

WHO response

Coordination

- WHO is coordinating the ongoing health emergency response activities with PHEOC, including patient referrals and transfer for specialized services such as dialysis and chemotherapy, hospital evacuations, and planning trauma care training for surgeons.
- Four hospital assessments completed (RHUH, Tebnin, Bahman, Haykal) in preparation for training on surgeries in conflict.
- Attacks on health care continue to have a severe impact on health care services. WHO continues to monitor and validate attacks through the <u>SSA tool</u>. As of Oct 4:
 - o 96 PHCCs and dispensaries have been forced to close;
 - o 77 health workers killed (28 on 3 October);
 - o 74 health workers injured
 - o Several health facilities including ambulance dispatch centers, had been directly targeted.
 - o One hospital in the South forced to evacuate its staff and patients.

o Many healthcare workers remain displaced, and others are not reporting for duty.



Health Facility/Trauma Management Capacity: continuation of essential healthcare services for displaced populations

- MoPH currently negotiating with international Emergency Medical Teams (EMTs) and other organizations to support mass trauma management through six designated hospitals.
- A focal person for EMTs, situated at MoPH/ PHEOC, is designated to coordinate deployment of EMTs to six public hospitals.
- Hospitals in the South, Bekaa and Beirut continue to provide mass trauma management despite increased number of injuries and other challenges.
- First round of audits for mass casualty management drills across **112** hospitals has been completed. The 2nd round of audits is ongoing for hospitals that scored below **60** or required significant rework for placement of the green zone.
- MoPH increased primary healthcare satellite units from 20 to **50** with the support of health partners, and there are plans to expand up to **80** mobile clinics.
- MoPH initiated a health assessment of shelters for internally displaced persons through the national PHC network.
- MoPH set up a call center to facilitate critical, high-cost services like lifesaving hospitalization, delivery, cancer, and dialysis treatments.

Epi/Surveillance

- No reported or confirmed disease outbreaks in the collective shelters or other parts of the country.
- Ongoing support to improve early warning surveillance at shelters and other high-risk areas.
- Ongoing support to the Epidemiological Surveillance Unit (ESU) at MoPH in finalizing the revision of the Standard Operating Procedure (SOP) for Community-Based Surveillance (CBS), emphasizing training for focal points in shelters, municipalities, and NGOs.
- Reinforcing the continuation of routine reporting at PHEOC on infectious diseases in shelters, including mumps, acute watery diarrhea, scabies, and others.
- Enhancing laboratory capacity and preparedness at Rafik Hariri University Hospital (RHUH) to test for vaccine-preventable diseases (VPD), acute respiratory infections (ARI), and AWD.

Emergency Medical Supplies

- 40 new TESK kits and other emergency medical supplies were delivered to MoPH warehouse to enhance trauma management capacity of referral hospitals. Each kit is sufficient to perform 100 surgical interventions for 50 trauma patients.
- Facilitated the procurement and transportation of 60 TESK kits for UNHCR
- Distributed and dispensed **3** types of essential insulin to more than **10,000** diabetic patients through MoPH PHC programme.
- Continue to monitor distribution of NCD and mental health medications to PHCCs serving host communities and displaced patients.



Blood supply support

- Assessment conducted to identify needs of Lebanese Red Cross blood bank
- Supporting to enhance the quality of storage, testing, and transfusion services at Rafik Hariri University Hospital (RHUH).



Health sector response

- **429** collective shelters are linked to the PHC network to ensure continuation of health services among the internally displaced population
- Enhanced coordination with health sector partners to expand the support to additional PSUs to service the collective shelters. The dynamic dashboard was created for Collective Shelters linked with PHCC hosted at the National Health Sector Working Group Portal (Collective Shelter PHCCs arcgis.com)
- Collective Shelters distribution tracking tool was developed and reporting ongoing on daily basis at the collective shelters level, efforts are ongoing to capture the response outside collective shelters.
- 96 PHCCs and dispensaries and 2 hospitals are now closed (non-operational), whereas 2 hospitals are partially operating due to insecurity and displacement of health care workers.

Challenges

- Closure of health facilities and shortage of health workers.
- Continued increase in numbers of displaced people with suboptimal shelter conditions.
- Limited mass casualty capacity at referral hospitals in some areas.
- Patient referral is facing challenges due to security issues.
- Difficulty retaining health workers at frontline hospitals, and exhaustion of the remaining ones
- Funding shortage for health sector partners.

Health response in stories

- Lebanon's health workers speak about professional struggles amid increasing conflict
- Preempting cholera outbreaks in Lebanon
- Lebanon's readiness for acute emergencies tested
- Field visit to Arsal municipality to assess the state of water and sanitation services
- <u>Baabda hospital unveils one of 7 new oxygen gen-</u> eration plants across Lebanon
- <u>Building back better: mental health training in Leb-</u> anon for emergency preparedness
- <u>An emergency drill to enhance the readiness of</u> <u>Sibline Governmental Hospital</u>
- <u>Raising Lebanon's ability to manage mass casualty</u> <u>events</u>

66

The health system's capacity in #Lebanon is deteriorating. WHO's medical supplies cannot be delivered due to the almost complete closure of Beirut's airport. WHO calls on urgent facilitation of flights to deliver health supplies to Lebanon. Lives depend on it!

Tedros Adhanom Ghebreyesus Director-General of the WHO



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