

GAZA War Spillover to Lebanon

Based on available information as of 5:00pm on 26 October 2023

Lebanon situation overview

People wounded

178

As reported by MoPH-ESU on 26 October 2023

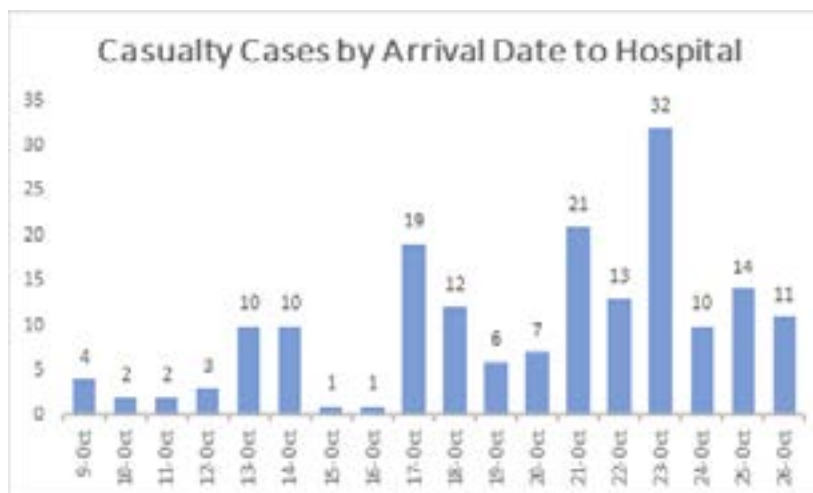
People killed

41

People displaced

28,965

IOM data as of 27 October 2023



- As of 26 October 2023, the Ministry of Public Health (MoPH) reported a total of 178 wounded people and 41 deaths within or outside the referral hospitals due to the ongoing border clashes. Out of those deaths, 38 were dead on arrival.
- Communities living along the border with Israel are being affected by the continuous clashes and internal displacement to safer areas has been on the rise.
- As violence escalates along the Lebanese-Israeli border, over 28,965 people have been internally displaced in Lebanon since early October, due to the cross-border bombing which targeted villages near the border. Many displaced people moved north to the coastal city of Tyre, which is 18km from the border and they are seeking shelter in repurposed schools while others stayed temporarily with relatives and friends.
- More than 20 demonstrations took place all over Lebanon in the past week, with some protesting in front of embassies (US, French, and German) to condemn the attacks on Gaza and in solidarity with the Palestinian people.
- In preparation and response to a potential full-blown war at the Lebanese-Israeli border, the Syndicate of Doctors launched a workshop designated for the development of doctor's skills and capabilities in the field of emergency medicine as part of an emergency contingency plan. Likewise, the Ministry of Communications developed a contingency plan in the event full-blown war in Lebanon involving Ogero, Alpha and Touch networks.
- Israel's Phosphorous bombing that targeted forests in "Al-Labouneh", south of Naqoura and around villages along the border devoured large areas of forests and vineyards, and until late yesterday threatened homes in Alma al-Shaab.

WHO preparedness and response support

Leadership and coordination

- WHO and health partners in Lebanon are working closely with the Public Health Emergency Operations Centre (PHEOC) at the Ministry of Public Health to strengthen preparedness and readiness within the health system to respond to a potential increase in casualties due to escalating violence in South Lebanon. WHO is currently fully supporting the PHEOC to facilitate improved coordination of emergency responses at both central and sub-national levels through support with critical staff incentives and surge capacities between the government, Disaster Risk Management (DRM) unit at the Prime Minister Officer, Lebanese Red Cross and other health-related donors and partners for collective health outcomes.

WHO preparedness and response support *continued*

A surge of four technical support officers will be deployed to the WHO country office from the Regional Office and Headquarters, including trauma care, logistics/procurement, health information, security, and health operations.

- WHO is providing PHEOC with technical support namely developing and updating SOPs, and establishing linkages with different stakeholders through several platforms including DHIS2 while e-PHEM deployment and installation is ongoing. E-PHEM will allow signals and alerts and allow for the compilation of data for decision-making.
- Under the umbrella of PHEOC, a hospital task force is currently completing the assessment of 38 private/public hospitals across the country, mainly in high-risk areas in the South and Nabatiyeh to serve as referral hospitals for mass casualty and trauma care. A team of eight senior nurses and health facility preparedness trainers were deployed to assess the readiness and preparedness levels of 38 public/private hospitals across the country, mainly in high-risk areas in the South and Nabatiyeh to serve as referral hospitals for mass casualty and trauma care.
- Inter Sector Coordination Group (ISCG) was established in consultation with MoPH and the health sector core team. The national health sector coordination team is at the last stage of finalizing the health Contingency Plan for the Humanitarian Country Team (HCT). A new UN Emergency Coordination structure is currently being established under the guidance of HCT and the Resident Coordinator Office (RCO).
- The health sector coordination team is actively participating in the strategic discussions at the National Disaster Risk Management coordination meetings and providing technical guidance.
- The Health Sector team is currently discussing with MoPH, DRM, and other stakeholders on ways to strengthen the sub-national coordination mechanism that can feed the PHEOC.

RCCE and infordemic

- As part of the ongoing emergency preparedness, WHO is currently working on the compilation of all visual material across all program areas especially targeting IDPs in affected regions. In an effort to harmonize the Risk Communication and Community Engagement components, WHO will work jointly with sister agencies to fulfill and update RCCE strategy.
- Joint efforts led by UN Information Center (UNIC) focus on collecting and debunking rumors, false information and misinformation.

Surveillance and Health Information Management

- The GIS database for different health facilities across the country is currently being updated in coordination with the MoPH.
- The Epidemiological Surveillance Unit at the Ministry of Public Health (ESU MoPH) is providing essential health information management support to the PHEOC, and facilitating the information flow from hospitals and national PHEOC.
- The Health Information System used for routine disease surveillance (DHIS2) has been leveraged to provide the necessary platform and interface for the monitoring of this emergency.
- Dashboards have been created for daily monitoring and tracking of information at different levels such as:
 - o Hospitals (conflict casualties, vacant beds, resources, and capacity)
 - o Emergency Medical Services (patient transfers, referrals, and needs)
 - o Supply management (trauma kits, essential drugs, chronic disease medication, EMS supplies) and all warehouses of health sector partners were mapped.
 - o Reporting of Mass Casualty Incidents
- Continuous support is being provided to optimize these dashboards and improve linkages between data entry (at the level of data sources) and data visualization for improved evidence-based decision-making.
- The call center at the ESU will also serve as a platform for information sharing during life-saving emergency coordination for dispatch and referral of critical patients to hospitals.
- Technical support was provided to ESU team to reprioritize diseases in the context of the anticipated crisis. The current sentinel network supported by 12 NGOs at the PHC level is reevaluated in line with the anticipated crisis.
- In light of ongoing population movement, displacement, and repurposing of essential staff, WHO will be supporting the ESU in documenting and addressing the emerging gaps (equipment, supplies, technical support, HR support).

Casualty management

- As part of the process to be designated as referral hospitals to receive mass casualties and provide trauma care, 38 public and private hospitals in high-risk areas are currently being assessed to identify their readiness and preparedness levels. The main findings highlighted a severe shortage in HR, weak infrastructure, and a shortage in medication and supplies.

WHO preparedness and response support *continued*

- Online refresher training was conducted for around 170 staff in the South on safe care for casualties with chemical (white phosphorus) exposure; recently completed massive training on Advanced Life Support and Inhalation therapy.
- Coordination with two main partners, ICRC and MSF, to rapidly conduct Mass Casualty Management training for the designated hospitals is ongoing. Frequent meetings took place to harmonize and standardize training materials.
- Discussions on hospital reimbursement schemes between UNHCR, UNRWA, WHO, and the MoPH are ongoing.
- Support to nursing staff for a critical number of ICU beds in 14 public hospitals is ongoing.

Continuity of essential health services

WHO support focuses on:

- Basic essential health services through PHC:
 - Procurement of essential acute and chronic medications including mental health medications is ongoing.
 - Providing technical support to partners to ensure the continuity of primary health care services and expanding the services to newly displaced population.
- Mental health and psychosocial support through
 - Integration of psychiatric emergency training in the training provided to the designed hospitals, with a focus on main neurological and mental health conditions such as seizures, acute psychotic episodes, and panic attacks.
 - Supporting partners to scale up the mental health and psychosocial support to displaced people and other affected population.

Pharmaceuticals and supplies support

- WHO has accelerated the delivery of vital medical supplies to Lebanon in order to be ready to respond to any potential health crisis.
 - One shipment of ten advanced trauma and surgical kits (serving 1,000 surgical procedures) arrived in Beirut from WHO's logistics hub in Dubai and was delivered to MoPH warehouses, to be prepositioned in designated public hospitals.
 - Another shipment of ten trauma kits will arrive in less than a week. The Lebanese Ministry of Public Health has already identified the referral hospitals that will receive these vital supplies.
 - Thirty sets of trauma kits (basic trauma kits for adults and children) are in the pipeline and expected to be delivered in the next couple of days to 30 public hospitals to strengthen the ER capacity of the above 30 hospitals.
- Weekly review of the essential medicine list was conducted across all MOPH warehouses. At present, the stock levels for chronic and acute primary healthcare subsidized medicines for the PHC centers are 70% and 50%, respectively.
- WHO continued to advocate the procurement and prepositioning of additional chronic and acute medications to ensure availability and access of these medications at PHCs serving the displaced population.
- The available supply of all medications on the local market is forecasted to last for approximately two months of consistent regular usage. The existing local supplies of injectable antibiotics and anesthesia are adequate to last for a duration of up to three months. The stock of cancer and other life-saving medications satisfies local demand for one to two months.
- Contingency plans for the shipping and delivery of imported medications are currently being developed by local pharmaceutical importers, and international organizations with the MoPH.
- Local pharmaceutical manufacturers who provide around 30% of market share of pharmaceuticals have accumulated stocks that are adequate to satisfy demand for a duration of four months, with the capacity to produce for an additional four months.

Priority areas

- Provide strategic leadership, coordination, and partnership support through the PHEOC at MoPH.
- Enhance the capacity of the health system to manage mass casualties and critical medical care.
- Ensure access to quality essential health services at primary health care centers among the most vulnerable displaced people and other affected populations.
- Sustain and strengthen surveillance, disease outbreak preparedness, and response capacity.
- Provision of emergency medicines and medical supplies.
- Surge capacity to PHEOC and hospitals.

WHO preparedness and response support *continued*

Resources

- The immediate WHO preparedness and response need is estimated at around USD 10 million for the next three months.
- Some of the existing funds will be repurposed to support the ongoing emergency preparedness and response activities.

Gaps

- Insufficient contingency stocks of medications.
- Human resource challenges in the referral hospitals.
- Subnational coordination needs to strengthen and linked to the national PHEOC.
- Readiness of the selected hospitals to accommodate potential higher case load of casualty.
- Inadequate resources to sustain the emergency preparedness and response capacities.

Concerns and risks

- Severe shortage in human resources at government institutions.
- Weak country infrastructure (electricity/energy, water, transport/roads, ITC/telecom).
- Social tension could worsen with potential civil unrest.
- Competing priority with Gaza resulting in limited available funds.



Daily PHEOC meeting at MoPH on Thursday, October 26th



The delivery of supplies from WHO Dubai Hub to MoPH Central Drug Warehouse

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