

Providing Essential Medical Care and Chronic Medication to Vulnerable Population in North-Lebanon (MEDCHRONIC)



financial, health, political and humanitarian crisis. Over 86% of Lebanese are living in poverty, impacting their access to healthcare.

LOCAL CONTEXT

As per a joint UN report, the inability to afford healthcare costs was the main reason people did not have access to proper healthcare. 73% were unable to bear the costs of treatment, 67% doctor fees, and 40% the costs

Since 2019, Lebanon has been facing an unprecedented economic,

of transportation to suitable facilities. In Lebanon, 91% of deaths1 are related to non-communicable diseases (NCDs), also known as chronic diseases, comprising diabetes, chronic respiratory, cancer, and cardiovascular diseases. The Governorate of North-Lebanon has a diverse population of over 750,000 from different

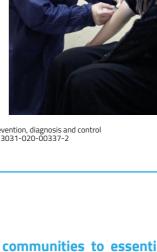
backgrounds. With increased poverty, their accessibility to health

services is hindered, yet the need has increased.

Access to healthcare services is even worse in rural areas where poverty is much higher and where there is a transportation cost to access the closest center or the closest

People are being forced to rationing or stopping treatment, in the absence of organized alternatives medicines, all of which is worsening disease outcomes. Furthermore, people in vulnerable villages, are often unaware or don't have access to cheaper generic medicine, with the same composition and effects of their medicine taken, and as such, are paying high healthcare costs.

hospitals or Primary Healthcare Centers (PHCs), to receive the proper medical care they need. In these remote areas, mobile medical units are indispensable to reach vulnerable populations, providing subsidized primary health care consultations and medications, and when necessary referring the patients back to PHCs. ¹ Zablith, N., Diaconu, K., Naja, F. et al. Dynamics of non-communicable disease prevention, diagnosis and control in Lebanon, a fragile setting. Confl Health 15, 4 (2021). https://doi.org/10.1186/s13031-020-00337-2 PROPOSED INTERVENTION



To ensure adequate access of vulnerable communities to essential healthcare services in North-Lebanon, the René Moawad Foundation

and a pharmacy. The dispensary currently has 20 doctors, 5 nurses, 1 administrator, and one pharmacist), as well as 3 mobile clinics in order to

provide the basic needs, whether medical checkups or medicine for chronic diseases. Based on the socio-economic context, this modular intervention could be scaled up to extend its 3 years' duration. Since 1991, RMF's journey began with a mobile dispensary clinic to secure Akkar's residents the medical support needed. This service has

(RMF) proposes to leverage on its existing infrastructure, which includes a dispensary (providing a dental clinic, a medical laboratory,

on a regular basis by 2003. Since its establishment, a whole operation system is set to procure the necessary health care services, including a general medical practitioner and a nurse practitioner present in the

mobile clinics, to provide free check-ups, medicine, and information on

vaccination, general hygiene, and health awareness.

grown to 3 dispensaries visiting 109 underprivileged villages in North Lebanon (Batroun, Koura, Bsharre, Zgharta, Minnieh, Dennieh and Akkar)

Since 2019, the growing challenges have made the RMF medical assistance necessary, but request additional support to make it viable.

The healthcare budget set by the Lebanese government has been on a

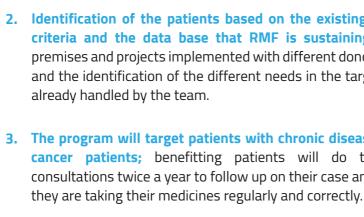




In order to implement the proposed initiative, RMF will ensure the

where residents cannot access a medical center.

Ensuring a consistent mobile clinics' routing system (with the option to use the GIS software) and a service schedule. The schedule will comprise the date and time at which the mobile clinic(s) will be present in each village in the targeted districts and the remote areas

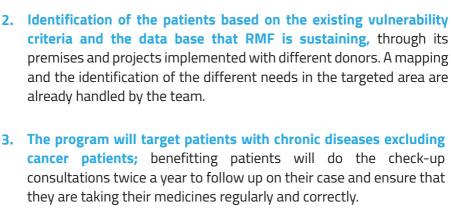


to the operation.

SWIFT Code / BIC

program is 720 000 USD/ year.

following:



5. Beneficiaries can access their respective QR codes on their phone, or in scenarios where this is not possible, patients will be provided with a plasticized card comprising the QR code. 6. Registered doctors will be monitoring the application medically and requesting additional tests from patients when necessary.

To implement the MEDCHRONIC program, RMF will contribute through its existing resources. The program will request an additional cost of 20 USD/patient/month for the cost of generic medicines, operation budget (mainly covering the operation cost of the mobile clinic), and specialized human resources directly linked

The requested amount to implement the MEDCHRONIC

Potential beneficiaries interested in this service will have to fill an online application form hosted at RMF's dispensary, or through partners located in the targeted districts and will be assigned a QR code for a file on services' tracking, once the application is validated. The application form will contain information to be requested on the vulnerability status of the individual (based on clear vulnerability criteria), and on the type of chronic illness the patient is suffering

For your donation, here are the bank details: RMF US (For US Tax Payers) BANK IN USA | Donations to RMF USA Name of Bank INTERAUDI BANK

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