Annual Referral Health Care Report
2018

A summary report for secondary and tertiary health care provided to Syrian refugees in Lebanon in 2018
OVERVIEW

Secondary and tertiary health care institutions in Lebanon are mostly private and cost is a significant access barrier. UNHCR has put in place Guidelines for Referral Health Care in Lebanon and standard operating procedures (SOP) to support access to life saving and obstetric care and to manage the costs of care for refugees. The costs covered by UNHCR vary according to the cost of service provided. Additionally, UNHCR contracts a third party administrator (TPA) to manage and audit referral care processes and costs.

As of December 2018, there are 948,849 Syrian refugees and 18,200 refugees from other countries registered with UNHCR. The referral care programme also supports access to life saving care for non-registered refugees.

- The total number of approved referrals decreased from 82,894 in 2017 to 79,416 in 2018. This is a decrease of 4%.
- The UNHCR network consisted of 40 hospitals during 2018. The majority (82%) of accepted referrals were treated in 20 hospitals.
- As of July 2018, UNHCR introduced a revised cost-sharing scheme, under which coverage of UNHCR to a higher degree is determined by the cost of the provided service. The higher the cost, the higher percentage is covered by UNHCR. This is believed to have had an impact on health seeking behavior of the beneficiaries, who would increasingly seek care in primary health care facilities rather than hospitals for less severe conditions.
- A high proportion (63%) of referrals were for maternity care which represents an increase from 59% in 2017.
- The proportion of births performed by caesarean section was 33% in 2018, remaining almost at the same level as in 2017 (34%).
- Out of the total annual approved referrals there were 921 mortalities, of which 57% were in children under one year of age, predominantly in the perinatal period.

DATA

UNHCR, through the TPA, collected data on the coverage of hospital referrals. The data for accepted referrals include the diagnosis, care received, outcome and cost of the service.
SECTION 1: NUMBER OF REFERRALS

Key Findings

Trend of increasing number of referrals since 2015 changed in 2018, during which the number of referrals per month decreased compared to the previous year. Decrease started in the first half of the year (i.e. prior to introduction of the revised scheme) and mainly concerned referrals for other reasons than delivery.

1,644 referrals were declined support. Most common reason for declining was that condition did not fit criteria set out in referral care guidelines (acute life-threatening, delivery etc.)

22 %
Proportion of referrals of children <5 years of age (22% in 2017).

5% of beneficiaries referred twice or more. The most common diagnosis for multiple referrals (4 or more/year) is blood- and immunological conditions. Possibly due to the need for repeated transfusions.
Key Findings

**78%**
Proportion of referrals of female patients, reflecting the high proportion of obstetric care (76% in 2017).

**24.6 and 15.2 years**
Mean age at admission for females and males respectively (24.4 and 15.6 years in 2017). The different means are due to the fact that the majority of females are referred for delivery while the majority of males are referred for perinatal reasons.

20 hospitals (out of 40 in the network) provided treatments to **82%** (77% in 2017) of all supported referrals.

**531**
Average number of referrals per month to the hospital most frequented by refugees (Dr Hamed Farhat Hospital in the Bekaa).

Percentage referrals to hospitals in South higher than percentage of refugees residing there. A number of large hospitals in Saida (Raii, Kassab) are receiving referrals from the rest of the country.
SECTION 2: REASON FOR REFERRALS

***FIGURE 7: ICD-10 DIAGNOSTIC CATEGORY ON DISCHARGE, AS PROPORTION OF APPROVED REFERRALS (N=79,416)***

<table>
<thead>
<tr>
<th>Category</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy and childbirth</td>
<td>62.6%</td>
</tr>
<tr>
<td>Symptoms</td>
<td>7.1%</td>
</tr>
<tr>
<td>Perinatal conditions</td>
<td>6.6%</td>
</tr>
<tr>
<td>Respiratory conditions</td>
<td>4.5%</td>
</tr>
<tr>
<td>Certain infections</td>
<td>4.0%</td>
</tr>
<tr>
<td>Digestive conditions</td>
<td>3.7%</td>
</tr>
<tr>
<td>Injuries and accidents</td>
<td>3.4%</td>
</tr>
<tr>
<td>Genitourinary conditions</td>
<td>1.9%</td>
</tr>
<tr>
<td>Circulatory conditions</td>
<td>1.8%</td>
</tr>
<tr>
<td>Blood- and immunological conditions</td>
<td>1.7%</td>
</tr>
<tr>
<td>Congenital malformations</td>
<td>0.7%</td>
</tr>
<tr>
<td>Neurological conditions</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hormonal and metabolic conditions</td>
<td>0.4%</td>
</tr>
<tr>
<td>Musculoskeletal conditions</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mental conditions</td>
<td>0.2%</td>
</tr>
<tr>
<td>Skin conditions</td>
<td>0.2%</td>
</tr>
<tr>
<td>Neoplasms</td>
<td>0.1%</td>
</tr>
<tr>
<td>Eye- and ear conditions</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

**Key Findings**

**49,737 (63%)**
Increasing trend of number of accepted referrals requiring pregnancy related care (59% in 2017).

**47,892 (60%)**
Increasing trend of referrals for delivery (46,397/ 56% in 2017).

Number of referrals for delivery increased during 2015, 2016 and 2017 but stabilized during 2018. Number of referrals for other reasons decreased however in 2018, possibly as a consequence of the new cost-sharing scheme. This has led to deliveries now constituting a greater part of all referrals.

**33.3%**
Proportion of deliveries by caesarean section remained stable (33.8% in 2017).

C-section rate in Syria 2010 was 26% (UNICEF)
C-section rate among Lebanese women 2018 was 57% (MOPH)
SECTION 3: MORTALITY

**Key Findings**

1.2%  
Slight increase of mortality (1.0% in 2017).

921 of 79,416 referrals died while hospitalized in 2018. Corresponding number for 2017 was 845 out of 82,894 referrals.

13%  
of deaths were due to cardiovascular disease (slight decrease compared 14% in 2017)

54% of the 921 deaths occurred among children under one year of age (slight decrease from 2017 with 58%). The deaths happened mainly in the perinatal period and 16% were attributed to prematurity.

7  
Maternal mortalities among UNHCR supported referrals (4 in 2017). However, when comparing MoPH data that includes all maternal deaths among Syrian refugees the number of maternal deaths reduced: 9 in 2018 compared to 14 in 2017.