

GAZA War Spillover to Lebanon

Based on available information as of 5:00pm on 2 November 2023

Lebanon situation overview

People wounded

213

As reported by MoPH-ESU on 2 November 2023

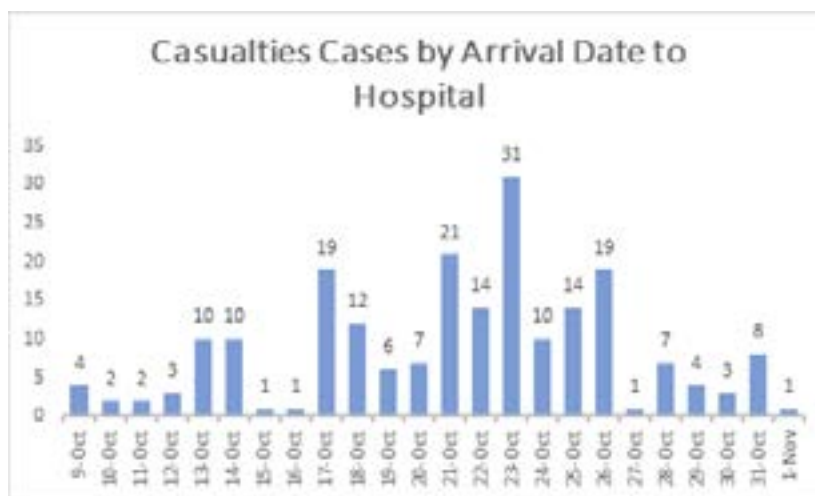
People killed

45

People displaced

25,708

IOM data as of 2 November 2023



- As of 2 November 2023, the Ministry of Public Health (MoPH) reported a total of 213 wounded people and 45 deaths within or outside the referral hospitals due to the ongoing armed clashes at the border. Out of those deaths, 41 were dead on arrival at the hospitals.
- WHO Regional Director for Eastern Mediterranean together with the Regional Emergency Director visited Lebanon and met with the Prime Minister, the Minister of Health, UN partners, and WHO staff to reinforce health system preparedness for a potential escalation of the conflict.
- Preparedness and readiness of the health sector have been scaled at national and subnational levels, and emergency medical supplies were prepositioned in the referral hospitals identified by the Ministry of Public Health (MoPH).
- Public Health Emergency Operation Center (PHEOC) is fully operational to coordinate emergency preparedness and response under the leadership of the MoPH.
- Scaled up the provision of essential primary healthcare services to displaced people while reinforcing the continuity of services among other vulnerable populations.
- Four Primary Health Care Centers (PHCCs) are closed in Marjayoun and Bint Jbeil due to insecurity and armed clashes.
- As violence escalates along the Lebanese-Israel border, over 25,708 people have been internally displaced in Lebanon since early October, due to the ongoing cross-border clashes which targeted villages near the border. Many displaced people moved North to the coastal city of Tyre, which is 18km from the border, seeking shelter in repurposed schools, while others stayed temporarily with relatives and friends.
- According to government officials, White phosphorous bombs were dropped by Israel on border villages such as Alma El Shaeb. This has resulted in the fires ravaging through large swaths of land with olive trees and other plantations.
- The South Lebanon Water Establishment announced that it has put into effect an emergency plan to mitigate the repercussions of attacks on border villages.
- According to informal reports, the sale of chronic disease medications on the local market has tripled in recent days as people rush to pharmacies and the risk of stock out is high.

WHO preparedness and response support

Leadership and coordination

- WHO Headquarters has recently deployed experts on Public Health Emergency Operation Centers (PHEOC), programme management and logistics officers to WHO Country Office (WCO) in Lebanon to support MoPH preparedness and response in light of the current unfolding emergency. This support involves developing the Concept of Operations and Standard Operating Procedures and establishing linkages with relevant stakeholders. The deployed expert is working closely with the PHEOC team at the MoPH to strengthen preparedness, readiness, and response capacities to emergencies in addition to providing technical guidance in relation to Incidence Management Structure during activation.
- Three additional surge technical support members from the Regional Office and HQ are expected starting next week to support the WCO in casualty/trauma management, security, and health information management.
- The hospital taskforce has completed the rapid hospital assessment of 41 hospitals, mainly in the South, Nabatiyeh, Baalbeck-Hermel, Beirut, and a few hospitals in Mount Lebanon, as part of hospital preparedness and readiness to provide trauma care and mass casualty management. This assessment allowed the collection of comprehensive data on hospital infrastructure, resources and staff readiness, and the identification of specific areas for improvement. In addition, self-assessment training was designed for the remaining hospitals where accessibility was a challenge.
- Prioritization of the assessed hospitals was based on several criteria, namely the availability of water and electricity supply, number of functional beds in different wards (ER, ICU, dialysis, etc), staff, services, blood bank, medications, supplies, equipment (fixed ventilators, dialysis machines, cardiac monitors) and availability of an updated mass casualty plan and evacuation plan. Summary assessment findings are being shared with the Minister of Public Health to facilitate the decision-making of referral hospitals.
- Technical discussions and coordination between MoPH, ICRC, MSF, LRC, Emergency Society, and the Lebanese Order of Nurses are ongoing to rapidly plan and conduct Mass Casualty Management training for the designated hospitals. The training material has been harmonized and a one-day training-of-trainers for 24 trainers (ER doctors and nurses) will take place on Monday 6 November and another on Friday 10 November.
- The monthly national health sector coordination meeting was conducted in the last week of October. One of the main agenda points was to ensure health sector partners are updated on the ongoing emergency situation, and contingency planning for emergency preparedness and response. The Public Health Emergency Operation Center (PHEOC) team briefed the participants on the initiatives and guidance from MoPH, followed by an interactive question and answer session.
- In consultation with national and subnational health sector coordination teams and other sectors, a Rapid Needs Assessment (RNA) at the collective sites is being developed by the Inter Sector Coordination Group (ISCG).
- The summary of the preparedness, challenges, and immediate actions required that were identified during the bilateral discussions between the Disaster Risk Management (DRM) team, MoPH, and the Health Sector was also presented in the national intersectoral forum coordinated by the DRM.

RCCE and infodemic

- WHO is supporting the MOPH in developing awareness and health education material on white phosphorus exposure for the community and standardized training material for physicians in English and Arabic.
- As part of the ongoing emergency preparedness, WHO is working on the compilation of all visual materials across all program areas, especially those targeting IDPs, in affected regions.
- In an effort to harmonize the Risk Communication and Community Engagement components, WHO will work jointly with other UN agencies to update the national RCCE strategy.
- Ongoing joint efforts led by the UN Information Center (UNIC) to focus on collecting and debunking rumors, false information, and misinformation.

Surveillance and Health Information Management

- Enhanced early warning surveillance for timely detection of potential disease outbreaks in areas hosting the displaced people and other conflict affected villages.
- 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 between hospitals and the PHEOC.
- Facilitated the identification and validation of a list of 8 to 12 priority diseases with potential outbreaks during emergencies. These will include vaccine-preventable diseases such as measles and poliovirus, but also food and waterborne diseases such as cholera and hepatitis.

Surveillance and Health Information Management *continued*

- Health GIS database for different health facilities (hospitals, laboratories, and radiology centers) across the country is currently being updated in coordination with the MoPH.
- Building on lessons learned from previous outbreaks and existing capacities on early detection, rapid response and mobile teams have been leveraged to enhance disease outbreak response.
- Regular gap analysis for the access of services and subsequent abilities for early detection of circulating pathogens among subpopulations will be assessed and addressed accordingly.
- Community-based surveillance and the local municipality's referral capacities from alert to detection, confirmatory testing, and investigation will be leveraged to contribute to these preparedness efforts.

Mass casualty management

- Training on Basic and Advanced Life Support has been re-initiated, and priority will be given to the referral hospitals.
- Initiated training of seven doctors and 13 nurses on mechanical ventilation and airway management.
- Support to nursing staff for a critical number of ICU beds in 14 public hospitals is ongoing.
- MoPH is finalizing a roster of specialized doctors to be deployed to the frontline referral hospitals.

Continuity of essential health services

- Ongoing support to sustain basic essential health services through PHCCs:
 - Ongoing discussions with MoPH and partners to ensure the continuity of primary health care services and expand the services to the newly displaced population.
 - Ongoing gap analysis for other critical noncommunicable disease services at PHCC.
- The MoPH is establishing a mechanism by which displaced people would have access to PHCs in an attempt to ensure vulnerable population groups that are temporarily displaced are able to receive the essential health care services.
- Enhancing mental health and psychosocial support through:
 - Integration of psychiatric emergency within the training provided to the designed hospitals, in close coordination with MoPH, the National Mental Health Programme, and partners.
 - Supporting partners to scale up the mental health and psychosocial support to displaced people and other affected population through Psychological First Aid training, dissemination of information, etc.

Pharmaceuticals and supplies support

- WHO has accelerated the delivery of vital medical supplies to Lebanon in line with the contingency plan to respond to any potential health crisis.
 - Four shipments of ten advanced trauma and surgical kits (serving 1,000 surgical procedures) arrived in Beirut from WHO's logistics hub in Dubai and were dispatched to the referral hospitals in the south. Another two shipments of ten trauma kits will arrive within the next week. The Lebanese Ministry of Public Health has already identified the referral hospitals that will receive these vital medical supplies.
 - Thirty sets of Basic Surgical kits (basic trauma kits for adults and children) reached Beirut and were stored in MoPH Central Drug Warehouse. It is expected to be distributed in the next few days to 30 public hospitals to strengthen the Emergency Room capacity.
- WHO continues to deliver additional chronic and acute medications to PHCs. A new large consignment of Insulin vials was delivered to the MoPH central drug warehouse to ensure access to Insulin to 10,000 diabetic patients for a period of six months.
- A 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 80% and 40%, respectively. Additional medication quantities are distributed to PHCC to serve the displaced population.
- It is estimated that three months of steady use of these medications will deplete the local market's supply of all drugs, as per data available on MEDITRACK system at the MoPH. At the present time, local supply of injectable antibiotics and anesthetics is enough to last three months. The supply of cancer and other life-saving medications is enough to fulfil local demand for one to two months.
- The pharmaceutical industry in the country has stockpile of medications enough to meet demand for four months, with the ability to produce additional supplies enough for four months. The local industry accounts for around 30 percent of the pharmaceutical market in the country.

WHO's Response Priorities

- 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, including mental health and psychosocial support.
- Sustain and strengthen surveillance, disease outbreak preparedness, and response capacity.
- Provision of emergency medicines and medical supplies.
- Surge capacity to PHEOC and hospitals.

Resources

- The immediate WHO preparedness and response need is estimated at around USD 10 million for the next three months based on a larger scale scenario.
- Some of the existing funds, with donors' agreement, will be repurposed to support the ongoing emergency preparedness and response activities.

Gaps

- Insufficient contingency stocks of medications (catastrophic, acute, and chronic).
- Human resource challenges in the referral hospitals.
- Subnational coordination needs to be strengthened and linked to the national PHEOC.
- Readiness of the selected hospitals to accommodate potential increased caseload of casualties.
- 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.



WHO EMRO Regional Director and Regional Emergency Director with WHO Lebanon team at the Central Drug Warehouse

For more information please contact

- Dr Abdinahir ABUBAKAR, A/WR, abubakara@who.int
- Dr Alissar Rady, Team Lead, radya@who.int
- Dr Md Shajib Hossain, Health Sector Coordinator, smd@who.int