

Liban: citoyenneté et accès aux soins psychiatriques des réfugié-e-s palestinien-ne-s

Recherche rapide de l'analyse-pays

Berne, 11 avril 2018

Impressum

Editeur

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Versions

Allemand et français

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1 Introduction

Le présent document a été rédigé par l'analyse-pays de l'Organisation suisse d'aide aux réfugiés (OSAR) à la suite d'une demande qui lui a été adressée. Il se penche sur les questions suivantes:

1. Une personne issue d'un père palestinien et d'une mère libanaise peut-elle demander la citoyenneté libanaise?
2. Quelles sont les réglementations relatives à la liberté d'établissement pour la population réfugiée au Liban?
3. Une personne palestinienne a-t-elle accès au Liban aux traitements contre le syndrome de stress post-traumatique (SSPT) et à la schizophrénie paranoïde?
4. Les personnes palestiniennes enregistrées en tant que réfugiées ont-elles accès aux prestations mises à disposition par l'Office de secours et de travaux des Nations Unies pour les réfugiés de Palestine au Proche-Orient (UNRWA) dans les camps de réfugiés, même si elles n'y habitent pas ?

Pour répondre à ces questions, l'analyse-pays de l'OSAR s'est fondée sur des sources accessibles publiquement et disponibles dans les délais impartis (recherche rapide) ainsi que sur des renseignements d'expert-e-s.

2 Le statut des réfugié-e-s palestinien-ne-s au Liban

Palestinien-ne-s apatrides. Plusieurs sources (USDOS 2017, UNHCR 2016, *Al-Jazeera* 2015) s'accordent à dire que les Palestiniens-ne-s sont exclu-e-s de la citoyenneté libanaise. Selon l'USDOS (2017), la seule exception concerne les Palestiniennes mariées à un Libanais. Il leur est en effet possible d'obtenir la citoyenneté libanaise après un an de mariage. Les réfugié-e-s palestinien-ne-s, y compris leurs enfants, jouissent de droits civils limités et n'ont pas accès au système de santé publique, à l'éducation ou à d'autres services sociaux.

La citoyenneté libanaise est transmise aux enfants par le père et de l'époux à l'épouse. Conformément au *décret n° 15 sur la citoyenneté libanaise*, les hommes libanais peuvent dans tous les cas transmettre leur citoyenneté à leurs enfants. En revanche, les femmes libanaises n'ont pas le droit de transmettre leur nationalité à leurs enfants à moins qu'elles n'aient un enfant hors mariage qu'elles reconnaissent avant sa majorité (UNHCR, 2014). Selon cette législation, il est ainsi pratiquement impossible pour un enfant de père non libanais d'obtenir la nationalité libanaise, et celui-ci devient apatride. Les couples binationaux sont soumis au même principe. Alors que les hommes libanais peuvent transmettre leur nationalité à leur épouse étrangère par mariage, les femmes libanaises ne peuvent transmettre leur nationalité à leur époux étranger (ICRB, 2013).

Différentes catégories de réfugié-e-s palestinien-ne-s au Liban. Selon le *Haut Commissariat des Nations Unies pour les réfugiés* (UNHCR, février 2016), les réfugié-e-s palestinien-ne-s au Liban peuvent être divisés en quatre groupes différents selon leur statut et leur enregistrement.

- Les réfugié-e-s «enregistré-e-s» («réfugié-e-s palestinien-ne-s»), qui sont enregistré-e-s auprès de l'Office de secours et de travaux des Nations Unies pour les réfugiés de Palestine au Proche-Orient (UNRWA) et auprès des autorités libanaises;
- Les réfugié-e-s palestinien-ne-s «non enregistré-e-s», qui sont enregistré-e-s auprès des autorités libanaises mais pas auprès de l'UNRWA;
- Les réfugié-e-s palestinien-ne-s «sans ID» («*non-ID*»), qui ne sont enregistré-e-s ni auprès des autorités libanaises ni auprès de l'UNRWA;
- Les réfugié-e-s palestinien-ne-s de Syrie qui ont exilé au Liban depuis 2011.

Réfugié-e-s non enregistré-e-s. Selon le UNHCR (2016), quelque 35 000 réfugié-e-s palestinien-ne-s sont enregistré-e-s auprès de la *Directorate of Political Affairs and Refugees* (DPAR) du Ministère de l'intérieur libanais, mais pas auprès de l'UNRWA. Ces personnes ne relèvent pas de la sphère d'activité de l'UNRWA parce qu'elles ont quitté la Palestine après 1948, parce que, avant d'arriver au Liban, elles ont cherché refuge en dehors des zones opérationnelles de l'UNRWA ou parce qu'elles ne répondent pas aux critères de sélection de l'UNRWA. Depuis janvier 2004, l'UNRWA soutient également les réfugié-e-s non enregistré-e-s. Les réfugié-e-s palestinien-ne-s non enregistré-e-s reçoivent le même permis de séjour que les réfugié-e-s enregistré-e-s auprès de l'UNRWA. Cependant, ils reçoivent un autre document de voyage (*laissez-passer*), valable un an et renouvelable trois fois.

3 Discrimination à l'encontre des réfugié-e-s palestinien-ne-s

Conditions de vie précaires dans les camps de réfugié-e-s palestinien-ne-s. Environ 53 pourcents des réfugié-e-s palestinien-ne-s enregistrés-e- au Liban vivent dans l'un des douze camps de réfugié-e-s palestinien-ne-s reconnus (UNHCR, 2016). Leur superficie n'a guère augmenté depuis 1948, alors que la population qui y vit a quadruplé. Les camps de réfugié-e-s sont surpeuplés et disposent d'infrastructures inadéquates, en particulier en ce qui concerne le système de canalisations et l'approvisionnement en eau et en électricité. Certains camps ont été gravement touchés par les différents conflits armés (USDOS 2017). Les gens sont affectés par les restrictions à l'importation de matériaux de construction dans les camps de réfugié-e-s, ce qui limite considérablement les possibilités d'améliorer leurs conditions de vie. La «*Camp Improvement Initiative*» de l'UNRWA souffre d'un sous-financement chronique.

Restriction de la liberté de mouvement et d'établissement. Selon l'UNRWA (cité par l'UNHCR, février 2016), le changement de lieu de résidence des réfugié-e-s vivant-e-s dans les camps nécessite l'autorisation du DPAR. Les réfugié-e-s palestinien-ne-s enregistré-e-s auprès de la DPAR au Liban jouissent de la liberté de mouvement à l'intérieur du pays. Cependant, depuis une modification de la loi libanaise en 2001, les Palestiniens ne peuvent

plus légalement acquérir, transférer ou hériter de terres (UNHCR, 2016) et leurs possibilités de logement sont donc sévèrement limitées. Selon le *Haut Commissariat des Nations Unies pour les réfugiés* (UNHCR 2016), en plus des camps de réfugié-e-s sous-équipés et surpeuplés, les réfugié-e-s palestinien-ne-s ont la possibilité de vivre à l'extérieur du camp, mais les loyers y sont inabornables pour nombre d'entre eux. Une autre possibilité est la conclusion d'accords semi-légaux et informels avec des citoyen-ne-s libanais-es, qui récupèrent des biens achetés par des Palestinien-ne-s avant 2001 et les laissent y vivre.

Interdiction de travailler pour les réfugié-e-s palestinien-ne-s. Bien que les modifications législatives apportées en 2005 et 2010 aient permis aux réfugié-e-s palestinien-ne-s d'accéder à certains types d'engagements formels dans le secteur privé, selon le rapport du UNHCR (2016), ils sont toujours privés d'exercer quelque 36 professions (y compris dans le secteur médical, l'agriculture, la pêche et les transports publics). Ils n'ont également qu'un accès partiel au fonds national de sécurité sociale. Pour pouvoir exercer les professions autorisées, ils doivent demander un permis de travail chaque année, ce qui implique des processus administratifs extrêmement longs. De plus, leur maintien dépend du bon vouloir des employeuses et employeurs. Les quelques Palestinien-ne-s au bénéfice d'un permis de travail sont employé-e-s dans le secteur des bas salaires et perçoivent un salaire inférieur pour le même travail par rapport aux Libanais-es. En 2010, selon une étude de l'*American University of Beirut* (AUB, 2010), les deux tiers des réfugié-e-s palestinien-ne-s étaient pauvres ou extrêmement pauvres et 56 pourcents étaient sans travail. Selon l'UNHCR (2016) et la *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ, 2014), la pauvreté et le chômage parmi les Palestinien-ne-s et les Libanais-es n'ont cessé d'augmenter depuis 2011 en raison de l'arrivée d'un grand nombre de réfugié-e-s syrien-ne-s.

4 Accès aux soins pour les réfugié-e-s palestinien-ne-s

Les réfugié-e-s palestinien-ne-s sont exclu-e-s du système de santé libanais. Les réfugié-e-s palestinien-ne-s sont exclu-e-s du système de santé publique libanais. Les soins de santé privés restent en outre pour eux quasi inaccessibles (UNRWA et AUB, 2016). Les Palestinien-ne-s dépendent donc en grande partie des services offerts par l'UNRWA, les ONG et le Croissant-Rouge palestinien (UNHCR, 2016). Selon les indications de UNRWA (2016), seuls 5,5 pourcents des réfugié-e-s palestinien-ne-s bénéficient d'une assurance-maladie privée. La grande majorité d'entre eux dépend donc entièrement des prestations de santé de l'UNRWA.

Critères d'éligibilité pour les prestations de l'UNRWA. Les *Consolidated Eligibility and Registration Instructions* (CERI) de l'UNRWA (2009) définissent les critères d'accès au système d'enregistrement et aux services de l'UNRWA. Pour bénéficier des prestations de l'UNRWA, une personne doit prouver son identité avec une carte d'identité délivrée par le gouvernement et attester de son droit aux services en présentant une carte d'enregistrement («*registration card*») de l'UNRWA. Les personnes et familles inscrites au *Social Safety Net Programme* (SSNP) ont également droit aux services de l'UNRWA. Selon les informations communiquées par e-mail par *Mohammed al-Khalidi*, spécialiste de la politique santé au *Tropical and Public Health Institute* de Bâle et doctorant à l'Université An-Najah en Cisjordanie,

les personnes enregistrées par l'UNRWA en tant que réfugiées peuvent bénéficier des services de l'UNRWA même si elles vivent à l'extérieur des camps de réfugié-e-s.

Services médicaux de l'UNRWA. Selon le CERI (UNRWA, 2009), les services de santé primaires de l'UNRWA comprennent les soins de santé maternelle et infantile, le planning familial, les soins médicaux ambulatoires et les soins dentaires. L'UNRWA fournit également des services hospitaliers. Sont exclues des prestations de l'UNRWA les personnes qui bénéficient d'arrangements pour un traitement spécialisé ou des services spécialisés dans des hôpitaux en dehors des installations de l'UNRWA ou des installations référées par l'UNRWA, que ce soit pour des soins d'urgence ou pour d'autres soins de santé.

Les installations de santé de l'UNRWA sont sous-financées. Selon UNRWA et AUB (2016), les installations de l'UNRWA sont sous-financées et les camps de réfugié-e-s ne bénéficient pas tous de l'ensemble des soins primaires («*Primary Health Care package*»). Les réfugié-e-s doivent parfois se rendre dans d'autres camps pour se faire soigner, ce qui entraîne des frais de transport supplémentaires. Grâce à des contrats avec le Croissant-Rouge palestinien et des hôpitaux publics et privés, l'UNRWA offre des séjours hospitaliers secondaires et tertiaires. Cependant, l'UNRWA ne paie qu'une partie des frais hospitaliers tertiaires et les réfugié-e-s palestinien-ne-s doivent financer le reste eux-mêmes. De nombreuses personnes touchées ne sont pas en mesure de payer pour ces soins.

Soins défaillants pour les réfugié-e-s palestinien-ne-s au Liban. L'organisation britannique *Medical Aid for Palestinians* (MAP) critique sur son site web les soins offerts aux réfugié-e-s palestinien-ne-s et évoque une crise imminente dans l'approvisionnement des soins aux Palestiniens-ne-s (2017). Le MAP signale des pénuries régulières de médicaments et des insuffisances dans les équipements dans les hôpitaux gérés par le Croissant-Rouge palestinien.

Le système de santé libanais sous pression face au nombre élevé de personnes réfugiées. Selon *Médecins Sans Frontières* (MSF, 2016) et l'UNHCR (2016), plus d'un million et demi de personnes ont fui la Syrie pour se rendre au Liban depuis 2011. Cet afflux de réfugié-e-s syrien-ne-s continue de peser sur l'économie et les infrastructures du pays, en particulier dans le secteur de la santé. Selon le UNHCR (2016) et GIZ (2014), les réfugié-e-s palestinien-ne-s sont particulièrement touché-e-s par cette situation: leur espace de vie et leurs ressources ont été réduits, leur accès aux soins et à l'éducation limités et leurs chances de trouver un emploi se sont amenuisées.

5 Traitement des maladies psychiques

5.1 Accès des palestinien-ne-s au «*mental health care*»

Défaillances des soins psychiatriques dans les camps de réfugié-e-s palestinien-ne-s. Selon l'article de *Yassin et al.* (2017), le taux de psychiatres au Liban s'élevait à 1,5 pour 100 000 habitant-e-s en 2010. Il n'y avait pas de psychiatres dans les camps de réfugié-e-s palestinien-ne-s. Les personnes atteintes d'une maladie psychique étaient donc contraintes de recourir à des traitements à l'extérieur du camp. Selon *Fabio Forgone*, chef de mission à MSF au Liban (2012), les réfugié-e-s ne disposent généralement pas de traitements pour les

maladies psychiques dans les camps. MSF a géré deux points de contact à Beyrouth, un à l'intérieur et un juste à l'extérieur du camp de Burj al-Barajneh, entre 2009 et mi-2012. Au cours de cette période, plus de 2000 personnes ont consulté les psychologues et psychiatres de MSF. MSF (page d'accueil de MSF, consulté le 11 avril 2018) gère depuis 2013 un centre de santé dans le camp de réfugié-e-s de Burj al-Barajneh, dans le sud de Beyrouth, qui offre entre autres des options de traitement pour les maladies psychiques.

En dehors du secteur privé, les traitements psychiques spécialisés sont pratiquement inexistants; dans le secteur public, les médecins de famille traitent les maladies psychiques. Au Liban, seuls cinq pourcents du budget général de la santé est consacré aux soins de santé psychique (*Yassin et al.*, 2017). La plupart des services de santé psychiques sont offerts dans le secteur privé par des spécialistes moyennant des frais. En dehors du secteur privé, il existe des services de santé psychique fournis par des médecins de famille qui prescrivent des psychotropes sans supervision spécialisée. Selon GIZ (2014), la moitié des patient-e-s à la recherche de services psychosociaux se tournent vers leur médecin de famille plutôt que vers un-e spécialiste. Ceux-ci concluent souvent à des diagnostics erronés et ne transmettent qu'une minorité des patient-e-s souffrant de problèmes psychiques à des psychologues/psychiatres. Selon les données de GIZ, de nombreuses familles renoncent à traiter leurs maladies psychiques parce que leur assurance-maladie ne couvre pas les soins correspondants. Selon GIZ (2014) et *Yassin et al.* (2017), les autres obstacles au traitement des maladies psychiques sont le système de transport peu développé, les difficultés financières, la stigmatisation des personnes psychiquement malades, le manque de connaissances sur les problèmes de santé psychique et le manque de soutien gouvernemental.

5.2 Santé psychique des réfugié-e-s palestinien-ne-s

Nombre de réfugié-e-s palestinien-ne-s affecté-e-s par des problèmes psychiques. Selon une étude menée par GIZ sur la santé psychique des réfugié-e-s palestinien-ne-s au Liban (2014), près d'un tiers des personnes traitées médicalement avaient des problèmes psychiques et/ou des troubles du comportement, en raison de conditions de vie précaires et instables. Selon une autre étude menée par UNRWA et AUB (2016), plus de la moitié (51,3 pourcents) des réfugié-e-s palestinien-ne-s interrogé-e-s ont déclaré souffrir de problèmes de santé psychiques.

Stigmatisation et discrimination des personnes psychiquement malades parmi les réfugié-e-s palestinien-ne-s. Selon le rapport de *Fabio Forgione* de MSF Liban, les personnes atteintes de maladies psychiques sont stigmatisées parmi les réfugié-e-s palestinien-ne-s et prises pour des fous. Les personnes souffrant de maladies psychiques graves sont souvent victimes de discrimination et exclues de leur communauté et de leur famille (*Forgione*, 2012).

Forgione (2012) explique en outre que les traitements offerts aux Palestinien-ne-s souffrant de troubles psychiques ne peuvent être assurés que par des spécialistes non palestiniens en raison de l'interdiction de travail dont font l'objet les médecins palestiniens. Cette situation se révèle particulièrement difficile lorsqu'il s'agit de traitements liés à la santé psychique, qui est fortement stigmatisée socialement. Nombre de réfugié-e-s palestinien-ne-s ne veulent pas être considéré-e-s comme un groupe de population présentant une forte incidence de maladies psychiques, estimant que la vie en tant que Palestinien-ne au Liban est déjà assez difficile.

Les hommes sont les plus difficiles à atteindre en matière de soins psychiatriques. Selon des indications fournies par *Fabio Forgione* (2012), 60 pourcents des personnes recevant des soins psychologiques ou psychiatriques dans les points de contact de MSF étaient des femmes âgées de 25 à 50 ans. Les hommes sont beaucoup plus difficiles à atteindre lorsqu'il s'agit d'offrir des services de santé psychiatrique dans les camps de réfugié-e-s. Selon *Forgione*, les hommes considèrent en effet le conflit palestinien non résolu comme la cause première de leurs problèmes. Ils sont donc moins enclins à rechercher un traitement médical qui ne s'attaque pas à la cause profonde. De plus, les normes culturelles existantes interdisent aux hommes palestiniens de montrer leurs faiblesses et leurs souffrances.

6 Sources

Al-Jazeera, 10 mai 2015:

«A law dating to 1925 considers the children of Lebanese women who marry non-Lebanese men to be foreigners in their own country. From 2010 to 2013, three nationality-law proposals—one by former Minister of Interior Ziad Baroud—were submitted to the Lebanese parliament. Not only were none of these ever approved, according to Lina Abou Habib, coordinator of the nationality campaign, but parliament also did not even acknowledge receiving them.

The lack of this right undermines Lebanese women's equal status and dignity as citizens. It has very real consequences for non-Lebanese men's children in Lebanon, who will forever be considered foreigners in their homeland. Some 76,000 women there are married to non-Lebanese men, according to Abou Habib, citing data from the Ministry of Interior. Not only do the children and spouses require residency permits to remain in the country, but they are also prohibited from working unless they apply for work permits. In recent years these restrictions have been eased by allowing free three-year renewable residency permits for the foreign spouses and children of Lebanese women. But the process of obtaining these is cumbersome and subject to the whim of whichever bureaucrat is in charge of your folder. Moreover, it does not apply to some 16,800 women married to Palestinian men and their children, says Abou Habib.

Being stateless means living without existing. Not having Lebanese citizenship means these children cannot access government services such as public education and health care. Perversely, children born out of wedlock or without known fathers are granted citizenship, leading some Lebanese women to claim their children are fatherless. The worst consequence of the current nationality law is that some children can end up stateless. If their mothers hold only Lebanese citizenship and their fathers do not have citizenship (which is the case for many Palestinian refugees) or have lost their documents because of war or have no means to register their children in their home country, then the children will be stateless. As such, they will have no official identity documents, no access to government services, no right of movement and no ability to legally work or live in the country. Being stateless means living without existing. Official estimates of the number of stateless women, men and children in Lebanon vary, but the current consensus seems to be about 200,000.» Source: Al-Jazeera, Lebanon's Sexist Citizenship Law

Hurts Mothers and Babies, 10 mai 2015: www.america.aljazeera.com/opinions/2015/5/lebanons-sexist-citizenship-law-hurts-mothers-and-babies.html.

American University of Beirut (AUB), 31 décembre 2010:

In 2010, 66.4 per cent of Palestine refugees in Lebanon were poor in 2010, and 6.6 per cent were extremely poor. The occurrence of extreme poverty among Palestine refugees was four times higher compared to the Lebanese population. Source: American University of Beirut, Socio-Economic Survey of Palestinian Refugees in Lebanon, 31 décembre 2010, p. xi, xii, 27, 29, 30: <http://bit.ly/1PDgESC>.

Décret n° 15, 19 janvier 1925:

«Article 1. Is considered Lebanese: **Every person born of a Lebanese father.** Every person born in the Greater Lebanon territory and did not acquire a foreign nationality, upon birth, by affiliation. Every person born in the Greater Lebanon territory of unknown parents or parents of unknown nationality.» Source: Decree No 15 on Lebanese Nationality including Amendments [Lebanon], 19 janvier 1925: www.refworld.org/pdfid/44a24c6c4.pdf.

Forgione, Fabio, août 2012:

«Within the Palestinian refugee community, mental illness is stigmatised, the term itself equated with 'being crazy'. This is fundamentally due to lack of awareness about what mental illnesses are and how they can be treated. Mental health disorders are rarely talked about and it is very uncommon to ask for help relating to mental health issues. People suffering from severe mental illness are often discriminated against and isolated by the communities in which they live, including by their families.

The situation is made worse by the fact that **mental health services are not generally available in refugee camps. Mental health services are not perceived as a basic health need like reproductive or child health services might be and this, in itself, reinforces the fear and stigma surrounding mental health.** It is only recently that the World Health Organisation, among others, has attached greater importance to it and is working to improve access at primary care level around the world.

Overcoming challenges

Mental health providers are generally viewed with some suspicion in this community, especially when care is delivered by people from outside the community. As the science of psychology is not widely understood and psychiatry is associated with the giving of strong medications, this leads to real concerns about 'medicating the community' through these services. The methods used to treat mental illness are not well understood and therefore to some extent are feared – which may cause mistrust of the provider. **When MSF started its mental health programme in the refugee camps in Lebanon, concerns were expressed that Palestinians should not be branded as a people with high mental illness levels in a country where being Palestinian was already difficult enough.** Our challenge was to educate the population about mental illness and provide access to quality services that would make a difference and would be trusted. (...)

Providing sensitive services to Palestinians with non-Palestinian professionals of different faiths (as is necessary in Lebanon in the absence of Palestinian clinicians due to work restrictions posed by the Lebanese government) is difficult. (...)

In order to make sure that the services were accessible to all, two access points were started in the camp and one established on the immediate outskirts of the camp. With one access point at the UNRWA health centre and a second at the Palestinian Red Crescent Society hospital, patients were able to access services under cover of seeking other health services, if necessary. From the beginning of 2009 until mid-2012, 2,158 patients sought consultations with MSF's psychologists and psychiatrists; the majority seeking help (60%) were women aged between 25 and 40.

Men generally represent the most difficult target to reach. In the specific context of the Palestinian camps in Lebanon this seems to be related to the fact that men tend to consider the unsolved Palestinian cause as the root cause of all their problems, and are less willing to seek medical help that cannot address that root cause. Unexpectedly those men who do seek help have proved to be keener to see a female psychologist. This is linked to the local culture and to men's unwillingness to show 'weaknesses' and 'vulnerability' before other men. The camp's male population appears to be the most fragile group in Palestinian society as culturally they do not have the 'right' to show their weakness and their suffering yet they bear the responsibility – very often unmet due to the severe restrictions faced in Lebanon by Palestinians – of being the sole financial provider in the family. » Source: Forgione, Fabio, Mental health in Palestinian camps in Lebanon, In: Forced Migration Review Online, août 2012, p. 46-47: www.fmreview.org/sites/fmr/files/FMRdownloads/en/young-and-out-of-place/forgione.pdf.

GIZ, octobre 2014:

«Likewise, instable and precarious life conditions, the difficult access to services and the losing of systems of social meanings create a very uncertain future. Often these elements bring about a series of feelings, including grief, loss, and guilt towards the people who did not flee or other members of the family, a sense of inferiority compared with the resident population, isolation, anger, angst and insecurity-instability.(...)»

The large influx of PRS has sparked heavy competition in the Palestinian camps and gatherings in Lebanon, with longtime residents losing jobs as well as access to basic medical and educational services. According to the joint UNDP and UN-Habitat report released in August 2014, original dwellers are losing jobs because new refugees who are demanding lower wages are replacing them. The report highlights the fact that a Palestinian worker earns on average a monthly income of LL 537,000 (USD 358), mostly due to harsh work restrictions that narrow down employment opportunities to manual labor or informal jobs. The spotted increase in unemployment results from an increase in competition on available jobs, with an ever growing amount of refugees competing over a limited supply of work opportunities. The report also revealed that the 42 gatherings for PRL were originally inhabited by about 110 thousand residents before the outbreak of the Syrian crisis. Since the onset of the crisis, the official refugee camps and gatherings, notoriously overcrowded, have been squeezing the ever-increasing population of Syrian refugees and PRS into finite areas. Most of the structures, built as temporary shelters, have deteriorated over the decades from lack of funding for proper maintenance. Poor housing conditions, leaky pipes, deteriorated

water and sewage treatment systems, contaminated water, jerry-rigged electrical connections and open drainage ditches all contribute to substandard living conditions. Expansion of the camps to accommodate the increased population is prohibited by local laws. There are also restrictions on rehabilitation work, however minor, and on the entry of materials into the camps needed for repairs and renovation.

With regards to health facilities, hospitals and medical facilities in Palestinian gatherings, these have been overwhelmed with a larger consumer base, utilizing the same facilities and creating greater competition with the original dwellers (UNDP and UN-HABITAT, 2014). According to the report, the lack of access to hygiene has introduced a new wave of health problems among the incoming refugees, such as lice and tuberculosis.(...)

1.1.1 Mental Health/Psychosocial Wellbeing and Primary Health Care

• **Almost one-third of primary health care visits involve behavioral, emotional or developmental concerns.** • **Half of mental health visits are to a primary care physician rather than to a specialist.** • People who are experiencing emotional and behavioral problems, or higher levels of psychosocial distress, are more frequent visitors to their primary care provider, and incur higher health care costs (higher somatization complaints). • Inappropriately triaged cases are hampering the provision of ongoing care (with increasing demand). • **General Practitioners (GPs) tend to under identify cases with mental health problems,** with detection being particularly focused on urgent appointments. **Only a minority of cases are identified as having a mental health problem by their GP and are referred to a mental health service provider.** • **Many families will not address their mental health needs if their health insurance does not offer adequate coverage. Additional obstacles comprise lack of transportation means, financial constraints, and stigmas related to mental health problems.»**

Source: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Mental Health and Psychosocial Wellbeing Among Palestinian Refugees in Lebanon, octobre 2014, p. 12-1: <https://data2.unhcr.org/en/documents/download/45359>.

IRBC, 12 novembre 2013:

«According to the Director of the Lebanese Emigration Research Center (LERC), an academic initiative of Notre Dame University dedicated to the study of migration (LERC n.d.), **"[i]t is practically impossible for anyone who is not born to a Lebanese male to obtain Lebanese citizenship.** Citizenship is acquired through paternal jus sanguini and jus soli. Women do not transmit their citizenship to their husbands or children" (LERC 7 Nov. 2013). In their 2012 research report on Lebanese citizenship published by the European University Institute, El-Khoury and Jaulin also indicate that [j]us sanguinis through patrilineal affiliation remains the sole principle for the attribution of citizenship: **in other words, only men can transmit citizenship to their children, or to their foreign spouse. Jus solis only applies to exceptional cases, such as an individual born in Lebanon from unknown parents.** (Sept. 2012, 4) In correspondence with the Research Directorate, a law and human rights researcher and consultant, who specializes in Lebanese citizenship and has extensive experience in monitoring and defending human rights, **indicated that a foreign man who is married to a Lebanese woman cannot acquire Lebanese nationality by virtue of marriage** (Researcher and Consultant 8 Nov. 2013). The researcher further noted that a foreign man married to a Lebanese woman and residing in Lebanon may obtain a "courtesy" residence permit that is renewable every three years and he "can file a demand for naturalization" (ibid.). In their report, El-Khoury

and Jaulin note that [t]he naturalisation of foreigners residing in Lebanon, or married to Lebanese women, depends on a discretionary decision of the executive. In addition, there is no co-ethnic preference to ease the naturalisation of Arab citizens, as is the case in many other Arab countries. (Sept. 2012, 4)» Source: Canada: Immigration and Refugee Board of Canada, Lebanon: Citizenship Requirements and Procedures for an Individual Who was Born in Lebanon to Parents with Syrian Citizenship, Has a Permanent Residency Permit, and Whose Spouse was Granted Lebanese Citizenship by Decree (2012 - November 2013), 12 novembre 2013: www.refworld.org/docid/5481746f4.html.

Médecins sans frontières (MSF), 2018:

«More than 1.5 million Syrians have fled into Lebanon since the conflict began in 2011, making Lebanon and Jordan the countries hosting the largest proportion of refugees in the world.

This influx of Syrian refugees has further strained the country's economy and infrastructure and this is particularly felt in the health sector. The Lebanese Ministry of Public Health is supporting primary and secondary healthcare centres to respond to the needs of Syrian refugees. Despite these efforts, the cost of consultations, laboratory tests, and medication remains a barrier for a significant number of refugees. This reality has prompted MSF to continue providing medical assistance to Syrian refugees and vulnerable communities in Lebanon. (...)

South Beirut: Since September 2013, MSF has been managing a primary healthcare centre and a mother and child health centre in Shatila refugee camp, where over 30,000 refugees are living in deplorable conditions, just four kilometres from the city centre.

In Burj al-Barajneh refugee camp, also located in a southern suburb of Beirut, MSF has opened a health centre providing sexual and reproductive health services, including treatment for sexually transmitted diseases, mental healthcare and health promotion activities. In May, the team launched a home-based care programme for patients with chronic diseases who suffer from mobility problems.» Source: Médecins sans frontières, Where we Work in Lebanon, sans Date (accès le 11 avril 2018): www.msf.org/en/where-we-work/lebanon.

Medical Aid for Palestinians (MAP), 15 décembre 2017:

«With corresponding high levels of poverty, many Palestinians cannot afford to undertake medical training, and in some cases – such as midwifery – courses are taught in French as a second language, rather than the English which Palestinians learn in UNRWA schools.

*Staff in hospitals and medical organisations explained to us that these and other challenges not only hold Palestinians back from working in the Lebanese healthcare system, but also threaten the viability of healthcare provision for Palestinian refugees. At the Haifa Hospital in Burj al Barajneh Camp – the key secondary healthcare centre for Palestinian refugees in Beirut, run by the **Palestinian Red Crescent Society (PRCS)** – we heard that their youngest doctor is 45 years old.*

Aside from the employment issues, perpetual displacement and a lack of political resolution means that **Palestinian healthcare remains in a state of continuing crisis in other ways, too. We heard about regular stock shortages for medicines and equipment in PRCS hospitals, and the high cost of healthcare in the Lebanese health system.**» Source: Medical Aid for Palestinians (MAP), Perpetual crisis: Health conditions for Palestinian refugees in Lebanon, 15 décembre 2017: www.map.org.uk/news/archive/post/763-perpetual-crisis-health-conditions-for-palestinian-refugees-in-lebanon.

UNHCR, février 2016:

«Based on their legal status and registration with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Palestinian refugees in Lebanon can be categorized into four groups:

- **“Registered” refugees (“Palestine refugees”), which are registered with UNRWA and the Lebanese authorities;**
- **“Non-registered” Palestinian refugees, which are not registered with UNRWA, but are registered with the Lebanese authorities;**
- **“Non-ID” Palestinian refugees, who are neither registered with UNRWA nor with the Lebanese authorities; and**
- **Palestine refugees from Syria, who have arrived in Lebanon since 2011. (...)**

*Palestine refugees are dependent on UNRWA services and relief due to the restricted access to public education, public health care and social services, as well as employment.⁹ These services as well as camp infrastructure were reportedly already overstretched prior to the arrival of tens of thousands of Palestine refugees from Syria.¹⁰ **The influx of Syrian and Palestine refugees from Syria into Lebanon are reported to have further compromised already limited living space, resources, services and job opportunities available to Palestine refugees in Lebanon and contributed to heightened community tensions.¹¹ (...)***

2. Freedom of Movement

According to UNRWA, Palestinian refugees registered with DPAR enjoy freedom of movement within the country. The directorate, however, has to approve the transfer of registration of residence for refugees who reside in camps. According to UNRWA, the directorate generally approves such transfers. (...)

a. Access to Employment and Livelihoods

Changes to Lebanese law in 2005 and 2010 gave Palestine refugees in Lebanon legal access to some formal employment in the private sector that had previously been limited to Lebanese nationals.³² Nevertheless, legal prohibitions reportedly persist on access for Palestine refugees to 36 liberal or syndicated professions (including in medicine, farming and fishery, and public transportation).³³ Moreover, Palestine refugees in Lebanon have reportedly only partial access to the National Social Security Fund. In order to work, Palestine refugees in Lebanon are required to obtain an annual work permit at no

cost. However, obtaining a work permit reportedly involves a lengthy administrative process, for which the refugees depend on the goodwill of their employers, thus limiting the effectiveness of these legal changes. According to ILO, the number of Palestine refugees holding a work permit is very low. Most Palestine refugees in Lebanon are reported to work in menial, low-paying jobs in the informal sector. Sources indicate that Palestine refugees regularly receive a lower salary than Lebanese nationals for the same job. Child labour is reported to be common in and around refugee camps, with some children working as armed guards.

According to a 2010 survey by the American University in Beirut, Palestine refugees in Lebanon are highly marginalized, with two-thirds considered poor or extremely poor.⁴⁰ As of 31 December 2010, 56 per cent of Palestine refugees in Lebanon were unemployed.⁴¹ It is generally considered likely that poverty and unemployment among Palestine refugees in Lebanon has increased, along with the overall rise in the number of poor and unemployed persons in the country, as a result of socioeconomic challenges created by the arrival of over one million refugees from Syria since 2011.⁴² Young men with limited work opportunities are reported to be likely to join militant groups.

b. Property and Housing

Around 53 per cent of the Palestine refugees registered in Lebanon are reported to live in one of the 12 recognized Palestine refugee camps, all of which suffer from serious overcrowding, poor housing conditions and insufficient infrastructure (in particular sewage, water and electricity). The area of land allocated to the refugee camps has reportedly remained largely unchanged since 1948, despite significant population growth and the arrival of thousands of refugees from Syria. This is reportedly further exacerbated by some restrictions enforced by the Lebanese authorities on the movement of building materials into Palestine refugee camps. This reportedly severely limits the ability of Palestine refugees in Lebanon to improve their housing conditions, in an environment that is considered extremely congested and unhealthy environment. UNRWA's Camp Improvement Initiative is reportedly affected by chronic underfunding.⁴⁸

In addition, following a change in the law in 2001, Palestine refugees are reported prevented from legally acquiring, transferring or inheriting real property in Lebanon.

Housing opportunities for Palestine refugees are thus limited to (i) Palestine refugee camps where living conditions are reportedly substandard; (ii) renting a residence outside of Palestine refugee camps where rental rates are unaffordable for many;⁵¹ or (iii) relying on semi-legal, informal and unprotected agreements with Lebanese associates, who reportedly buy property or keep property bought pre-2001 on their behalf.

c. Access to Healthcare

Palestine refugees reportedly do not have access to Lebanese public health services and rely mostly on UNRWA for health services, as well as on non-profit organizations and the Palestinian Red Crescent Society (PRCS). UNRWA reportedly provides comprehensive primary health care such as general medical checks, preventative maternal and child care, radiology and dental care, free of charge. However, not all medical services are available at all UNRWA health clinics and as a result refugees may have to visit other clinics outside the

*camps, e.g. for dental treatment or laboratory tests. In addition, **UNRWA financially assists refugees with partial cost coverage for treatment in secondary and tertiary health care in UNRWA-contracted hospitals.** In light of high levels of unemployment and poverty, refugees, especially those suffering from chronic diseases and those in need of complex medical procedures, may be unable to bear the high costs of treatment. Many refugees reportedly have to rely on assistance from relatives, friends, NGOs, or charities, sometimes running up debts. **Health services available to Palestine refugees in Lebanon are reported to be chronically underfunded and insufficient to cover existing and growing health needs. Furthermore, living conditions in the camps are reportedly linked to a multitude of physical and mental health problems among refugees. The situation of elderly persons and persons with disabilities is reportedly of particular concern.** (...)*

III. NON-REGISTERED PALESTINIANS

*An estimated 35,000 Palestinian refugees are registered with the DPAR, but not with UNRWA.⁷⁹ These persons fall outside UNRWA's mandate because they left Palestine after 1948; because they took refuge outside UNRWA areas of operations prior to coming to Lebanon; because they left after 1948; or because they did not otherwise meet UNRWA's eligibility criteria. ⁸⁰ UNRWA started assisting this non-registered refugee population as of January 2004.⁸¹ Non-registered Palestinians are reportedly granted the same residency permits afforded to those who are registered with UNRWA;⁸² however, they are issued a different travel document (*Laissez Passer*), valid for one year and renewable three times.» Source: UNHCR, The Situation of Palestinian Refugees in Lebanon, février 2016, p. 2, 4, 5-7, 8, 10: www.refworld.org/pdfid/56cc95484.pdf.*

UNHCR, 2014:

*«**Uneven ability of women to confer nationality on their children:** The table below uses a color scheme to divide the laws of the 27 States into three categories. **The laws of the first group of countries (dark orange) have nationality laws which do not allow mothers to confer their nationality to their children with no, or very limited, exceptions— these laws create the greatest risk of statelessness.** The laws of the second group of countries (orange) have some safeguards against the creation of statelessness (for example making exceptions for mothers to confer nationality if the father is unknown or stateless). The laws of the third group of countries (yellow) also limit the conferral of nationality by women but additional guarantees ensure that statelessness will only arise in very few circumstances. (...) **The nationality law of Lebanon also allows only Lebanese fathers to confer their nationality to their children in all circumstances. Women can only confer their citizenship if the child is born out of marriage and recognized while a minor by the Lebanese mother.** Source: UNHCR, Background Note on Gender Equality, National Laws and Statelessness, 2014, p. 3: www.unhcr.org/4f5886306.html.*

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), American University of Beirut (AUB), 2016:

*«**PRL and PRS health conditions and access to health services are highly dependent on UNRWA services.** An almost unanimous count responded that they have access to UNRWA health services (...)*

*The UNRWA Health Programme delivers comprehensive primary health care services, both preventive and curative, to Palestine refugees, and helps them access secondary and tertiary health care services. The Agency provides 27 healthcare facilities across the country. **Palestine refugees are not covered by any public health scheme according to the Lebanese public health system and private health care can be unaffordable.** (...)*

However, UNRWA facilities suffer from underfunding, and not all medical services of the comprehensive Primary Health Care package are provided in every camp. Refugees might need to visit another camp for dental work or laboratory tests potentially incurring additional transportation costs. UNRWA provides secondary and tertiary hospitalization services to Palestine refugees through contracting with Palestine Red Crescent Society, governmental and private hospitals. Unfortunately, tertiary hospital care is often beyond the financial reach of refugees since UNRWA can only offer partial coverage in UNRWA-contracted hospitals leaving a severe burden on patients, their families or local NGOs and charities.(...)

*Only 5.5 per cent of the PRL population has access to private health insurance, leaving a large majority with no health coverage other than UNRWA. This includes the 1.5 per cent who have access to the Lebanese National Social Security Fund but cannot benefit from its health services. **These numbers are in line with data from the ILO, which reports that 95 per cent of PRL do not benefit from any medical coverage/insurance.**» Source: United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), American University of Beirut (AUB), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon 2015, 2016, p. 10, 96, 104: <https://data2.unhcr.org/en/documents/download/47936>.*

United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA),
1^{er} janvier 2009:

« V. UNRWA services

A. General provisions

1. Persons applying for UNRWA services are requested to prove their identities by producing a government-issued identity card and to prove their eligibility for services by producing an UNRWA Registration Card. Persons who do not possess any valid identity documents must prove their identity by presenting a written attestation from the Camp Services Officer where they are residing, or a written attestation of either two UNRWA Staff Members, or two credible members of the local community including “mukhtars”, with the endorsement of the Area or Camp Registration Officer.

2. Families and persons enrolled in the Social Safety Net Programme (SSNP) are eligible for and have general priority for all UNRWA services. These services are subject to the relevant provisions of each of the Agency’s programmes.

3. UNRWA services may be provided to persons or families registered with the Agency and living in a Field other than the Field in which they were originally registered, even if their registration records have not yet been officially transferred to their present Field of residence. Access to services is however subject to the relevant provisions of each of the Agency’s programmes. (...)

D. Health Services

1. UNRWA's primary health care services, including maternal and child health care and family planning, out-patient medical care and dental care, are available to all categories of persons specified in section III of these Instructions. These services are also available to persons in these categories who live in a Field other than the Field in which they were originally registered, subject to confirmation that their entitlements to health services are suspended in the Field of original registration.

2. Hospital services may be provided to all categories of persons specified in section III of these Instructions. These services are also available to persons in these categories who live in a Field other than the Field in which they were originally registered, subject to confirmation of their eligibility status and the prior written approval of Chief, Field Health Programme to provide such services and to charge the expenses to the budget of the Field of original registration. Such services would be provided within the scope of the specific hospitalization arrangements in place in the concerned Fields.

3. No assistance should be provided to persons who make their own arrangements for obtaining specialized medical care or hospitalization services outside Agency-run or Agency referral facilities, be it for emergency care or other medical or health needs.»

Source: United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), Consolidated Eligibility and Registration Instructions (CERI), 1er janvier 2009, p. 19, 26: www.unrwa.org/userfiles/2010011995652.pdf.

US Department of State (USDOS), 3 mars 2017:

«The amount of land allocated to the 12 official Palestinian refugee camps in the country has changed only marginally since 1948, despite a four-fold increase in the population. Consequently, most Palestinian refugees lived in overpopulated camps, some of which were heavily damaged during past conflicts. In accordance with agreements with the government, Palestine Liberation Organization (PLO) security committees provided security for refugees in the camps, with the exception of the Nahr el-Bared camp.(...)»

Palestinian refugees residing in the country could not obtain citizenship and were not citizens of any other country. Palestinian refugee women married to Lebanese citizens were able to obtain citizenship after one year of marriage. According to Lebanese nationality law, the father transmits citizenship to children. Palestinian refugees, including children, had limited social and civil rights and no access to public health, education, or other social services. Children of Palestinian refugees faced discrimination in birth registration, and many had to leave school at an early age to earn an income.» Source: US Department of State (USDOS): Country Report on Human Rights Practices 2016 - Lebanon, 3 mars 2017: www.ecoi.net/en/document/1395547.html.

Yassin, N., Taha, A.A., Ghantous, Z. et al., 15 septembre 2017:

«Mental health problems are common among refugee populations, exacerbated by living situations, the impact of forced migration, poverty, discrimination, and social exclusion [6, 11, 14]. Despite an increase in these stressors, refugees seek mental health services less than the general population [4]. Seeking out mental health services is often complicated by

factors including stigma, cultural barriers, and lack of access, as well as a lack of knowledge about mental health problems, governmental, and financial support [24]. Increased concerns about the mental health of refugees have led to community interventions that aim to prevent and/or treat refugee mental health problems.(...)

Mental health services account for only 5% of the general health budget of Lebanon [5]. Most mental health services are provided by specialists for a fee through the private sector. Outside of the private sector, mental health care is provided by general physicians who diagnose and prescribe psychiatric medications without specialist supervision [5]. In 2010, the number of psychiatrists in Lebanon was 1.5 for 100,000 persons [25]. More important is that there are no psychiatrists currently working inside the Palestinian camps. Consequently, where to seek out services is a problem in most refugee camps [8]. Source: Yassin, N., Taha, A.A., Ghantous, Z. et al., Evaluating a Mental Health Program for Palestinian Refugees in Lebanon, dans: J Immigrant Minority Health, 20: 388, 15 septembre 2017 (pas accessible au public): <https://doi.org/10.1007/s10903-017-0657-6>.