Flygtningenævnets baggrundsmateriale

Bilagsnr.:	**849**
Land:	Libanon
Kilde:	WHO
Titel:	Public Health Situation Analysis
Udgivet:	9. oktober 2024
Optaget på baggrundsmaterialet:	11. december 2024

World Health Organization

HEALTH CLUSTER

Escalation of Hostilities in Lebanon

Date: 09 October 2024

Public Health Situation Analysis (PHSA)

This is the second WHO PHSA published in 2024.

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS)	INFORM Index 2025
Conflict Displacement Epidemics	Trauma and Injuries Mental Health Non-Communicable Diseases (NCD) Maternal and Neo-natal Health Risks Cholera and Acute Watery Diarrhoea (AWD) Malnutrition Measles	**Grade 3**	**All areas:** Substantial (4/6)	**Lebanon:** 5.5/ 10 (High) **Global Risk Ranking:** 32 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

After almost a year of hostilities across southern Lebanon, the conflict escalated on 23 September 2024.[1] The events in recent days have been the most intense Israeli strikes since the 2006 war in Lebanon, completely levelling dozens of buildings.[2] Following the Beirut airstrike and the evacuation orders, at least 100 additional airstrikes hit across Lebanon.[3] On 30 September, Israel launched what it has described as "limited, localised and targeted ground raids" in southern Lebanon, marking an escalation in its continuing offensive against Hezbollah.[4]

As of 3 October, there has been 2083 deaths, including 127 children and 261 women, along with 9 869 injured.[5] Many bodies remain under rubble, and numerous people are still missing.[6] Those injured have with severe injuries, often requiring surgical care.[7] On 19 and 20 September, simultaneous attacks against communications equipment in Lebanon—including pagers and two-way radios—killed 37 people and injured more than 3 000.[8]

Displacement now surpasses the 2006 war, triggered by intense Israeli strikes and orders for civilian evacuations. Israeli airstrikes across Lebanon have affected around 1.2 million people, resulting in a mass displacement.[9] There are nearly 160 000 people in over 850 collective shelters, often in public facilities like schools and agricultural centres.[10] As of 2 October, Lebanon has recorded 608 509 internally displaced persons (IDPs), showing around 56% increase since 29 September.[11] IDPs have sought safety in 1012 locations (villages or neighbourhoods) across 828 cadastres throughout Lebanon.[12] A total of 284 894 Lebanese and Syrian individuals have departed Lebanon since 23 September.[13]

The humanitarian consequences of the recent escalation across Lebanon are devastating, triggering huge displacement, increased vulnerabilities, and heightened protection risks.[14] People in Lebanon, including refugees, were already experiencing high levels of poverty and food insecurity while having limited access to services.[15] Nearly 2 million Lebanese and Syrian refugees are estimated to be food insecure. This number is expected to rise further.[16] Damage to public infrastructure has been reported, including 25 water facilities damaged affecting water supply over 360 000 people.[17]

Given the severity of the current escalation in terms of casualties and mass displacements, there exist major concerns about the repercussions for public health. Next to trauma and injuries, conflict is exacerbating health risks by disrupting civilian infrastructure, causing displacements, decreasing food security, increase pressure on water supplies, and reducing access to healthcare[18]

At least 96 primary health care centres (PHCCs) and dispensaries, as well as three hospitals, have been forced to close because of the conflict, severely limiting access to critical medical care in surrounding areas. Additionally, MoPH reported damage to at least ten hospitals across the country.[19] Additionally, 3 hospitals have been evacuated and 2 hospitals partially evacuated.[20] Due to insecurity not limited to South and Nabatieh governorates but also to Aarsal and mass displacements, several health facilities are not operational due to lack of health care workers.[21]

There has been a total of 35 attacks on healthcare.[22] As of 2 October 2024, since 8 October last year, at least 77 health workers have lost their lives in a series of attacks as the conflict in southern Lebanon intensified, with a sharp rise in the number of damaged health facilities.[23] Within 24 hours on the 3 October 2024, 28 health workers were killed, underscoring the alarming escalation of violence and its devastating impact on those providing life-saving care.[24]

Moreover, on 27 September night, air traffic at Rafic Hariri International Airport – the only operational commercial airport in the country – came to a near standstill, with only a few flights operating. Most airlines have suspended flights to Lebanon for days or weeks due to the escalating conflict.[25]

The Presidency of the Council of Ministers issued a memorandum declaring mourning for the Secretary General of Hezbollah, Hassan Nasrallah, for three days, starting Monday 30 September 2024.[26]

Lebanon’s financial and humanitarian situation ranks among the most severe crises in the world today.[27] The humanitarian situation in Lebanon continues to deteriorate, triggering increased poverty and increasing needs. The country's economic collapse ranks among the worst globally, causing severe inflation and unemployment, making living costs unaffordable for thousands, and creating acute humanitarian needs.[28]

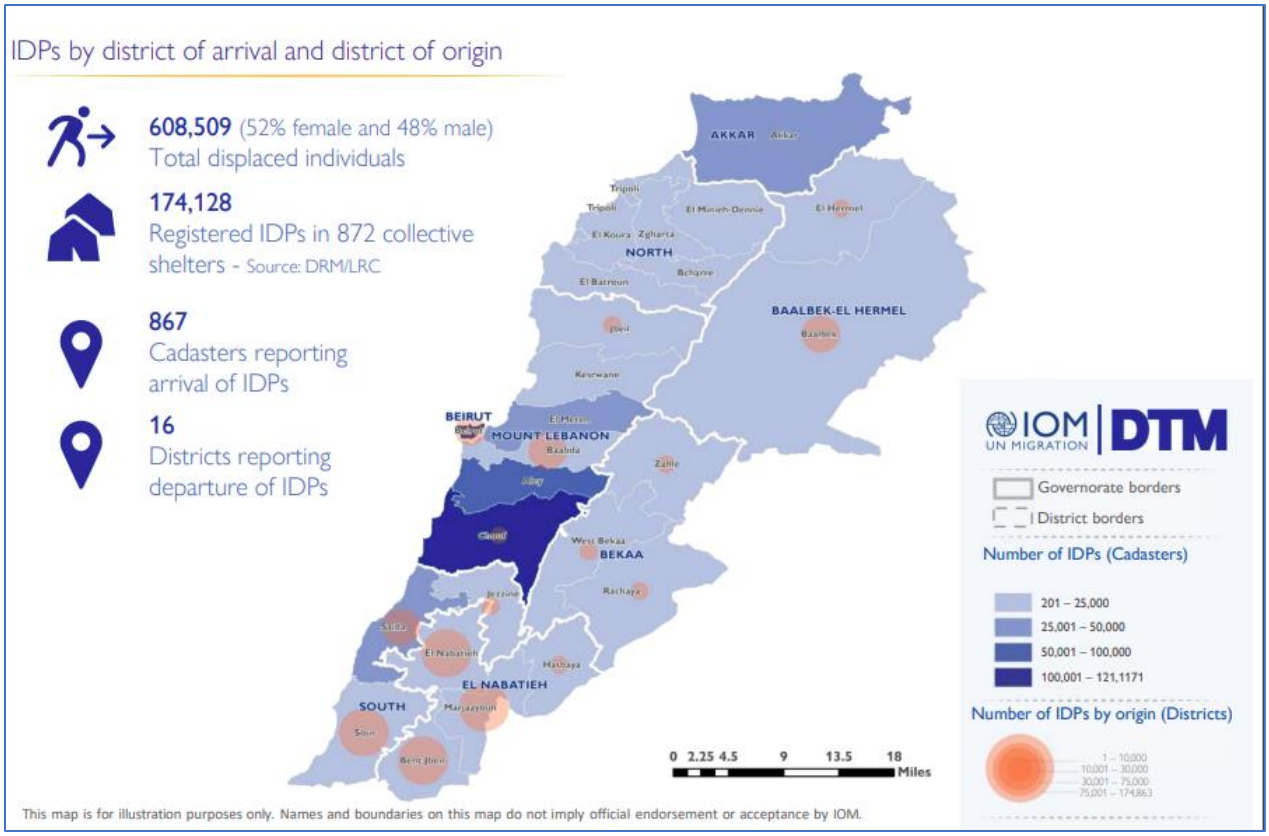

Figure 1- Lebanon: Displacement Tracking Matrix: Mobility Snapshot - Round 51 (7 October 2024)[29]

HUMANITARIAN PROFILE

PEOPLE IN NEED (PiN)

Flash Appeal 2024

PiN: 1 million people[30]

Target: 1 million people[31]

HEALTH NEEDS

Flash Appeal Oct 2024

Health PiN: 1 million people[32]

Health target: 400 000 people[33]

DISPLACEMENT

Total of **608 509 internally displaced persons (IDPs),** showing around 56% increase since 29 September.[34]

DEATHS

2083, including 127 children and 261 women.[35]

INJURIES

9869[36]

Humanitarian Response

Lebanon is experiencing a multi-layered crisis which is exacerbating long-term vulnerabilities, reversing previous development gains, and leading to increasingly visible humanitarian needs among the most vulnerable people.[37] In 2024, an estimated 1 million people are in need, including Lebanese, displaced Syrians, Palestine refugees, and migrants.[38]

The UN and humanitarian partners have mobilized rapidly to support local authorities in response to the wider escalation. The Humanitarian Coordinator (HC) met with the Government's Emergency Committee and the National Disaster Risk Management (DRM) to strategize on scaling up the response, addressing critical gaps, and responding to all populations in need.[39]

Key challenges, including prioritization due to the rapid onset emergency within the backdrop of protracted emergencies, targeting, inclusive access to shelter and the efficient delivery of aid, are being actively discussed and troubleshooted. Emergency Rapid Needs Assessments (ERNA) is ongoing at the Collective Shelters, while Displacement Impact and Rapid Needs Assessment (DIRNA) outside the collective shelters is at preparatory stage to better understand the evolving situation and enhance the effectiveness of the response.[40]
At the sub-national level, emergency operations rooms at the governorate and union of municipality level are activated to coordinate the response between local authorities and humanitarian partners.[41]

A $10 million Central Emergency Response Fund (CERF) allocation and $12 million Lebanon Humanitarian Fund (LHF) reserve allocation is swiftly being deployed to address the urgent needs of displaced and affected populations, both inside and outside collective shelters. Meanwhile, a Flash Appeal was published, to further bolster the response efforts.[42]

The humanitarian response in Lebanon is coordinated by several plans, described below.

- **Flash Appeal for Lebanon:** Launched on 30 September, the appeal calls for $425 745 000 to deliver life-saving assistance and protection to one million Lebanese, Syrians, Palestine refugees in Lebanon, Palestinian refugees from Syria, and migrants. This Flash Appeal is fully complementary to, and supportive of, the Lebanon Response Plan (LRP) 2024, which remains the primary planning framework in the country supporting an integrated humanitarian and stabilization response, co-led with the Government.[43]

- **2024 Lebanon Response Plan:** The plan aims at strengthening partnerships with humanitarian, development, and stabilization bodies to advance the 2024 Lebanon Response Plan under the leadership of the Government of Lebanon and Resident and Humanitarian Coordinator.[44]
  As outlined in the Humanitarian Country Team (HCT) contingency plan, humanitarian partners are currently carrying out an emergency response to the humanitarian impact of the escalation in Southern Lebanon, under the 2024 Lebanon Response Plan (LRP). The partners implementing the LRP require US 2.72 billion to assist those in need.[45]

- **The Lebanon Humanitarian Fund:** This fund pools money from donors – Member States, corporations, and individual people – and gives it to the national and international aid organizations who are best able to help people in need. In 2024, the LHF is currently allocating $23.8M under its First Standard Allocation to scale up emergency response in Southern Lebanon, and to address ongoing multisectoral needs across Lebanon.[46]

- **Syrian Arab Republic Regional Refugee and Resilience Plan (3RP) 2024:** Lebanon is also included in the Syrian Arab Republic Regional Refugee and Resilience Plan (3RP) 2024. More broadly, humanitarian efforts are facing funding shortfalls. Due to funding restrictions, WFP is facing significant cuts in assistance, affecting both vulnerable refugee and Lebanese families. These reductions are likely to worsen the overall food security situation, cut off a lifeline for vulnerable families and increase tensions, impacting on social stability.[47] UNHCR have also reported that the funding forecast for 2024 indicates operations in the Middle East and North Africa (MENA) region have received only 11% of what is required, meaning reductions to planned expenditure in Lebanon and other countries.[48] As of 1 October, the plan was 9% funded.[49]

Displacement

Displacement now surpasses the 2006 war, triggered by intense Israeli strikes and orders for civilian evacuations.[50] The intense military escalation has caused mass displacement, mainly from southern Lebanon and Beirut's densely populated southern suburbs.[51]

Israeli airstrikes across Lebanon have affected around 1.2 million people.[52] There are nearly 160 000 people in over 850 collective shelters, often in public facilities like schools and agricultural centres.[53]

As of 7 October, Lebanon has recorded 608 509 internally displaced persons (IDPs), showing around 56% increase since 29 September, out of which 174 126 are registered in 872 collective shelters[54]. IDPs have sought safety in 1012 locations (villages or neighbourhoods) across 828 cadastres throughout Lebanon. Displacement has been observed in all 26 districts across all eight governorates. 60% of the IDPs are in five districts out of the total 26 districts hosting IDPs—specifically, Beirut, Chouf, Akkar, Aley, and El Meten.[55] A total of 35% of IDPs are children (< 18 years), while 34% are female adults and 31% are male adults.[56]

Estimates by Save the Children put displacement figures even higher at 400 000 individuals in the past week to a total of 500 000 displacements since the beginning of the conflict.[57] Further data collection rounds will be conducted in coming days, and the displaced figure is expected to increase.[58]

The major districts of arrival are located along the western coast (Beirut, Baabda, Aley, Saida, and Chouf).[59] Many families fled bombing in the south of the country and arrived in Beirut over the past few days, hoping the capital would be safer, only to suffer the massive escalation in bombing there.[60] The main districts from which people departed being in southern Lebanon (Bent Jbeil, Marjaayoun, Tyre, and El Nabatieh), with one district in the east (Baalbek).[61]

Since the conflict escalation on 8 October 2023, the authorities have established checkpoints in southern Lebanon and near the Blue Line zone, further restricting movement. Some checkpoints are in insecure

areas, which air strikes have targeted, compounding the difficulties facing those who need to travel for services. Syrian refugees, in particular, struggle to evacuate to safer areas, fearing detention or deportation by security forces if found to lack legal documents. [62]

Lebanese officials estimate, based on the 2006 experience, that approximately one quarter of the total number of directly affected and/or displaced individuals are in shelters.[63] Some of the displaced people are still looking for accommodation and they're taking temporary shelter in their cars and public areas. [64] Displaced people need basic supplies like mattresses and hygiene products, as the shelters and schools currently housing them are not prepared to accommodate so many people.[65]

Overcrowding may contribute to the spread of infectious diseases, particularly in the context of low vaccine coverage and the lack of privacy. [66] Displacement frequently leads to reduced access to basic services, exacerbating previously discussed risks arising from food and water insecurity. Several sources have noted that collective centres are not equipped to supply the number of IDPs that they are hosting, which increases public health risks in these shelters. Similarly, host communities may not be prepared to handle the large increase in demand for shelter, food, and basic services.[67]

Given the speed with which displacement has occurred, it is likely that households were unable to pack supplies to provide for themselves, including essentials such as medicines.[68] If displacement should persist, the lack of adequately insulated and heated shelters may cause additional health risks as the winter season approaches. [69]

The displaced includes some of the 1.5 million Syrian refugees living in the country.[70] Displaced Syrians across Lebanon are facing difficulties in accessing collective shelters and are facing challenges in finding alternative accommodation, leaving some sleeping in public spaces.[71] Syrian refugees, many of whom are in the Bekaa Valley and already very vulnerable, have had to move again, without access to the collective shelters that are prohibited to them. Most have therefore sought refuge in already overcrowded informal shelters, making access to humanitarian assistance even more challenging.[72]

Both IDPs and host communities are experiencing escalating fatigue, heightening the risk of intra-Lebanese tensions. IDPs are grappling with extended displacement and uncertain living conditions, while host communities are beginning to feel the pressure on local resources and, in some instances, competition for Lebanon is experiencing a multi-layered crisis which is exacerbating long-term vulnerabilities, reversing previous development gains, and leading to increasingly visible humanitarian needs among the most vulnerable.[73]

Cross-border Movements to Syria

A total of 284 894 Lebanese and Syrian individuals have departed Lebanon since 23 September.[74]It is estimated that around 60% are Syrians and 40% are Lebanese nationals. The numbers also include people entering through the Matraba crossing point (an unofficial border) where UNHCR is not present.[75]

Syria is already grappling with its largest ever humanitarian crisis after 13 years of conflict. More than 16 million people, 45% of them children, require some form of humanitarian assistance while humanitarian funding has dwindled. Lebanon hosts around 1.5 million Syrians who fled the conflict.[76] The Syria INGO Regional Forum, a network of 70 NGOs working across the whole of Syria, are warning that the escalation of violence in Lebanon this week risks compounding the already dire humanitarian conditions in Syria as reports indicate thousands have already fled across the border.[77]

However, the Syrian authorities have maintained open borders.[78] On 29 September, the Government of Syria announced a one-week waiver of the exchange of USD 100.00 normally required of each Syrian when entering Syria.[79] This has had a significant positive impact. Some 60% of those crossing the border points were reportedly under the age of 18.[80] Many medical emergencies occurred, most of which was the consequence of exhaustion and dehydration from the long journey.[81] One additional immigration

centre was operationalized to address this concern.[82] Syrian authorities are also organising to provide public buildings as shelter, as it did during the 2023 earthquake.[83]

Refugees in Lebanon

More than 12 years since the start of the conflict in Syria, Lebanon shoulders one of the highest number of refugees per capita and per square kilometre in the world. The country hosts an estimated 1.5 million displaced Syrians who have fled the conflict in Syria, of whom around 50% only are registered with UNHCR along with 180 000 Palestine Refugees in Lebanon (PRL) living within administrative premises of 11 Camps) and 31 400 Palestinian Refugees from Syria (PRS).[84] Syrian refugees are spread over 1400 localities in Lebanon, many in informal settlements and collective shelters. Displaced Syrians live in 97% of municipalities across the country.[85] Specifically, the Syrian refugee population in Lebanon remains one of the largest concentrations of refugees per capita in the world.[86]

In 2023, there were over 160 000 migrants in Lebanon with 80 different nationalities (an 18% increase since 2022).[87] Migrants are severely affected by high rates of unemployment, poor access to essential services and food, and shelter insecurity.[88] The sponsorship (kafala) system forces many to choose between accepting exploitative working conditions, and wage theft, or falling into irregular status, limiting their access to assistance and increasing the risk of falling victim to human trafficking, sexual exploitation, exploitative working conditions, detention, and deportation. In 2024, sixty percent of Lebanon's migrants require humanitarian and protection assistance (a 31% increase since 2022) and a quarter of them are potentially seeking assistance to return home.[89]

The current economic and state decay is among the main drivers of mobility trends; with increased irregular boat departures attempting to reach Europe.[90] Nearly triple last year's figures, an estimated 4 211 Lebanese, Syrian and Palestinians attempted the dangerous journey between January and October 2022, with two sinkings resulting in over 140 migrants drowned or missing in 2022.[91]

Infrastructure Damage

Essential infrastructure has been severely damaged, with 4 000 buildings destroyed and 20 000 damaged since October 2023. Schools serving as shelters have delayed the school year, leaving children already affected by previous crises, without access to education.[92]

Civilian infrastructure has been repeatedly targeted in South Lebanon and the Bekaa.[93] As of 28 September, OCHA reported 25 water facilities had been damaged, impacting nearly 300 000 residents in Lebanon.[94]

Before the most recent escalation, by May 2024, Lebanon's Southern Council, responsible for evaluating the damage, has reported that, since 8 October 2023, the destruction to buildings and institutions has exceeded one billion US dollars in value. Israeli strikes have repeatedly damaged water, electricity, and telecommunications installations, resulting in an additional half a billion dollars in infrastructure damages, according to the council's assessment. Due to ongoing hostilities, these estimates do not account for all the destruction, particularly in hard-to-reach areas. At least 3000 buildings had been damaged by July 2024.[95]

Humanitarian Access

A further acceleration of the conflict has underscored the need for an immediate humanitarian response.[96] Humanitarian access is likely to be impeded because of the impact of the conflict on the air space. On 27 September, air traffic at Rafic Hariri International Airport – the only operational commercial airport in the country – came to a near standstill, with only a few flights operating. Most airlines have suspended flights to Lebanon for days or weeks due to the escalating conflict.[97]

Due to the recent escalation, access is extremely constrained for humanitarian actors to continue in areas such as Hasbaya, Marjaayoun, and Bint Jbeil. Since February 2024, and up to 27 June, 36 humanitarian missions have been conducted to towns and villages in hard-to-reach areas along the frontline, where around 60 000 civilians are still present, according to available data.[98] In July 2024, health and nutrition partners reported movement restrictions in Hasbaya and Bint Jbeil due to the security situation, with certain municipalities in the south imposing limitations on door-to-door activities[99]

Food Insecurity

People in Lebanon, including refugees, were already experiencing high levels of poverty and food insecurity while having limited access to services. [100] Nearly 2 million Lebanese and Syrian refugees are estimated to be food insecure. This number is expected to rise further.[101]

The Lebanese government stated that they had several months of food supplies available, reportedly sufficient for 2-5 months depending on the source. Following reports of households, particularly displaced households, panic buying and stockpiling essential food items in the past few days, the government has reemphasised the sufficiency of food stocks and continued functionality of import mechanisms.[102]

However, nationally available food stocks do not guarantee food access for all affected populations. For instance, experiences from previous conflicts in Lebanon have raised concerns about how insecurity and damage to transport networks may impact distribution to affected communities.[103]

Locations that have seen a large influx of IDPs may also face difficulties in meeting increased demand. For instance, United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has reported shortages of basic food items and water in Saida due to IDP arrivals. Conversely, security concerns, loss of transportation, and reduced access to livelihoods may limit the households' abilities to access markets, even if they remain functional.[104]

The fourth Integrated Food Insecurity Phase Classification (IPC) analysis, conducted in March 2024, projects a deterioration in the food security situation in Lebanon. The number of food insecure people is expected to increase from 19% of the population in March 2024 to 23% between April and September 2024, equivalent to 1.26 million people.[105] An estimated 1.0-1.5 million people will likely need food assistance through at least January 2025.[106]

The IPC analysis includes the Lebanese population, Syrian refugees, Palestine Refugees from Lebanon and Palestine Refugees from Syria. This deterioration is projected despite the stabilized informal exchange rate, driven by the persistent political and socio-economic crises, rising inflation, the projected reduction of humanitarian assistance to all population groups, as well as the continuation of the conflict along Lebanon's southern border that has caused protracted internal displacement.[107]

Overall, population groups of concern include the internally displaced households across Lebanon with limited access to typical sources of food or income following a below-average harvest in southern Lebanon. Additionally, high food prices and limited labor opportunities are expected to keep household purchasing capacity low despite the ongoing harvest.[108] Refugee populations are also of high concern, with Crisis (IPC Phase 3) outcomes likely emerging in some areas of Mount Lebanon and some areas of the South, as many Lebanese and refugee households have limited access to income and food due to persisting poor macroeconomic conditions compounded by the ongoing conflict and limited humanitarian assistance.[109]

In the North, Stressed (IPC Phase 2) outcomes are expected to emerge with the start of the cereal harvest season, improving food access, but Crisis (IPC Phase 3) outcomes are expected to persist through at least September in areas where refugees are a large share of the population, such as Akkar and Bekaa regions, due to limited access to casual labor opportunities for income for food purchases.[110]

In comparison to 2022, all governorates experienced reduced rates of food insecurity. The most substantial decreases were observed in Beirut, with a drop of 23%; North Lebanon, with a reduction of 21% and Bekaa, with a decrease of 19%. Smaller declines were noted in Akkar, with a reduction of 16%

and Baalbek-El Hermel, with a decrease of 14%. The most significant reductions in rates of severe food insecurity occurred in Akkar, with a 3% decrease. [111]

Water, Sanitation and Hygiene (WASH)

While most of the population had access to improved drinking water sources, 21% of Palestinian and Syrian refugees did not have sufficient drinking water in 2023 (compared to 8% of Lebanese households).[112] The tap water of over half of households in Lebanon was contaminated, with poor water quality being reflected in increasing rates of waterborne diseases. This is likely to have been exacerbated particularly in southern Lebanon due to damage to water infrastructure incurred during the past year.[113]

Already on 26 September 2024, UNICEF reported that 70% of water stations in Nabatieh governorate in south-eastern Lebanon were damaged.[114] Damage to public infrastructure has been reported, including 25 water facilities damaged affecting water supply over 360 000 people.[115] Potential disruptions to fuel supplies – which have previously occurred with some regularity and may become more likely if the conflict disrupts economic activity and trade routes – have in the past led to reduced operationality of water pumps with increased reliance on unsafe water sources. If water supplies should face larger disruptions as the conflict progresses, there is a risk of outbreak and spread of waterborne diseases.[116]

Menstruating women and adolescent girls in Lebanon face limited access to menstrual hygiene products and WASH facilities. About 50 000 displaced women also require hygiene and health related items.[117]

Water supply and quality issues have historically affected Lebanon. The water sector notes that the multi-layered crisis has further compromised both institutional capacities to supply services and has undermined households' purchasing power, driving poverty and deprivation and inhibiting access to services.[118]The most vulnerable populations in Lebanon are those who reside in non-formal structures with no access to water, sanitation and hygiene services.[119] This is compounded by the significant cut in funding for humanitarian agencies, including WASH sector, which let to water trucking and desludging interventions being significantly downscaled.[120]

As of June 2023, which is a month prior to data collection of Multi-Sectoral Needs Assessment published in March 2024, 30% of households reported not having their solid waste collected regularly, resulting in waste accumulation at their location, a figure consistent with 2022. These findings may be complemented by the 2023 ARK-UNDP social tensions survey, where 57% of Lebanese HHs rated the quality of waste services as poor or very poor[121]. Most households relied on municipalities for solid waste collection (90%).

Vulnerable Groups

Women and girls: As of early October, an estimated 520 000 women and girls are displaced and in desperate need of shelter and safety. UN Women estimates that 12000 displaced families are headed by women.[122] Data from June 2023 suggests that 59% of Lebanese households (and of these 86% of female headed households), excluding refugees, faced substantial challenges in meeting their needs, primarily driven by disrupted livelihoods.[123]
Women were among the ones hit the hardest at socio-economic level. The pre-existing vulnerability of women in the country has been amplified, leading to heightened marginalization, discrimination, and a surge in unemployment rates among them. Despite their significant contributions across various sectors, women continue to face obstacles in economic participation, including unpaid work and restricted access to financial resources. Furthermore, the crisis has pushed many of them into unemployment, while others find themselves economically side-lined or exploited in the informal sector.[124]

Children: In the last year at least 127 children have been killed, with more than 100 of these deaths occurring in the past 11 days alone.[125] More than 690 children injured in the last six weeks.[126] Meanwhile, it is estimated that more than 400 000 children have been displaced from their homes, grappling with fear, anxiety, destruction, and death in an uncertain and unfamiliar environment.[127] Most of the 871 buildings that serve as collective centres are schools/educational establishments, severely affecting access to

education for students. Displaced children urgently need access to safe, child-friendly spaces and routine psychosocial support.[128]

Palestine Refugees in Lebanon (PRL): Palestinian refugees make contributions to Lebanon's diverse employment landscape. However, they are restricted from participating in 39 professions.[129] A significant gender disparity exists with 55% employment rate among Palestinian men as opposed to only 12% for Palestinian women.[130]

Syrian Refugees: According to a 2024 report by UNHCR, Syrian refugees face a worsening storm of reduced access to aid, fewer opportunities to earn an income, and increasing social tensions with host communities.[131] Though legal residency rates of Syrians have increased by 3.3% since 2021 (2021: 16.4%, 2022: 17.3% and 2023: 19.7%), the overall percentage of Syrians with valid legal residency remains low, with only 20% of all Syrians holding legal residency and 80% lack valid residency which exposes them to significant risks of detention, deportation and other security measures or risks, including exploitation.[132] Fifty-four per cent of displaced Syrians remain unemployed, and women's labour force participation rates were as low as 19% in 2023.[133]

Older people and People with a Disability (PwD): Older people, people with disabilities, and other people unable to flee due to different barriers, are at heightened risk in areas under bombardment and attack.[134] As per the MSNA 2023, 27% of households reported the presence of at least one person with disability. Estimates show that by the end of 2021 around 54% of the population of Lebanon is in health need (approximately 1.95 million Lebanese people and migrant workers), of which around 15% are people with disabilities – an increase of 43% of people in need for supported health services and care since August 2021.[135] Around 13% of the Syrian refugee population were found to have difficulties which indicate a disability, compared to 14% in 2022.[136]

HEALTH STATUS AND THREATS

Population mortality: In Lebanon, the current population is 5 489 733 as of 2022 with a projected decrease of 10% to 4 937 580 by 2050.[137] Trends show that life expectancy at birth increased by 5.1 years between 2000 and 2015.[138] However, across Lebanon, life expectancy at birth (years) has worsened by 0.268 years from 74.6 years in 2000 to 74.3 years in 2021.[139]

The leading causes of death in Lebanon in 2019 (deaths per 100 000 population) were ischaemic heart disease; stroke; trachea, bronchus, lung cancers; hypertensive heart disease; and kidney diseases.[140] The leading cause of under 5 mortality in Lebanon (2019) was congenital anomalies.[141]

Key health indicators improved considerably in Lebanon up until 2016. Lebanon was one of only 16 countries to achieve Millennium Development Goal (MDG) target 5A on the reduction in maternal mortality ratio (MMR), with MMR dropping to 21 maternal deaths per 100 000 live births in 2016.[142]

MORTALITY INDICATORS	Lebanon	YEAR	SOURCE
Life expectancy at birth	76.3	2019	WHO[143]
Infant mortality rate (deaths < 1 year per 1000 births)	6	2021	WHO[144]
Child mortality rate (deaths < 5 years per 1000 births)	7	2021	WHO[145]
Maternal mortality ratio (per 100 000 live births)	23	2022	WHO[146]

Vaccination coverage: In 2023, data estimated that vaccination coverage has dropped by 40%, an alarming decrease that could potentiate outbreaks of vaccine preventable diseases and may further increase child mortality and morbidity rates.[147]

In 2022, UNICEF reported that the ripple effects of the global economic situation – with heightened prices and increased inflation – were causing more disruptions in the health sector, already beset by a major

exodus of medical professionals, a hiring freeze by health facilities and limitations on imports of medications and equipment that have seriously affected the quality of healthcare for women and children.[148] In 2022, routine vaccination of children dropped by 31% when rates already were worryingly low, creating a large pool of unprotected children vulnerable to disease and its impact. With 80% of the population living in poverty, many families cannot even afford the cost of transportation to take their children to a health care centre.[149]

Vaccine-preventable diseases (VPDs) remain a priority by the MoPH and WHO to ensure high coverage and completeness of routine immunizations, according to the national calendar for all children under 5 to avoid any potential outbreak of VPDs. This activity is mainly supported by GAVI. [150]

VACCINATION COVERAGE DATA[151]	Lebanon	Year	Source
DTP-containing vaccine, 1st dose	78%[152]	2023	WUENIC
DTP-containing vaccine, 3rd dose	55%[153]	2023	WUENIC
Polio, 3rd dose	55%[154]	2023	WUENIC
Measles-containing vaccine, 1st dose (MCV1)	73%[155]	2023	WUENIC

LEBANON: KEY HEALTH RISKS IN THE COMING MONTHS		
Public health risk	**Level of risk**	**Rationale**
Trauma and Injuries (including rehabilitation)		As of 3 October, there has been 2083 deaths, including 127 children and 261 women, along with 9 869 injured.[156] Many bodies remain under rubble, and numerous people are still missing. [157] Those injured have with severe injuries, often requiring surgical care.[158] Nearly 90% of Lebanon's population lives in urban areas, including in sprawling and densely populated urban neighbourhoods, making mass casualties in urban areas a particular concern.[159]
Mental Health		Many people are traumatized from losing their homes and loved ones, affecting their mental health. MSF report having seen an increase in depression and anxiety disorders among displaced people in recent months, especially among those who have been displaced for prolonged periods of time. [160] In Lebanon, mental health is a pressing issue exacerbated by the country's ongoing war in addition to the economic and social challenges.[161] Women are more likely to report symptoms of stress and anxiety compared to men. [162]
Non-Communicable Diseases (NCD)		Displacement is also likely to exacerbate those with NCDs. Given the speed with which displacement has occurred, it is likely that households were unable to pack supplies to provide for themselves, including essentials such as medicines.[163] Lebanon has performed poorly in terms of reducing the risk factors for NCDs.[164] Around 65% of the adult population suffer from overweight/obesity, more than 60% have insufficient physical activity, and around 40% smoke. [165] A total of 91% of pre-conflict fatalities were because of a chronic disease.[166]

Maternal and Neo-natal Health Risks		There are an estimated 11 600 pregnant women in Lebanon, around 4 000 of whom are expected to deliver in the next three months. They have urgent and unique nutritional and health needs, as well as intensified needs for safety, protection, and psychosocial support.[167] Currently, 2300 women are estimated to be pregnant, of whom 1050 are newly displaced since 23 September 2024.[168] Lebanon has witnessed significant improvement in reproductive health outcomes and indicators. However, maternal deaths increased from 18 deaths per 100 000 live births in 2019 to 47 in 2021, more than 50% of which are attributed to COVID-19 (as per initial investigations).[169]
Cholera and Acute Watery Diarrhoea (AWD)		Cross-border population movements and increased travel increase the risk of spread of waterborne diseases.[170] Overcrowded collective centres are also not equipped to supply the number of IDPs that they are hosting, which increases public health risks in these shelters. In October 2022, Lebanon experienced its first cholera outbreak in nearly three decades, following the detection of the first laboratory-confirmed case.[171] No cholera cases were recorded to date across the country (as of 24 July 2024), and the laboratory tests of the suspected cases were negative.[172] As of 15 July 2024, 317 acute watery diarrhoea patients were reported.[173]
Malnutrition		A 2021-2022 survey showed that 3 in 4 children under age 5 experienced food poverty, which means their diets included only four food groups at most. Even more alarmingly, over 1 in 4 children under age 5 live in severe food poverty, meaning, the diets of 85 000 Lebanese, Syrian and Palestinian refugees' children, include at most two food groups, a few spoonsful of porridge and a small cup of milk may be their only meal of the day, every day, leaving them highly vulnerable to severe stunting and wasting – the most life-threatening forms of undernutrition in early childhood.[174]
Measles		As of 4 June 2024, since the start of 2024, a total of 48 suspected measles cases have been reported at the national level, indicating a decrease compared to the number of cases observed in the previous year. Among these cases, 10 cases were lab-confirmed.[175]
Hepatitis A		This summer is bringing higher-than-normal temperatures in Lebanon, causing an uptick in food- and water-borne communicable diseases, mainly viral hepatitis A. On April 30, 2024, the Ministry of Public Health reported 40 Cases of viral hepatitis A in Kamed al-Lawz.[176] Since the start of 2024, a total of 1346 suspected Hepatitis A cases have been reported from health facilities across the country (as of 4 June 2024).[177]
Protection Risks (including Gender Based Violence (GBV))		Lebanon struggles with protection issues which may have health implications, including child labour, child marriage, volent discipline and intimate partner violence.[178] Women and girls remain more affected by sexual and gender-based violence (GBV) than men and boys, due to entrenched gender inequalities.
Poliomyelitis (cVDPV2)		Since the start of 2024, the national surveillance system was able to detect 34 suspected AFP cases (as of 4 June 2024). All reported AFP cases had received at least one dose of a polio-containing vaccine. Out of 34 reported AFP cases, 29 were Lebanese and 5

		were Syrian. Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection.[179]
Respiratory Tract Infections (RTI), including COVID-19		In Lebanon, a total of 141 new COVID-19 cases with no associated death were reported during this reporting period.[180] The positivity rate remains stable at 4.8%, with a case fatality ratio standing at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 1%. As of 29 May 2024, Lebanon has registered a total of 1 252 497 COVID-19 cases and 11 001 deaths since the start of the pandemic.[181]
HIV/AIDS		Reported cases of HIV have remained stable at around 200 new cases per year, with persistent high prevalence among men who have sex with men. [182] In 2019, the National figures are showing zero new HIV infection among new-borns.[183] As of 2022, Lebanon was providing treatment to more than 60% of people who know their status.[184]
Tuberculosis (TB)		Lebanon remains a low TB burden country with an estimated total TB incidence of 11 per 100 000 populations, an estimated HIV-negative TB mortality of 0.88 per 100 000 populations and a treatment coverage of 87%.[185]
West Nile Fever		Notably, there are cases in neighbouring Israel, where West Nile fever has surged in Israel, with case numbers at their highest levels in nearly 25 years.[186]
Meningitis		Since the start of 2024, a total of 109 suspected meningitis cases with 11 associated deaths were reported across the country (as of 4 June 2024). [187]
Rabies		Lebanon is a country where rabies is endemic. There are 7 369 cases of animal bites in the country between 2005 and 2016, with an average of 614 bites per year. The reported cases were dog bites (91%).[188]
Skin infections, including cutaneous leishmaniasis		Lebanon has witnessed skin disorder outbreaks associated with the refugee crisis, mainly leishmaniasis, scabies and lice infestations with little data about bacterial and fungal infections and a minor surge in reports of leprosy.[189] In 2019, Lebanon reported 320 cases of cutaneous leishmaniasis as one of several new cases of neglected tropical diseases requiring individual treatment and care.[190]
Mpox		No new Mpox case was detected or reported from Lebanon since January 2023. [191]

****[Select cell and fill with the colour]*

Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.

OVERVIEW OF KEY DISEASE RISKS

Trauma and Injuries: As of 3 October, there has been 2083 deaths, including 127 children and 261 women, along with 9 869 injured.[192] Many bodies remain under rubble, and numerous people are still missing.[193] Nearly 65% of casualties were registered in the past two weeks.[194]

Many patients are suffering from blast-related injuries, including amputations, severe facial trauma, and extensive ocular damage. This unprecedented surge in trauma cases has overwhelmed Lebanon's already fragile health system, highlighting the urgent need to scale up trauma care services and capacities.[195] Those injured have with severe injuries, often requiring surgical care.[196]Over 173 people have suffered severe burns and respiratory injuries from phosphorus exposure, overwhelming hospitals already struggling to manage trauma cases.[197] Hospitals are reaching their capacity for managing mass casualty incidents.[198] Compounding the challenges, only two hospitals in Lebanon are prepared to treat burn patients.[199]

In recent days, there has been a dramatic increase in the number of victims.[200] However, the death toll from strikes is still being confirmed as rescue teams continue their operations. Rescue efforts are ongoing, with teams extracting individuals from the rubble and transporting the injured to hospitals. The Ministry has directed all hospitals - already operating at full capacity - to prioritize treatment for those affected by the attacks.[201] Nearly 90% of Lebanon's population lives in urban areas, including in sprawling and densely populated urban neighbourhoods, making mass casualties in urban areas a particular concern.[202]

Furthermore, the use of explosive weapons in populated areas is the one of leading causes of harm to civilians in armed conflict worldwide. Civilians are killed and injured, with many experiencing life-changing injuries and yet more suffering severe psychological harm and distress.[203]

More broadly, road traffic injuries are on the rise, particularly among young people, with around a 3% increase in car accidents over the past decade (2023).[204]

Mental Health: Conflict has well-known adverse impacts on mental health. These result from exposure to conflict incidents, displacement, stressors due to water and food insecurity, and other factors.[205]

In Lebanon, mental health is a pressing issue exacerbated by the country's ongoing war in addition to the economic and social challenges.[206] Mental health concerns are on the rise, with an increased percentage of adolescents and caretakers experiencing high levels of stress.[207] Women are more likely to report symptoms of stress and anxiety compared to men.[208] Save the Children staff have reported growing concern over the psychological impact on children, many of whom are showing signs of severe distress due to the displacement and constant shelling.[209] As of 25 September, sonic booms over Beirut and across the country continued, contributing to heightened anxiety among residents.[210]

Mental health professionals are observing a rapid increase in cases of post-traumatic stress disorder, and many refer to "collective depression".[211] In 2021, there was a high level of psychological distress reported in adults, among both Lebanese and Palestinian refugee households – 45% and 50%, respectively.[212] Nearly all cases of mental health issues cite the family's economic situation as the cause.[213] A recent study of Syrian refugees in Lebanon found that mental health predictors were related to basic needs, rights and financial barriers.[214]

At the same time, the health system is ill-equipped to support affected households given a lack of funding at insufficient numbers of psychiatrist operating in-country (3.5 psychiatrists per 100 000 inhabitants).[215] Several organisations working in collective centres have reported observed increases in psychological distress.[216] In terms of services, unmet need is evident in the high increase in demand on the national mental health hotline, especially among young people. The number of callers seeking support for suicidal ideation/suicide attempt has more than quadrupled between 2019 and 2021, and referral to specialized mental health services has increased by around 50%.[217] Most people with mental health conditions are not seeking care.[218]

In 2023 there was a tightening of the protection space and worsening of the security situation for Syrian refugees in Lebanon, significantly impacting the psychosocial well-being of refugees.[219] On 30 June 2024, the National Mental Health Strategy for Lebanon 2024–2030 was recently launched by Lebanon's National Mental Health Programme, WHO and partners.[220]

Non-Communicable Diseases (NCD): NCDs are the leading cause of mortality and morbidity among adults in Lebanon; cardiovascular diseases and cancer are the two main underlying causes of death. Lebanon has performed poorly in terms of reducing the risk factors for NCDs.[221]

A total of 91% of pre-conflict fatalities were because of a chronic disease.[222] This notably affects certain populations – including poorer, less educated, and refugee households, especially those not covered by private health insurance – who often do not receive adequate care and so risk complications to their conditions.[223] Conflict creates further barriers hindering care for NCDs through two main pathways. The first is disruptions to healthcare provision and reduced access to essential medication. The second is an increase in risk factors resulting from increased exposure to insecurity and displacement leading to changes in habits such as reduced movement, increased substance use, disrupted sleep patterns, and others, paired with disruptions to national NCD prevention efforts.[224]

Hypertension is observed in around 35% of the population aged above 18 years, with around 20% receiving medication for that; around 14.5% have high blood sugar (diabetic or pre-diabetic), 86% of them were on antidiabetic medications.[225]

Around 55% of the adult population suffer from overweight/obesity, more than 60% have insufficient physical activity, and around 40% smoke.[226] Lebanon has shown limited progress towards achieving the diet-related non-communicable disease (NCD) targets. A total of 39.9% of adult (aged 18 years and over) women and 30.5% of adult men are living with obesity. Lebanon's obesity prevalence is higher than the regional average of 10.3% for women and 7.5% for men. At the same time, diabetes is estimated to affect 14.3% of adult women and 17.7% of adult men.[227] Childhood obesity, one of the predictors of adult obesity and NCDs, is poorly monitored. However, according to the Global Nutrition Report 2024, the prevalence of overweight children under 5 years of age is 16.7% and Lebanon is 'on course' to prevent the figure from increasing.[228]

Estimates show that around 8000–10 000 new cases of cancer are reported yearly.[229] Colorectal, thyroid and lung cancers, known to be affected by environmental hazards exposure, increased by 60%, 97% and 41%, respectively, between 2005 and 2015.[230] Five diseases account for 73% of the total Ministry of Public Health spending on cancer medicines: breast cancer, chronic myelogenous leukaemia, colorectal cancer, lung cancer and non-Hodgkin's lymphoma.[231]

In addition to individual behaviours that increase the risk of NCDs, environmental determinants are negatively impacting on population health. Water, soil and air pollution are on the rise due to the failure of national waste and energy management services. It is estimated that the tap water of more than 50% of households across the country is contaminated.[232] The repercussions of environment degradation are already seen in terms of frequent outbreaks of waterborne diseases and increased incidence of certain cancers known to be correlated with environmental hazards exposure such as thyroid cancer, colon cancer, lung cancer and some types of leukaemia.[233]

Moreover, Lebanon is hosting around 1.5 Syrian refugees since the crisis in 2011. Syrian refugees have a disease burden profile consistent with that of middle-income countries, including the predominance of NCDs.[234] Around 11% of Syrian refugees have a chronic illness. 38% of households reported having at least one household member who had a chronic illness, with the highest level in the south at 43.2%.[235]

Maternal and Neo-natal Risks: There are an estimated 11 600 pregnant women in Lebanon, around 4 000 of whom are expected to deliver in the next three months. They have urgent and unique nutritional and health needs, as well as intensified needs for safety, protection, and psychosocial support.[236] Currently, 2300 women are estimated to be pregnant, of whom 1050 are newly displaced since 23 September 2024.[237] An estimated 146 women are expected to deliver in the next month.[238]

Women need access to an extra litre of clean water per day to ensure they have sufficient drinking water. Access to clean water is critical for breastfeeding mothers. Dehydration during breastfeeding induces lack of energy and fatigue, reduces breast milk supply and has negative consequences for infants. As well, lack of drinking water for women and girls leads to urine infection especially for pregnant women and adolescent girls.[239]

Menstruating women and adolescent girls in Lebanon face limited access to menstrual hygiene products and WASH facilities. About 50 000 displaced women also require hygiene and health related items.[240]

Lebanon has witnessed significant improvement in reproductive health outcomes and indicators. Surveys have found 95.5% of pregnant women received prenatal care, however this proportion varies regionally. Antenatal care is found to be proportional to education level and inversely proportional to number of children.[241] Data indicates that 92% of all births take place in hospitals (private and public).[242]

However, maternal deaths increased from 18 deaths per 100 000 live births in 2019 to 47 in 2021, more than 50% of which are attributed to COVID-19 (as per initial investigations). Excess mortality was estimated at around 15.4% in 2020 and 34.4% in 2021.[243]

In 2023, UNICEF reported that some 40% of doctors, including those that work specifically with children and women, as well as some 30% of midwives, diminishing the quality of services in a country formerly seen as a regional healthcare hub.[244]

Cholera and Acute Watery Diarrhoea (AWD): The risk of cholera is considerably increased in humanitarian emergencies when there are significant population movements. In the current context, there has been a surge in population movements to Syria in recent weeks.[245]

Overcrowding may contribute to the spread of infectious diseases.[246] Displacement frequently leads to reduced access to basic services, exacerbating previously discussed risks arising from food and water insecurity. Several sources have noted that collective centres are not equipped to supply the number of IDPs that they are hosting, which increases public health risks in these shelters.[247]

In October 2022, Lebanon experienced its first cholera outbreak in nearly three decades, following the detection of the first laboratory-confirmed case.[248] During that last cholera outbreak in 2022, a total of 8007 suspected cases and 671 laboratory-confirmed cases with 23 associated deaths (CFR 0.29%) were reported across the country. The outbreak underlines the fragile state of critical infrastructure and services in Lebanon, including water and wastewater treatment, which are at risk of collapse without urgent support and sustainable solutions over the long term.[249]

No cholera cases were recorded to date across the country (as of 1 October 2024), and the laboratory tests of the suspected cases were negative. Cholera remains a significant public health concern and MoPH together with WHO and other partners are enhancing cholera prevention and control measures in Lebanon while leveraging the lessons learned from the last cholera outbreak.[250]

On 19 August, the Ministry of Public Health in Lebanon announced the launch of a pre-emptive oral cholera vaccination (OCV) campaign with the aim of preventing potential cholera outbreaks in high-risk areas. The campaign targets 350 000 individuals aged one year and above residing in high-risk areas in 5 out of Lebanon's 8 governorates.[251]

The challenging economic situation Lebanon faces has impacted multiple sectors, including water supplies and sanitation, severely compromising access to clean drinking water. Lebanon's health system has faced major stresses which are now compounded by escalating hostilities along the country's southern border.[252]

As of 4 June 2024, 29 acute watery diarrhoea patients were enrolled through the AWD sentinel surveillance system and tested negative with cholera RDT. These cases were identified in Baalbeck (20), Hermel (7) and West Bekaa (2).[253] The surveillance team and partners continue to closely monitor the AWD cases with high vigilance and water samples have been collected for testing.[254]

Malnutrition: The drivers of malnutrition are often linked to increased poverty levels, poor infant and young child feeding practices (IYCF), and/or poor access to health services, all of which are more and more prevalent in the country. In Lebanon thousands of children, including Syrian and Palestinian refugees' children – especially the youngest, girls, the poorest or the most marginalized – do not have sufficiently nutritious diets.

A 2021-2022 survey about "Nutrition in Lebanon" showed that 3 in 4 children under age 5 experienced food poverty, which means their diets included only four food groups at most. Even more alarmingly, over 1 in 4 children under age 5 live in severe food poverty, meaning, the diets of 85 000 Lebanese, Syrian and Palestinian refugees' children, include at most two food groups, a few spoonsful of porridge and a small cup of milk may be their only meal of the day, every day, leaving them highly vulnerable to severe stunting and wasting – the most life-threatening forms of undernutrition in early childhood.[255] However, while wasting and stunting prevalence is low nationally, data points to pockets of wasting spread geographically and it is relatively high in Syrian camps (25.8%).[256]

While Lebanon has made some progress towards achieving the target for stunting, 16.5% of children under 5 years of age are still affected, which is lower than the average for the Asia region (21.8%).[257] Lebanon is 'on course' to meet one target for maternal, infant and young child nutrition (MIYCN). No progress has been made towards achieving the target of reducing anaemia among women of reproductive age, with 28.3% of women aged 15 to 49 years now affected. Meanwhile, there has also been no progress towards achieving the low-birth-weight target, with 9.2% of infants having a low weight at birth.[258]

There is insufficient data to assess the progress that Lebanon has made towards achieving the target for wasting; however, the latest prevalence data shows that 6.6% of children under 5 years of age are affected. This is lower than the average for the Asia region (8.9%).[259]

According to the Global Nutrition Report 2024, there is insufficient data to assess the progress that Lebanon has made towards achieving the exclusive breastfeeding target, nor is there adequate prevalence data.[260] Amongst Syrian refugees, breastfeeding boasts promising statistics – 75% of infants ever initiated, 55% continuing and 35% of young infants exclusively breastfed – concerns linger when examining overall infant and young child feeding practices. While 54% of 6–8-month-olds receive complementary foods alongside breast milk as recommended, a concerning gender disparity exists. The most critical issue lies in dietary diversity: only 17% of 6–23-month-olds consume a varied diet exceeding four food groups, with most receiving just one or two. This, coupled with a decline in children meeting minimum meal frequency recommendations (from 11% in 2022 to 7% in 2023), paints a worrying picture.[261]

Measles: As of 4 June 2024, since the start of 2024, a total of 48 suspected measles cases have been reported at the national level, indicating a decrease compared to the number of cases observed in the previous year. Among these cases, 10 cases were lab-confirmed.[262] Baalbeck-Hermel district has the highest measles attack rate, while the most affected age group was under 5 years. There were no active clusters of measles cases recorded among displaced populations in the South. Overall, 45 out of 48 measles cases reported were zero-dose children, which means those children had not taken a single dose of measles-containing vaccines throughout their life course.[263]

Hepatitis A: This summer is bringing higher-than-normal temperatures in Lebanon, causing an uptick in food- and water-borne communicable diseases, mainly viral hepatitis A. On April 30, 2024, the Ministry of Health reported 40 Cases of viral hepatitis A in Kamed al-Lawz.[264] Since the start of 2024, a total of 1346 suspected Hepatitis A cases have been reported from health facilities across the country (as of 4 June 2024). Among the cases reported, 31.2% are between 10- 19 years old, followed by 29.4% among 20-39 years old, and 24.2% among 5-9 years old. The reported suspected Hepatitis A cases were distributed in North (595), Beqaa (486), Mount Lebanon (117), South (67), Nabatieh (36), Beirut (23), and unknown (22). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.[265]

Poliomyelitis (cVDPV2): Since the start of 2024, the national surveillance system was able to detect 34 suspected AFP cases (as of 4 June 2024). All reported AFP cases had received at least one dose of a polio-containing vaccine. Out of 34 reported AFP cases, 29 were Lebanese and 5 were Syrian. Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection. [266] The Surveillance unit at the Ministry of Public Health (MoPH) remains vigilant with active AFP/ Polio case monitoring and environmental monitoring.

Respiratory Tract Infections, including COVID-19: While no longer classified as a public health emergency, COVID-19 remains a persistent public health concern requiring ongoing monitoring. [267] In Lebanon, a total of 141 new COVID-19 cases with no associated death were reported during this reporting period.[268] The positivity rate remains stable at 4.8%, with a case fatality ratio standing at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 1%. As of 29 May 2024, Lebanon has registered a total of 1 252 497 COVID-19 cases and 11 001 deaths since the start of the pandemic.[269]

HIV/AIDS: Reported cases of HIV have remained stable at around 200 new cases per year, with persistent high prevalence among men who have sex with men. [270] In 2019, the National figures are showing zero new HIV infection among new-borns.[271] As of 2022, Lebanon was providing treatment to more than 60% of people who know their status.[272]

Tuberculosis (TB): Lebanon remains a low TB burden country with an estimated total TB incidence of 11 per 100 000 populations, an estimated HIV-negative TB mortality of 0.88 per 100 000 populations and a treatment coverage of 87%.[273] In alignment with the WHO Framework for TB Elimination in Low Incidence Countries and the latest Lebanon Health Strategy, the new NSP to End TB in Lebanon was developed in 2022 for the period between 2023-2030. The plan included one goal and four objectives, all focused on TB elimination.[274] The trend of TB notification which increased from 2012 onwards due to the influx of Syrian refugees and to the migrant workforce present in the country drastically dropped over the past 2 years and this is mainly attributed to the decline in notification among migrants.[275] A total of 658 cases were treated for active TB in 2020 compared to 479 in 2021; the drop is mainly attributed to a decrease in the number of migrant workers, who constitute more than 30% of all cases.[276]

Meningitis: Since the start of 2024, a total of 109 suspected meningitis cases with 11 associated deaths were reported across the country (as of 4 June 2024). The South is the most affected governorate based on incidence per 100 000. These suspected meningitis cases were distributed in Mount Lebanon (31.2%), South (20.2%), Beirut (7.3%), Bekaa/ Baalbeck Hermel (11.9%), North/Akkar (10.1%) Nabatieh (2.8%) and unspecified (16.5%). Upon further specimen testing (CSF and serum), 42 of these cases were classified as bacterial infection. Culture results showed 9 cases of S. pneumoniae and 4 HI. [277]

West Nile Fever: Diagnosis of West Nile Fever is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where West Nile fever has surged in Israel, with case numbers at their highest levels in nearly 25 years.[278] At least 175 people in Israel have contracted the virus so far this year - a 400% increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health.[279]

Rabies: Lebanon is a country where rabies is endemic. There are 7369 cases of animal bites in the country between 2005 and 2016, with an average of 614 bites per year. Rabies bites are increasing especially among Refugees in informal settlements, with 8 deaths reported in 2023. The reported cases were dog bites (91%).[280]

Skin infections, including cutaneous leishmaniasis: Lebanon has witnessed skin disorder outbreaks associated with the refugee crisis, mainly leishmaniasis, scabies and lice infestations with little data about bacterial and fungal infections and a minor surge in reports of leprosy.[281] In 2019, Lebanon reported 320 cases of cutaneous leishmaniasis as one of several new cases of neglected tropical diseases requiring individual treatment and care.[282]

Mpox: While Mpox no longer constitutes a global public health emergency, it continues to pose a significant threat to the health of individuals and high-risk populations. Since the first case was detected on the 14th of June 2022, the MoPH in Lebanon has detected and reported 27 laboratory-confirmed cases of Mpox. No new Mpox case was detected or reported from Lebanon since January 2023. [283]

DETERMINANTS OF HEALTH

Agricultural Production

Moreover, the escalating clashes in the South are directly affecting livelihoods, especially in the agriculture sector, which constitutes around 80% of southern Lebanon's GDP, with a direct financial loss estimated at USD 1.2 billion as of February, including the estimated cost of affected agricultural land. Additionally, the indiscriminate use of white phosphorus on agricultural lands had led to fires that destroyed an estimated 1240 hectares of land, more than 47 000 olive trees and other crops and 340 000 farm animals lost, which will likely have long-lasting impacts on the agricultural sector in southern Lebanon, with potentially irreversible damage to land and crops.[284]

More broadly the conflict has caused severe damage to the agricultural land of the Nabatieh and South Governorates, which encompass 21.5% of Lebanon's cultivated land and serve as the primary source of income for many families.[285] More broadly, climate change hazards are expected to worsen. By the end of the century, a mean annual temperature rises of up to 4.3°C is expected and total annual precipitation could decrease by about 25%.[286] Drought events and wildfires are projected to increase under a high emissions scenario. This would have a severe impact on food security and subsequently worsen malnutrition among the most vulnerable groups. [287]

Economic Crisis

Since 2019, Lebanon has simultaneously faced an unprecedented and multifaceted economic, financial, social and health crisis.[288] In 2022, the World Bank report reported poverty reached 44% of the total population, more than tripling in ten years.[289] Without a functioning government, Lebanon's presidential vacuum has resulted in local clashes and further destabilization of the country's delicate political balance. State bankruptcy has weakened public services, including electricity, and by extension, life-saving health care. The Russo-Ukraine war has disrupted grain supplies, causing food insecurity.[290]

These challenges reflect several development deficits such as weak infrastructure, lack of preparedness and high exposure to catastrophic hazard events, which are aggravated by the combination of poor environmental governance and climate change.[291] Vulnerable populations have been deeply affected by a sharp increase in socio-economic needs, gaps in critical supply chains and limitations on access to food, healthcare, education, employment and other basic services, while at the same time the devaluation of the Lebanese Pound have had a profound impact of the import dependent economy, significantly weakening individual and institutional purchasing power.[292]

The protracted economic and financial crisis over the past five years has led to the de facto dollarization of the Lebanese economy despite the Banque du Leban's efforts to stabilize the Lebanese pound at 89 500 pounds to the dollar, which has slowed inflation rates in recent months.[293] Monthly inflation reached 1.7% in April 2024, the same level as in March 2024. Food yearly inflation decreased from 350% in April 2023 to 33% by April 2024, while yearly general inflation decreased from 269% to 60%, and yearly energy inflation from 270% to a 2% deflation over the same period. As of late May 2024, Lebanon no longer ranks among the top ten countries with the highest year-on-year food inflation worldwide.[294] However, in July 23, the credit ratings agency Fitch Ratings announced that it would no longer provide an assessment of Lebanon due to the government's failure to provide adequate information. The move, which will further restrict the nation's ability to obtain foreign financing, is just the latest blow to Lebanon's financial outlook.[295]

Energy Shortages

Fuel shortages have left critical water pumps idle, increasing reliance on suspect water sources in vulnerable communities such as informal tented settlements. The cholera outbreak in October 2022 highlighted the consequences of faltering infrastructure, putting an already strained healthcare system with limited capacity under more pressure.[296] Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities.[297]

Technological and environmental hazards

The destruction of infrastructure and residential buildings due to the ongoing conflict has created substantial long-term health risks.[298] Exposure to hazardous materials, including toxic chemicals and debris from damaged structures, could significantly increase the risk of respiratory illnesses, dermatological conditions, and other severe health complications. Inhalation of particulate matter, particularly in densely populated urban areas, is especially concerning for vulnerable groups such as children, the elderly, and those with pre-existing health conditions.[299]

There have been several reports on the use of white phosphorus in bombs, that in addition to the damage it is having on agricultural lands, crops and livestock and the long term financial and environmental impacts, is also exposing the population to its harmful effects, through all routes of exposure. Health impacts can range from deep and severe burns to delayed systemic effects in case of severe exposure, such as cardiovascular effects and collapse, as well as renal and hepatic damage.[300]

Protection Risks

- **Gender Based Violence (GBV):** Lebanon's standing on the 2023 Gender Gap Index underscores significant gender disparities, ranking 132nd out of 146 countries.[301] Women and girls remain more affected by sexual and gender-based violence (GBV) than men and boys, due to entrenched gender inequalities. Displaced women are feeling a lack of privacy that hinders their willingness to share concerns freely. Also, the prioritization of family basic needs may act as a significant barrier to report GBV or access services. In collective shelters, women are concerned about access to clean and safe toilets, as well as continuous access to feminine hygiene products. They are also reluctant to participate in activities organized by GBV actors as they are afraid of the stigma.[302] The Protection Cluster reports that despite reports indicating the presence of targeted beneficiaries in high-risk zones, available support services remain severely constrained. Meanwhile, in South Governorate and Nabatieh City, in-person activities persist, albeit with limitations. The shift to online activities due to safety concerns poses new challenges, particularly in the disclosure of GBV cases, where face-to-face interactions offer a safer environment for survivors to share their experiences.[303]
- **Child Protection:** Child poverty is on the rise in Lebanon, in line with overall poverty rates. The economic crisis has pushed families deeper into poverty, leaving them unable to meet their basic survival needs, and resort to negative coping mechanisms such as child labour and child marriage.[304] Child marriage increased among displaced Syrian girls in 2022, with 22% of girls and young women aged 15-19 married as compared to 20% in 2021. Similarly, child marriage is increasing among Palestine Refugees in Lebanon and Palestinian Refugees from Syria. [305] Amongst Syrian Refugees, six out of ten children aged between 1 and 14 years of age experienced violent discipline by caregivers in one month preceding the survey. [306] The education sector has been severely impacted by the public health and socio-economic crises, with ongoing school closures preventing the most marginalized girls and boys from advancing their education. [307] Since the onset of the conflict along the southern border, security challenges led to partial or full closure of 72 public schools, affecting around 20 000 enrolled students.[308]
- **Mine Action:** Ongoing protection risks persist, including physical harm from explosive ordnance.[309] Explosive ordnances impact more than 6.9 million square meters of land within UNIFIL operational area, and due to the economic crisis, increasing numbers of people are engaged in risk-taking activities within this area.[310] The use of explosive weapons in populated

areas is the one of leading causes of harm to civilians in armed conflict worldwide. Civilians are killed and injured, with many experiencing life-changing injuries and yet more suffering severe psychological harm and distress.[311] Damage and destruction of vital infrastructure including housing, hospitals and schools causes further harm. Unexploded ordnance poses an ongoing threat to civilians during and long after hostilities have ended, impeding the safe return of refugees and displaced persons.[312]

- **Statelessness:** The last time Lebanon completed a full population census was in 1932, nearly a century ago. There are now around 27 000 stateless people across the country.[313] Notably, statelessness is often passed down through the generations, as children born to unregistered Lebanese parents generally do not receive official documentation, leaving them unable to attend school or receive healthcare, among other basic rights and services. Once they reach adulthood, this lack of documentation creates a domino effect, as they will not be able to register their own marriages, births or other events that require a trip to the civil registry.[314] Lack of legal residency exposes refugees to exploitation and hampers access to justice.[315] Increases in restrictive measures and significant delays in appointments for residency renewal and the issuance of civil documentation, due to high demand, limited capacities, strikes among civil registry offices in the southern governorates, and the recent Budget Law, which includes substantially higher legal fees and taxes, is significantly impacting partners' ability to support displaced people in need of legal aid.[316]

Education

Children's access to education has also been directly impacted. Most of the 795 buildings that serve as collective centres are schools/educational establishments, affecting access to education for students. This adds to existing challenges for education caused by the COVID-19 pandemic, political instability, economic downturns, and continuous conflict. The start of the new school year has been postponed until October, exacerbating the impact on children. [317]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

The health system in Lebanon has been challenged by the ongoing economic crisis and the impact of the Beirut blast of August 2020 and overwhelmed by the increasing burden of Syrian refugees' needs.[318] Critical shortages of specialized medical doctors and health workers, medicines and medical equipment, and other health supplies have added more layers of complexity to the challenges facing the health system and the health of the population.[319]

Following many continuous years of addressing health needs across populations, the overstretched health system has struggled to bear the pressure caused by the growing demand for public healthcare, the scarcity of resources (including energy, human resources, medical equipment and medication) and increased financial hardship.[320] One non-governmental organisation operating in the health sector has gone so far as to describe the health system as being "at a breaking point".[321]

Functionality and Capacity

Lebanon's health system has been thrust into crisis following the explosion of message-receiving devices on 17 and 18 September, and the events that followed.[326] The explosions caused a surge of nearly identical injuries—amputations, eye trauma, and shattered hip and femur bones—straining hospitals capacity to a near-breaking point.[327] The devices, including pagers and VHF radios, exploded simultaneously, leading to a mass influx of patients requiring rare, specialized surgeries, such as ophthalmological and orthopaedic interventions. Compounding the challenges, only two hospitals in Lebanon are prepared to treat burn patients.[328]

The health system continues to be impacted and overstretched by the new escalation in violence. Lebanon's health system is facing critical shortages of essential medicines, medical supplies, equipment, and human resources. Hospitals are struggling to procure essential medicines for chronic diseases and life-saving interventions due to the skyrocketing cost of drugs following the removal of subsidies. The use of white phosphorus in recent airstrikes has further exacerbated the situation.[329]

At least 96 primary health care centers (PHCCs) and dispensaries, as well as three hospitals, have been forced to close because of the conflict, severely limiting access to critical medical care in surrounding areas. Additionally, MoPH reported damage to at least ten hospitals across the country.[330] Additionally, 3 hospitals have been evacuated and 2 hospitals partially evacuated.[331]

Restricted movement because of insecurity and the targeting of public services, such as hospitals, is a key constraint.[332] Bombardments have led pharmaceutical companies to halt medical supply deliveries to hospitals in the south. Consequently, hospitals rely on staff to procure supplies from Beirut, Nabatiye, or Sour districts, delaying the provision of health services.[333] Other air strikes have targeted vehicles on main roads, further complicating travel. The clashes have damaged infrastructure, including hospitals and schools, and closed at least six primary healthcare facilities in Marjayoun and Bint Jbeil districts, severely limiting healthcare access, especially for those requiring regular medication.[334]

In 2023, the hospital sector offers a total capacity around 13 000 beds, of which only 2000 are available in the 27 operational public hospitals.[335] However, because of the current crisis (both financial and COVID-19-related) more than 30% of private hospital beds are closed, average monthly inpatient admissions have dropped by at least 15% and the average monthly inpatient days have dropped by 25%.[336]

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS

Key information on disruption of key health system components

ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
90% of Lebanese report unaffordability of healthcare (2023).[322]	Many studies highlight the **intricate dynamics between the economic downturn** and shortage of medical supplies.[323]	At least **96 primary health care centers (PHCCs)** and dispensaries, as well as three hospitals, have been forced to close.[324]	**Total of 35 attacks on healthcare** including 73 deaths and 74 injuries.[325]

Most hospitals are working at around 50% capacity due to fiscal and financial restrictions. Shortages in medical supplies and medications are frequently observed, especially after the Government decided to lift financial subsidies along with imposing restrictions on foreign currency.[337] Essential medicines to treat chronic diseases and antibiotics are increasingly difficult to obtain, impeding access to adequate health care for Lebanese, Palestinian and migrant households.[338]

The country has also witnessed the closure of hundreds of private pharmacies (as reported by the Order of Pharmacists of Lebanon). This is negatively affecting the timeliness, quality and safety of health care. The COVID-19 pandemic revealed the suboptimal readiness and preparedness of the public health system in responding to emergencies, as well as the unwillingness of the private sector to be frontliners in responding to pandemics.[339]

The yearly market size of the hospital sector (private and public) is estimated at around US$ 800–1000 million per year, serving around 12% of the population, with an average 800 000 admissions per year.[340] However, because of the crisis, reimbursement to hospitals by third parties (government and private insurances) has dropped by 90%, threatening the financial and operational viability of both the private and public hospital sector. [341]

The MOPH, to sustain functionality and financial viability of the hospital sector, adjusted the Hospital tariffication, in view of the severe national currency devaluation. While this measure was commended by the Hospital sector, the adjustment does not account for all the devaluation impact, particularly that the MOPH subcontracts more than 70% of all hospitalizations at the private sector. Hence, out of pockets expenditures on health and hospitalization is still very high, and exposing most vulnerable population groups to serious financial hardships

Health Needs

A 2023 MSNA published in June 2024 found that the livelihoods sector was the primary driver of need across all population groups, with 44% of households reporting unmet livelihood needs, followed by health (24%) and protection (9%).[342] While livelihoods and health were consistently identified as the top sectors driving households needs among all population groups, the third driver varied: WASH was the third driver of need among Lebanese households, protection among Migrant households, and food security among PRL households. [343] Health was the primary driver of needs for households with at least one member with a disability. This means that in all those households, the member with a disability had a healthcare need in the three months before data collection.[344]

Health work force

As of 2 October 2024, since 8 October last year, at least 77 health workers have lost their lives in a series of attacks as the conflict in southern Lebanon intensified, with a sharp rise in the number of damaged health facilities.[345] The MoPH report 97 health workers have been killed, including those not on active duty.[346] Within 24 hours on the 3 October 2024, 28 health workers were killed, underscoring the alarming escalation of violence and its devastating impact on those providing life-saving care.[347]

Health workers in Lebanon are facing challenging circumstances as they confront death and destruction on a personal and professional level. Overworked and under-resourced, the health workers continue to perform vital surgeries and life-saving interventions, while facing personal and professional stress.[348]

The insecurity has also resulted in a shortage of doctors and nurses, with unsafe roads preventing them from reaching their workplaces. Some Israeli air strikes have targeted healthcare staff; in March, an air strike killed seven volunteer paramedics.[349] Many healthcare workers have been displaced, especially in the South, Bekaa and South Beirut. [350] The MoPH is developing strategies to recruit additional healthcare

workers to fill the gap at priority hospitals. Emergency Medical Teams (EMT) are under consideration to expand trauma and surgical capacity in hospitals. [351]

Mor broadly, in terms of human resources for health, Lebanon has historically suffered from severe imbalance in resources, with a surplus of medical doctors and a significant shortage of nurses, paramedical staff and health managerial staff.

However, the economic crisis has accelerated the exodus of health care workers. The professional orders estimate that around 40% of medical doctors have permanently or partially emigrated, and some 20% of the nursing workforce have left the country.[352] Evidence suggests that the main drivers for emigration are low wages, poor job satisfaction and motivation, persistent shortage of basic supplies, dangerous working conditions, outdated equipment, lack of supervision and postgraduate training, limited career opportunities, and lack of employment opportunities.[353] This trend is jeopardizing the timeliness and quality of health care in the country.[354]

Moreover, a similar exodus is observed at the Ministry of Public Health, whereby it is currently operating with less than 30% of its initial staff capacity, both centrally and at peripheral areas. This is jeopardizing the continuity of critical programmes, as well as the regulatory capacity of the Ministry of Public Health. [355] A summary of the health work force situation as of 2023 is below:

Personnel per 10 000 population	Physicians	Nursing and midwifery	Dentists	Pharmacists
Lebanon[356]	18 (GIS 2023)	18.7 (National data, 2023)	15.6 (2019 data)	20.3 (2019 data)

Health Finance

In 2017, around 47.6% of health expenditure was financed through government and compulsory contributory schemes, while 52.4% was financed through private voluntary schemes and household out of-pocket payments. Social health insurance represented 23.4% of total health expenditure and 49% of government and compulsory contributory schemes. It was estimated that 33.0% of total health expenditure was financed from direct out-of-pocket payments. Around 52.5% of total current health expenditure was spent on curative and rehabilitative care, 27.2% on medical goods, 4.6% on ancillary services, 8.7% on health administration, and 7.1% on all other services (including preventive care). Considering the severe and complex crisis, especially the financial and fiscal crisis where the Lebanese pound has been devalued by 13 times against the US dollar, most of these health financing and expenditure figures and estimates need to be revised.[357]

Attacks on Healthcare

The Surveillance System for Attacks on Health Care (SSA) has recorded 35 attacks on healthcare including 73 deaths and 74 injuries.[358] These attacks have severely affected health infrastructure, with 18 incidents impacting health facilities and 20 affecting medical transport. Additionally, 3 hospitals have been evacuated and 2 hospitals partially evacuated. [359] Additionally, 26 attacks targeted health personnel.[360] Since 8 October last year, at least 73 health workers have lost their lives in a series of attacks.[361]

Health Access

Lebanon was already amid a dire humanitarian and economic crisis before the escalation began, with two out of three people living in poverty and an overburdened and overstretched health care system facing increasing pressure. For many, health services are out of reach due to the cost of

transportation and the cost of care. [362] Refugees face an additional barrier to accessing care: fear of deportation. [363]

The health sector is witnessing access constraints to basic and life-saving healthcare services due to reduced purchasing capacity.[364] Affordability remains the main barrier to accessing health care services across all population groups, where 80% of population is under the poverty line. Additional barriers that continue to hinder the accessibility and timely use of services in Lebanon at the supply-and demand levels are related to availability, geographical accessibility, and acceptability.[365]

Consequently, the access to primary and hospital care was hindered from both the supply and demand sides at both the individual and the institution levels. In 2022, it was found that only 76% of refugees were able to access health care.[366] In August 2022, a survey found that dissatisfaction with health services exceeded previous years, with 67% assessing the current quality of health services in their area as poor or worse. [367]

In the last three months, about 17% of individuals had a health problem that required access to healthcare compared to 18% in 2022 and 82% of these individuals were able to access the needed health care compared to 73% in 2022.[368] Among individuals requiring health care, 88% needed primary health care (PHC), 10% needed secondary health care (SHC) and 2% needed both PHC and SHC. The percentage of individuals in need of health care who were able to access PHC was 82% and those who were able to access SHC were 76.9%.[369]

The predominant obstacle to accessing necessary care was the cost, encompassing both direct expenses such as consultation fees and indirect costs such as transportation. Moreover, long waiting times for the service were also mentioned as a main barrier. The percentage of refugee children under the age of two who suffered from at least one disease in the two weeks prior to the survey was 32%, which showed an increase over the past three years when the percentage was around 24%.[370]

The 2021 MSNA revealed that up to 25% of households are exhausting their coping mechanisms for accessing health care, stating that inflated health care cost due to devaluation of the currency and the lifting of the government subsidy on the medications are the most important reasons for coping. Around 87% of Lebanese, 86% of Palestinian refugees, 50% of migrant households and around 20% of Syrian refugees reported having experienced barriers that prevented them from accessing medications when needed during the last quarter of 2021. [371]

HUMANITARIAN HEALTH RESPONSE

The Minister of Public Health (MoPH) is overseeing the health response, with Lebanese health services striving to address the urgent health needs of people affected by the hostilities—including those displaced—while attending to the wounded in overwhelmed hospitals.[372]

In response to the impacts of the simultaneous explosions of pagers and two-way radios on 19 and 20 September, the Minister of Public Health (MoPH) activated the Command-and-Control Center (CCC) to ensure effective coordination and patient distribution to different hospitals. MoPH is now coordinating emergency care and chronic illness treatment for people.[373]

WHO has worked closely with the MoPH to prepare the Lebanese health system for the management of mass casualty events while maintaining the delivery of essential health services. To sustain the coordination of the response, WHO has been supporting the MoPH Public Health Emergency Operations Center (PHEOC) through providing staffing, financial and technical support[374]. WHO, UNICEF and other health partners have also provided essential health supplies and worked with the MoPH to integrate mental health and psychosocial services into hospitals. However, available health stocks are insufficient for the worsening crisis and restocking is urgent after recent events.[375]

As part of the Flash Appeal for Lebanon, launched on 1 October 2024, the Health Cluster have identified 1 million people in need, and require US 40 million to target 400 000 people, with the support of 39 implementing partners.[376]

As of 27 June 2024, Health Sector partners have undertaken a range of actions in response to the recent escalation in hostilities. The response has included a range of health services provided through primary healthcare satellite units (PSU) (with a total of 74 209 health services provided to date). [377]

INFORMATION GAPS AND RECOMMENDED INFORMATION SOURCES		
	Gap	**Recommended tools/guidance for primary data collection**
Health status & threats for affected population	Need to show where the outbreak-prone disease burden is, to allow rapid targeted outbreak response and disease-control activities	Expansion Early Warning Alert and Response System
	Need first-hand evidence on the current health status and estimation of the burden of disease in the shelters. Used for prioritization among potential needs	Health Needs Assessment
	Burden of trauma and disabilities	Shelter-based trauma survey
	Nutritional status	Nutrition assessments / Anthropometric measures
Health resources & services availability	Need a snapshot on the functionality of health facilities, accessibility and availability of services and helps identify the bottlenecks for non-functionality of services.	HeRAMS (WHO)
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Data required regarding health needs of population, despite limitations of access and delivery due to conflict.	Support from UN, INGOs, NGOs, and local health authorities required

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