World Health Organization

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WHO flash appeal

Lebanon readiness and response plan in the context of Israel-occupied Palestinian territory hostilities

WHO staff visit Nabatiyeh Governmental Hospital in November 2023 to check its readiness level to receive casualties, including the clinical expertise and stocks of medical supplies.

World Health Organization

WHO'S IMMEDIATE FUNDING REQUIREMENT

Scenario 1: Hostilities confined to the south, Nabatieh, and southern suburb of Beirut	Scenario 2: Hostilities expand all across the country
Approximately 1 million displaced, of which 10% would remain trapped in areas of violence, with an estimated 2000 casualties and 600 deaths.	Approximately 1.5 million displaced, of which 10% would remain trapped in areas of violence, with an estimated 5000 casualties and 1500 deaths.
US$ 6.7 million	**US$ 11.1 million**

Lebanon at a glance

Population: 5.7 million

More than 40% are refugees & migrants

Economic profile

- Lower middle-income country
- Widespread poverty, especially among refugees
- Ongoing devaluation of currency & economic crisis

Health sector

- Weakened by the economic crisis & lack of investments
- 8000 hospital beds operational, of which more than 80% are in the private sector
- 40% of the health workforce has left the country
- Key health indicators have declined since 2019
- Catastrophic out-of-pocket health costs are common

2 in 3 people need health assistance (3.7 million people)

WHO'S IMMEDIATE RESPONSE PRIORITIES

- Availability of adequate mass casualty and emergency care capacity.
- Continuity of quality essential health services among vulnerable and affected populations
- Strengthened disease surveillance and outbreak control
- Coordinating the health response across government institutions and partners
- Improving water, sanitation and hygiene in health facilities and collective centers
- Enhancing access to mental health and psychosocial support
- Preventing and responding to sexual exploitation, abuse and harassment

Credit: WHO / Natalie Naccache

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1. Overview

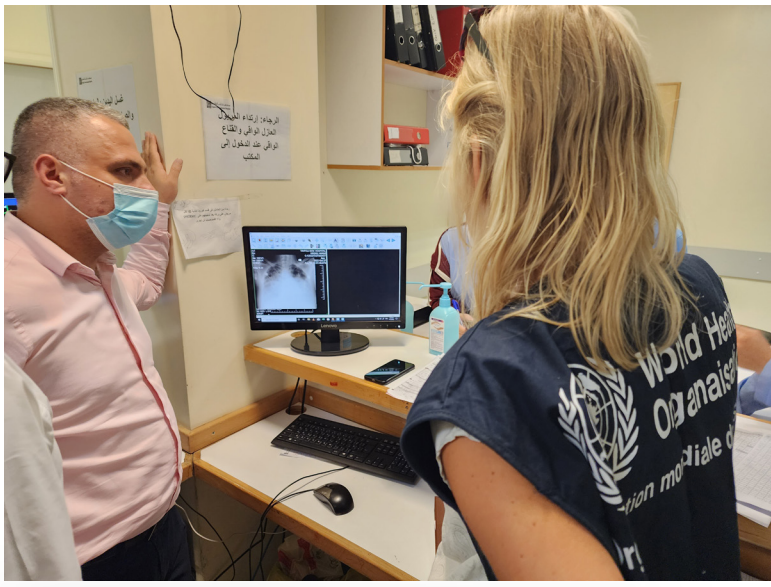
This *WHO Flash Appeal* provides a snapshot overview of the current and anticipated health emergency situation in Lebanon, based on two scenarios of spillover from the conflict in the occupied Palestinian Territory (oPt):

Scenario 1: Hostilities confined to the south, Nabatieh, and southern suburb of Beirut	Scenario 2: Hostilities expand all across the country
• Approximately 1 million displaced, of whom 10% would remain trapped in areas of violence, with an estimated 2000 casualties and 600 deaths. • Functional hospital beds: 2153. • Primary healthcare centers (PHCC) and laboratories: 90 PHCCs; 50 stand-alone private medical labs; 29 radiology centers.	• Approximately 1.5 million displaced, of which 10% would remain trapped in areas of violence, with an estimated 5000 casualties and 1500 deaths. • Functional hospital beds: 6457 (of which 5232 are in the private sector and 1225 in the public sector). • PHCCs and laboratories: 323 PHCCs; 207 licensed private medical labs; 124 radiology centers.

These scenarios have been devised bearing in mind the country's population of 5.7 million persons (of which more than 40% are refugees and migrants, including 1.5 million Syrians, 489 000 Palestinians[1], and over 11 600[2] people of other nationalities), as well as the large number of people that will be affected directly or indirectly.[3]

2. Country context

Amidst political deadlock, and the recent backdrop of COVID-19 and the Beirut explosion, Lebanon is facing its worst socioeconomic crisis in decades owing to the large devaluation of the Lebanese pound. The country was reclassified by World Bank from an upper-middle income country to a lower middle-income country, with two out of every three people in need of humanitarian assistance. Furthermore, the overall institutional capacity and infrastructure are rapidly deteriorating. Most government institutions are operating with less than 20% of their capacity in human resources, and with a decimated operational budget. Vital services such as energy, water, transport/fuel and health have been negatively affected. On top of this, Lebanon is now also facing an escalating security situation, which could render a much larger emergency across the country.



WHO staff assess clinical management capacities and gaps for cholera control at a hospital in northern Lebanon. WHO / Roni Ziadeh

1 UNRWA. (Mar. 2023). Where we work. <https://www.unrwa.org/where-we-work/lebanon>

2 UNHCR. (Aug. 2023). Lebanon: Fact Sheet. <https://www.unhcr.org/lb/wp-content/uploads/sites/16/2023/10/UNHCR-Lebanon-FactSheet-August-2023.pdf>

3 Based on figures from 2006, almost one million internally displaced persons from south Lebanon moved to Beirut and its outskirts.

3. Health sector situation

Lebanon's health sector has been heavily affected by recent socioeconomic downturns and chronic underfunding. There are shortages and stock-outs of critical medications, medical supplies and equipment. The cost of importing medicines and patient costs for hospitalization and treatment have skyrocketed, owing to the ending of government subsidies. Hospitals have been forced to cut down their operational bed capacity, which has dropped from 13 000 to 8000, of which more than 80% are in private sector. To make matters worse, there has been an accelerated exodus of human resources for health, with more than 40% of health workers having left the county and this lack of qualified doctors and nurses is having a negative impact on the provision of and access to basic healthcare countrywide. Health indicators for 2022 such as the universal health coverage index, essential immunization coverage index and the under-five mortality rate are all below 2019 levels.

As a result, the prevalence of non-communicable diseases and mental health conditions are on the rise, while the risk of communicable disease outbreaks, especially vaccine-preventable (measles) and waterborne diseases, is increasing due to lower vaccination coverage, environmental degradation and deterioration of water, sanitation and hygiene (WASH) facilities. In fact, the latter is what led to recent cholera outbreaks and endemic viral hepatitis A. The situation will further deteriorate if there is a surge of wounded patients, mass casualties, and displacement– a real possibility considering the ongoing border clashes and ongoing conflict in oPt.

4. Risk factors exacerbating the situation

The impact of escalating violence could be exacerbated by the following risk factors:

- Weak government institutions, including the lack of a president and effective caretaker government, in addition to limited institutional capacity at central and subnational levels.
- Scarcity of general national resources, including human and financial.
- Access limitations due to possible destruction of roads and bridges, as well as unexploded ordnances (UXO).
- Duration, extent and severity of hostilities.
- Population movement and crowding index.
- Climatic and extreme weather events, including flooding due to intensive rain (winter, degraded infrastructure) and snow closing major mountain roads.

5. Planning scenario and target population

Although the overall situation remains uncertain in Lebanon, WHO has developed this response strategy based on two scenarios similar to the 2006 Israel-Lebanon war, summarized below.

Scenario 1: Hostilities confined to the south, Nabatieh, and southern suburb of Beirut

In this scenario, it is estimated that around 1.5 million Lebanese, 250 000 Syrian refugees, 70 000 Palestinian refugees, and 25 000 migrants would be affected. A similar intensity of violence as the 2006 war would result in over 1 million displaced, of which 10% would remain trapped in areas of violence, with an estimated 2000 casualties and 600 deaths, of which at least 35% would be children when considering the demographics.

Within the regions affected in this scenario, there are a total of 2153 functional hospital beds: 824 in Nabatieh (351 private, 473 public) and 1329 in the South (1202 private, 127 public). Additionally, there are around 90 PHCCs (Ministry of Public Health's [MoPH] network and UNRWA clinics), 50 stand-alone private medical laboratories, and 29 radiology centers. If hostilities impact health facilities, similar to what happened in the 2006 war, it is expected that around 30% of hospitals may not be functional, and 10% may only be partially functional, while 20% of PHCCs and laboratory/radiology centers may not be able to function due to direct damage, road access and UXOs. To date, due to the ongoing conflict, 7 PHCCs in Nabatieh and Bint Jbeil are no longer functioning.

Scenario 2: Hostilities expand all across the country

In this scenario, it is estimated that around 3 million Lebanese, 800 000 Syrian refugees, 200 000 Palestinian refugees and 50 000 migrants would be affected. A similar intensity of violence as the 2006 war would result in over 1.5 million displaced, of which 10% would remain trapped in areas of violence, with an estimated 5000 casualties and 1500 deaths, of which at least 40% would be children, when considering the demographics.

Across the country, there are a total of 6457 functional hospital beds, of which 5232 are in the private sector and 1225 are in the public sector. Additionally, there are around 323 PHCCs (MoPH network and UNRWA clinics), 207 licensed private medical laboratories, and 124 radiology centers. If hostilities impact health facilities similar to the 2006 war, and considering the distribution and density of health facilities in some districts, it is expected that around 30% of hospitals will not be functional and 20% will only be partially functional, while 30% of PHCCs and laboratory/radiology centers might not be able to function due to direct damage, road access, UXOs, and lack of fuel.

6. WHO Flash Appeal: Objectives

The aim of the WHO Flash Appeal for Lebanon is to contribute to the efforts of the government and other partners to support mass casualty management, provide emergency healthcare services, and ensure continuity of essential health services for populations affected by the current violence and a potential wider conflict. Based on this, WHO's main objectives are to:

- Provide strategic leadership, coordination, and partnership support through the Public Health Emergency Operation Center (PHEOC) at MoPH.
- Sustain and strengthen disease surveillance, and outbreak readiness and response capacity through the Epidemiological Surveillance Unit (ESU), and develop the emergency health information system.
- Enhance the capacity of the health system to manage mass casualties and critical medical care through the provision of emergency medicines, medical supplies, health workforce capacity building, staffing support, and operational support.
- Assure access to quality essential health services at primary health care centers among vulnerable populations.

In line with these strategic objectives, Annex I details key interventions that will be undertaken to support and protect the health of people in Lebanon, especially the most vulnerable and those affected by conflict. These activities will be guided by the humanitarian principles of humanity, neutrality, impartiality, and independence to ensure that assistance is delivered to those in need without any distinction. WHO has a core commitment to promoting gender- and age-sensitive programming and ensuring the prevention of sexual exploitation and abuse by incorporating measures into emergency response programming and its accountability to affected people.

Dr Ahmed Al-Mandhari, Regional Director, and Dr Richard Brennan, Regional Emergency Director, visit the Ministry of Public Health warehouse in Karatina, where WHO has prepositioned health supplies for southern Lebanon.

7. Funding Requirements

The following table details the urgent funding required by WHO to effectively respond to current and anticipated health emergencies in Lebanon during the first three (3) months:

Key interventions by budget line	Requirement (US$)	Requirement (US$)
	Scenario 1	Scenario 2
Life-saving trauma and emergency care	2 650 000	4 500 000
Ensuring the continuity of essential health services	2 950 000	5 200 000
Disease surveillance and outbreak control measures	485 000	700 000
Health cluster/sector leadership and coordination	400 000	445 000
WASH in health facilities and collective centers	100 000	150 000
Mental health and psychosocial support	97 500	128 000
Preventing and responding to sexual exploitation, abuse and harassment	5 000	5 000
Total	**US$ 6 687 500**	**US$ 11 128 000**

A nurse checks a patient's temperature at the Rjail Arbaeen Primary Health Centre in Saida, Lebanon.
WHO / Natalie Naccache

Annex I: Detailed list of key WHO health emergency interventions for Lebanon

I. Life-saving trauma and emergency care

- Enhance mass casualty management capacity in selected hospitals through training and mentoring in collaboration with MoPH and partners.
- Enhance the capacity of selected hospitals' emergency rooms for the management of neurological and psychiatric emergencies (e.g., seizures, panic attacks, etc.).
- Procure and preposition adequate trauma and other essential medical supplies in the country and at the selected hospitals.
- Support the surge of nurses and specialists in the hospitals receiving mass casualties.
- Support the establishment of a referral system for wounded people in coordination with MoPH, Lebanese Red Cross and other stakeholders.
- Provide hospitalization and reimbursement support for casualty care to the selected hospitals in coordination with MoPH.
- Provide operational support to selected hospitals to ensure continuity of managing the wounded patients.
- Coordinate the potential deployment of emergency medical teams (EMTs).
- Identify critical gaps based on assessments of selected hospitals and provide necessary supplies to fill the gaps.
- Support infection prevention and control (IPC) practices within the selected emergency hospitals.
- Ensure the availability and accessibility of life-saving health services to displaced populations through expanded primary health care services.
- Ensure and support continuity of essential health services, particularly reproductive health care, non-communicable diseases (NCDs), expanded programme on immunization (EPI), disease surveillance, nutrition, etc.
- Support health awareness campaigns and community engagement activities.
- Provide incentives for critical MoPH staff for dispatching emergency supplies (central and regional drug warehouses, E-health) supporting the coordination and other services

II. Ensuring the continuity of essential health services

- Procure essential cancer medicines and dialysis kits for beneficiaries under MoPH support.
- Procure essential chronic and acute medicines for the MoPH PHCC network.
- Expand the storage capacity at MoPH warehouses (medicines and medical supplies) at the national and sub-national levels. Support the MoPH medicine storage at alternative or regional warehouse facilities.
- Ensure the supply of fuel for the proper functioning of cold chain storage of medicines and vaccines.
- Ensure all partners are updating their emergency medicine and medical supplies in the Logistic Management System.
- Support the monitoring of utilization of emergency medical supplies in the selected hospitals.

III. Disease surveillance and outbreak control measures

- Reinforce the early warning and disease surveillance systems, and ensure rapid response capacity for timely detection, investigation, confirmation, and reporting of potential disease outbreaks.
- Generate information products, including weekly bulletin and hotspot mapping. Develop tools and dashboards permitting the monitoring of the response (casualties, supplies etc.).
- Support the MoPH in repurposing existing surveillance staff or recruiting additional staff to support surveillance activities in conflict- affected areas.
- Ensure surveillance and rapid response activities are expanded to conflict-affected areas and new areas where displaced people will be sheltering/ living.
- Facilitate the movement of surveillance teams for timely investigation and response to potential outbreaks.
- Ensure surge capacity for surveillance, health information management and GIS in collaboration with MoPH.

IV. Health sector leadership and coordination

- Enhance the national and sub-national coordination for public health emergencies in collaboration with MoPH and partners.
- Strengthen leadership and coordination through the PHEOC under the MoPH to better coordinate and support emergency readiness and response activities.
- Coordinate with the government and partners to conduct multi-sectoral health needs assessments and share the findings with all relevant stakeholders.
- Ensure adequate capacity is available for PHEOC and overall coordination through surge capacity (national and sub-national).
- Ensure surge capacity to fill key functions for the WHO country office (WCO) in coordination with WHO Headquarters, Eastern Mediterranean Regional Office, and standby partners.
- Provide incentives for critical MoPH staff (PHC, Data/statistics, E-health) supporting the coordination and other services.
- Coordinate with MoPH and other UN agencies (IOM, UNWRA, UNHCR, UNICEF) extending support to Syrian, Palestinian and migrant populations.

V. WASH in health facilities and collective centers

- Monitoring water quality.
- Promoting proper hygiene practices to prevent waterborne diseases.

VI. Mental health and psychosocial support

- Enhance availability and access to mental health and psychosocial support services (MHPSS) for vulnerable people, including the national hotline for emotional support and suicide prevention.
- Establish a cell for psychosocial support for MoPH and WCO teams.
- Build the capacity of EMTs in psychological first aid and provide MHPSS as part of response activities.
- Support the continuity of the e-mental health application “Step-by-Step (SbS)” – SbS is a brief WHO five-week digital, guided, self-help intervention for adults with depression, delivered through an application or a website, with guidance provided by trained non-specialists called e-helpers.
- Support the continuity of the national hotline for emotional support and suicide prevention, the 1564 Lifeline, run by Embrace NGO.
- Self-care support for front-liners, healthcare and media professionals.
- Depending on how the situation unfolds, MHPSS surge deployment can be requested through the Surge Mechanism of the IASC (Inter-Agency Standing Committee) MHPSS Reference Group.

VII. Preventing and responding to sexual exploitation, abuse and harassment (PRSEAH)

- Conduct PRSEAH awareness activities for teams working in the response coordination and implementation (MoPH/partners).

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