20 September 2013, p.72, available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/09/24/000333037_20130924111238/Rendered/PDF/810980LB0box379831B00P14754500PUBLIC0.pdf, accessed on 7 May 2014.

³⁷UNHCR et al, *Report on Secondary and Tertiary Health Care*, January – June 2013, available at: <https://data.unhcr.org/syrianrefugees/download.php?id=3286>

³⁸The YMCA, which is an abbreviation for ‘Young Men’s Christian Association’ in Lebanon provides medicines for patients with chronic disease at no cost to the most vulnerable, including refugees, through NGO-run dispensaries. For more information see: <http://www.ymca-leb.org.lb/health.htm>

³⁹UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, p.7, available at: data.unhcr.org/syrianrefugees/download.php?id=4277

⁴⁰According to UNHCR, refugees that meet UNHCR’s vulnerability criteria will have 90% of their costs covered, while victims of torture and sexual and gender based violence have 100% of their costs covered. For more information see UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, p.8, available at: data.unhcr.org/syrianrefugees/download.php?id=4277

⁴¹For further information on who is eligible for subsidized care under UNHCR's guidelines, see UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, available at: data.unhcr.org/syrianrefugees/download.php?id=4277

⁴²For more information see www.globemedlebanon.com

⁴³Amnesty International meeting with GlobeMed Lebanon in Beirut, Lebanon on 4 March 2014.

⁴⁴UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, p.16, available at: data.unhcr.org/syrianrefugees/download.php?id=4277

⁴⁵Amnesty International meeting with GlobeMed Lebanon in Beirut, Lebanon on 4 March 2014.

⁴⁶See <http://www.who.int/classifications/icd/en/>

⁴⁷UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, available at: data.unhcr.org/syrianrefugees/download.php?id=4277

⁴⁸Amnesty International meeting with GlobeMed Lebanon in Beirut, Lebanon on 4 March 2014.

⁴⁹ GlobeMed response to Amnesty International's letter, 14 May 2014

⁵⁰ GlobeMed response to Amnesty International's letter, 14 May 2014

⁵¹UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, available at: data.unhcr.org/syrianrefugees/download.php?id=4277 pp 11

⁵²Amnesty International interview with medical doctors treating Arif, 5 March 2014

⁵³ Letter from UNHCR to Amnesty International, 21 March 2014.

⁵⁴UNHCR, *Guidelines to Referral Health Care in Lebanon*, January 2014, p.36, available at: data.unhcr.org/Syrian_refugees/download.php?id=4277

⁵⁵Amnesty International interview with medical doctors treating Arif, 5 March 2014

⁵⁶Amnesty International email correspondence with UNHCR Lebanon, 17 April 2014.

⁵⁷WHO, *Donor Update: The Syrian Arab Republic*, 9 April 2013, available at: http://www.who.int/hac/donorinfo/syrian_arab_republic_donorupdate9april2013.pdf accessed on 26 March 2014. Save the Children, *A Devastating Toll: the impact of three years of war on the health of Syria's children*, March 2014, available at: <http://www.savethechildren.org.uk/resources/online-library/devastating-toll>, accessed on 26 March 2014.

⁵⁸Prior to GlobeMed being contracted in January 2014, some of UNHCR's implementing partners administered referrals for secondary and tertiary care for Syrian refugees.

⁵⁹Amnesty International interviews with NGOs in Lebanon between 21 February and 5 March 2014.

⁶⁰Amnesty International meeting with GlobeMed Lebanon in Beirut, Lebanon on 4 March 2014.

⁶¹Letter from UNHCR to Amnesty International, 21 March 2014.

⁶²Amnesty International interview with medical doctors treating Syrian refugees in a private clinic in Bekaa, 27 February 2014.

⁶³Juma's father claims that he called the registration hotline in an attempt to register but received no response.

⁶⁴Amnesty International interview with NGO in Bekaa, 28 February 2014.

⁶⁵Post-mission note from UNHCR to Amnesty International, 21 March 2014.

⁶⁶Amnesty International interviews with NGOs in Lebanon between 21 February and 5 March 2014.

⁶⁷ GlobeMed response to Amnesty International's letter, 14 May 2014

⁶⁸ GlobeMed response to Amnesty International's letter, 14 May 2014

⁶⁹Post-mission note from UNHCR to Amnesty International, 21 March 2014.

⁷⁰Post-mission note from UNHCR to Amnesty International, 21 March 2014.

⁷¹Humanitarian Aid Monitor in Lebanon, *A Preliminary Draft for Discussion*, Version of 20 February 2014.

⁷²Health, education and other services that cannot be monetized are still being provided for all those that meet eligibility criteria.

⁷³Amnesty International meeting with UNHCR Lebanon, February 2014.

⁷⁴Handicap International and Help Age International, *Age and Disability Monitor*, January 2014, available at:
<http://reliefweb.int/sites/reliefweb.int/files/resources/Age%20and%20Disability%20Monitor%20-%20Jan14.pdf>, accessed on 8 May 2014.

⁷⁵Handicap International and Help Age International, *Age and Disability Monitor*, January 2014, available at:
<http://reliefweb.int/sites/reliefweb.int/files/resources/Age%20and%20Disability%20Monitor%20-%20Jan14.pdf>

20-%20Jan14.pdf, accessed on 8 May 2014.

⁷⁶Meeting between Amnesty International and the Ministry of Social Affairs, Operations Coordinator, 3 March 2014.

⁷⁷AFP via UNHCR, *Lebanon suspends aid to Syrian refugees, 11 July 2012*, available at: <http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=463ef21123&id=4ffe62dc5>, accessed on 8 May 2014.

⁷⁸LBC International, *Number of Syrian refugees in Lebanon may reach one million*, 1 March 2014, available at: <http://old.lbcgroup.tv/news/142438/number-of-syrian-refugees-in-lebanon-may-reach-one>, accessed on 22 April 2014.

⁷⁹WHO, *Country Cooperation Strategy for WHO and Lebanon, 2010-2015*, available at: www.who.int/countryfocus/cooperation_strategy/ccs_lbn_en.pdf, accessed on 8 May 2014.

⁸⁰WHO, *Country Cooperation Strategy, at a glance: Lebanon*, Updated May 2013, available at: http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_lbn_en.pdf, accessed on 8 May 2014.

⁸¹Meeting between Amnesty International and WHO in Beirut, Lebanon, 21 February 2014. The strategy is not publicly available.

⁸²WHO, *Country Cooperation Strategy for WHO and Lebanon, 2010-2015*, p.38 available at: www.who.int/countryfocus/cooperation_strategy/ccs_lbn_en.pdf, accessed on 8 May 2014.

⁸³See *The Controversy over Refugee Camps*, pp.16-18 in International Crisis Group, *Too Close for Comfort: Syrians in Lebanon*, May 2013, available at: <http://www.crisisgroup.org/~media/Files/Middle%20East%20North%20Africa/Iraq%20Syria%20Lebanon/Lebanon/141-too-close-for-comfort-syrians-in-lebanon.pdf>, accessed on 7 May 2014.

⁸⁴World Bank, *Lebanon: Economic and social impact assessment of the Syrian Conflict*, 20 September 2013, p.71, available at: http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2013/09/24/000333037_20130924111238/Rendered/PDF/810980LB0box379831B00P14754500PUBLIC0.pdf, accessed on 7 May 2014.

⁸⁵ International Medical Corps Lebano, *Syrian Refugee Resonse, January-June 2013*, available at: data.unhcr.org/syrianrefugees/download.php?id=2591 Accessed on 16 May 2014.

⁸⁶ See for example: Executive Committee of UNHCR, *Conclusion on International Cooperation and Burden and Responsibility Sharing in Mass Influx Situations*, 8 October 2004, available at: <http://www.unhcr.org/41751fd82.html>, accessed on 15 May 2014.

⁸⁷CESCR, General Comment 14, para 40, available at:

<http://www.refworld.org/docid/4538838d0.html>

⁸⁸ Amnesty International meetings with NGOs in Lebanon, February and March 2014

⁸⁹See UNHCR, *Resettlement, Humanitarian Admission, and Other Forms of Admission for Syrian Refugees 2013/2014 Pledges*, 11 February 2014, available at: <http://www.unhcr.org/52d565699.pdf>

⁹⁰For more information see: Amnesty International, *An International Failure: The Syria refugee crisis*, December 2013, available at: <http://www.amnesty.org/en/library/asset/ACT34/001/2013/en/8a376b76-d031-48a6-9588-ed9aee651d52/act340012013en.pdf>

⁹¹UN Convention on Refugees available at <http://www.unhcr.org/pages/49da0e466.html>

⁹²Article 14(1) states that *everyone has the right to seek and to enjoy in other countries asylum from persecution*, see: <http://www.un.org/en/documents/udhr/>

⁹³CESCR, General Comment 20, para 30, available at: <http://www.refworld.org/docid/4a60961f2.html>

⁹⁴Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Article 12), UN Doc. E/C. 12/2000/4, 11 August 2000, available at: <http://www.refworld.org/docid/4538838d0.html>

⁹⁵CESCR General Comment 14, para 52, available at: <http://www.refworld.org/docid/4538838d0.html>

⁹⁶CESCR General Comment 14, available at: <http://www.refworld.org/docid/4538838d0.html>