





Public Health Situation Analysis (PHSA)

This is the fifth update to the WHO PHSA for Lebanon.

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) ¹	INFORM (2025) ²
 Conflict	Trauma and Injuries (including rehabilitation)	Grade 3	High (5): Central Area and East	Lebanon: 6.6/ 10 (High)
 Displacement	Mental Health			
 Epidemics	Cholera and Acute Watery Diarrhoea (AWD)		Substantial (4): North and South NLR	Global Risk Ranking: 19 out of 191 countries
 Drought	Non-Communicable Diseases (NCD)			
	Maternal and Neo-natal Health Risks			
	Malnutrition			

SUMMARY OF CRISIS AND KEY FINDINGS

Violations of the ceasefire have continued to rise across Lebanon, with attacks on Beirut's Southern Suburbs for the first time since the agreement came into effect in November 2024.³ June 2025 witnessed a pronounced intensification of Israeli military activity in Lebanon, characterized by an escalating use of airstrikes, drone warfare, and strategic signalling.⁴

Lebanon's Ministry of Public Health (MoPH) reports that, since October 2023, over 17 300 people were injured and more than 4100 were killed in Lebanon (as of February 2025).⁵ According to OHCHR, at least 71 civilians, including nine children and 14 women, have been killed in Lebanon during the ceasefire period.⁶

Following Israel's partial withdrawal from South Lebanon, while maintaining positions in five border areas, ceasefire violations persist. As of the end of May, nearly 981 500 internally displaced people (IDPs) have returned home, while 82 700 remain displaced, including 914 in collective shelters.⁷ Meanwhile, 39 800 Syrians fleeing Syria's coastal areas arrived in North Lebanon, many seeking refuge in mosques, community halls, or with vulnerable families.⁸ Given the complexity and fluidity of population movements in the country, these observed returns cannot be considered permanent and should be viewed as a snapshot in time, as many people remain on the move.⁹

As communities attempt to recover, families are returning to villages that have been decimated by violence and health workers are coping with the chaos of the past 16 months, placing immense pressure on Lebanon's health system.¹⁰ Health workers are seeing an increased demand for hospitalization, complex medical interventions, and mental health services.¹¹

Health services have been severely impacted, and the widespread damage to water, sanitation, and municipal infrastructure heightens the risk of disease outbreaks.¹² The conflict, which impacted one in ten hospitals and killed 241 health workers while on duty, has taken a devastating toll on health infrastructure, resulting in overwhelming health needs.¹³ Vaccination coverage has plummeted, leaving children vulnerable to preventable diseases, while thousands of individuals with life-changing traumatic injuries

urgently require reconstructive surgery.¹⁴ Additionally, after enduring over a year of profound suffering, addressing mental health needs is critical to fostering recovery and resilience.¹⁵





The level of damage to homes, basic services and other public infrastructure has outstripped that of the 2006 conflict. In 2025, the situation continues to evolve, with thousands of households navigating complex challenges as they seek stability in the aftermath of the conflict and amidst ongoing violations of the cessation of hostilities agreement.¹⁶

One in five people in Lebanon – around 1.17 million individuals – are facing crisis or emergency levels of acute food insecurity between April and June 2025. While this figure reflects gradual recovery compared to figures from earlier this year, when 1.65 million people were affected following the conflict, gains remain fragile without sustained support. This gradual recovery in food security levels is attributed mainly to the ceasefire agreement, a short-term increase in food assistance, and relative recovery in some local markets.¹⁷



Figure 1- Lebanon: Location Map (OCHA, July 2025) ¹⁸

HUMANITARIAN PROFILE

			
HUMANITARIAN NEEDS	HEALTH NEEDS	DISPLACEMENT	CASUALTIES
Flash Appeal 2025 Target: 1 million people ¹⁹	Flash Appeal 2025 Target: 500 000 people ²⁰	As of the end of May, 82 700 remain displaced, including 914 in collective shelters. ²¹	Since October 2023, over 17 300 people were injured and more than 4100 were killed (as of February 2025). ²²

Humanitarian Response to Date

Under the leadership of the Humanitarian Coordinator and in collaboration with the Government of Lebanon, the UN and humanitarian partners are intensifying efforts to meet the escalating humanitarian needs.²³ The humanitarian response in Lebanon is coordinated by several plans, described below.

- **2025 Lebanon Response Plan (LRP):** The LRP is an integrated humanitarian and stabilization response plan co-led by the Government of Lebanon and the United Nations, supported by international and national partners.²⁴ Based on the needs identified by affected communities, the Government and its partners, the LRP presents a prioritized and evidence-based appeal of \$2.72 billion in 2024 and \$3.16 billion in 2025 to fund partners' coordinated interventions across ten sectors.²⁵
- **2025 Flash Appeal for Lebanon:** The 2025 Flash Appeal for Lebanon is a coordinated effort by the humanitarian community, extending the initial appeal launched in October 2024, to provide urgent life-saving assistance and protection to 1 million people directly impacted by the escalation of hostilities and displacement. The appeal, which seeks US\$371.4 million, is fully complementary to the Lebanon Response Plan (LRP) 2025. As of 15 July 2025, funding was at 34%.²⁶

Lebanon's crises have been further exacerbated by a significant reduction in U.S. humanitarian and development assistance to Lebanon, officially announced in early 2025.²⁷ This shift in policy led to the suspension or scale-down of several vital aid programs, including food assistance, health services, and education support, at a time when humanitarian needs were at their peak. The withdrawal of this critical funding has severely weakened the capacity of humanitarian actors to respond effectively, further straining already overstretched systems and leaving vulnerable populations with diminished access to essential services.²⁸

Internal Displacement

Following Israel's partial withdrawal from South Lebanon, while maintaining positions in five border areas, ceasefire violations persist. As of the end of May, nearly 981 500 internally displaced people (IDPs) have returned home, while 82 700 remain displaced, including 914 in collective shelters.²⁹

Lebanon's fragile context deteriorated sharply following the outbreak of armed conflict along the southern border in mid-2024, which escalated into full-scale hostilities between July and November 2024. At the height of the conflict, over 900 000 people were displaced in Lebanon.³⁰ The Israel-Lebanon ceasefire agreement on 27 November 2024 led to a mass movement of people returning home to areas where

infrastructure was damaged during the conflict and is potentially contaminated with unexploded ordnance.³¹ Hundreds of thousands of people have returned to their homes and villages in southern Lebanon. Many of them saw their homes destroyed by the Israeli bombardment and remain displaced.³²

Overall, the situation remains complex with returning households facing homes damaged or destroyed, livelihoods lost, limited access to basic services and presence of unexploded ordnance (UXOs). With resources scarce and multiple needs across sectors, the situation risks heightening social tensions and destabilizing communities.³³

Limited access to basic services which include cash, healthcare, markets, and food, has remained a critical challenge. The primary barrier preventing households from meeting their basic needs was reported to be financial constraints, driven by lack of income, limited cash availability, and rising prices of goods and services. The priority needs identified were heating sources, cash, food and health support. As communities recover after the ceasefire, demand for livelihood opportunities is expected to grow, alongside ongoing needs for infrastructure rehabilitation and winter heating.³⁴

Cross Border Displacement

Meanwhile, 39 800 Syrians fleeing Syria's coastal areas arrived in North Lebanon, many seeking refuge in mosques, community halls, or with vulnerable families.³⁵ Mobility trends remain dynamic, following renewed violence in Syria, and continued airstrikes across Lebanon, including in Beirut.³⁶

Since 8 December 2024 and as of 30 June 2025, UNHCR estimates some 628 029 Syrians have crossed back to Syria via neighbouring countries, including 191 956 via or from Lebanon - half of whom were transiting or temporarily returning.³⁷ During June, the trend of total entry and exit movements (not just return movements) of Syrians at official land crossing points shows a 20% increase compared to May. This is likely as a result of increased movements over Eid al-Adha.³⁸

With the shift in the political and humanitarian situation in Syria and the region since 8 December 2024, many refugees expressed a renewed sense of hope but are adopting a “wait and see” approach to return.³⁹ Nearly 90% of the population is still living outside of collective shelters.⁴⁰ Overcrowding persists, with no available housing capacity, and many shelters lack connections to water, sewage, and electricity networks. Overall, the shelter situation remains dire.⁴¹

Food Insecurity

The most recent Integrated Phase Classification (IPC) Acute Food Insecurity Analysis, updated in May 2025, showed a slight improvement compared to the previous analysis when 1.65 million people were classified in IPC Phase 3 or above. Now approximately 21% of the population - around 1.17 million people including Lebanese citizens, Syrian refugees, and Palestine refugees - continue experiencing high levels of acute food insecurity between April and June 2025. This improvement is mainly attributed to the enforcement of the November 2024 ceasefire, along with a temporary surge in Humanitarian Food Security Assistance targeting the most vulnerable households.⁴²

While this is progress, the sustainability of such gains is highly precarious. The impacts of conflict and the economic crisis in Lebanon continue to threaten recovery efforts, as infrastructure remains damaged, the economy remains stagnant, inflation continues rising, and funding prospects for humanitarian food security assistance in 2025 are negative. These compounding factors have further strained already fragile basic services such as health, water, electricity, and education, while political deadlock has limited effective governance and crisis management.⁴³

In this challenging environment, vulnerable populations - including Lebanese households, Syrian and Palestine refugees, and migrants- face increasing barriers to accessing basic needs and services.⁴⁴ The Households Assessment: Rapid Vulnerability and Needs Assessment conducted between January and

March 2025 reports that only 0.4% of households were always able to access quality food in the quantities needed, with 65.6% reporting limited access to quality food.⁴⁵

Since 2019, households in Lebanon have been caught in a deepening poverty crisis, driven by sustained income losses, soaring inflation, and severe currency depreciation. Assessments throughout 2023 revealed alarming vulnerabilities, showing that 325 of Lebanese, 76% of Syrian refugees, and 44% of Palestine refugees lacked the means to meet essential needs, with expenditures falling below the minimum expenditure basket.⁴⁶ Throughout 2024 and into 2025, Lebanon's socioeconomic crisis has deepened further, driven by a convergence of political paralysis, economic collapse, and escalating security threats.⁴⁷

Drought

Lebanon is experiencing its worst drought in recent history. Water levels at Lebanon's largest reservoir on the Litani River have fallen to historic lows amid what experts describe as the country's worst drought on record, threatening agriculture, electricity production, and domestic water supplies.⁴⁸ The Litani River National Authority said inflows to Lake Qaraoun during this year's wet season did not exceed 45 million cubic metres, a fraction of the 350 million cubic metres annual average.⁴⁹ A study by the authority found climate warming and shifting weather patterns have contributed to more frequent dry seasons and higher temperatures, exacerbating soil moisture loss and reducing the recharging of groundwater reservoirs.⁵⁰

In response, the Ministry of Energy and Water (MoEW) is developing a drought emergency plan, which is being shaped through ongoing discussions with the parliament and Water Establishments. Due to the drought, the state utility has slashed supply in some areas from 20 hours a day to as little as 10.⁵¹

Vulnerable Groups

Women and girls: Lebanon's standing on the 2023 Gender Gap Index underscores significant gender disparities, ranking 132nd out of 146 countries.⁵² A May 2025 survey found that across all locations, prevailing social norms reinforcing male dominance in household and community decision-making emerged as a consistent theme.⁵³ 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.⁵⁴ Furthermore, the crisis has pushed many of them into unemployment, while others find themselves economically side-lined or exploited in the informal sector.⁵⁵

Boys: A May 2025 survey found that adolescent boys face vulnerabilities including social pressure to drop out of school for informal labour, fear of recruitment in the armed forces, and limited access to safe recreational spaces.⁵⁶

Children: Grave psychological impact and alarming signs of emotional turmoil have become increasingly evident among children.⁵⁷ Children who have been separated from their families or caregivers are particularly vulnerable to exploitation and abuse. Many have lost access to basic services, including education. Without familial or community structures in place to keep children safe, these children are more susceptible to child labour, harassment, exploitation, and other protection risks, especially when residing in overcrowded shelters or individual apartments lacking privacy.⁵⁸

Palestine Refugees in Lebanon (PRL): Palestinian refugees make contributions to Lebanon's diverse employment landscape. However, they are restricted from participating in 39 professions.⁵⁹ A significant gender disparity exists with 55% employment rate among Palestinian men as opposed to only 12% for Palestinian women.⁶⁰

Syrian Refugees: Legal and administrative barriers have continued to pose ongoing risks to Syrian refugees related to detention and deportation.⁶¹ The lack of documentation including valid legal residency among many Syrian refugees remains a critical concern, that functions as a fundamental barrier to their access to rights and protection from refoulement. Checkpoints and raids targeting Syrian refugees without

legal documentation continue posing protection risks for Syrians negatively affecting their freedom of movement, livelihood opportunities and raising fears and anxiety to be arbitrarily arrested and consequently deported.⁶²

Older people: 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.⁶³ Lebanon's aging population, comprising 11-12% of the population, faces severe challenges amid the ongoing humanitarian crisis.⁶⁴ Over 80% of elderly people live in poverty, with 60-70% struggling to access medications and care for chronic conditions.⁶⁵ Limited mobility, lack of appropriate healthcare services, inadequate shelters, and social isolation due to family breakdown and migration worsen their vulnerabilities. Many elderly individuals are excluded from relief efforts, especially as they lack access to digital information.⁶⁶

People with Disabilities (PWD): 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 2021.⁶⁷ Around 13% of the Syrian refugee population were found to have difficulties which indicate a disability, compared to 14% in 2022.⁶⁸ A June 2025 survey found that individuals with disabilities were significantly underrepresented in service feedback loops, reflecting a gap both in program outreach and in data collection efforts.⁶⁹

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 2050.⁷⁰ Trends show that life expectancy at birth increased by 5.1 years between 2000 and 2015.⁷¹ 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 2021.⁷² 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.⁷³ The leading cause of under 5 mortality in Lebanon (2019) was congenital anomalies.⁷⁴

MORTALITY INDICATORS	Lebanon	YEAR	SOURCE
Life expectancy at birth	76.3	2019	WHO ⁷⁵
Infant mortality rate (deaths < 1 year per 1000 births)	6	2021	WHO ⁷⁶
Child mortality rate (deaths < 5 years per 1000 births)	7	2021	WHO ⁷⁷
Maternal mortality ratio (per 100 000 live births)	23	2022	WHO ⁷⁸

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.⁷⁹

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.⁸⁰

According to the WHO/UNICEF estimates of national immunization coverage (WUENIC), DTP1 routine vaccination coverage decreased by 16.1% between 2019-2023, while DTP3 coverage decreased by 27.6% for the same time period. Drop-out rate DTP1/DTP3 increased from 18.2% in 2019 to 29.5% in 2023. Official estimates reflect similar pattern of significant decrease in vaccination coverage. 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.⁸¹

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.⁸²

VACCINATION COVERAGE DATA ⁸³	Lebanon	Year	Source
DTP-containing vaccine, 1st dose	78% ⁸⁴	2023	WUENIC
DTP-containing vaccine, 3rd dose	55% ⁸⁵	2023	WUENIC
Polio, 3 rd dose	55% ⁸⁶	2023	WUENIC
Measles-containing vaccine, 1st dose (MCV1)	73% ⁸⁷	2023	WUENIC

LEBANON: KEY HEALTH RISKS IN THE COMING MONTHS		
Public health risk	Level of risk	Rationale
Trauma and Injuries (including rehabilitation)		Lebanon's Ministry of Public Health (MoPH) reports that, since October 2023, over 17 300 people were injured and more than 4100 were killed in Lebanon (as of February 2025). ⁸⁸ According to OHCHR, at least 71 civilians, including nine children and 14 women, have been killed in Lebanon during the ceasefire period. ⁸⁹ Thousands with traumatic injuries urgently require reconstructive surgery. ⁹⁰ 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. ⁹¹
Mental Health		The aftermath of the war in Lebanon and the continued Israeli strikes, compounded by years of political instability and economic collapse, has taken a devastating toll on its people, particularly its youth. The effects go far beyond financial struggles — mental health has emerged as an urgent issue, with rising cases of depression, anxiety, and suicide. ⁹²
Cholera and Acute Watery Diarrhoea (AWD)		On 16 October, the Ministry of Public Health of Lebanon confirmed a cholera case, highlighting the escalating health risks amidst ongoing conflict. ⁹³ The Ministry of Public Health launched a preemptive oral cholera vaccination campaign, targeting 350 000 people living in high-risk areas. ⁹⁴ A total of 4341 new cases of AWD were reported by 21 June 2025 for the year, with no RDT-positive or lab-confirmed cholera cases.
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. ⁹⁵ Lebanon has performed poorly in terms of reducing the risk factors for NCDs. ⁹⁶ Around 65% of the adult population suffer from overweight/obesity, more than 60% have insufficient physical activity, and around 40% smoke. ⁹⁷ A total of 91% of pre-conflict fatalities were because of a chronic disease. ⁹⁸
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. ⁹⁹ 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). ¹⁰⁰
Malnutrition		Between December 2024 and March 2025, 1.6 million people (30% of the population) are projected to face acute food insecurity, a 7- percentage-point increase from September 2024 projections (1.26 million people, 23%). The projected deterioration is mainly driven by displacement and the impact of the conflict. ¹⁰¹ In 2024, developmental delays are also widespread, affecting 30% of Lebanese children, 40% of Syrian refugees, and over 80% of Palestinian children under two, with high prevalence persisting in older age groups. ¹⁰² Dietary diversity has decreased for many children, with 82% of households reporting a change since the crisis. 26% of households reported significant and severe changes, relying on basic staples and missing essential food groups, with South, Bekaa, and El Nabatiyeh showing the highest rates of significant and severe impact. ¹⁰³
Measles		As of 21 June 2025, the cumulative suspected cases for 2025 is 28.
Hepatitis A		As of the 21 June 2025, there were 909 new suspected cases reported in 2025.
Acute flaccid paralysis (AFP)		As of the 21 June 2025, there were 37 cumulative cases of AFP for 2025.
Protection Risks (including Gender Based Violence (GBV))		A rise in GBV cases has been reported during Q1 2025, after a decline in reports during the conflict. Economic hardship has increased incidents of domestic violence, in addition to pressuring women into informal labour. ¹⁰⁴ Overcrowded facilities further increase the risk of disease outbreaks. Gaps in health coverage will lead to negative coping mechanisms and further protection risks. ¹⁰⁵
Respiratory Tract Infections (RTI), including COVID-19 and Influenza		In Lebanon, a total of 141 new COVID-19 cases with no associated death were reported during this reporting period. ¹⁰⁶ Sentinel surveillance shows 2% positivity in outpatients and inpatients. ¹⁰⁷ In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 1%. The destruction of sanitation infrastructure and unregulated debris disposal are compounding environmental health risks. The presence of asbestos, heavy metals, and other hazardous waste in the rubble poses long-term cancer and respiratory threats.
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. ¹⁰⁸ In 2019, the National figures are showing zero new HIV infection among new-borns. ¹⁰⁹ As of 2022, Lebanon was providing treatment to more than 60% of people who know their status. ¹¹⁰
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%. ¹¹¹
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. ¹¹² Flooding due to winter storms and blocked drainage systems has already led to stagnant water accumulation in Bekaa and Nabatieh,

		increasing the breeding grounds for vector-borne diseases such as leishmaniasis and West Nile virus.
Meningitis		As of 21 June 2025, there were a total of 52 cases of meningitis reported in 2025, and of those classified there was 17 bacterial and 32 viral. ¹¹³
Rabies		Lebanon is a country where rabies is endemic. In 2023 there were 8 cases of rabies. ¹¹⁴ 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%). ¹¹⁵
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. ¹¹⁶ In 2023 there were 134 cases of leishmaniasis (43% were Lebanese nationals). ¹¹⁷ In 2019, Lebanon reported 320 cases of cutaneous leishmaniasis as one of several new cases of neglected tropical diseases requiring individual treatment and care. ¹¹⁸
Mpox		The first case of mpox in 2025 was reported from a young male with travel history. This was the first mpox case since March 2024. ¹¹⁹
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

OVERVIEW OF KEY DISEASE RISKS

Trauma and Injuries

Lebanon's Ministry of Public Health (MoPH) reports that, since October 2023, over 17 300 people were injured and more than 4100 were killed in Lebanon (as of February 2025).¹²⁰ According to OHCHR, at least 71 civilians, including nine children and 14 women, have been killed in Lebanon during the ceasefire period.¹²¹ Thousands with traumatic injuries urgently require reconstructive surgery.¹²² 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.¹²³

The use of explosive weapons in populated areas was the one of leading causes of harm to civilians in armed conflict worldwide.¹²⁴ Between January 2024 and November so far, casualties have increased by 9 990% as the Israeli Army continues to launch air strikes and artillery shelling across the country.¹²⁵

LMAC estimates that over 1.7 million civilians across Lebanon face UXO threats, with at least 700 000 people exposed in all of south Lebanon, with a vast majority from the UNIFIL area of operations.¹²⁶ Returnees are also facing risks due to the presence of explosive remnants of war (ERWs). Mine action and clearance activities are vital to prevent additional trauma risks. Before the most recent escalation, explosive ordnances impacted 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.¹²⁷

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).¹²⁸

Mental Health

The displacement crisis has also intensified the need for mental health and psychosocial support (MHPSS) services to address the needs of children and other vulnerable groups who have been affected by this crisis. Children are reeling from the disruption to their daily routines, the damage to their communities, and the loss of their sense of safety.¹²⁹

The intensity of the conflict has severely exacerbated mental health issues across Lebanon, placing an overwhelming psychological burden on an already struggling population. Exposure to violence and displacement has led to a surge in trauma-related conditions, with widespread reports of anxiety, sleep disturbances, and emotional distress.³²

The aftermath of the war in Lebanon and the continued Israeli strikes, compounded by years of political instability and economic collapse, has taken a devastating toll on its people, particularly its youth. The effects go far beyond financial struggles — mental health has emerged as an urgent issue, with rising cases of depression, anxiety, and suicide. According to Embrace Lebanon, the number of crisis calls the National Emotional Support and Suicide Prevention Hotline has received has surged, with many calls coming from individuals facing severe economic distress.¹³⁰ In fact, calls related to unemployment now make up 42% of all calls to the National Emotional Support and Suicide Prevention Hotline.¹³¹

The link between economic hardship and mental health is undeniable. High unemployment rates, soaring inflation, and dwindling opportunities have left many young people feeling hopeless about their future.¹³² A recent study found that 47% of 1000 individuals surveyed showed signs of probable depression, 45% exhibited symptoms of anxiety, 43% met the criteria for PTSD, and 63% tested positive for a mental disorder. Additionally, 55% of suicide victims in 2024 were aged 38 and below, highlighting the vulnerability of Lebanon's youth in this crisis.¹³³

Children have been particularly affected. A UNICEF survey conducted in January 2025 revealed that around 72% of caregivers reported their children experiencing anxiety during the war, while 62% observed signs of depression or sadness.³³ Additionally, World Vision International estimates that over 88400 children urgently require mental health support due to displacement and exposure to traumatic events.¹³⁴

Additionally, the conflict has taken a severe toll on the mental health of women and girls, with many experiencing heightened stress and anxiety as bombings and shelling trigger traumatic memories of past wars. A UN Women study found that 85% of surveyed women reported an increase in unpaid care work after displacement, including 52% of those displaced after September 23, 2024.¹³⁵

Amongst Syrian refugees arriving to Lebanon since the hostilities in early March, there are severe mental health needs reported.¹³⁶ However, MHPSS services have been provided though it remains insufficient in a context where most mental health partners have seen their funding reduced lately.¹³⁷ This escalating crisis has further strained Lebanon's fragile healthcare system. The WHO reports growing demand for trauma treatment and rehabilitation services, compounding preexisting crises.³⁵ Additionally, findings from the HSM implemented in December 2024 by REACH showed that mental health care was among the most reported healthcare needs in El Nabatieh governorate.¹³⁸

More broadly, 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).¹³⁹ Several organisations working in collective centres have reported observed increases in psychological distress.¹⁴⁰ 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%.¹⁴¹ Most people with mental health conditions are not seeking care.¹⁴²

Cholera and Acute Watery Diarrhoea (AWD)

The widespread destruction to health, water and sanitation infrastructure heightens the risk of disease outbreaks.¹⁴³ Civilian infrastructure and public services have been significantly impacted, with 46 water facilities damaged, affecting the water supply for over 497 000 people.¹⁴⁴ With water supplies facing disruptions, there is a risk of outbreak and spread of waterborne diseases.¹⁴⁵

A total of 4341 new cases of AWD were reported by 21 June 2025 for the year, with no RDT-positive or lab-confirmed cholera cases.

On 16 October 2024, the Ministry of Public Health of Lebanon confirmed a cholera case, highlighting the escalating health risks amidst ongoing conflict.¹⁴⁶ The case was identified in Akkar governorate in the north of the country, marking the first case since the October 2022-June 2023 outbreak was declared over.¹⁴⁷ The Ministry of Public Health launched a preemptive oral cholera vaccination campaign in coordination with WHO, UHNCR, UNICEF and other partners, targeting 350 000 people living in high-risk areas. The campaign, which was interrupted by the escalation in violence, aimed to cover individuals aged one year and above residing in high-risk areas in 5 out of Lebanon's 8 governorates.¹⁴⁸

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.¹⁴⁹

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.¹⁵⁰

Non-Communicable Diseases (NCD)

For the Syrian refugees arriving to Lebanon since the hostilities in early March, UNHCR covers only part of secondary healthcare needs—60% of life-saving cases and 50% of deliveries—while critical conditions like cancer, dialysis, and blood disorders receive no support. Chronic medication shortages at PHCC/PSUs disrupt care for long term illnesses.¹⁵¹

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.¹⁵² A total of 91% of pre-conflict fatalities were because of a chronic disease.¹⁵³ 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.¹⁵⁴

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.¹⁵⁵

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.¹⁵⁶

Around 55% of the adult population suffer from overweight/obesity, more than 60% have insufficient physical activity, and around 40% smoke.¹⁵⁷ 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.¹⁵⁸ 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.¹⁵⁹

Estimates show that around 8000–10 000 new cases of cancer are reported yearly.¹⁶⁰ Colorectal, thyroid and lung cancers, known to be affected by environmental hazards exposure, increased by 60%, 97% and 41%, respectively, between 2005 and 2015.¹⁶¹ 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.¹⁶²

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.¹⁶³ 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.¹⁶⁴

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.¹⁶⁵ 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%.¹⁶⁶

Maternal and Neo-natal Risks

Although many health facilities have been able to resume services since the ceasefire, access to life-saving sexual and reproductive health services, including family planning, antenatal care, and safe deliveries remains disrupted.¹⁶⁷ This is creating additional barriers to accessing skilled birth attendants and emergency care for the estimated 11 600 women who are currently pregnant and the nearly 3 900 women expected to give birth within the next three months.¹⁶⁸ They have urgent and unique nutritional and health needs, as well as intensified needs for safety, protection, and psychosocial support.¹⁶⁹ Currently, 2300 women are estimated to be pregnant.¹⁷⁰

A June 2025 survey found that across all groups, there were structural, systemic, social, and cultural barriers constraining equitable access to sexual reproductive health (SRH) services. These barriers, according to participants and informants, intersected and compounded vulnerabilities, particularly for refugees, migrant domestic workers, LGBTQI+ individuals, persons with disabilities, and unmarried adolescents. Affordability emerged as the most persistent obstacle. Participants repeatedly described having to forgo medical care, contraceptive access, STI treatment, and maternal health services due to unaffordable consultation fees, high medication costs, and expensive transportation.¹⁷¹

Cultural stigma heavily shaped access to SRH services. Seeking contraception, STI treatment, or post-assault care was seen as shameful, particularly for unmarried women and LGBTQI+ individuals. In South Lebanon, Lebanese and refugee women described the social shaming they faced when attempting to purchase contraceptives.¹⁷²

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.¹⁷³ Data indicates that 92% of all births take place in hospitals (private and public).¹⁷⁴

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 2021.¹⁷⁵

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.¹⁷⁶

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.

An assessment in early 2025 revealed the nutrition situation for pregnant and lactating women showed that 31% of households with these women could not attend medical check-ups due to financial constraints, while 47% attended required check-ups.¹⁷⁷ A total of 50% of mothers were able to breastfeed, though 7% faced challenges mostly like insufficient milk or psychological stress.¹⁷⁸

Dietary diversity has decreased for many children, with 82% of HHs reporting a change since the crisis. 26% of households reported significant and severe changes, relying on basic staples and missing essential food groups, with South, Bekaa, and El Nabatiyeh showing the highest rates of significant and severe impact.¹⁷⁹ The latter result has slightly improved following the ceasefire since during October-November 2024, whereby 39% reported a severe change and relying on basic staple, however, the ratio of HHs with limited dietary diversity remains high.¹⁸⁰

As food prices continue to rise and financial resources dwindle, accessing essential goods has become increasingly difficult.¹⁸¹ Consequently, many families were being forced to adopt negative coping mechanisms, further compromising their nutritional status and overall health.¹⁸² Food insecurity and malnutrition have led to a rise in health complications, especially among children under 5 years old and pregnant women, who are at heightened risk of stunted growth, anaemia, and weakened immunity. Prolonged undernutrition not only increases susceptibility to infectious diseases but also worsens chronic conditions, further straining Lebanon's already fragile healthcare system.¹⁸³

In 2024, developmental delays are also widespread, affecting 30% of Lebanese children, 40% of Syrian refugees, and over 80% of Palestinian children under two, with high prevalence persisting in older age groups.¹⁸⁴ Key contributing factors include limited access to nutritious food, inadequate feeding practices, and insufficient healthcare services. Nearly half of young children face at least one micronutrient deficiency, such as zinc, vitamin A, iron, and vitamin D.¹⁸⁵ Additionally, more than two-thirds of adolescent girls and non-pregnant women experience deficiencies in vitamin D, iron, zinc, folate, and vitamin B12.

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%).¹⁸⁶ 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.¹⁸⁷

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%).¹⁸⁸

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.¹⁸⁹ 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.¹⁹⁰

Measles

As of 21 June 2025, the cumulative suspected cases for 2025 is 28.

Hepatitis A

As of the 21 June 2025, there were 909 new suspected cases reported in 2025.

Acute flaccid paralysis (AFP)

As of the 21 June 2025, there were 37 cumulative cases of AFP for 2025.

Protection Risks, including GBV

Protection risks are detailed in the *Determinants of Health* section of the report.

Respiratory Tract Infections, including COVID-19 and Influenza

While no longer classified as a public health emergency, COVID-19 remains a persistent public health concern requiring ongoing monitoring.¹⁹¹ In Lebanon, a total of 141 new COVID-19 cases with no associated death were reported during this reporting period.¹⁹² Sentinel surveillance shows 2% positivity in outpatients and inpatients.¹⁹³ 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.¹⁹⁴ Lebanon does not have a regular seasonal influenza laboratory surveillance system. Currently, there is a gap in surveillance for severe acute respiratory infection and influenza-like illness despite the strategic location of the country.¹⁹⁵ The destruction of sanitation infrastructure and unregulated debris disposal are compounding environmental health risks. The presence of asbestos, heavy metals, and other hazardous waste in the rubble poses long-term cancer and respiratory threats.

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.¹⁹⁶ In 2019, the National figures are showing zero new HIV infection among new-borns.¹⁹⁷ As of 2022, Lebanon was providing treatment to more than 60% of people who know their status.¹⁹⁸

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%.¹⁹⁹ 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.²⁰⁰ 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.²⁰¹ 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.²⁰²

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.²⁰³ Between June and October, Israel experienced the largest outbreak in the past two decades, with over 930 reported cases and 73 deaths.²⁰⁴

Flooding due to winter storms and blocked drainage systems has already led to stagnant water accumulation in Bekaa and Nabatieh, increasing the breeding grounds for vector-borne diseases such as leishmaniasis and West Nile virus.

Meningitis

As of 21 June 2025, there were a total of 52 cases of meningitis reported in 2025, and of those classified there was 17 bacterial and 32 viral.²⁰⁵

Rabies

Lebanon is a country where rabies is endemic. In 2023 there were 8 cases of rabies.²⁰⁶ 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%).²⁰⁷

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.²⁰⁸ In 2023 there were 134 cases of leishmaniasis (43% were Lebanese nationals).²⁰⁹ In 2019, Lebanon reported 320 cases of cutaneous leishmaniasis as one of several new cases of neglected tropical diseases requiring individual treatment and care.²¹⁰

Mpox

Mpox continues to pose a significant threat to the health of individuals and high-risk populations.²¹¹ The first case of mpox in 2025 was reported from a young male with travel history. This was the first mpox case since March 2024.²¹²

DETERMINANTS OF HEALTH

Protection Risks

Gender Based Violence (GBV): A rise in GBV cases has been reported during Q1 2025, after a decline in reports during the conflict. Economic hardship has increased incidents of domestic violence, in addition to pressuring women into informal labour.²¹³ Women and girls also face an increased risk of GBV incidents due to overcrowded accommodation, which lacks adequate privacy. Compounding child protection risks affecting Syrian children have also been observed throughout the quarter, such as early marriage and family separation. Children are regularly forced into child labour, often for low-paying and sometimes hazardous work.²¹⁴

Data from the Internal Security Forces (ISF) recorded a 241% increase in reported domestic violence cases during the COVID-19 period compared to earlier years.²¹⁵ The Gender-Based Violence Information Management System (GBV IMS) Annual Report for 2024 further revealed that 98% of

GBV survivors were women, with marginalized groups, including transgender individuals, reporting increased feelings of insecurity.²¹⁶ Despite some legislative reforms, cultural norms, legal discrimination under religion-based personal status laws, and a lack of effective enforcement mechanisms continue to perpetuate high rates of violence against women and girls across the country.²¹⁷

Child Protection: One in every two children in Lebanon is exposed to physical, psychological, or sexual violence, and about 1.8 million children, i.e., more than 80% of children in Lebanon, suffer from multidimensional poverty, noting that this number was around 900 000 children in 2019.²¹⁸

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.²¹⁹ 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.²²⁰

Amongst Syrian refugees arriving to Lebanon since the hostilities in early March, there are high numbers of separated and unaccompanied children being identified and referred to relevant actors.²²¹ Limited freedom of movement, lack of livelihood opportunities, and resulting negative coping mechanisms—particularly child labour—remain key concerns requiring dedicated funding. Newly arrived children face barriers to access education, contributing to unsafe environments and increased child protection risks. Many children require psychosocial support (PSS) due to trauma experienced in Syria.²²²

Child labour is the most common coping mechanism adopted by new arrivals families and requires dedicated funding to be addressed. Lack of access to education for newly arrived children contributes to create unsafe environment.²²³ An assessment in early 2025 revealed in terms of child protection, 68 of households reported sending their children to work to contribute to the economy (total of 2%), 22 households (1%) reported sending their children to live elsewhere due to a lack of resources and 114 households reported observing situations where children or youth might have been at risk or experienced harm (total of 3%). Sensitive topics like child protection and mental health remain a taboo as many preferred not to respond to questions related to this topic.²²⁴

Mine Action: LMAC estimates that over 1.7 million civilians across Lebanon face UXO threats, with at least 700 000 people exposed in all of south Lebanon, with a vast majority from the UNIFIL area of operations.²²⁵ 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.²²⁶ 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.²²⁷ 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.²²⁸

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.²²⁹ 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.²³⁰ Lack of legal residency exposes refugees to exploitation and hampers access to justice.²³¹ 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.²³²

Water, Sanitation and Hygiene (WASH)

The conflict has had a profound impact on WASH services, limiting access to essential water and sanitation services in many areas.²³³ Around 45 water stations, along with sections of water and wastewater networks, have been damaged, disrupting the supply of safe drinking water. This has affected 1.5 million people, including many displaced Syrians residing in informal settlement. An assessment from early 2025 found that the percentage of households who reported never being able to procure hygiene items decreased from 40% during October – November 2024, to 3% in early 2025.²³⁴

The estimated cost of repairing water infrastructure across affected areas was approximately USD 160 million. Even in areas where water networks remained operational, electricity shortages, especially in the most affected regions, have prevented water from being pumped to households. This was coupled with a severe overcrowding in collective shelters and host families during the conflict, which had increased the risk of communicable diseases. Overburdened sewage networks and poor waste disposal created unsanitary conditions, facilitating disease spread.²³⁵

Post- Escalation Destruction

Extensive damage to infrastructure – roads, water, electricity, schools, health centers, and municipal buildings – has worsened the crisis. The assessment also highlighted significant economic losses in businesses, agriculture, and livelihoods, contributing to rising unemployment. Local authorities are facing difficulties in delivering essential services, such as healthcare, education, and waste management, and have identified urgent needs for shelter, food, and healthcare, particularly for vulnerable groups.²³⁶

The Southern and Nabatieh Governorates have been the hardest hit, with 18 507 buildings either fully or partially destroyed, accounting for approximately 7.7% of all pre-conflict buildings in these two governorates.²³⁷ Marjaayoun was the district most impacted with more than 27% of its buildings destroyed, followed by Bint Jbeil with nearly 15% of builds destroyed or damaged. The Bekaa and Baalbek-Hermel governorates saw 464 and 566 buildings destroyed or damaged during the conflict respectively. Between September 2023 and December 2024, it is estimated that between 11 and 15 million tonnes of debris resulted from conflict-induced destruction and damage.²³⁸

Education

Out of an estimated 1.69 million school-aged children in Lebanon, nearly 500,000 are out of school (over 80% of whom are non-Lebanese).²³⁹ The conflict compounded Lebanon's challenging education situation which had already left over 500 000 children out school after years of economic strife, teacher strikes and the impact of COVID-19.²⁴⁰ Even with the ceasefire, school attendance remains low. Schools were destroyed or heavily damaged in the war and hundreds more were used as shelters for some of the 1.3 million people who were internally displaced due to the conflict.²⁴¹

The restrictions on access to education for Syrian children continued to be a serious concern in causing profound and far-reaching impacts.²⁴² The inability to attend school increased vulnerability among Syrian children who become more susceptible to life-altering risks such as violence, forced labour, human trafficking, early marriage and exploitation.²⁴³

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis Health System

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.²⁴⁴

Since 2019, Lebanon has simultaneously faced an unprecedented and multifaceted economic, financial, social and health crisis.²⁴⁵ In 2022, the World Bank report reported poverty reached 44% of the total population, more than tripling in ten years.²⁴⁶ Without a functioning government, Lebanon's presidential vacuum has resulted in local clashes and further destabilization of the country's delicate political balance.²⁴⁷

Economic pressures have directly impacted public health, with rising healthcare costs and a lack of insurance coverage making essential services increasingly unaffordable. The resulting shortages in medical supplies and medications have compounded the challenges faced by the healthcare system. Furthermore, escalating security concerns, including violent actions, theft, and protests driven by unemployment and poverty, have further disrupted public health interventions, creating an environment where effective healthcare delivery is increasingly challenged.²⁴⁸

Post-crisis Health System

The escalation of hostilities that erupted in Lebanon in September 2024 has had catastrophic immediate effects on public health, leading to a significant loss of life, widespread injuries, and severe damage to healthcare infrastructure. The conflict had a role in severely disrupting the delivery of essential medical services.²⁴⁹





After hostilities in Lebanon escalated in September 2024, the growing number of attacks on health have caused further strain on an already over-burdened system.²⁵⁰ According to an interim Damage and Loss Assessment (DaLA) conducted by the World Bank, between 08 October 2023 to 27 October 2024, the Health sector in Lebanon has suffered damage valued at US\$74 million, with losses estimated at US\$338 million.²⁵¹

Functionality and Capacity

The destruction of healthcare infrastructure has also been devastating, with 133 primary health centers and 8 hospitals completely closed. Many other healthcare facilities have remained partially operational, unable to provide the critical care required by affected populations.²⁵² This severely limits access to care, especially for returnees to affected areas who will face significant barriers to accessing necessary medical treatment.²⁵³

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.²⁵⁴ 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%.²⁵⁵

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.²⁵⁶ 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.²⁵⁷

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
			
Only 4% of households reported full access to healthcare, while 18% were never able or normally unable to access services. ²⁶¹	Many studies highlight the intricate dynamics between the economic downturn and shortage of medical supplies. ²⁶²	There are 133 primary health centres and 8 hospitals completely closed. ²⁶³	Between 7 October 2023 and 2 July 2025, there have been 163 attacks in Lebanon (241 individuals killed). ²⁶⁴

Attacks on Healthcare and Health Workers

Between 7 October 2023 and 2 July 2025, there have been 163 attacks in Lebanon.²⁵⁸ This includes 241 health workers being killed and 296 injured.²⁵⁹ Figures for attack on healthcare across the region are provided below:

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Gaza	746	926*	1406	618	193
West Bank	863	31	168	203	587
Israel	81	25	80	27	25
Lebanon	163	241	296	46	105
Total	1853	1223	1950	894	910

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.²⁶⁰

Healthcare Workforce

The conflict, which impacted one in ten hospitals and killed 241 health workers while on duty, has taken a devastating toll on health infrastructure, resulting in overwhelming health needs.²⁶⁵ Overworked and under-resourced, the health workers continue to perform vital surgeries and life-saving interventions, while facing personal and professional stress.²⁶⁶

Attacks on healthcare have not only caused significant loss of life but have also instilled a climate of fear among medical professionals, many of whom have refrained from going to the workplace due to the threat of further violence. In response, some healthcare facilities have allowed medical staff's families to stay on-site to ensure that staff can continue to provide care without needing to travel home.²⁶⁷

More 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. 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.²⁶⁸ 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.²⁶⁹ This trend is jeopardizing the timeliness and quality of health care in the country.²⁷⁰

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.²⁷¹ 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 ²⁷²	18 (GIS 2023)	18.7 (National data, 2023)	15.6 (2019 data)	20.3 (2019 data)

Health Access

Health Access to healthcare is severely limited. Only 4% of households reported full access to healthcare, while 18% were never able or normally unable to access services. The main barriers to healthcare include inability to afford hospital fees (95%) and transportation costs (23%).²⁷³

Additionally, the conflict has exacerbated difficulties in accessing medical supplies. Blocked roads and damaged infrastructure have caused severe disruptions to the supply chain, leaving healthcare providers without essential medications, anaesthesia, surgical tools, and intensive care unit (ICU) beds.²⁷⁴

Beyond these logistical challenges, financial hardship has further limited access to healthcare for those returning to conflict-affected areas. In December 2024, many families, already struggling with reduced income, have found themselves unable to afford even basic medical services. As a result, affected populations are left with inadequate care, further deepening the public health crisis.²⁷⁵

The health sector is witnessing access constraints to basic and life-saving healthcare services due to reduced purchasing capacity.²⁷⁶ 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.²⁷⁷

UNRWA report that healthcare costs are rising in Lebanon. UNRWA's health services are essential for vulnerable Palestine Refugees in Lebanon, where the poverty rate is high, reaching 70-80%. In Lebanon, Palestine Refugees rely heavily on UNRWA services, as they have no access to the country's public

health system. The Agency provides these services in its 27 primary healthcare centres, as well as by giving subsidies for hospital coverage, and offering access to basic and life-saving medications and treatments.²⁷⁸

Risk Communication and Community Engagement (RCCE)

Surveys indicate low awareness among IDPs regarding available MHPSS and vaccination services. Despite operational challenges, WHO and partners are scaling up RCCE activities through trusted local actors, mobile outreach teams, and SMS-based alerts.

HUMANITARIAN HEALTH RESPONSE

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 Centre (PHEOC) through providing staffing, financial and technical support²⁷⁹.

The Flash Appeal (from January to March 2025) seeks US\$371.4 million to meet the immediate needs of people directly impacted by the recent hostilities through the end of March 2025.²⁸⁰ As part of the 2025 Flash Appeal, the Health Sector have identified 500 000 people to be targeted with health services and requires US\$46.5 million to achieve this goal.²⁸¹ As of 20 May 2025, the Health Sector was 15% funded against the Flash Appeal.²⁸²

In Lebanon, where conflict has already taken a heavy toll, the funding gap poses a significant challenge to recovery efforts and long-term resilience.²⁸³ The surge in humanitarian emergencies has placed unprecedented pressure on donor countries, forcing them to distribute resources across multiple crises. This intensified competition for aid has left many countries including Lebanon struggling to secure sufficient funding for its response and recovery efforts.²⁸⁴ The suspension of U.S. and European funding for foreign development assistance, combined with global funding shortages, has significantly undermined Lebanon's capacity to address its ongoing crisis.²⁸⁵

INFORMATION GAPS AND RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Mobile-based digital reporting tools should be deployed in affected areas to ensure real-time case detection and reporting for cholera, measles, hepatitis A, and other epidemic-prone diseases. Sentinel sites should be re-established in primary healthcare centres.	Expansion Early Warning Alert and Response System (EWAR)
	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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ENDNOTES

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