

### Situation overview

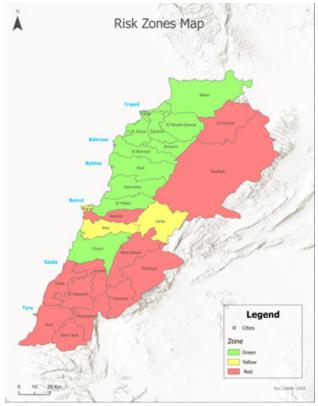
- Cross-border clashes between Israel and Lebanon have reduced during the temporary ceasefire in Gaza. However, the situation remains unpredictable.
- As of 30 November 2023, the Ministry of Public Health (MoPH) has reported a total of 387 people wounded and 92 killed due to armed clashes at the border with Israel. Among the 92 killed, 86 were dead on arrival at the hospital. Since the last situation report was published on 24 November, the number of wounded has increased by 3.5% and the number of deaths by 1.1%.
- IOM estimates that there are 55 491 internally displaced people in the country as of 23 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.
- Two Primary Health Care centers in Marjayoun and Bint Jbeil have closed 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 <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.

## IHealth needs and response

- A Public Health Emergency Operation Center (PHEOC), set up by the MoPH with WHO's support, continues to operate, coordinate and support the preparedness and response to the ongoing emergencies. The Center is currently fully staffed and operational. The WHO Lebanon Country Office team, in addition to international staff, specialized in trauma care, logistics, communications, and health information have been temporarily deployed by WHO to support the PHEOC.
- With a possibility of increased escalation, **hospital readiness for mass casualty management** is a key concern. WHO and MoPH have taken steps to address these concerns.
  - 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). Hospitals in the red zone, which includes regions most likely to be involved in the conflict, have already been assessed.

# IHealth needs and response continued

- o In agreement with the MoPH and key health partners, more hospitals are being included in the trauma referral 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 1,870 health workers in 83 hospitals have already received training on the clinical care of trauma patients (62% nurses of the participants were nurses, and 16% physicians). By the end of the year, the training should cover the vast majority of Lebanon's hospitals.
- o In addition to these trainings in clinical trauma care, a mass casualty management training is planned to begin on 4 December, which will focus on the organizational aspects of mass casualty management. WHO will deploy internal experts to Lebanon to conduct this training. Six hospitals will be included in this initial training, and a pool of 15 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 and supplies for haemorrhage control 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 55 000 people displaced from their homes, **continuity of essential health services** is of concern.
  - o Health workers in primary health care (PHC) centres 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 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.
- 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

# IHealth needs and response continued

- identify gaps in the availability of critical medicines in PHC centers and critical services like dialysis. Additional med icines 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 ware house.
- WHO is strengthening **mental health and psychosocial support**. Starting mid-December, trainings on psychological first aid are planned for nurses, social and NGO workers on the front line. WHO and the MoPH are also creating short videos with self-care advice.
- 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. In the coming days, WHO will train PHEOC staff and others on the use of GIS.
- WHO is sharing information on **white phosphorus exposure** as well as standardized training materials for physicians in English and Arabic.

## **I**Funding

• 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.

#### For more information please contact

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