

Background

UNHCR's Public health approach is based on the primary health care strategy. UNHCR's role is to facilitate access, advocate for access through existing services and health service providers and to monitor access to health care services. Medical referral care is an essential part of health services. While the primary health care strategy is the core of all interventions, access to secondary health care is important.

The Lebanese public health care system is based on cost-sharing for all services provided through the Ministry of Public Health (MoPH) and the Ministry of Social Affairs (MoSA). In addition, PHC centres are supported by local and international NGO's and charities. UNHCR aims to provide health care to refugees at similar levels of care received by the average Lebanese in government health services. Currently, UNHCR covers costs for the vast majority of refugees presenting at partner facilities, however due to the highly privatised nature of the Lebanese health care system, health care is expensive and UNHCR is unable to meet full coverage needs.

Primary health care (PHC)

Refugees contribute a nominal fee of between LP 3000 and 5,000 (USD 2 to 3.3) for PHC as do the Lebanese nationals. UNHCR covers 85% of diagnostic and 100% of costs of medicine for children <5 years, seniors ≥60 years, and pregnant women. Refugees pay 100% of their diagnostic costs if between 5 and 59 years. Partners also provide mobile health services to populations in informal tented settlements, especially in the Bekaa Valley. Safety nets have been put in place to assist the most vulnerable people who are unable to contribute to their health care.

Referral Care (Secondary and tertiary health care)

Referral care is very expensive in Lebanon. The costs covered by UNHCR vary by estimated cost of care, vulnerability status, and type of care (e.g. emergency life-saving, obstetric, medical and surgical). For unregistered refugees who are in need of urgent health care services, expedited registration is provided.

Estimated costs <USD 1500: UNHCR does not have to pre-approve this service. UNHCR covers 75% of costs and the refugees cover the remaining 25%. For the extremely vulnerable, UNHCR will cover 90% of costs. For survivors of gender-based violence and torture, UNHCR covers 100% of the costs.

Estimated cost ≥USD 1500: These require review by UNHCR or referral to an exceptional care committee (ECC). Some cases that are below the financial limit are referred to UNHCR if deemed exceptional, for example cases that have presented outside the pre-approved hospital network. Emergency UNHCR approval is strictly for immediate life-saving or limb-saving cases. ECC approval is needed for non-emergency cases in need of life-prolonging expensive tertiary health care. If approved, UNHCR covers 75% of the costs. For the extremely vulnerable refugees, UNHCR covers 90% of the costs. For survivors of gender-based violence and torture, 100% of costs are covered.

1. Demographic information

1.1 Cases referrals

18,478
were referred
between January
and July

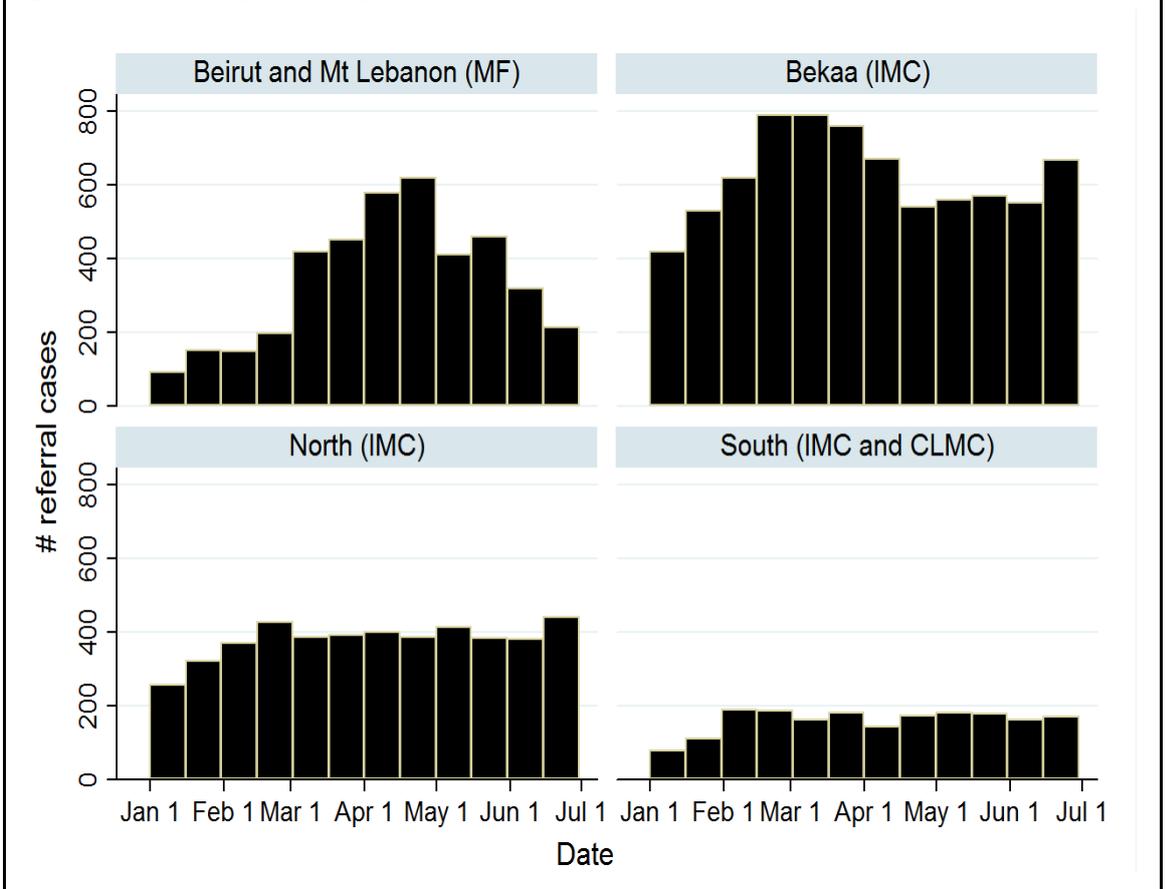
7,475
referrals in Bekaa

4,343
referrals in Beirut &
Mt Lebanon

4,691
referrals in North

1,969
referrals in South

Fig 1 - Trends by region and agency



1.2 Gender

69.7%
Female

1.3 Age group

23.3%
were under 5 years

12.7%
were under 1 years

Fig 2 - Cases by age and gender

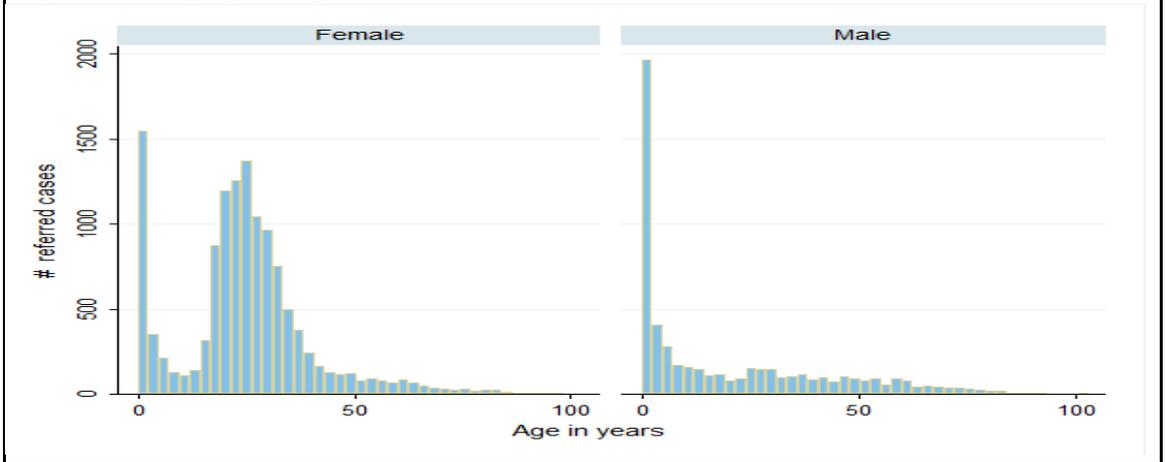


Fig 3 - Distribution by region and agency

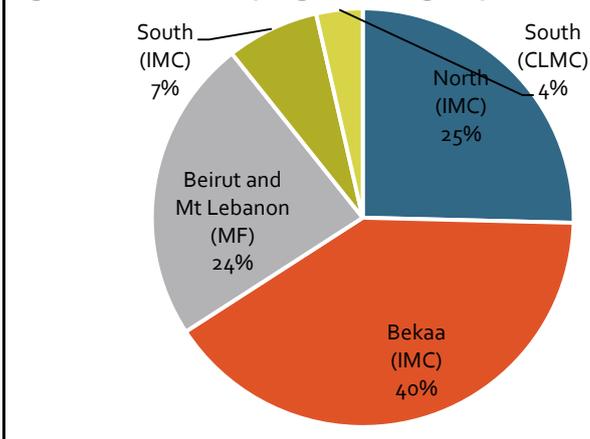
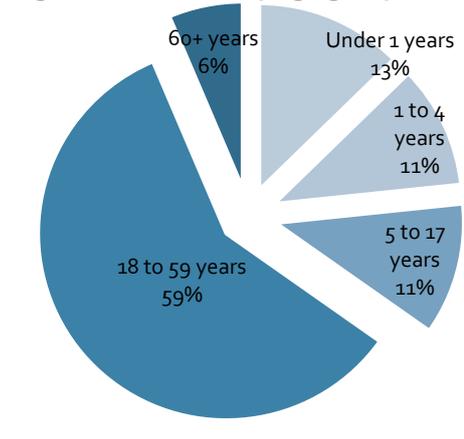


Fig 4 - Distribution by age group



2. Distribution by diagnosis

2.1 Reasons for referrals

36.5%

were referred for
Obstetric

8.5%

were referred for
Gastrointestinal
condition

7.0%

were referred for
Trauma and other
injuries

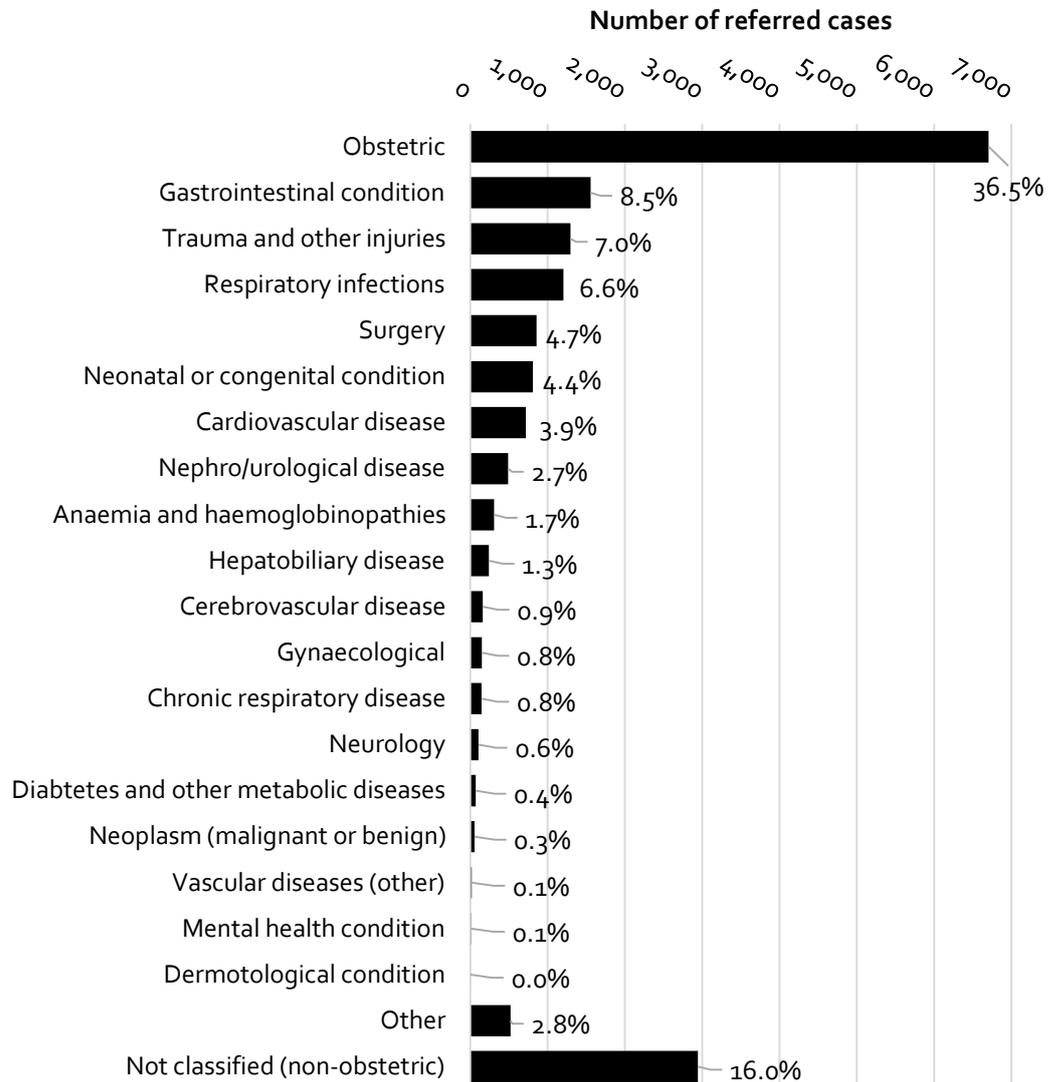
6.6%

were referred for
Respiratory
infections

4.7%

were referred for
Surgery

Fig 5 - Distribution of referral cases by diagnosis category



2.2 What were the obstetric referrals?

56.2%

for Normal delivery

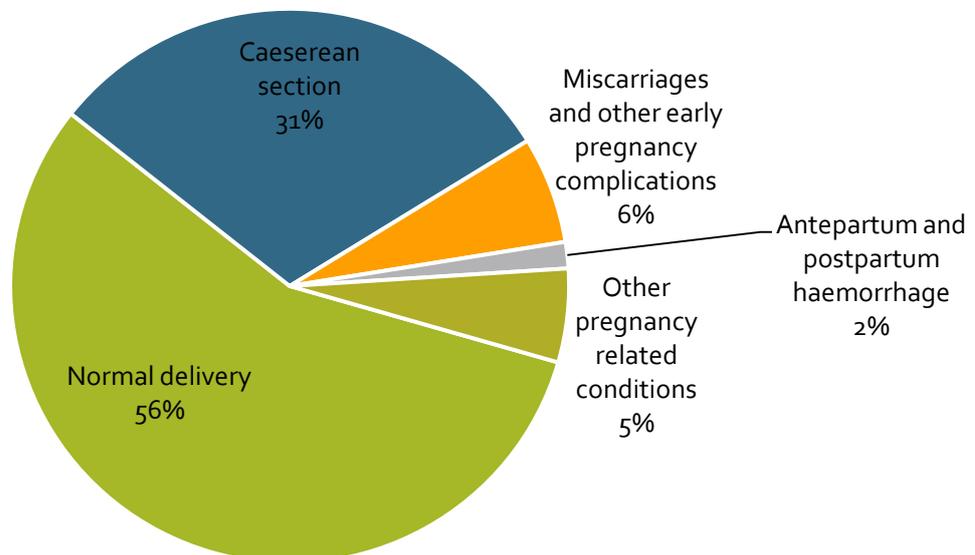
30.5%

for Caeserean section

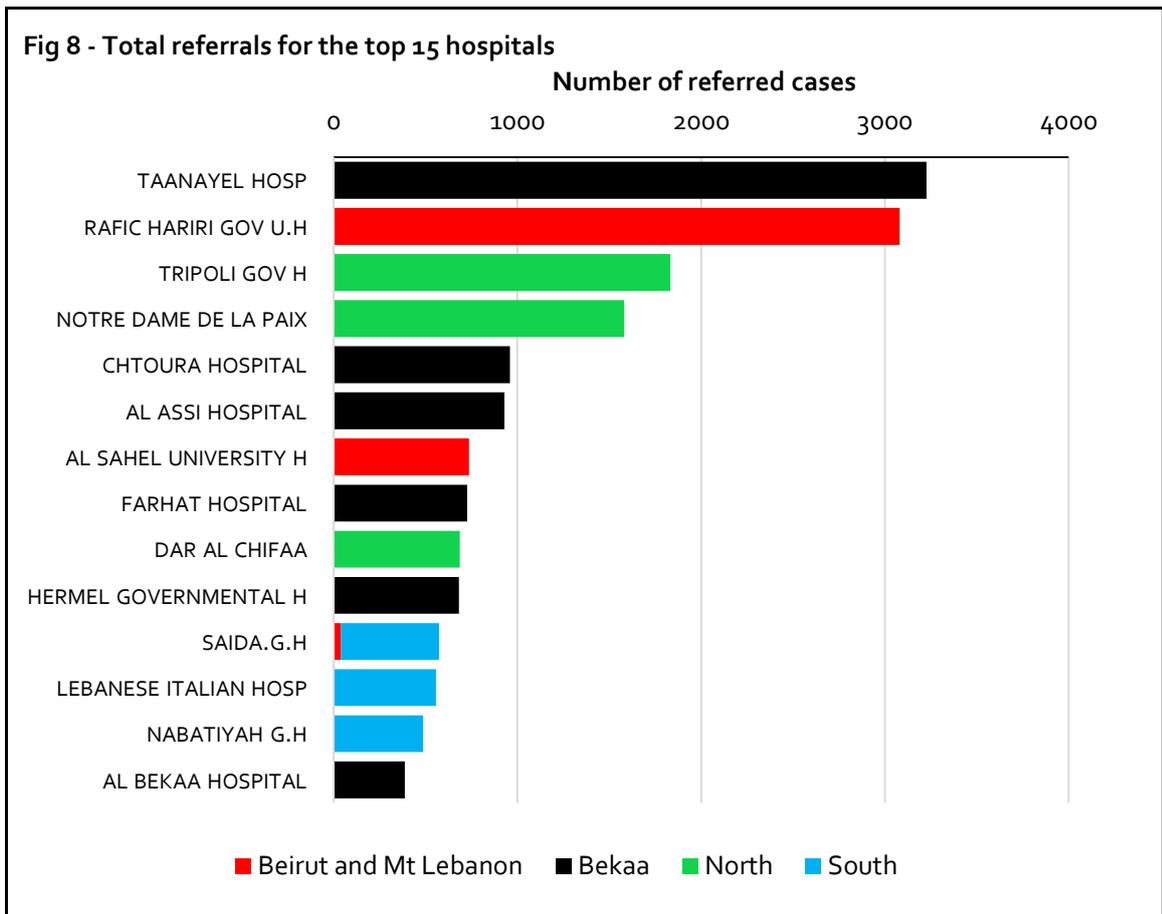
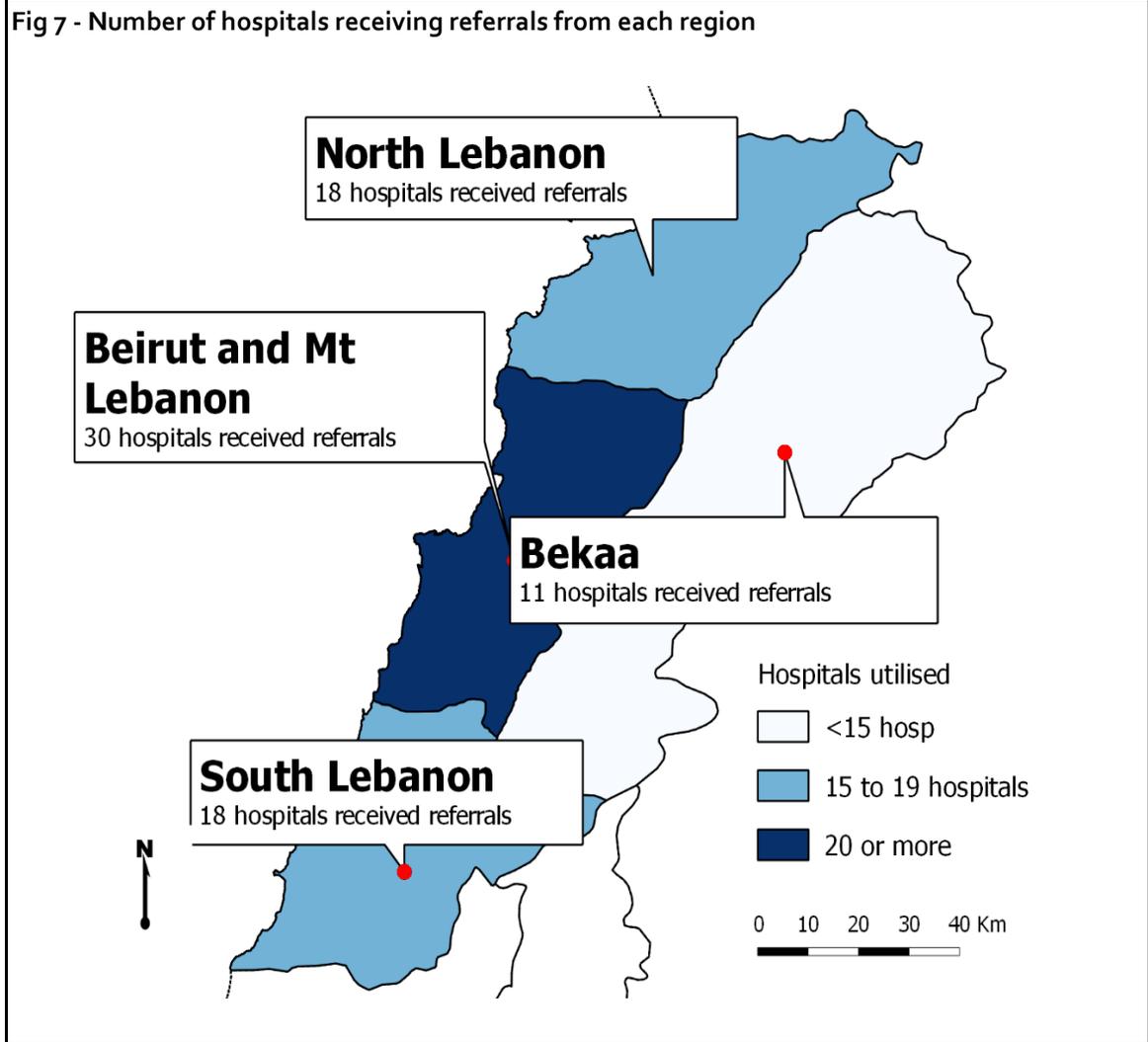
6.2%

for Miscarriages and
other early
pregnancy
complications

Fig 6 - Reasons for obstetric referrals



3. Hospital receiving referrals



4. Estimated direct hospital costs of referrals

4.1 Overall

9,735,780

Estimated total hospital bill in USD

80.4%

Estimated proportion paid by UNHCR

34.4%

Estimated proportion paid for obstetric care

14.4%

Estimated proportion paid for surgery including for trauma

10.0%

Estimated proportion paid for neonatal and congenital conditions

Fig 9 - Estimated total hospital cost and estimated proportion paid by UNHCR by month

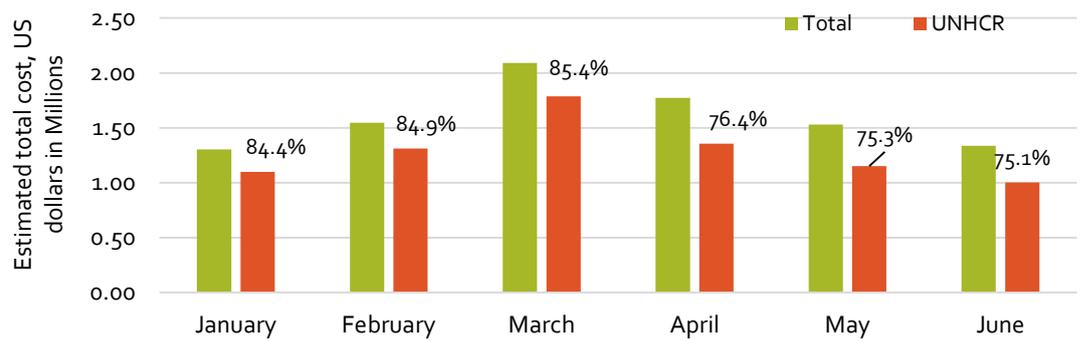
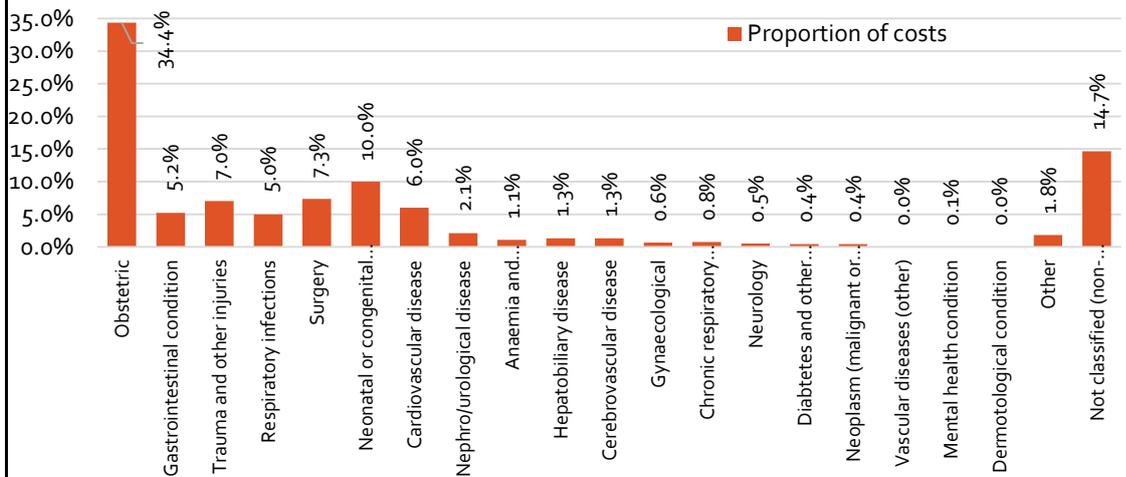


Fig 10 - Proportion of hospital costs by diagnosis category



4.2 Average costs

529

Average cost in USD per referral

1192

Highest average cost observed in cases with Neonatal or congenital condition

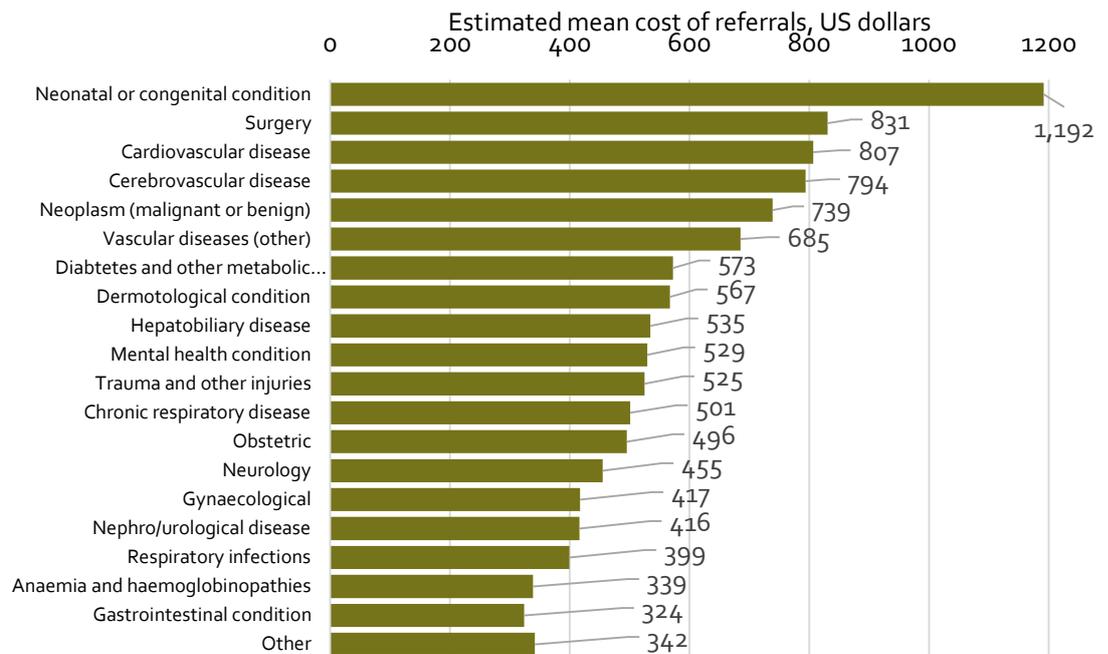
393

Average cost in USD for normal delivery

739

Average cost in USD for caesarian section

Fig 11 - Estimated average hospital cost per referral by diagnosis category



Note: The information presented is based on the most recent and best available data. We are grateful to the Lebanese Ministry of Public Health, UNHCR Lebanon, the International Medical Corps, Makhzoumi Foundation, Caritas Lebanese Migrant Centre and many other local and international actors for providing services and/or data. Analysis of data and preparation of information sheets was carried out by UNHCR Regional Bureau for the Middle East and North Africa. Boundaries, names and designations used on any map do not imply official endorsement of the United Nations or UNHCR. UNHCR and its partners will continually update and, where necessary, modify the data and analysis provided, in order to ensure that the most current and accurate view is available to key stakeholders and the public.