

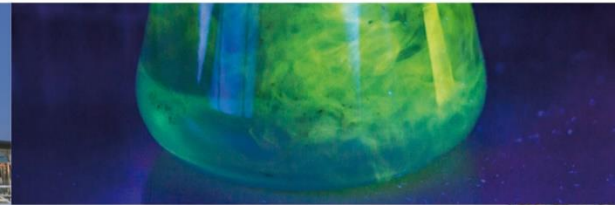
**78<sup>th</sup> FIP World  
Congress of Pharmacy  
and Pharmaceutical  
Sciences**

Glasgow, UK  
5 September 2018

# Finding The Humanitarian Face of Pharmacy Migrants, Refugees and Internally Displaced Persons – Support By Pharmacists The Lebanese Experience



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**GLASGOW 2018  
FIP WORLD CONGRESS**  
2-6 September



# Lebanon

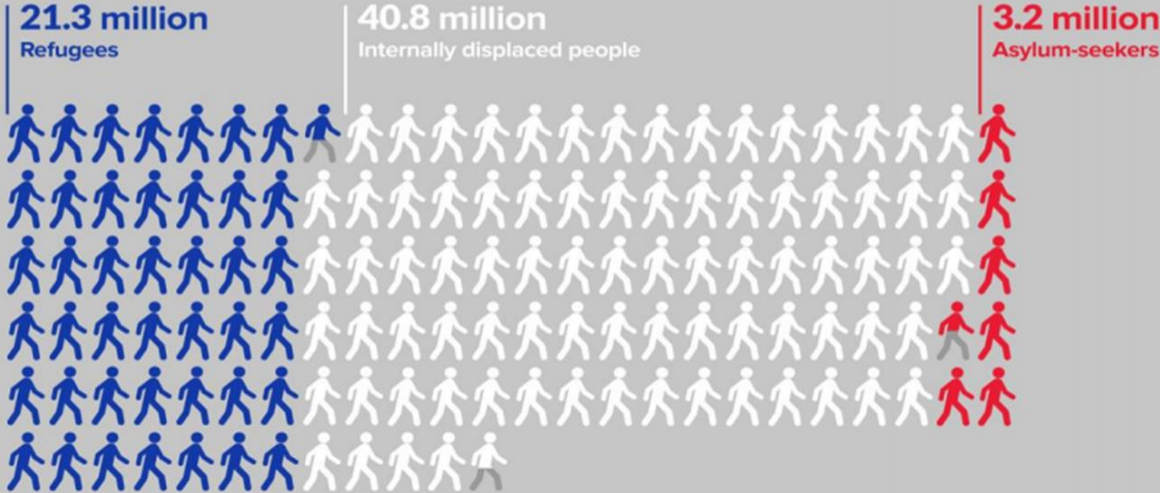


Capital: Beirut  
Population: 6.007 million (2016) World Bank  
Area: 10,452 km<sup>2</sup>



For six years, tensions have simmered as 1.5 million Syrians poured into Lebanon, equal to around a quarter of its population.

**65.3 million** people worldwide are forcibly displaced — roughly the population of France



500,000

Source: UNHCR / 20 JUNE 2016

UNHCR  
The UN Refugee Agency



450,000 Palestinian refugees are Registered in Lebanon

In Lebanon: 2 millions registered refugees

# Generalities / United Nations Statistics

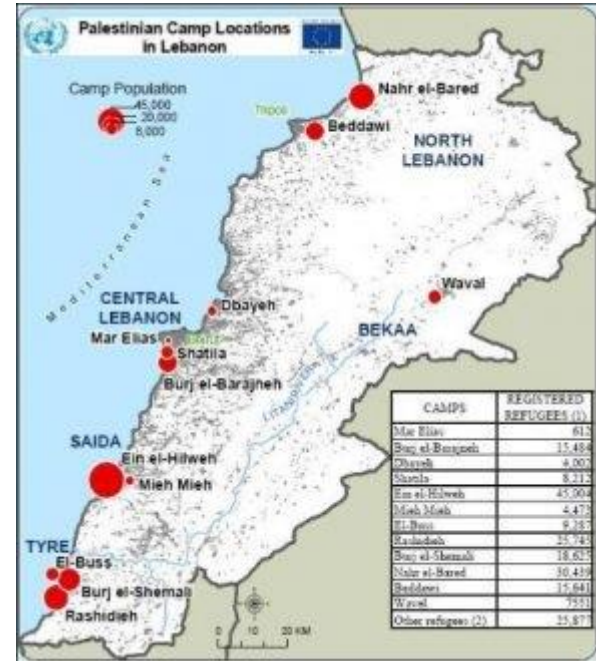
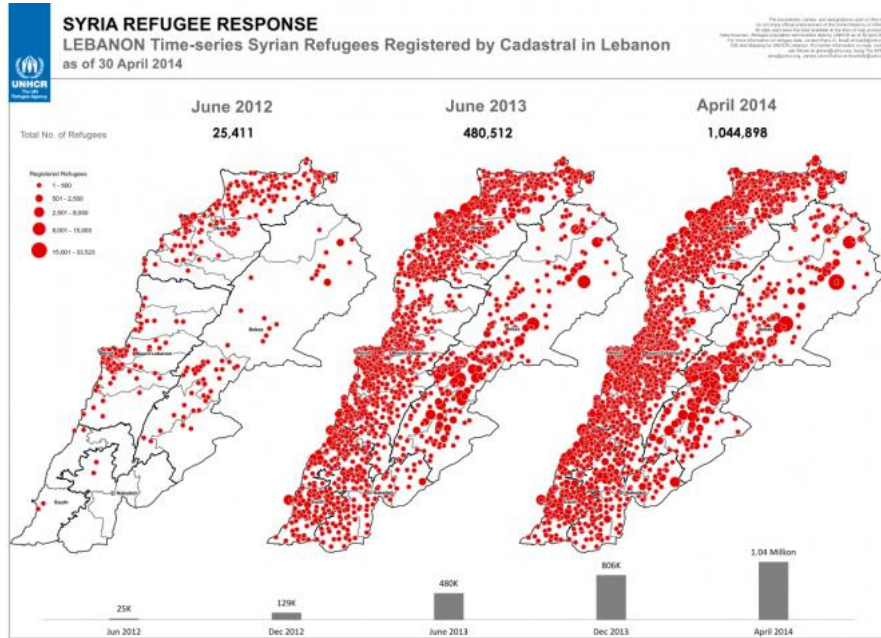


- Lebanon has suffered from poverty, war and political instability
- Not well equipped to host the largest per capita population of refugees in the world
- Lebanon has been home to refugees since 1948, situation aggravated in 2011
- 56% of the Palestinian refugees are under 25 years of age
- 60% of the Syrian refugees are under 25 years of age
- 32% of the Refugees suffer from chronic diseases





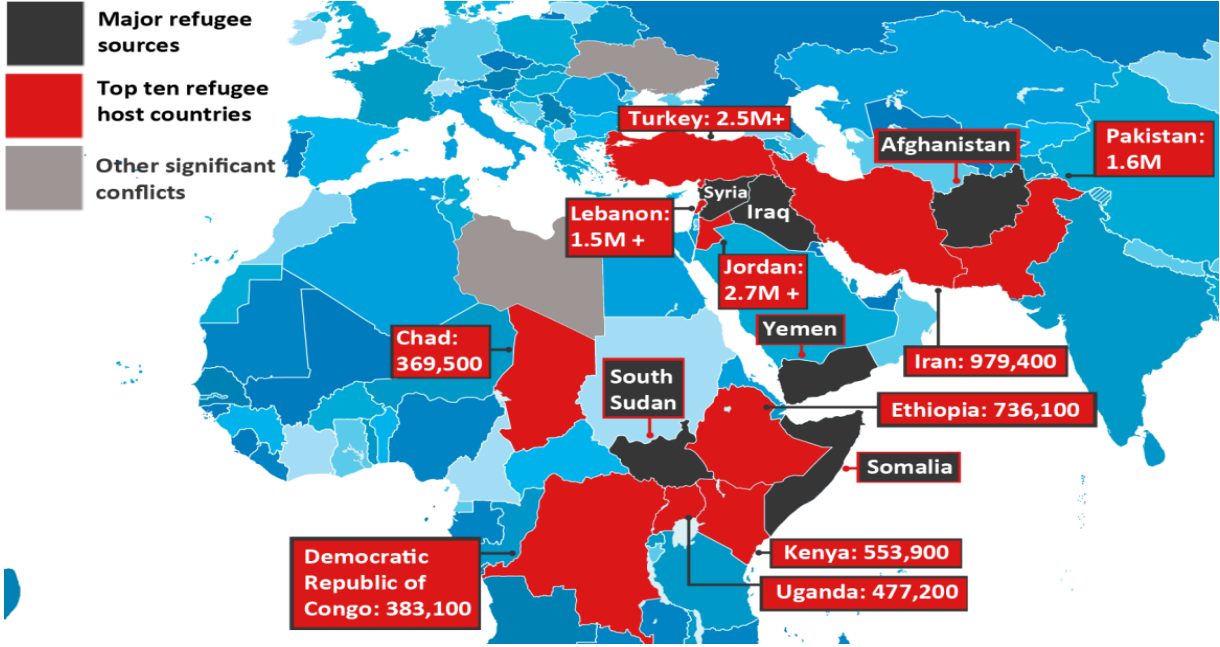
# Where ?



How ?



# Ranking







## Needs of refugees

-Primary Health Care

Main reasons for consultation URTI, LRTI, skin disease, NCDs and injuries

-Non Communicable Diseases (NCDs)

Most prevalent diseases are hypertension, diabetes, Asthma/COPD, and heart disease

## Barriers to access health

-Financial: user fees especially for hospital care

-Transport costs

-Fear of movement due to lack of legal status

-Long waiting time at facility

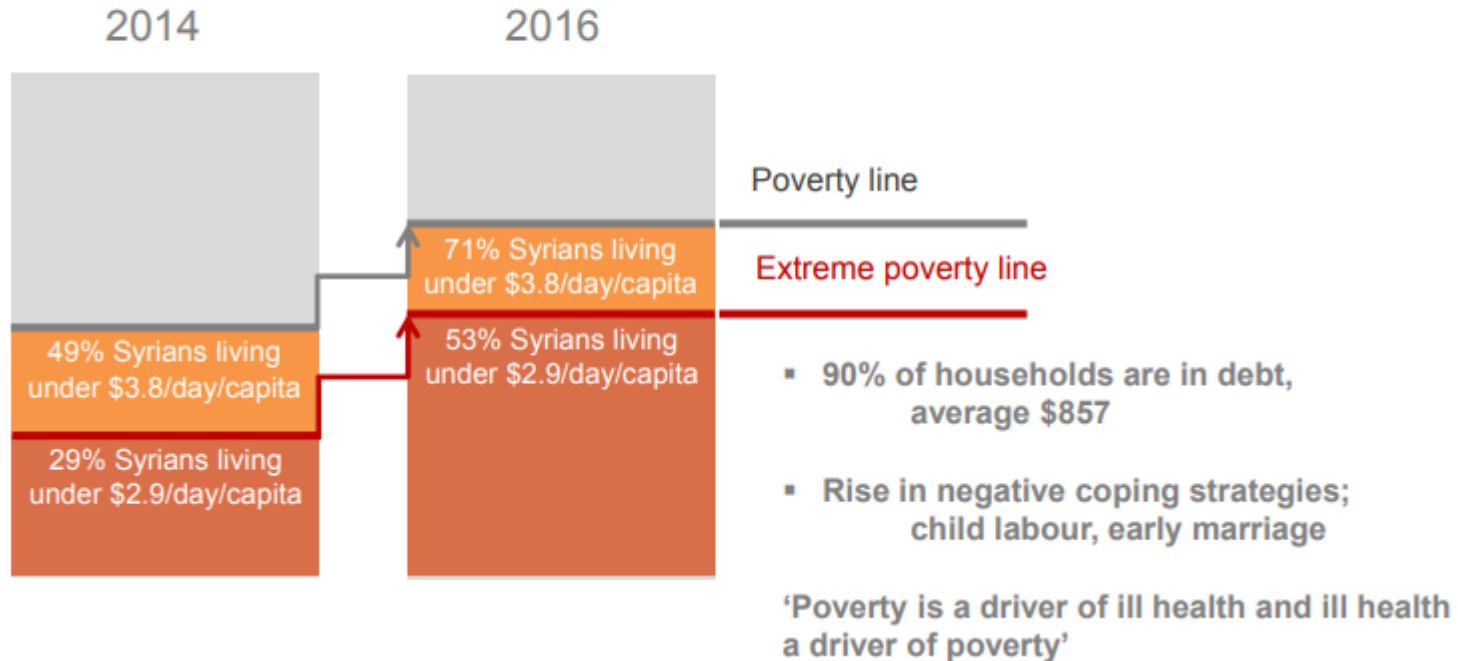
-Service not available





## INCREASING POVERTY ( Lebanon example)

Page 9



# Needs in Lebanon



## Pharmacist Role in:

- Sexual and reproductive health
  - Antenatal care services
  - Delivery services
  - Post-natal care services
  - Family planning
- Childhood vaccinations
- Mental Health
- Acute conditions
- Chronic conditions
  - Back/joint pain
  - Hypertension
  - Asthma/pulmonary disease
  - Heart disease
  - Diabetes
  - Kidney disease
  - Mental disease
  - Cancer

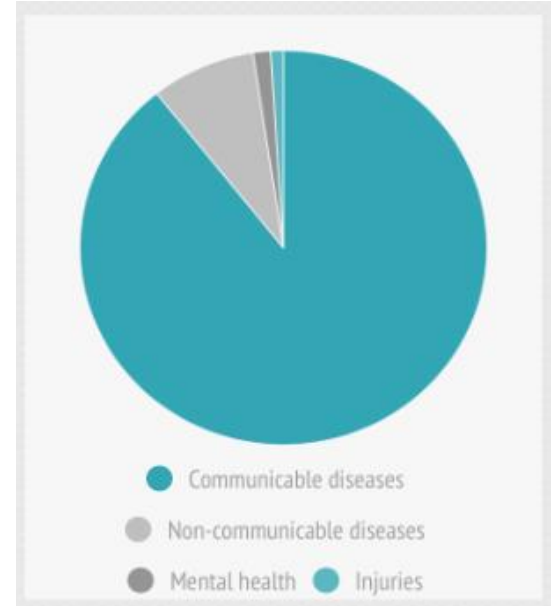


# Supplying medicines to refugees: a logistical nightmare



*the*  
**PHARMACEUTICAL JOURNAL**  
*A Royal Pharmaceutical Society publication*      26 FEB 2015

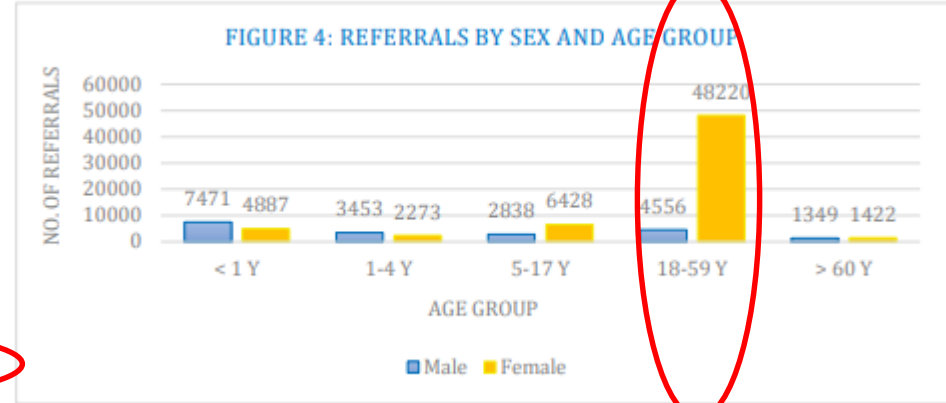
THE GRAPHIC SHOWS DATA FOR THE LAST  
FOUR MONTHS OF 2013 FROM 47% OF  
UNHCR-SUPPORTED CLINICS IN LEBANON.  
TOTAL CONSULTATIONS: 52,060





In December 2017, **997,552** Syrian refugees and **20,500** refugees from other countries were registered with UNHCR. However, the referral care programme also supports access to life saving and obstetric care for unregistered refugees.

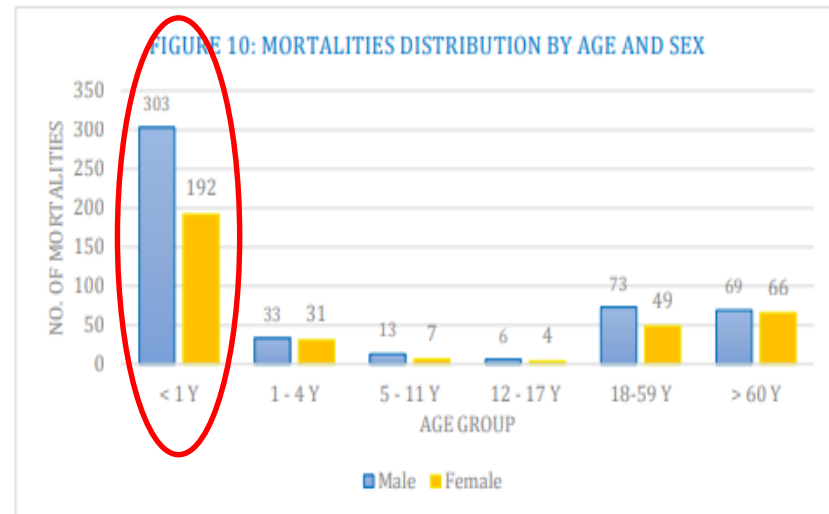
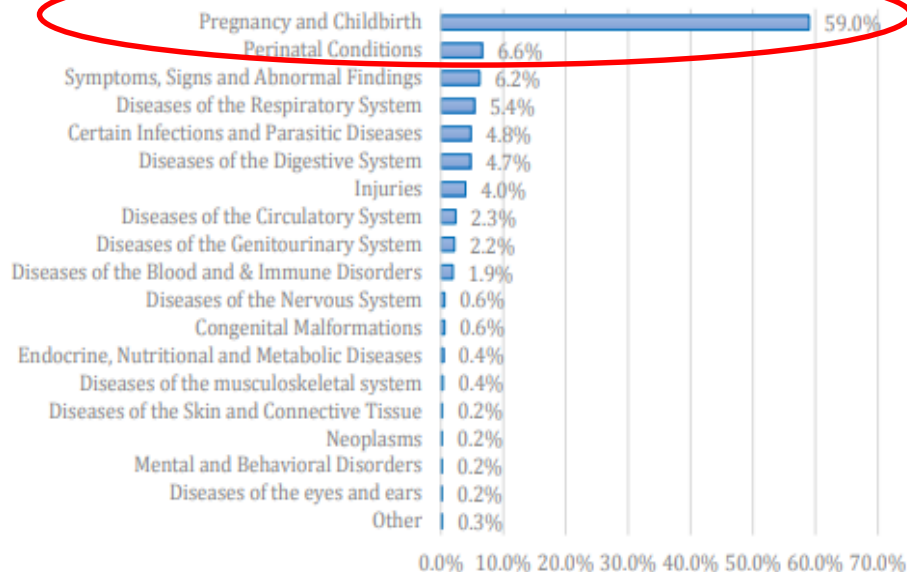
- The total number of approved referrals increased from **73,951** in 2016 to **82,894** in 2017. This is an increase of **12%**.
- In January 2017 the UNHCR network consisted of **50** hospitals. By 1<sup>st</sup> of January 2018 the number had been rationalized to **40**. The majority (**77%**) of accepted referrals were treated in **20** hospitals.
- A high proportion (**59%**) of referrals were for maternity care which was an increase from **53%** in 2016.
- The proportion of births performed by caesarean section was **34%** in 2017, showing a slight increase when compared to **32%** in 2016.
- Out of the total annual approved referrals there were **845** mortalities, of which **58%** were in children under one year of age, predominantly in the perinatal period.
- TPA financial audit of hospital invoices led to a **5.8%** deduction of the overall total cost invoiced by hospitals.
- **35.1%** of total expenditure was spent on maternity care compared to **33.8%** in 2016.
- The average cost per referral was **642 USD** compared to **586 USD** in 2016.

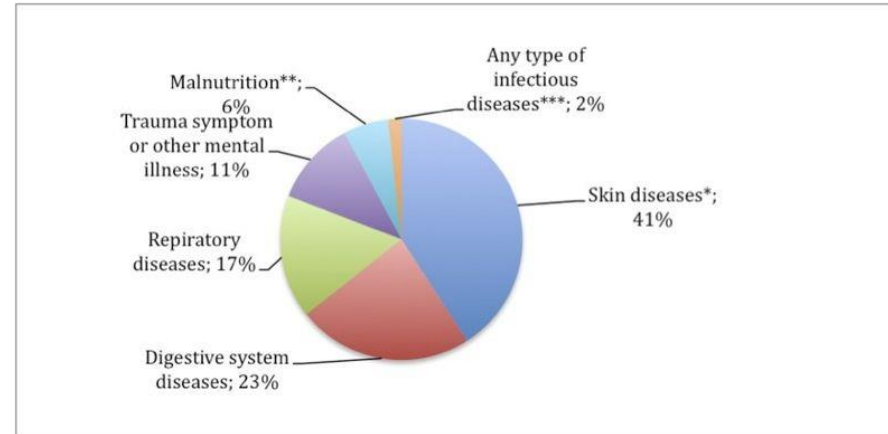
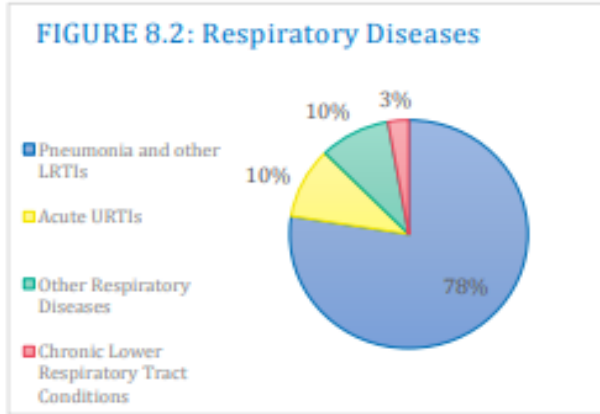


**53.1 million USD**

Amount paid by UNHCR to hospitals.

**FIGURE 7: ICD-10 DIAGNOSTIC CATEGORY ON DISCHARGE, AS PROPORTION OF APPROVED REFERRALS (N=82,894)**





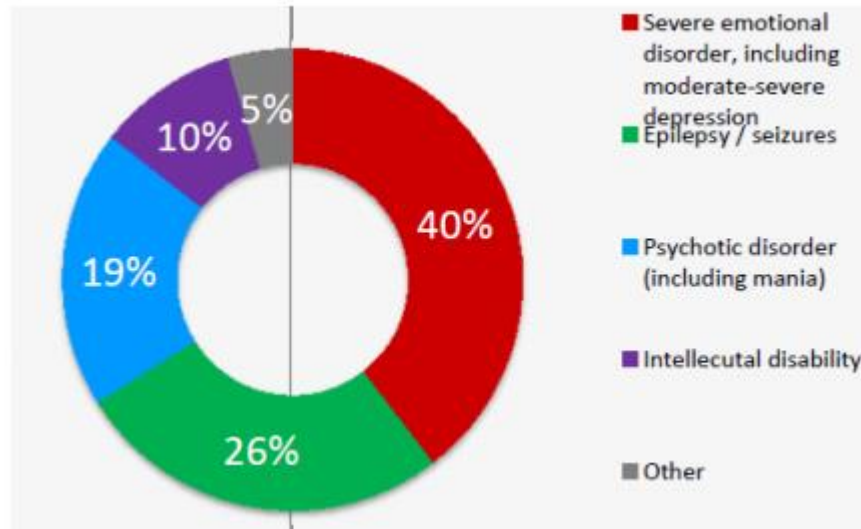
Skin diseases include leishmaniasis, scabies, lice and staphylococcal skin infection  
 Infectious diseases include measles, jaundice and typhoid



# HEALTH OF REFUGEES IN LEBANON, THE REGION AND EUROPE



## Mental Health (MH)



**Assessment of Pharmacists' Role in Non-Governmental Organizations and Their  
Humanitarian Effort in Refugee Camps Worldwide**

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*Universum College Kosovo*  
*University of Oxford*

UNIVERSUM COLLEGE WORKING PAPER SERIES  
002/2013

Pharmacists' Role in Reducing Infection Transmission

Pharmacists' Role in Promoting Optimal Use of Antibiotics

Pharmacists' Role in Educating the Public in General

# Society's Objectives

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- Contribute to costs of medical care for refugees
  - Support emergency cases that are not covered by any other institution
  - Sponsor chronic disease patients such as kidney failure and blood diseases
  - Engage in evidence-based advocacy to promote high quality and more dignified health care refugee
  - Organize health awareness campaigns
  - Provide medications and medical supplies according to needs
- 





# Awareness Campaigns



# Projects

- 1- Surgery and hospitalization project
- 2- Kidney dialysis project
- 3- Medical In-kind Donation Program
- 4- Thalassemia & Sickle cell disease
- 5- Fundraising events



# Volunteer Clinic



- We Receive most of the medicines through Medical In-Kind Program
- In recent years we stopped accepting new patients because we are short on resources
- Was established in 2001 by Medical and Pharmacy students
- It is staffed entirely by volunteers:
  - Medical residents / Physician
  - Pharmacy Interns / Pharmacist
  - Nutritionist
  - Physiotherapist
- We operate the clinic once a week, on Saturdays, providing regular care to around 250 patients





## Rx for success

Program benefits volunteers and patients alike

By Anne Henderson



A patient describes her ailment to a VOC student volunteer.

The Volunteer Outreach Clinic in Shatila, a Palestinian refugee camp in Beirut, is a successful example of a project that benefits volunteers as well as the recipients. Through the program, LAU pharmacy students learn how to deal with a challenging group of patients. The experience leaves many students with a deepened sense of social commitment and self-confidence.

"Students should learn how to care [for people]. This is my top priority, and this is what they learn at the VOC."

— Dr. Shereen Nabhani

SHATILA REFUGEE CAMP — "I love to do what I do here," Marwan Akei exults. "That is why I have been coming here nearly every Saturday for two years now!" Akei is a pharmacy student months away from attaining his Pharm. D. degree at LAU. We're sitting in the Volunteer Outreach Clinic in Shatila, a Palestinian refugee camp on the outskirts of Beirut. Akei is one of the many dedicated students who spend every Saturday as volunteers, taking care of the needs of the patients from inside and outside the camp.



Dr. Nabhani and Marwan Akei with one of their favorite patients.



Buildings inside the Shatila camp.

A couple of hours ago, as we walked up the narrow stairway to the clinic, many smiling faces were already here to greet the doctors and students arriving for the weekly session. The atmosphere in the clinic is serious but relaxed, and the people waiting — mainly women but also a few elderly men — are happily chatting with each other and the volunteers as they await their turn to be seen.

The Volunteer Outreach Clinic (VOC) was launched six years ago by medical students from the American University of Beirut under the mentorship of Dr. Karmal Badr. Badr is now dean of the medical school at LAU, and still a volunteer himself. The clinic is staffed by volunteers from all different ranks and fields, including medicine, nursing, pharmacy, nutrition, business administration and physical therapy. Every Saturday from 10 a.m. to 3 p.m., the VOC provides clinical assessment, free medications, free laboratory tests and other services, including referrals.

What began as a few students working out of a dispensary in the camp has grown to a vital and multi-faceted operation. Soon after its inauguration students began joining from other universities, although LAU students form the majority of the volunteers in the pharmacy clinic.

"It is very important for a project's sustainability and rootedness in a local community that you are invited to come," said Dr. Shereen Nabhani, a member of the VOC executive committee and director of experiential education at LAU School of Pharmacy. "Therefore, working out of an already existing dispensary was a good way to begin. Later, we moved to new premises in the camp, which works out better."

Nabhani has been a volunteer for several years. She currently serves as one of the mentors who the students can consult for advice on dealing with the patients.

Today the VOC's offices consist of three examining rooms plus a waiting room. Medicine is purchased from a drug store in the camp, and cleaning, laundry and maintenance services are provided by local residents.

The project is dependent on many factors, including, most obviously, funding and local support, as well as a healthy relationship between patients and volunteers.

"It took a long time to establish the trust between volunteers and patients," Nabhani said. "When I first came here some years ago, the patients would be screaming and fighting to get first in line." But the patients' fear of missing treatment was allayed by setting in place standardized office procedures. "Today we have professionalized the medical charts, the drug purchase and distribution, and finally the scheduling of appointments for each patient," Nabhani said. "Now, the patients know that if they have an appointment, we will not leave the clinic until everybody has been taken care of. This has changed their attitude immensely and we now work in a busy, but not stressful, environment and in close collaboration with the patients themselves."

Nabhani explained that the lifestyle differences between patients and volunteers create a need to build bridges. "For many of the students it is an eye-opener to come here. And the first time it is very overwhelming for most of them. They spend a lot of time just taking it in."

There is no reliable supply of water or electricity in the camp. The streets and public spaces are piled with garbage. Residents of Shatila live well below the poverty line, and endure lifestyles in stark contrast to those of many LAU students. Some patients are unemployed, and cannot afford healthy food, much less regular exercise at a gym. Many suffer from chronic conditions such as hypertension, diabetes and high cholesterol. 🍌



Group of VOC volunteers and patients.



"Life here is so different than mine, and I feel enriched because I am now more realistic about life in Lebanon. It has put my own problems into perspective and made me better at dealing with them."

— Marwan Akel

"Volunteers need to acclimate to the cultural and socioeconomic realities of the camp before they can begin working to bridge them," Nabhani asserted. "One thing they have to learn is how to speak with the patients in simple, understandable Arabic, and that the advice they give should be realistic in the context of the lives of the patients." She usually lets first-time volunteers shadow her until they feel ready to deal with the patients on their own.

Hani Addada, another LAU pharmacy student, has just joined the group and is here for the third time, but already he seems comfortable with his new role. "The good thing about this work is that I have to think," Addada said. "Sometimes, I have to choose between which drugs to give a patient, because our funds are limited. I also enjoy talking to the patients. The responsibility I have to take here, and this kind of direct contact with the patients and the other staff, I would never get in a hospital during our normal training programs at the pharmacy school."

Addada sits with a patient who has successfully quit smoking and started exercising on the advice of the VOC staff. The patient, who asked to remain anonymous, works odd jobs but does not have regular employment. He tells Addada that his main concern is finding the money to take care of his family. "Last time one of my children was ill," the patient said, "I had to go to the mosque in the camp to beg for money to get enough to go to the hospital."

For Marwan Akel, the close contact with patients with problems like these is one of the main reasons he has been volunteering for two years. "Coming to this area has really touched me," he said. "Life here is so different than mine, and I feel enriched because I am now more realistic about life in Lebanon. It has put my own problems into perspective and made me better at dealing with them."

"To some," Akel continued, "it is controversial that we are working in a Palestinian camp when there are also many Lebanese who need better health care."

Nabhani is aware of the controversy but remains undeterred. "To me, it is not a political issue," she said. "I believe that we should help the people who are most in need. The clinic is placed strategically in the Shatila camp so that we can reach a large group of patients, Palestinian as well as Lebanese and Syrian or whatever. ... We don't ask for ID."

The VOC relies heavily on sponsorship. Lack of funding is the major challenge faced by Nabhani and her co-volunteers, and they are acutely aware that for some in Shatila, their services are a matter of life and death. "Once we had to close down the clinic for a month due to lack of funding," Nabhani said. "But now we control expenses by regularly assessing and setting a limit to how much medicine we can hand out to each patient. During the 2006 war in Lebanon, we had to close down the clinic. This had terrible effects on some of the patients. One had a stroke because he did not get the correct medicine."

Nabhani also is quick to point out that the educational value of the program is in full alignment with LAU's ethic of community involvement. "Working in the health sector should not only be about earning money," she said. "Students should learn how to care [for people]. This is my top priority, and this is what they learn at the VOC."

Samir Shareef is another pharmacy student who has been volunteering at the clinic for nearly two years. "We should help people to get to the same level we're at," Shareef said. Like his fellow volunteers, Shareef said he feels that the benefits of the VOC program are not limited to the patients. The volunteers benefit, too, he pointed out, as the work empowers them to become competent and self-confident practitioners.

The VOC premises – physical facilities and utilities – are sponsored by the Norwegian Peoples Aid. All other expenses are covered by private sponsors.

Once a year, the VOC holds a gala dinner to support the program.

The VOC is applying to become registered as an official NGO. This will enable the clinic to apply for grants to fund more patient care.

LAU is developing a social medicine program as part of the courses offered by the new medical school. Working at the VOC might become part of the curriculum for this course, which would enable VOC to open more days and service a larger group of patients from the poorest parts of Beirut and surrounding areas.

Those interested in volunteering for or sponsoring the VOC program may go to [www.voclebanon.org](http://www.voclebanon.org) or contact Dr. Shereen Nabhani at [shereen.nabhani@lau.edu.lb](mailto:shereen.nabhani@lau.edu.lb).



# Testimonials

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I do not mind waiting in the clinic for my turn.

I love the staff and the others who visit the clinic.

It is a community.

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<https://www.youtube.com/watch?v=A1z7NycBp0U>





# United Nations Pharmacists' Training



## School of Pharmacy



جامعة اللبنانية الدولية  
LEBANESE INTERNATIONAL UNIVERSITY





## Training and Capacity Building of UNRWA health staff in Drug Therapeutic

- 1: Ensure continuing capacity building of the staff
- 2: Reflect on the quality of the services provided to the refugees

## Training on pharmacy services in the primary health care that aims at addressing gaps and other needs identified among UNRWA pharmacists in order to

- 1: Update their knowledge
- 2: Ensure skills development





# Specific objectives of the Training

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1: Demonstrate fundamental knowledge in applied pharmacology with emphasis on medications for chronic and acute diseases

- Diabetes Mellitus
- Cardiovascular diseases
- Hypertension
- Infections

And offering basic knowledge in

- Adverse drug reactions
  - Drug-drug interactions
  - Pharmacokinetic and pharmacodynamics characteristics
- 



# Specific objectives of the Training

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## 2: Demonstrate fundamental knowledge and skills in the management of

- Inventory
- Healthy and safe storage conditions
- Effective and efficient supply chain management

## 3: Acquire basic knowledge related to

- Medications shelf life
- Management of near-expiry medications and
- Disposal of expired medications



# Specific objectives of the Training

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## 4: Demonstrate fundamental knowledge and skills in

- Rational use of medications
- Delivering health education information to patients
- Counselling regarding medications use

## 5: Demonstrate the knowledge and skills needed to

- Communicate with beneficiaries
- Work within a multidisciplinary team



WORKSHOP 1						
Timeline	Day 1		Day 2		Day 3	
08:00 to 08:30	Welcome and Registration (30 minutes) Coffee + Refreshments					
08:30 to 10:30	<ul style="list-style-type: none"> <li>• <i>Welcome Note</i></li> <li>• <i>Overview of Workshop</i></li> <li>• <i>Pre-test Assessment</i></li> </ul>		Session 5	<b>Antibiotics 1</b> <ul style="list-style-type: none"> <li>• Upper respiratory tract infections</li> <li>• Lower respiratory tract infections</li> </ul>	Session 9	<b>Diabetes Mellitus</b> <ul style="list-style-type: none"> <li>• Type I</li> <li>• Type II</li> </ul>
	Session 1	<b>Cardiovascular Diseases</b> <ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Dyslipidemia</li> </ul>			Session 10	<b>Gastrointestinal diseases in children</b>
10:30 to 10:45	Coffee Break (15 minutes) Mini Breakfast					
10:45 to 12:45	Session 2	<b>Cardiovascular Diseases</b> <ul style="list-style-type: none"> <li>• Coronary Artery Disease</li> <li>• Venous Thromboembolism</li> </ul>	Session 6	<b>Antibiotics 2</b> <ul style="list-style-type: none"> <li>• Skin and soft tissue infections</li> <li>• Urinary tract infections</li> </ul>	Session 11	<b>Patient Education</b> <ul style="list-style-type: none"> <li>• Dermatology</li> </ul>
					Session 12	<b>Mental Health</b> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Epilepsy</li> <li>• Headache &amp; Muscle Pain</li> </ul>
12:45 to 13:30	Lunch & Prayer (45 minutes)				13:00 to 14:00	Lunch & Prayer
13:30 to 14:15	Session 3	<b>Management 1</b> <ul style="list-style-type: none"> <li>• Supply Chain</li> <li>• Inventory</li> <li>• Time &amp; Stress</li> </ul>	Session 7	<b>Communication</b> <ul style="list-style-type: none"> <li>• Patient</li> <li>• Inter-professional</li> </ul>	14:00 to 14:30	<ul style="list-style-type: none"> <li>• <i>Closure</i></li> <li>• <i>Post-test Assessment</i></li> <li>• <i>Certificates' Distribution</i></li> </ul>
14:15 to 15:00	Session 4	<b>Management 2</b> <ul style="list-style-type: none"> <li>• Storage and stability</li> <li>• Shelf Life</li> <li>• Disposal of expired and near expired medications</li> </ul>	Session 8	<b>Women's Health</b> <ul style="list-style-type: none"> <li>• Drug use in pregnancy &amp; lactation</li> </ul>		

Results of Pre and Post Workshop tests were **REWARDING** regarding the effectiveness of the activities



### Monitoring

- Number of seizures
  - The goal number of seizures is always zero
- Signs of toxicity
- Laboratory values
  - Specific for each drug
- Blood concentrations
  - Available for many of the medications
  - Commonly used for:
    - Carbamazepine → 4–12 mcg/ml
    - Phenytoin → 10–20 mcg/ml
    - Valproic acid → 40–100 mcg/ml

**TRAINING & CAPACITY-BUILDING OF UNRWA HEALTH STAFF IN DRUG THERAPEUTIC**





# A: The role of the pharmacist in the official NGOs consist of but is not limited to



- 1: Evaluation of the offers of the medication donations from international and national parties: needs, quantities, expiration dates, eligible partners...
- 2: Preparation of medications lists that are crucial for patients in different camps, and dissemination of the manifest to different donors
- 3: Checking of the medications upon arrival of the containers at the airport or the harbor
- 4: Making sure that the medications are stored in warehouses in optimal conditions: temperature, humidity, first in-first out, expiration dates, inventory...
- 5: Distribution of the medications to different partners according to needs and availability
- 6: Calling for offers from different multinational and local pharmaceutical firms working in Lebanon for drugs that are needed and are not available in the medication donations
- 7: Coordination of awareness campaigns in the camps clinics and hospitals and assisting the pharmacist in these events



## B: The role of the pharmacist in the official NGO clinics in the camps consists of but is not limited to



- 1: Dispensing medications for chronic diseases: Asthma, Dyslipidemia, Hypertension, Diabetes, Seizure, Osteoporosis, Multiple Sclerosis...
- 2: Counseling the patients about the drugs: indication, side effects, duration, interactions, monitoring, follow-up, refills...
- 3: Performing basic care: blood pressure, glucose, total cholesterol, and triglycerides measurements, along with lifestyle, nutrition and physical activity enhancement, tips
- 4: Organizing awareness campaigns: cancer prevention, smoking cessation, weight loss, chronic diseases
- 5: Promotion of hygiene through the distribution of essential supplies like washes, soaps, toothbrushes, wound dressings...



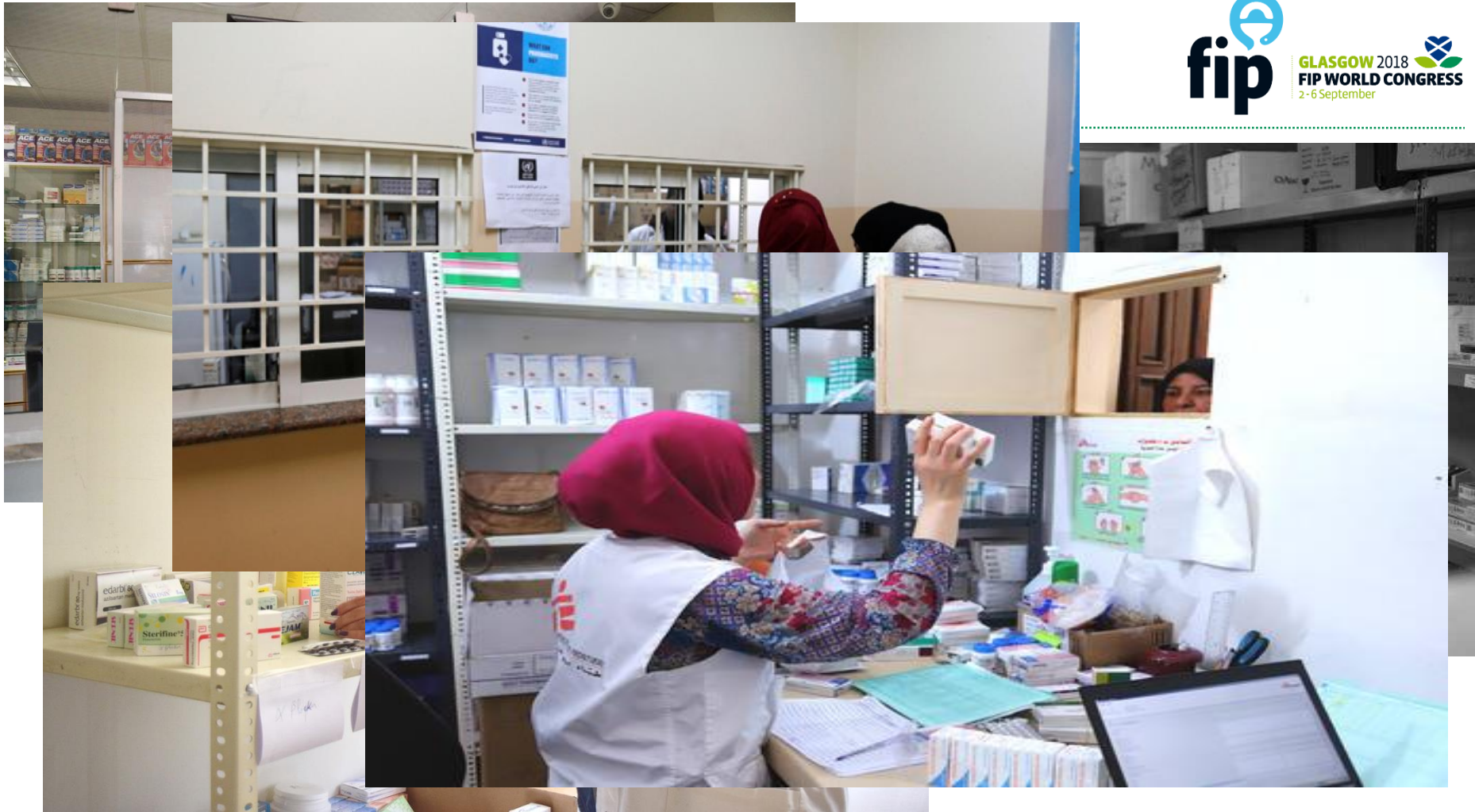
# C: The role of the Pharmacist in the Hospitals in the camps consists of but is not limited to

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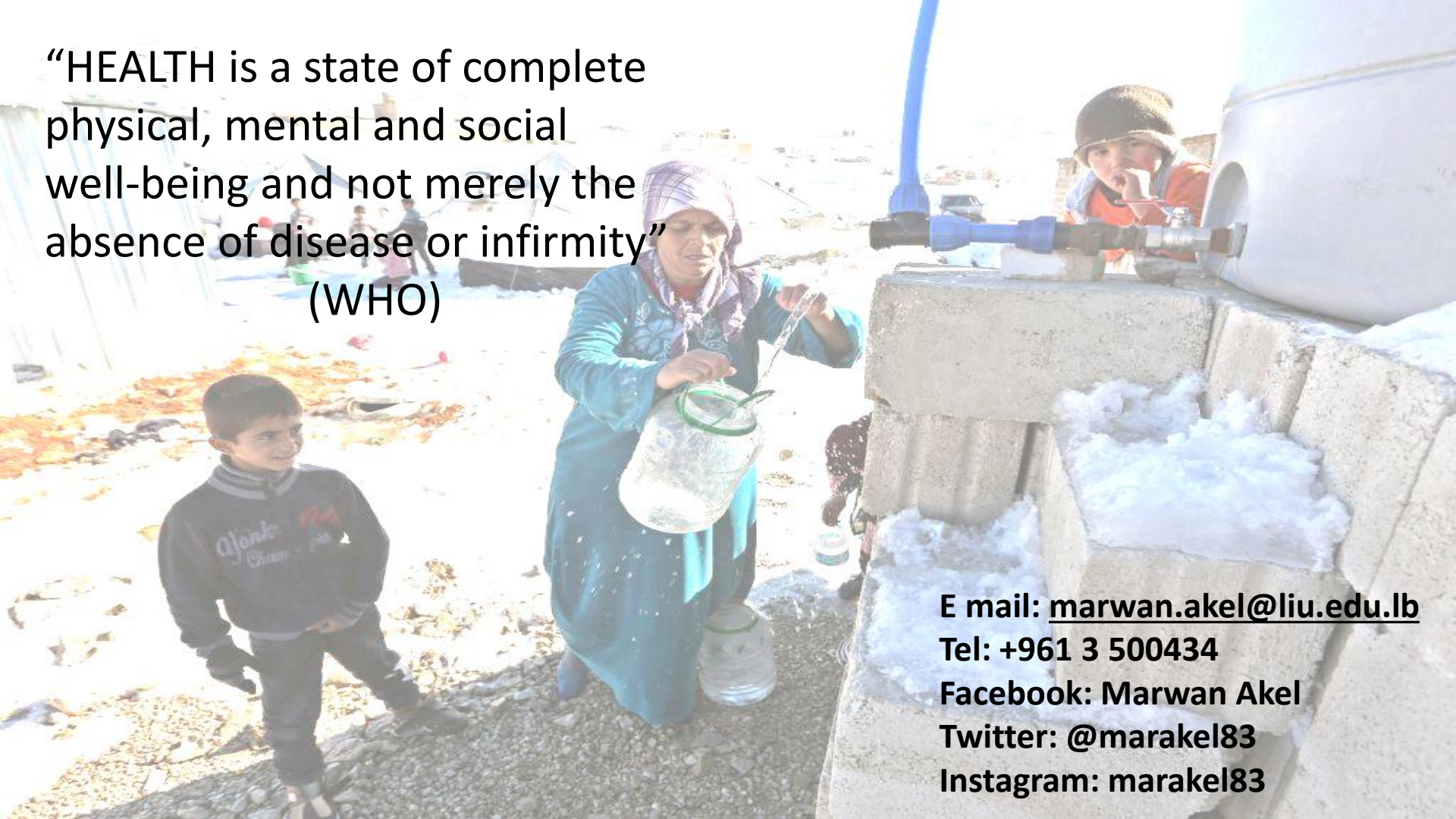
- 1: Managing basic hospital pharmacy duties and most importantly formulary preparation
- 2: Performing basic clinical tasks on the units and discharge plan evaluation
- 3: Assessment of medication therapy post-surgery especially in cardiac interventions: post PCI and post CABG
- 4: Carrying out the full duties in the management of the medications and the medical supplies in the newly established dialysis centers in the hospital camps (North and South of Lebanon)







“HEALTH is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”  
(WHO)



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