



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.

IN NUMBERS

79,416 Referrals financially supported by UNHCR in 2018.

74,714 Beneficiaries supported by UNHCR with one or more referrals.

6,618 Monthly average of referrals supported by UNHCR.

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

82% Proportion of accepted referrals in most utilized 20 hospitals.

SECTION 1: NUMBER OF REFERRALS

FIGURE 1: NUMBER OF REFERRALS PER MONTH JAN 2015 - DEC 2018

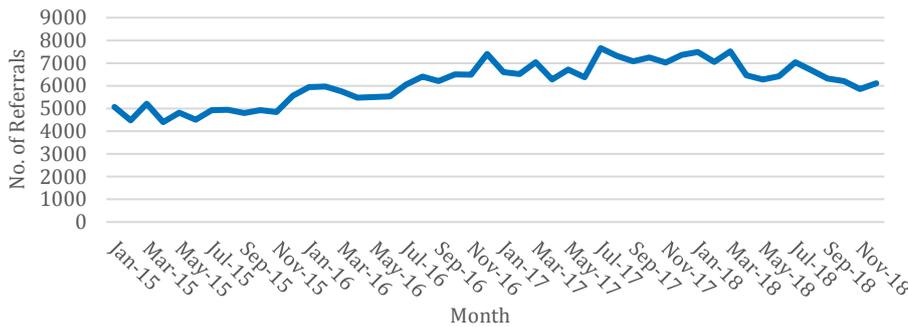


FIGURE 2: NUMBER OF REFERRALS PER MONTH BY COVERAGE STATUS in 2018

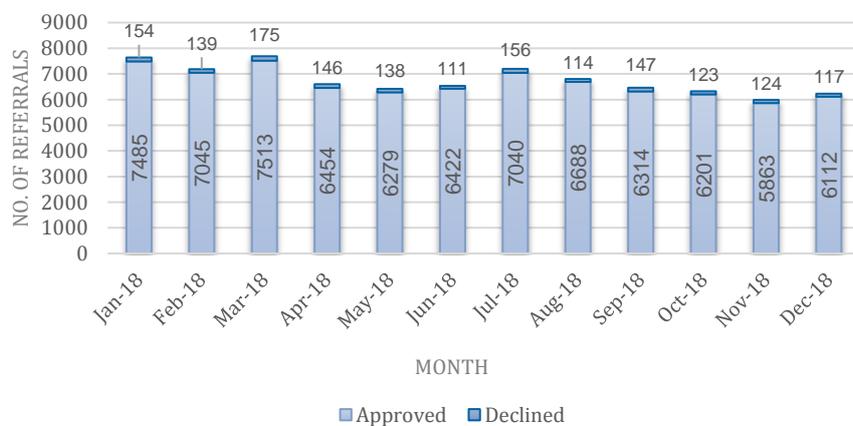
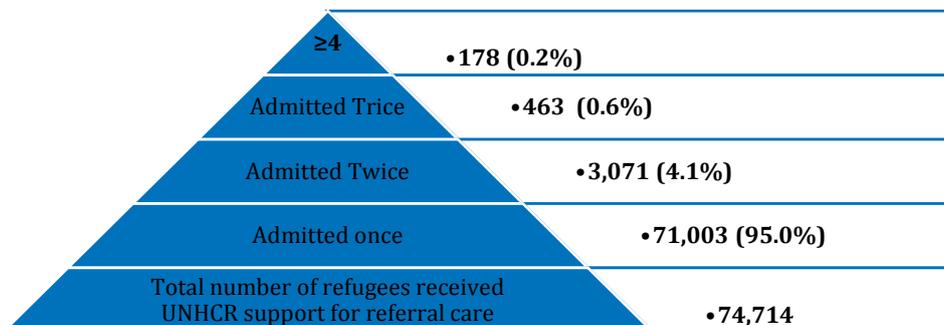


FIGURE 3: NUMBER OF REFUGEES SUPPORTED AND FREQUENCY OF ADMISSIONS PER REFUGEE



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.

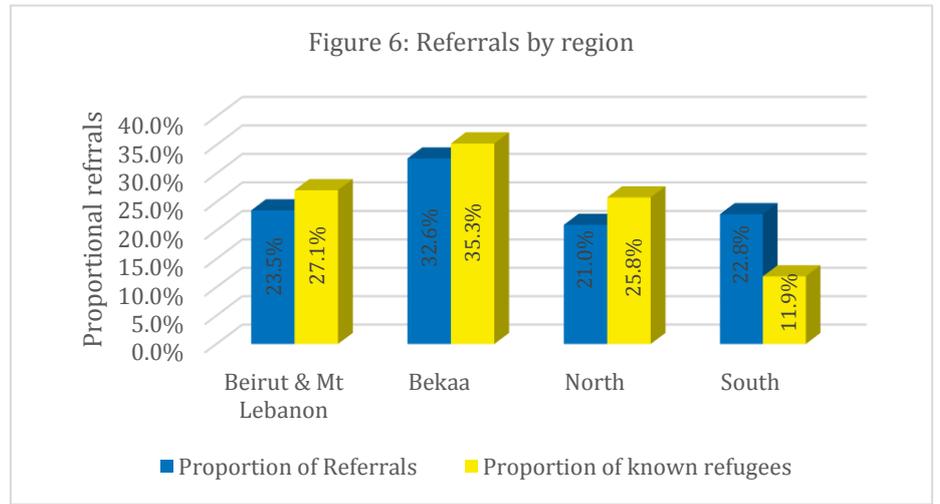
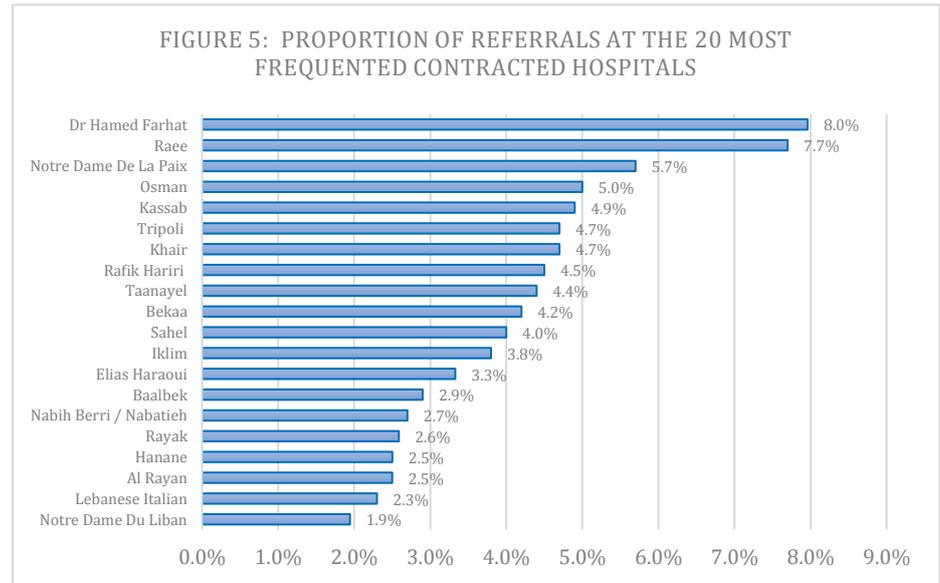
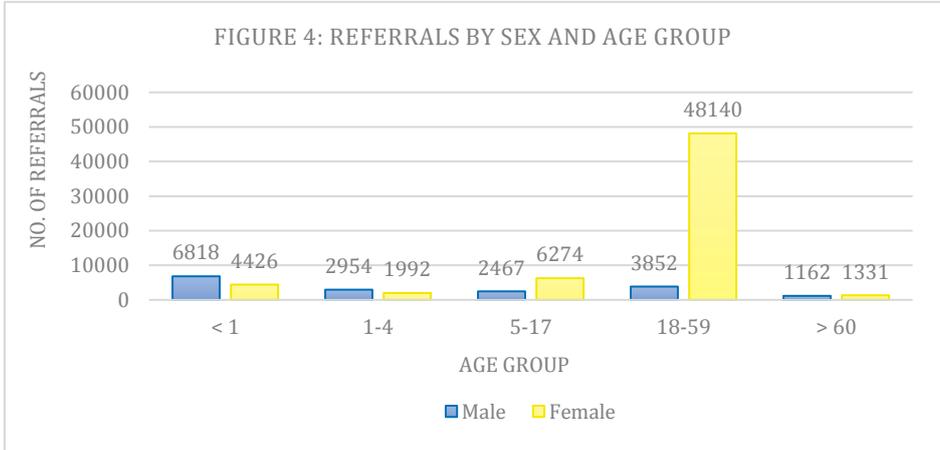
1,644 referrals were declined support. Most common reason for declining was that condition did not fit criteria set out in referral care guidelines (acute life-threatening, delivery etc.)

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)

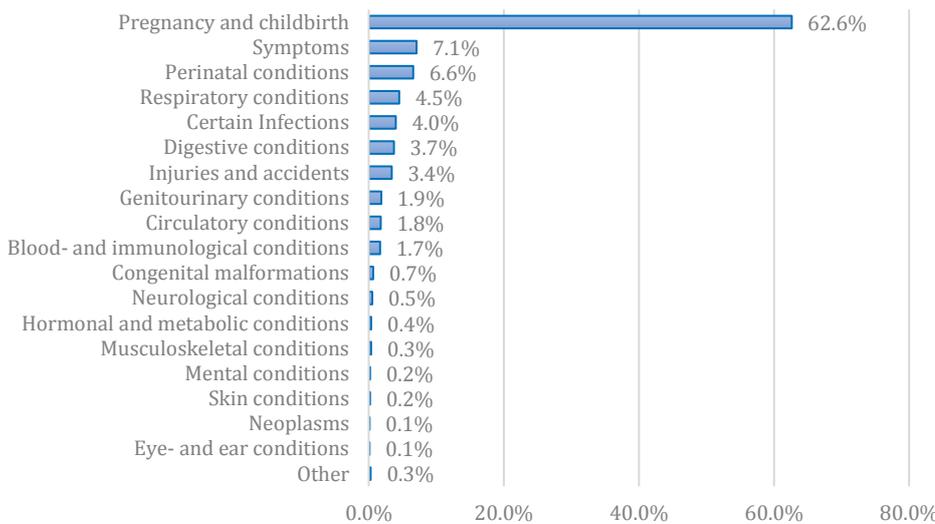


FIGURE 8: PROPORTION OF SPECIFIC DIAGNOSES WITHIN CATEGORIES

FIGURE 8.1: Pregnancy and Childbirth

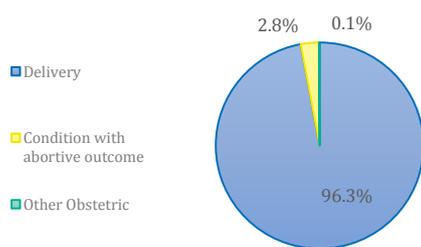


FIGURE 8.2: Symptoms

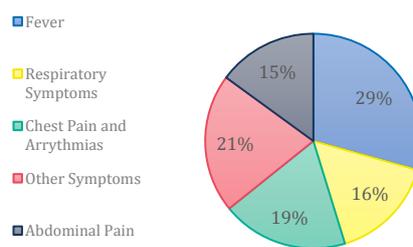


FIGURE 8.3: Perinatal Conditions

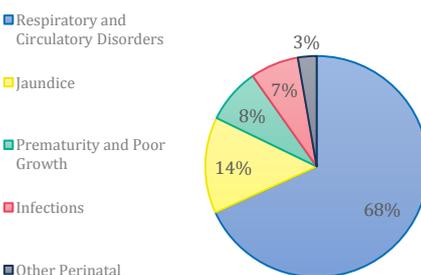
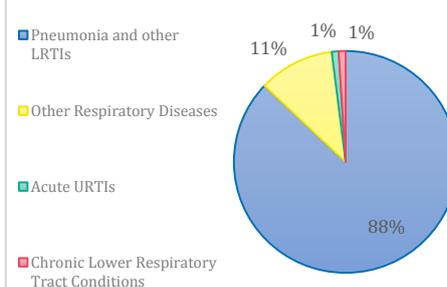


FIGURE 8.4: Respiratory Conditions



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

FIGURE 9: NUMBER OF DEATHS PER ICD-10 DIAGNOSTIC CATEGORY (N = 921)

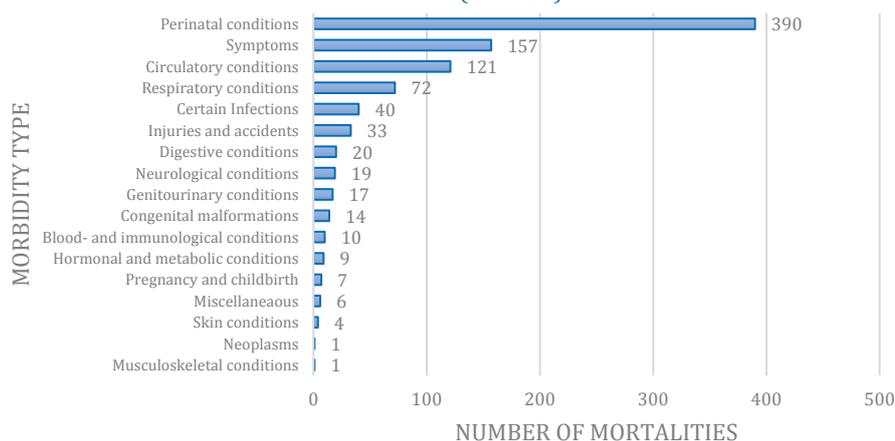


FIGURE 10: MORTALITIES DISTRIBUTION BY AGE AND SEX

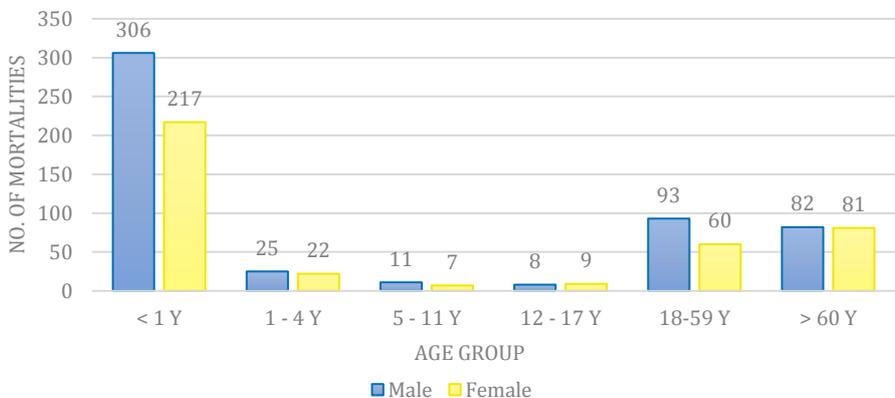
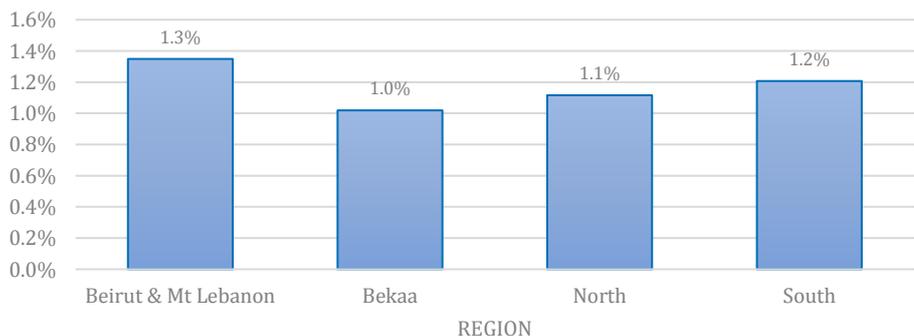


FIGURE 11: PROPORTIONAL MORTALITY PER REGION



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