

Healthbrief

12 November - 08 December 2025

Health emergency: Situation overview

- A total of **54** new injuries and **28** deaths related to the war have been reported from 11 November 2025 to 08 December 2025.
- **163** incidents of attacks on healthcare were recorded including **46** impacted health facilities, **241** fatalities, **296** injuries, **113** impacted healthcare workers, **105** impacted medical transport. Last reported attack on health care as reported on WHO's Surveillance System for Attacks on Health Care (SSA) platform on 03 April 2025.



18 164
People injured

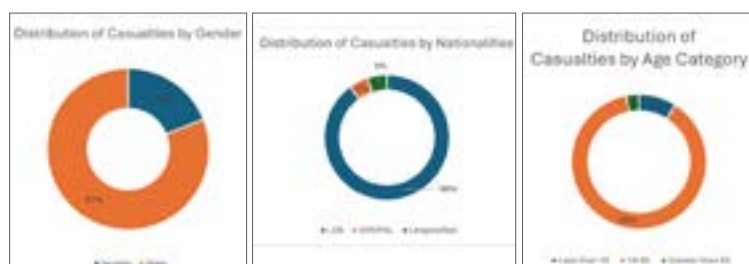
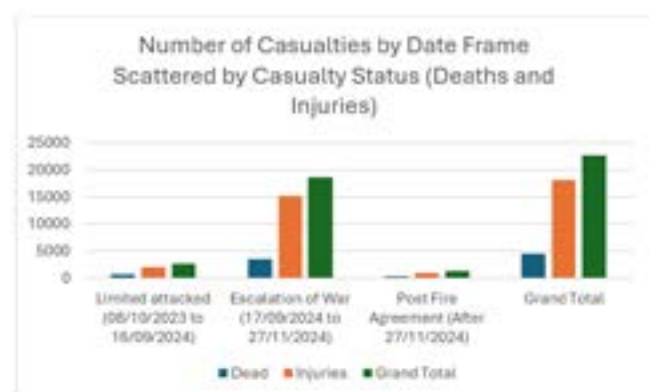
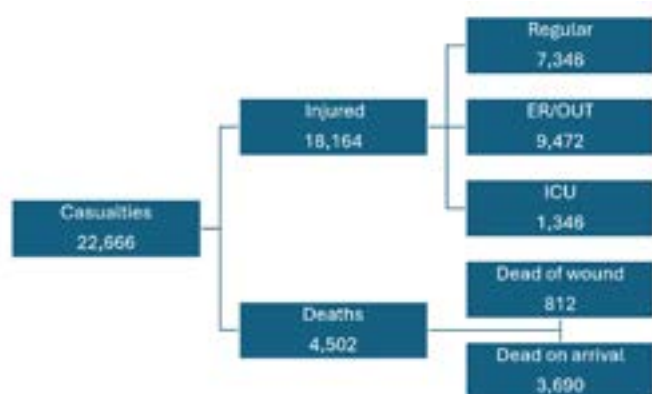


4 502
Deaths

Impact of hostilities from 08 Oct 2023 - 08 Dec 2025.
Source: MoPH Lebanon.

Impact of escalation of hostilities

Lebanon War 2023-2025: Tree Diagram in numbers (Deaths and Injuries) from 08 October 2023 to 08 December 2025.



Health needs and response

- Public Health Emergency Operation Center is still coordinating the emergency response and referral of the injured patients. The staff are also managing the emergency stock by ensuring the availability of adequate trauma kits, medications and other medical supplies in all hospitals & PHCs.
- WHO continued to support the PHEOC operations including staffing, coordination work and technical support. Additionally, WHO is supporting the PHEOC in updating the contingency plan along with the hospital evacuation plan.

Lebanon – Cross-border movement update ROUND 40 / 19 - 28 Nov 2025

- Between 19 November and 28 November 2025, a total of **243,776 movements** were recorded across 9 (out of 16) official border crossing points (BCPs) and unofficial crossing areas.
- Over 55% per cent were through air travel movements, including 67,829 entries and 66,951 exits. **Movement by land accounted for 44%** per cent of all movements, with 48,272 entries and 60,284 exits.
- Additionally, movements by sea accounted for one per cent of the total, with 197 entries and 243 exits recorded during the reporting period.

Trauma care pathway updates

Case management for trauma care:

- Trauma surgeon second mission in country:
 - o Two rounds of trainings for medical residents were completed.
 - o One round of training for surgeons, with focus on trauma care centers was completed.
 - o Assessment of 4 additional trauma centers (Hermel, Baalbek, Tebnin and Nabatieh) were completed.
 - o Organized a meeting with orders of nurses and nursing schools for discussion on institutionalization.
 - o Conducted discussions on National Trauma Clinical Practice Guide-lines.
 - o Rolling out Training on emergency critical care in conflict setting for nursing staff.
 - o Rolling out of 14 rounds of 3 days training, reaching 30 hospitals were completed
 - o Two TOT facilitation skills over 2 days were completed. A de-brief session for training leads was organized

- Mass Casualty Management (MCM) Activation drills for 4 hospitals was completed. MCM training for 2 additional hospitals under preparation.
- Assessment and coaching to activate Rapid Response Teams (RRT) in 4 public hospitals previously trained on mechanical ventilation and airway management (Nabatieh, Sibline, Tripoli, Halba) was completed.
- Training on invasive mechanical ventilation and defibrillators same hospitals was completed.
- Preparation for Definitive Surgical Trauma Care (DSTC) training is planned.
- MoPH Lebanon will be represented in the upcoming Qatar Health Congress 2026 and the 2nd Eastern Mediterranean Trauma Round Table (29-31 Jan 2026).

5 years trauma plan under preparation

Key elements for 2026-2027

- Mass Casualty Management drills
- Roll-out trauma clinical skills training (nurses, surgeons) for a minimum pool of staff by hospital
- National trainers (surgeons, nurses)
- Clinical trauma practice guidelines: surgeons; nurses; EMS – as a first step for standardization and integration in curriculum
- Strengthening trauma centers: on call system; indicators; morbidity and mortality review
- Mental Health and Psychosocial Support (MHPSS).

Distributions of emergency medical supplies

- TESKS successfully distributed, with a contingency stock kept in the warehouse.
- Orientation session on hospital focal points on TESKS **completed**: Monitoring field visits: **ongoing**
- External fixators and major trauma bag pack Distribution list still under finalization by Ministry of Public Health (MoPH).

Access to essential medicine and medical supplies

MoPH drug and supplies central warehouses

- 30 external fixtures – 6 MCM kits: **distribution in progress**
- Malaria medicine and RTD: **delivered**
- Distribution of 100 TESK surgical instruments to 34 public hospitals.

National Chronic Medication program (320 PHCC and 200 Dispensaries)

- 85% of the 64 chronic essential medical list are available in stock.
- Insulin stock sufficient for 8 months (average 10,000 beneficiaries).

Training on good storage and distribution practice for Public Hospitals (completed)

- The assessment for the 33 public hospitals **completed**.

Epidemiological situation

Food and waterborne diseases 12 Nov - 06 Dec 2025

Cholera/Acute watery diarrhea (AWD)



Hepatitis A

New suspected cases: **85** | New confirmed laboratory cases: **48**
Cumulative suspected cases for 2025: **1,313**

DISTRIBUTION BY GOVERNORATE

Akkar	Beqaa	Mt Lebanon	N. Lebanon
30	9	16	28
Nabatieh	Beirut	Baalbek/Hermel	S. Lebanon
8	10	23	12

Vaccine preventable diseases 12 Nov - 06 Dec 2025

Disease outbreaks	New suspected cases	Location of cases	Vaccination status of cases	Cumulative for 2025	Confirmation
AFP	9	4 Akkar, 3 Beirut, 1 Bekaa, 1 North Leb	4 fully vaccinated 1 partial vaccination 4 zero dose	0	0
Measles	3	1 Akkar, 1 Beirut, 1 Bekaa, 1 Mt Lebanon, 1 North Lebanon	1 fully vaccinated 1 partial vaccination 3 zero dose	2	2
Meningitis	23	3 Akkar, 2 Beirut, 4 Mt Lebanon, 2 Nabatieh, 3 North Lebanon, 9 South Lebanon		23	17 Bacterial 5 viral

Epidemiological situation *continued*

Preparedness and response

- From weeks 46 until 49 of 2025, **28** EBS signals of infectious diseases were registered at the Epidemiological Surveillance Program (ESP) through the call center (46.4%), DHIS2 (32.1%), and the ESU (21.4%). Public (39.3%), health facilities (46.4%), and MoPH (14.3%) were the different sources of information.
- The Epidemiological Surveillance Program (ESP) selected **27** of these signals, of which **27** (100%) were verified within 24 hours and all investigated within 48hrs. **27** signals were verified as true and included: **10** signals of food

poisoning, **1** signal of rotavirus, **2** signals of hepatitis A , **5** signals of exposure to rabies, **1** signal of snakebite , and **1** signal of meningitis, **1** signal of Creutzfeldt-Jakob disease, **1** signal of anthrax, **4** signals of water alerts, and **1** mpox signal.

- WHO continues to support the MOPH 1787 call center. From weeks 46 till 49 of 2025 the MoPH 1787 call center received **326** calls, averaging 11.6 calls a day.

WHO works to ensure access to essential health services for all, including universal health coverage. WHO provides support to countries by offering technical expertise, resources, and policy guidance to strengthen health systems. It works closely with governments to improve healthcare access and address public health challenges.

Lebanon advances toward a national Influenza vaccination policy



The Ministry of Public Health, with support from the World Health Organization, organized a three-day series of activities to advance the development of Lebanon's national seasonal influenza vaccination policy.

The program included strategic consultations with Dr. Abdel Rahman Bizri, infectious disease expert and member of the Parliamentary Health Committee, as well as a national workshop bringing together key public and private sector stakeholders, including professional orders, scientific societies, NITAG representatives, and vaccine suppliers.

The workshop resulted in a broad consensus on the importance of establishing a national influenza vaccination policy to reduce the health and economic burden of influenza and to strengthen Lebanon's overall pandemic preparedness.

Ensuring timely access to lifesaving hospitalization for vulnerable populations in Northern Lebanon

In November 2025, the European Union Humanitarian Aid (ECHO) team, together with the WHO Lebanon country office, carried out field visits to Tripoli and Minyeh Governmental Hospitals as part of the ongoing monitoring of the lifesaving and limb-saving hospitalization program.

During the visits, the teams met with hospital administrations to review the populations served, their vulnerability profiles, and the range of medical services offered. Discussions covered quality of care, continuity of care post-discharge, referral pathways for vulnerable patients, and the timeliness of reimbursement claims. The teams also met with patients benefiting from the program and toured hospital facilities to assess emergency preparedness. The visits highlighted the resilience of Lebanon's public health institutions and their critical role in maintaining equitable access to care despite ongoing financial, staffing, and resource challenges.

Between May and November 2025, and with ECHO's support, WHO enabled approximately 1,500 vulnerable patients across Lebanon to access timely lifesaving hospitalization—including trauma care, severe respiratory infections, and cardiac emergencies—based on strict medical and social eligibility criteria and complementing Ministry of Public Health coverage where applicable. Overall, the visits reaffirm the commitment of WHO and ECHO to safeguarding vulnerable communities and strengthening Lebanon's health system to respond effectively to both chronic and acute health needs.



Partners unite to review and renew Lebanon's national substance use strategy

Over the past two days, partners from across Lebanon came together for the National Consultation on the Review of the National Substance Use Strategy. Representatives from ministries, UN agencies, civil society, academia, and service providers worked jointly to reflect on the current situation and outline priorities for an updated, co-ordinated national response.

Discussions built on the latest situation analysis, past achievements, and the WHO Regional Director's Flagship Initiative on Substance Use. Expert inputs and thematic group work focused on contextualized experiences and what could work in the context of Lebanon.

Thank you to all partners for their commitment to strengthening a rights-based, person-centred, and humane approach to substance use in Lebanon.



Consultation workshop to highlight the roadmap for establishing a national public health institute in Lebanon

Collaboration builds resilient health systems. A workshop on 26-27 November united MoPH, WHO, RKI, IANPHI, the Swedish Public Health Agency, and national stakeholders to assess Lebanon's system and explore pathways for a national public health institute.

Lebanon needs a crisis-ready public health system. The workshop helped map gaps, set priorities, and outline what a national public health institute could do for a resilient, crisis ready health system.

As global humanitarian & development priorities shift, Lebanon's health system remains strained by economic, political, and conflict-driven crises. A national public health institute within the MoPH could be part of the broader reform solution and bring efficiency to the system and more benefits to the population.



MOPH and WHO enhance Influenza data and specimen collection capacity

The Ministry of Public Health in Lebanon, with the support of WHO, organized a 2-day workshop to conduct refresher trainings to PHC and hospital staff who are involved in the routine mechanism of influenza data and specimen collection throughout the year, and specifically during the influenza season. During these trainings, participants were provided with updates describing the influenza epidemiological situation globally and nationally. They were also provided with updates on specimen eligibility criteria, as well as specimen collection, storage and transportation conditions. These trainings also included practical case studies that were conducted and corrected during the sessions. The trainings aimed at reminding contributing health workers on the importance of this cycle of influenza information collection and sharing, in addition to improving efficiency, accuracy, and timeliness of these processes.



WHO Lebanon trains media on Influenza reporting and risk communication

WHO Lebanon successfully conducted a one-day media training to help communicate basic information related to influenza epidemiology, and to enable effective risk communication and combat misinformation.

This workshop targeted 40 journalists and media professionals from various institutions to strengthen responsible and ethical reporting on influenza and public health threats, especially in today's complex information environment.

Participants gained insights on the current influenza situation in Lebanon, practical tools to identify and address health misinformation, as well as guidance on effective risk communication and building trusted information networks to enable verification of rumors. Participants showed active engagement and renewed their commitment to accurate and responsible health reporting.



16 Days of Activism Against Gender-Based Violence



16 Days of Activism Against Gender-Based Violence

We acknowledge a simple truth: Change is a collective effort—no piece can be missing!

This year's message reminds us that every one of us is a piece of the puzzle needed to build a safe, just, and equal world.

“The Constitution of the World Health Organization, which entered into force in 1948, was the first instrument of international law to affirm that health is a fundamental right of all people. Universal health coverage is the ultimate expression of that right.”

– Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

WHO promotes healthier populations by supporting countries in preventing diseases, improving nutrition, and encouraging healthy lifestyles. It provides guidance, tools, and partnerships to help people live longer, healthier lives. WHO focuses on promoting health through various initiatives, including health promotion activities and addressing the social determinants of health. They aim to ensure healthy lives and well-being for all at all ages.



Most countries make progress towards universal health coverage, but major challenges remain, WHO–World Bank report finds

Since 2000, most countries – across all income levels and regions – have made concurrent progress in expanding health service coverage and reducing the financial hardship associated with health costs, according to a new joint report from the World Health Organization (WHO) and the World Bank Group. These two indicators are the foundation of universal health coverage (UHC) – the global commitment that everyone, everywhere can access the care they need without financial hardship by 2030.

[The UHC Global Monitoring Report 2025](#) shows that health service coverage, measured by the Service Coverage Index (SCI), rose from 54 to 71 points between 2000 and 2023. Meanwhile, the share of people experiencing financial hardship due to large and impoverishing out-of-pocket (OOP) health payments declined from 34% to 26% between 2000 and 2022.

However, the report cautions that the poorest populations continue to bear the greatest burden of unaffordable health costs, with 1.6 billion people further pushed into poverty. Overall, an estimated 4.6 billion people worldwide still lack access to essential health services and 2.1 billion people experience financial hardship to access health care, including the 1.6 billion people living in poverty or pushed deeper into it due to health expenses. [Read full report.](#)

WHO Lebanon would like to thank the support of all partners and donors who have and are still contributing generously and directly to the WHO health response. Together health for all by all.



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