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The effect of the socioeconomic crisis on healthcare

CRISIS OVERVIEW

Lebanon's growing socioeconomic and humanitarian crisis, which the country has been facing since at least 2019, has reduced the country's financial resources to import medicine and medical supplies, pay the salaries of health workers, and import basic goods, such as fuel, which is essential to run medical facilities. People's healthcare service access has also decreased because of the impact of the crisis on their livelihoods and income. In January 2023, an estimated 3.7 million people needed humanitarian healthcare assistance in Lebanon (OCHA 30/04/2023). This included about two million vulnerable Lebanese, 1.3 million Syrian refugees, and 137,000 Palestinian refugees (displaced from Palestine and Syria) (UNHCR 24/08/2023; Govt. Lebanon et al. 02/05/2023). The increased health needs are related to the growth in WASH, nutrition, and education needs, especially for lower-income households.

BACKGROUND

Lebanon has been facing an economic crisis since at least 2019, with mass protests denouncing hard living conditions, increased basic commodity prices, and government financial mismanagement. Because of the caretaker Government's inability to implement political and economic reforms, donors have reduced foreign aid and investment (AI accessed 01/10/2023; HRW 12/12/2022; Reuters 23/01/2022). Since October 2022, Lebanon has been unable to elect a President or form a Government, leaving the country in a political vacuum and vulnerable to more corruption (MEMO 19/06/2023).

The Beirut port explosion in August 2020, combined with the March COVID-19 pandemic declaration, affected businesses, industries, and trade, contributing to currency depreciation and hyperinflation. The inflation rate hit 250% in August 2023 (TE accessed 03/09/2023 a; UNESCWA 08/2020; UNDP 31/05/2021). Since 2019, the Lebanese pound has lost almost 98% of its value (Warsaw Institute 26/04/2023; The National 20/02/2023). Hyperinflation spiked food prices by more than 278% in August 2023, while the minimum wage remained low at LBP 9 million (nearly USD 600) in May 2023 (TE accessed 03/09/2023 b; WageIndicator accessed 10/09/2023). As at March 2023, around 80% of Lebanese lived below the relative poverty line, including around 36% below the extreme poverty line (EC 30/03/2023).

Figure 1. Inflation rates in Lebanon between 2019–2023



Source: TE accessed (03/09/2023 a)

Because of the lack of fuel, people have been experiencing more frequent electricity shortages and power cuts, affecting small and medium businesses and the functioning of basic services. Lebanon's GDP per capita dropped by 36.5% between 2019–2021, and the country was reclassified as lower-middle income in July 2022 (WB accessed 03/09/2023). People are unable to access their money deposited at banks, reducing their purchasing power. The Government does not have enough foreign currency to import essential items, including medicine (Bloomberg 26/06/2023; AI 09/02/2023). Government-subsidised medicine is also running out (Anera 13/09/2023; AI 16/12/2021; Arab News 21/12/2022).

In 2023, the number of people in need of humanitarian assistance reached 3.9 million, including 1.5 million Syrian refugees (only over 790,000 of whom were registered), 210,000 Palestinian refugees, and 81,500 migrant workers. Reported priority needs include health, food, and WASH assistance (OCHA 30/04/2023).

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About this report

Aim: the report mainly focuses on the impact of the socioeconomic crisis on the availability of medication, people's access to healthcare services, and the status of the health infrastructure in Lebanon. It also compares the country's healthcare performance before 2019 with the present. The report highlights the connection between the deteriorating healthcare services in Lebanon and other sectors, such as food, WASH, and education. The last section includes a short anticipatory analysis explaining how aggravating factors to the current crisis could further overwhelm the country's healthcare sector.

Methodology: the report mainly relies on the secondary data review of publicly available news articles, briefs, data, and analyses from other humanitarian and development organisations and media outlets. One interview was also conducted with a key informant from the humanitarian sector.

Limitations: there is limited data on medicine prices, the number of nurses and doctors, and hospital bed availability from 2022–2023.

THE HEALTHCARE SYSTEM IN LEBANON

Until the 2019 socioeconomic crisis, the Lebanese healthcare system, which focused on empowering private facilities, was among the best in the Middle East, making it a destination for people seeking medical care within the region (Peoples Dispatch 06/04/2023). Nearly half of the Lebanese population had complete or partial coverage under a health insurance programme (Reuters 20/01/2022; Kronfol 2006). The 2019 socioeconomic crisis, political instability, the August 2020 Beirut explosion, and the COVID-19 pandemic all contributed to the deterioration of the healthcare sector, both private and public. The Beirut port explosion displaced more than 300,000 people and injured 7,000, making it one of the most powerful non-nuclear explosions recorded in history. It also damaged six major hospitals and 23 primary health centres in the capital city (WHO 04/08/2020; HRW 03/08/2021; UNFPA 19/08/2020).

Private hospitals dominated Lebanon's healthcare sector, accounting for around 80% of hospitals and health centres, before the 2019 economic crisis (Reuters 20/01/2022). Since then, receiving treatment at private sector hospitals has increasingly become unaffordable for most because of the Lebanese pound devaluation and hyperinflation. At the same time, many private sector hospitals have closed down because of a lack of funding, medical staff, and supplies (Reuters 20/01/2022; ENN 11/2014).

The loss of private sector hospitals and growing treatment costs have pushed more people to seek treatment at public hospitals providing reduced services, further stressing people's limited capacities and resources. Before the 2019 crisis, the Government could cover medical treatment bills for about 50% of Lebanese seeking medical treatment (Reuters 20/01/2022; Kronfol 2006). In January 2022, about 70% of people were reported to be demanding health insurance from the Ministry of Public Health (MoPH), which no longer had the needed budget to cover the population's medical bills. The MoPH budget dropped from USD 486 million to USD 37 million between 2018–2022 because of currency devaluation (AI 09/02/2023; Reuters 20/01/2022). In November 2021, the Government announced lifting medication subsidies, increasing challenges for Lebanese citizens to obtain medicine, especially for chronic and life-saving cases (LSE 05/05/2022).

Other population groups in Lebanon, such as Syrian and Palestinian refugees, have access to primary healthcare services through respective UNHCR and UNRWA subsidies. On the other hand, a sharing model between humanitarian organisations and refugees covers hospital treatments. Even though refugees have the right to access free medical care in Lebanon, they still face the repercussions of the economic crisis in the healthcare sector. They also face movement restrictions at checkpoints and fears of deportation, preventing them from reaching services (MSF 17/05/2023; UNRWA 24/11/2022; LSE 05/05/2022; Syria Direct 14/07/2020).

Figure 2. Timeline of major events in Lebanon since October 2019

October 2019: mass protests following the shutdown of banks, increasing inflation, and the Government's announcement of taxing WhatsApp calls

March 2020: announcement of the first COVID-19 lockdown

August 2020: the Beirut port explosion

June 2021: the World Bank's announcement that Lebanon's socioeconomic crisis is among the world's worst in the last 150 years

August 2021: the central bank of Lebanon's announcement of fuel subsidy cut ;

November 2021: government reduction of subsidies for the majority of medicine

June 2022: failure to elect a Lebanese president for the 12th time

Sources: Fleifel and Farraj (26/05/2022); Reuters (11/08/2021); AP (01/06/2021); AI (16/12/2021); Al Jazeera (14/06/2023); BBC (07/11/2019)

Lebanon's healthcare system before 2019

Before the start of the economic crisis in 2019, the healthcare system, which focused on empowering the private sector, provided a wide range of medical services. Treatment was mostly available for higher-income households because of expensive treatment costs. Many people resorted to public healthcare services, especially those part of the National Social Security Fund (Lebanon's national health insurance). Others depended on private health insurance usually provided by their employers or other health schemes, such as that of the Armed Forces. Both private and public hospitals had well-trained healthcare staff, and there were no reports of workforce shortages. Private health infrastructure was more modern and better equipped than public hospitals, where shortages of equipment, infrastructure, and resources were sometimes reported. Urban areas provided better access to healthcare services than rural areas (Executive 03/05/2023; ILO 16/04/2021; Marcolpolis 11/07/2012; Hemadeh et al. 2020).

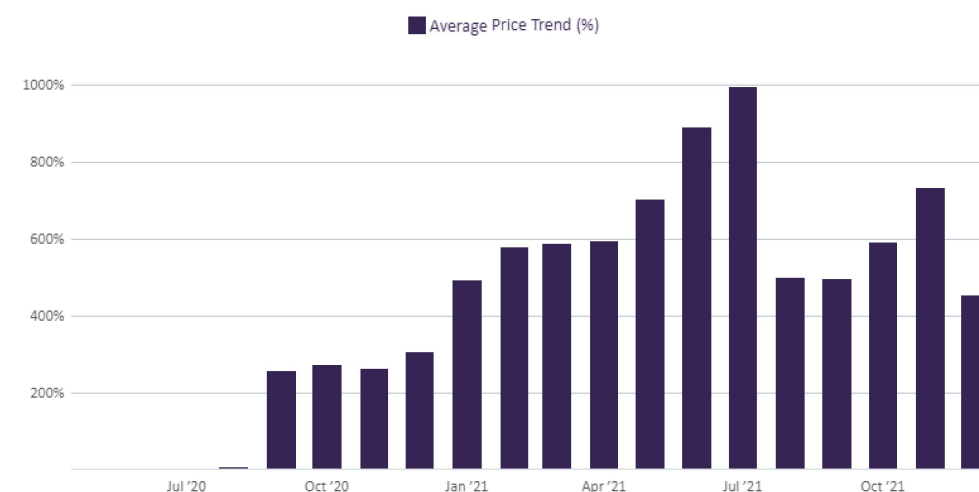
THE IMPACT OF THE SOCIOECONOMIC CRISIS ON HEALTHCARE

People's access to healthcare

Many hospitals in Lebanon struggle to remain open and provide services because of the socioeconomic crisis and lack of foreign currency to buy medication and medical equipment. Many have already closed or scaled down their services, especially in villages. This has reduced healthcare access for people (Sanayeh and El Chamieh 04/04/2023; E-IR 20/03/2020).

The struggle in accessing healthcare services also stems from a lack of money for treatments. Nearly 50% of households reported difficulties in accessing healthcare services between May–July 2021, up from 25% between July–August 2020 (HRW 09/03/2023). In November 2022, about 78% of 3,944 households interviewed by REACH reported healthcare service access difficulties because of high treatment costs (REACH 05/09/2023). The economic crisis and currency devaluation have reduced people's income, and many prioritise buying food over accessing medical care. At the same time, hospitals often have to serve patients requiring urgent treatment despite their inability to cover the medical bills, reducing hospitals' already low revenues and contributing to their closure (Sanayeh and El Chamieh 04/04/2023).

Figure 3. Medication price trends between June 2020 and December 2021



Source: Pharmaceutical Technology (10/03/2023)

Lebanon's socioeconomic crisis also affects the Syrian refugee population, reducing their purchasing power as basic commodity prices continue to increase. In 2022, about 94% of Syrian refugee households reported having debt, citing medicine and healthcare access as among the five biggest causes of debt (UNHCR 05/09/2023). Fear of arrest and deportation to Syria, despite having the required documentation, further constrains this access. Refugees face the risk of having their documents confiscated or being arrested at checkpoints as they try to access health services. Because of the deportation risk, many refugees prefer not to seek medical services at government hospitals or humanitarian organisations' clinics (MSF 19/05/2023; InfoMigrants 18/05/2023). In the second quarter of 2023, about 33% of the Syrian refugees in Lebanon reported reduced access to healthcare services mainly because of a lack of money, with the percentage staying in around the same range over the past year (UNHCR 28/08/2023).

Medicine availability

Lebanon has been facing medicine shortages since the start of the socioeconomic crisis. Since the MoPH's announcement to lift all foreign exchange subsidies on all medication (except for cancer treatments and some chronic disease medication), medicine prices have increased and become unaffordable for many. The prices of some blood pressure medicine have increased beyond the average monthly salary (AI 09/02/2023). Lebanese hospitals are unable to import sufficient medicine stocks, including cancer treatment, because of a lack of foreign currency and increasing debt to international pharmaceutical companies. Frequent fuel shortages and power cuts also challenge medicine distribution to hospitals, as some medication, such as cancer treatments, require certain transport and storage temperatures (Sanayeh and El Chamieh 04/04/2023).

Cancer treatment and antibiotics often become quickly unavailable in Lebanon, and their prices have been increasing since at least 2019. There are 20,000–30,000 cancer patients in the country. Cancer medication is among the few that the MoPH still subsidises but is challenging to find given shortages. Some patients resort to buying chemotherapy medication through the black market, which can be unsafe given the risk of contamination and a lack of government supervision. Others import their treatment from abroad or ration medication to save money. Even when medication is imported, it arrives late. Cancer patients report delays in receiving subsidised medication at hospitals, disrupting their treatment schedule (AI 09/02/2023; Asharq Al-Awsat 29/12/2022; Arab News 04/02/2023).

Because of medicine shortages and high prices, some people resort to alternative medicine, such as herbs or cupping. Even though this provides an income for those offering these services, it remains a risky and likely ineffective way to treat patients (AI-Monitor 21/11/2022; TRF 08/06/2022).

Impact on medical staff

A large portion of Lebanon's medical staff have lost their jobs with the closure or scaling down of many hospitals. Hyperinflation has resulted in insufficient salaries and delayed payments for the remaining staff, and their workload continues to increase because of understaffing. Nurses reported having to attend to up to 20 patients when guidelines indicate that each nurse should attend to a maximum of seven patients while on duty (Sanayeh and El Chamieh 04/04/2023; TRF 08/06/2022; NPR 05/06/2022). Such challenges have led many skilled medical staff, including doctors and nurses, to seek job opportunities abroad. Between October 2019 and September 2021, nearly 40% of Lebanon's doctors and 30% of its nurses left. Figures are likely higher in 2023 (WHO 19/09/2021; Sanayeh and El Chamieh 04/04/2023; TRF 08/06/2022; NPR 05/06/2022).

The challenges of the economic crisis for healthcare workers have also affected their mental wellbeing. They are facing more stress, anxiety, and burnout, affecting their performance (Sanayeh and El Chamieh 04/04/2023). While dealing with stress at the workplace, medical staff also worry about their own lives and providing for their families. As hyperinflation reduces purchasing power, many healthcare workers struggle to afford basic needs, including transportation to work (NPR 05/06/2022).

Health infrastructure

The economic crisis has resulted in frequent power, water, and fuel shortages. Electricity cuts have already happened in Lebanon, and people who could afford generators have been heavily relying on them besides the power network. Since the economic crisis, power cuts have become increasingly recurrent and prolonged. Electricity has become available for only an average of one to two hours a day. Hospitals are increasingly depending on power generators to keep medical equipment running, especially for supplied-air respirators or dialysis. These power generators run on diesel, which is in shortage and becoming more expensive, mainly after the central bank ended fuel subsidies in August 2021. Some patients are at risk of dying relatively rapidly if their hospital runs out of fuel to power its generators (AP 14/08/2021, Forbes 15/08/2021). When diesel is available, it can be five times more expensive than the average depending on its availability in the country and if bought at the illicit market price (Independent 23/08/2021). This adds to the already limited budgets of health facilities.

The electricity shortages also drive people to prioritise paying for generators over seeking medical care. A Human Rights Watch survey conducted between November 2021 and January 2022 on 1,200 households across Lebanon showed that nearly 43% struggled to afford medicine and healthcare, and a key reason was high electricity costs. The lack of electricity in homes also affects patients using electrical medical devices, such as oxygen

suppliers, electric wheelchairs, and hearing aids. Nearly 20% of the assessed households had a member using such devices (HRW 09/03/2023).

Water stations stop pumping water during blackouts or charge more for having to rely on generators, leading to water shortages at hospitals (TRF 11/10/2021). Water from private suppliers is expensive, adding to the challenges affecting hospital budgets (The National 12/09/2021).

HEALTHCARE AND WASH

The lack of clean water and WASH facilities increases the burden on Lebanon's healthcare system, as it contributes to the spread of waterborne diseases, such as diarrhoea, cholera, and typhoid, along with skin infections and respiratory diseases.

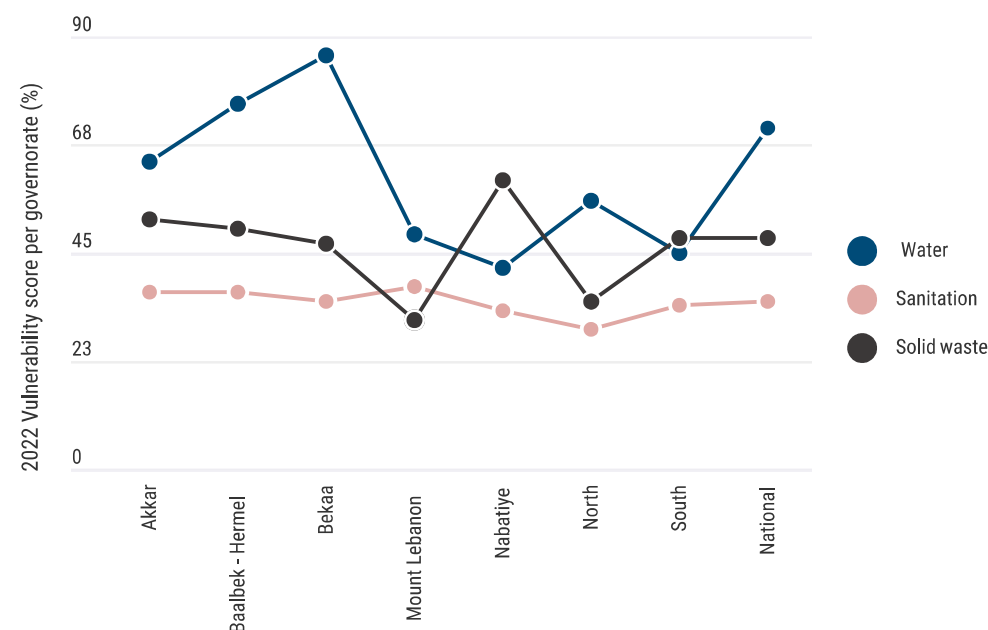
The fuel shortage forces the wastewater treatment system to often reduce its operations, increasing public health risks (Independent 23/08/2021). Generally, Lebanon's wastewater management is inadequate. Only 8% of wastewater is properly treated, while the rest is discharged into the Mediterranean Sea and the country's rivers, polluting water sources. Wastewater treatment plants run on electricity, meaning power cuts reduce their effectiveness and increase maintenance costs (UNICEF 14/03/2023).

A lack of safe water access can lead to disease outbreaks, such as acute watery diarrhoea and cholera (The National 12/09/2021). In August 2021, about four million people (more than 70% of the population) were at risk of water shortages and resorted to unsafe and expensive alternatives (UNICEF 21/08/2021). In October 2022, Lebanon had a cholera outbreak 30 years after the eradication of the disease in the country. The virus came with the population movements from Afghanistan but was aggravated by the poor WASH infrastructure in Lebanon (CBC 06/11/2022). Between October 2022 to February 2023, more than 6,000 confirmed and suspected cholera cases were reported across the country (UNHCR 31/01/2023).

Wastewater mismanagement also contributes to the spread of diseases, especially waterborne and respiratory diseases. For example, viral hepatitis A spread in Tripoli in June 2022, which is usually caught through contact with food or water contaminated by an infected person's stool. Other infections stemming from the exposure of the population to contaminated water include salmonella, typhoid, kidney stones, fungus, eczema, and hepatitis C. Scarce WASH conditions can also result in an overall decrease in immunity levels or an increase in calcium rates (Al Hurra 26/07/2022; Dagher et al. 20/07/2021). People living in northeastern Lebanon, such as Aarsal, Hermel, and Masharieh Al Qaa, particularly face the effects of an obsolete water and sanitation infrastructure, which increases the chances of water pollution and heightens the risk of skin infections or acute watery diarrhoea (MSF 30/03/2023).

Ineffective waste management systems have also largely increased respiratory disease cases across the country. Lebanon has been facing a waste management crisis since 2015, when the country's largest landfill, Naameh in Chouf district of Mount Lebanon governorate, closed down, without an alternative provided (EcoHubMap accessed 01/10/2023). The 2020 Beirut port explosion also destroyed two key waste sorting plants. At the same time, the Government has been facing challenges in paying its contracted waste management company because of a lack of funds. Consequently, since 2015, garbage has been piling up in Beirut and Mount Lebanon's streets, with illegal practices of open dumping and burning. Those living near big garbage piles or garbage burning sites face a higher risk of respiratory diseases because of the increase in airborne bacteria and fungi (EcoHubMap accessed 01/10/2023; Al Jazeera 17/11/2021; HRW 09/06/2020).

Figure 4. The vulnerability score percentage per governorate for water, sanitation, and solid waste in 2022



Source: WASH Cluster (20/03/2023)

HEALTHCARE AND FOOD INSECURITY

Between May–October 2023, about 25% of the population was projected to face Crisis (IPC Phase 3) or worse food insecurity levels, down from 42% between January–April 2023. Baalbek, West Bekaa, and Zahle districts experience the highest acute food insecurity levels in the country. Food insecurity is mainly stemming from the socioeconomic crisis and its impact on food prices, job opportunities, and purchasing power (IPC 22/12/2022 and 07/08/2023).

The food security crisis and the overwhelmed healthcare sector in Lebanon are interlinked. Because of the economic crisis, people purchase lower-quality food, which does not provide enough nutrition for the body, or skip meals altogether, leading to more health issues that add to the strain on the healthcare system (STC 26/01/2022). In a Human Rights Watch survey conducted on 1,200 households between November 2021 and January 2022, an adult reported the need to skip a meal in more than 25% of households interviewed, mainly because of a lack of money. About 20% of the households also reported running out of food in the previous month because of a lack of resources (HRW 12/12/2022). Food access continues to become more challenging with currency depreciation and people's reduced purchasing power. As at July 2021, families were estimated to be spending five times the minimum wage on food. In June 2023, the nominal food price inflation rate reached 280%, the second-highest food price inflation rate worldwide (AFP 21/07/2021; WFP 18/09/2023).

To cope with high medication and medical treatment costs, some households prioritise allocating money for healthcare over other basic needs, including food. Other households choose to prioritise food instead of expensive medication. Both cases contribute to deteriorating malnutrition and food security levels and the increased need for healthcare services (DW 05/12/2021; Sanayeh and El Chamieh 04/04/2023).

HEALTHCARE AND EDUCATION

The socioeconomic crisis, with the COVID-19 pandemic and its impact on education, has reduced children's school enrolment. Between 2021–2022, school enrolment dropped by 43%, mainly because of high transportation costs, poor school infrastructure, teacher shortages, and children from poorer families dropping out of school to work instead (ACAPS 31/05/2022; UNICEF 20/06/2023). While not a main factor, sick children's inability to access healthcare also contributes to reduced school enrolment rates. An estimated four out of ten youths across Lebanon spend the money allocated for education on food and medicine instead (NRC 03/10/2022).

Children and mental health: disrupted school enrolment, compounded by Lebanon's socioeconomic crisis, affects children and youths' mental state, increasing their needs for mental health and psychosocial assistance. Since 2019, there has been an increase in cases of anxiety, depression, post-traumatic stress disorder, and other mental health issues among children. Families prioritise spending on food and water over seeking mental health support for their children. There are also shortages of specialised mental health staff in public hospitals, and the cost of mental health services in private hospitals is too high for most of the population (ACAPS 31/05/2022).

POPULATION GROUPS MOST AFFECTED

Syrian and Palestinian refugees

Syrian and Palestinian refugees, already affected by the medication and medical service shortages across Lebanon, also struggle to access healthcare services because of legal documentation challenges or fear of detention and deportation.

Fear of deportation is increasingly preventing Syrian refugees from accessing healthcare services, leading them to prefer staying home. Some refugees are even skipping urgent medical referrals to hospitals. Motorcycle confiscation laws also affect their movement, with the alternative being more expensive public transportation (MSF 17/05/2023). Between January–May 2023, nearly 1,500 Syrian refugees were arrested (mostly at checkpoints), and more than 700 were deported to Syria, in the authorities' efforts to return Syrian refugees to Syria (InfoMigrants 18/05/2023).

Unregistered Syrian refugees face the highest risk of detention and deportation, as they do not have the needed legal documentation to present at checkpoints. They are also unable to access healthcare services from the UNHCR and other humanitarian organisations. Since 2015, the Lebanese Government has not allowed the UNHCR to register any refugee coming from Syria (The New Arab 22/06/2023).

Palestinian refugees in Lebanon mainly receive support from UNRWA, but the lack of funds is affecting their access to healthcare services. UNRWA used to cover 50% of some medication prices in 2020, but this was reduced to 25% in 2021 and as at 2023 (Palestine Studies 01/02/2022). Palestinian refugees need to cover the rest of the medical expenses, but they struggle to do so as more than 90% of the refugees live below the poverty line (UNRWA 24/11/2022). A 2022 REACH survey of about 590 Palestinian refugee households found that 46% of the families interviewed faced difficulties in accessing healthcare services because of high treatment costs (REACH 05/09/2023).

Migrant workers

Migrant workers in Lebanon face restrictions in the kafala system, a contract where, in exchange for employment, sponsors provide the migrant's legal residency in the country and control a migrant's free movement, including healthcare access. There are about 135,000 migrant workers in Lebanon, the majority of whom are women doing domestic work. Many reports indicate that they face exploitation and abuse, requiring mental health support. The kafala system obliges the employer to provide private health insurance to migrants, but this is only useful for work-related injuries and not when seeking general healthcare for other diseases (MSF 03/05/2023; OCHA 11/04/2023).

The elderly

About 11% of the Lebanese population is considered elderly, with an average lifespan of 78 years for men and 82 years for women (ILO 24/05/2022). Lebanon's elderly face more challenges in accessing healthcare services because of the absence of strong social support networks and retirement plans, further affected by the socioeconomic crisis in the healthcare sector (MedGlobal accessed 07/08/2023). They are often unable to afford basic needs, such as food, clothing, and medicine. Those who do not have any private or social health insurance are particularly affected and completely rely on their children and relatives. Those without insurance represent about 80% of the country's elderly, and they struggle the most to obtain their medication or seek urgent treatment (ILO 24/05/2022; Awan 13/04/2023).

AGGRAVATING FACTORS TO INCREASED HEALTH NEEDS ACROSS THE COUNTRY

Disease outbreaks

Because of the inadequate sanitation system and wastewater mismanagement, the risk of disease outbreaks, such as cholera and measles, continues to increase. Lower immunisation and rising poverty across the country also contribute to this risk. Disease outbreaks will likely further strain the already overwhelmed healthcare sector, which will struggle to cope with new shocks (OCHA 30/04/2023; WHO accessed 07/08/2023).

Humanitarian organisations and other health specialists already considered the 2022 cholera outbreak, the first in 30 years, alarming and an indication of possible further outbreaks (WHO accessed 06/10/2023; Davide and Martini 16/05/2023). The lack of effective systems to treat sewage water has also largely contributed to the spread of diseases, such as hepatitis A, meningitis, dysentery or diarrhoeal dysentery, cholera, and measles – the five most common infectious

diseases in Lebanon according to the MoPH's epidemiological surveillance programme. As mentioned in the previous section of this report on WASH needs, poor sanitation and contaminated water contribute to the spread of skin infections (Independent 21/05/2023; An-Nahar 30/03/2023). Hospitals and health centres will likely continue to be strained as these issues remain unresolved.

High smoking rates and pollution levels increase the risk of non-communicable diseases, such as lung cancer, cardiovascular disease, high blood pressure, and stroke. Lung cancer is considered the fourth most common non-communicable disease in the country. Lebanon's air pollution will likely continue increasing since one of its main causes is the emission from power generators used during electricity outages. A lack of public transportation, leading to an increase in private vehicles, also contributes to air pollution (Independent 21/05/2023; Lakkis et al. 18/04/2023; LBC 15/03/2023).

Conflicts/clashes

While Lebanon is a relatively safe country, sporadic clashes and intercommunal tensions remain a factor that can further affect the healthcare sector's response to needs.

Intercommunal tensions

Many reasons drive tensions in Lebanon and lead to clashes, resulting in fatalities and injuries. These reasons include conflict between the armed factions of the Christian population and the Shia Muslim population. Clashes between the two groups have been recently growing because of the political vacuum and economic deterioration. The civilian population's ability to access weapons is also facilitating a surge in militia formation and activity.

The increase in tension on social media and calls for arming contributed to the creation of a Christian group called the Soldiers of God, whose goal is to be a counterpart of Hezbollah – an Iran-backed political party and militant group mostly representative of the Shia population in southern Lebanon (KII 21/08/2023; L'Orient Today 01/07/2022). Several clashes have happened between the two sides, such as in Beirut's Tayouneh neighbourhood in 2021 and in Aley district's Kahale village in 2023. The incident in Tayouneh involved unknown snipers believed to be affiliated with the Christian factions targeting and killing demonstrators protesting the lack of investigation around the Beirut port explosion. Many of the demonstrators were Hezbollah members. At least six people died. The other incident in Kahale occurred in August 2023 when a truck carrying weapons for Hezbollah overturned on a highway in a Christian neighbourhood. This led to clashes between Hezbollah and Christian armed civilians, killing one person from each side (KII 21/08/2023). Such sporadic clashes increase the likelihood of large-scale conflict, cause more injuries that need medical attention, and create more

challenges in accessing hospitals. The general insecurity resulting from such conflicts will likely hinder medical supply delivery to hospitals.

Tensions between Lebanon and Israel

Tensions and confrontations between Lebanon's Hezbollah and Israel often happen in the Blue Line border area and have resulted in war in 2006. This war displaced 800,000 to 1 million people within and outside Lebanon. The likelihood of escalations and clashes remains moderate, with expected casualties and needs for healthcare response. This will further overwhelm hospitals and healthcare facilities (AI-Monitor 04/08/2023; INSS 07/03/2021; KII 21/08/2023).

Tensions over food availability

The food security situation has improved for May–October 2023, with about 25% of the population analysed facing IPC 3 or worse food insecurity, down from 42% from January–April 2023. Despite this decrease, food insecurity and unavailability can still drive tensions, especially between the Syrian refugee population and the host community. Tensions have already been growing between the two groups since 2011, mainly as a result of unequal access to services, including food. For example, the authorities encourage bakeries to prioritise Lebanese citizens when distributing subsidised bread. This has led to an increase in sporadic brawls. Access to food and NFIs, such as fuel, water, and medicine, remains a key concern for refugees and can lead to escalating tensions and clashes, affecting the healthcare sector (IPC 22/12/2022 and 07/08/2023; OCHA 30/04/2023; Arab Center DC 08/08/2023).

Clashes in Palestinian refugee camps

Since the end of July 2023, tension and clashes have been escalating between armed groups residing in Ein El-Hilweh, the biggest of the 12 Palestinian refugee camps in Lebanon. These clashes have resulted in humanitarian needs, including healthcare for the injured people, while healthcare services are limited in the camp and mainly provided by UNRWA. Because of insecurity and the killing of one aid worker in the clashes, UNRWA suspended operations in the camp, further reducing access to healthcare and other services for refugees. On 14 September, a ceasefire came into effect, stopping the clashes and allowing some displaced families to return (UNRWA 31/07/2023; WFP 18/09/2023; UN 31/07/2023; The New Arab 31/07/2023). Such clashes might resume or spread to other refugee camps, resulting in health needs and access constraints that prevent the timely delivery of services and aid.

Upcoming winter season

The upcoming winter season between December 2023 and March 2024 is projected to be one of the longest and coldest to affect the Middle East. It is also projected to start earlier than usual in mid-November (Al-Madina 27/08/2023). The winter season is often very difficult for the Syrian refugees living in informal tent settlements because the structures are easily flooded or collapse from accumulated snow (Al Jazeera 08/01/2019). Snowstorms, heavy precipitation, and cold spells limit access to healthcare, as these cause roads to become impassable. Severe winter seasons also increase car accidents, which is already considered a public health issue in Lebanon. The winter season also increases cases of respiratory illnesses, mostly among refugees and those living in houses not equipped for severe weather (IFRC 24/02/2023).

HUMANITARIAN AND INTERNATIONAL RESPONSE

As at November 2022, 15 active humanitarian international and national organisations were responding to health needs in Lebanon, including three UN agencies (OCHA 16/06/2022). As at September 2023, Lebanon's emergency response plan was only 30% funded, while the 2022 response plan was 76% funded by the end of the year (OCHA accessed 03/09/2023).

UNRWA is the main UN agency supporting Palestinian refugees' health needs; it either offers medical services at its facilities or makes referrals to hospitals and covers the medical bill. Because of the yearly funding shortfalls, UNRWA can no longer cover whole medical bills and subsidise only part of treatment expenses (up to 25%), with refugee patients expected to cover the rest. This has been very challenging for Palestinian refugees, as many households do not have the financial means to cover these bills (UNRWA 13/02/2023; IFRC 24/02/2023; Palestine Studies 01/02/2022). Similarly, UNHCR mainly responds to Syrian refugees' health needs (under a response plan co-led by the Lebanese Government and humanitarian organisations) by making referrals, providing cash assistance, and advocating the inclusion of the refugees in the national health system (Govt. Lebanon et al. 20/06/2022).

Humanitarian organisations have expanded their programmes over the years to cover the needs of the host community as well, whether by investing in healthcare facilities and infrastructure or by offering cash assistance (UNHCR accessed 03/09/2023; ECHO 21/04/2022). Despite the presence of humanitarian response in Lebanon, health needs continue to be high. In 2023, about 3.7 million people needed access to healthcare services, while the emergency response plan targeted only 1.22 million people, leaving a huge gap in needs (OCHA 30/04/2023).