



*©UNHCR, Field visit to a hospital by the Public Health Unit, Lebanon.*

# Annual Referral Health Care Report 2023

A summary report for secondary and tertiary health care provided to refugees in Lebanon in 2023

**Version:** 5.0

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## Overview

UNHCR's role is to facilitate and advocate for access to its persons of concern through existing services and health service providers and to monitor access to health care services. While the primary health care strategy is the core of all interventions; referral care is an essential part of access to comprehensive health services (UNHCR Public Health Operational Guidance, 2013). Majority of the secondary and tertiary health care institutions in Lebanon are private and catastrophic costs are a significant barrier to accessing health care. 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 to manage the costs of care for refugees effectively to avoid catastrophic health expenditures for the refugees. The costs covered by UNHCR vary according to the cost of service provided to the refugees by the health care provider. In the first half of the year 2023, 45.7% (N=35) of the referral health care providers were public hospitals. From August 2023, there were 33 hospitals which were officially part of the referral network with 54.6% of them being public hospitals. UNHCR contracts a third-party administrator (TPA) to manage and audit referral care processes and costs.

The 2023 referral care programme continued providing access to life-saving medical services for refugees who are not registered or in need of renewal of registration and linked them back to registration through the fast-track process up till 1 May 2023. From 1 May 2023, fast-track request to registration for accessing medical care was discontinued.

- The total number of approved referrals decreased by seven percent (**7.3%**) from **65,112** in 2022 to **60,353** in 2023. This decrease was noted significantly post 1 May 2023 and could be attributed to limiting the services to refugees and asylum seekers known to UNHCR.
- The composition of the UNHCR hospital network change in August 2023. The network hospitals reduced from 35 in the former half of the year to 33 in the latter half of the year. Throughout the year, ninety two percent (**92.3%**) of referrals took place to **20** of those contracted hospitals.
- Fifty six percent (**56.4%**) of referrals were for maternity care. This is an increase from 53% in 2022. The reason was a reduction in non-delivery referrals which proportionately increased the percentage for the delivery-related referrals.
- The proportion of births through caesarean section was **31%** out of total deliveries showing a slight decrease in comparison to 32% in 2022.
- Out of the total approved referrals, there were **1,017 mortalities**, of which **52.6%** were in children under one year of age (48.6% in 2022). The trend in mortality rate from 2019 to 2023 shows that the mortality was highest in 2021, possibly due to direct and indirect factors related to the COVID-19 pandemic. The mortality varied from 1.2% in 2019, 1.8% in 2020, **2.4%** in 2021, 1.72% in 2022 and 1.69% in 2023. Further, the worsening economic crises and its impact on health sector in the country is also expected to be a contributing factor to this.

## IN NUMBERS

**60,353** Referrals were supported by UNHCR in 2023.

**55,916** Beneficiaries supported by UNHCR with one or more referrals.

**5,029** Monthly average referrals supported by UNHCR.

**76%**

Referrals of female patients, reflecting the high proportion of obstetric care (**74%** in 2022).

**92%** Accepted referrals in most utilized 20 hospitals. (93% in 2022)

# DATA

UNHCR, through the Third-Party Agreement, collected data on the hospital referrals. The data for the accepted referrals include the diagnosis, care received, outcome and cost of the service. The data used in this report was extracted on 15 January 2024.

## Section 1: Number of referrals

FIGURE 1: NUMBER OF REFERRALS PER MONTH JAN 2019 – DEC 2023

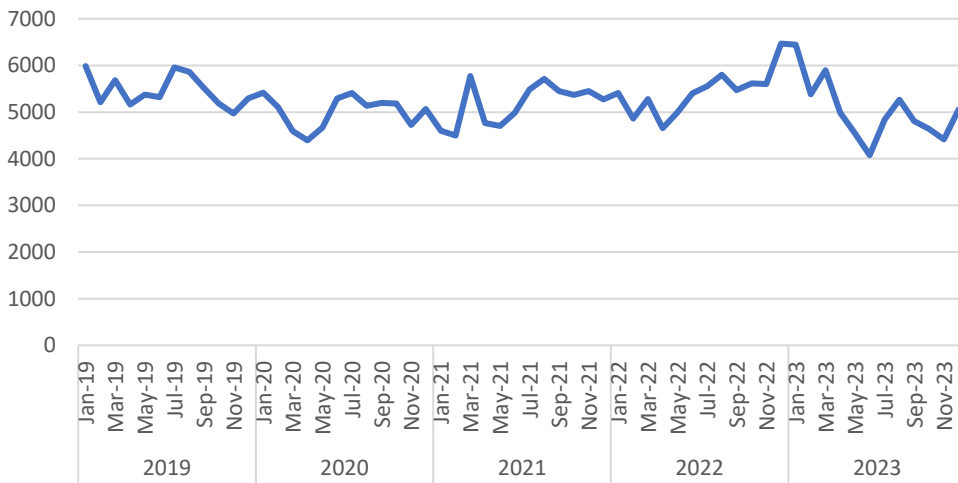


FIGURE 2: NUMBER OF REFERRALS PER MONTH BY COVERAGE STATUS in 2023

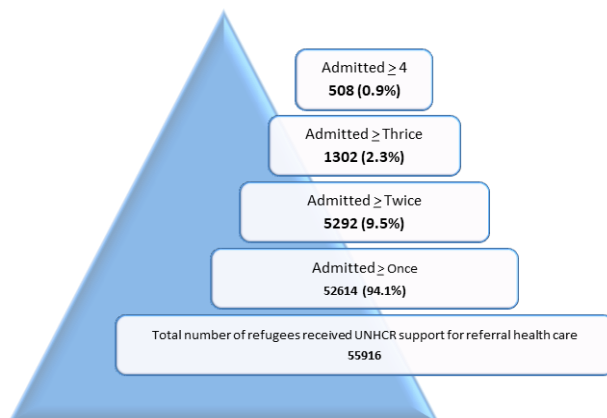
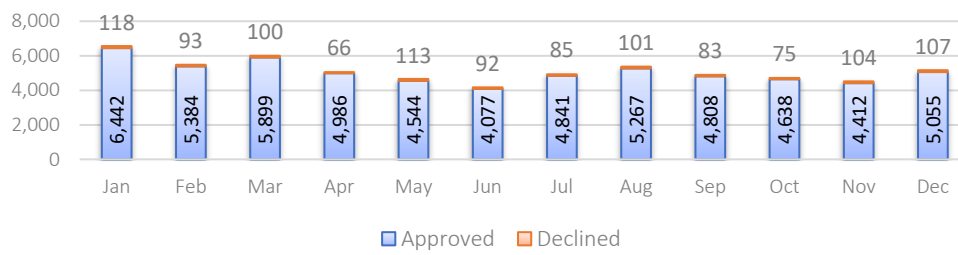


FIGURE 3: NUMBER OF REFUGEES SUPPORTED AND FREQUENCY OF ADMISSIONS PER REFUGEE

## Key Findings

Referrals per month fluctuating with admissions peaking in the month of January 2023 (6,442 admissions).

**1,137** referrals were declined support (1.78% 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.)

This value was 1.95% in 2022.

**21.4%** Referrals of children <5 years of age (**23%** in 2022).

**6%** of beneficiaries referred twice or more. The most common reasons being diseases of the perinatal period, respiratory conditions, haematological diseases, diseases of the digestive and genitourinary tract system respectively.

FIGURE 4: REFERRALS BY SEX AND AGE GROUP

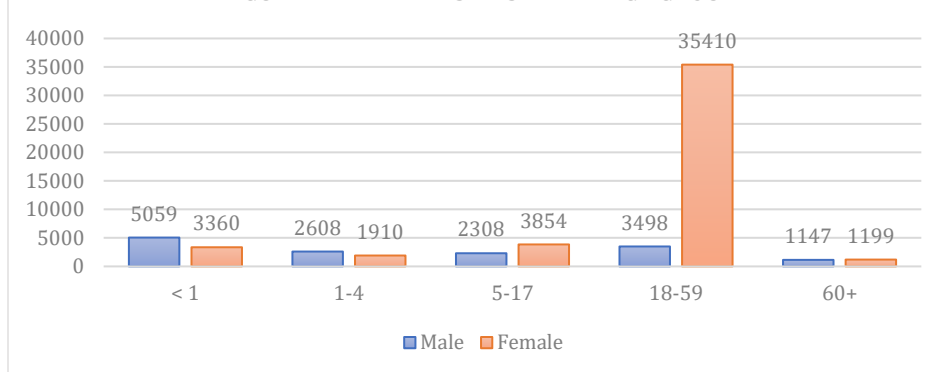


FIGURE 5: PROPORTION OF REFERRALS AT THE 20 MOST FREQUENTED CONTRACTED HOSPITALS

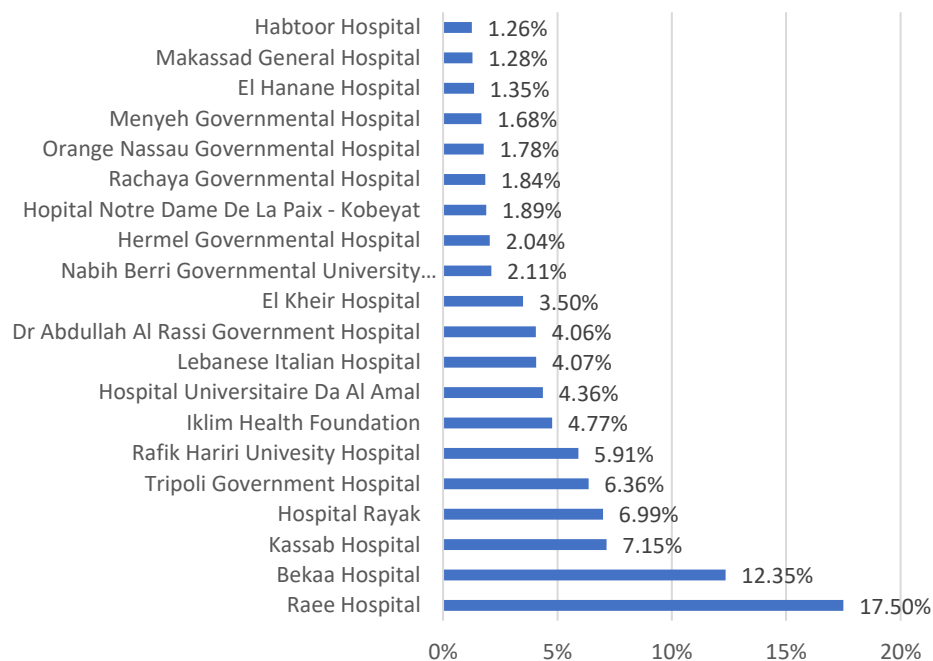
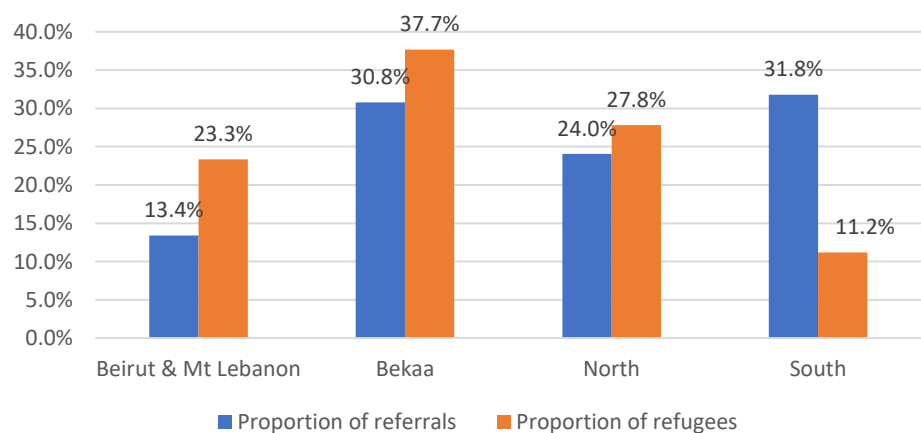


FIGURE 6: REFERRALS BY REGION



## Key Findings

### 24.9 and 17.1 years

Mean age at admission for females and males respectively (25.8 and 16.9 years in 2022).

### 20.6 and 17.1 years

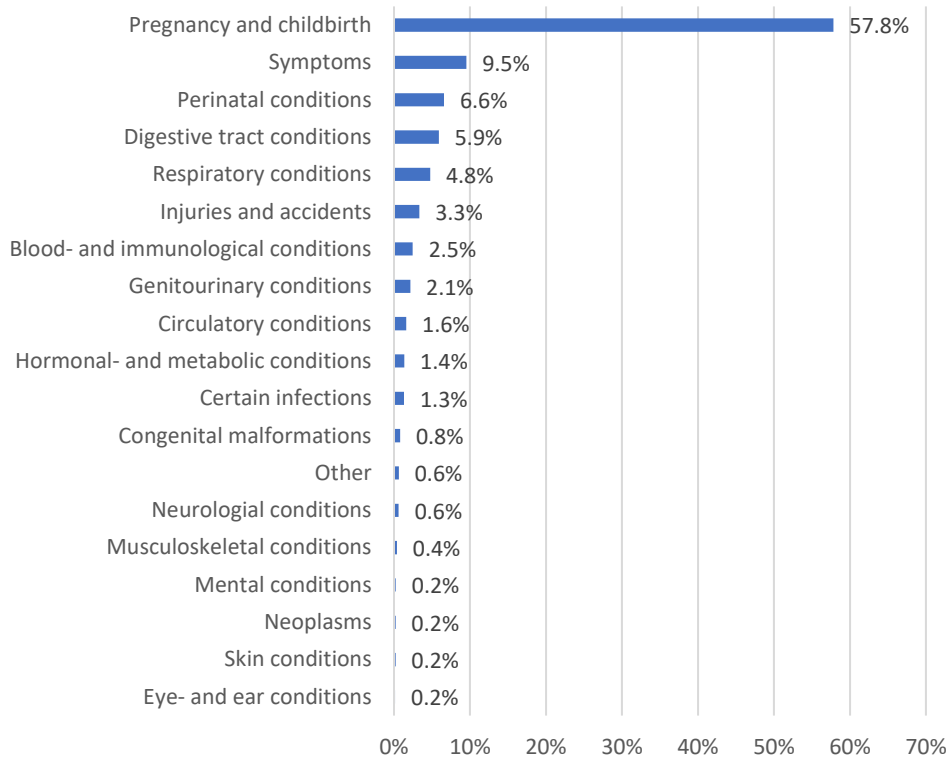
Mean age at admission for females and males respectively excluding the ones which accessed delivery services.

### 880

Average referrals per month to the hospital most frequented by refugees. The disproportionate number of referrals/population observed amongst the regions is attributed to the inter-region referrals based on the capacity and services availability.

## Section 2: Reason for referrals

FIGURE 7: ICD-10 DIAGNOSTIC CATEGORY ON DISCHARGE, AS PROPORTION OF APPROVED REFERRALS (N=60,353)



## Key Findings

**34,902**

Referrals required pregnancy related care (58% of total referrals)

There is a slight increase from 2022 (55% of total referrals)

**34,037**

Referrals for delivery (56% of total referrals)

There is an increase in the percentage referrals for delivery from 2022 (34,738 referrals for delivery; 53% of total referrals)

**31%**

Deliveries by caesarean section. Stayed the same as in 2022 (31%)

FIGURE 8.1: Pregnancy and Childbirth

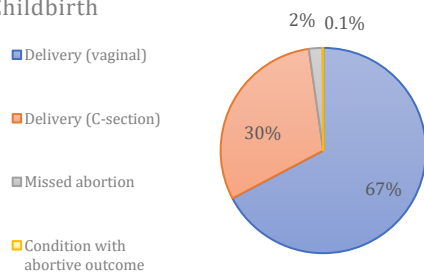


FIGURE 8.2: Symptoms

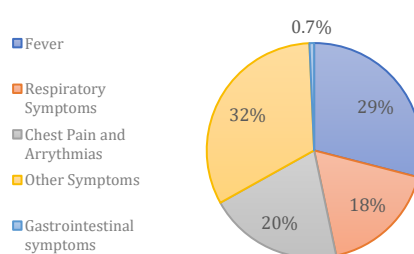


FIGURE 8.3: Certain infections

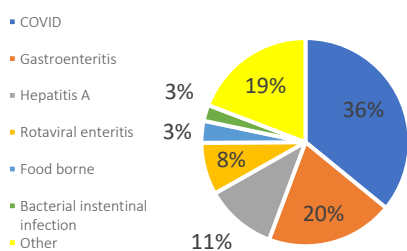
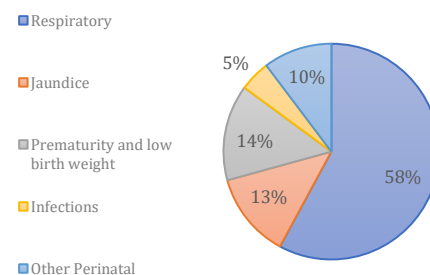
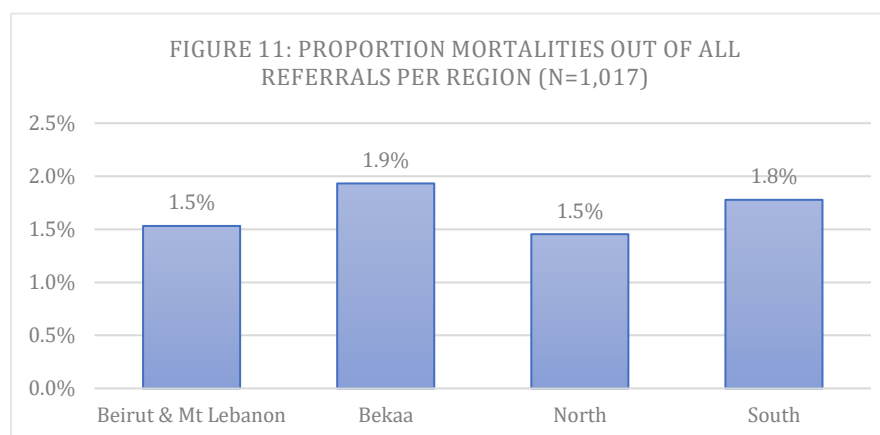
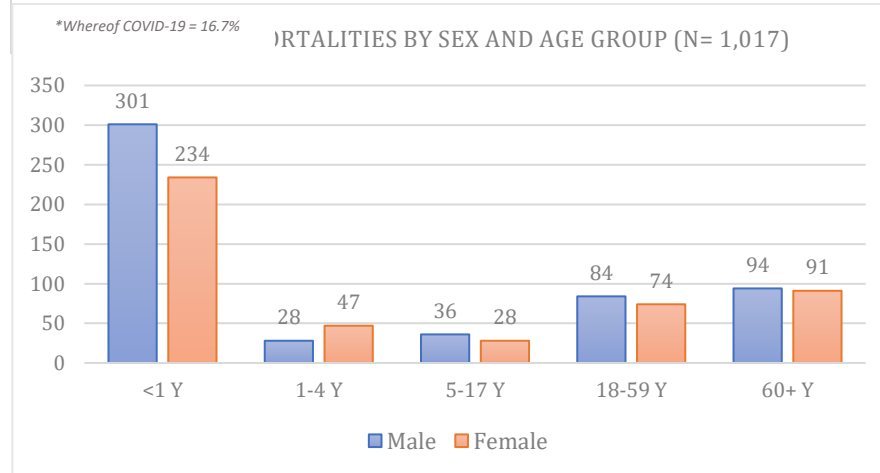
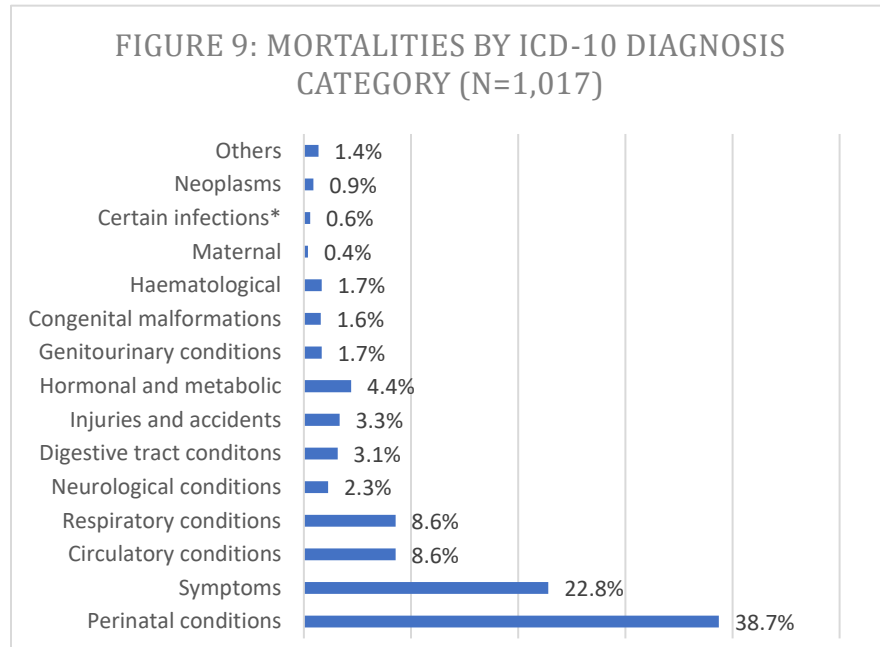


FIGURE 8.4: Perinatal Conditions



## Section 3: Mortality

This section contains information about the diagnosis and the origin extracted from the TPA database.



## Key Findings

**1,017** of beneficiaries referred died while hospitalized. Corresponding number for 2022 was 1,120 out of 65,112 referrals.

**1.69%** of the ones referred died (1.72% in 2022)

**0.1%** of deaths were due to COVID-19 (4.1% in 2022)

**52.6%** of the 1,017 deaths occurred among children under one year of age (increase from 48.6% in 2022).

**42.3%** (430 mortalities) were neonatal mortalities in the hospital amongst those receiving referral health care supported by UNHCR (In 2022, 37% and 414 mortalities respectively)

**4** Maternal mortalities among UNHCR supported referrals (6 in 2022).