ACCESS TO HEALTHCARE: A RIGHT NOT A LUXURY
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INTRODUCTION
The past couple of years have been detrimental to Lebanon and to all those who reside in it. Since the end of 2019, Lebanon has been suffering from a dire economic downturn characterized by the depreciation of the Lebanese pound (LBP) which lost more than 90% of its value to the USD.\(^1\)

The situation was exacerbated further by the Coronavirus pandemic and the Beirut Port explosion in August 2020. By the end of 2021, approximately 82% of the population was living in multidimensional poverty\(^2\) with a significant detrimental impact on their sense of security, safety, and wellbeing.

The Lebanese health sector in the country was not spared from the ramifications. The cracks began to show at the end of 2019, specifically when the LBP started to drastically lose its value, and when the Coronavirus pandemic began. Matters became worse after the Beirut Port explosion that occurred on the 4\(^{th}\) of August 2020. Four hospitals were heavily damaged in the area and more than 20 primary healthcare centers (PHCCs) were either damaged or destroyed\(^3\). The economic crisis also led to a shortage in medication and medical supplies thus affecting patient care and treatment. Currently, hospitals are only operating at 50% capacity with priority only given to dire medical emergencies. PHCCs had to reduce their service hours, and around 600 pharmacies are closed till further notice\(^4\). The immigration of around 40% of doctors and 17% of nurses has also taken its toll with many private hospitals closing departments\(^5,6\).

As a result, and in addition to the extravagant costs, people have no choice but to turn to public services, thus increasing the burden on the already weak public sector\(^7\). When it comes to the medication shortage, patients have to go to great lengths to secure their treatment themselves\(^8,9\). This includes securing the financial means to cover the inflated price of medication and/or securing medications that are out of stock in Lebanese pharmacies. Many expats who return to Lebanon for a visit are often packing their
suitcases to the brim with essential medication to help their loved ones who are struggling. The Central Bank of Lebanon also reduced the amount of allocated funds on medication from 120 million USD to 35 million USD, which caused their prices (including some medication for chronic illnesses) to skyrocket. Examples of medication affected by the inflation include those for hypertension, which underwent a ninefold increase from its original price, along with medication used for mental illnesses such as depression and schizophrenia, the price of which increased by threefold.

From a mental health perspective specifically, cases of people taking their own life have surged, and the national suicide prevention hotline has been overwhelmed with calls, receiving approximately 1,100 calls per month, which is twice the amount compared to 2020. Shortage in mental health professionals and psychiatric medication also negatively affected those seeking treatments with many unable to afford it.

Overall, the current situation affected the population as a whole, and more specifically those who experience intersectional discrimination, among which is the LGBTQIA+ community. This brief uses both primary and secondary data sources that were collected over the past year as part of activities implemented under the EU-funded project ‘Challenging Stereotypes, Providing Services, Convening and Advocating: A Multi-layer Approach to Promote LGBTQIA+ Rights in Lebanon.’ Data used includes key informant interviews with partner organizations in addition to the research paper conducted by Oxfam in the aftermath of the Beirut blast titled ‘Queer Community in Crisis: Trauma, Inequality, and Vulnerability.’ The aim of the brief is to explore the challenges LGBTQIA+ people face in accessing mental health services and recommendations of approaches to ensure more equitable and facilitated access for queer people and communities.
Lack of Access to Mental Health Services and Professionals

Access to mental health specialists and experts is a crucial first step in seeking mental health treatment. Over the past few years, the demand for mental health services has increased dramatically. However, the ‘brain-drain’ in Lebanon has heavily impacted the mental health sector as most psychologists and psychiatrists have left the country\(^\text{13}\). In addition, the pre-existing challenge of finding LGBTQIA+ friendly professionals is ongoing and there are now harsher conditions than those during pre-crises times as many trusted and ‘safe’ mental health professionals have moved to other countries.

This issue of the demand for mental health services being greater than the resources available led to a form of prioritization among remaining mental health professionals, where priority is given to very urgent cases. The demographics of the country and localization/restriction of services to bigger cities and the capital has also severely limited access and confined it within the city walls. This scenario forces many patients with mental health concerns to go without adequate treatment, especially those in rural areas, where mental health services are in chronically short supply.

Furthermore, the lack of fully integrated, multidisciplinary, and inclusive mental health PHCCs and the predominantly privatized healthcare sector in the country have also meant that patients have been subject to web referrals, long waiting lists and delayed appointments.

This fragmentation of health services poses a major problem for LGBTQIA+ people, who often lack opportunities to contact mental health service providers and may fear that reaching out will risk revealing their sexual orientation or gender identity to unsupportive or hostile family/community members.

The fear of being subjected to conversion therapy is also a barrier for many LGBTQIA+ people to reaching out for help, as it is still a legal and common practice in Lebanon. The lack of clarity surrounding the Lebanese health system, combined with cultural secrecy and stigmatization surrounding mental illnesses and related services has also led to a situation in which LGBTQIA+ people are unaware of available resources around them.
Lastly, due to the dire situation and lack of social protection schemes within the country, the marginalization of people subjected to intersecting forms of discrimination, and a shortage of tailored services designed to support the needs of those people and groups, LGBTQIA+ individuals in Lebanon, along with the general population are living in survival mode. Thus, people are choosing to prioritize securing their basic needs (e.g., shelter and food) over receiving mental health services, with many believing that the mental health issues they are experiencing are not necessarily mental illnesses since they are strongly related to situational conditions. Thus, they do not feel they will benefit from mental health services if the root causes are not addressed first.

HEALTHCARE: A PRIVILEGE RATHER THAN A RIGHT

In Lebanon, psychological treatments are not usually covered by private insurance nor the national social security fund. This leads people to seek subsidized or free services which are often provided by NGOs. The shift from private to public and subsidized services adds to the load that falls on the already weak Lebanese healthcare system and thinly stretched NGO sector within the country. The inflation within the country caused the prices of basic needs and services to skyrocket, including those related to mental health. By mid-2021, the average cost of one therapy session has surpassed 300,000 LBP, meaning that the approximate cost of two therapy sessions equated to the national monthly minimum wage of 675,000 LBP. To further provide context to the inflation of prices, prior to the crisis, one therapy session would cost on average approximately 70,000 LBP thus the increase seen in 2021 was by four fold.

Additionally, key informants mentioned that hospitalization fees for psychiatric patients in private hospitals have also increased dramatically, reaching a price of 10 million LBP per night. When it comes to the public sector, the government only has one operating psychiatry ward which is clearly not sufficient to meet the needs of the public. In addition, and as mentioned in the beginning of the brief, the shortage of medication in the country and the lifting of subsidies on psychiatric medication adds to the burden of expenses. Prices are also expected to continue to rise throughout 2022, meaning that people are unable to access healthcare as a universal right, and it has instead become a ‘privileged luxury’ as many can no longer afford the care they need.

In addition to the inflation in costs related to services and medications, the means to access these services have also been hampered.
Diesel costs were also affected by the lifting of subsidies and are now tied to the informal market rate of the LBP to the USD. The increase in diesel prices consequently caused power-outages to become more frequent as many can no longer afford private generators and the state electrical grid only provides a few hours of electricity per day at best. These power outages thus affect the access to virtual mental health services as electronics cannot be easily charged and internet access can be inconsistent.

**GAPS IN KNOWLEDGE, SENSITIVITY AND QUALIFICATIONS SPECIFICALLY RELATED TO LGBTQIA+ PEOPLE AND RIGHTS**

Many healthcare professionals are not trained or sensitized to effectively treat discriminated against LGBTQIA+ patients. This lack of training and awareness may cause providers to misdiagnose or underestimate the extent of emerging disorders in the population. Poorly trained medical practitioners may even hold discriminatory biases, such as considering homosexuality and gender non-conformity to be illnesses that can be overcome with appropriate ‘therapy’ (specifically so called ‘conversion therapy’) which is a form of abuse against LGBTQIA+ people unfortunately still practiced in Lebanon. This further magnifies the psychological damage and personal trauma already experienced by LGBTQIA+ people.

Many LGBTQIA+ people also experience feelings of discomfort when accessing services at public centers (even if the centers are welcoming) due to the stigma and discrimination they are potentially subjected to by other people accessing these services.

“\[The lifting of subsidies on fuel caused its price to increase by more than 1064% when compared to prices in September 2020 and consequently caused a sharp increase in transportation costs.\]"
Discrimination on the basis of sexual orientation and gender identity/expression (SOGIE) is also very prevalent in Lebanon and more specifically among particular service providers. The lack of internal policies that protect individuals from discrimination and harassment within both public and private service spaces is a discouraging and detrimental barrier to facilitated access.

**RECOMMENDATIONS**

The compounded crises Lebanon is going through have led to increased cases of mental health issues especially among groups experiencing multiple forms of intersecting discrimination, and particularly the LGBTQIA+ community. This cumulatively harmful situation has left LGBTQIA+ people and communities to be forced to fend off inflation, discrimination, and limited and centralized resources, amidst a wider-scale collapse that shows no sign of slowing down. This brief has touched upon some of the main challenges faced by the queer community when accessing mental health services, but nonetheless, active steps and reforms can be incorporated in order to ensure more facilitated, inclusive, and tailored service provision to support a community that has been fighting alone for too long. With that being said, the recommendations below, which have been divided into three levels (governmental, donor, and CSOs), aim to address the challenges mentioned previously.

**For the Government:**

◊ Repeal anti-LGBTQIA+ articles in the Lebanese penal code that are used to criminalize queer individuals including Articles 534, 531, 532, 533, and 521, while simultaneously taking active steps to guarantee the protection and rights of the LGBTQIA+ community. In addition, Lebanese security agencies, such as the general security and internal security forces, should be sensitized on how to respond to LGBTQIA+ matters.
◊ Criminalize conversion therapy and denounce its use in both public and private practice.

◊ Develop a resourced infrastructure that includes policies, structures, practices, and services that meet the needs and preferences of the LGBTQIA+ community. Anti-discriminatory policies should also be put in place to prevent both security staff and mental health service providers from harassing members of the LGBTQIA+ community. Streamlining and standardizing the service delivery protocol among PHCCs and dispensaries is also important to increase scalability and sustainability of services.

◊ Re-integrate subsidized medication and health services, while also focusing on those related to mental health and substance abuse disorder prevention programs.

◊ Extend and amend current social services to also include individuals from the LGBTQIA+ community while also prioritizing the provision of tailored mental health services. This is needed due to the scarcity of safe spaces, professionals, and service centers that are welcoming and accepting.

◊ Establish an accountability mechanism that enables the receipt of feedback from people using these services. This is a crucial step to promote and establish transparency in service provision.

◊ Enforce the abidance of mental health professionals by ethical medical guidelines and modern treatment protocols while always adopting and practicing the most recent WHO guidelines that push for a more people-centered healthcare system while preserving the human right to treatment and decent care of LGBTQIA+ people.

◊ Ensure the inclusion of and collaboration with the National Mental Health program and Syndicate for Psychologists in various efforts and activities related to mental health. Collaborating with these entities could take the form of amending the Lebanese educational curricula, harmonizing the approaches, tools, topics, and educational requirements related to psychotherapy and licensing.

**For Donors and the International Community:**

◊ Support programs that ensure the sustainability and continuity of mental health services provided. Service designs must include both short and mid-term solutions to the mental health service issues, particularly on the challenges related to costs and human resources.

◊ Allocate flexible long-term sources of funding that are specifically dedicated to the LGBTQIA+ community for work that supports the leadership of queer people, and that
are more inclusive in terms of nationalities, sexual orientations and gender identities/expressions (SOGIE). Further, funding must be dedicated specifically to mental health programs and their design while also ensuring inclusivity and promoting advocacy points.

◊ Allocate funds to programs that address the root causes of mental health problems such as livelihoods, shelter, and food security. This will ensure more comprehensive service provision and promote the sustainability of mental health services.

**For CSOs:**

◊ Establish and expand capacity building training for mental health service providers on understanding the LGBTQIA+ community and the issues they face, while promoting respect and acceptance of LGBTQIA+ individuals. Educating mental health professionals on the harms of ‘conversion therapy’ and denouncing its use is also crucial.

◊ Expand and incorporate the use of diverse tools in order to deliver vital mental health services to LGBTQIA+ people living in rural and underserved areas [e.g., using mobile clinics]. This is also beneficial in light of the current inflated transportation costs and power cuts.

◊ Create and implement internal policies that promote inclusivity and acceptance. It is crucial to implement these within NGOs and among private sector service providers.

◊ Include LGBTQIA+ people and communities in the program design, and in determining the needs and challenges of the community, while also continuously adapting services to reflect the changing needs and challenges of people receiving support given the volatile context.

◊ Improve coordination and referral efforts among local CSOs and service providers to ensure proper mapping, coverage, and service provision.

◊ Sensitize and mobilize the public and the media on LGBTQIA+ related issues. Sensitization can be through advocacy initiatives that can begin at the school level and within other community-based groups such as the scouts and youth clubs. This helps in shifting mindsets and promoting acceptance. It is also important to adapt and improve the used communication language to include scientifically correct and inclusive terminology.

◊ Raise awareness on the mental health services available specifically to the LGBTQIA+ community, while also shedding light on the available hotlines (national and private) that can be used in times of crisis and rapid response.
Disaggregate mental health issues and train/equip the community and CSOs with the capacity and tools needed to deal with specific mental health issues that affect specific groups in different ways (e.g. establishing a specialized mental health service approach for trans* individuals).
REFERENCES


