

Escalation of Hostilities: Public Health Risks and Challenges

March 2025 | Lebanon

Context and Rationale

Lebanon has experienced a period of intensified conflict since 08 October 2023 to November 2024 leading to significant humanitarian and infrastructural losses.¹ Hostilities escalated sharply on September 23, 2024, with large-scale attacks targeting southern and eastern Lebanon, while strikes were also registered in western districts, including Baabda and Beirut districts.^{2, 3} The conflict has resulted in the internal displacement of approximately 899,725 people, who have been forced to relocate to different areas across the country, straining an already fragile system.²

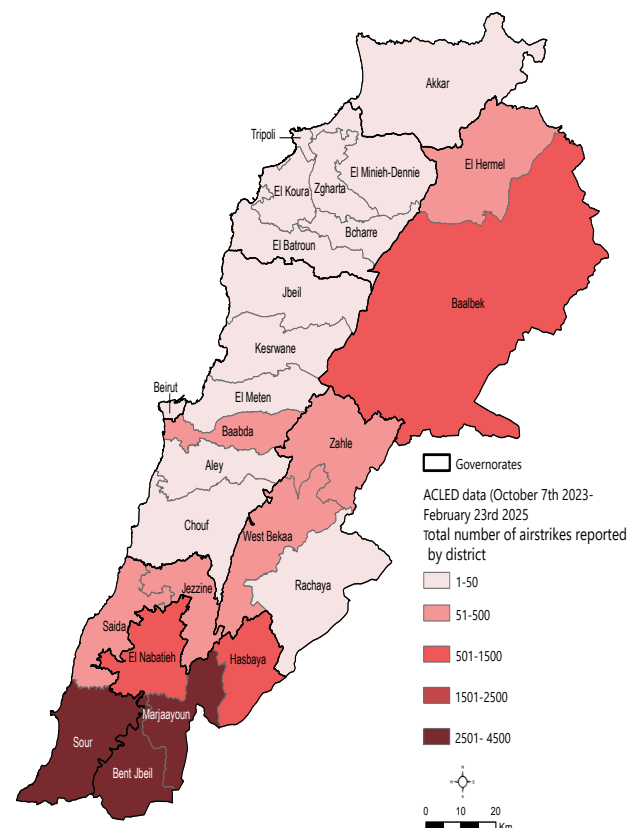
On November 27, 2024, a ceasefire agreement was implemented after nearly 14 months of hostilities. The agreement, brokered by international mediators, mandated a 60-day cessation of hostilities, during which both parties were required to withdraw from southern Lebanon. The Lebanese Armed Forces (LAF) were expected to deploy in vacated areas to maintain security and stability.³ However, despite the formal cessation of hostilities, sporadic incidents and violations of the truce were reported, highlighting the fragility of the ceasefire. Human Rights Watch documented these violations as clear breaches of the laws of war and potential war crimes, impacting civilians, journalists, medical personnel, and peacekeepers.⁴ Lebanese authorities have documented nearly 1,100 violations since the ceasefire, which have resulted in at least 84 fatalities and over 280 injuries among the populations residing in Lebanon.⁵ The international community monitored the situation, emphasizing the need for strict adherence to the ceasefire terms to prevent further escalation and ensure long-term stability in the region.⁶

Beyond the immediate security risks, the conflict in Lebanon has caused significant public health consequences, both directly by exacerbating disruptions to the healthcare system, and indirectly through its detrimental effects on the availability and delivery of essential services.⁷ This crisis has been further exacerbated by cuts in international funding, leading to a notable reduction in resources allocated for medical care, displacement responses, and essential aid programs.⁸ **In light of these challenges, this review aims to consolidate and interpret existing information to**

Key Messages

- Since 2019, **Lebanon has been grappling with a multifaceted crisis, including economic collapse, disease outbreaks, the Beirut blast, and political instability.** These compounded challenges have severely weakened the country's socio-economic conditions and public health systems, amplifying vulnerabilities and placing immense stress on the population.
- **The 2023 escalation in hostilities has caused significant loss of life, infrastructure damage, and injuries, severely restricting access to essential Healthcare.** Livelihood opportunities, particularly in the east and south, have been heavily impacted, worsening food security and acute malnutrition, thus increasing health risks.
- **The suspension of U.S. and European funding for foreign development assistance, combined with global funding shortages, has significantly undermined Lebanon's capacity to address its ongoing crisis.** Essential sectors such as health, shelter, food security, and livelihoods remain underfunded, hindering recovery and increasing the burden on vulnerable populations.

Conflict Affected Areas In Lebanon



Methodology Overview

This review utilized a secondary data approach, focusing on sources published between 2020 and 2025 especially those spanning October 2023 to February 2025, with the aim of gathering comprehensive information on the studied topic. A systematic search was conducted using a combination of key terms, including "Lebanon AND Conflict AND 2024 AND Public Health Implications," to ensure the inclusion of relevant and diverse resources. Additionally, the references cited in the identified documents were reviewed to identify further relevant sources.

To capture a broad spectrum of findings, multiple sources were incorporated, including academic

literature, gray literature, and news reports. Academic sources were primarily drawn from databases such as Scopus, Web of Science, and other specialized journals related to public health and conflict studies. Gray literature, encompassing reports from international organizations, NGOs, and governmental bodies, was also considered. Additionally, reputable news outlets were used to provide contextualization and capture recent developments related to the crisis.

The identified resources were screened for relevance, compiled, and analyzed within the context of Lebanon's socio-political and economic environment. Findings were synthesized to deliver a comprehensive, evidence-based understanding of the Conflict's public health implications.

Preexisting Challenges in Lebanon : Effects on Communities' Health and Well-Being

The Ongoing Economic Crisis Since 2019

The economic crisis in Lebanon, which began in 2019, has resulted in significant socio-economic instability, characterized by currency devaluation, soaring inflation, and widespread job losses. According to the Central Administration of Statistics (CAS), the inflation rate increased from 84.86% in 2019 to 177.25% in January 2024, as measured by the Consumer Price Index (CPI).⁹ This financial strain has led to a severe decline in purchasing power and increased poverty levels. Since early this year, over 200,000 Lebanese citizens have left the country, with more expected to follow in 2025. Under a baseline scenario that envisions the conflict extending until mid-2025, the Lebanese economy is projected to contract by around 10% that year.¹⁰ These economic pressures have directly impacted public health, with rising healthcare costs and a lack of insurance coverage making essential services increasingly unaffordable. The resulting shortages in medical supplies and medications have compounded the challenges faced by the healthcare system.¹¹ Furthermore, escalating security concerns, including violent actions, theft, and protests driven by unemployment and poverty, have further disrupted public health interventions, creating an environment where effective healthcare delivery is increasingly challenged.^{12 13}

Consecutive Outbreaks and an Overburdened Healthcare System

Among the many challenges Lebanon has faced since 2020, two major outbreaks have further strained its already fragile healthcare system. **The COVID-19 pandemic, which reached Lebanon in early 2020, further weakened the already fragile sector.** By January 2021, Lebanon had recorded 163,306 cases and 1,535 related deaths.¹⁴ By February 2021, continuous vaccinations

led to a decline in new cases and hospitalizations.¹⁵ As of 2024, Lebanon has reported 1,243,838 confirmed COVID-19 cases and 10,952 deaths.¹⁶ The pandemic disrupted essential healthcare services, diverting resources from routine care to emergency response.¹⁷ While the immediate crisis has passed, its long-term impact on the healthcare system persists.

While the COVID-19 crisis was still ongoing, Lebanon faced an additional public health threat in October 2022 when cholera re-emerged for the first time in nearly three decades. The outbreak, which originated in Syria in September 2022, led to a significant increase in cases, particularly concentrated in the northern regions, especially in Akkar and Baalbeck districts.¹⁸ By January 15, 2023, the Ministry of Public Health (MOPH) had recorded 6,129 suspected cases and 23 related deaths.¹⁹ The outbreak was driven by deteriorating water and sanitation conditions, and exacerbated by the ongoing economic collapse.¹⁹ Although cholera transmission was controlled following the launch of vaccination campaigns in November 2022,¹⁹ the outbreak highlighted Lebanon's vulnerability to infectious disease threats, exacerbated by the deterioration of public services and infrastructure.

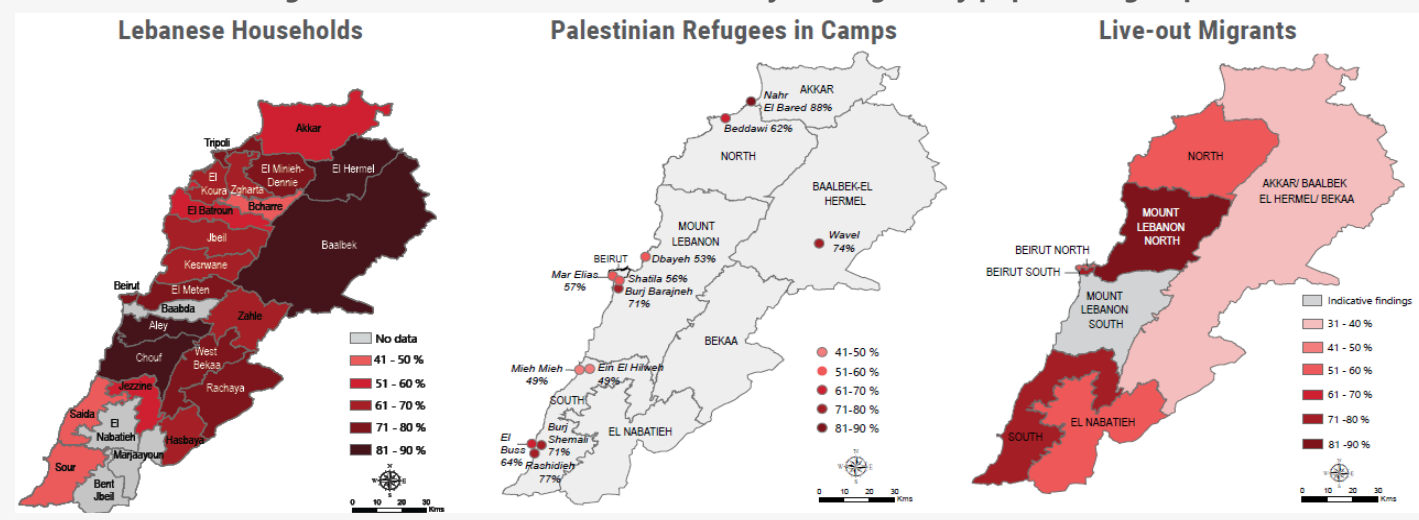
Beirut Blast and Its Public Health Impact

The Beirut port explosion, which occurred on August 4, 2020, was one of the most devastating incidents in recent Lebanese history. Approximately 2,750 tons of ammonium nitrate detonated at the port, resulting in widespread damages.²⁰ The explosion resulted in the direct loss of 200 lives, left around 7,000 individuals injured, and displaced more than 300,000 people, with at least 80,000 of them being children. In addition to the immediate loss of life, the Beirut blast caused widespread damage to critical health infrastructure.²¹ This has severely constrained the capacity to deliver care, disrupting essential medical services, including emergency care and the treatment of chronic conditions.²² **In addition to the immediate physical damage, the psychosocial toll on the population was profound.**

Severity of needs before the war, by population group

The maps below show the proportion of the population with elevated needs (see [here](#) for additional detail). Over half (59%) of households residing in Lebanon were identified as being in need, with 37% experiencing extreme needs. Baalbek district in eastern Lebanon saw the highest prevalence of need amongst Lebanese households, likely to have been exacerbated by the recent strikes targeting the district. Chouf and Aley districts similarly show high prevalence of needs while also having received some of the highest levels of IDP arrivals since 23 September 2024. High levels of need were also recorded in the south-western governorate of South for Palestinian refugees in camps and live-out migrant populations. These needs were primarily driven by challenges in the livelihoods and health sectors, with 44% of households reporting unmet livelihood needs, followed by 24% citing health needs. In Baalbek, 68% of households were found to be in need within the health sector. Data are derived from the Multi-Sectoral Needs Assessment (MSNA) implemented by REACH,²³ which was conducted from July to September 2023. Among Syrian refugees, 13% of households reported having a health issue in the past three months that required medical attention. Of those, 79% needed primary healthcare services while 21% required secondary care. The highest proportion of health needs was observed in Akkar (19.2%), followed by El Nabatieh and Mount Lebanon, each at 15%.²⁴

Percentage of households with an MSNI severity 3 or higher, by population group:



The Ripple Effects of 2023 - 2024 War on Population's Health

Immediate Effects on Public Health

Physical Trauma and Injuries

The escalation of hostilities that erupted in Lebanon in September 2024 has had catastrophic immediate effects on public health, leading to a significant loss of life, widespread injuries, and severe damage to healthcare infrastructure. **By the start of the ceasefire in November 2024, the MOPH reported that a total of 3,961 people had been killed, including 266 children, while over 16,520 individuals sustained injuries.**²⁵ Just in November 26, the day before the ceasefire came into effect, nearly 80 fatalities and over 265 injuries were reported. Despite the ceasefire, conflict-related attacks persisted, resulting in at least 84 civilian deaths and 280 injuries as of March 8, 2025.⁵ Many of these injuries were trauma-related, including fractures, head injuries, spinal cord damage, as well as severe burns and amputations resulting from explosive devices and airstrikes.²⁶

Moreover, following the ceasefire, as displaced populations began returning to their homes, unexploded ordnance (UXOs) emerged as a critical threat to civilian's

safety and public health. These hazardous remnants of war - including unexploded bombs, shells, and landmines - remain scattered across conflict-affected areas, particularly in the southern and eastern regions of Lebanon, posing ongoing risks to returning residents, humanitarian workers, and reconstruction efforts.²⁸

The conflict had a role in severely disrupting the delivery of essential medical services. Since October 2023, there have been 158 reported attacks on healthcare facilities, resulting in the loss of 241 healthcare workers and the injury of 292 others.²⁵ By November 2024, 47% of the total 65 attacks on healthcare facilities have been fatal, claiming the lives of both patients and medical workers.²⁶ These attacks have not only caused significant loss of life but have also instilled a climate of fear among medical professionals, many of whom have refrained from going to the workplace due to the threat of further violence. In response, some healthcare facilities have allowed medical staff's families to stay on-site to ensure that staff can continue to provide care without needing to travel home.²⁹ The destruction of healthcare infrastructure has also been devastating, with 133 primary health centers and 8 hospitals completely closed. Many other healthcare facilities have remained partially operational, unable to provide the critical care required by affected populations.² This severely limits access to care, especially for returnees to affected areas who will face significant barriers to accessing necessary medical treatment.

Additionally, the conflict has exacerbated difficulties in accessing medical supplies. Blocked roads and damaged infrastructure have caused severe disruptions to the supply chain, leaving healthcare providers without essential medications, anesthesia, surgical tools, and intensive care unit (ICU) beds.³⁰ Beyond these logistical challenges, financial hardship has further limited access to healthcare for those returning to conflict-affected areas. According to the Humanitarian Situation Monitoring (HSM) implemented by REACH in December 2024, many families, already struggling with reduced income, have found themselves unable to afford even basic medical services.³¹ As a result, affected populations are left with inadequate care, further deepening the public health crisis.

Mental Health in the Wake of Conflict

The intensity of the conflict has severely exacerbated mental health issues across Lebanon, placing an overwhelming psychological burden on an already struggling population. Exposure to violence and displacement has led to a surge in trauma-related conditions, with widespread reports of anxiety, sleep disturbances, and emotional distress.³² Children have been particularly affected. A UNICEF survey conducted in January 2025 revealed that around 72% of caregivers reported their children experiencing anxiety during the war, while 62% observed signs of depression or sadness.³³ Additionally, World Vision International estimates that over 88,400 children urgently require mental health support due to displacement and exposure to traumatic events.³⁴

Additionally, the conflict has taken a severe toll on the mental health of women and girls, with many experiencing heightened stress and anxiety as bombings and shelling trigger traumatic memories of past wars. A UN Women study found that 85% of surveyed women reported an increase in unpaid care work after displacement, including 52% of those displaced after September 23, 2024.³⁵

This escalating crisis has further strained Lebanon's fragile healthcare system. The WHO reports growing demand for trauma treatment and rehabilitation services, compounding preexisting crises.³⁵ Additionally, findings from the HSM implemented in December 2024 by REACH showed that mental health care was among the most reported healthcare needs in El Nabatieh governorate.³⁷

Indirect Effects of War: Impact on Health and Service Availability

Food Insecurity and Malnutrition

Despite the ceasefire, Lebanon continues to grapple with a severe food security condition, exacerbated by the lasting effects of the conflict. **As of early 2025, the percentage of the total population facing acute food insecurity (IPC P3+) has surged to 30% in early 2025 from 23% in mid-2024,** with malnutrition risks escalating, particularly among vulnerable groups such as children, pregnant women, and the elderly people.³⁸ The

situation is particularly dire in Baalbek, with populations experiencing emergency-level food insecurity.³⁹ This deterioration is driven by multiple factors, including damaged infrastructure, disrupted supply chains, rising food prices, and the loss of livelihoods, all of which have further weakened household purchasing power.⁴⁰

Malnutrition among children remains a critical concern, with 5% suffering from moderate to severe underweight, including 2% of Lebanese, 8% of Syrian refugees, and 4% of Palestinian refugees under five, according to the 2024 LIMA report.⁴¹ Key contributing factors include limited access to nutritious food, inadequate feeding practices, and insufficient healthcare services. Nearly half of young children face at least one micronutrient deficiency, such as zinc, vitamin A, iron, and vitamin D. Additionally, more than two-thirds of adolescent girls and non-pregnant women experience deficiencies in vitamin D, iron, zinc, folate, and vitamin B12. Developmental delays are also widespread, affecting 30% of Lebanese children, 40% of Syrian refugees, and over 80% of Palestinian children under two, with high prevalence persisting in older age groups.⁴¹

The economic downturn, enhanced by the conflict, has played a crucial role in worsening food insecurity, with inflation steadily increasing. In October 2024, Lebanon's Consumer Price Index (CPI) saw a renewed uptick of 2% after its first monthly decline in two years.⁴⁰ This inflationary pressure has directly impacted the cost of living, making essential food items even more inaccessible for many households. By January 2025, food prices had surged by 20.86% compared to the same month in the previous year.⁴² As a result, food insecurity has become one of the most urgent unmet needs for affected populations, particularly in the Bekaa and Baalbek governorates. This was further confirmed by the HSM conducted by REACH soon after the ceasefire, which highlighted the critical shortages of food in these regions.³¹

The increased inaccessibility and unavailability of food items was primarily driven by severe disruptions in the food supply. As of November 25, 2024, 80% of shops in El Nabatieh were non-operational, while critical shortages were impacting the South (83%), Southern Beirut suburbs (63%).² This crisis is further exacerbated by deepening financial hardship, with a recent Data Friendly Space analysis revealing that only 2% of surveyed households reported financial stability, highlighting widespread economic distress.³⁹ As food prices continue to rise and financial resources dwindle, accessing essential goods has become increasingly difficult. Consequently, many families were being forced to adopt negative coping mechanisms, further compromising their nutritional status and overall health.⁴³ **Food insecurity and malnutrition have led to a rise in health complications, especially among children under 5 years old and pregnant women, who are at heightened risk of stunted growth, anemia, and weakened immunity.** Prolonged undernutrition not only increases susceptibility to infectious diseases but also worsens chronic conditions, further straining Lebanon's already fragile healthcare system.⁴⁴

Water, Sanitation and Hygiene (WASH) Services

The conflict has had a profound impact on WASH services, limiting access to essential water and sanitation services in many areas. Around 45 water stations, along with sections of water and wastewater networks, have been damaged, disrupting the supply of safe drinking water.⁴⁵ This has affected 1.5 million people, including many displaced Syrians residing in informal settlement.⁴⁵ The estimated cost of repairing water infrastructure across affected areas was approximately USD 160 million.⁴⁶ Even in areas where water networks remained operational, electricity shortages, especially in the most affected regions, have prevented water from being pumped to households.⁴⁷ This was coupled with a severe overcrowding in collective shelters and host families during the conflict, which had increased the risk of communicable diseases. Overburdened sewage networks and poor waste disposal created unsanitary conditions, facilitating disease spread.⁴⁸ The Ministry of Public Health (MoPH) confirmed a cholera case in Akkar involving a patient from Samouniya, treated for severe acute watery diarrhea and dehydration since 14 October 2024.⁴⁹ While an isolated case, it highlights the poor sanitation in shelters and its impact on public health.

In addition to infrastructure damage, movement restrictions and security concerns further hindered access to water, especially during active hostilities.

In some regions reliant on natural springs, residents were unable to fetch water due to safety fears. Supply chain disruptions further worsened the case, with market closures restricting bottled water distribution. As a result, communities had to ration water or rely on unsafe sources, increasing health risks.³¹ **Additionally, the economic strain caused by the conflict, compounded by pre-existing financial hardships, has left many displaced people unable to afford basic hygiene products such as soap, shampoo, and other essentials.**⁵⁰ Women and girls have faced particular challenges in securing sanitary pads, further impacting their health and dignity.⁵⁰ According to an interview conducted in November 2024 with a displaced woman in a collective shelter in Beirut, she stated:

*"We are only allowed to shower once a week. We place the water in the sun in the school playground, so our children don't have to shower with cold water."*⁵⁰

The disruption of water services has left communities with no choice but to depend on unsafe or untreated water sources, significantly increasing the risk of waterborne diseases. Reports from South Lebanon highlight instances where contaminated water has led to health concerns, underscoring the urgent need for restored access to safe drinking water.⁴⁷

Agricultural and Non-Agricultural Livelihoods

The escalation of hostilities has significantly disrupted livelihoods across Lebanon, exacerbating economic instability and worsening socio-economic conditions.⁵¹

According to a World Bank report, the conflict has resulted in an estimated \$6.8 billion in physical damages and

\$7.2 billion in economic losses, with agriculture and food security making up 10% of the total losses.⁵² The crisis has also severely impacted economic growth, reducing Lebanon's real GDP by at least 6.6% in 2024.⁵³

Many households, particularly in conflict-affected areas, have lost their primary sources of income. The HSM assessment found that nearly half of the 24 cadasters in Baalbek-El Hermel, and 52 out of 61 cadasters in the South and Nabatieh governorates, faced significant challenges in accessing income-generating opportunities. As a result, many households have been struggling to restore their previous livelihoods or establish new sources of income.³⁷

Specifically, **the non-agricultural sector** including goods and services sectors, **was affected primarily due to market damage, disrupted supply chains, and the destruction of income-generating assets.** Even before the recent escalation, a FAO study (September 2024) found that 5% of assessed households reported damage to shops and business premises, 4% to transport-related equipment, and 3% to non-agricultural tools and machinery.⁵⁴ Additionally, according to REACH HSM assessment, insecurity has become a major obstacle to livelihoods, preventing access to workplaces such as farms, shops, and workshops. Workplace closures and damage to essential assets have further exacerbated the crisis.^{31 37}

The agricultural sector has been hit particularly hard, with extensive damage to farmland and essential infrastructure. The National Council for Scientific Research estimated that about 19,000 hectares of agricultural land were damaged as of October 8, 2024. Between September 23 and November 1, 2024, FAO reported that 336 agricultural sites were directly affected by aerial strikes and shelling, including 74 irrigated areas. Additionally, 221 strikes targeted grasslands used for livestock grazing in Baalbek and Bekaa, disrupting pastoral livelihoods.⁵⁵ As a result, widespread displacement has left many farming communities unable to harvest crops, leading to unharvested and abandoned lands. According to the World Bank, losses in the agriculture and food security sector are estimated at \$742 million, including \$34 million from destroyed irrigated crops, \$11 million from damaged irrigation systems, and \$16 million from livestock losses.⁵² The situation is further aggravated by disruptions in feed supplies and herd abandonment due to displacement, making long-term recovery increasingly difficult.

The collapse of both agricultural and non-agricultural livelihoods has severe repercussions for public health and food security. **The loss of income limits access to essential goods and services, including basic WASH and healthcare services directly worsening health outcomes.**⁵⁶ Economic hardships have increased the risk of malnutrition, while financial instability and displacement contribute to psychological distress, further straining an already overwhelmed healthcare system.⁵⁷ Addressing these challenges requires urgent interventions to restore livelihoods, stabilize food production, and support affected communities.

The Shrinking Humanitarian Funding Landscape and Its Consequences for Lebanon

In addition to the crises previously mentioned, another major challenge has emerged, most notably, the sharp decline in humanitarian funding. This reduction would further hinder Lebanon's recovery from multiple overlapping crises, particularly the recent 2024 hostilities. The global contraction in humanitarian aid stems from escalating global crises and major policy shifts, particularly in the United States.^{57 58}

Global Funding Constraints and Increased Competition

The surge in humanitarian emergencies has placed unprecedented pressure on donor countries, forcing them to distribute resources across multiple crises.⁵⁹ This intensified competition for aid has left many countries including Lebanon struggling to secure sufficient funding for its response and recovery efforts. In 2024, Lebanon sought \$3.14 billion in humanitarian funding, yet by the end of September, only 36% of this amount had been secured, leaving a substantial gap in critical aid provisions.⁶⁰

Impact of the 2025 U.S. and European Funding Suspension

In January 2025, the U.S. administration imposed a 90-day suspension on all foreign development assistance programs to reassess aid distribution. This policy shift led to the dismantling of the U.S. Agency for International Development (USAID) and the termination of numerous aid programs. Since then, all USAID-funded projects in Lebanon including those supporting education, agriculture, and infrastructure have been halted. With USAID providing over \$123 million in aid to Lebanon in 2023, its sudden withdrawal has severely underfunded critical sectors.⁶¹ Following the U.S. decision, several European countries, including the United Kingdom, Belgium, France, and Switzerland, also announced varying levels of funding cuts.⁶² This suspension threatens global health, worsens crises, and reverses years of development gains. In Lebanon, where conflict has already taken a heavy toll, the funding gap poses a significant challenge to recovery efforts and long-term resilience.⁶³

Current Funding Needs and Gaps

The 2025 humanitarian situation has estimated that around 3.7 million individuals in Lebanon are in need of health assistance, with 2.3 million targeted for support. The total estimated funding requirement for the health sector alone in 2025 is \$278 million, as per the latest population package, to effectively reach the targeted individuals.⁶⁴

Consequences of Funding Shortfalls

The drastic reduction in humanitarian aid has severe implications for Lebanon's recovery:

Disrupted Access to Essential Services, where insufficient funds hinder the restoration of basic infrastructure, including shelter, water, sanitation, and healthcare facilities, all of which are fundamental to maintaining public health and dignity of communities.⁵⁸ Funding for WaSH services in informal settlements has significantly declined, with UNICEF securing less than USD 4 million out of the USD 12 million needed to sustain essential sanitation services. This shortfall increases the risk of disease outbreaks in informal settlements, potentially threatening public health across the entire country.⁶⁵

Limited Livelihood and Economic Recovery Support, where development programs aimed at revitalizing agriculture, livelihoods, and non-agricultural employment remain underfunded. These programs are crucial for building resilience and ensuring long-term recovery for affected populations.⁵⁸

Prolonged Displacement, as without adequate funding for shelter rehabilitation, displaced families remain in temporary and often inadequate housing, exacerbating both physical and mental health issues.⁶⁶

A weakened Healthcare System, as the health sector's funding gap directly affects the availability of medical supplies, personnel, and services, reducing access to life-saving care and increasing the risk of disease outbreaks.⁶⁶

Conclusion

The multifaceted crisis that Lebanon is facing has compounded existing vulnerabilities and created new challenges for its population. The recent conflict has inflicted immediate and devastating consequences on public health, including significant casualties, widespread injuries, and the destruction of healthcare infrastructure. As displaced populations attempt to return home, they face uncertainty, inadequate medical care, and financial hardship, affecting both their physical health and mental well-being. At the same time, Lebanon's recovery efforts are severely undermined by a shrinking humanitarian funding landscape. With critical sectors affected, such as healthcare, shelter, and livelihood opportunities, the country's ability to respond to the crisis is diminishing.

The convergence of conflict-related destruction, public health deterioration, and funding shortages is likely to have lasting consequences for Lebanon's future. A weakened healthcare system will struggle to contain preventable diseases, increasing acute malnutrition, morbidity and mortality over time. The psychological toll of war risks creating a generation with increased risk of trauma, with far-reaching effects on socioeconomic and security conditions. Moreover, prolonged displacement and economic stagnation may drive further emigration,

depleting Lebanon's skilled workforce and weakening long-term resilience. Without urgent and sustained international support, Lebanon risks falling into a protracted humanitarian crisis, where recovery becomes increasingly difficult and the most vulnerable populations bear the greatest burden.

References

- 1- Save the Children International, [Lebanon Crisis | Situational Analysis](#) (05-11-24)
- 2- OCHA, Lebanon: Flash Update #47, Escalation of hostilities in Lebanon (25-11-24)
- 3- Middle East Eye, [Ceasefire agreement between Israel and Lebanon](#) (27-11-24)
- 4- Human Rights Watch, [Lebanon Events of 2024](#) (29-11-24)
- 5- Middle East Monitor, [Injuries reported following Israeli airstrike on southern Lebanon](#) (08-03-24)
- 6- Al Jazeera, [Here's how Israel is repeatedly violating the Lebanon ceasefire](#) (09-02-2025)
- 7- Women's Children's and Adolescents Health, [Lebanon: a conflict particularly destructive to health care](#) (22-11-24)
- 8- USAID, [The United States Announces Humanitarian Assistance to Support Populations Impacted by the Conflict in Lebanon](#) (04-10-24)
- 9- Macro Trends, [Lebanon Inflation Rate 2009-2025](#) (NA)
- 10 - Blominvest Bank, [IIF: Lebanon at an Inflection Point with War Loss at 10-15% of GDP](#) (21-10-24)
- 11- Health Economic Review, [The fragile healthcare system in Lebanon: sounding the alarm about its possible collapse](#) (04-04-23)
- 12- Human Rights Watch, [Lebanon Events of 2022](#) (04-08-22)
- 13- International Alert, [All trends pointing to a downward spiral, searching for hope in Lebanon's compounding crises](#) (01-06-21)
- 14- OCHA, [COVID-19 response-Lebanon bi-monthly situation report](#) (15-01-20)
- 15- National Library of Medicine, [Response to COVID-19 in Lebanon: update, challenges and lessons learned](#) (16-01-23)
- 16- Worldmeter, [Lebanon: Coronavirus Cases](#) (13-04-24)
- 17- National Library of Medicine, [Healthcare delivery in Lebanon: a critical scoping review of strengths, weaknesses, opportunities, and threats](#) (27-07-24)
- 18- World Health Organisation, [Resurgence of cholera in Lebanon](#) (NA)
- 19- International Organization of Migration, [IOM Lebanon's Winterization and Cholera Response](#) (NA)
- 20- National Library of Medicine, [Beirut Blast 2020: Cries and Bloodshed at the Busiest Hospital](#) (22-12-21)
- 21- Direct Relief, [The Beirut Blast Left Lebanon's Health System Badly Shaken](#) (14-10-20)
- 22- Cambridge University, [Beirut Blast: The Experiences of Acute Care Hospitals](#) (15-02-23)
23. The Multisectoral Needs Assessment (MSNA) is an annual household-level survey implemented by REACH since 2022. The assessment targets various population groups, including Lebanese, Palestinian refugees, and migrant populations. Its aim is to assess needs and vulnerabilities across different demographic groups and identify geographical disparities in needs.
- 24- The data is sourced from the VASYR 2024 dataset.
- 26- OCHA, [Lebanon: Flash Update #48 - Escalation of hostilities in Lebanon](#) (28-11-24)
- 27- World Health Organization & Health Cluster, [Escalation of Hostilities in Lebanon, Public Health Situation Analysis \(PHSA\)](#) (10-12-24)
- 28- The New Arab, [Unexploded ordnance: After Israel war, Lebanese returning home face new threat with warnings to 'not touch bombs'](#) (07-10-24)
- 29- Arab Center Washington DC, [Lebanon's Health System: Decades of Struggle and a Year of Israeli Attacks](#) (02-01-25)
- 30- UNDP, [Escalating Hostilities in Lebanon: Rapid Appraisal](#) (01-10-24)
- 31- REACH, [Lebanon: Humanitarian Situation Monitoring \(HSM\) Bekaa and Baalbeck El Hermel Governorates](#) (01-01-25)
- 32- The NewArab, [Two-thirds of Lebanese exhibit at least one mental health disorder due to Israel's war](#) (07-11-24)
- 33- National News Agency, [Decline in children's mental health, nutrition and education after the war in Lebanon: UNICEF](#) (28-02-25)
- 34- World Vision, [Escalating hostilities in Lebanon having dire impact on children's mental health](#) (25-10-24)
- 35- UNwomen, [Gender Alert: When Crises Strike, Gender Inequalities are often Exacerbated: The Urgent Needs of Crisis Affected Women and Girls in Lebanon](#) (27-08-24)
- 36- World Health Organization, [Lebanon: soaring needs for trauma treatment and rehabilitation](#) (20-12-24)
- 37- REACH, [Lebanon: Humanitarian Situation Monitoring \(HSM\) South and El Nabatieh Governorates](#) (30-01-25)
- 38- World Food Programme, [Food insecurity deepens in Lebanon following conflict, new report shows](#) (22-01-25)
- 39- DFS & H2H, [Lebanon Crisis | Situational Analysis | January 2025](#) (12-02-25)
- 40- Food and Agriculture Organization of the United Nations, [Food Insecurity Deepens in Lebanon Following Conflict](#) (22-01-25)
- 41 - UNICEF, [Lebanon Integrated Micronutrient, Anthropometry and child development survey](#) (2024)
- 42- Trading Economics, [Lebanon Food Inflation](#) (01-01-25)

References

- 43- MDPI, [Food Insecurity and Coping Mechanisms: Impact on Maternal Mental Health and Child Malnutrition](#) (17-01-25)
- 44- World Health Organization, [Malnutrition](#) (NA)
- 45- Lebanon Response Plan, [Lebanon Response Plan: WaSH Sector Dashboard - End-year 2024](#) (31-12-24)
- 46- Mercy Corps, [Flash Report | Lebanon at War: Cessation of Hostilities](#), December 2024 (23-12-24)
- 47- France 24, [In Lebanon's Tyre returning residents find no water, little power](#) (28-11-24)
- 48- ANERA, [Lebanon Situation Report | December 2024](#) (13-12-24)
- 49- UNICEF Lebanon, [Humanitarian Situation Report No. 3, 23 September 2024](#) (15-10-24)
- 50- The NewArab, [Displaced Lebanese women and girls struggle with menstrual hygiene as Israel's war rages on](#) (02-11-24)
- 51- OCHA, Lebanon: [Flash Update #454, Escalation of hostilities in Lebanon](#) (09-01-25)
- 52- World Bank Group, [Lebanon Rapid Damage and Needs Assessment](#) (01-03-25)
- 53- World Bank Group, [New World Bank Report Assesses Impact of Conflict on Lebanon's Economy and Key Sectors](#) (14-10-24)
- 54- FAO, [Impact of the escalation of hostilities on agricultural livelihoods and food security in southern Lebanon](#) (01-09-24)
- 55- FAO, [The impact of the ongoing conflict in Lebanon: Impact assessment on agriculture and livelihoods](#) (03-12-24)
- 56- FAO, [The impact of disasters and crises on agriculture and food security](#) (2018)
- 57- National Laboratory of Medicine, [The Relationship Between Financial Worries and Psychological Distress Among U.S. Adults](#) (01-02-22)
- 57- Norwegian Refugee Council, [Alarming drop in global funding to people in war and crisis](#) (02-07-24)
- 58- ICVA, [The Impacts of the US Funding Suspension](#) (18-02-25)
- 59- DEFIS, [Falling short ? Humanitarian funding and reform](#) (29-10-24)
- 60- Humanitarian Action, [Global Humanitarian Overview 2025](#) (04-12-24)
- 61- Now Lebanon, [Serious damage to thousands of individuals in Lebanon amid suspension of USAID funds](#) (19-02-25)
- 62- Euro News, [Utterly devastating': Global health groups left reeling as European countries slash foreign aid](#) (07-03-25)
- 63- Harvard Humanitarian Initiative, [HHI Humanitarian Update: Impacts of U.S. Foreign Aid Cuts on Global Crises](#) (11-02-24)
- 64- Health Sector, [Lebanon Health Sector Working Group Portal](#)
- 65 - UNICEF, [UNICEF is still delivering water and sanitation services in informal settlements in Lebanon](#) (01-06-24)

- 66- UNHCR, [Impact of funding cuts on operations in the MENA Region](#) (09-05-24)

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).