Chronicles of Displacement

POLICY BRIEF

Healthcare in Crisis: Ensuring Access to Healthcare for IDPs with Chronic Diseases

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Executive Summary

The 2024 war and the displacement of over one million individuals have severely disrupted Lebanon's healthcare system, particularly in managing chronic non-communicable diseases (NCDs)− the leading causes of morbidity and mortality in Lebanon (Haidari, et al., 2024).

Conditions such as cardiovascular diseases, diabetes, and cancer require sustained treatment and monitoring (Schmidt, 2016). However, the crisis has exacerbated existing vulnerabilities and challenges.

In fact, before the onset of the 2024 war, about more than half of the population were lacking access to adequate social and health protection mechanisms (Yassoub, Alameddine, & Saleh, 2017) and many were facing financial barriers to accessing essential treatments.

Empirical evidence, supported by surveys, informal interviews and data provided by NGO's, identifies four primary barriers disproportionately affecting displaced:

- Severe Medication Shortages, driven by supply chain disruptions, making chronic treatments increasingly inaccessible.
- Limited Healthcare Access, as logistical and financial barriers, prevent displaced individuals from reaching medical facilities, especially in conflict-affected areas.
- Lack of social and health protection, the population disproportionately affected by war also being the one missing social and health protection.
- Systemic Fragmentation, which hinders the integration of displaced populations into national healthcare frameworks.
- Heightened Vulnerabilities, as displacement-related stress, poor nutrition, and unstable living conditions increase chronic disease risks.

This policy brief proposes six key interventions:

1. Strengthening Primary Healthcare—expanding PHC services to provide decentralized, community-based chronic disease care.
2. Direct Financial Assistance for IDPs
3. Sustainable Financing—securing long-term funding through pooled resources, international aid, and health insurance subsidies.
4. Crisis Preparedness—enhancing emergency readiness via mobile health units and crisis-trained medical staff.
5. Digital Health Expansion—leveraging telemedicine and e-health systems to bridge access gaps for displaced individuals.
6. Joint Planning & Coordination—streamlining efforts between the MoPH, humanitarian organizations, and private providers to optimize resource distribution.
7. Data-Driven Decision-Making—deploying digital chronic disease management models to improve policy responses and resource allocation.

Introduction

Healthcare system disruption is a common consequence of war, resulting from ignoring the declarations, resolutions, and statements of international humanitarian laws (Gebrehiwet, et al.).

The growing number of attacks on medical facilities, which constitute a direction violation of UN Security Council Resolution 2286, have caused further strain on Lebanon's already over-burdened system (WHO, 2024). Health facilities, already under-resourced due to the financial crisis, have faced direct attacks, with health workers and patients being killed, and medical infrastructure suffering significant damage. According to the World Health Organization (WHO), more health workers and patients have been killed proportionally in Lebanon than in Ukraine and Gaza (WHO, 2024).

Non-communicable diseases (NCDs), defined as medical conditions that persist for three months or longer (Bernell & Howard), are the leading causes of morbidity and mortality in Lebanon (El Haidari et al., 2024). These conditions require long-term management and access to continuous treatment, both of which have been severely disrupted by war, displacement, and economic hardships. As of 2024, approximately 76,333 displaced individuals are receiving chronic medications (WHO, 2024), but systemic issues—such as medication shortages, access barriers, and fragmented healthcare delivery—remain significant obstacles.

Delays in care and treatment may result in poorly managed health issues, possible consequences and much comorbidity (Gebrehiwet, et al.), which underscores the critical need to address healthcare access for displaced populations.

The Context: Lebanon's Healthcare System and the National Health Strategy "Vision 2030"

Lebanon's healthcare system has long been regarded as one of the most respected in the region (Bou Sanayeh et *al.,* 2023). However, it has been facing a complex and multifaceted crisis since 2019 (Bou Sanayeh et *al.*, 2023). The decrease in the quality of medical care was generated by a series of compounding events, including political instability, economic collapse, the Beirut port explosion, and the COVID-19 pandemic.

The healthcare system has historically been decentralized and heavily reliant on the private sector (Aoun & Tajvar, 2024). The MoPH has made strides in recent decades to build a stronger public healthcare system, especially through the establishment of the National Primary Healthcare (PHC) Network in 1996 (Hemadeh, Kdouh, Hammoud, Jaber, & Khalek, 2020). As of 2024, the network includes 311 PHC centers (MoPH, 2024), which serve as the backbone of Lebanon's healthcare system, providing essential services, including maternal and child health, vaccination programs, and chronic disease management (MoPH, n.d.).

In 2023, the MoPH launched its national health strategy named "Vision 2030", where it set the framework for a sustained and modernized recovery of the health sector, through five main strategic investments (MoPH, 2023). One of its main objectives is to achieve Universal Health Coverage (UHC), which would minimize financial burdens on households, particularly the

poor. To meet this goal, the strategy calls for strengthening the primary healthcare network (PHC), improving service delivery, and expanding coverage for chronic diseases (MoPH, 2023).

One year in the implementation of the vision 2030 plan, the conflict escalation extended to diverse areas in Lebanon, creating an internal displacement crisis worth of 1 million of IDPs (Johnson, 2024), which has severely impacted the healthcare system. 127 health centers out of 207 located in the war zones have closed (WHO, 2024), and the already fragile infrastructure has been further stressed.

The Impact of Displacement on Chronic Disease Management

For people living with non-communicable diseases (NCDs), displacement has only intensified their situation. NCDs, such as cardiovascular diseases and cancer, were already the leading causes of illness and death in Lebanon, accounting for 91% of pre-conflict fatalities (Saleh, et al., 2022). However, the rapid pace of displacement has made it increasingly difficult for households to secure even basic necessities, including essential medications (WHO, Health Cluster, 2024).

According to the WHO's 2024 situation report on Lebanon, 76,333 displaced individuals were receiving chronic medications (WHO, 2024), but access to healthcare remains inconsistent due to several key challenges:

1. **Medication Shortages** (WHO, Health Cluster, 2024)**:** Displaced populations frequently struggle to access essential medications because of stock shortages, high costs, and disruptions in supply chains.
2. **Access to Healthcare Services** (WHO, Health Cluster, 2024): Physical and logistical barriers hinder displaced individuals from reaching healthcare centers, particularly those living in remote or conflict-affected areas where health services are limited.
3. **Fragmented Healthcare Delivery** (WHO, Health Cluster, 2024): The integration of displaced persons into Lebanon's health system has been difficult. Many of them are not registered in Lebanon's national health insurance systems, which impedes their ability to access services.
4. **Increased Vulnerabilities**: The war and displacement have increased risk factors for chronic diseases, such as stress, poor nutrition, lack of physical activity, and environmental pollution and the increase in risk factors resulting from increased exposure to insecurity and displacement leading to changes in habits such as reduced movement, increased substance use, disrupted sleep patterns, and others, paired with disruptions to national NCD prevention efforts (Aebischer Perone, et al., 2017).

Additional data from the WHO's 2024 report highlights that 303 centers received medications to support internally displaced persons (IDPs), while 239 primary healthcare centers (PHCs) were serving them, and 197,718 IDPs received consultations in PHCs or mobile medical units (MMUs) (WHO, 2024).

The psychological distress exacerbated by the crisis has further contributed to the worsening of chronic conditions (REACH, 2024). The disruption of established healthcare networks, coupled with limited access to care and medications, has left many individuals in a prolonged state of health vulnerability (REACH, 2024).

The populations most affected by displacement in Lebanon were also those who lacked adequate social protection. A study conducted by the Center for Social Sciences Research and Action (CeSSRA), which surveyed 1,327 Lebanese respondents, highlighted significant disparities in healthcare coverage across the country's governorates (Hariri, 2023). The Baalbek-Hermel (58.6%), South Lebanon (57.5%), and Nabatieh (65.7%) regions had the highest percentages of individuals without coverage (Hariri, 2023). These regions also experienced the highest rates of displacement (OCHA, 2024), as they were the primary targets of the Israeli attacks (Euro-Mediterranean Human Rights Monitor, 2024). The study further revealed that 40.4% of those surveyed were covered by a public health plan through either the National Social Security Fund (NSSF), the Civil Cooperative Society (CCS), or one of the armed forces funds (Hariri, 2023). However, the effectiveness of these public health plans has been severely undermined by Lebanon's ongoing economic crisis and currency devaluation, rendering the coverage largely inadequate.

Therefore, the risk of disruption of continuity of care mostly concerns under-privileged populations, including poorer, less well-educated, and refugee households, especially those not covered by private health insurance. (REACH, 2024)

Key Findings: Barriers to Accessing Chronic Treatments

An online survey conducted for this policy brief between December 2024 and January 2025, gathering insights from around 100 participants, identified several key barriers to accessing chronic treatments:

- Medication Shortages (53%): A significant percentage of respondents reported difficulties in obtaining their medications, with shortages being a primary cause.
- High Medication Costs (40%): Many displaced individuals cannot afford chronic medications, especially as prices continue to rise due to inflation and the collapse of the Lebanese pound.
- Inaccessibility of Healthcare Services (40%): Geographic barriers and the lack of transportation options prevent many displaced individuals from accessing healthcare centers.
- Disruption of Healthcare Networks (26%): Many displaced individuals have lost access to their primary healthcare providers, further complicating the management of chronic conditions.

Informal interviews conducted with five pharmacists from different parts of the Dahye region, who were directly affected by the war, revealed that drug shortages were frequent, typically lasting around 10 days. These shortages are particularly concerning for individuals who require continuous treatment for chronic conditions. One pharmacist noted that had the conflict continued, the shortages would have likely worsened, further limiting access to essential medications.

Policy Recommendations for Sustainable Chronic Disease Management in Lebanon

On the short-term

1. Medical Readiness and Emergency Preparedness

The challenge of providing services for chronic illness in the context of displacement is a daunting one, given that a key element of effective care for NCDs is *continuity* (WHO, 2018).

With 83 fatalities and at least 228 injuries reported by the Ministry of Public Health (MoPH) since the November 27, 2024, ceasefire (MSF, 2025), Lebanon faces ongoing threats to civilian health and infrastructure. Addressing these challenges requires strengthening healthcare resilience and preparedness for emergencies.

To achieve this, the MoPH could foster partnership with private hospitals and NGOs to:

- Strengthen crisis response capacity by institutionalizing Medical Readiness Training (MRT) for healthcare providers. This training should cover emergency response, chronic disease management in unstable settings, and mobile healthcare deployment.
- Include NCD care into standard operating procedures and guidelines for emergency response (WHO, 2018).
- Expand Mobile Health Units (MHUs) in displacement-affected and conflict-prone regions to improve healthcare access for vulnerable populations, including those with mobility constraints.
- Prioritize rebuilding healthcare facilities such as intensive care units, dialysis units and supporting safe access to essential health services despite ongoing threats.
- Maintain emergency equipment, supplies and essential medications.

2. Direct Financial Assistance for IDPs

In the short term, direct financial support to IDPs who cannot afford essential medications is crucial to addressing immediate healthcare needs. Relying solely on the Ministry of Public Health's medication subsidies may be insufficient, especially given resource constraints and inefficiencies (El-Jardali, Masri, & Sleem, 2023).

How to Achieve This:

- Implementing a Tiered Coverage System: Financial assistance should be provided based on patients' needs and the criticality of the prescribed medications. This ensures that limited resources are targeted effectively to those who need them the most (El-Jardali, Masri, & Sleem, 2023).
- Introducing a National Pharmaceutical Card: This card system would streamline access to essential medications for all Lebanese citizens, replacing fragmented subsidy mechanisms and improving efficiency in service delivery.

3. Address non-medical parameters for IDPs

The destruction of over 90,000 structures, including homes, businesses, agricultural facilities, schools, and water infrastructure, as reported by UNDP, has severely impacted the daily lives of IDPs. This devastation not only disrupts their basic needs but also exacerbates physical and mental health challenges and contributes to the worsening of chronic diseases. The stress, trauma, and uncertainty of displacement can significantly affect individuals' mental well-being, which in turn can intensify existing chronic conditions (Soueidan, 2024). Ensuring a holistic approach to their well-being requires addressing these non-medical factors, which are critical to their survival, recovery, and overall health resilience.

To achieve this, it's the government's role to:

- Rebuild essential infrastructure such as housing, schools, and water systems to restore stability and essential services for IDPs.
- Support economic recovery initiatives by rehabilitating agricultural and commercial facilities to provide livelihood opportunities for displaced populations.
- Ensure safe access to clean water and sanitation services in displacement-affected areas to prevent disease outbreaks.
- Provide educational support and facilities to minimize the long-term impact of displacement on children's education

On the medium-term

4. Strengthening Primary Healthcare and Advancing Universal Health Coverage (UHC)

Lebanon's healthcare system is heavily focused on tertiary care, often at the expense of preventive and primary healthcare (PHC) services. With the Ministry of Public Health (MoPH) allocating only 9% of its budget to PHC (The World Bank, 2023), and public spending on health representing only 5.8% of the total government spending (Kdouh, Hemadeh, Hammoud, Jaber, & Khalek, 2020) caused substantial delays in transfers to health providers, resulting in hospital ward closures and staff reductions. Strengthening PHC is essential for achieving Universal Health Coverage (UHC) and reducing the burden on tertiary care facilities.

To achieve this, the MoPH in partnership with international organizations and NGOs could:

- Redirect resources toward PHC strengthening, including investments in outpatient services and preventive healthcare programs.
- Expand community health programs to enhance early disease detection and promote healthier lifestyles.
- Integrate chronic disease management into PHC centers to reduce hospital admissions and provide accessible care for patients with long-term conditions (WHO, 2018).
- Ensure timely and adequate government transfers to health providers to prevent service disruptions and maintain fair patient fees.
- Support hospital financial stability through innovative financing mechanisms and operational adjustments.

5. Sustainable Financing for Chronic Disease Management

Investment is essential to sustain chronic disease care, particularly in protracted crisis settings. To ensure financial sustainability, international donors, multilateral organizations (such as WHO and UNHCR), and the Lebanese government must adopt innovative financing mechanisms to support both healthcare providers and patients.

To achieve this, the legislative and executive authorities could:

- Explore Additional Revenue Streams: Introduce sin taxes on harmful products (e.g., tobacco, alcohol, sugary drinks) to generate sustainable financing for the healthcare sector (Hilal, Fadlallah, Jamal, & El-Jardali, 2017).
- Promote health insurance subsidies to support vulnerable displaced populations and facilitate their integration into national health systems.
- Allocate a portion of the national budget to rebuild and improve healthcare infrastructure and chronic disease management services.
- Establish pooled funding mechanisms to optimize resource allocation and reduce out-of-pocket expenses for chronic disease care.
- Leverage international aid commitments and negotiate bulk medication purchases to improve the affordability of medical supplies.
- Strengthen partnerships with multilateral organizations and donors, including WHO and UNHCR, to secure sustained financing for essential health services.

6. Implementing a Digitized Chronic Disease Management Model

To enhance evidence-based policymaking and improve chronic disease management, Lebanon's healthcare system should leverage big data analytics and remote health monitoring solutions.

Academic and research institutions, in collaboration with government entities, can play a key role in:

- Developing a national partnership across sectors to align investments, resources, and efforts, ensuring the sustainability and growth of digital health initiatives.
- Ensuring data interoperability by adopting and complying with standardized health data protocols, enabling seamless data sharing among stakeholders.
- Securing sustainable financial resources to support the digital health ecosystem.
- Developing robust digital infrastructure capable of supporting scalable and secure digital healthcare solutions.
- Building health workforce capacity, including skills in leadership, governance, and technology-related competencies for digital health implementation.
- Integrating remote health monitoring tools such as wearable devices, AI diagnostic technologies, and mobile applications to improve continuous patient care and reduce hospital visits.
- Establishing laws and policies to ensure compliance with ethical and privacy standards in digital health.

On the long term:

7. Joint Planning and Integrated Programming

Effective chronic disease management in protracted crises requires close collaboration among humanitarian agencies, development organizations, government entities, and local health authorities. Strengthening partnerships between organizations such as Médecins Sans Frontières (MSF) and Lebanon's Ministry of Public Health (MoPH) is essential to deliver comprehensive care for chronic disease patients, particularly for internally displaced persons (IDPs).

To achieve this:

- Establish a structured joint programme providing a coordination platform for key stakeholders, including MoPH, the Red Cross, MSF, and UN agencies, to leverage their respective strengths.
- Define a strategic focus on rebuilding healthcare infrastructure, ensuring continuous chronic disease care, and scaling mental health services to address war-related trauma.
- Partner with private sector entities to enhance resource allocation and service delivery.
- Explore innovative solutions for healthcare access, pharmaceutical supply chain management, and mental health support for the IDPs.
- Secure financing through pass-through mechanisms to sustain long-term service delivery.

8. Expanding Digital Health and E-Health Implementation (continued)

One of the primary barriers to healthcare access during the ongoing crisis has been logistical challenges, compounded by the displacement of individuals who remain unable to return home. Telehealth solutions offer a viable means to address these obstacles, particularly for chronic disease management and long-term patient follow-ups. Despite progress in healthcare digitization, Lebanon requires further investment to expand digital health infrastructure and services.

To achieve this:

- Enhance the National E-Health Program (2013) to improve electronic health record (EHR) interoperability and facilitate seamless data exchange between public and private health facilities (Jabbour, Matar, Hemadi, & El-Jardali, 2020).
- Strengthen mobile health solutions, such as the e-Sahha program, to track chronic diseases and support remote patient follow-ups (Abou Mrad, Rizkallah, & Shemali, 2022).
- Foster partnerships between the MoPH and academic institutions, as done previously with the American University of Beirut (AUB) (Abou Mrad, Rizkallah, & Shemali, 2022), to advance digital health initiatives.
- Ensure sustainable financing and appropriate remuneration models for telehealth service provision (Keelara, Sutherland, & Almyranti).
- Train the healthcare workforce on virtual consultation methods and digital tools.

- Redesign the care model to integrate virtual health services within the broader healthcare system.
- Develop clear policies and procedures for telehealth services, particularly for scaling up during emergencies (Jabbour, Matar, Hemadi, & El-Jardali, 2020).
- Invest in infrastructure to support scalable digital health technologies in crisis settings.

Conclusion

The full-scale war put Lebanon's healthcare system to a severe test, revealing both its strengths and underlying vulnerabilities. The Ministry of Public Health (MoPH), supported by NGOs and international organizations, managed to maintain essential healthcare services for displaced populations. The swift mobilization of resources and the continued distribution of chronic disease medications helped mitigate the displacement crisis and prevent a total collapse of care.

However, the war also underscored long-standing weaknesses in the system such as fragmented healthcare access and financial barriers that continue to affect vulnerable populations. While the response demonstrated resilience and adaptability, it also highlighted the urgent need for long-term solutions to strengthen Lebanon's healthcare sustainability. Had the war continued for a longer period, the already fragile system would have faced even more severe consequences, further endangering those in need of continuous treatment.

Throughout the crisis, Lebanon's healthcare workers—doctors, nurses, pharmacists, and humanitarian responders—displayed extraordinary dedication and courage. Their commitment was instrumental in supporting displaced individuals despite the instability and resource limitations.

Going forward, ensuring a stable supply of chronic disease medications, and reinforcing primary healthcare services must remain priorities.

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