End Year 2024 Sector Dashboard

Health

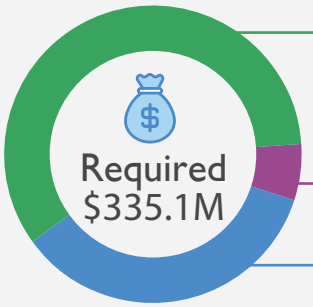
LEBANON Response Plan

The 2024 end year Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improved access to comprehensive primary healthcare; OUTCOME 2) Improve access to hospital and advanced referral care ; OUTCOME 3) Enhance emergency, outbreak & infectious diseases preparedness and response; OUTCOME 4) Improve access to health awareness & information.

The Lebanon Response Plan is endorsed by the LRP Steering Committee. This dashboard is based on information reported by Health sector partners operating under the sector strategy discussed with and endorsed by the Ministry of Public Health.

2024 Sector Funding Status

As of December 31th



59% $197.3M*
Total received
(since Jan-24)

6% $20.1M
Total carry over
(from 2023)

35%
Gap
(ref. 2024 appeal)

*Some amounts reported above are still under discussion between the donor and reporting partner.

2024 Population Reached

3,685,839
People in Need

1,269,781 51%
Reached

2,482,401
Targeted
Male 1,189,167
Female 1,293,234

2024 Population Figures by Cohort

2,197,647
Lebanese individuals in need

697,481 64%
Reached

1,098,824
Targeted
Male 527,435
Female 571,338

1,260,000
Displaced Syrians in need

526,608 42%
Reached

1,260,000
Targeted
Male 612,360
Female 647,640

23,026
Palestinian Refugees from Syria (individuals)

18,106 79%
Reached

23,026
Targeted
Male 11,099
Female 11,927

118,552
Palestine Refugees in Lebanon (individuals)

26,454 132%
Reached

20,000
Targeted
Male 10,080
Female 9,920

86,614
Migrants (individuals)

1,132 1%
Reached

80,551
Targeted
Male 28,193
Female 52,358

For more information, please contact: ***lebhealthsector@who.int***

LEBANON Response Plan

End Year 2024 Sector Dashboard

Health

Progress against targets

Outcome 1: Improve access to comprehensive primary healthcare

Number of subsidized primary healthcare consultations

2,450,057	4,964,801

Number of subsidized ante-natal care (ANC) consultations

119,817	378,543

Number of subsidized mental health (MH) consultations

137,690	248,240

Number of children under 5 receiving routine vaccination

340,395	545,211

Number of of patients who received chronic disease medication (Through YMCA)

246,972	300,000

Outcome 2: Improve access to hospital and advanced referral care

Number of persons receiving financial support for improved access to hospital care

85,910	124,120

Number of persons receiving financial support for improved access to advanced/specialized diagnostic services

22,929	12,412

Outcome 3: Enhance emergency, outbreak & infectious diseases preparedness and response

Number of institutions with surveillance data at the source

1,335	800

Number of patients who received tuberculosis & ARV medications

13,947	4,100

Outcome 4: improve access to health awareness & information

Number of PHC facilities engaged in health promotion/outreach activities

116	295

Number of caregivers reached with integrated health awareness messages

105,359	551,313

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LEBANON Response Plan

End Year 2024 Sector Dashboard

Health

1. Analysis of achievements of the sector at the output level

Despite increasing pressures and a worsening crisis, especially with reduced resources and escalated hostilities in Lebanon, the Health sector in 2024 remained committed to providing equitable access to high-quality health services. This dedication extends to vulnerable Lebanese and non-Lebanese populations, including displaced Syrians, Palestinian Refugees from Syria (PRS), Palestine Refugees in Lebanon (PRL), migrants, and refugees of other nationalities

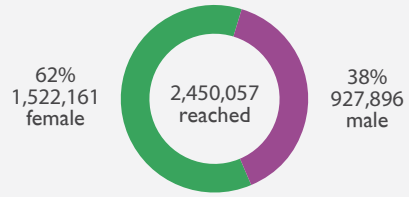
Outcome 1: Improve access to comprehensive primary healthcare

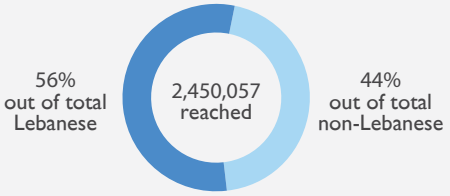
In 2024, vulnerable populations remained supported by a comprehensive primary healthcare package. This package encompasses consultations, medications for both acute and chronic diseases, vaccination services, sexual and reproductive health care, mental health support (including medication when necessary), nutritional services for acute malnourished children with medical complications, as well as urgent dental care, and basic laboratory testing and imaging.

Subsidized Consultations

Number of subsidized primary health-care consultations ***(total)***

49%
2,450,057 Reached
4,964,801 Targeted

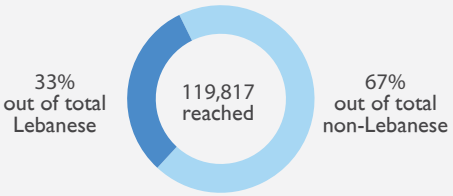




Reproductive Health

Number of subsidized ante-natal care (ANC) consultations ***(out of total)***

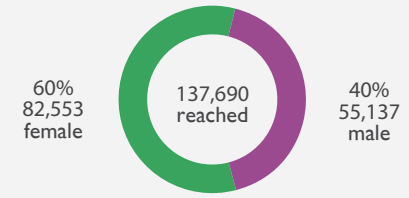
32%
119,817 Reached
378,543 Targeted

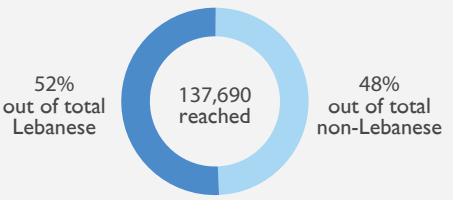


Mental Health

Number of subsidized mental health (MH) consultations ***(out of total)***

55%
137,690 Reached
248,240 Targeted





Vaccination

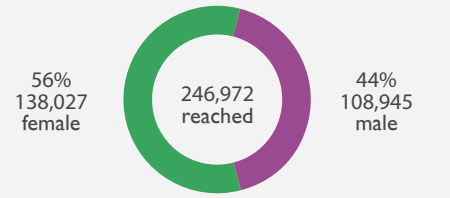
Number of children under 5 receiving routine vaccination

62%
340,395 Reached
545,211 Targeted

Chronic Disease Medications

Number of patients who received chronic disease medication

82%
246,972 Reached
300,000 Targeted



End Year 2024 Sector Dashboard

Health

In 2024, 2,450,057 (reached 49%) subsidized primary healthcare consultations were provided by Health sector partners (LEB-56%, SYR-39%, Others-5%), including antenatal care and mental health, marking an 18 per cent decrease compared to 2023. Despite this decline, partners reported an increase in new patients who had never visited these health facilities before which could be linked to increases financial hard-ships. The Health sector, in collaboration with the Ministry of Public Health (MoPH) and partners, recognized the budget constraints and high demand for services. This led to the implementation of a consultation cap per beneficiary as outlined in the long-term primary subsidization protocol (LPSP), ultimately resulting in a reduction of total subsidized primary healthcare consultations. It is essential to mobilize additional resources from donors and concerted efforts from Health sector partners to meet primary healthcare needs across the country.

Out of total, partners provided 119,817 subsidized antenatal care consultations (LEB-33%, SYR-65%, Others-2%), a 17 per cent decrease from the previous year, meeting 32 per cent of the annual target of 2024. Mental health consultations totaled 137,690 (LEB-52%, SYR-46%, Others-2%), a slight decrease from the previous year, achieving 55 per cent of the yearly target. Routine vaccinations for children under five saw a significant 39 per cent decrease compared to 2023, raising concerns about potential outbreaks of communicable diseases. Conversely, the number of patients receiving chronic disease medication through YMCA slightly decreased by compared to 2023, which might be contributed to the disruption of services during the escalation of hostilities. The Health sector observed a 20 per cent stock disruption (not available non communicable diseases (NCD) medications), impacting access for vulnerable populations across 515 primary healthcare facilities and dispensaries. The majority of those benefiting from subsidized consultations are Lebanese, comprising 56 per cent of the total population reached. This percentage has remained relatively stable since the beginning of the complex crisis in Lebanon.(57% in 2023, 58% in 2022, 48% in 2021, 38% in 2020, 31% in 2019, and 17% in 2018). This increase compared to previous years, reflects the increased vulnerability among the host community and underscores the need to maintain and expand support.

The Health sector continued to bolster the national health system throughout 2024 by supporting human resources, finance, governance, capacity building, and health information systems.

Key priorities included procuring essential and emergency medications, medical supplies including vaccines, reproductive health commodities, equipment for health facilities within the MoPH network of PHCCs.

Across Lebanon, there are 325 PHCCs under the MoPH network, with 42 per cent of these supported by Health sector partners to deliver comprehensive primary healthcare services.

Reproductive Health Sub Working Group (RHSWG)

In the last quarter of 2024, Lebanon's Primary Healthcare Centers (PHCCs) saw an increase in Antenatal Care (ANC) consultations, reflecting successful crisis response efforts and the health system's resilience. Mobile teams and enhanced service delivery were key, though challenges like lack of privacy and disrupted referrals in shelters were noted. Poor Menstrual Hygiene Management (MHM) due to inadequate facilities increased infection risks. Family planning service access decreased despite higher provision efforts, with further research needed to understand this discrepancy. The Ministry of Public Health (MoPH) and partners are working to improve data triangulation for better family planning uptake insights.

Following the significant escalation of hostilities in September 2024, the Reproductive Health Sub-Working Group (RHSWG) created a referral matrix for hospitals offering subsidized delivery services to vulnerable pregnant women. This aimed to facilitate referrals to skilled birth attendants and reduce maternal morbidity and mortality. Improving the referral process between PHCCs and hospitals remains crucial for ensuring continuous maternal care. In November 2024, the Clinical Management of Rape (CMR) taskforce developed a CMR Facility Dashboard to monitor the status of health facilities providing CMR services and identify geographical service gaps due to hostilities. Additionally, the RHSWG supported the by distributing Sexual and Reproductive Health (SRH) Information, Education, and Communication (IEC) materials for use at PHCCs and in community outreach efforts, including collective shelters. In December 2024, the RHSWG published a special edition newsletter highlighting the SRH response by various partners, focusing on achievements and challenges faced.

As part of the MoPH response to sexual violence, the number of CMR facilities increased to ensure adequate geographic coverage based on population needs. The total number of CMR facilities rose to 14, including eight hospitals and six PHCCs. With support from UNFPA, the new CMR facilities received training on CMR Standard Operating Procedures (SOPs). The CMR Task Force continues to collaborate with MoPH to ensure health partner support for subsidized CMR services.

For more information, please contact: ***lebhealthsector@who.int***

National Mental Health Programme (NMHP)

In the last quarter of 2024, the Mental Health & Psychosocial Support (MHPSS) task force and its partners encountered significant challenges while addressing the escalating humanitarian crisis. Needs arose from both displacement and war, and the post-war phase in MHPSS required immediate response and long-term recovery strategies. Mental health needs often intensify after conflict, so in line with the national mental health strategy 2024–2030, efforts focused on maintaining accessible services for those in acute distress while working towards system integration, development, and recovery. One of the most critical gaps identified was access to inpatient care for individuals with mental health conditions.

The MHPSS TF continued to provide guidance and monitoring to ensure partners' interventions were feasible and evidence based. They advocated for increased investment in mental health services, continuity of care for individuals with mental disorders, better integration of MHPSS services within primary health care, continuous access to psychotropic medications, protection and care for confined populations, and capacity building for frontline workers at both PHCC and hospital levels.

A key challenge remains the coordination of MHPSS interventions due to its multi-sectoral nature, necessitating stronger collaboration among actors and sectors, including health, protection, and education, and integration into national and humanitarian coordination structures. Many challenges are related to how MHPSS is structured within the humanitarian architecture. Additionally, inconsistent and limited reporting of MHPSS activities on the national 4Ws platform has led to gaps in service mapping across Lebanon, resulting in coverage gaps. The shortage of trained mental health professionals, combined with high demand for services, has also led to overstretched teams and delays in care provision.

To address these challenges, the MHPSS TF revised its coordination structure and TORs, and developed a guidance note for MHPSS activities in emergencies. The TF is also working on updating the 4Ws platform to enhance its user-friendliness and ensure it is more accessible and adaptable for non-mental health professionals. Additionally, MHPSS is upscaling capacity building efforts for all relevant actors.

Outcome 2: Improve access to hospital and advanced referral care

A total of 85,910 individuals (LEB-16%, SYR-55%, PRL & PRS-28%, Others-1%) received obstetric and emergency/life-saving hospital and advanced referral care in 2024, a 13 per cent decrease compared to 2023, and constituting 69 per cent of the yearly target of 124,120. Among them, 13,415 were vulnerable Lebanese, nearly double the number from 2023, accounting for 23 percent of the annual target. The decline in hospital care recipients is attributed to increased needs and limited resources, reprogramming of resources for other competing priorities, and with recent changes in referral care SOPs affecting non-Lebanese populations. The Health sector continued to collaborate with the MoPH and partners to further analyze the situation and advocate for additional resources.

On a positive note, 22,929 beneficiaries (LEB 81%) were supported for improved access to advanced/specialized diagnostic services, addressing a critical gap identified last year and reaching 185% of the yearly target, which could be contributed to the additional resources made available for during the escalation of hostilities. Through UNRWA, approximately 24,553 PRS & PRL received hospital care. For migrants, 176 individuals out of a yearly target of 4,028 received support for hospital care admission in 2024, constituting four percent of the yearly target. Overall, women and girls accounted for 65 per cent of individuals supported with hospitalization. Staffing support was also provided to public hospitals to retain specialized doctors and nurses.

Outcome 3: Enhance emergency, outbreak & infectious diseases preparedness and response.

In 2024, the Health sector continued to bolster national outbreak and infectious disease control efforts by expanding and reinforcing key infrastructure such as the National Early Warning and Response System (EWARS) and the Public Health Emergency Operation Center (PHEOC). In response to the laboratory confirmed cholera case in the north, multisectoral national cholera taskforce was activated coordinating the timely response to contain further spread of the disease. Additionally, critical programs like the National Tuberculosis (NTP) and acquired immunodeficiency syndrome (AIDS) Programs (NAP) were strengthened.

Within the National Tuberculosis Program, 520 beneficiaries (60% women, 40% men) received tuberculosis medications, and 1,182 received preventive treatment, reaching 66 per cent of the yearly target of 1,800. Similarly, under the National AIDS Program, 12,135 beneficiaries received antiretroviral (ARV) medications, exceeding the target of 2,300 in 2024. The distribution of ARV medications included 92 percent male and 8 percent female beneficiaries.

These efforts underscore the sector's dedication to effectively managing and mitigating the impact of infectious diseases, while ensuring equitable access to treatment and care for all demographics.

Outcome 4: Improve access to health awareness & information.

Health sector partners intensified efforts to ensure that women, men, and youth (including children, boys, girls, and persons with disabilities) have their fundamental rights respected and access to health awareness and information. Out of a target of 295 PHCCs, 116 were involved in health promotion and outreach activities. At the community level, 105,359 caregivers received integrated health awareness messages, representing nine per cent of the annual target of 551,313.

End Year 2024 Sector Dashboard

Health

LEBANON Response Plan

Prioritization and Localization:

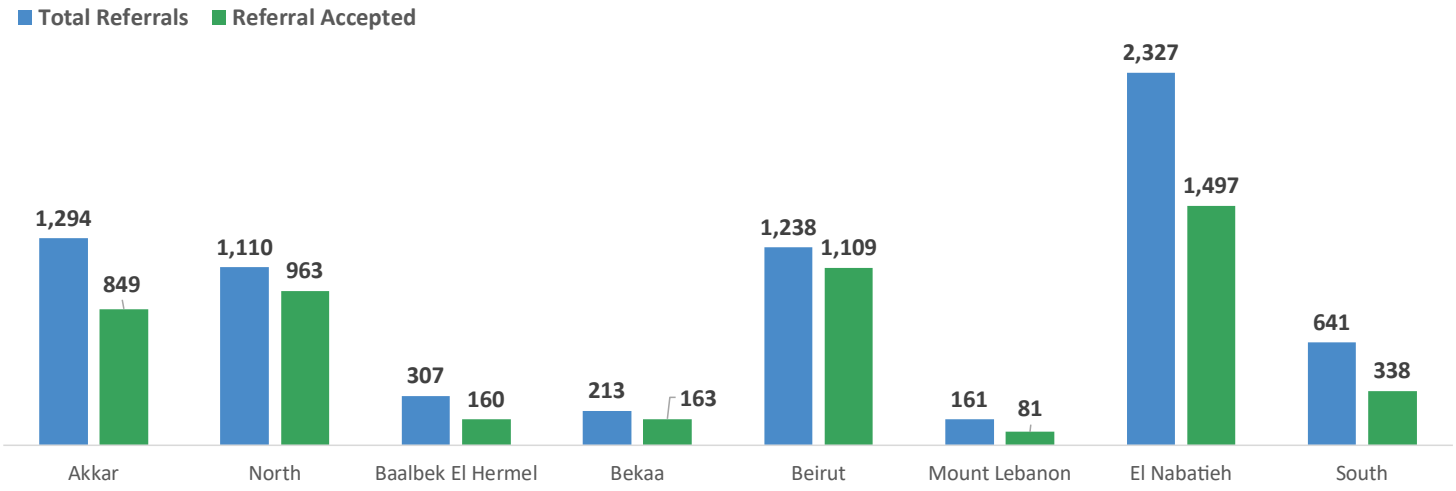
In 2024, despite reduced resources and increased demands, the Health sector maintained its focus on life-saving activities. Partners concentrated their support on high-vulnerability areas requiring urgent interventions. Significant efforts were made towards localization, with initiatives aimed at meeting immediate needs and actively engaging local communities in response efforts, particularly in reaction to the hostilities in Lebanon. In addition, Health partners prioritized their activities throughout the year and had to repurpose funds to accommodate the changing context.

Gender and GBV risk mitigation mainstreaming

In October 2024, the Health sector, in coordination with the prevention of sexual exploitation and abuse (PSEA) Network Coordinator, Gender Working Group Coordinator, and GBV Working Group Coordinator, organized a series of online sessions for Health partners frontline workers. These sessions focused on the Do's and Don'ts of protection from sexual exploitation, abuse and harassment (PSEAH), GBV, and gender considerations in emergencies. A total of 132 participants attended, engaging in meaningful discussions and expressing a need for additional support. In November 2024, a survey was distributed among partners to identify specific PSEAH-related risks and gather insights into the support required to strengthen protection measures and accountability within the Health sector in Lebanon. Based on the survey findings, a draft analysis report was developed in preparation for discussions with key stakeholders, aiming to develop a comprehensive plan to mitigate identified risks, implement preventive measures, and provide tailored support to health sector partners to enhance their capacity in addressing PSEAH, GBV, and gender concerns effectively.

Referrals

In 2024, 7,291 referrals were made to the Health sector. 71 per cent of the referrals to the Health sector were accepted, while four percent per cent were not accepted, 18 per cent referral acknowledged, and there was no feedback received for eight per cent out of them.



Escalation of Hostilities in Lebanon

In response to the escalation of hostilities and significant internal displacement and return movement (approximately 1.3 million people) in Lebanon, Health sector partners were the first to prepare, preposition and respond despite critical resource constraints. Under the leadership of the MoPH, Heath sector partners reallocated existing resources to address immediate needs, focusing on strengthening health service capacity. This included trauma care, emergency medical care, life-saving sexual and reproductive health services (Minimum Initial Service Package/MISP), hospitalization support, and Primary Health Care Satellite Units (PSUs). Partners also enhanced early warning surveillance, activated targeted supplementary response activities (including immunization), and established strong coordination mechanisms for health emergency response through PHEOC and the Health sector. The response ensured inclusivity for all vulnerable groups affected by the conflict, including Lebanese and non-Lebanese populations, and maintained access to information and services from community health workers, including midwives, through mobile units and other health outreach services to displaced and other affected populations. Furthermore, collaboration with partners and local authorities also ensured continuity of healthcare services and provision of essential medicines and supplies.

Emergency medicine and medical supplies including 140 Trauma & Emergency Surgical Kits (TESK), 86 Interagency Emergency Health Kits (IEHK), and 74 Interagency Reproductive Health Kits (IARH) were distributed. 165,443 Internally Displaced Persons (IDPs) received consultations, and 124,450 IDPs received specific medications. Furthermore, 5,476 patients received critical hospitalization services, including Chemotherapy: 2,637 patients, Institutional Delivery services: 647 women, Dialysis: 354 patients, Radiotherapy: 33 patients, Other medical services: 1,805 patients. The services primarily targeted acute cases and life-saving conditions, ensuring urgent care for displaced individuals.

The lack of adequate funding for the crisis response worsened the already strained situation, keeping the country at the center of increased health risks and protection issues.

For more information, please contact: ***lebhealthsector@who.int***

2. Challenges, Risks and Mitigation Measures

In 2024, escalating funding challenges, worsened by regional instability and further complicated by insecurity and significant displacement due to hostilities, which also severely hindered access to both primary and secondary healthcare for displaced individuals and host communities. This affects women, men, girls, boys, and other vulnerable groups, worsening an already fragile situation.

Safety and security of healthcare:

The Surveillance System for Attacks on Healthcare (SSA) recorded 160 attacks on healthcare during the conflict in Lebanon, resulting in 241 deaths and 295 injuries among health workers and paramedics as of December 11, 2024. Since the ceasefire on November 27, 2024, no new attacks have been reported. Nearly half of these incidents led to deaths of health workers and patients, highlighting the severe impact. The attacks on healthcare infrastructure demonstrate a blatant disregard for international humanitarian law (IHL), which protects medical facilities and personnel. These attacks have far-reaching consequences, severely limiting the broader population's access to life-saving medical care.

Funding Challenges:

In 2024, the Health sector has available USD $78 Million that constitutes only 26 per cent needed to cover the yearly appeal. Funding challenges have emerged as the primary obstacle to addressing the deep humanitarian, social, and economic crisis in Lebanon and meeting the growing needs of vulnerable populations. Decreased funding directly impacts access to healthcare services, exacerbating morbidity and mortality rates, particularly among displaced populations, women, and children. The reduced funding in Lebanon's Health sector have significantly impacted children's health. Due to the financial crisis, many children are unable to access necessary healthcare services when needed. Additionally, over 50 per cent of families struggled to obtain essential medications. This situation has likely worsened with the ongoing funding issues and compounded crisis leading to increased morbidity and mortality rates among children.

Accessibility Challenges:

In 2024, affordability was the main barrier to accessing healthcare, worsened by issues of availability, geographical accessibility, and acceptability. Insecurity and mass displacements due to hostilities further aggravated these challenges, especially in border areas with damaged or nonfunctional healthcare infrastructure. By November 18, 2024, eight hospitals were non-functional, seven were partially functional, and 56 Primary Health Care Centers (PHCCs) were closed. Post-ceasefire, most facilities reopened, but three hospitals and 26 PHCCs remained closed. Nine PHCCs were completely damaged, and 51 were partially damaged but could become operational after repairs.

Transportation fees also posed a significant challenge, complicating access to essential healthcare. Households with higher health expenditures, such as those with individuals with disabilities, chronic illnesses, older people, children under five, adolescent girls and boys, and survivors of gender-based violence, were disproportionately affected, leading to poorer health outcomes and increased morbidity and mortality risks.

System Challenges:

The health system in Lebanon continues to face immense pressure due to increased demand for healthcare services, limited resources, recent mass displacement, extensive destruction of health infrastructure, and a shortage of qualified human resources. These factors have stretched the system thin, exacerbating existing challenges and leading to higher mortality risks, worsening health outcomes, and increased protection concerns within affected communities.

Despite these obstacles, Health sector partners remain dedicated to strengthening the national health system. In 2024, their focus includes human resources, finance, governance, capacity building, and health information systems. They have also provided essential and emergency medicine, medical supplies and equipment, including emergency medications, vaccines, and data technologies. The Health sector partners also reallocated resources and addressed the recent escalation of hostilities in Lebanon by leveraging existing systems.

Escalation of Hostilities in Lebanon

As of January 2, 2025, 123,774 people remained displaced in Lebanon, with around 32 collective shelters hosting those unable to return home. Post-ceasefire, about 90 per cent of the displaced returned to their areas of origin, but many found their homes destroyed or partially damaged, with limited water and sanitation facilities, increasing the risk of disease outbreaks. Additionally, 50-60 villages in Southern Lebanon remain inaccessible.

The recent hostilities had left eight hospitals non-functional, seven partially functional, and 56 Primary Health Care Centers (PHCCs) closed. Post-ceasefire, most facilities reopened, but three hospitals and 26 PHCCs remained closed. Nine PHCCs were completely damaged, and 51 were partially damaged but could become operational after repairs. These attacks on healthcare infrastructure show a blatant disregard for international humanitarian law (IHL), which protects medical facilities and personnel. The unsafe environment has exposed healthcare providers to violence and threats, further constraining their ability to respond to emergencies and provide care.

The financial shortfall, coupled with insecurity, displacement, and ongoing crises, has severely strained the health sector's capacity, limiting access to healthcare and increasing morbidity and mortality among displaced populations. Vulnerable groups, including women and girls, people with disabilities, older persons, children, adolescents, and survivors of gender-based violence, are disproportionately affected.

The health system is under immense pressure from increased demand, limited resources, and access challenges. Very limited financial resources have been allocated to address this emergency, forcing health sector partners to repurpose funds from other planned actions, leaving other vulnerable populations without services. It is crucial to secure additional resources to sustain and expand anticipatory actions in Lebanon.

Case study
Transforming Life Through Holistic Care – Caritas Lebanon's Transformative Impact

Caritas Lebanon's Health Department aligns its activities with the Health sector's strategy and goals, ensuring a unified approach to meeting beneficiaries' complex needs.

By connecting primary and secondary healthcare services, Caritas provides a comprehensive continuum of care, from basic consultations to specialized treatments, allowing beneficiaries to navigate the healthcare system seamlessly.

Mental health services are integral to this approach, recognizing that true well-being includes both physical and emotional health. By integrating mental health support, Caritas helps individuals heal and rebuild their lives more effectively, enhancing their resilience and overall quality of life.

Under the Lebanon Response Plan (LRP) 2024, Caritas Lebanon worked to improve access to essential health services, reduce gaps in specialized care, and address mental health challenges, thereby strengthening the healthcare system and ensuring sustainable, impactful results for beneficiaries.

A Testament to Resilience and Recovery is One such beneficiary, a divorced woman, experienced a life-altering incident at her workplace when she was shot in the leg during an attempted robbery. This tragic event led to extensive medical treatment and the eventual amputation of her leg above the knee. Amid these challenging circumstances, Caritas Lebanon provided her with the comprehensive care she desperately needed, becoming a beacon of hope in her recovery journey. Addressing physical and psychological challenges were the major obstacles for her that the accident brought. The loss of her leg caused profound sadness, a decline in self-confidence, and struggles with sleep and eating disorders. Overwhelmed by helplessness and despair, she faced the daunting task of rebuilding her life. Her family dynamics and living conditions further compounded her wellbeing.

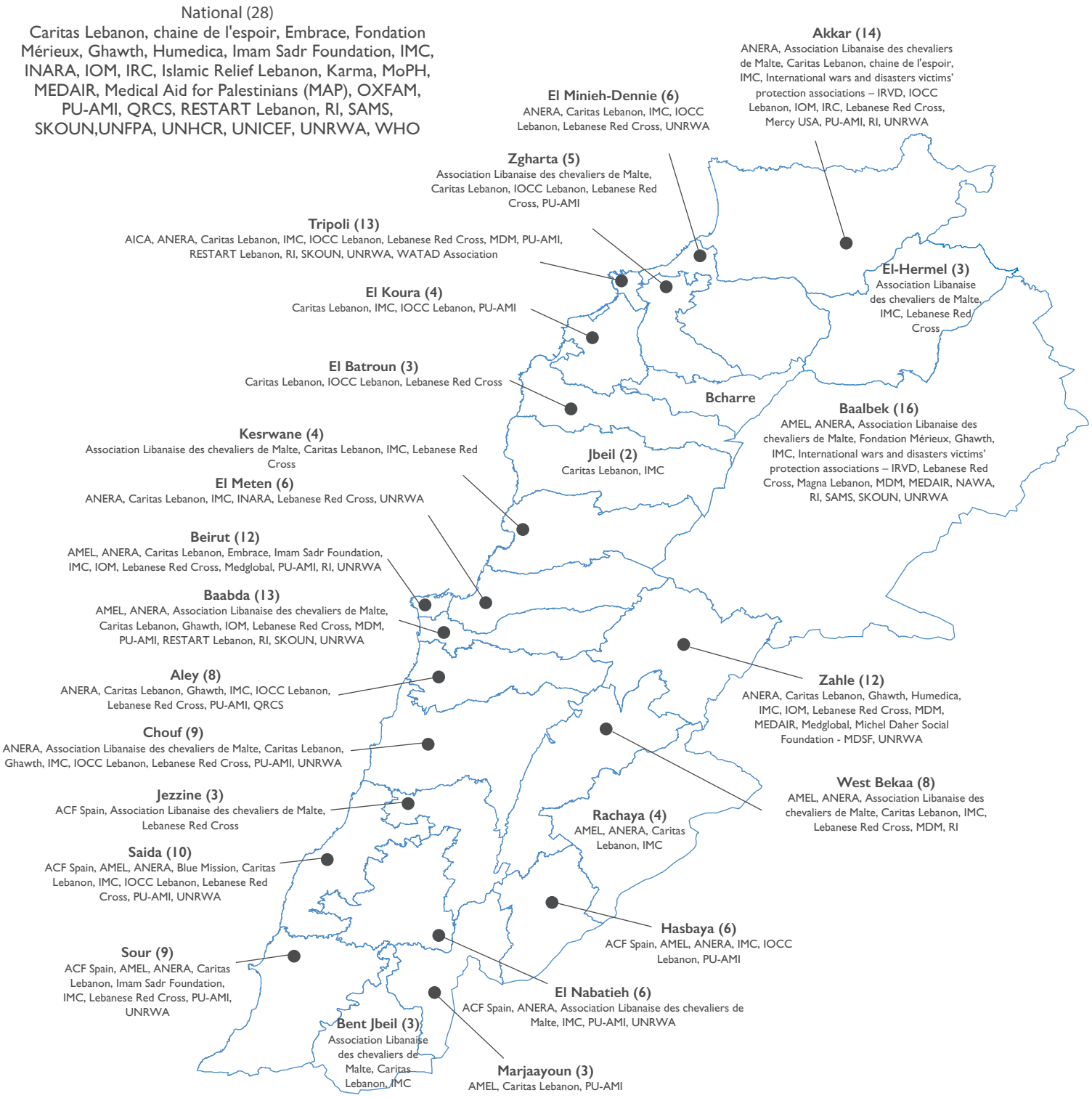
As a divorced woman, she lived with her brother, who treated her poorly, and shared a divided house, heightening her feelings of isolation. She also had two daughters with various social and psychological issues, making her life even more overwhelming. All she needed was comprehensive care and support. Seeking help, she turned to Caritas Lebanon for psychological and medical support. At the Primary Healthcare Center (PHCC), a doctor treated her leg infection, prescribed diagnostic tests, and provided medications. Psychologically, she required extensive support to adapt to her new reality. A comprehensive treatment plan was created to improve her quality of life. She started attending individual counselling and Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR). These therapies helped her process the trauma of losing her leg, overcome negative thoughts, and rebuild her self-esteem. Through this journey, she learned to accept herself and focus on creating a meaningful life despite her difficulties.

Restoring hope and mobility was the key objective and after several follow-up consultations, the doctor referred her to the secondary healthcare unit for surgery on her leg—an essential step before being fitted with an artificial limb. Caritas Lebanon supported her to cover the patient share cost. Following the surgery and months of recovery, she returned to the PHCC. With the assistance of the inclusion coordinator, she was provided with a prosthetic device to replace her amputated leg. The prosthetic restored her mobility and gave her a renewed sense of hope. Psychological support remained crucial in helping her adapt to her new life. Today, she visits the center independently, walking confidently on her prosthetic leg and reclaiming her sense of autonomy and self-worth. "Caritas didn't just help me walk again; they helped me rebuild my life. Their care, both physical and emotional, gave me the strength to hope again," she shared with gratitude."

This inspiring journey of recovery highlights the power of determination, professional support, and self-acceptance.

End Year 2024 Sector Dashboard

Health



All 44 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LRP and reporting under ActivityInfo:
ACF Spain, AICA, AMEL, ANERA, Association Libanaise des chevaliers de Malte, Blue Mission, Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Humedica, Imam Sadr Foundation, IMC, INARA, International wars and disasters victims' protection associations – IRVD, IOCC Lebanon, IOM, IRC, Islamic Relief Lebanon, Karma, Lebanese Red Cross, MoPH, Magna Lebanon, MDM, MEDAIR, Medglobal, Medical Aid for Palestinians (MAP), Mercy USA, Michel Daher Social Foundation - MDSF, NAWA, OXFAM, PU-AMI, QRCS, RESTART Lebanon, RI, SAMS, SKOUN,UNFPA, UNHCR, UNICEF, UNRWA, WATAD Association, WHO.

According to the Q4 2024 financial update, the top 10 donors to the health sector under the LRP are listed below:
UNITED STATES OF AMERICA, PRIVATE DONORS, EUROPEAN UNION, FRANCE, GERMANY, NORWAY, Italy, LHF-OCHA, Central Emergency Response Fund - CERF, UNITED KINGDOM

For more information, please contact: ***lebhealthsector@who.int***