

# **LEBANON**



## **Health Emergency Response**

Situation update #4

\*\*MOPH hotline for the displaced 1787\*\*

## Weekly updates at a glance

- Ministry of Public Health confirmed a cholera case through lab testing on 16 October from the town of Sumouniya in Akkar.
- Rise in casualties and deaths continues to impact health care. Hospitals are struggling to cope with the influx of injured patients, while the overall system has been weakened.
- Six additional attacks on healthcare were recorded by WHO since 11 October.
- Massive internal displacement and overcrowded shelters with poor living conditions increasing the risk of infectious diseases, particularly water-borne and vaccine preventable diseases.
- PHEOC continues to coordinate and support emergency response activities, in particular mass casualty management.
- MoPH launched the first trauma center at the Rafik Hariri University Hospital (RHUH) supported by ICRC.
- Continuing to expand health services to reach Internally Displaced Person (IDP) shelters through Public Healthcare Centres Satellite Units (PSU) and Medical Mobile Units (MMU).

## People in need 2024



**LEBANESE** 

2.2M

**SYRIAN** refugee

**PALESTINIAN** refugee

**MIGRANTS** 

87K

# Facts & Figures as of 17 October 2024



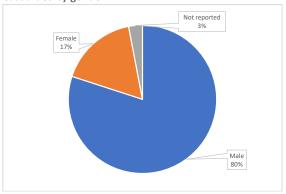


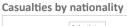


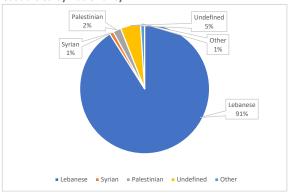


and dispensaries closed

#### Casualties by gender







Hospital functionality: Out of 20 hospitals in conflict areas (Baalbek, Baabda, Marjeoun, Bint Jbeil & Tyre district) 4 functional | 6 non-functional | 4 semi-functional | 4 infrastructural damage

# Attacks on health care (Surveillance System for Attacks on Health Care (SSA) as of 16 Oct 2023)















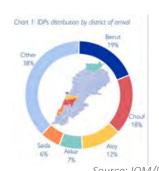


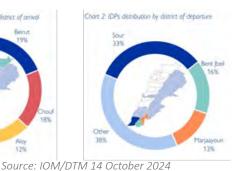












# **Continuity of health services for IDPs** (Updated as of 17 October 2024)

- 100 out of 207 health centers (PHCCs and dispensaries) closed in conflict-affected areas
- 233 PHCs serving IDPs
- 291 PHCs received medications to support IDPs
- 235 MMUs
- 58,192 IDPs received consultations in PHCs/MMUs
- 39,445 IDPs receiving chronic medications\*

## Cross over to Syria

**465 967** people estimated to have crossed from Lebanon to Syria as estimated by the Lebanese General Security as of 16 October 2024.

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# **IN RESPONSE**

# **Supplies**

- **35** metric tons of new emergency medical supplies arrived at Rafic Hariri International Airport on 17 October, and delivered to MOPH warehouse.
- These supplies include:
  - o **50** TESK Module 1 kits
  - o 30 Non-Communicable Disease (NCD) kits
  - o **150** Glucometer Kits
  - o An additional 50 major trauma backpacks
- **46** trauma and emergency surgical kits (TESK) distributed to 45 referral hospitals in Beirut, Bekaa, Chouf, Mount Lebanon, Nabatieh, Saida and the South to sustain the mass casualty management capacity.

# **Coordination** (health sector and PHEOC)

- Continuous staffing and technical support to maintain capacity at the PHEOC and ensure sustaining effective emergency response coordination.
- Health sector coordination team (WHO, UNICEF, UNHCR and UNFPA) designing a plan for proper coordination on emergency medical supplies donation and distribution together with MOPH.
- A series of "Do's and Don'ts" for PSEAH, GBV, and gender in emergencies" sessions conducted by PSEA, GBV, Gender focal person for Health Sector partners.
- Ongoing meetings with RO and HQ on implementation of HeRAMS in Lebanon.

# Case Management Capacity along the trauma pathway

- The first weekly EMT coordination meeting with EMT MOPH coordinator and PHEOC conducted.
- The first trauma center supported by ICRC launched on 16 October as part of MoPH plan to establish 6 trauma centers within existing hospitals with support of Emergency Medical Teams.
- Continuous monitoring of hospitals that are conducting mass casualty management.

## **Continuity of Essential Health Services**

- Health partners continue to provide health services to displaced people in order to ensure continuation of health services among IDPs.
  - o 235 Mobile Medical Units are currently providing services to the shelters.
  - o **945** collective shelters are linked with the PHC net work either through fixed sites or primary health care satellite units.
  - o Over **51 000** displaced people served by PSUs linked to PHC network.
- 291 PHC centers received medications to support IDPs and over 39 445 IDPs received chronic medications including mental health medications.
- The e-mental health application Step-by-Step witnessing an increase in users with 114 news users since the start of the emergency.
- MOPH hotlines and different syndicates received orientation on mental health services and referrals, reaching around 277 persons.
- Ongoing coordination with partners providing MHPSS to ensure alignment.



- The **first** confirmed cholera case announced by MOPH on 16 October. The case is from the town of Sumouniya in Akkar, north of Lebanon.
- Cholera response plan has been activated.
- Epidemiological Surveillance Unit (ESU) conducted field investigation to verify 7 signals of acute watery diarrhea and food poising.
- Supporting the call center at ESU to provide health and referral information to IDPs and other vulnerable people. The call center received over 6 283 calls in the past 4 weeks.
- Supporting ESU to conduct 4 municipality training sessions of 52 participants to enhance early detection of epidemic-prone diseases in shelters. So far, 9 training sessions for municipalities and 6 sessions for NGOs were conducted (52 participants from 35 NGOs were trained).
- Minister of Public Health chaired the first cholera task force meeting to agree on key response priorities, including WASH and OCV introduction.

# Flash appeal

• WHO Lebanon launched a Flash Appeal to provide compre-

hensive response to the current and unprecedented health crisis, seeking support in the amount of USD 50 million to scale up trauma care, ensure continuity of essential health services, and prevent disease outbreaks.

## For more information please contact

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# **Challenges**

- Increased attacks on healthcare (health workers, facilities, and ambulances) leading to closures of facilities and shortage of health workers.
- Difficulty retaining health workers in frontline hospitals, and exhaustion of the remaining ones.
- Patient referral restricted due to security issues and limited mass casualty capacity at referral hospitals in some areas.
- Unsafe food and water sources increasing the risk of food and water-borne disease outbreaks.
- Large increase in numbers of displaced people with suboptimal shelter conditions.
- Funding shortage for health sector partners.



