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

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Capital: Beirut
Area: 10,452 km²
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

21.3 million Refugees
40.8 million Internally displaced people
3.2 million Asylum-seekers

Source: UNHCR / 20 JUNE 2016

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?
Healthcare

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
Socio-Economic Status

INCREASING POVERTY (Lebanon example)

- 2014:
  - 49% Syrians living under $3.8/day/capita
  - 29% Syrians living under $2.9/day/capita

- 2016:
  - 71% Syrians living under $3.8/day/capita
  - 53% Syrians living under $2.9/day/capita

Poverty line

- 90% of households are in debt, average $857
- Rise in negative coping strategies; child labour, early marriage

‘Poverty is a driver of ill health and ill health a driver of poverty’
### 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 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 1st 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.
**FIGURE 7: ICD-10 DIAGNOSTIC CATEGORY ON DISCHARGE, AS PROPORTION OF APPROVED REFEREALS (N=82,894)**

- Pregnancy and Childbirth: 59.0%
- Perinatal Conditions: 6.6%
- Symptoms, Signs and Abnormal Findings: 6.2%
- Diseases of the Respiratory System: 5.4%
- Certain Infections and Parasitic Diseases: 4.8%
- Diseases of the Digestive System: 4.7%
- Injuries: 4.0%
- Diseases of the Circulatory System: 2.3%
- Diseases of the Genitourinary System: 2.2%
- Diseases of the Blood and & Immune Disorders: 1.9%
- Diseases of the Nervous System: 0.6%
- Congenital Malformations: 0.6%
- Endocrine, Nutritional and Metabolic Diseases: 0.4%
- Diseases of the musculoskeletal system: 0.4%
- Diseases of the Skin and Connective Tissue: 0.2%
- Neoplasms: 0.2%
- Mental and Behavioral Disorders: 0.2%
- Other: 0.3%

**FIGURE 10: MORTALITIES DISTRIBUTION BY AGE AND SEX**

- <1Y: Male 363, Female 192
- 1-4Y: Male 33, Female 31
- 5-11Y: Male 13, Female 7
- 12-17Y: Male 4, Female 6
- 18-59Y: Male 73, Female 49
- >60Y: Male 69, Female 66

- Males and females are represented by blue and yellow bars respectively.
Skin diseases include leishmaniasis, scabies, lice and staphylococcal skin infection.
Infectious diseases include measles, jaundice and typhoid.
Mental Health (MH)
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

- 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 Hendrix

A couple of hours ago, as we walked up the narrow staircase to the clinic, many smiling faces were already here to greet the doctor 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 wait 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. Nour El-Deen. El-Deen 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 robustness in a local community that you are invited to come," said Dr. Sherreen Nahhawi, 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."

Nahhawi has been a volunteer for several years. She currently works 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," Nahhawi said. "When I first came here some years ago, the patients would be screaming and fighting to get seen first. But the patients' fear of missing treatment was alleviated by setting up 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," Nahhawi 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."

Nahhawi 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.
"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 Akl

"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 care of my 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 VOI 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. "I lost time one of my children was ill," the patient said. "I had to go to the mosque in the camp to ask for money to get enough to go to the hospital."

For Marwan Akl, the direct contact with patients with problems like these is one of the main reasons has 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."

"It is controversial that we are working in a Palestinian camp when there are also many Lebanese who need better health care," Nabhani is one of the sentinels who runs up and down. "It is not a political issue," she said. "I believe that we should help the people who need it most in need. The clinic is placed strategically in the Shia 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 it," Nabhani explained. "We rely 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 Shia, their services are a matter of life and death. "Once we had to close 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 VOI."

Samir Sharief 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," Sharief said. Like his fellow volunteers, Sharief said he feels that the benefits of the VOI 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."

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The VOI program — physical therapy and osteopathy — is sponsored by the Norwegian People's Aid. All other expenses are covered by private sponsors.

Once a year, the VOI holds a gala dinner to support the program. The VOI 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 course offered by the new medical school. Working at the VOI could become part of the curriculum for this course, which would enable VOI to open more slots and serve a larger group of patients from the poorest parts of Beirut and surrounding areas.

Those interested in volunteering for or sponsoring the VOI program may go to www.footbank.org, or contact Dr. Sharief Nabhani at lebanon.nabhani@gmail.com.

A group of VOI volunteers and patients.
Testimonials

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.

https://www.youtube.com/watch?v=A1z7NycBp0U
United Nations Pharmacists’ Training

School of Pharmacy
United Nations Pharmacists’ Training

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
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

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

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
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
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

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 )