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A WORSENING HEALTH CRISIS FOR CHILDREN

THE CONSEQUENCES OF THE FAILING HEALTH SYSTEM HAS IMMEDIATE AND LONGER-TERM IMPACTS ON CHILDREN.

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BEIRUT – The ripple effects of the global economic situation – with heightened prices and increased inflation – are delivering yet another blow to Lebanon, which is already plagued by multiple crises that have devastated the health system and put the lives of the country’s children at risk.

The combination of a calamitous economic meltdown, COVID-19 and the aftermath of the 2020 Beirut explosions have left families struggling to cope amid rising poverty and spiralling inflation. Global fuel price hikes, coupled with Lebanon’s inability to import some raw materials, including wheat, have sent prices soaring even higher.

“With Lebanon’s health system being stretched to breaking point by so many crises, many families can no longer afford to even travel to health facilities for basic immunization services, medication and treatment. Repeatedly, anguished parents and families are unable to access basic health care for their children – as many dedicated health workers struggle to keep operations running during the crisis.”

Ettie Higgins, UNICEF Lebanon Representative a.i.



Three-year-old Sendus with her mother in their tented home at a refugee camp in the Bekaa.

HEALTH IN CRISIS

The health sector has suffered a major exodus of medical professionals. An estimated 40 per cent of doctors – including neonatologists and obstetrician-gynaecologists – and 15 per cent specialized Neonatal Intensive Care Unit (NICU) nurses and 30 per cent of midwives have left the country, seriously affecting the quality and accessibility of health care for women and children.¹

A hiring freeze by health facilities and limitations on imports of medications and equipment have further affected the ability to provide even the most basic health care – with 58 per cent of hospitals reporting drug shortages and 39 per cent of hospitals reporting shortages in medical consumables². Many families cannot afford the costs of transporting their children to a health centre, and private sector care, which was widely used before the crisis, is now entirely out of reach for many households.

“Many children aren’t receiving their essential routine immunizations because, even though we give the vaccines for free, their parents don’t have enough money to pay for the transport to bring them here.”

Eman, a nurse at a Public Health Care Center



Doctor conducting a routine physical examination to check overall health of a baby at Qab Elias Primary Healthcare Center.



40%
OF DOCTORS
HAVE LEFT THE
COUNTRY



50%+
OF FAMILIES WERE UNABLE
TO OBTAIN THE MEDICINES
THEY NEEDED



34%
OF CHILDREN
COULD NOT ACCESS
HEALTHCARE

After almost three years of economic crisis, the situation for children in Lebanon looks likely to keep worsening. Between April and October 2021, the number of children who could not access health care when they needed it rose from 28 per cent to 34 per cent, according to UNICEF rapid assessments.³ Another study showed that more than 50 per cent of families were unable to obtain the medicines they needed.⁴

With 80 per cent of the population living in poverty, new hikes in fuel and food prices are likely to force people to make further painful decisions, such as cutting down even more on health expenditures.

“My young daughter is sick. She’s registered within Lebanon’s state medical insurance programme. Today, there isn’t enough money in the system for her to be treated in a government hospital. I brought her here and will pay for the tests on her heart myself, but I don’t have enough left over to buy the medicines she needs.”

Khayriyah, mother of two children

“I have prioritized my children’s routine immunizations and regular health check-ups at the expense of my own health. My conditions will have to wait.”

Salwa, mother of Mustafa

The crisis has also led to a shortage of foreign currency required for international procurement of essential medicines and supplies, and left the Government unable to pay debts to hospitals. This has had a major impact on delivery of life-saving health services to children. The removal of subsidies on basic supplies, including food, fuel and some pharmaceuticals, has made matters worse.

In addition, shortages of basic utilities such as electricity, fuel and water, have left the public health sector struggling to maintain safe, accessible operations. Higher fuel prices present a further threat to essential services, such as vaccine delivery, despite efforts to rapidly increase the use of solar power.



UNICEF partner - IOCC- visiting a family during their visit to a PHC center in the Bekaa.

ALARMING REDUCTIONS IN RATES OF VACCINATION

Keeping the cold chain for vaccines running – which requires power – is critical amid efforts to halt a decline in routine vaccination rates that has left hundreds of thousands of children vulnerable to preventable and potentially deadly diseases such as measles, diphtheria and pneumonia.

The COVID-19 pandemic, coupled with the economic crisis has severely affected routine vaccination of children, which dropped at an alarming level by 31 per cent at national level.⁵⁻⁶ Review of routine immunization data at the end of 2021 also corresponds to the finding of more than 30 per cent drop in immunization coverages. Even before the pandemic, immunization rates were low. One study shows that in 2019, only 39 per cent of children received all essential childhood vaccines, while 35 per cent of children at 9 months of age had not been vaccinated against measles.⁷ This is especially worrying as Lebanon has had outbreaks of measles and mumps since 2013.⁸

The number of ‘zero dose’ children – those who missed their first dose of Pentavalent vaccine – increased from 4 per cent in 2019 to 13 per cent in 2020,⁹ and is expected to continue rising with the falling immunization coverage. The Pentavalent vaccine provides protection against diphtheria, pertussis, tetanus, hepatitis B and Haemophilus Influenzae type b (Hib).

More families than ever before now rely on Lebanon’s poorly funded public health system – including those who had previously relied on the private sector for their routine vaccinations. Only 2 in 10 children are now vaccinated in the private sector, as compared with 4 in 10 before the economic crisis. As the economic situation worsens, many children have missed their scheduled doses. The Ministry of Public Health (MoPH), with support from partners, is ensuring availability of quality vaccines in public health settings, to maintain children’s immunity against vaccine preventable diseases. The vaccines are administered to children free of charge.

As part of efforts to keep vaccines safe at recommended temperature levels, UNICEF is providing solar power equipment to strengthen the cold chain system. But more efforts are needed to prevent a further decline in routine vaccination rates.



Joud, one year old, receiving routine vaccination at a Primary healthcare centre.

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Child receiving routine vaccination at a Tripoli Public Health Care Centre

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NEONATAL AND MATERNAL MORTALITY RISING



Premature newborn receiving intensive neonatal care at Karantina Governmental hospital

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The first 28 days of a baby's life – the neonatal period – are the most vulnerable time for a child's survival.¹⁰ Tragically, neonatal mortality – the number of children who die within those first four weeks – rose dramatically among refugees in four provinces assessed, from 65 neonatal deaths in the first quarter of 2020 to 137 in the third quarter,¹¹ while there has also been a slight increase among Lebanese since 2016. Lebanon had achieved remarkable success in reducing maternal deaths, but numbers rose again between 2019 and 2021, from 13.7 to 37 deaths per 100,000 live births.¹²

Access to health care is further limited by a sharp decrease in hospital bed capacity, particularly in maternal and pediatric care. A rapid assessment, conducted by UNICEF in March 2022, revealed a 12.6 per cent drop in maternal bed capacity, with the Bekaa and Baalbeck Hermel (BB) governorates the worst affected, at 28.6 per cent, followed by Beirut and Mount Lebanon (BML), at more than 25 per cent.

The drop in pediatric bed capacity is even more alarming, at more than 27 per cent nationally and 57 per cent in BB, 28.4 per cent in South and Nabatiyeh, 23.6 per cent in BML and 18.1 per cent in North and Akkar. Availability of pediatric Intensive Care Unit beds dropped by 12 per cent (36.8% in BML) while availability of newborn Intensive Care Unit beds reduced by 5.5 per cent (21.7% in BB and 21.8% in BML) impacting the overall capacity to treat severely sick newborn and young children.

THE HIGH PRICE OF SAFE WATER

Fuel shortages and power outages, coupled with the near collapse of Lebanon's water sector, have left some vital facilities, such as hospitals and health centres, without access to safe water, while many families cannot afford the cost of drinking water. This could have disastrous consequences – particularly for children – such as an increase in potentially deadly waterborne diseases.

POOR NUTRITION AND FOOD INSECURITY



53%

OF CHILDREN HAD TO SKIP A MEAL



90%

OF CHILDREN DO NOT MEET THE STANDARDS FOR MINIMUM MEAL FREQUENCY



7%

OF CHILDREN NATIONALLY WERE FOUND TO BE STUNTED

The repercussions of so many overlapping crises is accentuating the rise in food insecurity and malnutrition.

Lebanon's inability to import from Ukraine and Russia, which used to provide more than 80 per cent of Lebanon's wheat imports,¹³ is leading to even higher food prices. In 2021, the cost of a food basket – the minimum food needs per family per month – increased 351 per cent in Lebanon.¹⁴

Families already are finding it increasingly difficult to put food on the table, as reflected in surveys showing that the number of children who had to skip a meal rose to 53 per cent in October 2021, from 37 per cent just six months earlier.¹⁵

For infants and children under the age of 2, the situation is even more dramatic. Lebanon's National Nutrition Survey 2021 shows that the key nutritional indicators for young children are poor from the very beginning of life and worsen over time. Only 63 per cent of children start breastfeeding within one hour of birth and 68 per cent are not exclusively breastfed by the time they are 6 months old, which means they are missing out on what essentially amounts to their first vaccination and their best start in life. More than 90 per cent of children do not meet the standards for minimum meal frequency, dietary diversity or acceptable diet during the crucial period for growth and development up to age 2.¹⁶

In 2021, 7 per cent of children nationally were found to be stunted, and rates among Palestinian and Syrian refugee children were as high as 10 per cent and 26 per cent, respectively.¹⁷ Stunting is an indication of chronic malnutrition and food insecurity. Poor nutrition, particularly in the first 1,000 days from conception until the age of 2 can have severe and irreversible consequences, including poor cognition and educational performance, lower productivity as an adult and an increased risk of chronic disease.

Mothers too are seeing an increase in malnutrition – with 41 per cent of women and 43 per cent of children aged 6-59 months suffering from anaemia.¹⁸ Anaemia, which lowers the body's ability to carry blood oxygen, is an indicator of inadequate nutrition, food insecurity and poor access to health services. In children it can lead to cognitive impairments and impact psychomotor and physical development. During pregnancy and breastfeeding, anaemia is associated with low birth weight, preterm birth and maternal mortality.



A young infant being checked for signs of malnutrition with a mid-upper arm circumference (MUAC) tape.

THE NEED FOR SUPPORT AND A SHIFT OF FOCUS

Support is critically needed to help overcome the overlapping emergencies, prevent a further deterioration of the health and nutrition situation and address the needs of vulnerable children and women.

A strong focus needs to be placed on vaccinating all children against vaccine preventable diseases, and on ensuring they receive all their routine vaccine doses at the scheduled age. This requires helping families reach health facilities, raising awareness among caregivers and strengthening the cold chain and supply chain for vaccines.

There is also an urgent need to scale up efforts to improve the nutritional well-being of children and women, to avert what could be a dramatic increase in malnutrition.

Ensuring that everyone in Lebanon can access quality, cost-efficient care will require shifting the focus from curing illness to encouraging care that promotes health and well-being, and prevents illness and disease.

“With this devastating crisis in its third year and threatening to worsen, it is absolutely critical that all parties in Lebanon do their utmost to meet the health and nutritional needs of vulnerable women and children.”

Ettie Higgins, UNICEF Lebanon Representative a.i.

UNICEF IN ACTION

As of 2021, UNICEF has focused on Maternal, Newborn, Child and Adolescent Health (MNCAH) and Nutrition, including mental health, through 140 primary health-care centres.

- ▶ With public sector vaccination at half the 2019 level, UNICEF sought to sustain coverage and reach as many children as possible.
- ▶ In collaboration with MoPH and the Lebanese Red Cross, UNICEF reached and vaccinated 35,000 children and adolescents, during December 2021-January 2022, who missed their vaccinations.
- ▶ UNICEF, in collaboration with MoPH and Lebanese Red Cross, is continuing its effort to reach 100,000 children and adolescents who missed their vaccination in nine most vulnerable districts.
- ▶ UNICEF procured 1.3 million vaccine vials and consumables for the entire immunization program.
- ▶ UNICEF is supporting the upgrading of the cold chain for medicine and vaccines including solarization of the national vaccine store, 14 district stores and the installation of 30 solar cold chain equipment at health facilities.
- ▶ UNICEF is supporting improved access to vaccination services through mobile vaccination units.
- ▶ UNICEF procured more than 1.9 million COVID-19 vaccine doses and reached almost 10,000 caregivers with preventive COVID-19 packages.

- ▶ UNICEF supported the procurement of 97 tons of essential medications and medical supplies to be provided free of cost by primary health care centres to beneficiaries.
- ▶ UNICEF provided essential maternal, newborn and paediatric health services, and trained health providers, midwives, vaccinators and frontline community workers in the wake of the Beirut Port explosions. Almost 27,000 people benefited from this support.
- ▶ UNICEF is supporting rehabilitation of the main maternal and newborn referral hospital damaged in the Beirut Port explosion.
- ▶ UNICEF, supported by 15 partners, has led the newly created stand-alone nutrition sector since October 2021, to ensure a strong and coordinated response to the growing needs in Lebanon.
- ▶ UNICEF provided micronutrient supplements to 30,000 children under age 5, screened close to 210,800 children for malnutrition, and subsidized treatment to more than 2,300 acutely malnourished children.
- ▶ UNICEF provided extensive support in institutionalizing the Baby Friendly Hospital Initiatives, which helped ensure that 63 per cent of newborns in Lebanon benefit from early initiation of breastfeeding, twice the average in the Middle East and North Africa region.
- ▶ UNICEF set up a nationwide Infant and Young Child Feeding (IYCF) campaign in partnership with the parliamentary Women and Children committee, MoPH and more than 60 partners. This is coupled with an IYCF hotline that aims to increase outreach, referral and counselling across the country. The campaign reached almost 4.2 million people through social media in 2021 national and internationally.
- ▶ More than 601,000 caregivers of children under age 2 received awareness messages on optimum IYCF and more than 45,000 pregnant and lactating women were given face-to-face counselling on IYCF.
- ▶ For the past year, UNICEF has guaranteed the delivery of an average of 137,000 cubic metres of water per day, reaching more than 680,000 people monthly.

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