



PHOTO CREDIT: UNHCR/ Martin Dudek/ 2015

# SYRIAN REFUGEES IN LEBANON

REFERRAL CARE AT A GLANCE

FINAL REPORT JANUARY- DECEMBER 2015

UNHCR

## OVERVIEW

UNHCR's public health approach is based on primary health care (PHC) strategy. Secondary and tertiary health care institutions in Lebanon are mostly private and cost is a significant barrier to access. To harmonize access to secondary healthcare and manage costs, UNHCR has put in place referral guidelines and standard operating procedures (SOP) to support access to life saving and obstetric care. The costs covered by UNHCR vary according to the type of service provided and the vulnerability status of the refugee.

UNHCR contracts a third party administrator (TPA) to manage the referral care system. In March 2015, a new TPA took over the administration of the referral care system.

At the end of 2015, 1,055,984 Syrian refugees and 21,348 refugees from Iraq, Sudan and Somalia were covered under the UNHCR referral health care programme.

- The number of referral request covered financially by UNHCR increased from 89% in 2014 to 95% in 2015.
- The majority (70%) of accepted referrals were covered in the 20 receiving hospitals.
- The majority (56.9%) of referrals were for maternity care, 34% of deliveries were by C-section compared to 36% in 2014.
- There were 652 deaths of which 61% were in children under one year of age, predominantly in the perinatal period.
- There was a 12% deduction of the total charged cost by hospitals at TPA financial audit.
- 40% of total expenditure was on maternity care.
- The average cost per referral was 544 USD compared to 489 USD in 2014
- Annual cost of referral care per capita was 26.6 USD compared to 33.4 USD in 2014.

## Data

UNHCR, through its TPA, collected data on requests for hospital referral coverage. The data for accepted referrals included the type of admission, type of service received, diagnosis on discharge and cost of the service.

## IN NUMBERS

**58,474** of the  
**61,820** referral requests, made to UNHCR in 2015, were financially supported.

A monthly average of  
**4,873** referrals were supported by UNHCR and 261 declined.

**5.4 %** of referred refugees were referred more than once during the year.

**70 %** of accepted referrals were covered in 20 hospitals.

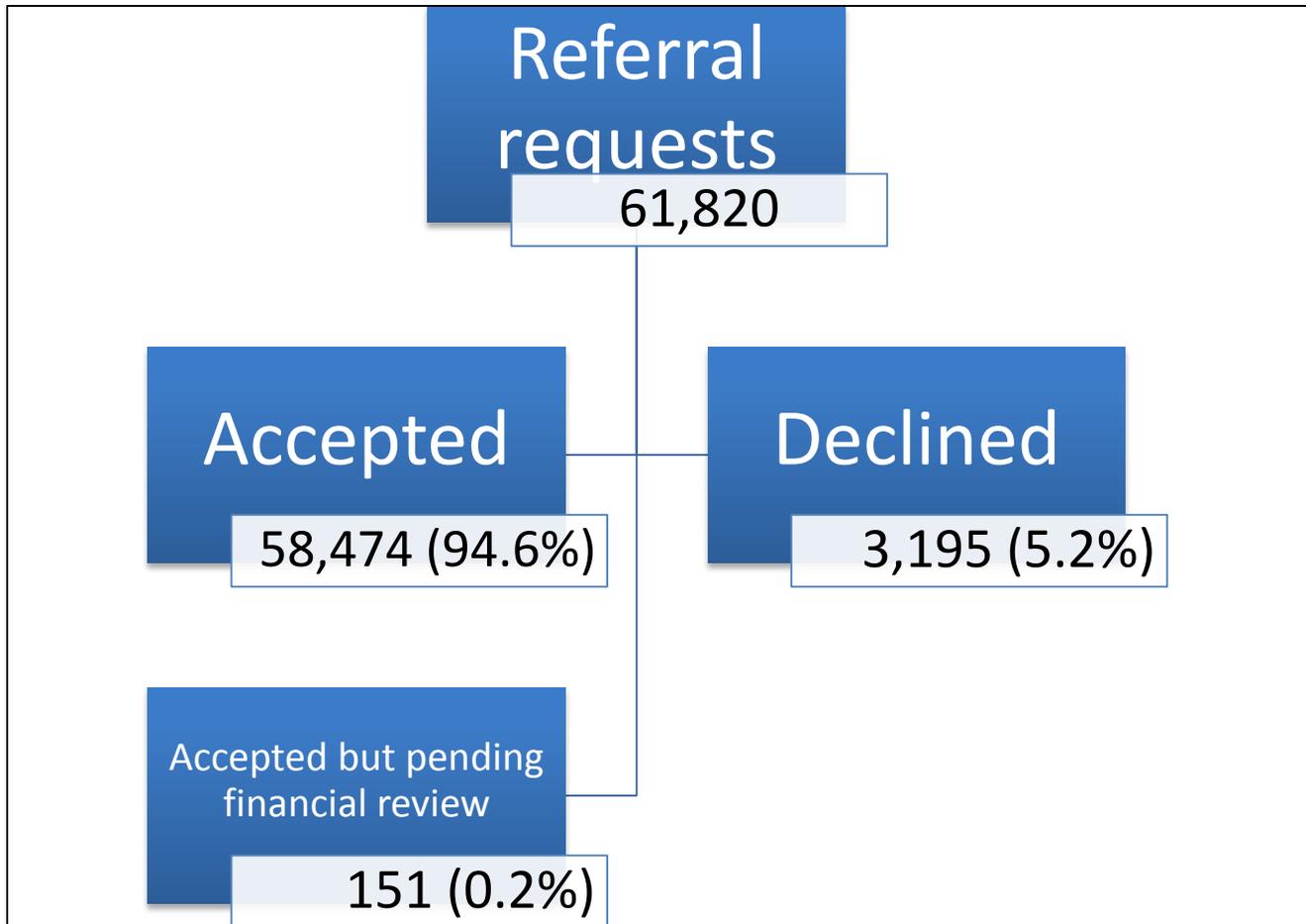
**56.9 %** of accepted referrals were pregnancy related.

**31.8 Million USD** total UNHCR expenditure on referral care in 2015.

SECTION 1: VOLUME OF REQUESTED REFERRALS (JAN-DEC 2015)

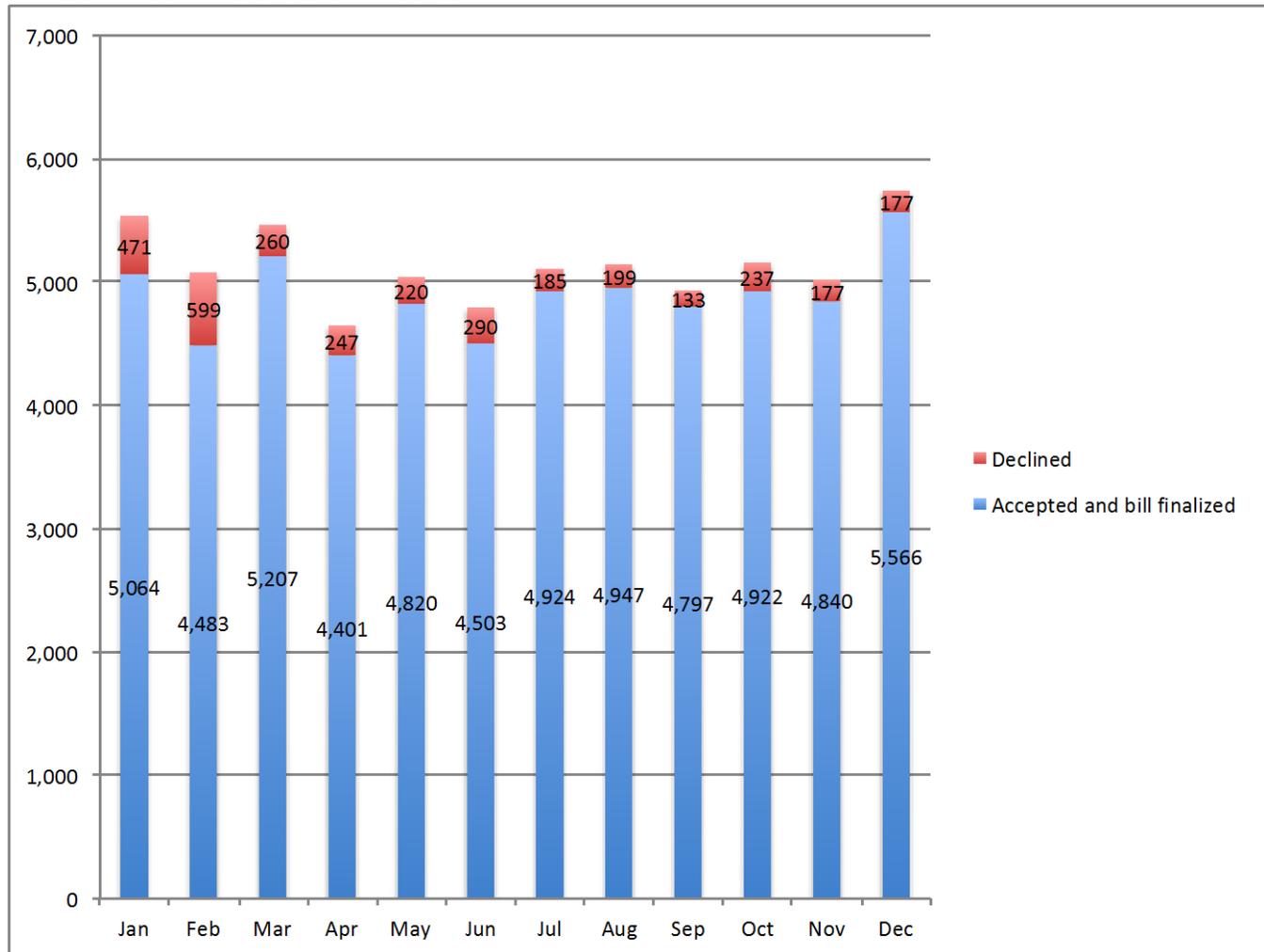
Part 1.1: Overall number of referrals

FIGURE 1: NUMBER OF REFERRALS



## Part 1.2: Referral request status

FIGURE 2: NUMBER OF REFERRALS BY COVERAGE STATUS



### Key findings

**3,130 (5%)**

Number of referral requests declined in 2015, compared to 11% in 2014. This is due to broader knowledge of the standard operating procedures.

**4,873**

Average number of referrals accepted per month.

## SECTION 2: CHARACTERISTICS OF ACCEPTED AND FINALIZED REFERRALS (JAN-DEC 2015)

FIGURE 3: NUMBER OF REFERRALS AND POPULATION SIZE, BY MONTH

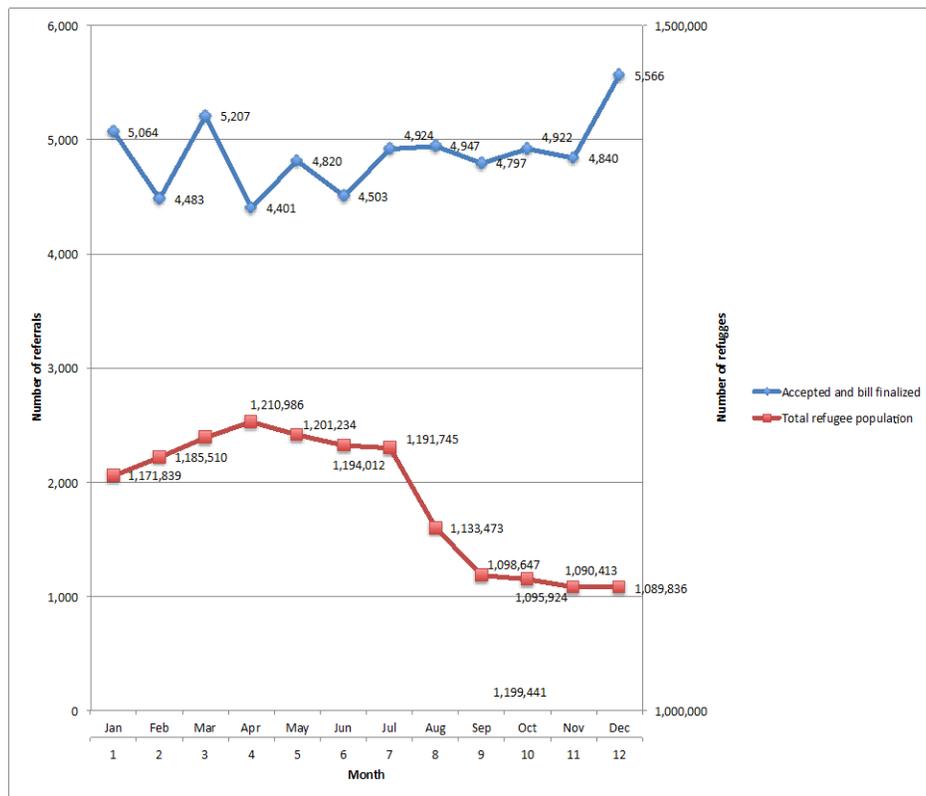
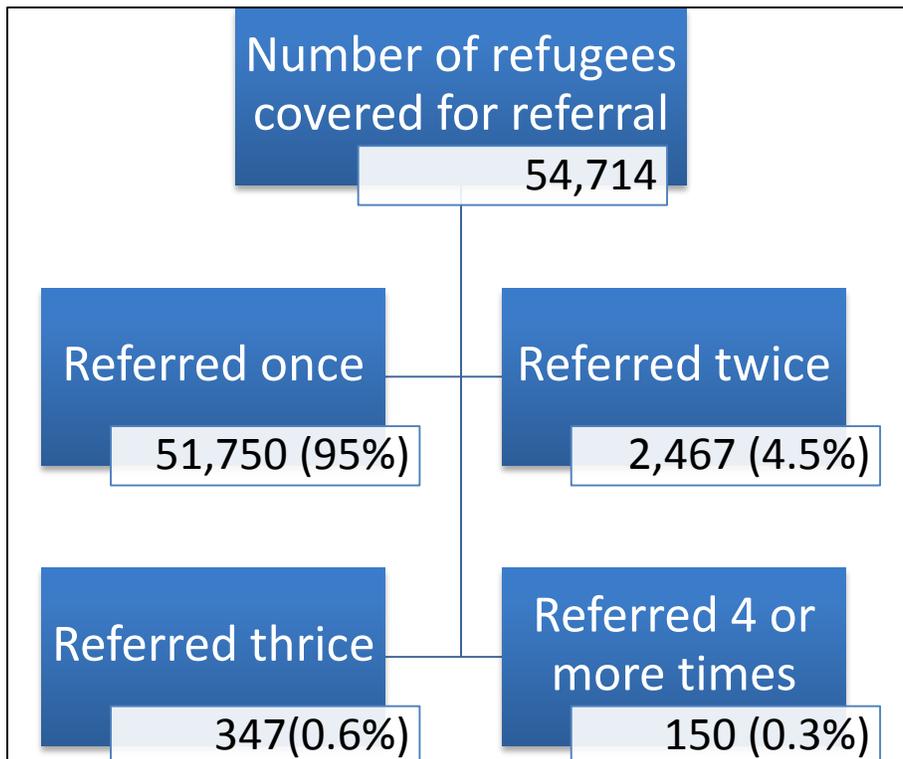


FIGURE 4: NUMBER OF REFUGEES REFERRED AND FREQUENCY OF REFERRAL (JAN-DEC 2014)



### Key findings

**54,714**

Number of individual refugees whose hospital care was supported.

**5.4%**

Proportion of supported refugees hospitalized twice or more during the year (6% in 2014).

FIGURE 5: REFERRALS BY HOSPITAL

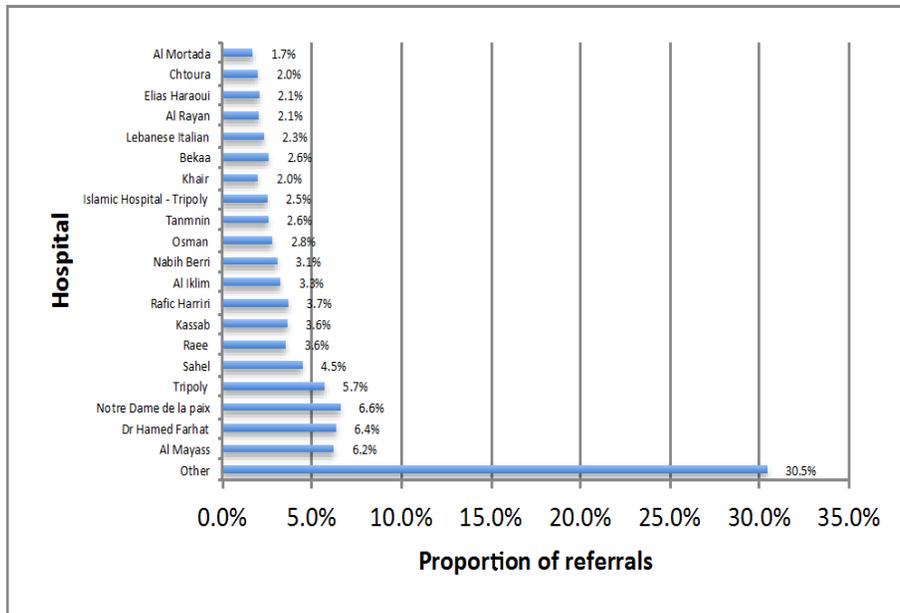
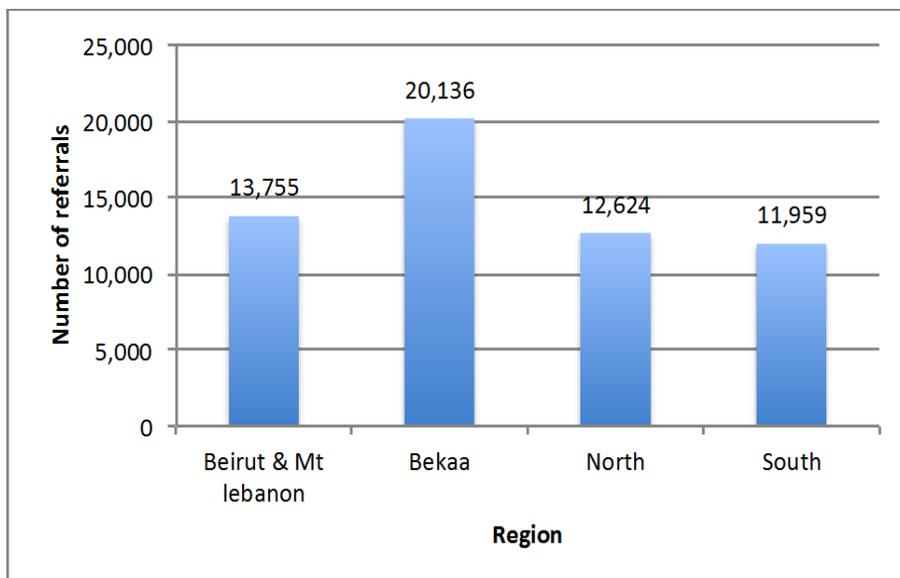


FIGURE 6: REFERRALS BY REGION



## Key findings

**70%**

Proportion of referrals covered in 20 hospitals (74% in 2014).

**75%**

Proportion of referrals were among female patients, reflecting the high proportion of obstetric care referrals (equal to 2014).

**23%**

Proportion of referrals covering children <5 years of age (equal to 2014).

**24.3**

Mean age in years at admission for females (25 years in 2014).

**15.8**

Mean age in years at admission for males (18 years in 2014).

## Part 2.2: Reasons for referrals

FIGURE 7: DIAGNOSIS CATEGORY ON DISCHARGE, AS A PROPORTION OF ALL REFERRALS (N=58,474 REFERRALS)

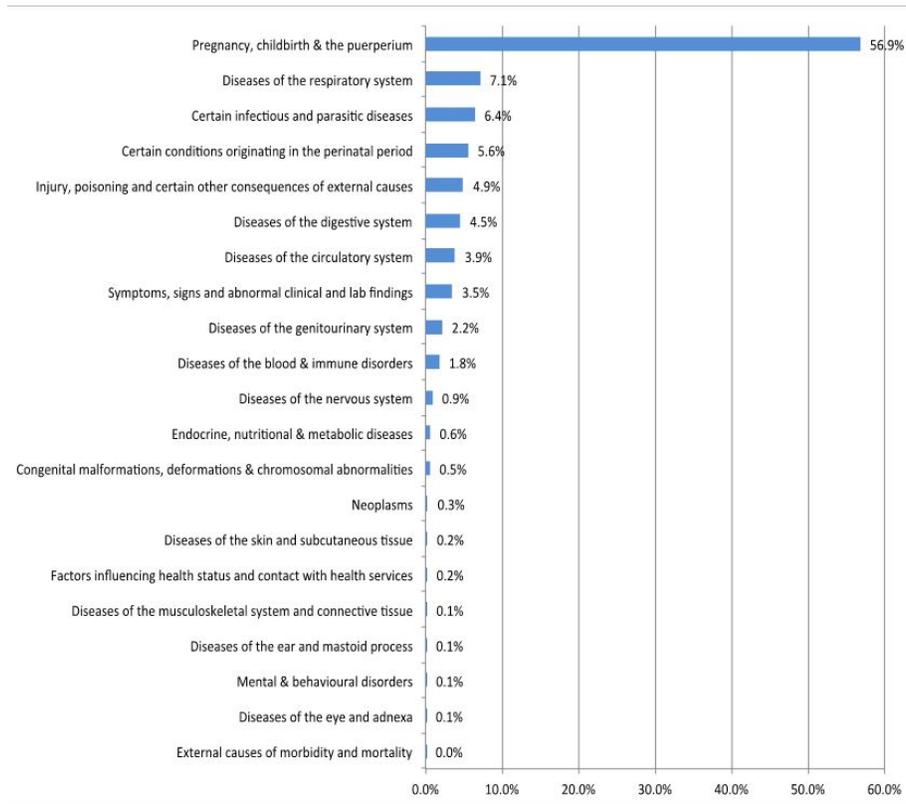
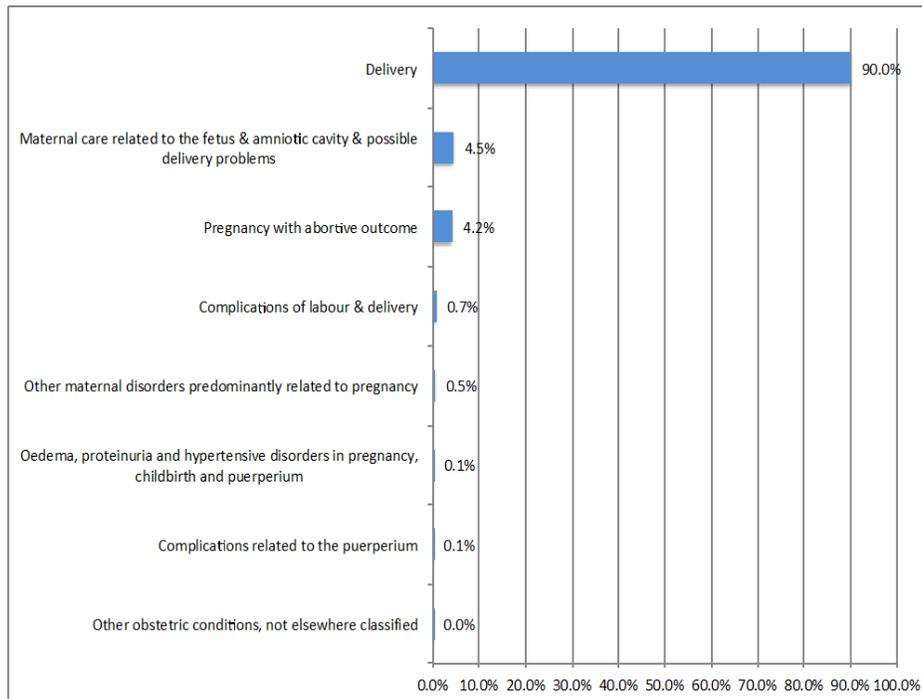


FIGURE 8: PREGNANCY, CHILDBIRTH AND THE PUERPERIUM



### Key findings

**33,245 (56.9%)**

Proportion of accepted referrals requiring pregnancy related care (58.9% in 2014).

**29,914**

Referrals for delivery.

**33.7%**

Proportion of deliveries by caesarean section (36% in 2014).

## SECTION 3: MORTALITY

FIGURE 9: CAUSES OF MORTALITY (N=652)

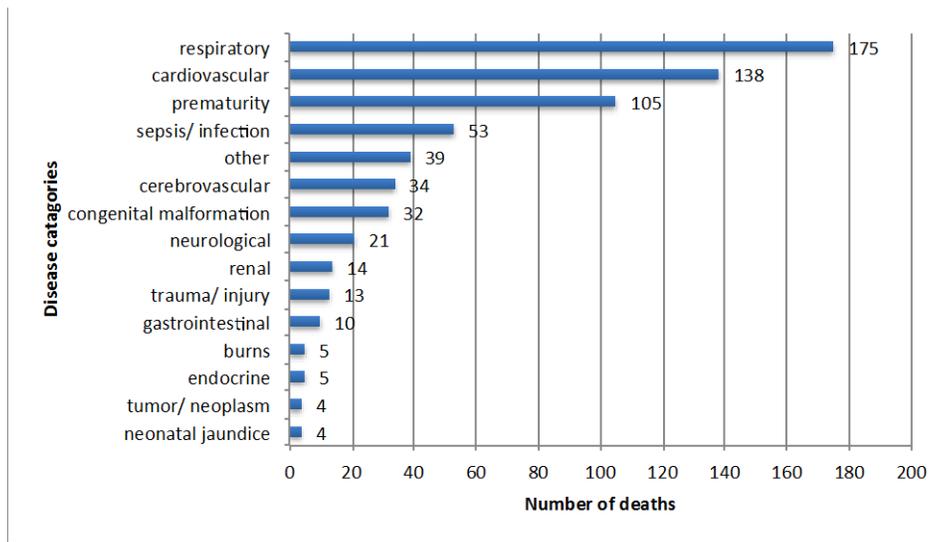


FIGURE 10: DEATHS BY AGE

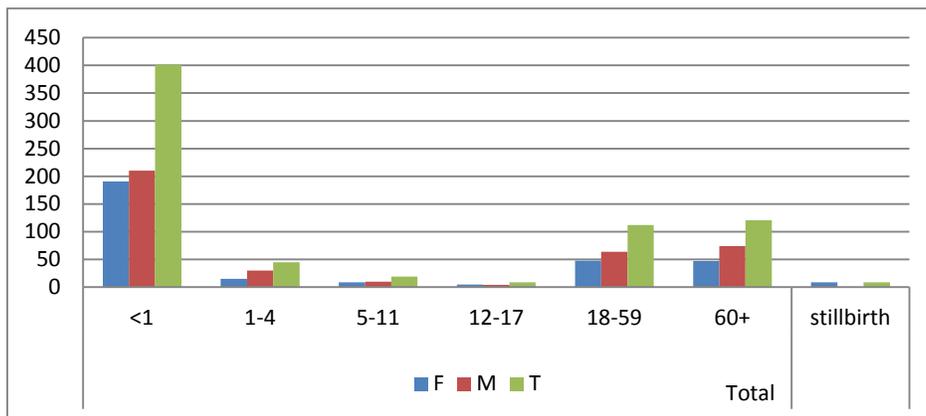
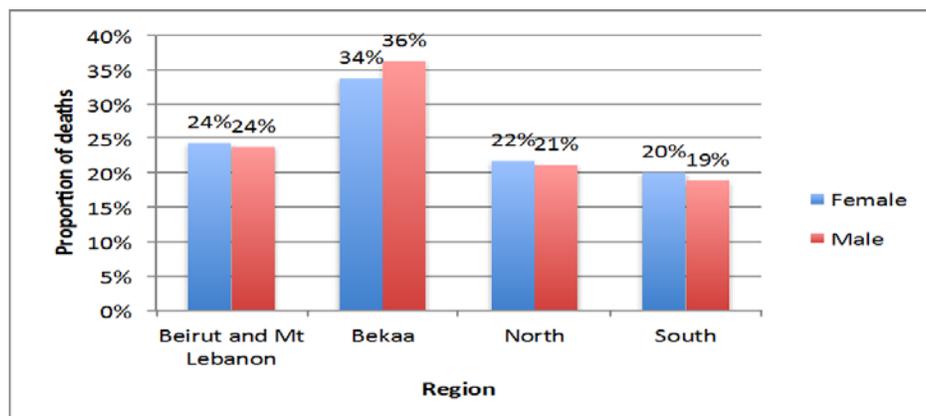


FIGURE 11: DEATHS BY REGION



### Key Findings

1.2%

652 of 54,714 refugees admitted to hospital died before discharge (compared to 1.7% in 2014).

61%

of all deaths were in children under one mainly in the perinatal period of which 26% were attributed to prematurity.

21%

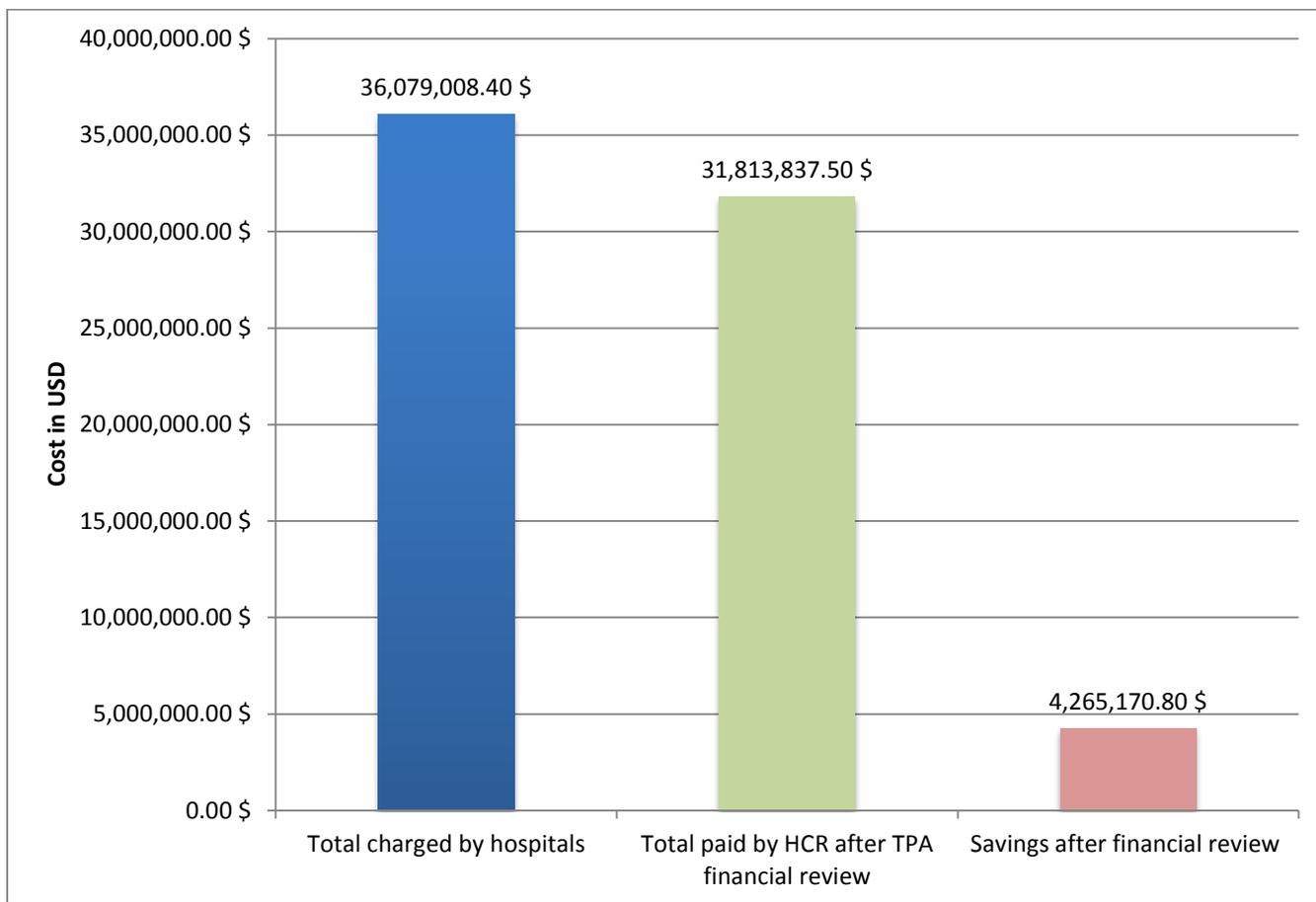
of deaths were due to cardiovascular disease.

5

maternal deaths compared to 4 in 2014.

## PART 4: 2015 ANNUAL EXPENDITURE FOR FINALIZED BILLS

FIGURE 12: ANNUAL EXPENDITURE AND COST AFTER TPA FINANCIAL AUDIT



<b>Key Findings</b>	<b>36,079,008 USD</b> Total amount submitted by hospitals to UNHCR for payment of referrals.
	<b>31,813,837 USD</b> Amount paid by UNHCR to hospitals after TPA financial audit.
	<b>4,265,170 USD (12% of total charged cost)</b> Amount deducted from initial hospital bills after TPA financial audit.
	<b>544 USD</b> Average UNHCR cost per referral, compared to 489 USD in 2014.

FIGURE 13: UNHCR COST BY ICD 10 DIAGNOSTIC CATEGORIES

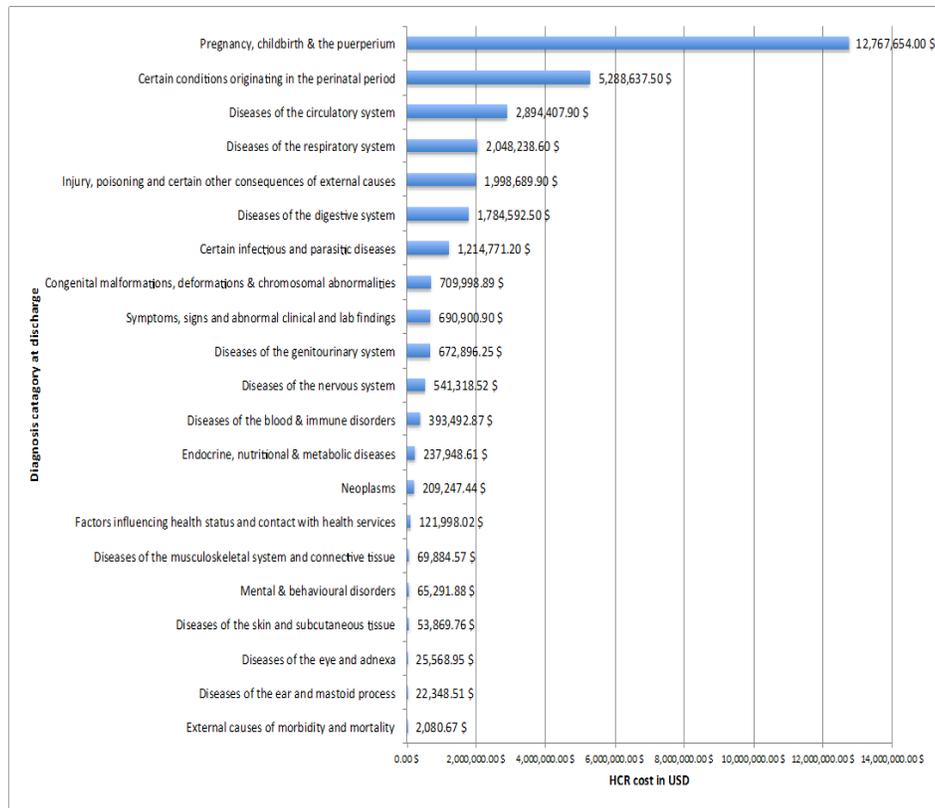
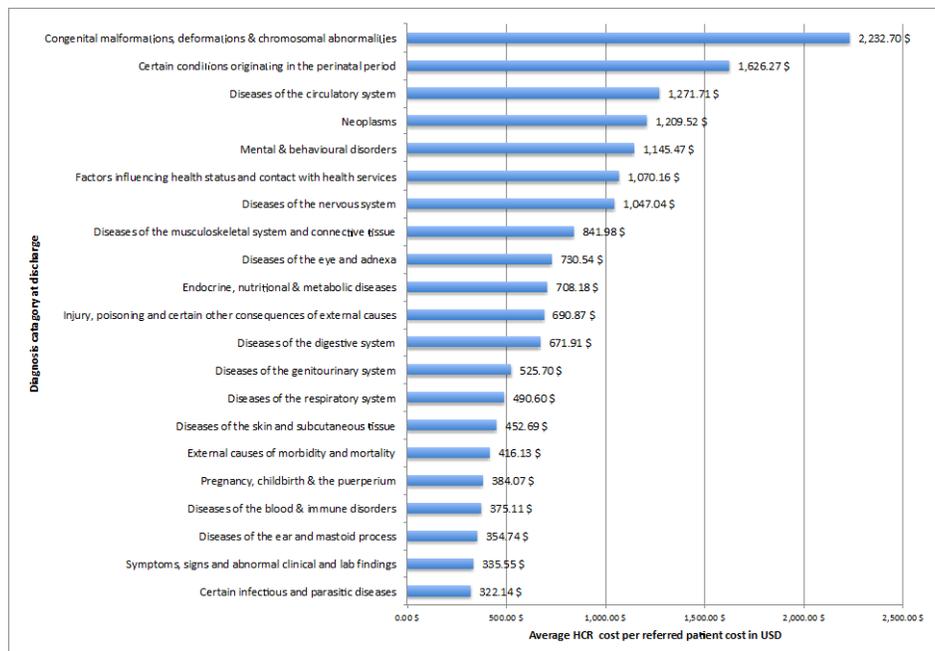


FIGURE 14: AVERAGE COST PER REFERRAL, BY DISEASE DIAGNOSIS



## Key findings

**40.1%**

Proportion of total expenditure spent on obstetric care (51% in 2014).

**544 USD**

Average cost to UNHCR per case (489 USD in 2014).

FIGURE 15: COST BY HOSPITAL

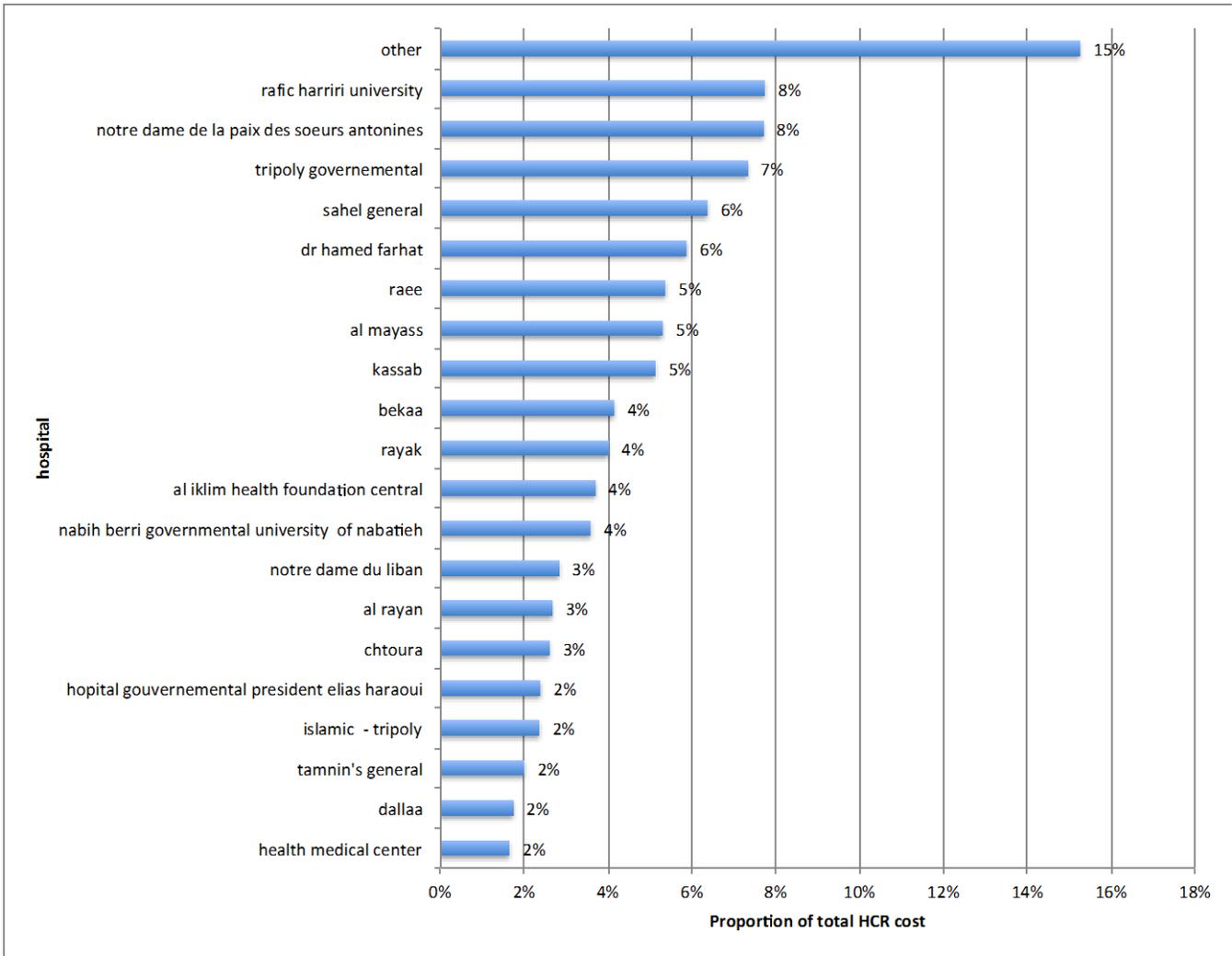


FIGURE 16: COST PER REGION

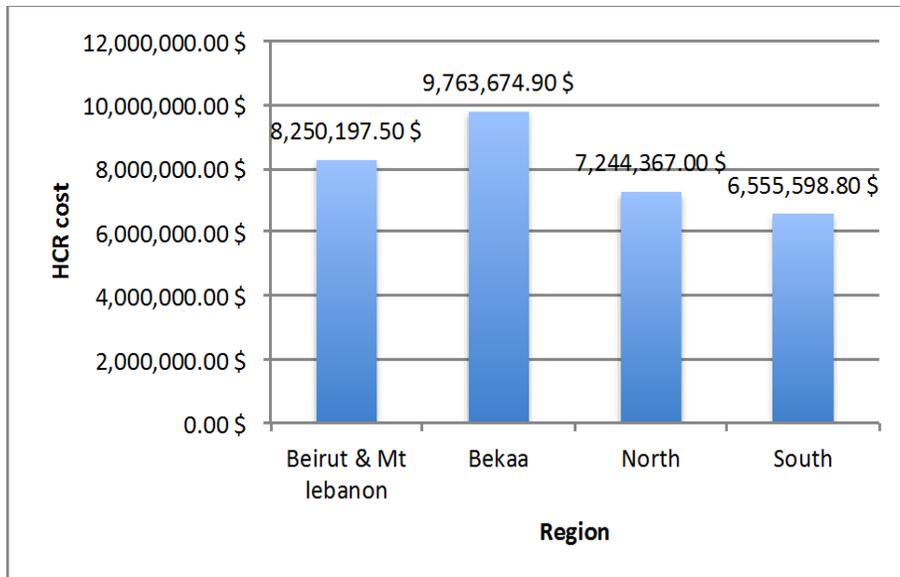
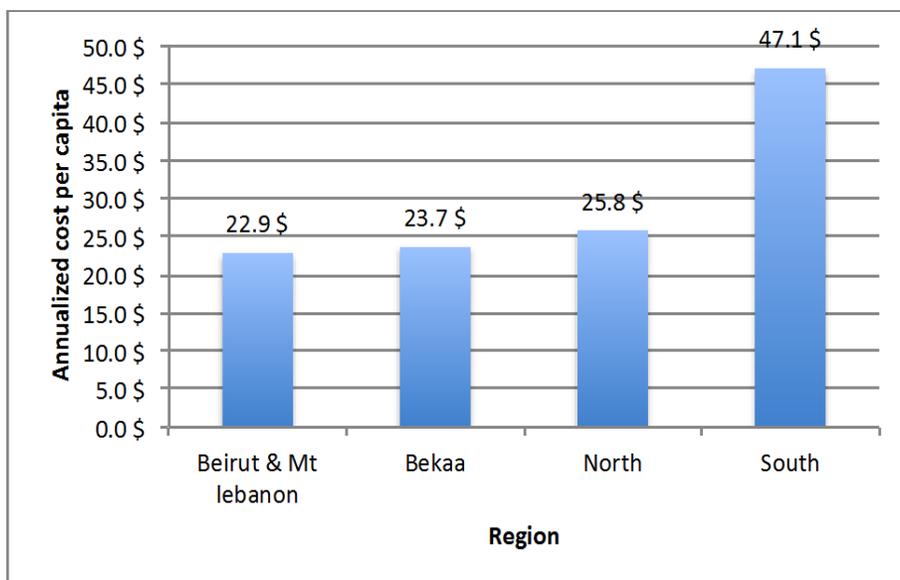


FIGURE 17: ANNUALIZED COST PER CAPITA\* IN USD, BY REGION\*\*



\* Per capita expenditure is the average dollars spent for a category of services per beneficiary. This average includes beneficiaries who did not use any service. No adjustment was performed for inflation, nor for the fact that not all required hospitalizations are covered by UNHCR so the estimated dollars in this report are nominal.

\*\* Using 2015 mid-year population figures

\*\*\* The high per capita expenditure for the South is due to the fact that many neonatal intensive care cases were referred to hospitals in the South due limited capacity in the other areas

## Key findings

**9.7-6.6 million USD**

Range of total cost per region (11-5.1 million USD in 2014).

**26.6 USD**

Annual cost per capita using mid-year population figures (33.4 USD in 2014).

**24 USD**

Lowest per capita cost in Bekaa region (same as 2014).

**47.1 USD\*\*\***

Highest per capita cost in the South (31 USD in 2014).