

WHO Operational Response Plan Lebanon



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Introduction

Lebanon's health system is operating under severe and sustained pressure due to a combination of protracted economic collapse, political instability, large-scale population displacement, and recurrent security escalations. Over the past several years, these overlapping crises have progressively weakened national health system capacity, resulting in reduced public financing, workforce attrition, infrastructure deterioration, and growing barriers to access for vulnerable populations.

Since the onset of the regional crisis in October 2023, cross-border hostilities along Lebanon's southern frontier have repeatedly disrupted civilian life, damaged critical infrastructure, and placed additional strain on an already fragile health system. Periodic escalations have led to waves of displacement, increased trauma cases, and significant interruptions to routine health services, further exacerbating existing system vulnerabilities.

Since late 2023, successive escalations of hostilities in Lebanon have resulted in MoPH reporting over 3,800 deaths and more than 15,000 injuries, massive internal displacement and strain on health services, while the World Bank estimates conflict-related economic losses at approximately US \$8.5 billion and a real GDP contraction of around 6.6 % in 2024, compounding multi-layered humanitarian and economic crises. Lebanon, in general, and health system in particular did not recover from this multilayered crisis.

Lebanon is currently facing a renewed and rapidly intensifying conflict emergency that is already generating severe humanitarian and public health consequences. Since 2 March 2026, sustained attacks across southern Lebanon, the Bekaa, and Beirut's southern suburbs have resulted in rising civilian casualties, widespread fear, and large-scale population movements. According to the Disaster Risk Management (DRM) daily situation report of 6 March 2026 at 17:00, a total of 694 attacks had been recorded, with 218 cumulative deaths and 803 cumulative injuries. The same report documented 110,162 internally displaced persons across 512 open collective shelters, representing 26,342 displaced families. Several attacks on health care have occurred since 2 March 2026, resulting in the deaths of 3 paramedics and the injury of 6 paramedics.



This escalation is taking on characteristics that are exceptional even when compared with the September–November 2024 war. The current phase has been marked by the speed, breadth, and geographic reach of evacuation orders issued within a matter of days, triggering a new mass displacement wave before communities and services could recover from previous shocks.

On 4 March 2026, residents across a broad swathe of southern Lebanon were ordered to move north of the Litani River, representing an area covering approximately 8% of Lebanon's territory. The escalation deepened further on 5 March 2026 when evacuation orders were extended to Beirut's southern suburbs, marking the first time residents of the entire area had been instructed to leave. This development triggered a large-scale exodus from one of the capital's most densely populated urban areas and significantly increased pressure on host communities, shelters, and essential services.

These developments suggest that the current displacement could rapidly approach—and potentially exceed—the most severe phases of the 2024 war. While the Government's official shelter figures already confirm a sharp rise in displacement, authorities are reportedly preparing for a scenario of one million displaced persons should attacks and evacuation orders continue. Such a scenario would represent a catastrophic humanitarian situation for a country whose health system remains weakened by prolonged economic crisis, underfunding, workforce losses, and unresolved damage from previous conflict.

The health implications of the current escalation are immediate and severe. Large-scale displacement into collective shelters, schools, and host communities is increasing overcrowding and accelerating public health risks, including interruption of routine immunization, reduced access to safe water, heightened risk of communicable disease outbreaks, and disruption of care for chronic conditions, maternal health, mental health, and trauma services. At the same time, attacks, evacuation orders, and insecurity are constraining access to health facilities, disrupting referral pathways, and placing exceptional strain on hospitals and frontline responders.

In this context, the escalation constitutes a rapidly evolving national health emergency requiring coordinated action across trauma care, continuity of essential health services, outbreak prevention, surveillance, and emergency coordination.

The **World Health Organization Strategic Health Response Plan for Conflict Escalation in Lebanon (March–August 2026)** outlines the operational framework for WHO's support to the Ministry of Public Health and health sector partners in responding to the health impacts of the current crisis. The plan builds on existing preparedness investments and focuses on four strategic priorities: strengthening coordination and emergency management; reinforcing early warning surveillance and outbreak prevention; ensuring continuity of essential health services for vulnerable populations; and expanding trauma care and referral capacity to manage mass casualties.

Through this operational response plan, WHO aims to support national authorities and partners in protecting population health, safeguarding public health, maintaining access to essential health services, and reducing preventable morbidity and mortality during the ongoing escalation.

Regional Impact

The Middle East is experiencing heightened volatility due to ongoing tensions between **Iran** and **Israel**, persistent instability in **Syria** and **Iraq**, and security sensitivities across Gulf countries, including **Saudi Arabia**, **Qatar**, **Kuwait**, **Jordan**, **Oman** and the **United Arab Emirates**. Military posturing, missile and drone activity, and maritime security concerns in the Gulf contribute to an unpredictable regional environment with elevated risks of escalation.

Cross-border population movements, such as the return of over 27,000 Syrian refugees to **Syria**, reflect the pressures on its systems. Regional instability strains health infrastructure, disrupts supply chains for medicines and medical commodities, and increases demand for emergency preparedness and mass casualty readiness. Overcrowded shelters and urban centers face higher risks of communicable disease outbreaks, while prolonged insecurity drives psychological distress and growing mental health needs.

Logistical challenges, including disrupted shipping routes, fuel shortages, and fluctuating regional markets, further threaten the continuity of essential services. The overall security landscape remains fragile and unpredictable, posing ongoing humanitarian, public health, and socio-economic pressures across the region.



Health Needs and Health Risks

The combined effects of economic collapse, conflict, and public health system challenges have placed Lebanon in a dire situation. Immediate humanitarian assistance is critical to prevent the further deterioration of the health system and to address the rising casualty numbers that continue to strain the system.



Strengthening Surveillance and Laboratory Capacity

Lebanon's conflict and displacement have significantly increased the risk of communicable disease outbreaks. Overcrowding, disrupted immunization, and poor WASH conditions raise the likelihood of cholera, measles, and respiratory infections. Surveillance systems face operational strain due to insecurity and staff constraints. Strengthened early warning, rapid investigation, and laboratory confirmation are essential to ensure timely detection and containment of outbreaks, particularly in collective shelters and high-risk areas.



Trauma and Emergency Care

Mass casualty events and ongoing conflict have overwhelmed hospitals and emergency facilities, leading to delayed care for severe trauma, blast injuries, amputations, and complex wounds. Rapid depletion of surgical and trauma supplies, blood products, and critical care capacity exacerbates preventable morbidity and mortality. Strengthening emergency and trauma services including mass casualties management and trauma centers, in addition to pre-hospital care, referral systems and early rehabilitation is essential to save lives and manage surges in conflict-affected districts.



Continuity of Essential Health Services

Displacement, facility closures, and insecurity interrupt access to critical health services, including chronic disease management and monitoring mental health conditions, maternal and child care, and nutrition. High prevalence of noncommunicable diseases (NCDs) like diabetes, cardiovascular diseases, hypertension, renal failure and cancer combined with limited access to medicines and PHC services, increases preventable morbidity and mortality. This is coupled with worsening NCD risk factors such as smoking, physical inactivity, unhealthy diets, and pollution. Maintaining PHC, mobile clinics, psychosocial support, essential medicines, and nutritional services is critical to protect vulnerable populations, especially in shelters and displacement-affected areas.

Conflict-driven displacement and economic collapse have health risks associated with overcrowded shelters. Displaced populations in schools and collective shelters face inadequate living conditions, limited WASH access, and heightened exposure to communicable diseases. Interventions must focus on safe shelter management, infection prevention, health promotion and medical conditions self-management, in addition to maintaining access to life and limb-saving hospitalization, reducing subsequently long-term health impacts on vulnerable populations.



Coordination and Health System Support

The current crisis has placed significant strain on an already severely underfunded health system worsening the health workforce shortages, logistical challenges, and disrupted supply chains, affecting emergency response capacity and the continuity of essential healthcare. Coordination between PHCs, hospitals, mobile clinics, and humanitarian actors is critical for managing patient flow, reducing service fragmentation, maintaining essential service delivery, and ensuring equitable access to care. Supporting health workforce surge capacity, staff retention, operational logistics, real-time information sharing and system-level coordination will strengthen Lebanon's ability to respond effectively to ongoing health emergencies.

WHO Preparedness plan



1. Strengthening Integrated And Early Warning Disease Surveillance And Laboratory Capacity For Effective Public Health Response

- WHO continued to support the Lebanon's disease surveillance and laboratory capacity by strengthening the capacity of the Ministry of Public Health's Epidemiological Surveillance Unit (ESU). Key Interventions to be supported by WHO through ESU and partners include improving early warning surveillance systems, implementing DHIS2 digital reporting platforms, and developing clear SOPs for shelters and community-level reporting. WHO's efforts also encompass water, sanitation, and hygiene (WASH) interventions and coordination of vaccination campaigns to prevent outbreaks of cholera, measles, and other communicable diseases. These measures have enhanced timely detection, sample collection, laboratory confirmation, and rapid outbreak response across displacement-affected communities.



2. Ensuring Scalable Health Care During Health Emergencies

- To enhance Lebanon's capacity to manage mass casualties and health emergencies, WHO will continue delivering nationwide trauma and emergency care training, pre-positioned trauma kits and essential medical supplies (including blood bank supplies), and support hospitals and mobile teams with life-saving equipment. Continuity of care for chronic diseases is maintained through ensuring sufficient medication stock to the national chronic medication program and access to mobile primary care teams. Mental health support is integrated through MHPSS training for frontline staff, ensuring both physical and psychological needs are addressed. Support is also provided to cover hospitalization of war injuries for non-Lebanese. These interventions enable high-risk areas to provide uninterrupted healthcare for vulnerable populations, including displaced persons in shelters.



3. Strengthening Continuity Of Care, Community Engagement And Resilience Through Comprehensive Public Health Interventions

- WHO's interventions aim to stabilize health services and build community resilience by restoring health infrastructure, expanding access to quality primary care, and supporting essential services related to life-saving, limb-saving hospitalization, chronic disease management, and mental health. Rapid training programs for health workers, as well as surge capacity initiatives, have equipped staff to respond to urgent needs in conflict-affected areas. Rehabilitation and assistive device programs, along with community health engagement, ensure vulnerable populations, particularly those in collective shelters, can access essential services and recover from both acute injuries and chronic conditions.



4. Enhancing Health Emergency Preparedness and Response Capacities

- WHO will continue to reinforce health emergency preparedness and response coordination capacities by strengthening the Public Health Emergency Operations Centre (PHEOC), reinforcing the Command and Control Center (CCC) and optimizing the national inter-sectoral coordination mechanisms. Investments include improving staffing and expansion of the PHEOC core team, infrastructure upgrades, training and collaboration with government, UN agencies, and NGOs to ensure timely data-driven decision-making and resource allocation to fill identified gaps. Support for laboratory referral systems, supply chain management, blood banks, and pre-positioned emergency and trauma kits increases system resilience. WHO plans to facilitate the retention and training of skilled health workers, digital health infrastructure enhancements, and initiatives supporting sustainable healthcare delivery under protracted conflict conditions. A national contingency plan for potential Chemical, Biological and Radio Nuclear will be updated to ensure preventive measures are in place, and Hazmat teams are on stand-by.

Response Strategies

To achieve the overarching goal of this operational response plan, WHO has outlined four key strategic objectives designed to guide a coordinated, effective, and comprehensive response.



SO1: Strengthening Integrated Early Warning and Disease Surveillance and Laboratory Capacity for Effective Public Health Response



SO2: Ensuring Scalable Health Care and Protection During Health Emergencies



SO3: Strengthening Continuity of Care, Community Engagement and Resilience Through Comprehensive Public Health Interventions



SO4: Enhancing Health Emergency Preparedness and Response Capacities



SO1: Strengthening Integrated Early warning and Disease Surveillance and Laboratory Capacity for Effective Public Health Response

Activity Code	Activity Title	Activity Description	Key Outputs
1.1	Strengthen Early Warning Disease Surveillance	<ul style="list-style-type: none"> Strengthen early warning and integrated disease surveillance systems, including reporting, verification, investigation, and analysis of priority diseases across all affected areas, with a focus on collective shelters and displacement settings. 	<ul style="list-style-type: none"> Improved early warning and integrated disease surveillance systems for timely reporting, verification, investigation, and analysis of priority diseases across all affected areas, with a focus on collective shelters and displacement settings.
1.2	Surveillance Workforce Capacity and Surge	<ul style="list-style-type: none"> Provide surge support for epidemiological surveillance teams at national and subnational levels to strengthen outbreak investigation and field response capacity. 	<ul style="list-style-type: none"> Increased number of trained surveillance staff and strengthened outbreak response capacity.
1.3	Laboratory Capacity Strengthening	<ul style="list-style-type: none"> Strengthen laboratory capacity through training, procurement of essential reagents, equipment, and supplies, and support sample transportation systems for priority diseases. 	<ul style="list-style-type: none"> Improved diagnostic and laboratory confirmation capacity.



SO2: Ensuring Scalable Health Care and Protection During Health Emergencies

Activity Code	Activity Title	Activity Description	Key Outputs
2.1	Trauma and Surgical Supplies	<ul style="list-style-type: none"> Procure and pre-position trauma kits, surgical kits, and emergency medical supplies in designated hospitals and trauma centres to ensure readiness for mass casualty events. 	<ul style="list-style-type: none"> Hospitals equipped to respond to trauma and emergency cases.
2.2	Contingency Stock of Essential Medicines	<ul style="list-style-type: none"> Maintain contingency stocks of essential medicines including antibiotics, anesthetics, dialysis supplies, insulin, and post-exposure prophylaxis kits, including burn kits. 	<ul style="list-style-type: none"> Continuous availability of life-saving medicines during emergencies.
2.3	Hospitalization Support	<ul style="list-style-type: none"> Support hospitalization and lifesaving care for war-wounded patients and other vulnerable populations requiring emergency and specialized services and strengthen the trauma care centers. 	<ul style="list-style-type: none"> Access to critical hospital services maintained.
2.4	Blood Bank Support	<ul style="list-style-type: none"> Strengthen blood bank services via predisposition of laboratory supplies to test blood units to ensure readiness for trauma care and surgical interventions. 	<ul style="list-style-type: none"> Blood bank readiness for emergency response.
2.5	Emergency Logistics and Supply Chain	<ul style="list-style-type: none"> Strengthen logistics and supply chain management for emergency health commodities, including warehouse support, stock management systems, and distribution to hospitals and PHC centres. 	<ul style="list-style-type: none"> Efficient procurement, storage, and distribution of emergency medical supplies.

SO3: Strengthening Continuity of care, Community Engagement and Resilience Through Comprehensive Public Health Interventions

Activity Code	Activity Title	Activity Description	Key Outputs
3.1	Risk Communication and Community Engagement	<ul style="list-style-type: none"> Strengthen risk communication and community engagement through community feedback mechanisms, rumor tracking, and social listening systems, followed by the implementation of targeted health promotion and awareness activities to address identified concerns, misinformation, and community needs. 	<ul style="list-style-type: none"> Improved community awareness and engagement in public health response.
3.2	Continuity of Primary Health Care Services	<ul style="list-style-type: none"> Ensure continued access to essential primary health care services including NCD management, dialysis, immunization, maternal and child health, nutrition services and support in other gap for vulnerable populations in shelters. 	<ul style="list-style-type: none"> Sustained access to essential PHC services.
3.3	Mental Health and Psychosocial Support	<ul style="list-style-type: none"> Ensure continuity of mental health and psychosocial support services including hotline support, digital mental health platforms, and integration of MHPSS into PHC services. 	<ul style="list-style-type: none"> Continued access to mental health and psychosocial support.



SO4: Enhancing Health Emergency Preparedness and Response Capacities

Activity Code	Activity Title	Activity Description	Key Outputs
4.1	Coordination	<ul style="list-style-type: none"> Strengthen multisectoral coordination mechanisms for emergency preparedness and response through operational support to the Public Health Emergency Operations Center (PHEOC) and Command and Control Center (CCC), ensuring effective leadership, incident management, and integration of security and accountability measures. 	<ul style="list-style-type: none"> Effective coordination of anticipatory and response actions; functional IMS and PHEOC/CCC with clear leadership oversight.
4.2	PHEOC Surge Staffing	<ul style="list-style-type: none"> Provide surge staffing to the PHEOC and CCC, including epidemiology, information management, coordination personnel, and administrative/logistics support to strengthen daily emergency response operations. 	<ul style="list-style-type: none"> Functional PHEOC with reinforced operational and human resource capacity; rapid deployment of trained personnel.
4.3	Response Capacity & Staff Health, Well-being and Security	<ul style="list-style-type: none"> Deploy surge capacity at national and subnational levels to support emergency response coordination while ensuring staff safety, physical and mental health, and compliance with UN security protocols. 	<ul style="list-style-type: none"> Reinforced operational response capacity; secure and healthy workforce; adherence to security and occupational health standards.



SO4: Enhancing Health Emergency Preparedness and Response Capacities

Activity Code	Activity Title	Activity Description	Key Outputs
4.5	Health Information	<ul style="list-style-type: none"> Strengthen health information systems, ICT infrastructure, monitoring, and dissemination, including facility mapping, health assessments, health data, and service coverage tracking to inform decision-making. 	<ul style="list-style-type: none"> Improved situational awareness; timely and actionable information products; enhanced evidence-based response planning.
4.6	Planning and Monitoring	<ul style="list-style-type: none"> Develop and maintain response, recovery, contingency, and operational plans; monitor response performance, risks, and progress; and provide guidance for corrective actions. 	<ul style="list-style-type: none"> Well-structured operational plans; systematic monitoring of response progress; evidence-based decision-making and adjustments.
4.7	Operational Support	<ul style="list-style-type: none"> Provide end-to-end operational support including supply chain management, field support, health logistics, procurement, and finance/administration to ensure smooth emergency operations. 	<ul style="list-style-type: none"> Reliable operational platform; timely delivery of supplies and services; accountable financial and administrative support.



Monitoring and Response Indicators

Monitoring and response indicators support continuous tracking, analysis, and reporting of emergency response activities to ensure alignment with strategic objectives. This process enables timely identification of gaps, informs evidence-based decision-making, and allows for rapid adjustments to improve the effectiveness and accountability of the response.

SO1: Strengthening Integrated Disease Surveillance and Laboratory Capacity for Effective Public Health Response

- Number of epidemic-prone disease alerts reported in compliance with the 7-1-7 protocol
- Completeness and timeliness of surveillance reports from EWARS reporting sites
- Number of surveillance staff deployed to support outbreak investigation and field response
- Number of referral laboratories equipped with essential reagents and supplies for priority infectious disease testing

SO2: Ensuring Scalable Clinical Care and Protection During Health Emergencies

- Number of trauma and surgical kits procured and distributed to hospitals managing mass casualty events
- Number of hospitals receiving essential medicines and emergency medical supplies
- Number of patients receiving trauma care

SO3: Strengthening Community Engagement and Resilience Through Comprehensive Public Health Interventions

- Number of vulnerable patients receiving chronic medications at primary health care centres
- Number of health promotion campaigns conducted
- Number of health workers trained in mental health and psychosocial support interventions

SO4: Enhancing Health Emergency Preparedness and Response Capacities

- Number of health sector coordination meetings conducted, disaggregated by national and subnational level
- Number of surge personnel deployed to support the Public Health Emergency Operations Center and response coordination
- Number of health information products (situation reports, maps, dashboards) disseminated within agreed timelines
- Number of personnel trained on prevention of sexual exploitation and abuse



WHO Emergency Operational Response Plan Budget for Lebanon

Budget summary

Strategic Objective	Key Activities	Amount (USD)
SO1 – Strengthening Integrated Disease Surveillance and Laboratory Capacity for Effective Public Health Response	<ul style="list-style-type: none"> Strengthen early warning and integrated disease surveillance systems and outbreak investigation capacity. 	1,000,000
	<ul style="list-style-type: none"> Strengthen laboratory diagnostic capacity and sample transportation for priority diseases. 	
SO2 – Ensuring Scalable Health Care and Protection During Health Emergencies	<ul style="list-style-type: none"> Procure and pre-position trauma kits, emergency medical supplies, and contingency stocks of essential medicines. 	4,000,000
	<ul style="list-style-type: none"> Strengthen trauma care centres, blood bank readiness, and emergency health logistics. 	
SO3 – Strengthening Continuity of Care, Community Engagement and Resilience Through Comprehensive Public Health Interventions	<ul style="list-style-type: none"> Ensure continuity of essential primary health care services and hospitalization for vulnerable populations. Strengthen risk communication, community engagement, and mental health and psychosocial support services. 	2,500,000
SO4 – Enhancing Health Emergency Preparedness and Response Capacities	<ul style="list-style-type: none"> Strengthen coordination, surge staffing, and operational support through the Public Health Emergency Operations Center and Command and Control Center. 	1,000,000
	<ul style="list-style-type: none"> Strengthen health information systems, preparedness planning, monitoring, and prevention of sexual exploitation, abuse, and harassment. 	
Staff & Operational Costs	<ul style="list-style-type: none"> Staff salaries and operational support for programme implementation. 	615,794
Monitoring & Evaluation	<ul style="list-style-type: none"> Monitoring systems, reporting, and evaluation of programme activities. 	100,000
PRSEAH	<ul style="list-style-type: none"> Prevention of sexual exploitation, abuse, and harassment training and risk mitigation measures. 	65,000
Visibility	<ul style="list-style-type: none"> Communication, reporting, and donor visibility activities. 	65,000
Subtotal		9,345,794
Programme Support Costs (PSC – 7%)		654,206
Grand Total		10,000,000



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