

Situation overview

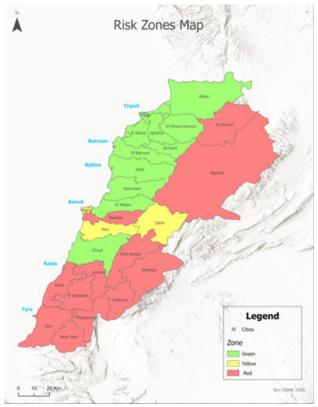
- Daily cross-border clashes between Israel and Lebanon continue to intensify, with a number of civilians and journalists among those killed on the Lebanese side. Hezbollah representatives said they will adhere to the planned 4-day pause in fighting if the Israeli military does the same.
- As of 23 November 2023, the Ministry of Public Health (MoPH) has reported a total of 374 people wounded and 91 killed due to armed clashes at the border with Israel. Among the 91 killed, 85 were dead on arrival at the hospital. Since the last situation report was published on 17 November, the number of wounded has increased by 13% and the number of deaths by 18.2%.
- IOM estimates that there are 55 491 internally displaced people in the country as of 16 November. Of these, 1055 (1.9%) are staying in 12 collective shelters and others have made their own accommodation arrangements. Most of those displaced are using shelters for a short period–a couple of days—before relocating to their self-arranged accommodations.
- There have been three attacks on health care in Lebanon since the start of the clashes. Two ambulances, 1 hospital, 1 primary health care center, and 5 health workers have been impacted by these attacks.
- Four Primary Health Care centers in Marjayoun and Bint Jbeil have been forced to close due to insecurity and armed clashes.
- The broader impacts of the clashes on livelihoods and the economy are expected to increase pressure on public health services.
- On 16 November, WHO issued an emergency appeal for readiness and response in Lebanon. WHO is appealing for US\$
 6.7 million for the scenario that hostilities are limited in the south, and US\$ 11.1 million for if hostilities expand to the entire country.

IHealth needs and response

- A **Public Health Emergency Operation Center** (PHEOC), set up by the MoPH with WHO's support, to respond to the situation and prepare for further deterioration is now fully staffed and operational. International staff, specialized in trauma care, logistics, communications, and health information have been temporarily deployed by WHO to support the PHEOC, in addition to the Country Office team.
- With a possibility of increased escalation, hospital readiness for mass casualty management is a key concern.
 - o The ongoing rapid hospital assessment is now covering private and public hospitals in the 'yellow zone', which will serve as a backup for frontline hospitals in case of an escalation (see map). Yellow zone areas are places expected

Health needs and response continued

- to be designated for shelter and aid. Hospitals in the red zone, which includes regions most likely to be involved in the conflict have already been assessed.
- o Progress has been made in drafting a trauma referral pathway. In agreement with the MoPH and key health parters, more hospitals are being included in the pathway, to ensure the smooth and efficient care of patients, even in the event of a mass casualty event.
- o Health workers are being trained in trauma care. Over 1300 health workers in 59 hospitals have already received training on the clinical care of trauma patients (65% of the participants were nurses, and 16% physicians). A third round of training of trainers is planned for next week.
- o In addition to these trainings in clinical trauma care, a mass casualty management training is planned in two weeks' time, which will focus on the organizational aspects of mass casualty management. Six hospitals will be included in this training, and a pool of local instructors will be created to cascade the training to other hospitals.



Risk zones for planning for possible escalation of conflict, Source: MoPH Lebanon

- Other than hospitals, WHO is looking at engaging communities in emergency readiness and response. A community
 trauma first-aid programme is under development, where basic education on haemorrhage control and simple kits
 with essential supplies to do so will be shared. Haemorrhages are a major cause of death during conflicts and equipping
 the public with these tools has the potential to be life-saving. Communities most at risk of war injuries will be prioritized.
- With over 46 000 people displaced from their homes, **continuity of essential health services** is of concern.
 - o Health workers in primary health care (PHC) centers are going to be trained for readiness and ensuring continuity of essential health services if the conflict escalates.
 - o Four mobile medical units linked to PHC centers ("satellite PHC units") are delivering basic services in shelters.
 - o The MoPH has developed standard operating procedures for satellite PHC units to prevent duplication, harmonize the scope of services, and standardize service delivery.
 - o A hotline has been set up to refer displaced people to healthcare services near them. In the week leading up to 22 November, the hotline received close to 150 calls, of which a third were from displaced persons. Two-thirds of these calls were related to access to medicines.

IHealth needs and response continued

- The availability of essential medicines and other medical supplies is a key concern, given the escalation of hostilities, signs of stockpiling of medicines by the public, as well as the precarious economic situation in the country.
 - o Discussions are ongoing to secure a critical stock of medications at the national level. An analysis is ongoing to identify gaps in the availability of critical medicines in PHC centers and critical services like dialysis. Additional medicines are being distributed to PHC centers to serve the displaced population.
 - o WHO has delivered vital emergency medical supplies to Lebanon. Supplies for trauma and surgery have been prepositioned in the referral hospitals and further supplies have been delivered to the MoPH central drug warehouse.
- WHO is strengthening **mental health and psychosocial support** through training on psychiatric emergency care and psychological first aid, as well as sharing information resources.
- With displacement increasing health risks and reducing access to healthcare, there is an increased need for **strength-ened disease surveillance**.
 - o To date, there have been no reported cases of outbreak-prone diseases in any of the community settings.
 - o WHO is supporting the strengthening of surveillance, focusing on those diseases with potential for emergence during conflict, such as respiratory and diarrhoeal diseases.
 - o Data from calls received on the hotline are being used to identify any potential new outbreak as well as common health concerns among the displaced that require attention.
 - o The GIS database for different health facilities (hospitals, laboratories, and radiology centers) is currently being updated, with a dashboard for easy information retrieval.
- WHO is sharing information on the management of **white phosphorus exposure** as well as standardized training materials for physicians in English and Arabic.

IFunding

• On 16 November, WHO issued an <u>emergency appeal for readiness and response in Lebanon</u>. WHO is appealing for US\$ 6.7 million for the scenario that hostilities are limited in the south, and US\$ 11.1 million for if hostilities expand to the entire country. These funds will cover a period of three months.

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