

WHO flash appeal

Lebanon humanitarian response



World Health
Organization

At a glance (figures as of 7 October 2024)

Overview

- **2083** deaths recorded, with **550** deaths and **1835** injuries reported in a single day (23 September 2024), marking the deadliest day in nearly two decades

Injuries

- **11 952** people injured due to airstrikes and conflict-related violence
- **1416** people injured by white phosphorus exposure, suffering from severe burns and respiratory damage

Internally displaced persons (IDPs) impacted

- **346 209** IDPs, with **94%** displaced from Bent Jbeil, Marjaayoun and Tyre districts

Health facilities damaged

- **96** primary healthcare centers and dispensaries closed
- **3** hospitals evacuated due to insecurity, severely affecting access to healthcare, especially for displaced and vulnerable populations
- **36** attacks on healthcare care resulting in **77** deaths and **74** injuries
- **15** attacks impacted health facilities and **16** impacted transport

Mental health crisis

- Over **1.5 million** refugees and IDPs are in urgent need of mental health and psychosocial support

WHO'S IMMEDIATE FUNDING REQUIREMENT US\$ 50 million

Snapshot

WHO's six-month Flash Appeal (October 2024 – March 2025) seeks US\$ 50 million to support Lebanon's health response during the ongoing crisis. Of this, US\$ 25 million is aligned with the United Nations Multisectoral Flash Appeal, which targets the period from October to December 2024 and seeks a total of US\$ 40 million for the health response. WHO's broader six-month strategy ensures that immediate interventions from October to December are integrated into a longer-term plan, providing continuity and stabilizing Lebanon's healthcare system through March 2025. WHO will support Lebanon with a large-scale emergency response to health by:

- strengthening leadership and coordination for the response to the public health emergency;
- providing life-saving trauma and emergency care;
- ensuring the continuity of essential health services;
- strengthening disease surveillance and outbreak control measures.



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The protection of civilians and healthcare in Lebanon is a legal and moral imperative that must be upheld. WHO remains fully committed to supporting Lebanon in responding to the ongoing emergency, ensuring that essential health services are accessible, and that the health system is strengthened to meet the increasing demands.

Dr Hanan Balkhy
WHO Regional Director for the Eastern Mediterranean

Situation

- The ongoing conflict in Lebanon has sharply intensified, leading to widespread civilian casualties and severe damage to healthcare infrastructure. This escalation has caused a surge in deaths, trauma cases, displacement and major disruptions to essential health services. Lebanon's already fragile healthcare system – strained by economic collapse and a large refugee population – is now being subject to further, rapid degradation.
- WHO, in collaboration with the Ministry of Public Health (MoPH) and key partners, is leading efforts to manage the health emergency. The Public Health Emergency Operations Centre (PHEOC) has been activated to coordinate the response, playing a central role in mass casualty management, ensuring real-time data sharing among hospitals and humanitarian organizations, and targeting the deployment of emergency medical supplies to critical areas.
- The situation in Lebanon is rapidly evolving with unpredictable development. As the conflict intensifies, WHO remains committed to scaling up efforts and has already released US\$ 7.1 million from its Contingency Fund for Emergencies (CFE) to address immediate needs. However, to continue to meet the growing needs, WHO urgently requires flexible funding to meet the current needs of the civilian population and continue to respond to the situation as it evolves. The financial requirements are assessed in the amount of US\$ 50 million.
- WHO has distributed trauma kits to prioritized health facilities and provided chronic and mental health medicines sufficient to treat 190 000 patients for a month across 500 health centres. WHO is actively working with the MoPH and partners on scaling up trauma and surgical capacity, distributing medicines and supplies, enhancing surveillance and mass casualty management. Additionally, WHO has delivered essential blood testing kits to the Lebanese Red Cross, ensuring continuity of life-saving blood transfusions.
- With the required financing, WHO can continue to assist the MoPH and partners in mitigating the most severe impacts on the civilian populations' health. This includes providing urgent trauma care, maintaining essential health services and preventing and controlling disease outbreaks. Immediate action is essential to save lives and stabilize Lebanon's health system as the crisis deteriorates.

Key priority actions

Leadership and coordination

The escalating conflict has led to the closure of 96 primary healthcare centres and dispensaries, affecting over 100 000 civilians, especially in the South. The need for coordinated healthcare delivery has become critical. WHO has activated the PHEOC and established a Command-and-Control Centre at Rafik Hariri University Hospital to ensure coordination of casualty management and real-time data sharing.

Action

- **Leadership and coordination** including PHEOC capacity enhancement and multisectoral coordination at national and sub-national levels.
- **Health sector coordination** through timely multisectoral health needs assessments and cross-agency coordination with MoPH and partners to support vulnerable populations.
- **Communication and information products** provided to key stakeholders ensuring informed decision-making and effective coordination of emergency response efforts.
- **Preventing and responding to sexual exploitation, abuse and harassment** raising awareness, identifying risks, strengthening reporting mechanisms and mainstreaming PSEAH into our response programming in collaboration with WHO partners.

Financial requirements: **US\$ 4 790 000** to strengthen leadership and coordination for the response to the public health emergency.

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Life-saving trauma and emergency care

As of 7 October 2024, over 9869 trauma cases have been reported, with a significant rise in severe injuries such as amputations, severe facial trauma, and burns caused by airstrikes and white phosphorus. Lebanon's hospitals are overwhelmed, and there is an urgent need for trauma kits, emergency medical supplies and critical care equipment to manage these cases. WHO has already supported mass casualty management training for 120 hospitals, undertaken mass casualty management drills in 112 hospitals, and will continue to strengthen capacity for trauma care.

Action

- **Health workforce capacity building** through emergency care training, standardization and staffing support to hospitals and other health facilities to maintain critical life-saving health services.
- **Provision of medications and medical supplies** including essential trauma kits, surgical supplies and support to enhance logistics stock management and distribution capabilities of the MoPH.
- **Train frontline health workers** in advanced trauma management to improve hospital capacity to handle mass casualties.
- **Deploy Emergency Medical Teams** to expand hospital capacity for the management of violent trauma and severe burn cases from white phosphorus exposure.

Financial requirements: **US\$ 21 890 000** to provide life-saving trauma and emergency supplies and care.

Continuity of essential health services

The conflict has disrupted essential health services for more than 500 000 displaced people, particularly affecting maternal health, non-communicable diseases and immunization services. Pregnant women, children under five and patients with chronic illnesses are at critical risk due to the closure of primary healthcare centres and lack of medications.

Action

- **Provision of quality essential health care** services through capacity building and provision of supplies.
- **Increase access to mental health** and psychosocial support through integration into primary healthcare and capacity building of healthcare workers.
- **Strengthen water, sanitation and hygiene**, infection prevention and control and health hygiene.

Financial requirements: **US\$ 19 440 000** for ensuring the continuity of essential health-services.

Disease surveillance and outbreak control measures

The risk of communicable disease outbreaks has increased due to overcrowded living conditions in displacement settings, compromised water quality and inadequate sanitation. Early warning systems for diseases like cholera and respiratory infections need to be reinforced to prevent widespread outbreaks.

Action

- **Strengthen early disease surveillance system** with enhanced early warning and referral laboratory capacity.
- **Enhance disease prevention and response** through reinforced outbreak investigation and response capacities, immunization and vaccination campaigns and risk community engagement activities.
- **Improve health information management** including real-time response monitoring, public health situational analysis and mapping of health services to inform functionality assessments and referral pathways.

Financial requirements: **US\$ 3 880 000** for disease surveillance and outbreak control measures.

Financial requirement

Total financial requirement to provide a comprehensive and strategic response until March 2025 are estimated at US\$ 50 million.

This funding will ensure that WHO can scale up its response to the health crisis in Lebanon, support trauma care, restore essential health services and prevent communicable disease outbreaks amid the ongoing conflict and large-scale displacement.

Response strategy	Financial requirement (US\$ million)
Leadership and coordination	4 790 000
Life-saving trauma and emergency care	21 890 000
Continuity of essential health services	19 440 000
Disease surveillance and outbreak control measures	3 880 000
Total	50 000 000*

* Approximately 10% of the overall budget will be used to cover operational costs, including security, enabling functions, and duty of care (e.g. field offices, deployment of staff, etc.).

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