HEALTH

1. Situation Analysis

Lebanon is enduring an unprecedented health crisis, with compounded shocks severely undermining its national health system. Years of addressing the health needs of vulnerable populations, overseeing displacement crises, managing an economic downturn,[1] combating disease outbreaks,[2] and recovering from the devastating Beirut Port explosions,[3] have culminated in a critical juncture. The situation has been further exacerbated by the escalation of hostilities that intensified in September 2024, leading to the displacement of over one million people, 25 per cent of whom sought refuge in collective shelters across the country. A cessation of hostilities took effect at the end of November, but it remains fragile and has been breached multiple times, casting doubt on its durability.

The healthcare system in Lebanon has faced catastrophic strain during the recent acute onset of hostilities, including a tragic incident involving the explosion of 5,000 pagers and walkie-talkies, which resulted in the hospitalisation of more than 5,000 individuals within 24 hours, pushing hospitals and emergency services to their limits. As of 4 December 2024, the Ministry of Public Health (MoPH) has reported a total of 4,047 deaths and 16,638 injuries since 8 October 2023.

Simultaneously, attacks on healthcare facilities and personnel, in clear violation of international humanitarian law, have further devastated the sector. According to the Ministry of Public Health, 222 healthcare workers have been killed and 330 injured. Additionally, 251 ambulances, 94 medical centres, and 40 hospitals have been damaged or destroyed. Documented assaults include 67 attacks on hospitals and 231 on emergency medical services (EMS), forcing dozens of hospitals and over 100 Primary Healthcare Centres (PHCs) to close or scale back operations. The targeting of healthcare facilities and the prevailing insecurity has further compromised the functionality of the remaining health facilities within the conflict zones. This compounded strain underscores the fragility of the health system, which is grappling with simultaneous demands for acute care and the healthcare needs of displaced populations.

Displacement disrupts established healthcare routines, posing significant challenges in accessing primary healthcare facilities and hospitals, particularly in areas with inadequate infrastructure. This increased mobility may discourage individuals from seeking essential health services, endangering the well-being of the affected population. A potential decrease in access to preventive primary healthcare services, such as immunisations and antenatal care, leads to a surge in demand for complex and preventable hospital care. The situation in conflict areas, or where the population has sought refuge, could further strain the healthcare system, making it difficult for vulnerable populations to access necessary primary and hospital care services, thereby jeopardising their health and increasing the risk of preventable hospitalisations and health complications.

[1] According to the World Bank, Lebanon has been in an economic and financial crisis for almost three years, which is among the worst the world has seen. Real Gross Domestic Product (GDP) is estimated to have declined by 10.5 per cent in 2021, following a 21.4 per cent contraction in 2020, as policymakers have still not agreed on a plan to address the collapse of the country's development model. The exchange rate continued to deteriorate sharply in 2023, resulting in inflation rates in triple digits.

[2] The COVID-19 outbreak in Lebanon was first detected in February 2020, promoting multiple mitigation and general mobilization measures country-wide. In October 2022, Lebanon experienced its first cholera outbreak in nearly three decades.

[3] On 4 August 2020, a large amount of ammonium nitrate stored at the port of Beirut, the capital of Lebanon, exploded, causing at least 203 deaths, 6,500 injuries, and $15 billion in property damage, and leaving an estimated 300,000 people homeless.

Moreover, financial strain at the institutional level further threatens the health system, leading to a decline in health determinants that could adversely impact national health indicators, including morbidity and mortality rates. According to an interim Damage and Loss Assessment (DaLA) conducted by the World Bank, between 8 October 2023 and 27 October 2024, the Health sector in Lebanon has suffered damage valued at US$74 million, with losses estimated at US$338 million. This setback exacerbates an already dire economic situation. Over the past five years, Lebanon has experienced a prolonged contraction, effectively erasing 15 years of economic
growth. This illustrates the compounded challenges Lebanon faces, particularly the impact of the conflict on an already critical economic crisis.

Compounded crises have debilitated Lebanon's health system, severely impairing its ability to address the escalating needs of a growing vulnerable population. As the country with the highest number of refugees per capita globally, Lebanon has demonstrated its commitment to providing healthcare services to displaced Syrians and refugees of other nationalities through the public health system. This support, delivered via primary healthcare centres and hospitals, reflects the government's dedication to addressing the needs of vulnerable population groups. However, the increased demand for services has placed considerable strain on the health system, stretching its capacity and diverting critical resources. These diverted resources have hindered efforts to strengthen the health system and support sustainable development initiatives.

Maternal and child health indicators have deteriorated, with significant challenges in accessing maternal care services, including antenatal and postnatal care. Between 2022 and 2023, maternal deaths increased from 18 to 24 cases, reflecting a concerning trend. This rise is accompanied by higher rates of premature births, low birth weights, and increased neonatal mortality. The economic crisis has exacerbated these issues, as women face substantial out-of-pocket expenses for hospital deliveries, imposing a significant burden on vulnerable women.

Child immunisation services have also declined, leading to decreased vaccine coverage and outbreaks of vaccine-preventable diseases such as measles and cholera. The economic crisis has further jeopardised women's and girls' access to clean water and basic hygiene materials,[4] including menstrual hygiene products, which could result in underreported gynaecological infections. Access to family planning and cancer screening services has declined and the high prevalence of child marriage poses health risks, particularly concerning early pregnancies and inadequate adolescent healthcare services.[5]

Lebanon could be considered to be in a state of heightened risk of gender-based violence (GBV). The GBV Information Management System (IMS) observed that the risk of sexual assaults was higher between September and October 2024, during the escalation of conflict in the country. This indicates a continuous need for services that improve access to GBV and other related services, including clinical management of rape (CMR). Persons with Disabilities are particularly at risk of GBV due to physical dependency, mobility restrictions, neglect, and negative community perceptions.

In 2024, the Lebanese Union of People with Physical Disabilities (LUPD) reported that 400 Persons with Disabilities in shelters faced challenges concerning adequate accommodation and lack of acceptance in

[4] Plan International (2021). Period Poverty in Lebanon.

[5] UNICEF (2021). Lebanon: Children's future on the line: https://www.unicef.org/lebanon/media/6541/file.

collective shelters. These challenges create additional barriers to accessing healthcare services mainly aimed at shelters. This is a persistent issue that Persons with Disabilities have always faced, and the difficulty of accessing healthcare has worsened in recent years.

Vulnerable population groups, including Persons with Disabilities, war-injured individuals, those with chronic illnesses, and those dependent on care, face heightened challenges due to affordability constraints. Undocumented displaced Syrians, refugees from other nationalities, migrants, and stateless individuals encounter additional barriers, further complicating timely access to healthcare.

Environmental concerns, such as the mismanagement of medical waste and contamination of water sources, combined with the impacts of climate change, pose significant health risks. These factors increase the likelihood of outbreaks of infectious and waterborne diseases, as well as the emergence and re-emergence of other health threats.

Additionally, humanitarian access has been severely restricted due to ongoing conflict, with safety concerns, road closures, and infrastructure damage hindering health actors' ability to reach vulnerable populations and provide essential services.

Lebanon's health sector is confronting severe underfunding, which has been an ongoing challenge in recent years. By the end of the third quarter of 2024, only 33 per cent of the 'Priority-Based Appeal[6]' had been funded. This downward trend in financial support has adversely affected the health and well-being of the population. The critical context of diminishing resources in Lebanon, coupled with the need to prioritise, has created substantial challenges.

The urgency of the situation demands a reinforced, holistic, and strategic response to bolster the resilience of Lebanon's health system. Affordability, accessibility, and the timely utilisation of services remain critical priorities, particularly for women, girls, and other vulnerable groups who face compounded barriers in accessing healthcare. Flexible and sustained funding is essential to enable the health sector to adapt and respond to the fluid and rapidly changing context.

Recognising the scarcity of resources, the Health sector commits to prioritising lifesaving interventions while ensuring equitable access to quality healthcare services for vulnerable population groups. Striking a delicate balance between providing essential services to the most vulnerable groups, including Persons with Disabilities, Internally displaced people (IDP),Lebanese, displaced Syrians, Palestinian refugees, refugees of other nationalities, and migrants–while focusing on people displaced within Lebanon as a result of the hostilities (across population cohorts)–and maintaining the overall resilience and development of the health system is a critical challenge.

This situation necessitates strategic planning, resource allocation, and a focus on strengthening healthcare capacities. Addressing the ongoing impact of the Syria crisis in Lebanon is a shared responsibility that requires the unwavering support of the international community.

While the challenges facing Lebanon's health sector are immense, a unified effort, driven by a commitment to the population's well-being, offers a pathway towards sustainable and equitable recovery. Collaboration among stakeholders is essential to navigate these unprecedented times, addressing

[6] The target—and therefore the appeal in 2024—is priority-based rather than needs-based. This means that the sector is far from meeting the 'needs' of the vulnerable population in Lebanon across all nationalities.

immediate humanitarian needs while laying the foundation for long-term resilience. As Lebanon transitions into 2025, this effort will require balancing urgent lifesaving interventions with sustainable strategies to reinforce the health system. The goal is to ensure equitable and efficient access to quality healthcare for all population groups.

2. Overall Sector Strategy

Theory of Change

The Health sector's Theory of Change is rooted in a commitment to advancing equitable access to high-quality health services that are safe, dignified, and inclusive for individuals of all ages, genders, disabilities, and backgrounds. The overarching goal is to systematically dismantle access barriers for vulnerable population groups in Lebanon while addressing economic challenges and social tensions. By implementing this Theory of Change, the Health sector aims to reduce mortality, morbidity, and disability, promote healthy lifestyles, and address environmental, economic, social, and behavioural health risk factors. The focus is on ensuring access to basic services through national systems, leading to a positive and equitable health impact in the long term.

A key element of this Theory of Change is recognising and addressing financial constraints, which is crucial for devising effective strategies to strengthen the resilience and revitalisation of the Health sector in Lebanon.

Strategically, the sector aims to strengthen primary and hospital-level healthcare, thereby building resilience within the national system to address immediate threats and shocks that lead to increased mortality and morbidity. This involves prioritising patient access by supporting primary healthcare centres, Mobile Medical Units, Primary Healthcare Satellite Units (PSUs), and hospitals. It also includes expanding health service delivery to the community, emphasising the importance of preventive healthcare services and promoting health-seeking behaviour.

The Health sector prioritises effective outbreak and infectious disease control, along with emergency preparedness and response, under the leadership of the MoPH. Efforts also focus on increasing health information and awareness, targeting diverse demographic groups, including internally displaced individuals from southern Lebanon. Outreach activities connect these individuals to PHCs, promoting healthcare-seeking behaviours and preventive measures. Additionally, the sector is committed to increasing access to mental health services by integrating mental health in PHCs and increasing the availability of mental health beds in hospitals, in alignment with the National Mental Health Strategy for Lebanon (2024-2030). Enhancing access to sexual and reproductive health services, including Clinical Management of Rape (CMR), is a key priority, guided by the Maternal and Newborn Health (MNH) acceleration plan and the national CMR strategy.

In response to large-scale emergencies and of the possibility of renewed hostilities, the Health sector commits to delivering comprehensive support. This support addresses the immediate needs in emergency-affected zones, and ensures continued emergency and essential health assistance for displaced and affected populations.

The approach includes meeting primary health needs and offering lifesaving support through existing healthcare channels, as well as implementing additional emergency measures. These measures encompass building the capacity of healthcare workers, adapting protocols and guidance materials

suitable for emergency response, prepositioning critical supplies, securing contingency stock, and enhancing coordination, communication, and information delivery.

Over the past year, the sector has demonstrated its ability to respond to shocks by conducting extensive training for healthcare workers and prepositioning emergency and essential medicines and medical supplies. These preparedness efforts were instrumental in keeping healthcare services operational and accessible at the onset and throughout the crises.

A key lesson learned is that maintaining and reinforcing preparedness measures, such as training, capacity-building, and prepositioning, is essential to effectively mitigate future shocks and sustain healthcare delivery during emergencies.

In 2025, the sector prioritises strengthening the research committee, which has been deprioritised in recent years, to guide evidence-based practices and uphold ethical considerations. This will strengthen public health knowledge and pave the way for an early recovery. This effort is supported by active collaboration with various stakeholders, including other GoL authorities, donors, Non-Governmental Organisations (NGOs), universities, and cross-sector partners.

Additionally, Social and Behavioural Change (SBC) strategies and Risk Communication and Community Engagement (RCCE) are incorporated into health interventions to ensure more effective and inclusive outreach. Finally, the commitment to Preventing and Responding to Sexual Exploitation and Abuse (PSEA) is interwoven into the strategy, ensuring that all sectoral interventions adhere to a zero-tolerance policy for exploitation and abuse, thereby guaranteeing dignified and inclusive care.

Assumptions and Risks

In addition to the specific risks associated with each outcome, which are discussed later under “Sector Results,” general assumptions and risks fall into three main categories: **funding**, **equity**, and **data integrity**, while also integrating key planning assumptions for 2025.

Global Support and Health System Funding

The Health sector operates under the assumption of continued international support, focusing on building resilience and addressing immediate humanitarian needs. However, vulnerabilities persist due to socio-economic and political instability, compounded by the recent escalation of hostilities, internal displacement or return, and the fragility of the cessation of hostilities.

- **Funding Shortfalls:** By the end of 2024, only 33 per cent of the sector's needs-based appeals were funded. This reflects a continued downward trend,exacerbating service gaps, limiting preparedness, and hindering recovery efforts.
- **Healthcare System Strain:** Rising costs, shortages of medicines and skilled workers, damaged and closed health facilities, attacks on healthcare workers, and the growing demand from displaced populations–including IDPs, refugees, and migrants–place immense pressure on the health system.
- **Disruptions Due to Conflict:** Renewed hostilities could further strain resources, disrupt access to services, and heighten the risk of disease outbreaks.
- **Human Resource Drain:** A declining number of public health servants and healthcare workers, potentially due to attacks on healthcare personnel, undermines the sector's capacity to respond effectively.

Equitable Access Amidst Marginalisation

The Health sector is committed to expanding equitable access to health services and information, especially for all vulnerable populations in Lebanon, including Lebanese individuals, displaced Syrians, Palestine refugees, refugees of other nationalities, and migrants; including a focus on people displaced within Lebanon due to hostilities across borders.

- **Risks to Equity:** While addressing the needs of the majority, insufficient focus on marginalised groups risks exacerbating inequities in healthcare access.
- **Targeting the Most Vulnerable:** Ensuring inclusivity requires robust systems to monitor service delivery patterns and to identify those who are being left behind.
- **Internal Displacement Dynamics:** Planning must account for displaced populations returning to conflict-affected areas where infrastructure, housing, and services remain inadequate. Some IDPs will continue to stay in collective shelters or transitional arrangements due to prolonged recovery efforts.
- **Social Tensions:** Rising inter-communal tensions may further marginalise certain groups and impede access to services, particularly in under-resourced regions.

Administrative Data Systems and Evidence-Based Planning

The Health sector relies heavily on administrative data systems to track access and health outcomes. However, significant limitations pose risks to informed decision-making and resource allocation.

- **Data Challenges:** Despite the numerous reporting structures to the health authorities, coordination structures and donors, limited disaggregation of data–particularly by key demographic factors such as age, gender, and disability status–hinders targeted support for underserved populations. The absence of a unified health data system and unique patient identification contributes to service duplication and inefficiencies.
- **Privacy Risks and Feedback Mechanisms:** Strengthening data systems requires addressing privacy concerns and improving accountability through enhanced feedback mechanisms.
- **Capacity for Evidence-Based Planning:** Partners must prioritise reorganising support across primary healthcare centres and dispensaries to optimise inclusive service delivery and reduce duplication.

Integrated and Flexible Response in 2025: Given the fluid context, the Health sector's response must be adaptable to dynamic changes, including significant contextual shifts during 2025. Key elements include:

- **Preparedness and Contingency Measures:** The sector will leverage lessons learned from 2024 and prior years, including contingency planning, emergency preparedness, the prepositioning of critical life-saving medicines and medical supplies, and capacity-building for healthcare workers on anticipatory actions and emergency responses. These measures have proven effective in responding to the immediate life-threatening conditions and systemic shocks and must be sustained to enhance resilience and early recovery.
- **Uncertainty of Cessation of Hostilities:** Planning will consider potential scenarios if the fragile agreement on the cessation of hostilities does not hold, including renewed targeted attacks, large-scale hostilities, and additional waves of displacement and damage to health facilities.
- **Addressing Population Movement:** High levels of vulnerability among displaced individuals, returning IDPs, and conflict-affected populations will require localised targeting and prioritised resource allocation to underserved districts.
- **Environmental Strain:** Mass displacement exacerbates environmental fragility, including pollution, waste mismanagement, and diversion of water resources, further compounding health risks.

The challenges faced by Lebanon's health sector are immense, requiring continued global support and strategic prioritisation. By addressing immediate needs while investing in early recovery and medium-term resilience, the sector aims to deliver equitable and sustainable healthcare services to all population groups in Lebanon, despite an unprecedented convergence of crises.

Sector Results: Impacts, Sector Outcomes, Outputs, and Indicators

The MoPH Lebanon's National Health Strategy: Vision 2030 [7] serves as the cornerstone for the Lebanon Response Plan (LRP) Health sector strategy. The Health sector will continue to align its interventions with the Sustainable Development Goals (SDGs), particularly SDG 3,[8] which focuses on universal health coverage and the recommended SDG targets. The Health sector strategy will contribute to LRP strategic objective 2, 'Provide immediate humanitarian assistance to vulnerable populations to ensure critical needs are met', and strategic objective 3, 'Support service provision through national systems, including national rapid response capacity'.

Under the leadership of the MoPH, regular meetings, guidance development, and consistent reporting are maintained to monitor the progress of strategy implementation. This process aims to prevent duplication, identify gaps, advocate for needs, and share recommendations. Health sector partners are expected to mirror the transparent and open communication approach demonstrated by the MoPH. It is essential for them to adopt an open and consultative approach right from the initial planning stages of projects.

Expected Results

Outcome 1: Improve access to comprehensive primary healthcare.

In 2025, strengthening primary healthcare services is a key priority, emphasising the expansion of comprehensive services through community outreach and reinforcing referrals to and from primary healthcare centres. This focus aims to improve geographical coverage and accessibility for the entire population, especially for women and girls, GBV survivors, and Persons with Disabilities, ensuring the delivery of quality and inclusive primary healthcare services while integrating survivor-centred approaches.

More emphasis will be placed on integrating nutrition, mental health and Community Based Interventions into PHC, in line with the Long-term Primary Healthcare Subsidisation Protocol (LPSP). Anticipating an increased need for an affordable, subsidised, comprehensive primary healthcare package, Health sector partners will continue to support the MoPH's network of primary healthcare centres. This support will align with national guidance for equitable and low-cost access to quality health services. Reporting will be disaggregated by age, gender, and disability to monitor potential barriers to accessing primary healthcare.

Special attention will be given to identifying the vulnerable groups supported under different initiatives to ensure optimal use of resources and avoid duplication. Support for primary healthcare will be adapted based on evolving needs and in consultation with the Ministry of Public Health. Mechanisms for tracking and reporting incidents of GBV or PSEA will be embedded within the primary healthcare system to ensure accountability and prompt responses.

[7] The Lebanese Ministry of Public Health and the World Health Organization, in coordination with United Nations (UN) agencies, NGOs, and the private sector, developed a National Health Sector Strategy. By setting an implementation plan responsive to immediate health needs as well as longer-term objectives, Vision 2030 sets out the framework for a sustained and modernized recovery of the Health sector and addresses the challenges of leading a burned-out health system.

[8] SDG3: "Ensure healthy lives and promote wellbeing for all at all ages."

Output 1.1: Financial subsidies are provided to the targeted population for improved access to a comprehensive primary healthcare package.

In its pursuit of equitable access to high-quality, comprehensive[9] primary healthcare services, the Health sector targets equitably the vulnerable groups, including Lebanese individuals, displaced Syrians, Palestinian Refugees from Syria, Palestine Refugees in Lebanon, and migrants. This support is primarily delivered through the MoPH's network of primary healthcare centres and dispensaries, including United Nations Relief and Works Agency (UNRWA) clinics for Palestinians and the Ministry of Social Affairs' (MoSA) social development centres, particularly in areas with uneven geographical coverage or when the caseload is too heavy for the existing network to bear.[10]

The Health sector emphasises strengthening referral mechanisms between different sectors, including the integration of sexual and reproductive health and GBV services at PHCCs, as well as integrated services as per the LPSP protocol, which includes mental health awareness and services. Additionally, it aims to improve access for Persons with Disabilities, older persons and those receiving Community Based Interventions (AKA home-care).

In close coordination with the Emergency Taskforce for Persons with Disabilities, which includes the Government Representatives and Health and Protection sectors, the Health sector will provide specialised support. This support comprises rehabilitation services, assistive devices, and living aids for Persons with Disabilities and older persons, emphasising a cross-sectoral approach. Rehabilitation services will be enhanced through improved coordination via the taskforce and bilateral referrals to address the increased needs resulting from the recent war, which left thousands of people injured and in need of specialised rehabilitation support. To ensure continuity of care for pregnant women receiving antenatal care, referrals will be enhanced for subsidised delivery at supported hospitals.

Financial Support: The sector prioritises inclusive financial aid to overcome economic barriers to healthcare access, aligning with the national LPSP. It monitors the implementation of the LPSP, pilots extended care beyond basic services, and evaluates outcomes.

Community-Based Services: The sector strengthens outreach for immunisation, antenatal and postnatal care, sexual and reproductive health rights and services, family planning, malnutrition screening, early detection of Non-Communicable Diseases (NCDs) and mental disorders, as well as referral processes to primary and hospital care by deploying health workers for primary care at the community level. The sector prioritises the safety of community health workers and will coordinate closely with the Access Working Group to ensure oversight and support for activities planned in high-risk areas.

Transportation Support: The sector recognizes that addressing transportation barriers is crucial to facilitate access to healthcare for vulnerable populations. Lessons learned from a pilot project in 2024, in which Health sector partners provided in-kind transportation support, will be shared with health sector partners and donors to seek potential support from 2025 onwards.

Primary Healthcare Satellite Units (PSU)[11]: The sector provides primary healthcare in emergencies by adhering to SOPs for satellite centres and mobile units, with a focus on vaccination campaigns and

[9] Comprehensive primary healthcare includes vaccination, medication for acute and chronic conditions, child health, non-communicable disease care, sexual and reproductive health, malnutrition screening and management, mental health, disability services, dental care, and health promotion and referral.

[10] Palestinian refugees from Syria and Lebanon are an exception, as their access to primary healthcare is provided through The United Nations Relief and Works Agency (UNRWA) clinics.

[11] Also known as Mobile Medical Units (MMUs).

outbreak responses in remote areas. PSUs will be deployed primarily in remote locations, areas with a high concentration of displaced persons, or regions where PHCCs are unavailable, non-operational, or inactive. The sector will closely coordinate with Health authorities and partners to explore the potential of telemedicine as an innovative approach. In such high-risk settings, the PSU will ensure that PSEA standards are upheld and that all personnel are trained to provide sensitive and respectful care to vulnerable populations, particularly women and children.

Feedback Mechanisms: The sector improves complaint and feedback systems in primary healthcare centres to ensure accessibility for all groups, record and manage data confidentially, and expand mechanisms to enhance service delivery and public trust.[12] All feedback mechanisms will include safe and confidential reporting, as well as strengthened referral channels across different sectors for GBV survivors and individuals at risk of sexual exploitation or abuse, thereby ensuring accountability in service delivery.

The 2025 target encompasses a total of 4,982,685 subsidised or free consultations[13] at the primary healthcare level. These consultations will serve diverse populations: 2,196,440 Lebanese, 2,520,000 displaced Syrians, 46,052 Palestinian Refugees from Syria, 40,000 Palestine Refugees in Lebanon, and 180,193 migrants. This target considers the evolving needs, the constraints of scarce resources, and the operational capacity of the centres.

Consultations will be categorised into antenatal care, non-communicable diseases, and mental health, to ensure comprehensive care. Furthermore, the number of individuals accessing family planning services, as well as the number of Persons with Disabilities and older persons at risk receiving specialised support, will be included in this outcome.

Output 1.2: Free-of-charge medications for non-communicable diseases are provided at the primary healthcare centre level.

The Health sector will continue to advocate for the timely procurement and continuous availability of essential NCD medications, including psychotropic medications, and will ensure their equitable distribution to those in need, aiming to improve the quality of life for individuals with chronic illnesses. Additionally, the Health sector will continue to advocate for the continued supply chain of sexual and reproductive health drugs and commodities, including oral and injectable contraceptives, within the MOPH PHC network. This initiative aims to reduce financial barriers to accessing primary healthcare and alleviate the strain on hospital services, ultimately lowering morbidity and mortality rates.

In collaboration with Health sector partners, the MoPH will accurately estimate medication needs based on usage, co-morbidity data, and previous stock interruptions. The projections will also consider anticipated increases in demand and the necessity of maintaining buffer stocks. Additionally, partners involved in medication provision are urged to align with available guidelines and the essential medication list as well as to support the proper management of pharmaceutical waste in accordance with national guidelines. To mitigate duplication, the sector will collaborate with partners to streamline distribution channels, standardise processes, and enhance reporting mechanisms for medication provision.

In 2025, the sector aims to target 359,584 individuals enrolled in the national chronic disease medications programme at the MoPH, comprising 267,100 Lebanese, 54,000 displaced Syrians, 12,000 Palestinian

[12] Lebanon, Inter-Agency (2020), Minimum Standards on Complaints & Feedback for the Lebanon Crisis Response Plan: https://data2.unhcr.org/en/documents/details/79144

[13] The consultation target represents an estimation of needs and has been calculated by analysing diverse data sources.

Refugees from Syria, and 15,469 Palestine Refugees in Lebanon, and 11,015 migrants.[14] In collaboration with MoPH, the sector also aims to target 250,000 individuals seeking sexual and reproductive health care at PHCCs and dispensaries. This target includes 87,000 Lebanese, 162,000 displaced Syrians, and a combined total of 1,000 for Palestinian Refugees from Syria, Palestine Refugee in Lebanon, and migrants. The Health sector partners will support PHCCs in better estimating their need for FP commodities, ensuring accurate and timely medication requests to MoPH.

Output 1.3: Free-of-charge acute disease medications, medical supplies, and reproductive health commodities are provided at the primary healthcare centre level.

The Health sector remains committed to supporting the MoPH in providing acute disease medications, medical supplies, assistive devices, living aids for Persons with Disabilities and reproductive health commodities free of charge, addressing shortages and procurement challenges. Partners involved in medication provision are encouraged to include support for proper pharmaceutical waste management, in line with national guidelines. Ongoing priorities include persistent advocacy for funding and the alignment of acute disease medication lists with national treatment protocols. Partners will actively coordinate to estimate needs and streamline the procurement of medications and medical commodities, aiming to enhance supplies, reduce financial barriers, and foster increased access to primary healthcare.

Providing free medications for acute diseases, reproductive health commodities, contraceptives, and personal protective equipment supports preventive programming and reduces complications, thereby minimising hospital care needs. Timely access to reproductive health drugs and contraceptives lowers the risks of unwanted pregnancies and adverse outcomes, contributing to decreased neonatal and maternal morbidity and mortality.

In 2025, the sector aims to target 1,489,440 individuals for acute disease medication,[15] medical supplies, and reproductive health commodities. comprising 658,932 Lebanese individuals, 756,000 displaced Syrians, 13,816 Palestinian Refugees from Syria, 12,000 Palestine Refugees in Lebanon, and 54,058 migrants. This target considers that 30 per cent of the population accessing primary healthcare will seek support for acute disease medication, medical supplies, and reproductive health commodities.

Output 1.4: Free-of-charge routine vaccination is provided for all children under eighteen years of age at the primary healthcare centre and dispensaries, and through supplementary immunisation activities.

In 2025, the Health sector aims to support the MoPH in achieving 100 per cent vaccination coverage for children under eighteen years of age, regardless of all nationalities. This objective aligns with the national vaccination calendar and necessitates enforcing the MoPH's circular on providing free vaccination at the primary healthcare level, without charges for the vaccination service. According to MoPH's 47/2014 circular, vaccines are provided free of charge when administered by a registered nurse. However, some primary healthcare facilities may charge minimal fees for opening a patient file.

Another challenge arises from the inadequate implementation of this circular, as some primary healthcare directors forbid the registered nurses from administering the vaccination, consequently levying extra fees for a doctor's consultation. In other facilities, PHC directors mandate a doctor's examination of the child before the nurse can administer the vaccine, thereby incurring additional consultation costs. Strategies to

[14] Palestinian refugees from Syria and Palestine refugees in Lebanon receive subsidised chronic disease medications free of charge through UNRWA clinics.

[15] The target for acute medications is approximation, given the absence of a specific analysis for dispensing, the lack of data recording in a dedicated database, and the absence of unique identifiers for accurate tracking. These limitations underscore the need for cautious interpretation of the data related to acute medication estimates.

address these issues include expanding and accelerating routine vaccination outreach activities, especially in areas with low vaccination coverage, and scaling up solar and supply systems.

To overcome economic barriers that hinder regular vaccination visits, the sector will focus on bringing vaccination services closer to communities through outreach immunisation, utilising 'Immunisation as an Entry Point' for primary healthcare. Key priorities include effective vaccine logistics and cold chain management, as well as vaccination by trained and registered nurses. This pilot initiative will help to shift tasks to strengthen the workforce and reduce the cost of vaccination. Evaluations well be conducted throughout the year, and regular capacity-building for healthcare professionals involved in the Expanded Programme on Immunization (EPI) will be implemented.

Efforts will also extend to enhancing data quality, completeness, and end-to-end digitalisation for both vaccines and the vaccination programme. The MoPH is expanding public-private partnerships to reach children in need, especially in marginalised areas. Coordination with nutrition and other sector partners will integrate malnutrition screenings and referrals during outreach vaccination activities.

Increased awareness campaigns will promote the availability of free vaccination services and infection prevention and control measures at primary healthcare centres and dispensaries. These messages will underscore that routine immunisation is not only safe and effective but also essential for protecting children from potentially fatal infections. Vigilance is necessary to maintain Lebanon's polio-free status, contain measles, and prevent other possible outbreaks, including cholera. Furthermore, a more systematic vaccination process must be developed and endorsed for official return activities.

In 2025, the sector aims to vaccinate a total of 542,558 children under five,[16] comprising 303,318 Lebanese individuals, 220,971 displaced Syrians, 1,842 Palestinian Refugees from Syria, 14,841 Palestine Refugees in Lebanon, and 3,214 migrants.

Output 1.5: Primary healthcare institutions' service delivery is supported.

To effectively respond to the growing demand, the Health sector will extend support in 2025 to the interrelated functions of the health system, including human resources, finance, governance, capacity building, information and health information systems, and medical products. The Health sector will continue to advocate for and mobilise resources for the emergency repairs, refurbishment, procurement, and distribution of medical equipment and furniture for the damaged PHCCs during the recent hostilities. A set of indicators will be continually monitored to track the health system strengthening efforts by health sector partners and stakeholders.

The sector aims to target all primary healthcare centres within the MoPH's network in 2025 and to enhance referrals from these centres to hospital care. The healthcare systems will receive support to enhance referrals across different sectors for Persons with Disabilities, pregnant women due to deliver, survivors of GBV, and individuals at risk. This will ensure access to comprehensive, survivor-centred care that includes both physical and mental health services.

The risks associated with Outcome 1 include insufficient funding, procurement challenges for essential medications and supplies, and non-compliance of primary healthcare centres with national legislation. These issues may lead to hidden costs and hinder access to preventive services, such as vaccination.

[16] Based on the LRP population package for 2023, children under five comprise 5.5 per cent of the Lebanese population, 14.2 per cent of the displaced Syrian population, and 9.7 per cent of the Palestinian population.

Recent hostilities, damage to health facilities, and the resulting displacement of healthcare workers have further strained services in high-demand areas, while the ongoing emigration of medical and nursing staff undermines institutional capacity.

Additionally, restricted humanitarian access in conflict-affected areas, due to safety and infrastructure concerns, poses significant barriers to consistent service delivery. Addressing these risks requires sustained funding, strategies for workforce retention, and enhanced coordination with the Ministry of Public Health and partners to maintain equitable access.

Outcome 2: Improve access to hospital and advanced referral care.
The sector aims to provide hospital care, including war-wound management, continuum of maternal and newborn health services, and mental health admissions, to five per cent of each population group. In addition, through Health sector partners, the sector aims to support hospitals in 2025 for service delivery by providing human resources, capacity-building, quality assurance, and medical products and equipment. This support will include personal protective equipment, interagency reproductive health kits, trauma kits, cholera kits, emergency medicines, medical supplies, and blood products.

Output 2.1: Financial support is provided to the targeted population for improved access to hospital and advanced referral care.
The Health sector is committed to providing hospital care and specialised referral services for vulnerable populations in all their diversity, including age, gender, nationality, and disability. This dedication extends to covering lifesaving hospital costs, such as war-wound management, new-born and paediatric intensive care, high-risk pregnancies and complicated deliveries, clinical management of rape,[17] advanced diagnostic expenses, laboratory tests, radiology on an outpatient basis, and emergency room care for individuals facing lifesaving health challenges. The Health sector also aims to enhance the continuity of care by bridging the gap through optimising the digitisation of referrals between different levels of health service delivery platforms.

Displaced Population and Migrants: Securing financial support for non-Lebanese individuals to access hospital services is a pivotal initiative. Partners collaborate on cost-sharing mechanisms to ensure that vulnerable populations, including displaced Syrians and non-Syrian individuals, receive adequate care. Presently, the UNHCR referral care programme[18] plays a crucial role by covering 50 per cent of hospital bills for displaced Syrians and non-Syrian individuals who are known to UNHCR. The UNRWA programme provides support to Palestinian Refugees in Syria and Palestine Refugees in Lebanon, covering between 60 to 90 per cent of costs, depending on the type of intervention, whether secondary or tertiary, in line with the updated hospitalisation policy. Vulnerable Lebanese and migrants benefit from the Health sector's support for life-saving and limb-saving hospital care. Health sector partners step in to cover the remaining patient share where applicable, prioritising conditions beyond existing schemes. War-wounded Lebanese receive full coverage from the MoPH, while displaced Syrians, refugees from other nationalities, Palestinians, and migrants benefit from full coverage provided by their respective agencies.

Vulnerable Lebanese: Recognising the ongoing crisis and the escalating vulnerabilities faced by the Lebanese population, including those displaced from affected areas due to increased hostilities, the Health sector aims to continue its support for the Lebanese population in 2025. This will involve a cost-

[17] Support for the clinical management of rape presents a partial coverage scenario in specific regions, highlighting the need for comprehensive interventions. Beirut, Mount Lebanon, Akkar, North, Nabatiyeh, and South are covered, but gaps persist in Bekaa.
[18] UNHCR (2023), Referral Care SoPs.

sharing scheme with both public and private hospitals, specifically targeting vulnerable uninsured Lebanese individuals for lifesaving and limb-saving cases. This scheme will be activated when other options, such as MoPH, National Social Security Fund (NSSF), and Civil Servant Cooperative (COOP), are the last resort. Support from Health sector partners will complement these initiatives and cover the remaining patient shares for vulnerable Lebanese individuals. Existing communication channels will be actively utilised to inform the public about hospital care support programmes, with a focus on expanding outreach. A technical task force, led by the leadership of the MoPH, will continue facilitating coordination between programmes, ensuring a unified model for subsidising hospital care that prevents duplication and facilitates donor financing. War-wounded Lebanese will benefit from the full coverage provided by the MoPH.

The financial support provided by the Health sector not only reduces mortality rates but also elevates the overall quality of life. This is particularly evident in improved neonatal and maternal health through support for hospital-based deliveries and neonatal services, including Neonatal Intensive Care Unit (NICU) services. The balanced targeting approach mitigates social tensions, and timely hospital payments ease the additional pressure caused by the multifaceted crises. Given Lebanon's high cost of hospital care and the rising economic vulnerabilities across all populations, it is essential to secure substantial financial resources to maintain current support levels. Furthermore, additional resources are necessary to expand assistance to medical conditions not covered by existing schemes and to support hospitalisation for mental health conditions.

In 2025, the Health sector aims to target a total of 124,567 individuals, including 54,911 vulnerable Lebanese individuals, 63,000 displaced Syrians, [19] 1,151 Palestinian Refugees from Syria, 1,000 Palestine Refugees in Lebanon receiving hospital services, and 4,505 migrants.

Output 2.2: Public and private hospital service delivery is supported.

The sector prioritises support for both public and private hospitals, with a focus on strengthening public hospitals by providing essential equipment, medications, and supplies to address shortages and replace outdated items. Efforts also include capacity building for hospital staff through training in Mass Casualty Management, war-wound management, managing near-miss cases, obstetric emergencies, neonatal care, and psychiatric emergencies, while maintaining an equal recruitment policy and a balanced male-female ratio within the workforce. Additionally, the sector provides standards, guidelines, and tools to improve care quality and reporting, ensuring that all patients, regardless of their background or diversities, are treated with dignity and respect. A set of indicators suggested by the Health Sector Core Group members will be continually monitored to track the health system strengthening efforts by health sector partners and stakeholders.

Sector partners will collaborate closely with the MoPH to monitor and analyse neonatal mortality rates among Lebanese and other nationalities. The sector will also concentrate on enhancing mitigation measures, which include supporting preventive primary healthcare services, such as antenatal care, and providing curative and hospital support, particularly in the areas of deliveries, neonatal care services, and lifesaving interventions.

[19] This figure is based on the number of displaced Syrians registered by UNHCR as refugees, equivalent to 784,884 (as of end of December 2023). It is important to note, however, that all displaced Syrians (Government of Lebanon estimates are of 1,500,000 displaced Syrians in Lebanon), whether registered or non-registered with UNHCR as refugees, are eligible for hospital coverage according to UNHCR Standard Operating Procedures for Referral Care.

In response to a possible resumption of clashes, the Health sector, in coordination with the MoPH, will support hospitals that may face increased demands. Prioritising frontline hospitals, emergency and essential medicines, and medical supplies, such as human resources support, emergency room coverage, and trauma kits, reproductive health kits, and blood products, will be provided.

The risks associated with Outcome 2 include financial constraints, a lack of critical medicines and medical supplies, electricity and fuel shortages, and extensive damage to several hospitals during the recent conflict. Hostilities, attacks on hospitals, and staffing gaps in both public and private hospitals have also led to reduced operating hours and the closure of wards or entire hospitals.

Vulnerable populations face elevated costs due to a lack of livelihood opportunities, damaged crops, currency inflation, decreased funding, and limited donor support for expensive services, resulting in reduced access to healthcare and increased mortality rates. These financial barriers disproportionately affect women and girls, who often face compounded vulnerabilities.

Hostilities further exacerbate these risks, making conflict-affected areas inaccessible and straining referral pathways for displaced populations. To address these challenges, the Health sector prioritises policy advocacy, increased funding, support for public hospitals, and strengthened public-private partnerships. Preventive measures, such as vaccinations, antenatal care, family planning, and early disease detection, aim to reduce dependence on hospital-level services. Improved coordination is vital to ensure access to life-saving care.

Outcome 3: Enhance emergency, outbreak & infectious diseases preparedness and response.
In 2025, the Health sector will continue strengthening and supporting the Public Health Emergency Operation Centre (PHEOC) as a platform for data pooling, sharing, decision-making, and coordinating emergency responses. As part of this effort, populations at-risk in all their diversity, including age, gender, nationality, and disability, will be considered to ensure that the needs of these groups, including women, girls, and other marginalised groups, are adequately addressed during emergencies.

The sector aims to enhance preparedness and response to emergencies, outbreaks, and infectious diseases by adopting a pillar-based approach outlined in the WHO Global Strategic Preparedness and Response Plan for Outbreak Preparedness and Response. This approach places specific emphasis on fortifying multi-sectoral coordination during emergency health responses.

Key actions will include improving coordination with the PHEOC, enhancing surveillance and laboratory capacity, and establishing Rapid Response Teams (RRT) that provide training in case management and Infection Prevention and Control (IPC). The sector will also support preventative public health services, including vaccinations, and aim to harmonise inclusive RCCE.

Additionally, healthcare workers will be trained in IPC for high-risk clinical and related settings. The procurement of basic medical supplies, such as Personal Protective Equipment (PPE) for health facilities, will take place, and specialised human resources will be deployed to support for war-wound management, pregnancy care, and infectious disease management.

The health system will be reinforced to meet the requirements of international health regulations. A key priority is to ensure that Lebanon has a robust national disease surveillance system, with a focus on the Early Warning Alerts and Response System (EWARS). This system aims to monitor diseases and outbreaks at the national level, providing early alerts for rapid containment and response.

EWARS will also focus on monitoring trends among the population, estimating the number of children who have missed routine immunisations, and assessing potential health risks associated with environmental degradation, such as waterborne diseases. Furthermore, it will evaluate the impact of poor water, sanitation, and hygiene conditions in vulnerable areas, specifically in informal settlements. The system will also help identify risks related to acute intoxication from chemicals, pesticides, or bacteria, such as food poisoning.

Community-level surveillance integration will be supported through planned outreach activities, border site initiatives, and community awareness campaigns conducted by partners. Outreach teams that operate from primary healthcare centres will receive training in community-based surveillance, including the identification and reporting of notifiable diseases.

The Epidemiological Surveillance Unit (ESU) at the MoPH requires further reinforcement, combining human resources with information and communication technology to maintain and decentralise the testing, tracing, and response capacity. The ESU needs additional support to accelerate the decentralisation and empowerment of surveillance at the district level, facilitating preparedness, investigation, and expediting outbreak responses.

The sector's target for 2025 is to ensure the functionality of at least 800 EWARS centres.

Output 3.1: The National Early Warning and Response System (EWARS) is expanded and reinforced while infectious disease outbreak capacity is enhanced.

The sector is committed to expanding, enhancing, and decentralising the MoPH's capacity to utilise EWARS). This system is crucial in providing timely, critical data that informs monitoring, planning, and decision-making during outbreak containment and response. Between 2015 and 2019, support was extended to develop an Information Technology (IT) platform (DHIS2) in approximately 950 health facilities.[20]

In the surveillance strategic framework and action plan, the focus in 2023 centred on harmonising the health reporting system. This includes extending the national early warning and response system to multidisciplinary stakeholders, such as the Ministry of Energy and Water and the Ministry of Agriculture, while improving information flow within the MoPH departments and between the ministry and other relevant stakeholders.[21] Further support is imperative for data analysis at all administrative levels and for decentralising surveillance and decision-making for public health measures at the district level.

The expansion of the national EWARS and its decentralisation will encompass all primary healthcare centres within the MoPH's network, laboratories, hospitals, and the national Epidemiological Surveillance Unit (ESU), and a selected number of schools. Priorities for 2025 involve reinforcing existing sentinel surveillance sites. To ensure positive outcomes, necessary measures include staffing, logistical support, IT systems development and equipment, technical support missions, joint training for surveillance and response teams, and rigorous monitoring of the accuracy, timeliness, and completeness of reporting.

[20] Health facilities include primary healthcare centres, dispensaries, and hospitals.

[21] With the advent of COVID-19, additional support was provided in terms of human resources, the provision of testing kits and personal protective equipment to the surveillance teams, as well as the development of information technology applications for the call centre, the positive cases tracing programme and other technical support.

The sector's target for 2025 is to ensure the functionality of at least 800 EWARS centres.

Output 3.2: Availability of selected contingency supplies is ensured.
Given the current emergency situation and the heightened risk of renewed hostilities, which have damaged water and sanitation infrastructure and created poor living conditions in both damaged houses or collective shelters, there is increased risk of infectious disease outbreaks. This includes waterborne and foodborne diseases among vulnerable population. The Health sector, in close coordination with the MoPH and multisectoral partners and stakeholders, is actively addressing this added risk by strategically reinforcing contingency measures. This involves maintaining and enhancing a robust contingency stock.

Recognising the potential disruptions caused by displacement, the sector prioritises the readiness of essential medical supplies, cholera kits, Inter-Agency Emergency Health Kits (IARH), medications, and resources to ensure a swift response to emerging health needs. This proactive approach involves strengthening the contingency stock and implementing Minimum Preparedness Actions (MPA) with critical items such as cholera kits, trauma kits, intera-gency reproductive health kits, emergency medicines, and other lifesaving supplies. In anticipation of potential outbreaks, the sector is committed to ensuring the availability and maintenance of a six-month stock of selected contingency vaccines, emergency medications, therapeutic foods, micronutrients, laboratory reagents (including blood banks), response kits, and personal protective equipment. This strategic preparation aims to facilitate a quick and effective response to both outbreaks and large-scale emergencies.

Output 3.3: Support to infectious disease outbreak response and other communicable disease controls is strengthened.
In 2025, the Health sector aims to integrate and enhance the One Health approach, focusing specifically on communicable diseases. The goal is to fortify disease surveillance, improve laboratory diagnostic capacities, and enhance early warning, alert, and rapid response systems. This strategic initiative seeks to ensure coordination and complementarity in the timely detection, prevention, reporting, and response to priority epidemic-prone diseases such as cholera, AWD, hepatitis A, measles, and polio. Particular emphasis will be placed on addressing challenges such as Antimicrobial Resistance (AMR), rabies, and tetanus in Lebanon.

Furthermore, the Health sector will continue to support the National Tuberculosis (TB) Programme by investing in staffing, capacity building, procuring necessary materials, renovating facilities, and obtaining anti-tuberculosis drugs, ancillary medicines, and other consumables, while also addressing stigma, particularly the specific risks faced by women, girls, and other marginalised groups during outbreaks. By implementing these activities, the Health sector aims to contribute to the prevention, screening, identification, and dignified treatment of tuberculosis cases, ultimately reducing morbidity and mortality rates.

In 2025, the Health sector aims to provide TB medication support to 1,800 beneficiaries through the National Tuberculosis Programme.

For the National Acquired Immunodeficiency Syndrome (AIDS) Programme, the sector aims to support rapid and confirmatory testing for positive cases and initiate Anti-Retroviral Therapy (ART)[22] for all diagnosed Human Immunodeficiency Virus (HIV) cases as soon as confirmation is received. This will be followed by viral load testing, when necessary, to monitor the response to treatment. This approach aligns

[22] CDC (2017), Benefits and Risks of Antiretroviral Therapy.

with global set targets for testing, treatment, and viral suppression. A converging community-based approach will be adopted and supported by the sector. This comprehensive approach is expected to lead to significant reductions in HIV-associated morbidity and mortality,[23] contributing to an increased life expectancy for individuals with HIV infections.

In 2025, the Health sector is targeting 2,300 beneficiaries for ARV medication support through the National AIDS Programme. Additionally, the sector aims to train 150 healthcare workers in the detection and care of TB and HIV.

Following a One Health approach, the sector aims to provide medications and support for patients with emerging or re-emerging communicable diseases, such as rabies and tetanus, among others.

The success of Outcome 3 relies on critical assumptions and the mitigation of associated risks. Sustained support from the Health sector is crucial for uninterrupted care delivery and effective responses to emergencies. Failure to provide this support could lead to reduced access to lifesaving services, increased outbreaks, and higher morbidity and mortality rates. Additionally, expanding the national surveillance system to the sub-national level is essential for the timely detection and containment of health emergencies. Another critical assumption is that support will increase trust in public services; failure in this regard may diminish confidence in the public health system, negatively impacting the effectiveness of interventions. Moreover, it is vital to assume that support will strengthen preventive care and emergency response; failing to do so could leave the country vulnerable to the impacts of crises. Ensuring sustained and expanded support, enhancing surveillance capabilities, fostering trust in public services, and strengthening preventive care are imperative for achieving Outcome 3.

Outcome 4: Improve access to health awareness and information.
Investments in awareness raising, social behaviour change, and community engagement activities at both individual and institutional levels among women, men, and youth are considered crucial for increasing the demand for available healthcare services and promoting healthy behaviours. To achieve this outcome, three key outputs are planned for 2025, focusing specifically on Health Information products and Risk Communication and Community Engagement (RCCE) products. This will highlight the importance and availability of preventive and promotive care, including vaccination, contraception, NCDs, and mental health, along with available support and safe referrals for services for Persons with Disabilities, survivors of GBV, and antenatal care.

The RCCE products will be updated and developed as required, and the activities will be designed inclusively to overcome stigma and discrimination, with communities engaged in intervention planning, particularly for marginalised groups in all their diversity, such as working and street children, adolescent boys and girls, survivors of GBV, Persons with Disabilities, and members of the LGBTQI+ community.

In response to the ongoing displacement resulting from the recent hostilities in Lebanon and the evolving situation in the neighbouring country, the Health sector is intensifying its awareness, engagement, and communication efforts to inform the affected population about the availability and locations of health services.

[23] Centres for Disease Control and Prevention CDC (2017), Benefits and Risks of Antiretroviral Therapy.

Output 4.1: Health awareness and information are strengthened at the institutional level.
The sector aims to strengthen the capacity of the primary healthcare network to conduct outreach, engage individuals and communities, and mobilise efforts, including sexual and reproductive health, preventive midwifery care for high-risk pregnant women, NCDs, mental health and Persons with Disabilities inclusive services.

Integrating digital tools and platforms for health education, such as e-learning modules and interactive content, is crucial to bolster institutional capacity for health promotion. Collaborating with local communities, media, and influencers will extend the reach of health awareness campaigns. This approach will address local health concerns and promote preventive healthcare practices.

Institutions will intensify health promotion and community outreach on various topics, integrating interactive digital tools to effectively reach youth. Efforts will focus on increasing awareness of service availability and acceptability at both facility and community levels. This will involve engaging community influencers, especially in rural areas. Information about inclusive services for Persons with Disabilities and reproductive health, including clinical management of rape and gender-based violence services, will be disseminated. Joint approaches will ensure comprehensive awareness-raising packages are adapted for diverse audiences.

Harmonised Risk Communication and Community Engagement (RCCE) products and health messages will target both women and men within communities, promoting decision-making and behaviour change. Awareness-raising efforts will consider diverse communication methods and utilise community feedback mechanisms for ongoing improvement. The sector will take stock of the requirements and strengthen coordination with the RCCE taskforce to ensure a harmonised approach to health promotion and awareness. Inter-sector linkages will maximise health education channels, involving educational facilities, after-school programmes, and partnerships with local NGOs and community organisations for wider message dissemination. Close collaboration with the Nutrition and WASH sectors will ensure that public health and nutrition-related messages are included in awareness and community engagement.

Providing information and education, alongside with addressing accessibility barriers, will reduce social stigma and increase demand for primary healthcare, thereby promoting equitable access.

In 2025, the sector aims to target 295 primary healthcare centres for awareness-raising and to enhance referrals from the community to these centres.

Output 4.2: Access to inclusive healthcare information for women, men, and youth (children, boys, and girls) is increased at the community level.
A comprehensive inclusive health awareness package, including migrant languages, will be updated and developed. This package will target women, men, and youth, including children, boys, and girls, ensuring that standardised messages are issued by Health sector coordination mechanisms.

To foster effective community-level engagement, it is recommended to deploy satellite PHCs or mobile health units for on-the-spot health education and basic screenings in underserved and conflict-affected areas. These units serve as a personalised and direct platform for delivering health awareness, particularly in remote locations.

Engaging youth in peer education programmes is a powerful tool for spreading health awareness. Training young individuals as health ambassadors within their communities establishes a sustainable health education model that leverages their influence among peers and family members.

Persons with Disabilities will be specifically targeted with healthcare information to enhance their access to services. A gender-sensitive approach will ensure that marginalised adolescents and youth, including out-of-school, street, and working children, receive healthcare information. This includes adapting awareness materials and outreach methods, strengthening referrals for at-risk children and adolescents to case management agencies, and encouraging other agencies to refer individuals to healthcare providers. Tailored vaccination campaigns, infectious disease prevention, mental health, and sexual and reproductive health activities will also be promoted.

In 2025, the sector aims to reach 574,105 caregivers with integrated health awareness messages and conduct 28,705 awareness sessions for adolescents and youth.

Potential risk factors for the mentioned Outputs under Outcome 4 include acceptability, social norms, stigma, staff turnover, and challenges posed by populations on the move, such as internally displaced persons and returning IDPs. Developing contextualised health awareness materials, linking to protection services, and building the capacity of essential staff are crucial for sustaining available services. The absence of data on out-of-school children poses a risk to Output 4.2 programming, especially regarding mental, sexual, and reproductive health issues. To mitigate these risks and ensure evidence-based programming, participatory community engagement and coordination with protection sectors are necessary. Enhanced coordination between sectors is required to adapt health awareness materials to reach working and street children. Increased access to health information aims to reduce aid bias perception and conflict sensitivity.

Identification of sector needs and targets at the individual/household, community, and institutional/physical environment level.

Focusing on the 332 most vulnerable cadastres,[24] [25] the Health sector emphasises geographical areas with a high concentration of vulnerable populations. The sector encourages a balanced ratio of support for both displaced populations and host communities.[26] Due to the lack of updated quantitative data and representative assessments, the Health sector will adopt the People in Need (PiN) and targets from 2024 for planning in 2025 at the national level. To maintain flexibility in response to the fluid situation and potential population movements caused by hostilities, the sector will refrain from disaggregating targets by district. This approach ensures adaptability and the ability to redirect resources effectively as needs evolve across the country.

The Health sector employs distinct methodologies to calculate the population in need and subsequently establishes targets for each population group. The detailed methodology can be found in Annex 1: Health Severity Scale and PiN Overview for Lebanon 2024.

Displaced Syrians: Economic vulnerability is a key factor in determining the needs of displaced Syrian individuals and Palestine Refugees in Lebanon. Data from the 2023 Vulnerability Assessment of Syrian

[24] The 332 vulnerable localities host the highest number of displaced Syrians, Palestinian refugees, and vulnerable Lebanese.

[25] Inter-Agency (2022). The 332 Localities in Lebanon: https://data.unhcr.org/en/documents/download/96471

[26] Any support extension beyond the specified cadastres is determined in consultation with the Ministry of Public Health.

Refugees (VASyR)[27] reveals that 84 per cent of displaced Syrians, particularly those in female-headed households, live below the poverty line. This figure shows a decline compared to previous years. The Health sector aims to target 100 per cent of the displaced Syrian population in need, amounting to 1,260,000 individuals.

Vulnerable Lebanese, Palestine Refugees in Lebanon, and migrants: Guided by Global Health Cluster (GHC) standards, the Health sector calculates the number of Lebanese individuals, Palestine Refugees in Lebanon, along with migrants who are in need. As mentioned above, based on the multiple contextualised indicators, the 2023 Multi-Sectoral Needs Assessment (MSNA)[28] and routine health data from the MoPH, approximately 2,196,440 Lebanese individuals are considered in need, indicating an approximate four per cent increase from the previous year. The Health sector aims to reach 50 per cent of the Lebanese population with general health services and five per cent with hospital care. For Palestine Refugees in Lebanon, 136,051 individuals are considered in need, with 20,000 targeted under the LRP, while the remainder are eligible for support through UNRWA. As for Palestinian Refugees from Syria, all 23,026 individuals are considered in need and are targeted by the Health sector. For the migrants, the sector targets 90,097 individuals out of a total of 96,878 considered in need.

In formulating the LRP Health Sector Strategy for 2024, a commitment was made to maintain a needs-based approach, despite the challenges posed by reduced resources. This same approach will also be maintained in 2025. Acknowledging the inability to address all health needs in the country comprehensively, the strategy is tailored to prioritise lifesaving interventions for all population groups.

In particular, primary healthcare centres are being supported with a comprehensive care package, utilising geographical targeting to ensure equitable distribution. Additionally, support for hospital care is being extended across Lebanon, with particular attention directed towards the most vulnerable individuals who lack any form of active or effective insurance scheme. This strategy underscores a pragmatic response aimed at maximising impact within the constraints of available resources.

Furthermore, during the immediate humanitarian response phase and early recovery, the LRP Health Sector Strategy 2025 will be complemented by the Flash Appeal for January-March 2025. The Flash Appeal will focus on the immediate humanitarian response phase, strengthening the MoPH leadership and maintaining effective coordination through PHEOC. It will secure emergency medicine, medical supplies, trauma care, and continuous access to primary and hospital-level health services, including for vulnerable populations and those with non-communicable diseases. Additionally, it will address emergency repairs and refurbishments of damaged health facilities to restore health services in the affected communities, as well as ensure continuous monitoring of needs and assess the effectiveness of the response. Subsequently, the LRP 2025 will continue to complement the Flash Appeal by prioritising activities that rebuild the health infrastructure and strengthen the health service delivery.

[27] UNHCR, UNICEF, WFP (2023), VASyR 2023.

[28] MSNA, 2023.

Short input for FA:

Target: 500,000

Budget: $46,500,000

Sectoral impact:

- Displaced, returning IDPs and host communities face limited access to health services due to damage to health facilities and lack of healthcare workers.
- Displaced, returning IDPs and host communities require urgent healthcare and continuation of essential healthcare, including trauma and emergency care, Sexual and Reproductive Health Services, and hospitalization support.
- Vulnerable groups (children, women, elderly, people with disabilities, migrants, refugees) face barriers to emergency and essential health services.
- Emergency medications, medical supplies and blood products prepositioned in the hospitals are depleted and require urgent replenishments.
- Due to damages of water and sanitation infrastructures, and substandard living conditions in the damaged houses or collective shelters, increased risk of infectious disease outbreaks including waterborne and foodborne disease among vulnerable population.
- Mental health, sexual and reproductive health, and chronic disease management services are at risk of disruption.

Immediate needs:

- Emergency and essential medicine, medical and blood transfusion supplies, trauma and surgical kits, blood transfusion test kits, Interagency Reproductive Health Kits, cholera kits, Interagency emergency health kits, cholera kits to healthcare facilities.
- Access to vaccines and essential acute disease medicines, including sexual reproductive health drugs and commodities.
- Emergency repair of damaged health facilities.
- Continued access to information and services from community health workers, including midwives.
- Implement surge capacity plans through the activation of the dormant workforce, accelerated training, redeployment or task-shifting.

Priority activities*:*

- Procure and distribute emergency and essential medicine, medical and blood transfusion supplies, trauma and surgical kits, blood transfusion test kits, Interagency Reproductive and Emergency Health Kits, cholera kits to healthcare facilities.
- Procure and distribute essential acute disease medicines sexual reproductive health drugs and commodities (including contraceptives and medication used in clinical management of rape),

and also for the people living with non-communicable diseases, including catastrophic conditions and people living with disability.

- Emergency repair, refurbishment of damaged health facilities.
- Continue strong coordination mechanisms for health emergency response through PHEOC and health sector, ensuring an inclusive response for all vulnerable groups affected by the conflict including Lebanese and Non-Lebanese.
- Continue producing information products and services from community health workers, including midwives, through mobile units and other health outreach services to affected populations.
- Implement surge capacity plans through the activation of the dormant workforce, accelerated training, redeployment or task-shifting.
- Provide operational support including fuel for health facilities and establish robust M&E frameworks to continuously monitor needs and to assess the effectiveness of the response.

3. Mainstreaming of Gender and Gender-Based Violence (GBV), Protection, Conflict Sensitivity, Prevention of Sexual Exploitation and Abuse (PSEA), and Environment.

The Health sector's strategy for 2025 underscores its commitment to mainstream protection, gender, age, conflict sensitivity, and the environment while ensuring that risks related to 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 responsive to the needs of the most vulnerable.

Gender and GBV: Special attention will be given to address unequal access faced by women and girls, as well as the disproportionate exposure of these groups and other marginalised populations to GBV. This is a considerable concern that the sector should address taking into account diverse demographic groups, including boys, girls, men, women, and vulnerable populations such as children under five, pregnant and lactating women, adolescents, Persons with Disabilities, older persons, survivors of GBV, those living with HIV/AIDS, and those facing gender-based discrimination. The sector aims to ensure that each facility has a female gynaecologist and both male and female health workers who have a clear understanding of GBV guidelines. Adaptations in maternal health services for adolescent girls, including psychosocial support and a referral system, will be implemented. Efforts to reduce child marriage, enhance sexual and reproductive health information, and collaborate on areas such as the Clinical Management of Rape (CMR) and Sexual and Reproductive Health (SRH) should be maintained and strengthened, along with referrals across different sectors, including the Child Protection sector and safe access for survivors to CMR facilities. A focal point has been appointed to support gender mainstreaming efforts and GBV risk mitigation, with revised tipsheets and ongoing training, focusing specifically on supporting partners in recognising and addressing barriers that limit women and girls' access to essential healthcare services.

Protection: In 2025, the Health sector aims to update the 2019 protection risk analysis in close collaboration with, and with technical support from, the Protection sector, contextualising mitigation measures. Linkages with the Protection, Child Protection, and GBV sectors will be reinforced to provide

comprehensive care for rape survivors and address documentation barriers, including ID confiscation. Refresher training on Inter-Agency standards, establishing reporting systems, and adapting inclusive information materials is planned. Support for the National Action Plan on Birth Registration and the integration of key messages into awareness activities will be prioritised.

PSEA: In 2025, the Health sector commits to ensuring accessible complaint, feedback, and response mechanisms, including PSEA and child safeguarding, for health services. Enhancing collective accountability, promoting gender-sensitive, survivor-centred, and child-sensitive complaint mechanisms, and advancing Inter-Sectoral standards are priorities. The sector, in collaboration with the PSEA network, will provide continuous support to its partners in strengthening and maintaining these standards through capacity building and resource sharing, led by its appointed PSEA Focal Point. Diverse group participation in designing communication channels is emphasised, with engagement in the PSEA network and the promotion of training opportunities. Health workers will undergo specialised PSEA training, focusing on handling SEA disclosures and reporting allegations. Additionally, awareness-raising materials will be displayed at health centres to inform people of their rights and available reporting channels.

Accountability to Affected Population (AAP): In 2025, the Health sector commits to strengthen the inclusive complaint and feedback response mechanisms to ensure accountability to the affected population. The Health sector focal person, in close collaboration with the AAP working group, will conduct a situation analysis, map of existing channels for the Health sector, and harmonise an inclusive communication channels tailored to the needs of the population, including a variety of languages and child-friendly channels.

Conflict Sensitivity: Acknowledging negative trends in community relations, particularly the rising inter- and intra-communal tensions amid increased hostilities and displacement, the sector prioritises addressing community dividers such as aid bias perception and resource competition. Efforts will be made to balance support among all population cohorts, increase assistance to vulnerable Lebanese individuals, and align eligibility criteria, thereby promoting a conflict-sensitive approach. Participation in Conflict Sensitivity and Do No Harm trainings–including sector-specific training, tension monitoring, and conflict sensitivity guidance–will be coordinated with the Conflict Sensitivity Mainstreaming focal point.[29] [30]

Environment: Acknowledging the impact of environmental factors on disease incidence, the sector will address safe water, wastewater management, waste disposal, hygiene, and food safety. It will coordinate with the WASH and Social Stability sectors to manage the national waste crisis. The emphasis will be on disseminating safe practices, supporting medical waste management at primary healthcare, PSUs, and hospital levels, and strengthening disease surveillance. To mitigate sector-related negative environmental risks, the sector will prioritise collaboration with the Ministry of Environment's Environmental Task Force and adherence to environmental markers procedures.

Energy: In the 2025 LRP Health Sector Strategy, energy solutions will be integrated to improve healthcare delivery. Focusing on primary healthcare, initiatives such as solar panel installations will ensure reliable electricity access in remote areas. Hospitals will be equipped with solar panels to provide uninterrupted power, especially during emergencies. Coordination efforts aim to establish a dashboard for tracking

[29] 3RP (2023). Align planning with the 3RP guidance note on Conflict-Sensitive Programming (Guidance Note): https://www.3rpsyriacrisis.org/wp-content/uploads/2021/09/17-Conflict-Sensitivity-Guidance-Note.pdf

[30] UNDP. Getting Started with Conflict Sensitivity in Lebanon: https://drive.google.com/files/d/1ffnyvC7HowfIxjfzHP15jwu2Y1hHU12kI/view.

energy support, aiding partners in identifying provided assistance and addressing gaps to prevent duplication and ensure timely interventions.