

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

18,478were referred
between January
and July**7,475**

referrals in Bekaa

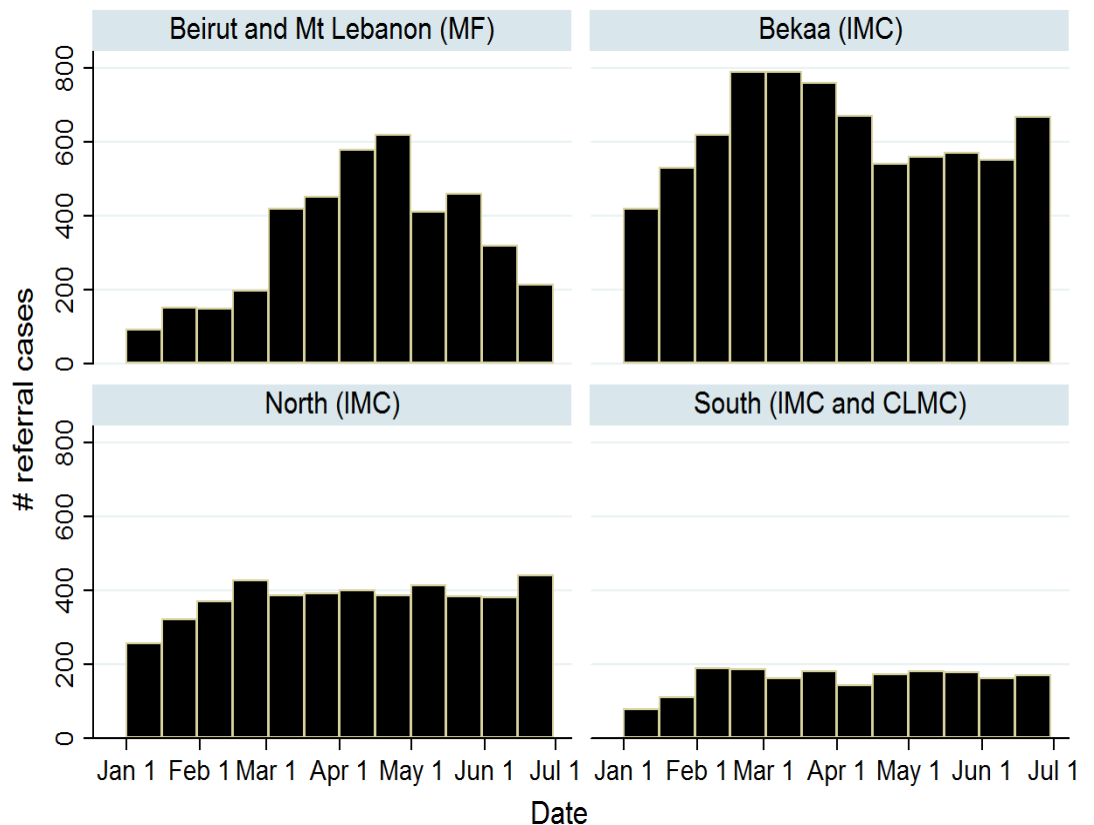
4,343referrals in Beirut &
Mt Lebanon**4,691**

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

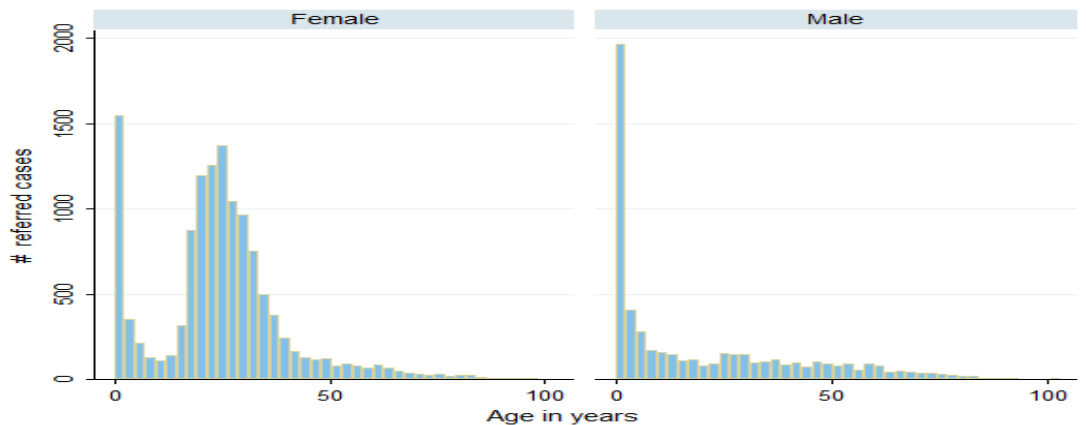


Fig 3 - Distribution by region and agency

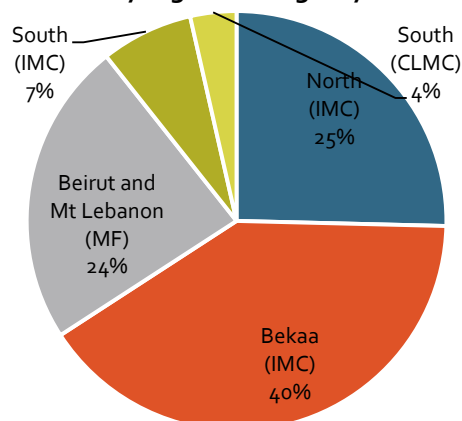
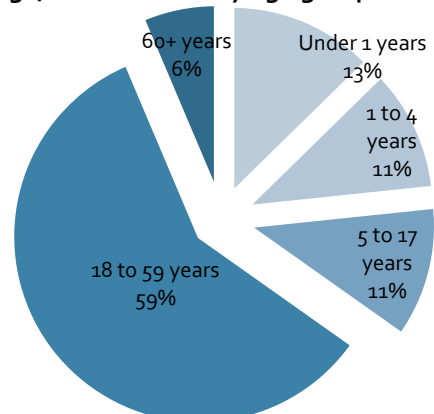
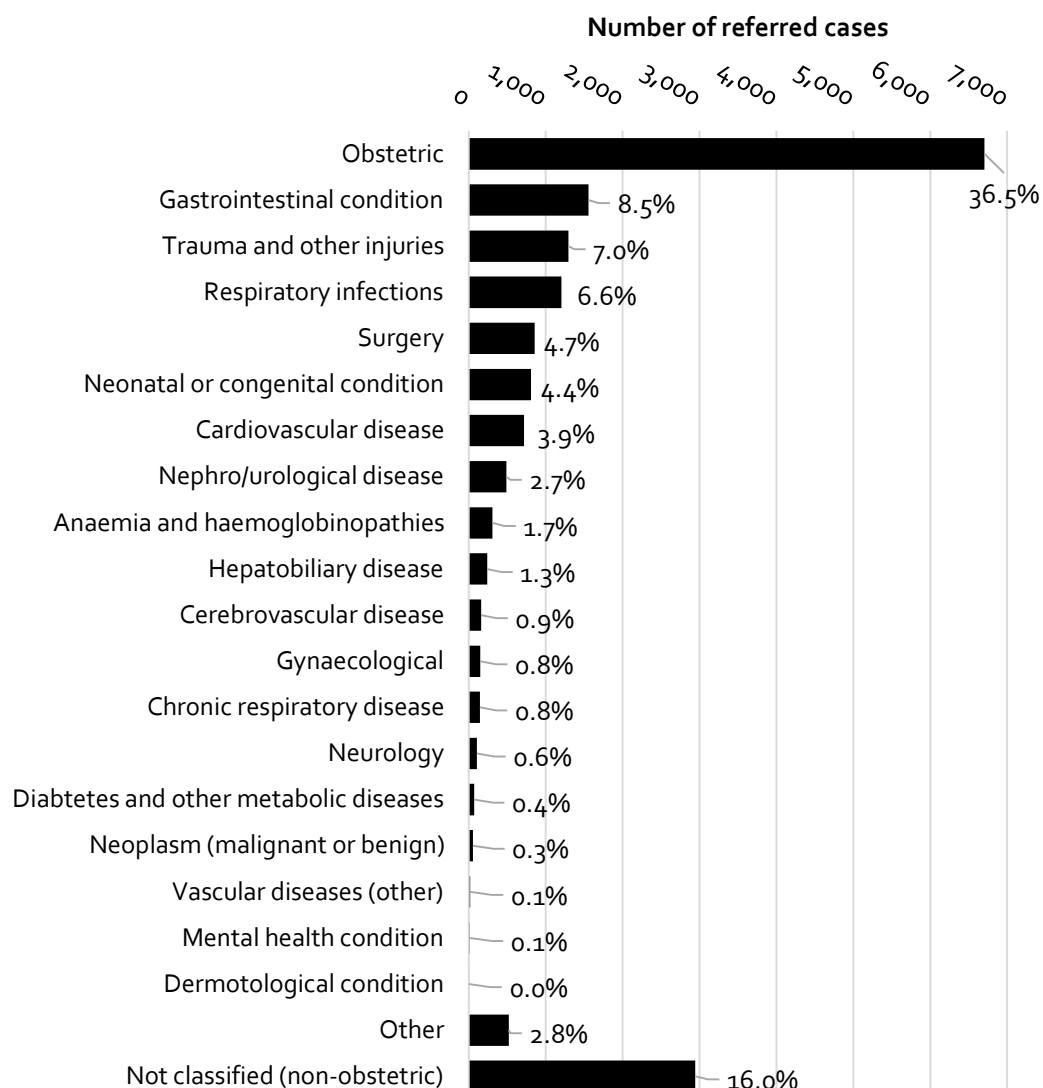


Fig 4 - Distribution by age group

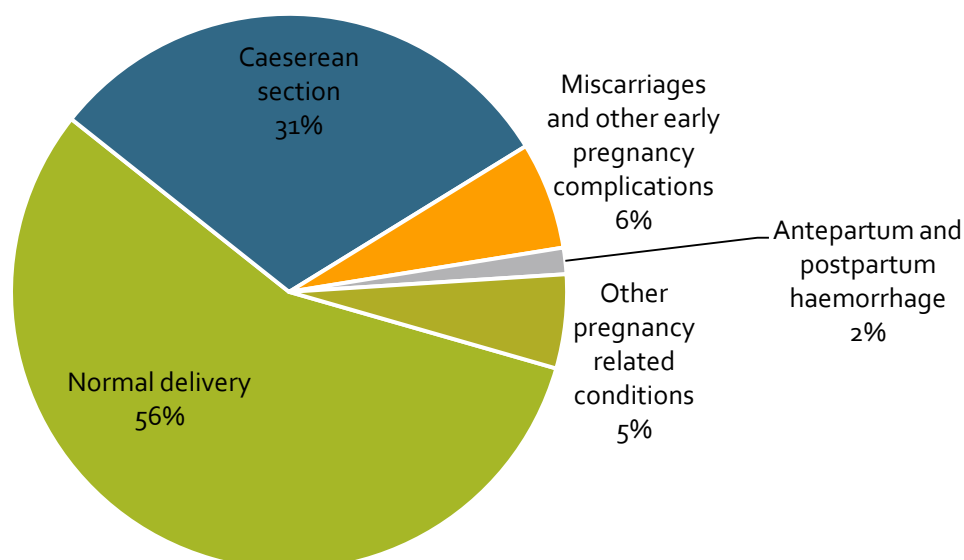


2. Distribution by diagnosis**2.1 Reasons for referrals****36.5%**were referred for
Obstetric**8.5%**were referred for
Gastrointestinal
condition**7.0%**were referred for
Trauma and other
injuries**6.6%**were referred for
Respiratory
infections**4.7%**were referred for
Surgery**Fig 5 - Distribution of referral cases by diagnosis category****2.2 What were the obstetric referrals?****56.2%**

for Normal delivery

30.5%

for Caesarean section

6.2%for Miscarriages and
other early
pregnancy
complications**Fig 6 - Reasons for obstetric referrals**

3. Hospital receiving referrals

3.1 Hospital counts

62hospitals received
referrals**11**hospitals received
referrals from Bekaa**30**hospitals received
referrals from Beirut
& Mt Leb**18**hospitals received
referrals from North**18**hospitals received
referrals from South

Fig 7 - Number of hospitals receiving referrals from each region

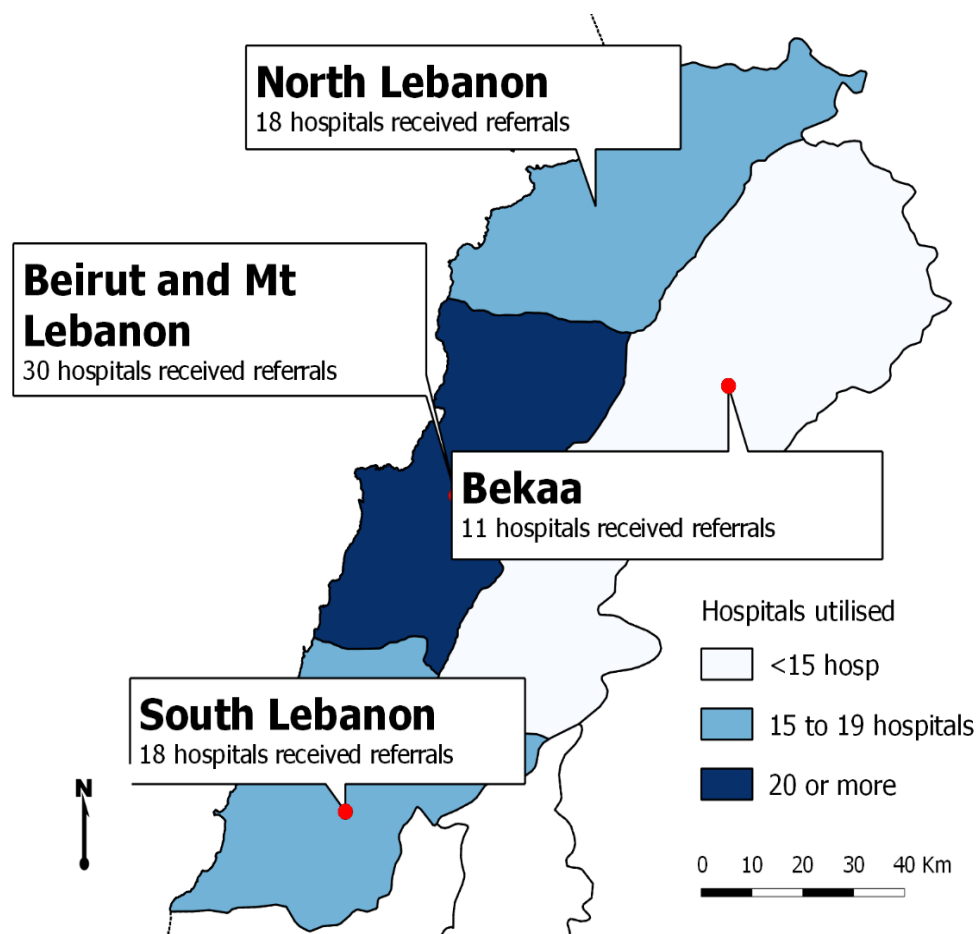
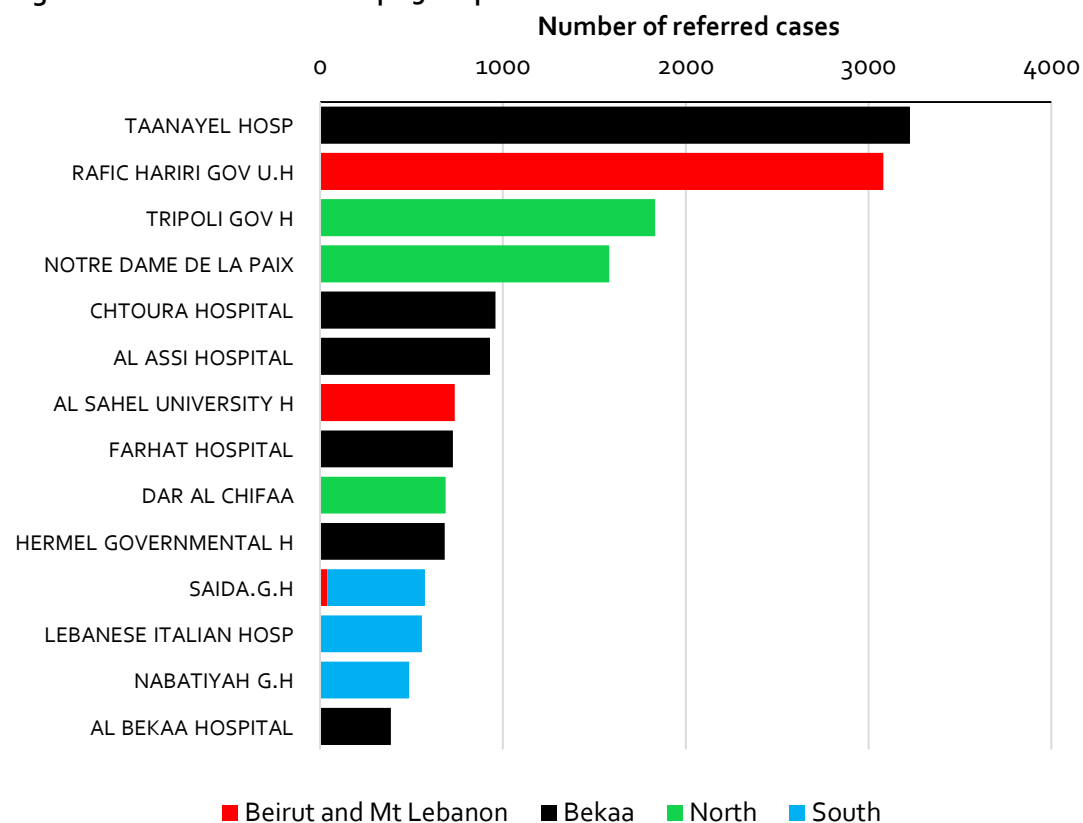
3.2 Referrals by
hospital**3226**received by Taanayel
Gen Hospital in
Bekaa**3082**received by Rafic
Hariri Hospital in
Beirut**1833**received by Tripoli
Gen Hospital in
North**574**received by Saida
Gen Hospital in
South

Fig 8 - Total referrals for the top 15 hospitals



4. Estimated direct hospital costs of referrals

4.1 Overall

9,735,780Estimated 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

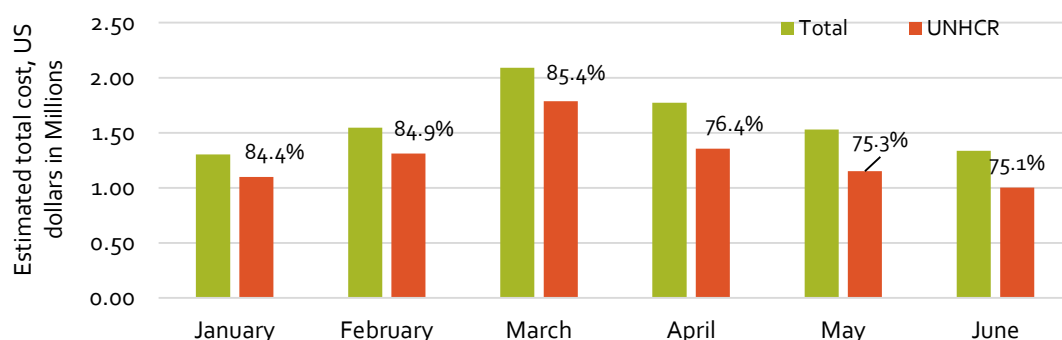
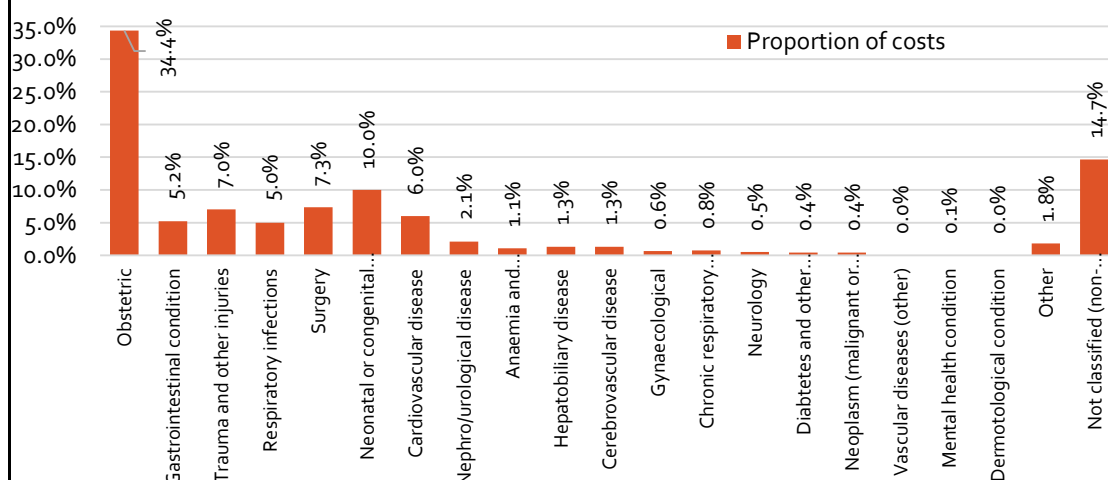


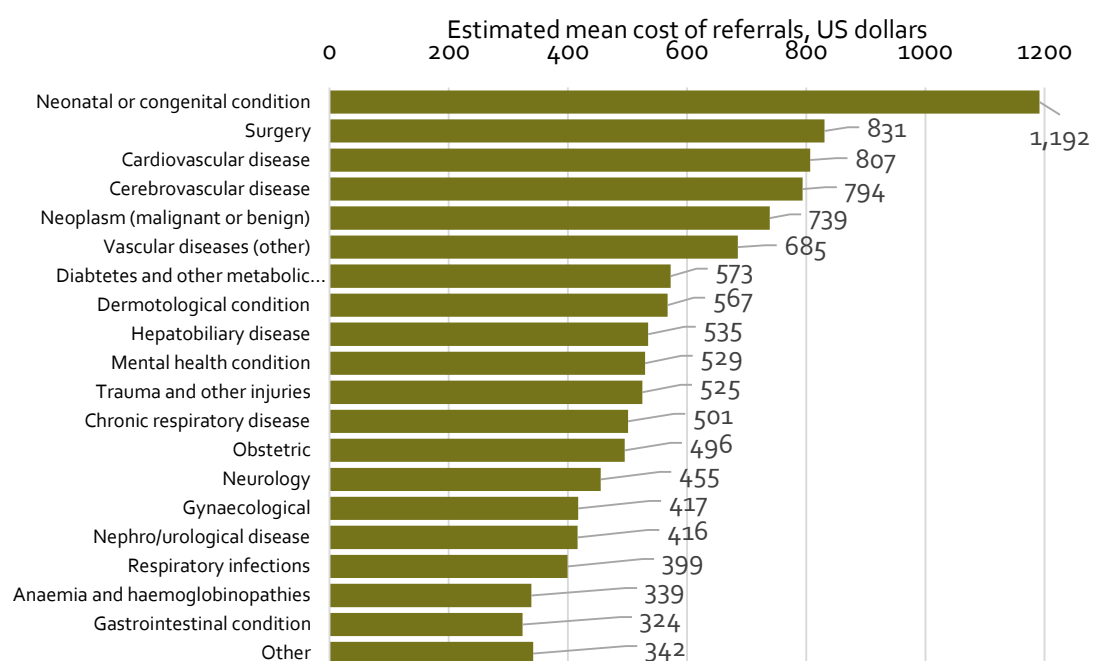
Fig 10 - Proportion of hospital costs by diagnosis category



4.2 Average costs

529Average 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.