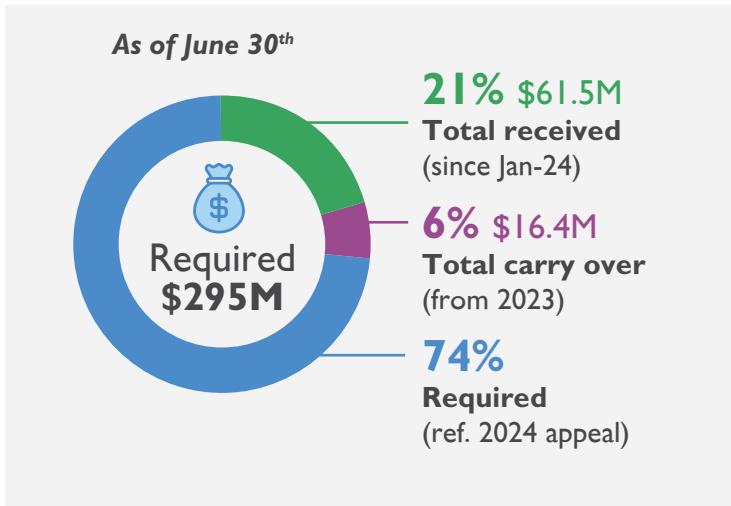


The first quarter of 2024 Health sector dashboard summarizes the progress made by Health sector partners involved in the Lebanon Response Plan (LRP), identifies key challenges and priorities, and highlights trends affecting people in need. The Health sector in Lebanon is working to: OUTCOME 1) Improved 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 pending endorsement 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.

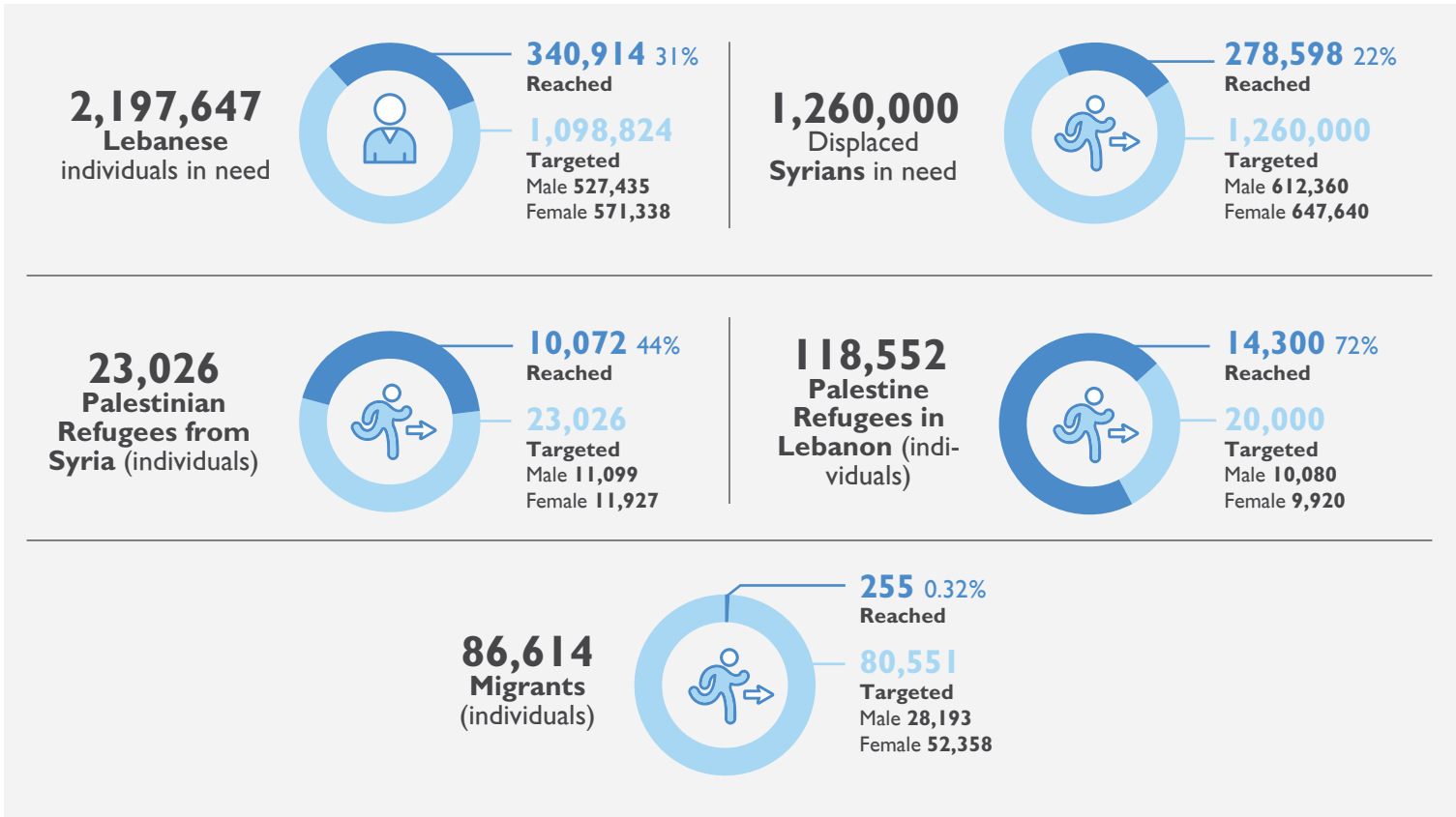
2024 Sector Funding Status



2024 Population Reached

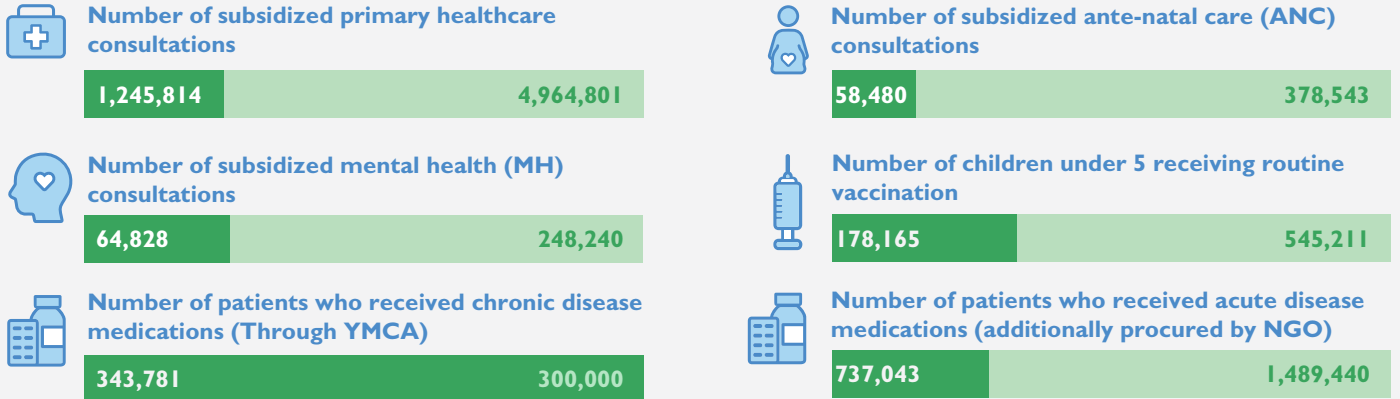


2024 Population Figures by Cohort



Progress against targets

Outcome 1: Improve access to comprehensive primary healthcare



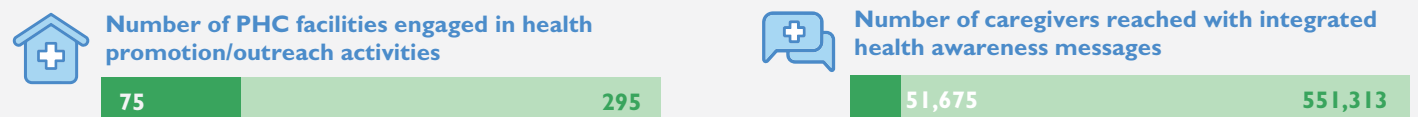
Outcome 2: Improve access to hospital and advanced referral care



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



Outcome 4: improve access to health awareness & information



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

Amid mounting pressures and a deepening layer of crisis, particularly with the decrease in resources and escalation of hostilities in southern Lebanon, the Health sector in 2024 persists in its dedication to delivering equitable access to high-quality health services. This commitment extends to the vulnerable Lebanese and non-Lebanese including displaced Syrians, Palestinian Refugees from Syria (PRS), Palestine Refugees in Lebanon (PRL), Migrants, and displaced individuals of diverse nationalities.

Outcome I: Improve access to comprehensive primary healthcare

In the first half of 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 healthcare consultations (total)



25%
1,245,814 Reached
4,964,801 Targeted

62%
773,458
female



38%
472,356
male

54%
out of total
Lebanese



46%
out of total
non-Lebanese

Reproductive Health

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



15%
58,480 Reached
378,543 Targeted

31%
out of total
Lebanese



69%
out of total
non-Lebanese

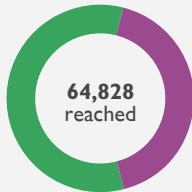
Mental Health

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



26%
64,828 Reached
248,240 Targeted

59%
38,205
female



41%
26,623
male

53%
out of total
Lebanese



47%
out of total
non-Lebanese

Vaccination

Number of children under 5 receiving routine vaccination



33%
178,165 Reached
545,211 Targeted

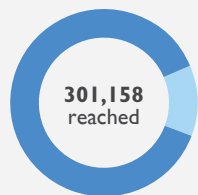
Chronic Disease Medications

Number of patients who received chronic disease medication



115%
343,781 Reached
300,000 Targeted

88%
out of total
Lebanese



12%
out of total
non-Lebanese

During the first half of 2024, a total of 1,245,814 (LEB-54%, SYR-44%, Others-01%) subsidized primary healthcare consultations including antenatal care and mental health were reported which experienced a notable decrease of 19 per cent compared to the same reporting period in 2023. Despite the decrease in subsidized consultations compared to last year, partners are reporting an increase in new patients who have never visited their health facilities before. In addition to previously identified barriers like increased needs, reduced resources, affordability challenges, and transportation issues, the Health sector is collaborating closely with the Ministry of Public Health (MoPH) and partners to further analyse the causes of the decline in subsidized consultations at supported Primary Health Care Centers PHCCs. With the surge in demand, it is imperative that additional resources from donors, coupled with concerted efforts from Health sector partners, are mobilized to effectively address primary health care needs across the country. Out of the total subsidized consultations, 58,480 (LEB-31%, SYR-68%, Others 1%) were for antenatal care, reflecting a significant 30 per cent decrease from the same time in previous year, constituting only 15 per cent of the 2024 target. Whereas total mental health consultations in mid-2024 were 64,828 (LEB-53%, SYR-44%, Others-01%), which is a five per cent decrease from the prior year and a 26 per cent of the yearly target. The decrease by 33 per cent of the targeted children under five receiving routine vaccinations compared to the same period in 2023 is alarming, necessitating close monitoring by Health sector partners to prevent potential outbreaks of communicable diseases. On a positive note, the total number of patients receiving chronic disease medication through YMCA has increased by 83 per cent compared to mid-2023, but also showcases the increased vulnerability and demand for subsidized services at the PHCCs. While additional partners have stepped in to support the provision of chronic disease medications recipients benefitted from the NCD medications provided by Health sector partners, the Health sector still grapples with a ten per cent stock disruption of some essential molecules for these vital medications, adversely affecting access for vulnerable populations across the 481 primary healthcare facilities and dispensaries.

The majority benefiting from subsidized consultations remains the Lebanese, which is almost unchanged at 54 per cent out of the total population reached, and it is among the highest since the beginning of the complex crisis in Lebanon (57% in 2023, 58% in 2022, 48% in 2021, 38% in 2020, 31% in 2019, 17% in 2018), reflecting the increased vulnerability among the host community and the need to maintain and expand support to people in need.

The Health sector continued to contribute in 2024 strengthening the national health system by carrying out and supporting interrelated functions in human resources, finance, governance, capacity building, and health information systems. Support for procuring vaccines, essential medications, reproductive health commodities, as well as other medical supplies and equipment for facilities, including PHCCs within the MoPH network and health dispensaries, continues to be prioritized.

Nineteen PHCCs were added to the MoPH network in the first half of 2024. The number of MoPH-PHCCs reached 317 across Lebanon in 2024. Forty-seven per cent of the total are supported by Health sector partners to provide a comprehensive package of primary health care services.



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Reproductive Health Sub Working Group (RHSWG):

During the second quarter of 2024, there was a decrease in the number of Antenatal Care (ANC) consultations at Primary Healthcare Centers (PHCCs) across Lebanon compared to 2023. Factors reported by health sector partners mirror those identified for general consultations (mentioned in the previous section). Furthermore, while family planning services continue to be provided (e.g., awareness-raising sessions at the community level, counseling, and provision of contraceptives at PHCCs), it was reported that service utilization trends for contraceptives (specifically condoms and contraceptive pills) decreased in Q2 2024 at PHCCs compared to Q1 2024, which requires further in-depth analysis.

To better understand SRH service utilization trends, the RHSWG is supporting the MOPH in planning and conducting an SRH-focused survey in Q3 2024. This survey will target the entire MOPH PHC Network to gather evidence and develop a better understanding of healthcare providers' perceptions regarding the decreased service utilization trends.

To support efforts to enhance the continuum of maternal care, the RHSWG mapped the coverage modalities of existing partners supporting hospital deliveries. At the secondary care level, there is a continued need for financial coverage of patient shares for all aspects of hospital deliveries, including high-risk pregnancies (e.g., delivery costs, complications that might arise during pregnancy, and neonatal intensive care). There is also a need to enhance the referral process between PHC centers (PHCCs) and hospitals to improve antenatal care at PHCCs, hospital deliveries, and postnatal care thereafter.

At the primary care level, efforts to enhance reporting continue as the RHSWG updated its SRH indicators on ActivityInfo, while continuing to follow up and support the MOPH in improving SRH reporting via PHENICS. As part of the MOPH's response to sexual violence, the list of clinical management of rape (CMR) facilities was updated in May 2024 and now includes six hospitals and six PHCCs. Furthermore, to enhance national capacities to provide CMR services, the MOPH collaborated with UNFPA to deliver CMR SOP training to healthcare professionals at all 12 CMR facilities and sensitization training to 255 PHCCs and 12 government hospitals to improve awareness and referral of CMR services at health facilities.

National Mental Health Programme (NMHP)

The National Mental Health Programme (NMHP), in collaboration with the World Health Organization (WHO) in Lebanon and with support from the Agence Française de Développement (AFD), officially launched the National Mental Health Strategy for Lebanon (2024-2030) on June 27, 2024. The event highlighted the importance of continuous collaboration with partners from various sectors to ensure proper implementation of the strategy and ongoing reforms to the mental health system. A primary goal is to ensure that every individual living in Lebanon can access high-quality mental health services within their geographical proximity and at minimal cost. During the event, the strategic objectives were presented, along with an investment case video developed in collaboration with WHO.

The Lebanese Minister of Public Health was honored by the World Health Organization representative with the United Nations Inter-Agency Task Force Award for Non-Communicable Disease Prevention and Control and Mental Health, in recognition of the ministry's efforts on the "Step by Step" program. The Minister then presented the award to the National Mental Health Programme.

The importance of involving service users at all levels of work was also emphasized to ensure more effective and efficient implementation of the strategy. Ms. Sasha Hajj Assaf, a human rights activist and President of the Justice for Mental Health Association, delivered an impactful speech during the event. She stressed the significance of ensuring that people accessing mental health services can do so with dignity and respect for their human rights.

"There are issues impacting our rights that affect all of us who have received mental health services at some point in our lives—such as the quality of services, having our treating professionals discuss our condition only with family members without involving us, and breaches of confidentiality. It's true that we, as service users, need support at times, but you also need us. Please remember to involve us for the proper participation of persons with lived mental health experiences."

Outcome 2: Improve access to hospital and advanced referral care

A total of 42,167 (LEB-04%, SYR-63%, PRL-30%, Others-3%) individuals received obstetric and emergency/life-saving hospital and advanced referral care, which is a 11 per cent decrease compared to the first half of 2023 and constitute 34 per cent of the yearly target of 124,120. Among them, 1,491 individuals out of the target of 54,941 were vulnerable Lebanese, approximately double the number for the same period in 2023, accounting for three per cent of the annual target. The decrease in individuals receiving hospital care is believed to be driven by the increased needs in the country and limited resources. Another factor contributing to the decline, particularly among non-Lebanese populations, might be the recent changes in the referral care SOP. The Health sector is working closely with the MoPH and lead agencies to further analyze the situation and advocate for additional needed resources. On a brighter side, 9,528 (LEB 71%) beneficiaries were supported for improved access to advanced/specialized diagnostic services, which was identified as a critical gap last year and already reached 77% of the yearly target. Additional resources are needed for the Health sector partners to increase hospital care and specialized services support for the Lebanese population. Through UNRWA, around 1,190 PRS and 12,539 PRL received hospital care, marking an overall increase of 24 per cent from the same period in 2023. Regarding migrants, 88 individuals out of a yearly target of 4,028 received support for hospital care admission in the first half of the year, constituting two per cent of the yearly target. Overall, women and girls accounted for 66 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 the first half of 2024, the Health sector continues to support national outbreak and infectious disease control efforts. This was achieved through the expansion and reinforcement of key infrastructure such as the National Early Warning and Response System (EWARS) and the Public Health Emergency Operation Center (PHEOC), alongside the strengthening of critical programs like the National Tuberculosis and Acquired Immunodeficiency Syndrome (AIDS) Programmes (NTP & NAP). In the first half of the year 1,379 institutions have surveillance data at the source surpassing the target of 800. Furthermore, contingency stocks

were strategically positioned at Ministry of Public Health (MoPH) warehouses, particularly in response to escalating hostilities in the South and possible water borne diseases outbreak. Within the National Tuberculosis Program (NTP), 485 beneficiaries, primarily 63 per cent women and 37 per cent men, received tuberculosis medications, segregated by 152 active patients and 333 patients receiving tuberculosis preventive treatment reaching 27 per cent of the yearly target of 1,800. Similarly, under the National AIDS Program (NAP), 2,381 beneficiaries were provided with antiretroviral (ARV) medications, exceeding the target of 2,300. Thirty-eight patients out of total were newly admitted in the second quarter of 2024. The distribution of ARV medications saw 92 per cent male beneficiaries and eight per cent female beneficiaries. These efforts underscore the sector's commitment to effectively managing and mitigating the impact of infectious diseases, ensuring equitable access to treatment and care across demographics.

Outcome 4: Improve access to health awareness & information.

Health sector partners expanded efforts to ensure women, men, and youth (including children, boys, and girls, as well as persons with disabilities) have their fundamental rights respected and have access to health awareness and information. 75 out of a target of 295 PHCCs were engaged in health promotion and outreach activities. At the community level, 51,675 caregivers were reached with integrated health awareness messages, constituting nine per cent of the yearly target of 551,313.



Prioritization and Localization:

In the first half of 2024, the Health sector prioritized life-saving activities amidst decreased resources and heightened needs. Partners focused their support particularly in high-vulnerability areas where immediate interventions were crucial. Notably, efforts were directed towards localization, with initiatives designed to address immediate needs while actively involving local communities in response efforts, especially in response to the escalation of hostilities in the south.

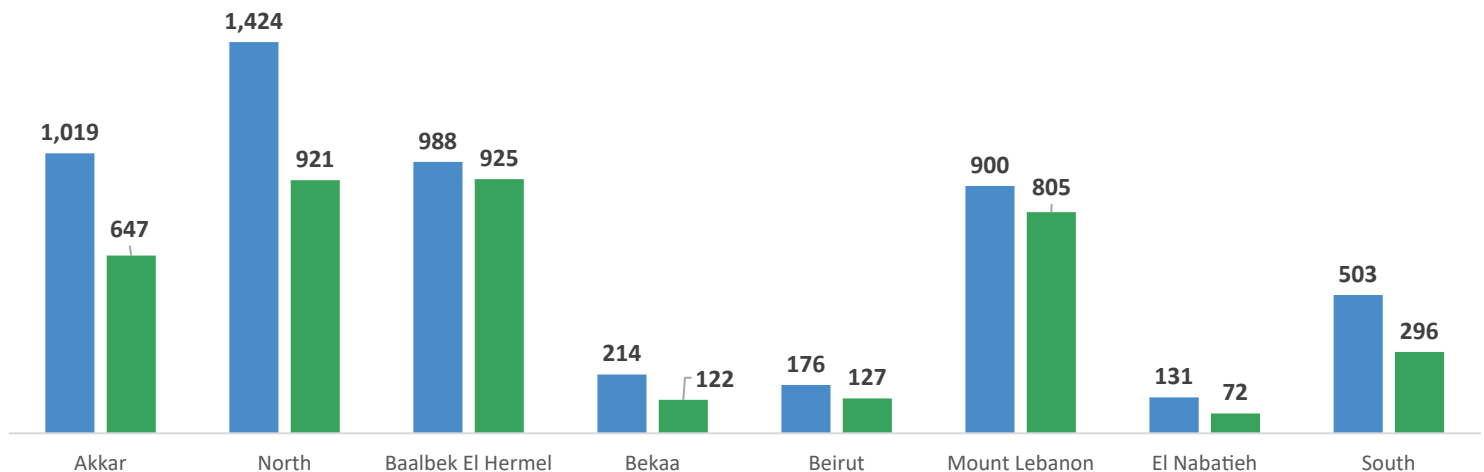
Gender and GBV risk mitigation mainstreaming

A comprehensive gender plan was developed to identify sector priorities and determine activities for implementation throughout 2024, providing a roadmap for integrating gender considerations and mitigating GBV risks. Additionally, a specialized tip sheet was created for Health sector partners, offering practical guidance for integrating gender considerations and addressing GBV risks throughout the humanitarian project cycle. A gender analysis for the sector was developed. The Health sector strategy underwent a thorough review using the Gender Age Marker tool, resulting in a score of 4, indicating a high level of gender responsiveness with attention to age and disability considerations. These initiatives underscore the sector's commitment to promoting inclusivity and equity in humanitarian assistance, aiming to address the diverse needs of all individuals.

Referrals

5,355 referrals were made to the Health sector in the first half of 2024 by 24 partners. Seventy-three per cent of the referrals to the Health sector were accepted which indicates a very good response rate, while 27 per cent were not accepted and two per cent out of these not accepted referrals were for "other" reasons such as, 'the service is not available in the area of coverage' or 'the service is no longer needed'.

■ Total Referrals ■ Referral Accepted



Escalation of Hostilities in the South:

In response to the escalating hostilities and displacement from southern Lebanon, minimal resources have been allocated to the Health sector. Despite critical resource constraints, fourteen health sector partners are addressing the increased needs through established channels by reallocating existing resources, with support directed to the areas most affected by the conflict. Efforts focus on enhancing emergency medical services, trauma care, mass casualty management, PHCC services, and psychological support for communities exposed to violence and displacement, including those remaining within the conflict zone and Internally Displaced Persons (IDPs). Collaborating closely with partners and local authorities, the sector strives to ensure the continuity of healthcare services, including the provision of essential medicines and medical supplies to affected populations.

Special attention is being given to implementing targeted health interventions to address specific health risks associated with the conflict, such as injuries, infectious diseases, and mental health disorders. This comprehensive response aims to mitigate the adverse health impacts of the conflict and support the resilience of affected communities through existing channels.

In response to the closure of six Primary Healthcare Centers (PHCCs) and increased demand from IDPs, 28 primary healthcare satellite units (PSUs) on rotation are providing integrated PHC services for those remaining within the conflict zone and IDPs. During the reporting period, the PSUs conducted 49,756 consultations, provided 6,425 reproductive health services, and vaccinated 18,440 children in southern Lebanon. Additionally, 10,604 Psychological First Aid (PFA) sessions and 1,059 wound management treatments were provided at the PSUs.

The underfunded nature of the response to the crisis in the South further exacerbates the already strained situation. Despite efforts to strengthen the national health system and supply essential medical resources, the South remains a focal point for heightened risks to health outcomes and protection concerns within affected communities.

2. Challenges, Risks and Mitigation Measures

In the first half of 2024, mounting funding challenges, intensified by regional instability and compounded by the insecurity and displacement from the South, have severely impeded meaningful access to both primary and secondary healthcare for displaced individuals and host communities alike. This includes women, men, girls, boys, and other vulnerable groups, exacerbating an already precarious situation.

Funding Challenges: In the first half of 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. The displacement from the South, coupled with the protracted Syria crisis and other ongoing emergencies, has further strained the already fragile funding situation and capacity of the Health sector in Lebanon. Decreased funding directly impacts access to healthcare services, exacerbating morbidity and mortality rates, particularly among displaced populations, women, and children. In 2024, Health sector partners continue to face immense pressure to prioritize life-saving interventions in high-risk areas across Lebanon, leaving less severe and underfunded conditions behind, underscoring the urgent need for increased financial assistance and resource allocation, coupled with strategies for stabilization and sustainable strengthening of the national health system.

Access Challenges: Affordability remained the foremost obstacle to accessing healthcare services in the first half of 2024, compounded by persistent barriers related to availability, geographical accessibility, and acceptability. Insecurity and the displacement from the South further aggravated these challenges, particularly in border areas where healthcare infrastructure is either damaged, nonfunctional or not accessible due to insecurity which in addition aggravates the situation for the people remaining in the conflict areas. Transportation fees continued to be challenge highlighted by partners during this period, further complicating access to essential healthcare services. Households facing higher health expenditures —such as those with individuals with disabilities, persons with chronic illnesses, older people, or a higher dependency ratio, along with children under five years of age, adolescent girls and boys, and survivors of gender-based violence— have been disproportionately affected by these barriers, resulting in

poorer health outcomes and increased risk of morbidity and mortality. Despite scarce resources, Health sector partners are intensifying efforts to address accessibility barriers. These efforts included subsidizing the comprehensive package of care in primary healthcare centers, raising awareness on integrated health topics, and assisting with hospitalization bills for all population groups, including those displaced from South Lebanon.

System Challenges: Since late 2023, the health system has faced mounting pressure due to increased demand for healthcare services, limited resources, and the displacement of populations from the South. These factors have stretched the system thin, exacerbating existing challenges. Environmental concerns, particularly regarding medical waste management, have further complicated the situation for the Health sector. The strain on the health system has resulted in elevated risks of mortality, deteriorating health outcomes, and heightened protection concerns within affected communities. Despite these challenges, Health sector partners have remained committed to bolstering the national health system. In 2024, they continue to focus on various interconnected areas such as human resources, finance, governance, capacity building, and health information systems. Additionally, they supplied crucial medical supplies and equipment including essential and emergency medications and medical supplies, personal protective equipment, vaccines, and data technologies. The Health sector is grappling with the escalation of hostilities in the South, leveraging existing systems to respond. However, meeting the emerging needs in areas where infrastructure is damaged and humanitarian access is impeded presents exceptional difficulties.

Escalation of Hostilities in the South:

The escalation of hostilities in South Lebanon has severely challenged the Health sector's response. Six Primary Health Care Center (PHCC) remained closed, while four other PHCCs are with reduced capacities due to insecurity. In first two quarters of 2024, a total of 05 Attacks on Healthcare were reported resulting into 15 injuries and 04 deaths of healthcare workers.

The financial shortfall, alongside insecurity, displacement and ongoing crises, has strained the sector's capacity, limiting access to healthcare and increasing risk of morbidity and mortality rates among displaced populations. Affordability is a major barrier, worsened by damaged infrastructure and rising transportation costs. Vulnerable groups, including individuals with disabilities, older persons, young children, adolescents, and survivors of gender-based violence, face disproportionate impacts. The health system is under immense pressure from increased demand, limited resources, and access challenges. Insecurity due to the ongoing hostilities in South Lebanon, the expansion of hostilities in other parts of the country, and attacks on healthcare workers and facilities are impacting an already struggling health system and its capacity to respond to increased humanitarian needs. To make the situation worse, very limited financial resources have been made available to respond to this emergency. Health sector partners continue to repurpose funds from other planned actions, leaving other vulnerable populations without services. It is imperative that additional resources are made available to sustain and expand disease surveillance and response capacity, build capacity for casualty management, and provide essential health services to internally displaced populations (IDPs) in South Lebanon. The health sector's capacity will be further constrained as several of the Primary Health Care Satellite Units (PSU) will discontinue due to lack of funding from August 2024.

3. Key Priorities For The Next Quarter

For the third quarter of 2024, the Health sector will maintain its focus on supporting the Ministry of Public Health (MoPH) at the primary healthcare level, emphasizing complementary models that extend coverage to those in need and align with existing services. Recognizing the shortfall in coverage compared to yearly targets, the sector will intensify advocacy efforts for primary healthcare support and urge partners to sustain and expand their support to more PHCC within the MOPH network. Partners will be encouraged to implement the National Unified Long-term Primary Healthcare Subsidization Protocol (LPSP) in supported centers and adhere to the MoPH guidance.

The Health sector is intensifying advocacy with donors for support at the secondary and advanced healthcare levels, focusing on hospitalization costs in the event of a full-scale war. This support for the MoPH is critical to ensure an inclusive response for all population groups in dire situation. Partners will continue to prioritize sustaining and augmenting financial backing for hospital care, with a particular emphasis on improving access for vulnerable

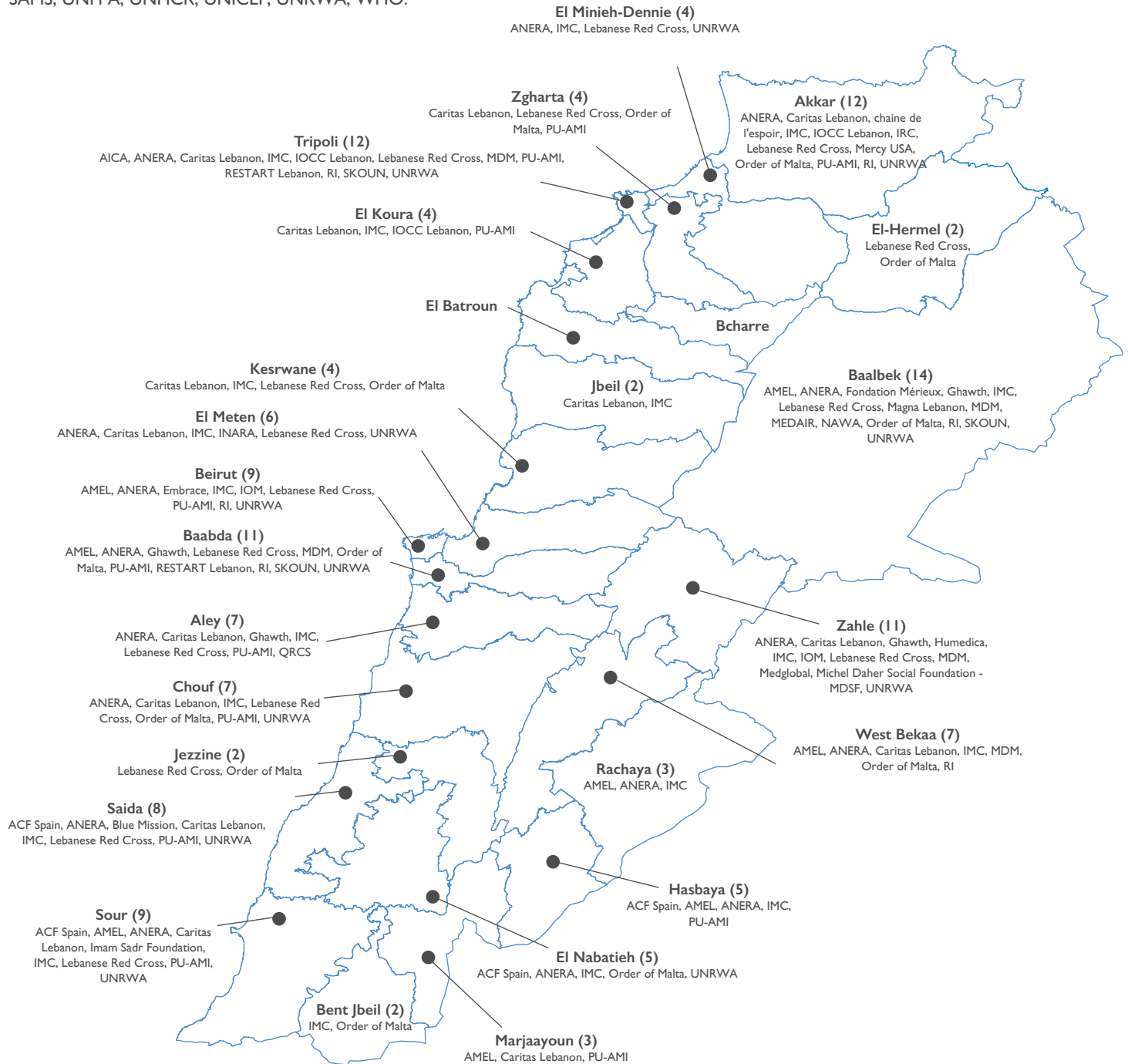
Lebanese, host communities. Efforts will be directed towards advocating for uninterrupted dialysis and blood disease support amid funding constraints and rising prices. Amid worsening economic conditions, the Health sector will persist in prioritizing sustainable life-saving services for vulnerable displaced Syrians and Lebanese.

Remaining vigilant, the Health sector is fully prepared to respond to any potential resurgence of cholera or other communicable diseases. This readiness is ensured through the maintenance of contingency stocks at the MoPH central warehouse, support for the Epidemiological Surveillance Unit, ongoing efforts of rapid response teams, and capacity building initiatives for frontline workers. Moreover, a preemptive Oral Cholera Vaccine (OCV) campaign will be launched in the third quarter of the year, in high-risk areas in Lebanon, to prevent future outbreaks, promote health security, and reduce strain on the health system by minimizing hospitalizations.



National (22)

Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Humedica, IMC, INARA, IOM, IRC, MoPH, OXFAM, PU-AMI, QRCS, RESTART Lebanon, RI, SAMS, UNFPA, UNHCR, UNICEF, UNRWA, WHO.



All 39 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LRP and reporting under ActivityInfo:

ACF Spain, AICA, AMEL, ANERA, Blue Mission, Caritas Lebanon, chaine de l'espoir, Embrace, Fondation Mérieux, Ghawth, Humedica, Imam Sadr Foundation, IMC, INARA, IOCC Lebanon, IOM, IRC, Lebanese Red Cross, Magna Lebanon, MDM, MEDAIR, Medglobal, Mercy USA, Michel Daher Social Foundation - MDSF, MoPH, NAWA, Order of Malta, OXFAM, PU-AMI, QRCS, RESTART Lebanon, RI, SAMS, SKOUN, UNFPA, UNHCR, UNICEF, UNRWA, WHO.

According to the Q2 2024 financial update, the top 10 donors to the health sector under the LRP are listed below:

PRIVATE DONORS, EUROPEAN UNION, FRANCE, UNITED STATES OF AMERICA, Italy, GERMANY, Central Emergency Response Fund - CERF, NORWAY, NETHERLANDS, Others.