

Enhanced Access to Healthcare of Undocumented Migrant Workers in Lebanon: the case study of Amel Association

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Amel Association is a 45 years NGO based in Lebanon, committed to the support of every human being regardless of any discrimination; through its 30 centers and 6 mobile clinics. Provision of Primary health care and Support to Migrants are two out of its 15 programs spread throughout the country. Amel, seeks to provide services as much as aims at advocating to impact policies to amend for enhanced equity to the most vulnerable. Amel is a Nobel Prize nominee, recipient of the UNHCR big heart Foundation prize and the only IOM Observer in Lebanon.

SCOPE OF THE STUDY

This study is based on a target of 2879 migrants with 1337 undocumented and 1542 documents migrant workers in Lebanon. This data collection was conducted from November 2022 till March 2024 in 2 of Amel Primary Health Care clinics in Beirut and Mount Lebanon (BML) that are Karm El Zeytoun in Ashrafieh and Bourj-El Barajneh in Beirut Southern suburbs, both in underprivileged communities.

A migrant worker is defined as any person who came to Lebanon for economic reasons that are mainly from Africa and South-East Asia that account to nearly 84 nationalities with the highest from Ethiopia (39%), Bangladesh (19%), Sudan (11%) and Sri Lanka (10%)

Background

Migrant Workers forming nearly 18% of the population in Lebanon with a total of 160,738 with nearly a total of 37% undocumented also called live-out. They are faced with the Sponsorship system (Kafala) that puts them subject to modern slavery; including cases of smuggling and trafficking through unsafe migration pathways from countries of Origin (COO) to Countries of Destination (COD). The most vulnerable migrants are the ones who ran away from the employer due to violence or exploitation and became undocumented that increase their vulnerability. Most of these migrants lacking regular legal status are denied access to health due to the absence of identification documents, or documents in the native language. This sets a real concern of health and equity, in addition to a threat to public health and prevention of diseases.

Objective

The objective of the research showcase how Amel Association programming through its Human rights based approach (HRBA) and lobbying, ensures access to health to migrant workers with undocumented/irregular legal status.

Methodology

(1.)Secondary Data of Migrants subtracted from the Phenics Health Information System (HIS) based on the migrants accessing free health consultations and medications through Amel Primacy Health Care Centers in Lebanon (2.)Secondary Data of Migrants subtracted from the Database of protection support provided through case management that sets the vulnerability scoring of the designated migrants accessing health. (3.)Focus Group Discussions conducted with undocumented migrants. (4.)Semi-structured interviews with key decision makers and stakeholders as key personnel in the ministry of Public health, insurance companies, consulates and embassies issuing identification documents, among others, and (5) .Results and Discussions: Present the results and discussions of the study or project. Emphasize important and innovative aspects of your work.

Results

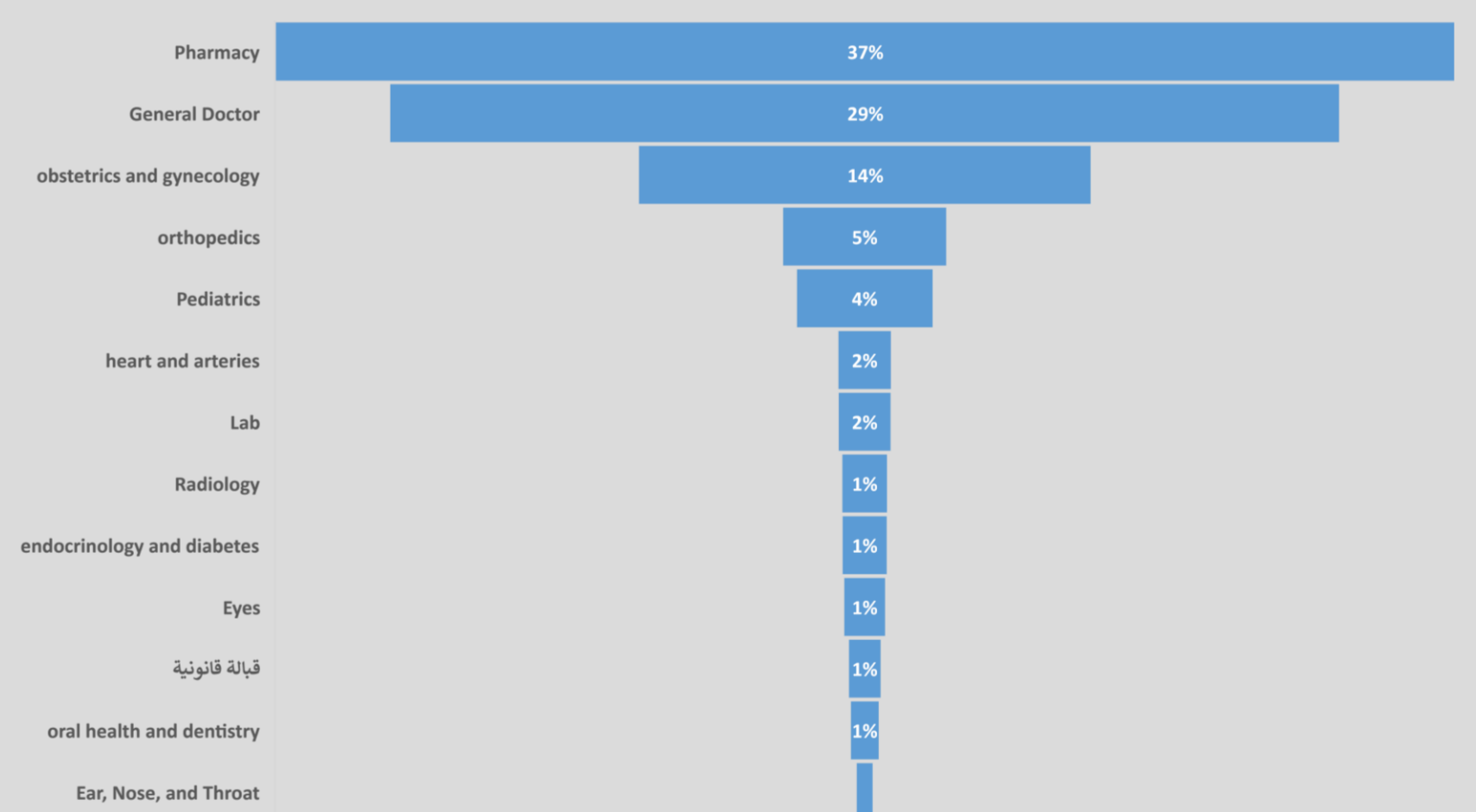
The 2879 migrants included in the study are from 18 nationality with gender disparity of 79 % women, 9% male, 7% girls and 6% boys. Age groups account to 80% between 15-59 years old, 12% between 0 and 17, and 8% above 60. As per marital Status 49% are single, 30% married and 8% divorced.

Almost half of the undocumented migrants are sick or injured • 60% of injured or sick undocumented migrant are on medication. • 72% of injured or sick Undocumented Migrants Need Medical support • 58 % of pregnant undocumented migrants Never Visited a gynecologist • 53% of undocumented migrants who have children in Lebanon under 18 never visited a Gynecologist. • 58% of undocumented migrants in Lebanon who experienced discrimination in their countries of origin are now suffering from sickness or injuries. In contrast, those who did not face discrimination have a higher percentage of being healthy and uninjured •The higher percentage of Undocumented migrants who have children under 18 in Lebanon and need medical examination are Married and 32% are single. • 67% of Divorced undocumented migrants who have children in Lebanon need medical examination. • 63 % of pregnant undocumented migrants need Medical support

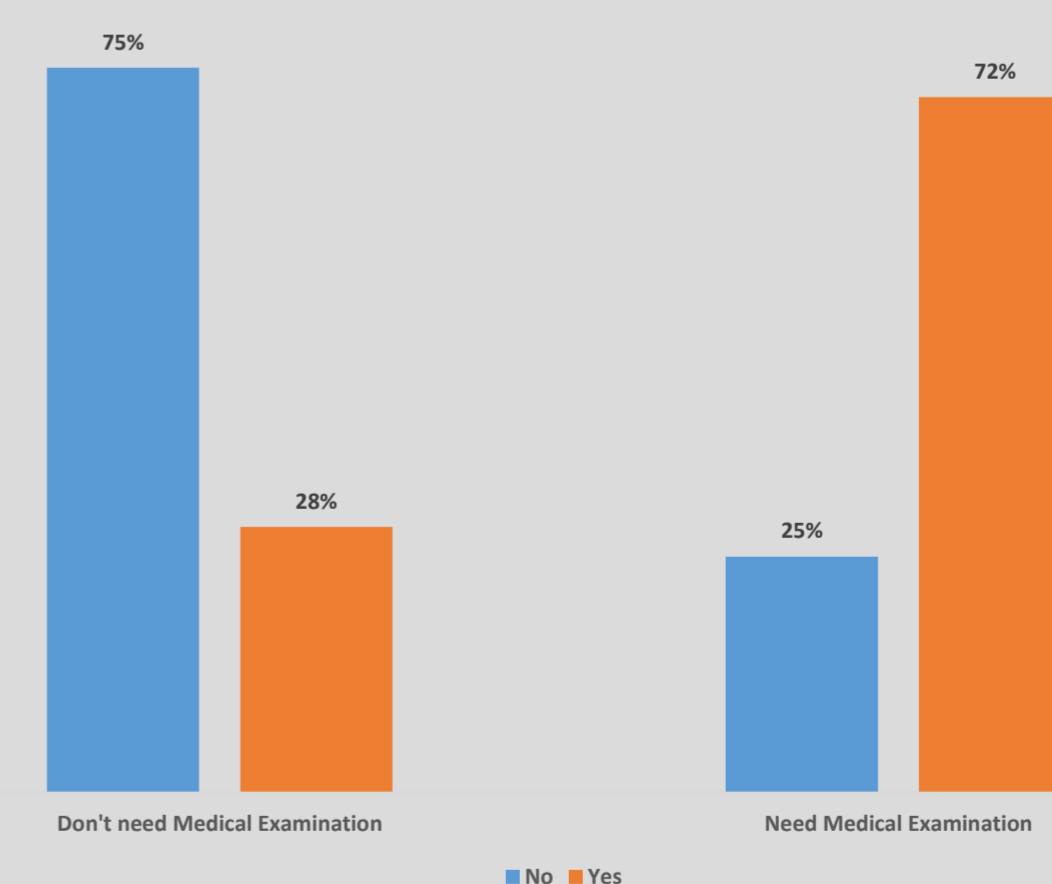
The highest morbidities of undocumented to Primary Health care services are by order hypertension, supervision of a normal pregnancy, Non-insulin-dependent diabetes mellitus, Acute upper respiratory infection, and low back pain. The highest utilization of health services are 37% to access medication, 29% for a health consultation with a General Practitioner, 14% to see a gynecologist, 5% aorthopedics, 4% Pediatrician, 2% cardiologist and 1% for each a lab test, Radiology, endocrinology and diabetes, ophthalmology, midwife, oral health and ENT.

Conclusion

•Undocumented migrants are highly denied access to health, and hence access to other protection services. • There is a direct correlation between lack of access of migrants to health care in the countries of destination of migration, with safe recruitment pathways, and discrimination status in the countries of origin. • Increased awareness on access to health with a comprehensive and multi-sectoral approach of protection ensures increased access to health for migrants for its success including awareness raising and protection. • Enhancing equity of migrants to health care increase prevention and reduce the cost on tertiary care/hospitalization • There is a major need to impact policies in order to ensure access of undocumented migrants to health as part of the Global Health Principles of humanitarian support, and public health approach of healthcare.



• Graph 1 : Utilization Patterns of Migrants to Health Services



Graph 2 : Percentage of Injured or Sick Undocumented Migrants that Needs Medical Support



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