Annual Referral Health Care Report 2020

A summary report for secondary and tertiary health care provided to Syrian refugees in Lebanon in 2020

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 (SOPs) 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 2020, there are **865,531** Syrian refugees and **15,896** refugees from other nationalities 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 **65,513** in 2019 to **60,193** in 2020. This is a decrease of **8%**. Many factors contributed for this reduction, but restriction in movement related to the COVID pandemic and the economic situation are both believed to be the main attributors.
- The composition of the UNHCR hospital network changed throughout the year much due to adaptations made for the COVID pandemic but as previous year it consisted for most of the time of around **40** hospitals. The majority (**86%**) of accepted referrals were treated in **20** hospitals.
- **62%** of referrals were for maternity care (same in 2019).
- The proportion of births through caesarean section was **32%** out of total deliveries (**33%** in 2019).
- Out of the total approved referrals there were **1058** mortalities, of which **55%** were in children under one year of age, predominantly in the perinatal period. There was a significant increase in mortality during the year from **1.2%** to **1.8%**. Some of the increase can be attributed to COVID but also to other factors. Neonatal mortalities also increased, exceeding the SDG targets in the 3rd quarter of 2020.

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.

IN NUMBERS

60,193 Referrals financially supported by UNHCR in 2020.

56,464 Beneficiaries supported by UNHCR with one or more referrals.

5,016 Monthly average of referrals supported by UNHCR.

77% Proportion of referrals of female patients, reflecting the high proportion of obstetric care (**78%** in 2019).

86% Proportion of accepted referrals in most utilized 20 hospitals.

SECTION 1: NUMBER OF REFERRALS

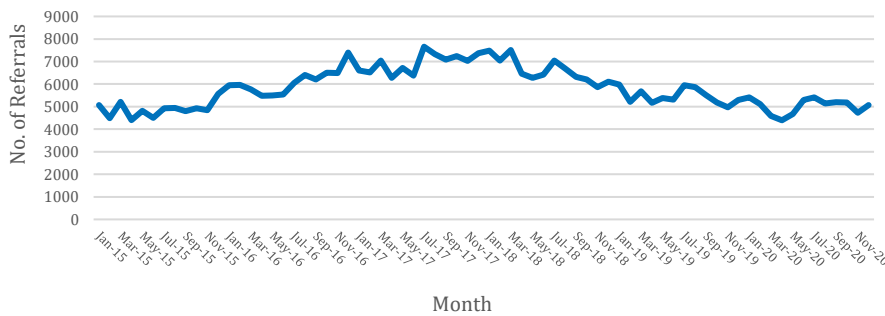FIGURE 1: NUMBER OF REFERRALS PER MONTH JAN 2015 – DEC 2020

Key Findings

Number of referrals per month fluctuating with the dip in Mar-Apr-May during first lock-down period.

1,154 referrals were declined support (1.9% of total). Most common reason for declining was that condition did not fit criteria set out in referral care guidelines (acute life-threatening, delivery etc.)

FIGURE 2: NUMBER OF REFERRALS PER MONTH BY COVERAGE STATUS in 2020

Month	Approved	Declined
jan	5443	104
Feb	5111	79
Mar	4590	73
Apr	4396	65
May	4672	67
Jun	5292	104
Jul	5411	121
Aug	5135	103
Sep	5198	102
Oct	5184	131
Nov	4726	110
Dec	5065	95

20%
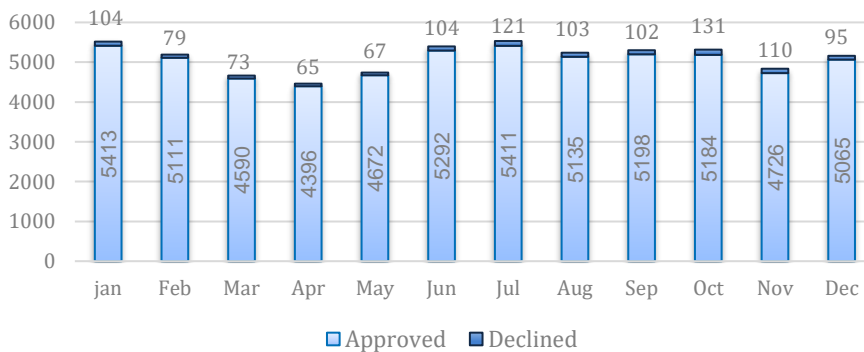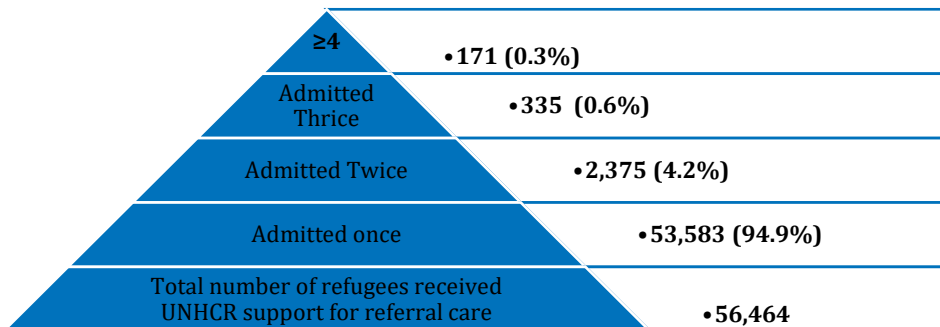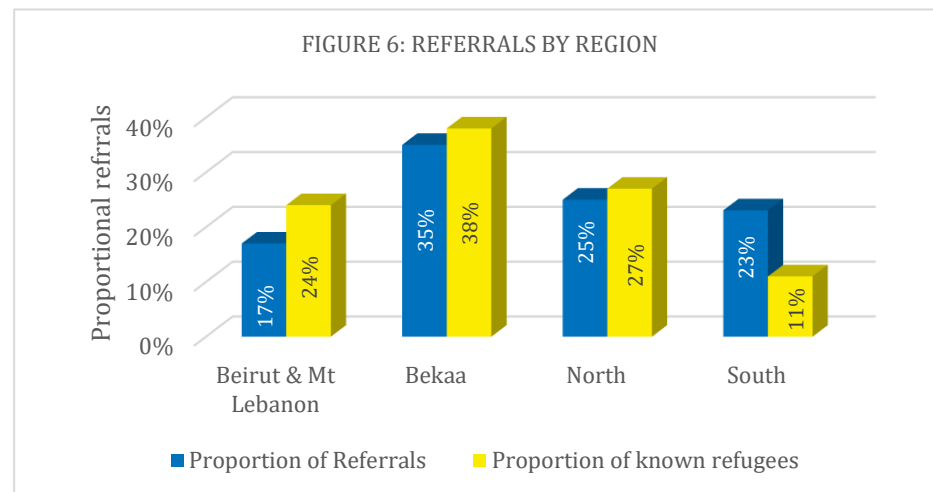Proportion of referrals of children <5 years of age (**21%** in 2019).

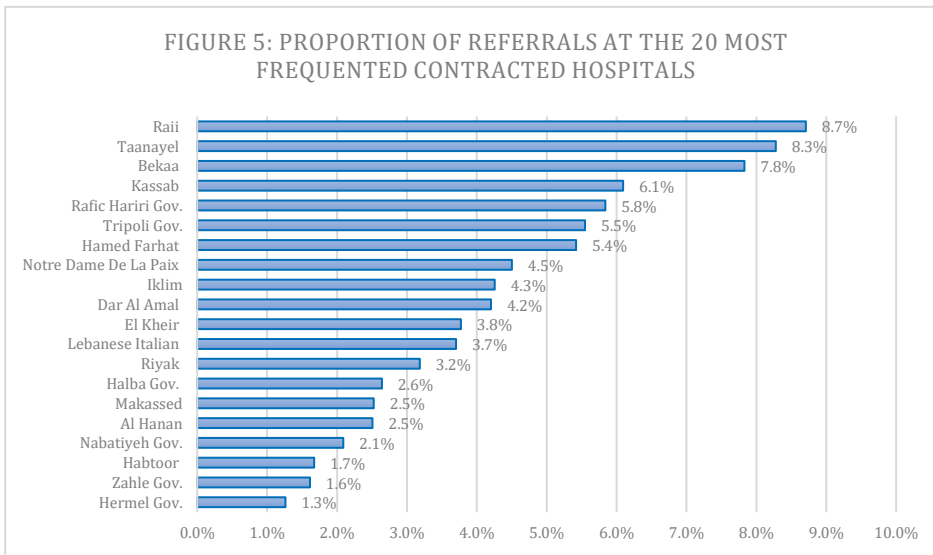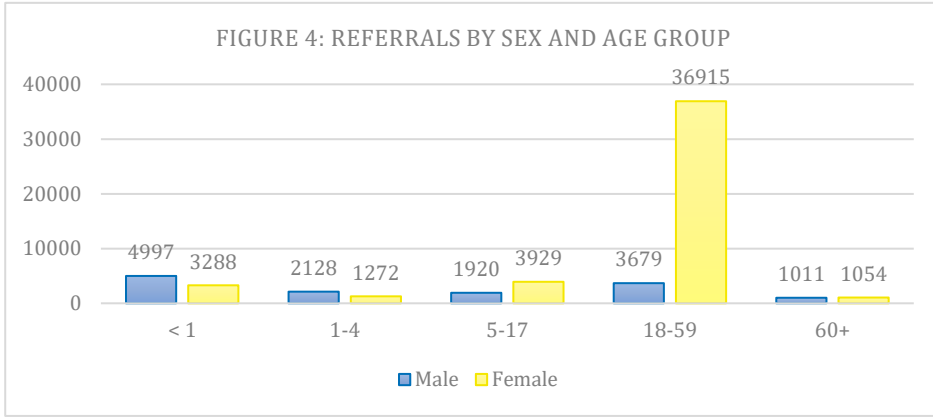FIGURE 3: NUMBER OF REFUGEES SUPPORTED AND FREQUENCY OF ADMISSIONS PER REFUGEE

≥4	• 171 (0.3%)
Admitted Thrice	• 335 (0.6%)
Admitted Twice	• 2,375 (4.2%)
Admitted once	• 53,583 (94.9%)
Total number of refugees received UNHCR support for referral care	• 56,464

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.

FIGURE 4: REFERRALS BY SEX AND AGE GROUP

Age group	Male	Female
< 1	4997	3288
1-4	2128	1272
5-17	1920	3929
18-59	3679	36915
60+	1011	1054

FIGURE 5: PROPORTION OF REFERRALS AT THE 20 MOST FREQUENTED CONTRACTED HOSPITALS

Hospital	Proportion
Raii	8.7%
Taanayel	8.3%
Bekaa	7.8%
Kassab	6.1%
Rafic Hariri Gov.	5.8%
Tripoli Gov.	5.5%
Hamed Farhat	5.4%
Notre Dame De La Paix	4.5%
Iklim	4.3%
Dar Al Amal	4.2%
El Kheir	3.8%
Lebanese Italian	3.7%
Riyak	3.2%
Halba Gov.	2.6%
Makassed	2.5%
Al Hanan	2.5%
Nabatiyeh Gov.	2.1%
Habtoor	1.7%
Zahle Gov.	1.6%
Hermel Gov.	1.3%

FIGURE 6: REFERRALS BY REGION

Region	Proportion of Referrals	Proportion of known refugees
Beirut & Mt Lebanon	17%	24%
Bekaa	35%	38%
North	25%	27%
South	23%	11%

Key Findings

25.4 and 18.3 years

Mean age at admission for females and males respectively (24.7 and 16.0 years in 2019). 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.

437

Average number of referrals per month to the hospital most frequented by refugees (Raii Hospital in Saida).

Percentage referrals to hospitals in South is notably higher than the percentage of refugees residing there. A number of large hospitals in Saida (Raii, Kassab) are receiving referrals from southern Mount Lebanon

SECTION 2: REASON FOR REFERRALS

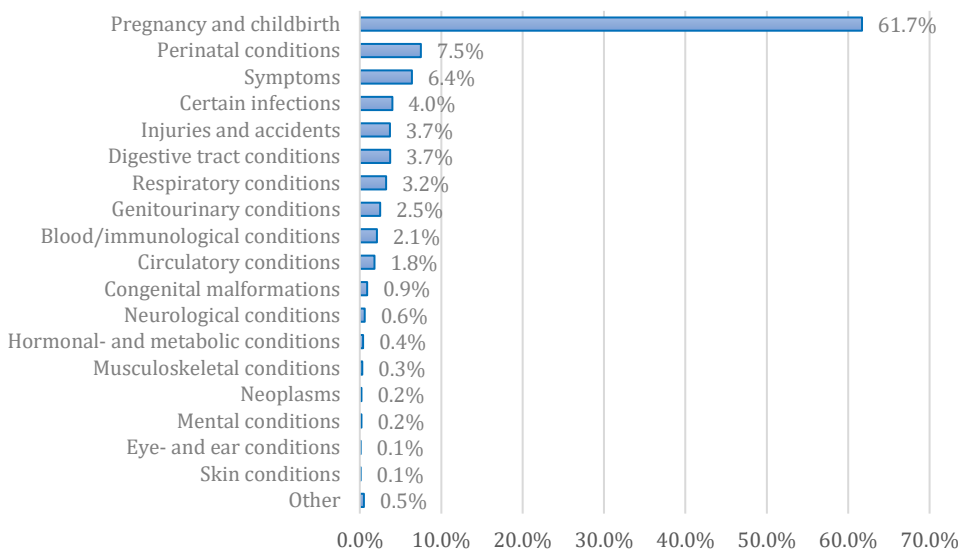FIGURE 7: ICD-10 DIAGNOSTIC CATEGORY, AS PROPORTION OF APPROVED REFERRALS (N=60,193)

Category	Percentage
Pregnancy and childbirth	61.7%
Perinatal conditions	7.5%
Symptoms	6.4%
Certain infections	4.0%
Injuries and accidents	3.7%
Digestive tract conditions	3.7%
Respiratory conditions	3.2%
Genitourinary conditions	2.5%
Blood/immunological conditions	2.1%
Circulatory conditions	1.8%
Congenital malformations	0.9%
Neurological conditions	0.6%
Hormonal- and metabolic conditions	0.4%
Musculoskeletal conditions	0.3%
Neoplasms	0.2%
Mental conditions	0.2%
Eye- and ear conditions	0.1%
Skin conditions	0.1%
Other	0.5%

Key Findings

37,112

Number of accepted referrals requiring pregnancy related care (62% of total referrals)

36,199

Number of referrals for delivery (60% of total referrals)

This is a decrease from 2019 (39,339 referrals for delivery)

32%

Proportion of deliveries by caesarean section. Remained stable compared with 2019 (33%).

FIGURE 8:   PROPORTION OF SPECIFIC DIAGNOSES WITHIN CATEGORIES

FIGURE 8.1 Pregnancy and Childbirth

- Delivery (vaginal) — 66%
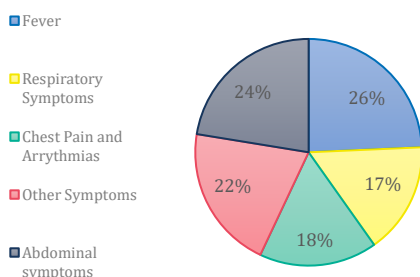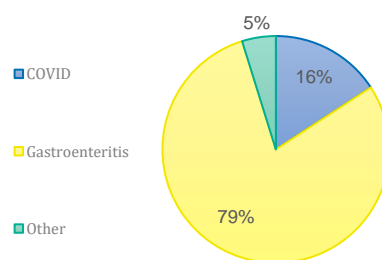- Delivery (C-section) — 32%
- Condition with abortive outcome — 2%
- Other Obstetric — 0.4%
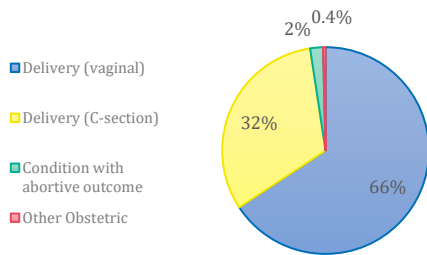
FIGURE 8.2: Perinatal Conditions

- Respiratory Disorders — 72%
- Jaundice — 13%
- Prematurity and Poor Growth — 7%
- Infections — 6%
- Other Perinatal — 2%

FIGURE 8.3: Symptoms

- Fever — 26%
- Respiratory Symptoms — 17%
- Chest Pain and Arrythmias — 18%
- Other Symptoms — 22%
- Abdominal symptoms — 24%
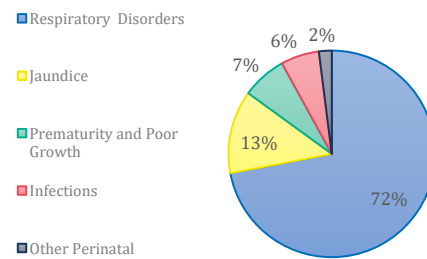
FIGURE 8.4 Certain Infections

- COVID — 16%
- Gastroenteritis — 79%
- Other — 5%

SECTION 3: MORTALITY

(Information about diagnoses from TPA general database. Rest of data comes from separate mortality register)

FIGURE 9: MORTALITIES BY ICD-10 DIAGNOSIS CATEGORY (N =949)
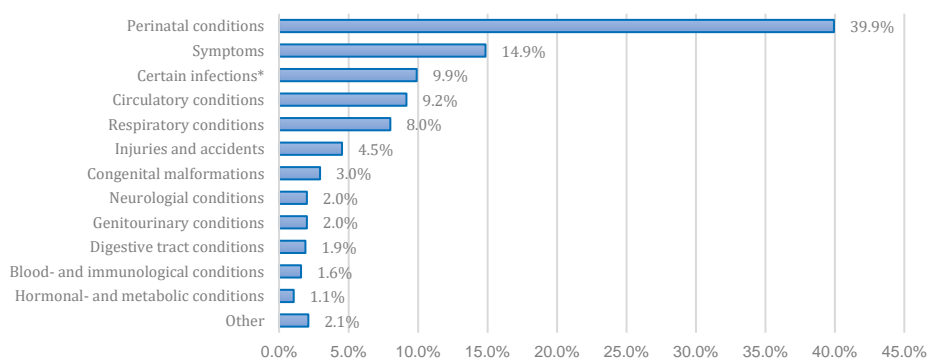
*Whereof 66% COVID-19

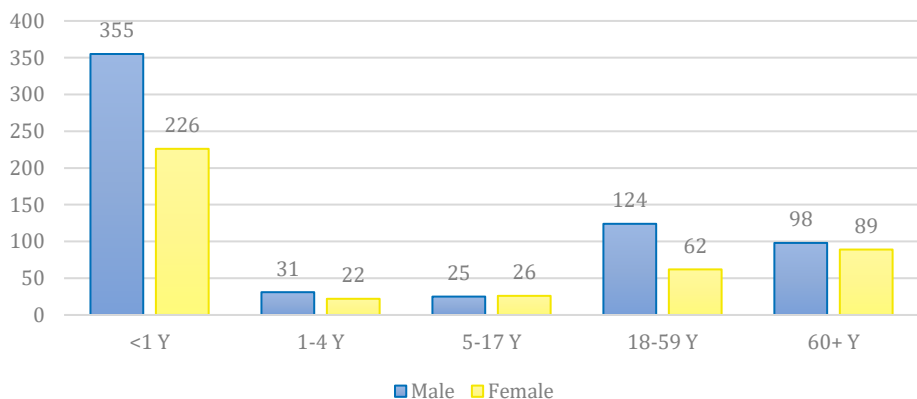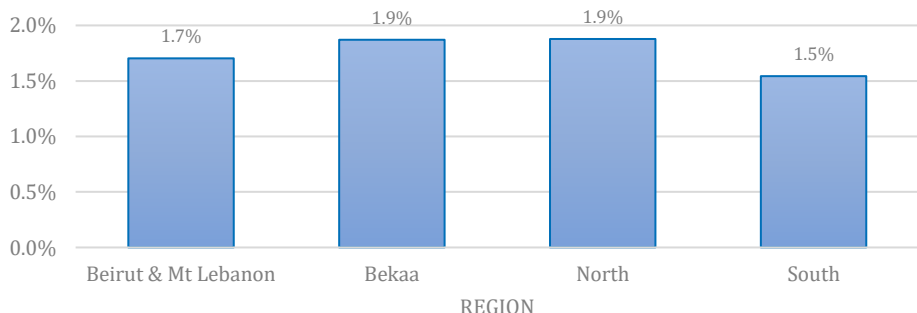FIGURE 10: MORTALITIES BY SEX AND AGE GROUP (N=1,058)

FIGURE 11: PROPORTION MORTALITIES OUT OF ALL REFERRALS PER REGION

Key Findings

1,058 of beneficiaries referred died while hospitalized in 2020. Corresponding number for 2019 was 780 out of 65,513 referrals.

42% are neonatal mortalities (448 reported in 2020)

1.8% proportion of mortalities out of all referred in 2020 (1.2% in 2019)

6.5% of deaths were due to COVID-19

55% of the 1,058 deaths occurred among children under one year of age (decrease from 60% in 2019). The deaths happened mainly in the perinatal period and 9.1% were attributed to prematurity.

5

Maternal mortalities among UNHCR supported referrals (3 in 2019).