LRP Sector Strategy

Health Sector

1. Sector Situation & Strategic Direction

1.1. Situation Analysis

The Health sector in Lebanon continues to face compounded crises, with the slow and fragile recovery from the 2024 hostilities overshadowed by persistent socio-economic instability, underfunding, and ongoing and systemic strain. Despite the cessation of hostilities, sporadic violence and displacement persist.
The health system remains overstretched, grappling with, infrastructure damage with over 40 hospitals and 100 Primary Health Care Centers (PHCCs) damaged or destroyed as a result of the hostilities; many remain non-operational or under-resourced. Continued emigration of healthcare workers and loss of personnel due to the escalation of hostilities has weakened service delivery, and only 39.1 per cent of the 2025 Lebanon Response Plan (LRP) priority-based appeal was funded up to September 2025. Funding gaps persist into 2026, threatening continuity of care.

Access to healthcare is not always dependent on the availability but rather affordability, which is increasingly inequitable, especially for vulnerable Lebanese, displaced Syrians, post-2024 arrivals,[1] refugees of other nationalities, and migrants, children, women and girls, who face barriers when accessing maternal, sexual, and reproductive health services. According to the preliminary data of the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) and the Multi Sectoral Needs Assessment (MSNA) 2025, only 54 per cent of Syrians and 62 per cent of Lebanese women surveyed received more than four Ante Natal Care (ANC) visits while 1.5 per cent of Syrian women surveyed received their Post Natal Care (PNC) visit at six weeks. To prevent maternal and neonatal mortality amid imminent drastic hospital funding cuts, it is critical to sustain subsidies for deliveries, especially for high-risk pregnancies. Persons with Disabilities (PwDs) also reported exclusion from shelters and healthcare.

According to the Gender-Based Violence Information Management System (GBVIMS) midyear 2025 trend analysis, Sexual assault remains the third highest reported GBV incident type in Lebanon (14% compared with 2% from midyear 2024). According to the Ministry of Public Health (MoPH) Q3 2025 data, compared to 2024, survivors seeking Clinical Management of Rape (CMR) services are increasingly minors (55%), and a growing majority (75%) are arriving after the critical 72-hour window. This dangerous delay means that most survivors, especially children, are missing the opportunity to receive essential time-sensitive medical and forensic services.

Children, with declining immunization rates, environmental degradation, including poor medical waste management and water contamination, has heightened risks of infectious disease outbreaks. Cholera, measles, and hepatitis A remain active threats, particularly in informal settlements.

The mental health burden has intensified, with limited access to services and rising psychosocial distress among displaced populations.

Despite these challenges, the sector has demonstrated resilience through its emergency preparedness and response and localization efforts. Prepositioning of essential supplies, training of healthcare workers, and operationalization of the Public Health Emergency Operations Center (PHEOC), strengthening MoPH's subnational presence and engaging local NGOs as co-facilitators is ensuring inclusive coordination by aligning with Humanitarian Reset principles to ensure community-level representation and continuity of services.

[1] Post-December 2024 arrivals from Syria

1.2. Prioritization

In 2026, the Health sector will prioritize national ownership by reinforcing MoPH leadership and empowering local actors amidst reduced Official Development Assistance (ODA) external funding support and Health sector partners support. The sector will sustain equitable access to quality healthcare, focusing on resilience, preparedness, and inclusion. Guided by the Rapid Health Assessment[2] conducted in 2025 and refined targets under MoPH Vision 2030, interventions will target vulnerable Lebanese and non-Lebanese populations. The Common Vulnerability Tool will be expanded to improve targeting, especially for high-risk pregnant women. Services will be delivered through PHCCs, mobile units, and outreach, integrating mental health, nutrition, Sexual and Reproductive Health (SRH), and GBV support. Financial aid will cover medications and immunizations. Hospital access will be enhanced through subsidized lifesaving care. Emergency preparedness will strengthen Early Warning, Alert and Response System (EWARS) and PHEOC. Inclusive Risk Communication and Community Engagement (RCCE) and cross-cutting priorities will ensure safe, dignified, and sustainable healthcare for all.

1.3 Risks and Mitigation Measures

In 2026, the Health sector faces several critical risks that could undermine service delivery and health outcomes.

Funding shortfalls remain a major concern, especially with reduced ODA and the transition following Health sector partners withdrawal of support. This could disrupt access to essential services and medications. To mitigate this, the sector will prioritize flexible financing, cost-sharing models, and advocacy for sustained donor support.

Infrastructure damage and workforce depletion, particularly in conflict-affected areas, pose risks to continuity of care. Emergency repairs, surge capacity planning, and task-shifting strategies will be implemented to maintain operations. Data fragmentation and limited disaggregation hinder targeted interventions. The sector will expand the Common Vulnerability Tool and invest in unified MoPH owned health information systems to improve planning and accountability.

Social tensions and marginalization of vulnerable groups, including women, PWDs, and undocumented migrants, may limit equitable access. Inclusive service design, community engagement, and strengthened protection linkages will address these barriers.

Environmental risks, such as poor waste management and water contamination, increase the likelihood of disease outbreaks. A One Health approach and coordination with WaSH sector and Environment task forces will be scaled up. Conflict sensitivity and Protection from Sexual Exploitation and Abuse (PSEA) risks will be mitigated through training, complaint mechanisms, and inclusive communication.

Finally, outbreaks and emergencies remain a persistent threat. Strengthening the PHEOC, expanding EWARS, and prepositioning contingency supplies will ensure rapid response and resilience. These measures collectively aim to safeguard health access and uphold dignity for all population groups in Lebanon.

[2] https://experience.arcgis.com/experience/dae33f94c9d84256adeda975e845f3f9/page/Rapid-Health-Assessment-(RHA)

1.4. Localization

The Health sector aims to advance localization agenda in 2026 through:

Strengthening National & Local Leadership

- The Health sector commits to reinforcing MoPH leadership through regular coordination, guidance development, and transparent reporting.
- Local governance structures, including municipalities and social development centers, are engaged in service delivery, especially where Primary Healthcare (PHC) coverage is limited.

Enhancing Role of Local Actors

- National NGOs, municipalities, and Community-Based Organizations (CBOs) are actively involved in coordination platforms and implementation of health services.
- Local actors are prioritized in outreach, community-based interventions, and deployment of mobile health units and satellite PHCs.

Capacity-Building Measures

- Continuous training for healthcare workers on emergency response including emergency Obstetric and Neonatal Care, Infection Prevention and Control (IPC) , mental health, and GBV.
- Strengthening the research committee to promote evidence-based practices and ethical standards.
- Support for community health workers, including midwives, through mobile units and outreach services.

Improving Access to Funding & Expertise

- Local actors are supported through inclusive financial aid mechanisms like the Country Based Pooled Fund (CBPF)
- Technical support is provided via coordination with MoPH, donors, and sector partners.
- Local actors are included in decision-making spaces, such as sector working groups and emergency taskforces.

Transition to Local Governance

- The strategy promotes progressive transition of responsibilities to MoPH and local structures, especially in PHC service delivery and surveillance.
- Expansion of EWARS and decentralization of surveillance to district levels supports local ownership.

1.5. Mainstreaming Components: Gender, Gender-Based Violence (GBV), Protection, Conflict Sensitivity, Protection from Sexual Exploitation and Abuse (PSEA), & Environment

The Health sector's strategy for 2026 underscores its commitment to mainstream protection, gender, age, conflict sensitivity, environment, and to ensure risks on GBV are identified and mitigated. The focus is set on fortifying core protection principles, including 'meaningful access without discrimination', 'safety, dignity, and do-no-harm', 'accountability', and 'participation and empowerment' within the sector's framework, ensuring all interventions are sensitive and respond to the needs of the most vulnerable.

GBV

- Ensures gender-sensitive programming, with a focus on women, girls, and marginalized groups.
- Improve integration of GBV/SRH services at primary healthcare facilities.
- Facilities are encouraged to have female gynecologists and trained staff on GBV guidelines.
- Strengthens CMR services and referral pathways.

- Addresses child marriage and adolescent maternal health through psychosocial support and tailored services.

Protection

- Updates the 2019 protection risk analysis in collaboration with the Protection sector.
- Enhances links with Child Protection and GBV sectors for comprehensive care tackling documentation barriers and supports birth registration efforts.
- Promotes safe, dignified, and inclusive access to health services.

PSEA

- Commits to zero tolerance for exploitation and abuse.
- Strengthens complaint and feedback mechanisms, including child safeguarding.
- Trains health workers on Sexual Exploitation and Abuse (SEA) disclosure and reporting.
- Display awareness materials at health facilities to inform patients of their rights.

Conflict Sensitivity

- Addresses inter-communal tensions and perceptions of aid bias.
- Promotes balanced support across all population cohorts.
- Coordinates Do No Harm and conflict sensitivity training for partners.
- Monitors community tensions and adapts programming accordingly.

Environment

- Coordinates with WaSH sector and Environment task force on medical waste management.
- Promotes safe water, hygiene, and food safety practices.
- Supports solar energy solutions for PHCs and hospitals to ensure service continuity.
- Adheres to environmental markers and collaborates with the Ministry of Environment.

1.6. Intersectoral Linkages

In 2026, the Health sector strategy will emphasize intersectoral collaboration to achieve inclusive, equitable, and resilient health outcomes. Coordination platforms will ensure harmonized planning and reporting, while partnerships with the protection sector and GBV working group will strengthen referral pathways and integrate CMR into PHCCs and hospitals. Collaboration with the WaSH sector will focus on water quality, menstrual hygiene, and medical waste management. Nutrition sector partners will support malnutrition screening during outreach. The Education sector will aid in surveillance and youth-targeted awareness. Social Stability, sector will contribute to conflict-sensitive programming, solar energy deployment, and environmental health risk mitigation—ensuring a holistic, context-sensitive health response for all vulnerable groups.

1.7. Transition to Development & Recovery

Lebanon's health sector is transitioning toward recovery-oriented coordination, aligning with Vision 2030 and Sustainable Development Goal (SDG) 3 to achieve universal health coverage. This shift emphasizes integrated service delivery through strengthened collaboration with other sectors, while reinforcing national systems via MoPH's PHC network and rationalized outreach models. Investments in resilience include facility repairs, workforce training, and decentralized surveillance. Evidence-based planning is supported by revitalized research and digitalized data systems. Preventive care is expanded through integrated PHC services and community engagement. Financial access is promoted via the Long-term PHC Subsidization Protocol and inclusive cost-sharing, ensuring sustainability and equity for vulnerable populations.

2. Sector Results, Targets, and Budget

2.1. Linkage with LRP Strategic Objectives - Opening Paragraph

In 2026, the Health sector strategy will directly contribute to the LRP Strategic Objectives by ensuring immediate humanitarian health assistance, strengthening national systems, and advancing resilience. It reinforces MoPH leadership and local actor engagement, aligning with Vision 2030 and supporting service continuity amid reduced ODA and Health sector partners support. The sector complements other sectors within the Humanitarian-Development-Peace (HDP) Nexus by integrating GBV and protection services, collaborating with WaSH and Nutrition sectors on outbreak prevention, and supporting education through school-based health awareness. At the output level, the strategy delivers subsidized consultations, medications, vaccinations, and hospital care, while sustaining EWARS and contingency stocks. These outputs generate outcome-level results by improving access to inclusive healthcare, reducing morbidity and mortality, and enhancing emergency preparedness. The use of tools like the Common Vulnerability Tool ensures targeted support for high-risk groups, while inclusive RCCE and community outreach promote health-seeking behavior. This integrated, multisectoral approach ensures that health interventions are not only responsive to immediate needs but also contribute to long-term system resilience and equitable recovery.

2.2. Sector Outcomes

Outcome 1: Improved access to comprehensive primary healthcare
In 2026, the Health sector aims to strengthen Lebanon's primary healthcare system by sustaining access to comprehensive, inclusive, and affordable services, particularly for vulnerable populations including children, women, PwDs. This outcome aligns with LRP Strategic Objective 1 and SDG 3 and supports the MoPH's Vision 2030 and the Long-term Primary Healthcare Subsidization Protocol (LPSP)[3] of MoPH. The sector will enhance service delivery through the MoPH PHC network, Mobile Medical Unit (MMU), or PHC Power Supply Units (PSUs) in the hard-to-reach areas, and community-based interventions.

Outputs under this outcome include: 1.1) Financial subsidies are provided to the targeted population for improved access to a comprehensive primary healthcare package; 1.2) Free-of-charge medications for non-communicable diseases are provided at the primary healthcare center level; 1.3) Free-of-charge acute disease medications, medical supplies, and reproductive health commodities are provided at the primary healthcare center level; 1.4) Free-of-charge routine vaccination is provided for all children under five years of age at the PHCC and dispensaries and through supplementary immunization activities; and 1.5) Primary healthcare institutions' service delivery is supported.

Special attention will be given to integrating GBV, PSEA response mechanisms within PHC services, ensuring survivor-centered care and safe referrals. The sector will also reinforce services availability for PwDs and improve referral pathways for maternal health and chronic disease management.

In 2026, the sector 1,518,638 subsidized general consultations, for 995,056 Lebanese (517,429 women), 402,597 displaced Syrians (202,000 women), 7,993 Palestinian Refugees from Syria (PRS), 68,075 Palestine Refugees in Lebanon (PRL), and 44,919 migrants with an estimated budget of $ 92,201,125.

Outcome 2: Improved access to hospital and advanced referral care
To address the growing demand for hospital-level care, the Health sector will enhance access to hospital and advanced referral services through targeted financial support for lifesaving interventions, including maternal, neonatal, and mental health care. To improve equity and precision in targeting, the sector will expand the use of the Common Vulnerability Tool. Public and private hospitals will be equipped with essential medical

[3] https://drive.google.com/drive/folders/1a_gac6VVKmU5aHdYe4sJMl66AuujLP9I

supplies and receive capacity-building support, while digitization of referral pathways will be further strengthened to ensure continuity of care across service levels. This outcome supports LRP Strategic Objective 3 and SDG 3 and complements the MoPH's hospital support strategy.

Outputs under this outcome include: 2.1) Financial support is provided to the targeted population for improved access to hospital and advanced referral care; 2.2) Public and private hospital service delivery is supported.

The sector will prioritize support for vulnerable Lebanese, displaced Syrians, PRS, PRL, and migrants, ensuring gender-sensitive and disability-inclusive services. Coordination with MoPH and Health sector partners will ensure cost-sharing mechanisms are optimized and duplication avoided.

In 2026, the sector targets 64,300 individuals receiving hospital services, disaggregated as follows: 41,907 Lebanese (21,792 women), 17,165 displaced Syrians (8,823 women), 345 PRS, 2,942 PRL, and 1,941 migrants with an estimated budget of $85,993,338.

Outcome 3: Enhance emergency, outbreak & infectious diseases preparedness and response.
In response to ongoing environmental risks, and heightened security situation, the Health sector will institutionalize emergency preparedness and outbreak response capacities, ensuring timely and inclusive health interventions. This outcome aligns with SDG 3 and supports the WHO Global Strategic Preparedness and Response Plan.

Outputs under this outcome include: 3.1) The National EWARS is expanded and reinforced while infectious disease outbreak capacity is enhanced; 3.2) Availability of selected contingency supplies is ensured; 3.3) Support to infectious disease outbreak response and other communicable disease controls, is strengthened.

Special attention will be given to women, girls, PwDs, and marginalized groups during acute onset emergencies, ensuring access to inclusive services and information. The sector will reinforce the Epidemiological Surveillance Unit (ESU) and improve coordination with multisectoral partners.

By 2026, the sector targets 800 EWARS centers and provision of outbreak response support to 6,000 individuals (3,200 women), including 2,000 displaced Syrians, 3,000 Lebanese, and 1,000 others with an estimated budget of $9,625,459.

Outcome 4: Improve access to health awareness & information.
To promote health-seeking behavior and increase demand for available services, the Health sector will enhance health literacy and community engagement through inclusive awareness campaigns and digital outreach. This outcome supports SDG 3 and contributes to LRP Strategic Objective 2.

Outputs under this outcome include: 4.1) Health awareness and information are strengthened at the institutional level; 4.2) Access to healthcare information for women, men, and youth (children, boys, and girls) is increased at the community level.

Youth-led peer education programs will be scaled up, and RCCE products will be harmonized across sectors. Awareness campaigns will focus on vaccination, mental health, sexual and reproductive health, and services for PwDs and GBV survivors.

By 2026, the sector aims to reach 607,455 caregivers (320,000 women) and conduct 30,000 awareness sessions for adolescents and youth, including 18,000 girls and 12,000 boys with an estimated budget of $1,000,000.

Return

Health sector partners in close coordination with MoPH, will implement a comprehensive pre-return and pre-departure interventions as per available capacity and resources to ensure safe and dignified voluntary returns. Activities include pre-return health screening, with referrals for chronic and acute medical cases, and identification of vulnerable individuals such as children under five and pregnant or breastfeeding women, while PRS will access these services through UNRWA health centres. Medical interventions aim to provide a three-month supply of medication for chronic conditions and lifesaving treatment for acute cases. In addition to the designated PHCCs, vaccination and primary health care is planned at Return Spaces depending on the capacity of the partners and availability of resources. These efforts aim to reduce health-related barriers to return and support reintegration within the society, aligning with protection principles and ensuring that returns are voluntary, safe, and informed.

2.3. Summary Sector Target and Budget - Closing Paragraph

In 2026, the Health Sector aims to reach approximately 1,367,956 individuals across Lebanon with subsidized healthcare services, including primary healthcare, hospital care, and outbreak response. This includes 896,278 vulnerable Lebanese, 362,694 displaced Syrians, 7,242 PRS, 61,276 PRL, and 40,466 migrants.

Gender-disaggregated targets prioritize women and girls, particularly in maternal, sexual and reproductive health, and GBV-related services, while ensuring inclusive access for men, boys, and PWDs.

The total projected budget for 2026 is approximately $189 million, with allocations supporting service delivery, emergency preparedness, medication provision, and health system strengthening through MoPH-led coordination.

3. Logframe

Separate Excel Document.