Access to hospital services for Palestine refugees: the challenge of UNRWA in difficult times

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Palestine refugees (PR)

- 5,600,000 PR in
  - West Bank: 870,000
  - Gaza: 1,450,000
  - Jordan: 2,240,000
  - Lebanon: 480,000
  - Syria: 560,000

- 1/3 still lives in 58 refugee camps
Palestine refugee, my boss
Palestine refugees’ health
(causes of death in Palestine)

Non-Communicable Disease (NCD) (78%)

https://vizhub.healthdata.org/gbd-compare/
UNRWA

• Established in 1949
• Service provision
  – Education (700 schools, 500K students)
  – Health (144 clinics, 3.1M patients)
  – Relief & social services
  – Emergency support
    (1M food support in Gaza)
• Protection
  – 70+ years of support
Access to UHC for Palestine refugees

• Health crisis: NCD including mental health
• Human crisis: society, economy & dignity
• Primary health care: first & foremost
• Hospital care: essential health services
Access to primary health care

- **Condition**: NCD crisis including mental health
- **Tool**: 144 health clinics & 3500 wonderful staff
- **Response**:
  - Family medicine (family health team)
  - Electronic medical record (e-health)
Family health team

BEFORE

FROM Disease-centered to Person-centered
e-health (EMR)

- All UNRWA made
- Internet-based, all clinics connected
- 22 reports
- 3.6M pt. records

UNRWA clinic in Syria
Reform results (2011-2017)

Satisfaction

Patient

Staff

Daily medical consultation

Antibiotics prescription rate

% 4 ANC visits
Make UNRWA more responsive

Mental health (mhGAP)  

Family medicine training

Postgraduate training in Gaza

How do we train doctors in family medicine in resource-poor environments? Lovell and colleagues report on a programme that delivered a postgraduate diploma in the Palestinian territories on the Gaza Strip. Analysis showed significant improvements in patient-reported outcomes and satisfaction. Doctors reported a positive experience and developed a patient-centred approach. The diploma programme is a scalable model that could up-skill family doctors in areas of political and economic turmoil.
Make UNRWA more responsive

Health system resilience in the face of crisis: analysing the challenges, strategies and capacities for UNRWA in Syria

Zeina Jamal 1,*, Mohamad Alameddine 2, Karin Diaconu 3,1, Graham Lough 1, Sophie Witter 1, Alastair Ager 1 and Fouad M Fouad 3

Innovations
Smartphone app (MCH)

Publications
health system resilience
Old Access to hospital services

• **Historically**, part of UNRWA health services
• Supplementary for those in need
• Reflection of access to hospital services in host countries
• Responsive but not entire strategic...
PR population

- Lebanon: 40%
- Syria: 10%
- West Bank: 15%
- Gaza: 26%

n=5.6M

UNRWA Hp expenditures

- Lebanon: 58%
- Jordan: 5%
- Gaza: 6%
- West Bank: 18%
- Syria: 13%

n=USD 22.6M
Lebanon hospitalization crisis

UNRWA expenditures on hospitals (USD M)

<table>
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<th>Year</th>
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<td>2011</td>
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Lebanon Hp crisis: why?

• Limited access to hospitals: increase needs
  – Only 5% of Palestine refugees have health insurance
  – No access to Lebanon Ministry hospitals

• Limited managerial capacity in UNRWA
  – Weak contractual & payment management
  – No data management system
Lebanon Hp crisis: response

• Containment measures from 2018:
  – Strengthen managerial capacity → new manager
  – Audit of referrals & invoices → monitoring officers
  – Extensive database → next slide
  – Strengthen HC referral role → Family medicine
  – Collaboration with Palestine Red Crescent Hospitals
Hosp. Monitor Database

- Web based
- On the spot data entry
- ICD 10 level 2 diagnosis
- Medical & Financial data
Lebanon HSP expenditure (USD M)
New Access to hospital services

- **Condition**: NCD crisis, Human crisis
- **Tool**: Contracted hospitals (only 1 UNRWA hp)
- **Response**:
  - Improve PHC: person-centered family medicine
  - Hospitalization support policy: next slide
  - Rigorous contracts and monitoring: e.g. Lebanon
Hospitalisation support policy

- **WHO?**: Those most in need
  - Poor, non-insured, no-alternatives
  - Risks of catastrophic health expenditure

- **WHAT?**:
  - Urgency of clinical need (lifesaving, urgent)

- **HOW?**:
  - Hospitals: negotiated prices
  - Patients: cost sharing
New reality

- Gaza “great march of return” casualties
- Beyond Gaza Hp care capacity
- Cared at UNRWA clinics
Access to UHC in the time of crisis

• UNRWA’s experience
  – Strengthen PHC is critical
    • Health protection of the community: e.g. NCD, MH, MCH, etc.
    • Referral role for higher levels of care: e.g. Lebanon
    • Supplement to hospital care: e.g. Gaza (“great march of return”)
  – Collaboration with hospitals is a must
    • Protect access to lifesaving care (including NCD)
    • Contracts management with dataset analysis
    • Financial management: difficult but not impossible
Access to UHC in the time of crisis

- People need both hospital & PHC services
  - No distinction in people’s health needs: continuum of care
- Responsive to changing disease burden
  - NCD, casualties, etc.
- Responsive to service demand
  - PHC or Hp alone can’t manage
- Health care financing is a challenge
  - Strong management & innovation