2025 MID-YEAR SECTOR DASHBOARD

Health

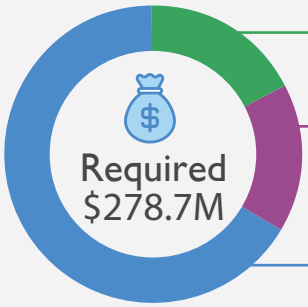
LEBANON Response Plan

The second quarter of 2025 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.

2025 Sector Funding Status

As of June 30th



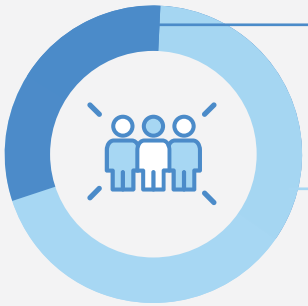
17.6% $49.1M
Total received
(since Jan-25)

16.1% $44.8 M
Total carry over
(from 2024)

66.3%
Required
(ref. 2025 appeal)

2025 Population Reached

3,544,395
People in Need



712,209 31%
Reached

2,323,343
Targeted
Male 1,111,000
Female 1,212,773

2025 Population Figures by Cohort

2,196,440
Lebanese individuals in need

411,794 37%
Reached

1,098,220
Targeted
Male 527,146
Female 571,074

1,092,000
Displaced Syrians in need

267,358 24%
Reached

1,092,000
Targeted
Male 530,712
Female 561,288

23,026
Palestinian Refugees from Syria (individuals)

8,188 36%
Reached

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

136,051
Palestine Refugees in Lebanon (individuals)

19,695 98%
Reached

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

96,878
Migrants (individuals)

5,174 6%
Reached

90,097
Targeted
Male 31,534
Female 58,563

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

LEBANON Response Plan

2025 MID-YEAR SECTOR DASHBOARD

Health

Progress against targets

Outcome 1: Improve access to comprehensive primary healthcare

Number of subsidized primary healthcare consultations

1,194,314	4,646,685

Number of subsidized ante-natal care (ANC) consultations

74,925	345,837

Number of subsidized mental health (MH) consultations

57,042	232,334

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

172,028	359,584

Outcome 2: Improve access to hospital and advanced referral care

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

36,560	104,550

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

20,996

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

Number of institutions with surveillance data at the source

1,369	800

Number of patients who received tuberculosis & ARV medications

3,961	4,413

Outcome 4: improve access to health awareness & information

Number of PHC facilities engaged in health promotion/outreach activities

77	295

Number of caregivers reached with integrated health awareness messages

91,152	574,105

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

LEBANON Response Plan

2025 MID-YEAR SECTOR DASHBOARD

Health

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

During the first half of 2025, the Lebanon Health sector remained committed and continued providing equitable access to high-quality health services despite increasing demands, fragile socio-economic situation especially with reduced donor funding. The lifesaving health services are all population inclusive extending 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

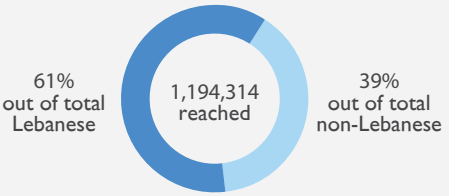
By the end of Q2 2025, the Health Sector had provided 1,194,314 subsidized primary healthcare consultations: 722,636 (61%) to Lebanese, 418,084 (35%) to Syrians, and 13,399 (4%) to other nationalities. Of the total consultations, 39% were for males and 61% for females.

This includes services such as antenatal care and mental health support. To manage the high demand despite reduced resources, the Health sector partners are continuing to implement the consultation cap as part of the agreed strategies outlined in the Long Term PHCC Subsidization Protocol (LPSP) which is a standardized framework developed by MoPH to guide the subsidization of primary healthcare services across the country.

Subsidized Consultations

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

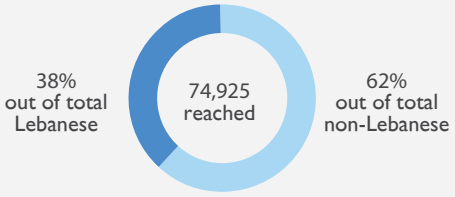
26%
1,194,314 Reached
4,646,685 Targeted



Reproductive Health

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

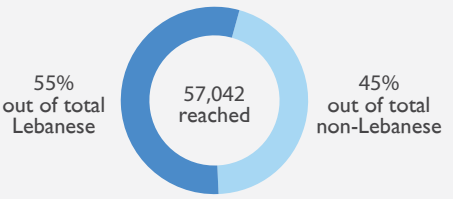
22%
74,925 Reached
345,837 Targeted



Mental Health

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

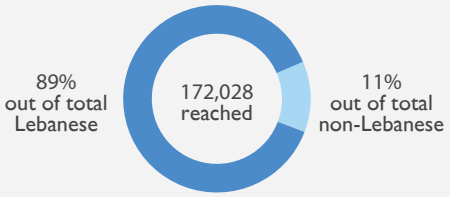
25%
57,042 Reached
232,334 Targeted



Chronic Disease Medications

Number of patients who received chronic disease medication

48%
172,028 Reached
359,584 Targeted



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LEBANON Response Plan

2025 MID-YEAR SECTOR DASHBOARD

Health

A total of 74,925 subsidized antenatal care consultations (LEB-38%, SYR-60%, Others-2%), a notable 22 percent increase from the same period in 2024 but meeting only 22 percent of the annual target of 2025 highlighting the need for continued efforts to scale up service delivery and uptake.

Mental health consultations totalled 57,042 (LEB-55%, SYR-42%, Others-3%), a 12 per cent decrease from the same period in previous year, achieving 25 percent of the current yearly target.

Vaccination coverage improved significantly in Q2 2025 across all listed antigens in the public sector. This reflects the success of recent public health efforts, including mobile clinics, community outreach, and stronger coordination between health centers and authorities, leading to better access and uptake of immunization services nationwide.

The number of active and unique beneficiaries receiving chronic disease medication through MoPH Non-Communicable Diseases (NCD) has slightly increased compared to Q1 2025. The Health sector observed a 20 per cent stock disruption (not available NCD medications), during the first half of 2025. The protocol for the catastrophic NCD medications has recently been updated, and despite all the challenges, MoPH through the government fund continued to provide medication for Thalassemia, Dialysis, Chemotherapy and catastrophic NCD patients as per the essential medication list. While a Health sector partner is supporting efforts to fill gaps in the 1st line and 2nd line essential cancer medications, significant gaps remained in the 2nd and 3rd line treatment.

Across Lebanon, there are 328 PHCCs under the MoPH network, with 142 (43 per cent) of these supported by Health sector partners to deliver comprehensive primary healthcare services.

The Health sector continued to bolster the national health system throughout 2025 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 and training of health care workers within the MoPH network of PHCCs.

Reproductive Health Sub Working Group (RHSWG):

In Q2 2025, the total number of subsidized Antenatal Care (ANC) consultations remained stable compared to Q1. However, there was a notable decrease in June most likely due to the religious holidays in Q2 (Adha/Ashoura) leading to facility closures and reduced health seeking behavior. Furthermore, additional challenges included decreased patient turnout, staff leaving without replacement (especially in South border areas) due to security situation, and lack of midwives and OBGYNs in underserved areas like Akkar and South. Health partners continued to subsidize institutional deliveries at 40 supported hospitals. The RHSWG is maintaining the hospital delivery dashboard and developed a NICU support dashboard to enhance referrals coordination. Furthermore, the RHSWG conducted a survey to assess PHENICS usage in supported hospitals, aiming to help the MOPH standardize the use of PHENICS to strengthen the referrals between hospitals and PHCCs.

Considering the above, further support is needed to enhance SRH services, particularly in areas witnessing influx of newcomers from Syria, such as Akkar and Baalbak El Hermel. Poor WASH conditions, legal barriers, limited awareness of available services, and economic hardships within these poverty-pocket areas hinder access to life saving essential maternal services. Furthermore, in light with the major funding cuts and discontinuation of services by Health sector partners, collaborative efforts are urgently needed to leverage from community midwifery initiatives and mobilize resources for subsidized institutional deliveries. These actions are critical to ensure vulnerable women have access to comprehensive reproductive health services and preventing avoidable maternal and neonatal deaths.

The GBV IMS reports a similar trend of rape cases in Q1 and Q2, however the total number of cases nearly doubled compared to Q4 2024. All 14 CMR facilities now supported to provide free-of-charge services. However, community outreach and referrals remain a challenge. MOPH has launched a CMR dashboard, and a forensic services survey is informing advocacy efforts with relevant ministries (Public Health, Justice) to improve access to comprehensive CMR services.

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

National Mental Health Programme (NMHP)

During the second quarter of 2025, the National Mental Health Programme (NMHP) at the Ministry of Public Health, in coordination with WHO and UNICEF as co-chairs of the National MHPSS Coordination Group (CG), continued to lead the mental health and psychosocial support (MHPSS) response following the 2024 war. Efforts focused on both emergency response and strengthening the national mental health system.

Key achievements include the planned reopening of the psychiatric inpatient unit at Rafic Hariri University Hospital in July 2025, and the resumption of hospitalization coverage for psychiatric cases in several hospitals in June. At the community level, the National Mental Health Emergency Response Mechanism Team was reactivated in Beirut and the North and was launched in Tyr.

To build national capacity, over 2,000 healthcare providers received hospital-based trainings on de-escalation, self-care, and breaking bad news. With support from partners, NMHP also trained 20 facilitators to scale up mental health integration in primary healthcare (PHC) settings. Trainings on safe identification and referral were implemented nationwide for a wide range of professionals, and intersectoral training on the Minimum Service Package targeted decision-makers to promote cross-sectoral collaboration. Other trainings on Self-Help+, mental health in the workplace, and self-care are in the pipeline with the support from partners.

Efforts to improve service quality and workforce retention continued with the reactivation of the CG Task Team on unified job descriptions and fair compensation for MHPSS professionals in PHCCs and which involves key professional orders and proactive NGOs. Frontliners' psychosocial support sessions were also delivered with support from Health sector partners, guided by NMHP's guidance note. A new guidance note on "Delivering Bad News" and NMHP's first quarterly report were released, with additional effort to enhance visibility through international portals.

Despite the progress, funding gaps remain, particularly to expand mental health services at PHC level and establish more psychiatric inpatient units in public hospitals.

Outcome 2: Improve access to hospital and advanced referral care

A total of 36,650 individuals (LEB-16%, SYR-45%, PRL & PRS-38%, Others-1%) received obstetric and emergency/life-saving hospital and advanced referral care during the first half of 2025, which is a 14 per cent decrease compared to Q2 2024, and only 35 per cent of the yearly target of 104,550. The decline in hospital care recipients is attributed to limited resources affecting service availability. The Health sector continued to collaborate with the MoPH and partners to further analyze the situation and jointly advocate to mobilize additional resources and ensure continued access to lifesaving hospital care.

On a positive note, 20,996 beneficiaries (LEB 48%) were supported for improved access to advanced/specialized diagnostic services, addressing a critical gap identified last year and reaching 201% of the yearly target, which could be contributed to the additional resources made available during the escalation of hostilities. Through UNRWA, approximately 12,948 PRS & PRL received hospital care. For migrants, 68 individuals out of a yearly target of 4,054 received support for hospital care admission in 2025, constituting two percent of the yearly target. Overall, women and girls accounted for 64 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 2025, the Health sector continued to strengthen 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). Additionally, critical programs like the National Tuberculosis (NTP) and acquired immunodeficiency syndrome (AIDS) Programs (NAP) were strengthened.

During this period, 1,369 institutions reported surveillance data at the source, surpassing the target of 800. Contingency stocks were also strategically prepositioned at Ministry of Public Health (MoPH) and health sector partners warehouses to respond to the acute onset emergencies like conflict, disease outbreaks e.t.c.

Within the National Tuberculosis Program, 608 beneficiaries (64% women, 36% men) received tuberculosis medications and preventive treatment, reaching 32 percent of the yearly target of 1,886. Similarly, under the National AIDS Program, 3,353 beneficiaries received antiretroviral (ARV) medications, exceeding the yearly target of 2,527. The distribution of ARV medications included 94 percent male and 6 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 in an all-population inclusive approach.

Outcome 4: Improve access to health awareness & information.

Health sector partners strengthened efforts to ensure inclusive access to health awareness and information, respecting the rights of women, men, children, boys, girls, and persons with disabilities. Out of a target of 295 PHCCs, 77 were involved in health promotion and outreach activities. At the community level, 91,152 caregivers received integrated health awareness messages, representing sixteen percent of the annual target of 574,105.

Prioritization

In 2025, the Health sector remained committed to life-saving activities despite reduced resources and increased needs. Partners strategically focused their support on areas with high-vulnerability and urgent health interventions. Throughout the reporting period, Health partners prioritized activities and repurposed funding to adapt to the evolving context and ensured continued impact.

Localization:

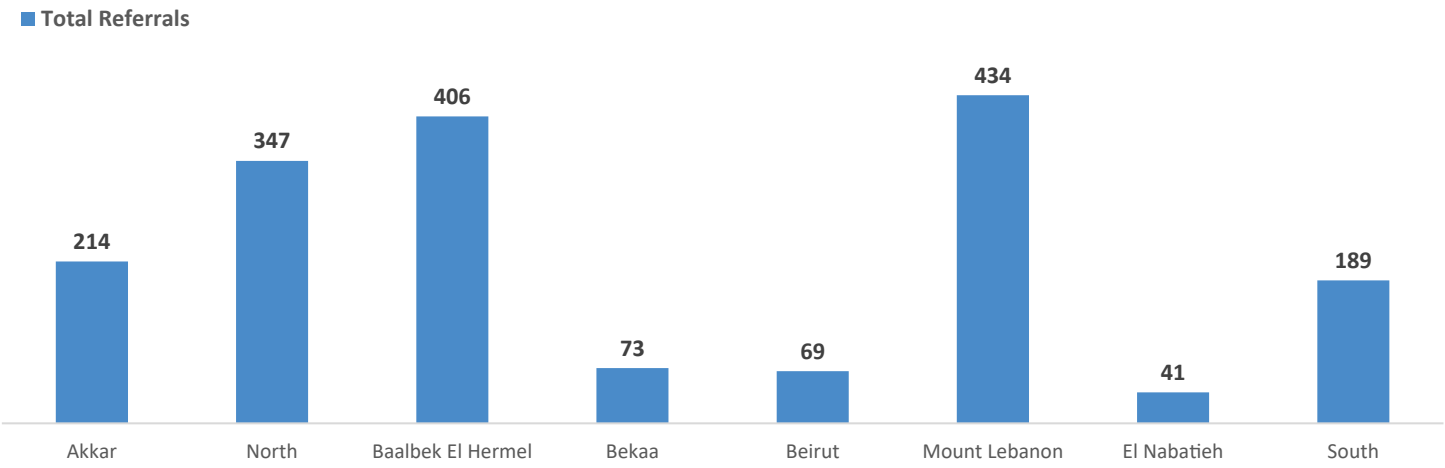
In 2025, the Health Sector made significant strides in localization, launching initiatives that addressed immediate health needs while fostering local ownership and resilience. These efforts actively engaged local communities, health authorities, and multisectoral stakeholders, particularly in response to the hostilities in Lebanon and Syria. The approach emphasized inclusive, community-driven responses tailored to the evolving context.

Gender and GBV risk mitigation mainstreaming

In collaboration with WHO, the Health Sector Coordination team and PSEA Network Coordinator, are undertaking a PSEA risk assessment for the health sector. As part of this process, a risk assessment workshop will be organized in Q3 with the participation of all health sector partners. The workshop will aim to map PSEA risks, evaluate existing resources and mechanisms, identify key gaps, and develop actionable recommendations to strengthen prevention and response efforts—while upholding a survivor-centered approach throughout the process.

Referrals

From January to June 2025, 1,773 referrals were made to the Health sector. 76 per cent of the referrals to the health sector was accepted, while 4 percent per cent were not accepted, 13 per cent referrals acknowledged, and there was no feedback received for 7 per cent out of them.



2. Challenges, Risks and Mitigation Measures

During this reporting period, Lebanon's health sector faced worsening access challenges due to escalating funding gaps, regional instability, and the withdrawal of Official Development Assistance (ODA). Insecurity further complicated access, particularly in South and Nabatieh governorates, where many health facilities remain damaged or inaccessible. The absence of specialized doctors in these areas has limited access to critical services. Vulnerable groups—including women, men, children, and persons with disabilities—are disproportionately affected, deepening health inequities and straining an already fragile system. Urgent action is needed to restore access and strengthen healthcare delivery across affected regions.

Safety and security of healthcare:

Between 01 January 2025 to 30 June 2025, the Surveillance System for Attacks on Healthcare (SSA) recorded 03 attacks, resulting in 01 injury among healthcare workers. Since the onset of hostilities in October 2023, a total of 163 Attacks on Healthcare has been recorded resulting to 241 deaths and 296 injuries among healthcare workers. 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 the first half of 2025, the Health sector has available USD $93.9 million that constitutes only 34 per cent needed to cover the yearly appeal. The withdrawal of funding from a key donor and Official Development assistance (ODA) has an estimated financial impact of USD $26.1 million and has caused widespread disruption across Lebanon's health sector, severely affecting both service delivery and the operational capacity of key health actors. 41 PHCCs and 44 satellite units scaled down operations, affecting immunization, sexual and reproductive health, maternal and newborn care, mental health, and support for catastrophic illnesses. Hospital services were strained, with reduced access to advanced care in 11 hospitals

and complete partner withdrawal in five. SRH services for women and girls became unavailable in 18 health facilities, and persons with disabilities faced increased barriers in 13. The anticipated exit of a major UN agency threatens to worsen the crisis. The reduced funding has placed additional pressure on available resources to fill critical gaps. This has led to reduced health service coverage for Lebanese, Syrian, Palestinian, and migrant populations.

Access Challenges:

During this reporting period, access to healthcare in Lebanon remained severely constrained. Affordability was the primary barrier, compounded by limited availability, geographic inaccessibility, and insecurity, particularly in border areas affected by recent hostilities. Access to parts of South and Nabatiyeh governorates remains challenging due to damaged infrastructure and ongoing security concerns. The absence of specialized doctors in these areas has further limited access to critical health services.

Transportation costs added another layer of difficulty, especially for vulnerable households with high health needs. Those most affected include persons with disabilities, individuals with chronic illnesses, older adults, children under five, adolescents, and survivors of gender-based violence.

These compounded challenges have led to poorer health outcomes, increased morbidity, and heightened mortality risks, deepening health inequities and placing additional strain on Lebanon's already fragile health system.

System Challenges:

Lebanon's health system faced immense pressure in the first half of 2025 due to rising needs, limited resources infrastructure destruction, and a shortage of qualified health workers. Key UN agencies transitioned from direct service provision to supporting health systems but also impacted by the de-funding. Existing donor funds are heavily earmarked, limiting ability to respond to evolving population needs. Preference for short-term outcomes undermines long-term health interventions. Despite these obstacles, Health Sector partners remained committed to strengthening the national system. Their efforts focused on improving human resources, governance, financing, capacity building, and health information systems. Partners also provided essential and emergency medicines, vaccines, medical supplies, and digital health technologies.

3. Key Priorities For 2nd Half of 2025

In 2025, the Health Sector will continue supporting the Ministry of Public Health (MoPH) at the primary healthcare level, focusing on emergency repairs, rehabilitation of damaged facilities, and replenishment of essential medicines and supplies. Efforts will include exploring complementary models to extend coverage and intensifying advocacy to address funding gaps. Partners will be encouraged to expand support to more PHCCs and implement the Long-term Primary Healthcare Subsidization Protocol (LPSP) in line with MoPH guidance. Advocacy will also target donor support for secondary and referral healthcare to ensure inclusive services for vulnerable populations.

Preparedness for disease outbreaks, including cholera, will be maintained through contingency stocks, surveillance, rapid response teams, and frontline worker training.

However, the ongoing funding crisis threatens both immediate service delivery and long-term health system stability. Urgent coordination and alternative funding mechanisms are essential to sustain vital health services and protect Lebanon's most at-risk communities.

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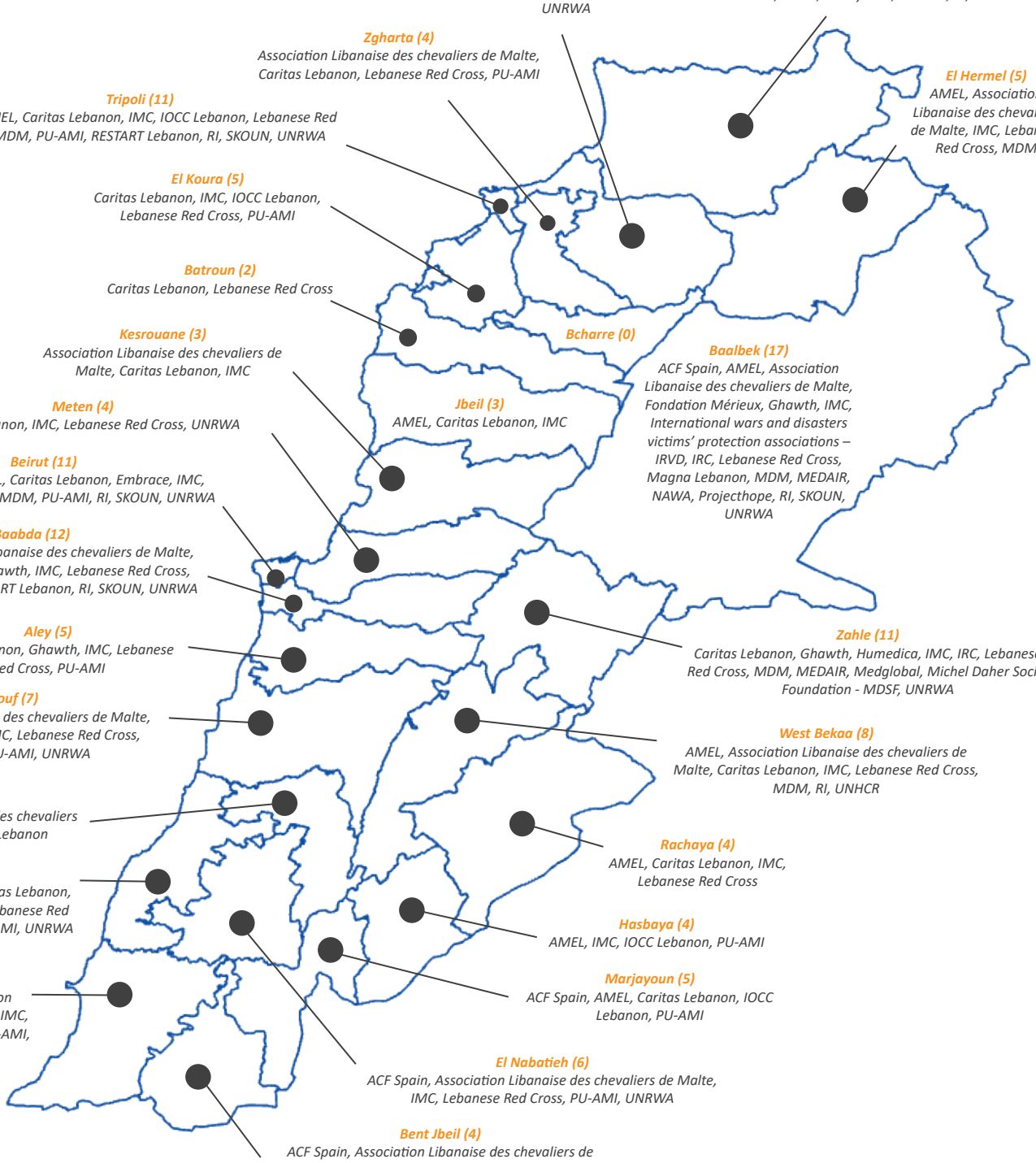
Health



National (25)
ACF Spain, ANERA, Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Humedica, IMC, IOM, IRC, MEDAIR, Medglobal, Medical Aid for Palestinians (MAP), Mercy USA, PU-AMI, Rahma Association, RESTART Lebanon, RI, SKOUN, Taawon, UNHCR, UNICEF, UNRWA, UNFPA, WHO

Akkar (13)
Al Makassed, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, International wars and disasters victims' protection associations – IRVD, IOCC Lebanon, IRC, Lebanese Red Cross, MDM, Mercy USA, PU-AMI, RI, UNRWA

Miniyeh-Danniyeh (4)
IMC, Lebanese Red Cross, PU-AMI, UNRWA

Zgharta (4)
Association Libanaise des chevaliers de Malte, Caritas Lebanon, Lebanese Red Cross, PU-AMI

El Hermel (5)
AMEL, Association Libanaise des chevaliers de Malte, IMC, Lebanese Red Cross, MDM

Tripoli (11)
AICA, AMEL, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, MDM, PU-AMI, RESTART Lebanon, RI, SKOUN, UNRWA

El Koura (5)
Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, PU-AMI

Batroun (2)
Caritas Lebanon, Lebanese Red Cross

Kesrouane (3)
Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC

Bcharre (0)

Baalbek (17)
ACF Spain, AMEL, Association Libanaise des chevaliers de Malte, Fondation Mérieux, Ghawth, IMC, International wars and disasters victims' protection associations – IRVD, IRC, Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, NAWA, Projecthope, RI, SKOUN, UNRWA

Meten (4)
Caritas Lebanon, IMC, Lebanese Red Cross, UNRWA

Jbeil (3)
AMEL, Caritas Lebanon, IMC

Beirut (11)
Al Makassed, AMEL, Caritas Lebanon, Embrace, IMC, Lebanese Red Cross, MDM, PU-AMI, RI, SKOUN, UNRWA

Baabda (12)
AMEL, Association Libanaise des chevaliers de Malte, Caritas Lebanon, Ghawth, IMC, Lebanese Red Cross, MDM, PU-AMI, RESTART Lebanon, RI, SKOUN, UNRWA

Aley (5)
Caritas Lebanon, Ghawth, IMC, Lebanese Red Cross, PU-AMI

Zahle (11)
Caritas Lebanon, Ghawth, Humedica, IMC, IRC, Lebanese Red Cross, MDM, MEDAIR, Medglobal, Michel Daher Social Foundation - MDSF, UNRWA

Chouf (7)
Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, Lebanese Red Cross, MEDAIR, PU-AMI, UNRWA

West Bekaa (8)
AMEL, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, Lebanese Red Cross, MDM, RI, UNHCR

Jezzine (2)
Association Libanaise des chevaliers de Malte, Caritas Lebanon

Rachaya (4)
AMEL, Caritas Lebanon, IMC, Lebanese Red Cross

Saida (9)
ACF Spain, AMEL, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, Medglobal, PU-AMI, UNRWA

Hasbaya (4)
AMEL, IMC, IOCC Lebanon, PU-AMI

Sour (7)
AMEL, Caritas Lebanon Imam Sadr Foundation, IMC, Lebanese Red Cross, PU-AMI, UNRWA

Marjayoun (5)
ACF Spain, AMEL, Caritas Lebanon, IOCC Lebanon, PU-AMI

El Nabatieh (6)
ACF Spain, Association Libanaise des chevaliers de Malte, IMC, Lebanese Red Cross, PU-AMI, UNRWA

Bent Jbeil (4)
ACF Spain, Association Libanaise des chevaliers de Malte, Caritas Lebanon, Lebanese Red Cross

All 48 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LRP and reporting under ActivityInfo:
ACF Spain, AICA, Akkarouna, Al Makassed, AMEL, ANERA, Arcenciel, Association Libanaise des chevaliers de Malte, CARE, Caritas Lebanon, chaine de l'espoir, NABA`A, Embrace, Fondation Mérieux, Ghawth, Handicap International, Humedica, Imam Sadr Foundation, IMC, International wars and disasters victims' protection associations – IRVD, IOCC Lebanon, IOM, IRC, Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, Medglobal, Medical Aid for Palestinians (MAP), Mercy USA, Michel Daher Social Foundation - MDSF, Migration Services and Development - MSD, NAWA, OXFAM, Plan International, Projecthope, PU-AMI, Rahma Association, Relief International, RESTART Lebanon, RI, SIDC, SKOUN, Taawon, UNHCR, UNICEF, UNRWA, WHO

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