



REDUCING ECONOMIC BARRIERS TO ACCESSING HEALTH SERVICES (REBAHS)

Context

In Lebanon, since the beginning of the Syrian crisis, the majority of Syrians have settled in underserved areas throughout the country that are also home to some of the poorest Lebanese communities. **67 percent of vulnerable Lebanese and 87 percent of persons displaced from Syria are concentrated across 15 percent of the territory.** Each of these populations have critical needs: for example, around one million Lebanese live below the poverty line and are increasingly unable to satisfy their basic needs, including health care. Simultaneously, more than 70 percent of Syrian refugees in Lebanon are also living in poverty. Refugee households are constrained in their ability to cover basic needs, namely health care, food and rent, without turning to negative coping strategies, resulting in the accrual of debts.

Main challenges to accessing healthcare for those populations:

- Primary health care is unaffordable, with high costs for consultations and tests
- The quality of service provision, which varies widely between Primary Health Care Centres (PHCCs), and the negative perception of the quality of care by Syrian refugees which lowers their probability to visit a PHCC.

The REBAHS project

Funded by the European Trust fund for the Syrian Crisis (MADAD Fund), this 26 month project has started in January 2018. It is implemented by a consortium including PUI, International Medical Corps and the Foundation for the Social Promotion of Culture.

The project does not create parallel systems to the MoPH and focuses on supporting the PHCCs of the National System in order to deal with the increased number of patients due to the protracted nature of the crisis.

Through the support of a number of PHCCs most affected by the crisis, the project aims to lower the barriers to accessing healthcare for refugees and vulnerable populations with a three-pronged approach :

- 1- Subsidization of the cost of consultations and laboratory & imaging tests in primary care for vulnerable Lebanese and refugees (Flat Fee Model) ;
- 2- Support to PHCCs to improve quality of services and drug supply chain management and increase their capacity to deal with an increased patient load ;
- 3- Community outreach to disseminate key health messages and give information regarding access to healthcare (including reduced costs of consultation in supported PHCCs).

Our goal is to reduce the vulnerability of crisis-affected populations through the provision of primary health care and community health outreach services across Lebanon – for Syrian refugees, vulnerable Lebanese and other underserved populations while reinforcing the national health system.



Support to PHCCs

Targeted PHCCs

During the project, the number of PHCCs will be scaled up progressively over the first 9 months. The number of PHCCs to support is not fixed, the goal is to reach a certain number of supported consultations (264,000), so the number of PHCCs supported will depend on the volume of patients, but could go up to 18 centers.

Forms of support to PHCCs

- **Reinforcing the presence of medical staff at PHCC (financial support):** in order to make sure that medical doctors (including specialist such as gynaecologist and paediatrics) are available a sufficient amount of hours to absorb the increase demand for health care in the context of Syrian crisis, PUI is providing a financial support to pay staff salaries.
- **Contributing to PHCC running costs (financial support):** in a context where PHCC have to face an increased demand coming from Syrian refugees, PUI is providing a monthly contribution to support running and administrative costs for the PHCC.
- **Bridging the gaps for essential drugs (in kind support):** with an increased demand of care, PHCC are sometimes facing delays and shortages in essential drugs that they receive from MoPH. Acknowledging this situation, PUI is providing a buffer stock of essential drugs every two months to avoid shortages of essential drugs in order to ensure appropriate quality of treatment for all patients.
- **On-the-job coaching and supervision to improve the quality of health services.** The quality of care is measured by a set of indicators, and incentive payments are paid to the PHCC according to the achievements vs those indicators. PUI Medical Advisors are on hand to provide coaching and supervision to PHCC physicians.

Community outreach

PUI teams also conduct community health education, including awareness campaigns, health screenings health referrals in underserved areas, liked Informal Tented Settlements in which part of the Syrian refugees live. They complement clinic-based services through Health Referrals and Community Screenings as well.



What is the flat fee model?

In a context where mobile clinics and parallel systems, (often used in emergency contexts) were not justified anymore due to the protracted nature of the crisis, PUI developed an alternative approach to help the national system itself cope with the influx of refugees and their needs for primary healthcare.

Under the Flat Fee Model, and in order to **limit economic barriers** for Syrian refugees and poor Lebanese who need health care, PUI **covers 70% of the cost of the consultation fee (7000 LBP out of a 10 000 LBP fee) and all of the cost of laboratory and imaging tests in the PHCCs it supports.** Those are paid directly to the PHCCs, with patients facing only 3000 LBP (about 2 USD) out-of-pocket cost for a consultation. All follow-up consultations and diagnostics tests for the same condition are free of charge.

PUI is also providing support directly to the PHCCs to cope with an increased number of patients. Those include (i) Contribution to staff salaries, in order to allow PHCCs to fund longer opening hours to face the patient increase; (ii) Additional free-of-charge essential drugs to create buffer stocks in case of drug shortages; (iii) Contribution to running costs based on the monthly number of patients; (iv) Medical advice and supervision to monitor the quality of health care, with payment of a financial incentive to increase quality.



The impact : more patients

In a pilot project predating REBAHS, also based on this model, based on 6 PHCCs, PUI saw an increase of patients of 41% on average, after removing this economic barrier to healthcare.

The lesson learnt was that other kinds of support to PHCCs had to be added to help them cope with this increase and maintain quality, which was emphasized in the design of the REBAHS project.



PHCC selection criteria

The PHCCs are selected in coordination between PUI and the MoPH, through direct observation and data analysis and take into consideration the number of Syrians in the area & vulnerability levels of populations in the catchment area. 67% of vulnerable Lebanese and 87% of Syrian refugees concentrate on 15% of the territory: PHCCs in those areas are targeted under the project.