2025 END-OF-YEAR SECTOR DASHBOARD

Health

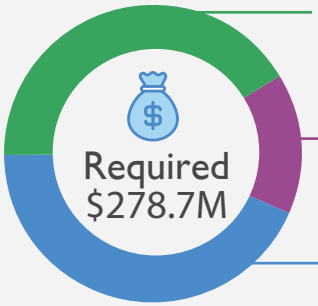
LEBANON Response Plan

The end of year 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 December 31st



41.6% $116.0 M
Total received
(since Jan-25)

15.2% $42.5M
Total carry over
(from 2024)

43.2%
Required
(ref. 2025 appeal)

2025 Population Reached

3,544,395
People in Need

1,320,198 57%
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

781,670 71%
Reached

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

1,092,000
Displaced
Syrians in need

476,532 44%
Reached

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

23,026
Palestinian
Refugees from Syria
(individuals)

15,294 66%
Reached

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

136,051
Palestine
Refugees in
Lebanon
(individuals)

38,125 191%
Reached

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

96,878
Migrants
(individuals)

8,578 10%
Reached

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

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

LEBANON Response Plan

2025 END-OF-YEAR SECTOR DASHBOARD

Health

Progress against targets

Outcome 1: Improve access to comprehensive primary healthcare

Number of subsidized primary healthcare consultations

2,237,839 / 4,646,685

Number of subsidized ante-natal care (ANC) consultations

142,291 / 345,837

Number of subsidized mental health (MH) consultations

96,156 / 232,334

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

238,936 / 359,584

Outcome 2: Improve access to hospital and advanced referral care

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

69,311 / 104,550

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

31,265

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

3,516 / 4,413

Outcome 4: improve access to health awareness & information

Number of PHC facilities engaged in health promotion/outreach activities

101 / 295

Number of caregivers reached with integrated health awareness messages

151,289 / 574,105

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

LEBANON Response Plan

2025 END-OF-YEAR SECTOR DASHBOARD

Health

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

In 2025, the Lebanon Health sector continued providing equitable access to high-quality health services despite significantly reduced donor funding, which directly contributed to the partners withdrawal and discontinuation of several critical health services. The lifesaving health services were 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

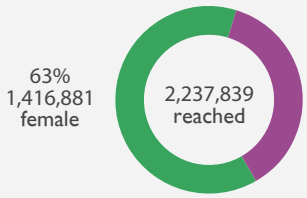
By the end of 2025, the Health Sector partners have provided 2,237,839 subsidized primary healthcare consultations including the sexual reproductive health and mental health and psychosocial support services. Out of the total, 37% were male and 63% female beneficiaries and 1,395,218 (62%) were Lebanese, 752,691 (34%) displaced Syrians, and 89,930 (4%) other nationalities.

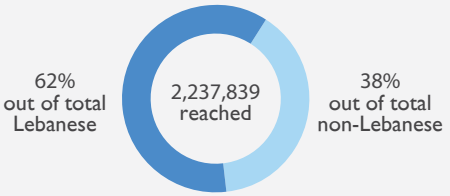
To manage the high demand despite reduced resources, the Health sector partners continued to apply the consultation cap as part of the agreed strategies outlined in the Long Term PHCC Subsidization Protocol (LPSP) which is a standardized framework developed by the Ministry of Public Health (MoPH) to guide the subsidization of primary healthcare services across the country.

Subsidized Consultations

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

48%
2,237,839 Reached
4,646,685 Targeted

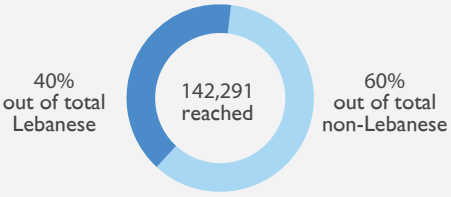




Reproductive Health

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

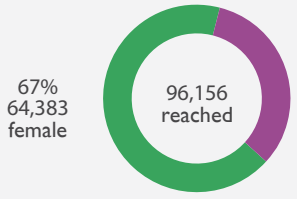
41%
142,291 Reached
345,837 Targeted

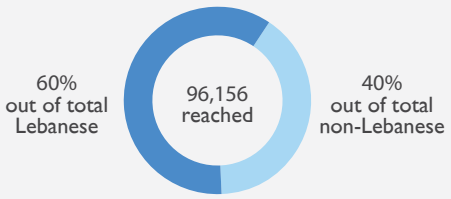


Mental Health

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

41%
96,156 Reached
232,334 Targeted

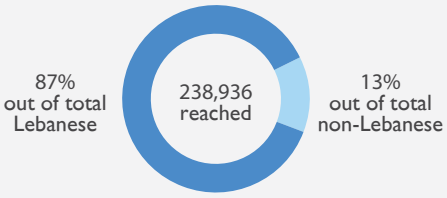




Chronic Disease Medications

Number of patients who received chronic disease medication

66%
238,936 Reached
359,584 Targeted



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LEBANON Response Plan

2025 END-OF-YEAR SECTOR DASHBOARD

Health

A total of 142,291 subsidized antenatal care consultations were provided in 2025 (LEB-40%, SYR-59%, Others-1%), which represents a notable 17 percent increase from the same period in 2024. However, this reflects only 41 % of the annual target of 2025 highlighting the need for continued efforts to scale up service delivery and uptake.

Mental health consultations totalled 96,156 (LEB-60%, SYR-38%, Others-2%), a 36 per cent decrease from the same period in previous year and achieving 41 percent of the 2025 target.

A total of 235,198 children under the age of 5 years received routine vaccination (LEB-50%, SYR-46%, Others-4%). This reflects the success of recent public health efforts, including community outreach, and stronger coordination between health centers and authorities, leading to better access and uptake of immunization services nationwide.

The total number of active and unique beneficiaries receiving chronic disease medication through MoPH Non-Communicable Diseases (NCD) medication programme was 238,936 (LEB-87%, SYR-12%, Others-1%). The health sector observed an average of 10 per cent stock disruption (not available NCD medications). 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 cancer treatment.

The MoPH network of PHCCs has further expanded 336 PHCCs, out of which only 43% were 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):

Primary Health Care

• To improve monitoring of the out-of-hospital deliveries given decreased hospitalization support, the RHSWG supported MOPH to develop a community-based reporting tool through its MERA application which will complement the existing primary healthcare center (PHCC) based monitoring process.

• During a RHSWG Stock Taking Exercise in Oct 2025, 57% of PHCCs (n~94) reported stock-outs of essential contraceptives required for family planning. This stock out was mostly due to inappropriate forecasting and replenishment orders coming from PHCCs since stocks at the central warehouse were readily available.

Secondary Health Care

• To harmonize the multiple existing prioritization tools used by partners, a common vulnerability assessment tool was developed and piloted to ensure the most vulnerable beneficiaries are prioritized for the high-risk pregnancy hospitalization support during the last quarter of 2025. The findings and lessons learnt have paved the way for a common prioritization tool for hospitalization support in 2026 due to extremely constrained financial landscape.

• Since the withdrawal of a key Health sector partner supporting hospitalizations for displaced Syrians in December 2025, an estimated 20,000 women and 3,000 newborns face major financial barriers to safe care. While some funding exists for high-risk pregnancy cases, many women with low-to-medium risk pregnancies are left mostly unsupported. Noting that most Syrian women (78%) surveyed plan to deliver in Lebanon despite the costs, as traveling back to Syria through smuggling routes is considered too dangerous (Health Sector FGDs - Nov 2025).

Sexual Violence:

• National analysis of GBVIMS Q4 2025 data showed a decrease in reported rape incidents (from 3% in Q3 to 2% of total GBV cases in Q4 2025), however, regional trends diverged with Akkar and North observing an increase.

• Partners supported all 13 health facilities designated by MOPH to provide free clinical management of rape (CMR) services. MOPH, supported by Health sector partner, conducted a capacity-building workshop targeting CMR facility focal points to enhance service delivery.

• Social stigma and low awareness of services still prevent many from getting help on time! According to MOPH for 2025, 80% of rape survivors who seek services at CMR facilities do so after the critical 72-hour window for treatment with minors accounting for approximately 50% of survivors.

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2025 END-OF-YEAR SECTOR DASHBOARD

Health

National Mental Health Programme (NMHP)

During Q4 2025, the National Mental Health and Psychosocial Support (MHPSS) Coordination Group (CG) strengthened national leadership, coordination mechanisms, and service delivery in line with the National Mental Health Strategy (2024–2030). Efforts focused on reinforcing governance structures, advancing capacity building, and expanding access to priority MHPSS services across health and non-health sectors.

A key governance milestone was the establishment of the National MHPSS CG Core Group under the patronage of the Minister of Public Health. The Core Group brings together relevant ministries, professional orders, local and international NGOs, and representatives of persons with lived experience to provide strategic direction, support evidence-informed decision-making, and promote the mainstreaming of MHPSS across ministerial responses. In parallel, the first meeting of the Steering Committee for the National Mental Health Emergency Response Mechanism (NMHERM) was convened by the National Mental Health Programme (NMHP) at the Ministry of Public Health (MoPH) and a Health sector partner, laying the foundation for structured inter-sectoral coordination.

Large-scale trainings led by a Health sector partner, with the support of the NMHP and the Public Health Emergency Operations Center, were concluded under the mass casualty management initiative. These trainings targeted more than 2,500 emergency room and intensive care healthcare providers across Lebanon strengthening their psychosocial skills related to psychiatric emergencies, crisis de-escalation and communication. To ensure sustainability, a Training of Trainers (ToT) was delivered in Q4 to 35 nurses from 32 hospitals. Moreover, the reopening of the six-bed inpatient mental health and detoxification unit at the Rafik Hariri University Hospital, ensured continuity of integrated mental health and substance use services through 2028.

At the primary care level, rollout of depression, anxiety, and PTSD care packages reached 486 healthcare providers across 53 PHCCs by end-2025, with additional packages on psychosis and substance use planned for 2026. Scalable interventions also continued to expand, where 97 non-specialized providers were trained on Self-Help Plus (SH+), who subsequently delivered it to 522 community members. Targeted adaptation and implementation of SH+ for Ethiopian domestic migrant workers was also initiated, supporting more inclusive service delivery. Additionally, frontline worker self-care TOT and rollout sessions reached 54 and 249 persons, respectively.

While challenges remain, many of these interventions will continue to be scaled up and expanded in 2026, contributing to stronger national systems and improved, equitable access to MHPSS services across Lebanon.

Outcome 2: Improve access to hospital and advanced referral care

A total of 69,311 individuals (LEB-18%, SYR-40%, PRL & PRS-41%, Others-1%) received hospitalization and advanced referral care support by Health sector partners in 2025. This reflects a 21 percent decrease compared to 2024 and represents only 66 percent of the yearly target of 104,550. Overall, women and girls accounted for 62 percent of individuals supported with hospitalization. Through UNRWA, approximately 28,996 PRS & PRL received hospital care, while only 197 migrants out of a yearly target of 4,054 received support for hospital care admission in 2025.

The significant reduction in the hospitalization support was attributed to the limited availability of funding. 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 life-limb saving hospital care.

On a positive note, 31,265 beneficiaries (LEB 58%) were supported for improved access to advanced/specialized diagnostic services, addressing a critical gap identified last year and exceeding the target.

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

In 2025, the Health sector continued to sustain and expand national outbreak and infectious disease control efforts by 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 sustained under MOPH leadership. During this period, 1,369 institutions reported surveillance data at the source, exceeding the target of 800. Contingency stocks aligned with the emergency preparedness and response plan, 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, 932 beneficiaries received tuberculosis medications and preventive treatment, reaching 49 percent of the yearly target of 1,886. Similarly, under the National AIDS Program, 2,584 beneficiaries received antiretroviral (ARV) medications, exceeding the yearly target of 2,527. 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 in an all-population inclusive approach.

Outcome 4: Improve access to health awareness & information.

Health sector partners continued the 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, 101 were involved in health promotion and outreach activities. At the community level, 151,289 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 delivering life-saving activities despite reduced resources and increased needs. Partners strategically focused their efforts in the poverty-pocket-areas and in the 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 ensuring continuity of essential lifesaving intervention with maximum impact.

Localization:

Since the mid-2025 withdrawal of a key partner from coordination support, the Health Sector subnational coordination architecture was established incorporating the localization objectives to address the immediate health needs while fostering local ownership and resilience. This formalized coordination framework ensures the involvement and continued engagements of Rais al Maslah at the governorate level, who are actively engaged with the local communities, health authorities, and multisectoral stakeholders.

Gender and GBV risk mitigation mainstreaming

WHO organized a training on gender integration in proposal writing targeting MOPH, the health sector partners, including UN agencies, international and local NGOs. The training aimed to strengthen participants' capacity to systematically integrate gender considerations throughout the project cycle, with a particular focus on gender analysis, gender mainstreaming, gender in project design, planning, implementation, monitoring, and evaluation.

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 budget cuts in Official Development Assistance (ODA). 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:

From January 1, 2025, to December 31, 2025, the Surveillance System , Ministry of Public Health (MoPH) and the Public Health Emergency Operations Center (PHEOC) reported 1,204 casualties, including 989 injuries and 306 deaths. The casualties comprised 81% males and 19% females; 9% were under 18 years old, 88% were between 19-65 years old, and 4% were over 65 years old.

In addition, the World Health Organization (WHO) also documented several attacks on healthcare post-ceasefire. As of December 31, 2025, the Surveillance System for Attacks on Health Care (SSA) registered 3 incidents, resulting 01 injury among healthcare workers and paramedics. 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 2025, the Health sector had available USD 158.5 million that constitutes only 57 per cent needed to cover the yearly appeal. The withdrawal of funding from a key donor and budget cuts in 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. This crisis deepened further with the withdrawal of key Health sector partners from the health program.

Accessibility Challenges:

Affordability remained the primary barrier to accessing healthcare, with regional disparities further exaggerated by limited geographical accessibility in the poverty-pocket- areas. Findings from the Rapid Health Assessment indicated that more than half of the respondents, both from the community and health facilities reported that community members face significant difficulties paying for health services.

Following the ceasefire, three hospitals and 38 PHCCs reopened but among the affected PHCCs, nine were completely destroyed, five PHCCs reopened in new locations, and three completed rehabilitation and resumed operations.

Households with higher health expenditures, particularly those including persons living with disabilities, individuals with catastrophic chronic diseases, 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:

Lebanon's health system remained under extreme pressure in 2025, driven by rising health needs, the escalating cost of healthcare, a prolonged economic crisis, limited livelihood opportunities, and constrained resources. The withdrawal of support from key health partners further strained service delivery capacity. Additional pressures including water scarcity in several areas, reduced support for water and sanitation services, and delays in repairing damaged public infrastructure during the recent conflict further exacerbated health risks and service gaps.

Despite these substantial challenges, Health Sector partners remained committed to supporting and strengthening the national health system. In 2025, partners focused on key health-system pillars, including workforce support, health financing, governance, capacity building, and strengthening health information systems. They also provided essential and emergency medicines, medical supplies and equipment, vaccines, and supported the expansion of digital and data technologies to sustain critical health functions and enhance service continuity.

3. Key Priorities for Next Year

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 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, SRH, and GBV support. Financial aid will cover medications and immunizations. Hospital access will be enhanced through subsidized lifesaving care. Emergency preparedness will strengthen EWARS and PHEOC. Inclusive RCCE and cross-cutting priorities will ensure safe, dignified, and sustainable healthcare for all.

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Case Study:

A Second Chance at Life: Healthcare Support for a Newborn in Crisis, Beirut, Lebanon.

A young Bangladeshi mother delivered her baby in a public hospital in Beirut expecting a joyful embrace. Instead, minutes after birth, her newborn struggled to breathe, requiring urgent neonatal intensive care (NICU).

The clinical team stabilized him, but the hospital's NICU was full. Far from home and unable to afford private care, the parents faced a devastating possibility: losing their baby because a bed and funding were out of reach.

IOM Lebanon intervened through a donor-funded project "Multi-Sectoral Support for Vulnerable Migrants in Lebanon" after being alerted by a partner NGO. Overnight, IOM identified an available NICU bed, coordinated an emergency transfer, and ensured coverage of hospitalization and treatment costs. Within hours, the newborn was admitted to a facility equipped to provide life-saving care.

Over the following days, his condition improved steadily. When he was discharged, fear gave way to relief. His mother shared: "I'm far from home, but we felt protected. Someone stood beside us when it mattered most."

This case highlights how rapid coordination, financial protection, and health-system support can turn a crisis into a second chance at life.

LEBANON Response Plan

2025 END-OF-YEAR SECTOR DASHBOARD

Health

National (29)
ACF Spain, ANERA, AVSI, Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Humedica, IMC, IOM, IRC, La Guilde, MEDAIR, Medglobal, Medical Aid for Palestinians (MAP), Mercy USA, MDSF, PUI, Rahma Association, RESTART Lebanon, RI, SKOUN, Taawon, SALAMA, UNHCR, UNFPA, UNICEF, UNRWA, WHO

Miniyeh-Danniyeh (8)
Arcenciel, Caritas Lebanon, IMC, Lebanese Red Cross, Mercy USANaba'a, PUI, UNICEF

Akkar (18)
Akkarouna, Al Makassed, AMEL, Arcenciel, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, IRVD, IOCC Lebanon, IRC, Lebanese Red Crossm, MDM, Mercy USA, Naba'a, PUI, RI, UNICEF, UNRWA

Zgharta (8)
Arcenciel, Association Libanaise des chevaliers de Malte, Caritas Lebanon, Lebanese Red Cross, Mercy USA, Naba'a, PUI, UNICEF

El Hermel (12)
ACF Spain, AMEL, Arcenciel Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, Lebanese Red Cross, MDM, Naba'a, Plan International, PUI, UNICEF

Tripoli (18)
AICA, AMEL, Arcenciel, Banin Charity Association, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, MDM, Mercy USA, Naba'a, OXFAM, PUI, Rahma Association, RESTART Lebanon, RI, SKOUN, UNICEF

El Koura (9)
Arcenciel, Caritas Lebanon, IMC, IOCC Lebanon, Lebanese Red Cross, Mercy USA, Naba'a, PUI, UNICEF

Batroun (5)
Arcenciel, Caritas Lebanon, Lebanese Red Cross, Mercy USA, UNICEF

Kesrouane (7)
Arcenciel, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, Lebanese Red Cross, Naba'a, UNICEF

Bcharre (1)
UNICEF

Baalbek (22)
ACF Spain, AMEL, Arcenciel Association Libanaise des chevaliers de Malte, Banin Charity Association, Caritas Lebanon, Fondation Mérieux, Ghawth, IMC, IRVD, IRC, Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, Naba'a, NAWA, Plan International, Projecthope, RI, SKOUN, UNICEF

Meten (10)
AMEL, Arcenciel, CARE, Caritas Lebanon, IMC, Lebanese Red Cross, Naba'a, PUI, SIDC, UNICEF

Jbeil (6)
AMEL, Arcenciel, Caritas Lebanon, IMC, Naba'a, UNICEF

Beirut (20)
ACTED, Al Makassed, AMEL, Arcenciel Association Libanaise des chevaliers de Malte, Banin Charity Association, CARE, Caritas Lebanon, Embrace, Handicap International, IMC, Lebanese Red Cross, MDM, MSD, Naba'a, PUI, RI, SIDC, SKOUN, UNICEF

Baabda (15)
AMEL, Arcenciel Association Libanaise des chevaliers de Malte, Caritas Lebanon, Ghawth, IMC, Lebanese Red Cross, MDM, Naba'a, PUI, RESTART Lebanon, RI, SIDC, SKOUN, UNICEF

Zahle (18)
ACF Spain, Arcenciel, Caritas Lebanon, Ghawth, Handicap International, Humedica, IMC, IRC, La Guilde, Lebanese Red Cross, MDM, MEDAIR, Medglobal, MDSF, Naba'a, RI, SALAMA, UNICEF

Aley (8)
Arcenciel, Caritas Lebanon, Ghawth, IMC, Lebanese Red Cross, Naba'a, PUI, UNICEF

Chouf (10)
Arcenciel, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, Lebanese Red Cross MEDAIR, Naba'a, PUI, Social Association, UNICEF

West Bekaa (11)
ACF Spain, AMEL, Association Libanaise des chevaliers de Malte, Caritas Lebanon, IMC, La Guilde, Lebanese Red Cross, MDM, Naba'a, RI, UNHCR, UNICEF

Jezzine (5)
Arcenciel Association Libanaise des chevaliers de Malte, AVSI, Caritas Lebanon, UNICEF

Rachaya (7)
AMEL, Arcenciel, Caritas Lebanon, IMC, Lebanese Red Cross, Naba'a, UNICEF

Saida (15)
ACF Spain, AMEL, Arcenciel, AVSI, Caritas Lebanon, Handicap International, Imam Sadr Foundation, IMC, IOCC Lebanon, Lebanese Red Cross, Medglobal, Naba'a, Projecthope, PUI, UNICEF

Hasbaya (9)
AMEL, Arcenciel, AVSI, Caritas Lebanon, IMC, IOCC Lebanon, Naba'a, PUI, UNICEF

Marjayoun (12)
ACF Spain, AMEL, Arcenciel, AVSI, Banin, Charity Association, Caritas Lebanon, Imam Sadr Foundation, IMC, IOCC Lebanon, Naba'a, PUI, UNICEF

El Nabatieh (12)
ACF Spain, AMEL, Arcenciel, Association Libanaise des chevaliers de Malte, AVSI, Banin Charity Association, Caritas Lebanon, IMC, Lebanese Red Cross, Naba'a, PUI, UNICEF

Sour (11)
ACF Spain, AMEL, Arcenciel Banin Charity Association, Caritas Lebanon, Imam Sadr Foundation, IMC, Lebanese Red Cross, Naba'a, PUI, UNICEF

Bent Jbeil (10)
ACF Spain, Association Libanaise des chevaliers de Malte, AVSI, Banin Charity Association, Caritas Lebanon, Imam Sadr Foundation, Lebanese Red Cross, Naba'a, PUI, UNICEF

All 54 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LRP and reporting under ActivityInfo:
ACF Spain, ACTED, AICA, Akkarouna, Al Makassed, AMEL, ANERA, Arcenciel, Association Libanaise des chevaliers de Malte, AVSI, Banin Charity Association, CARE, Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Handicap International, Humedica, Imam Sadr Foundation, IMC, IRVD, IOCC Lebanon, IOM, IRC, La Guilde, Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, Medglobal, Medical Aid for Palestinians (MAP), Mercy USA, MDSF, MSD, Naba'a, NAWA, OXFAM, Plan International, Projecthope, PUI, Rahma Association, RESTART Lebanon, RI, SIDC, SKOUN, Social Association, Taawon, SALAMA, UNHCR, UNFPA, UNICEF, UNRWA, WHO

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