

### PUBLIC HEALTH

UNHCR, in collaboration with the Ministry of Public Health and UN partners, strengthened neonatal intensive care in 16 government hospitals—part of a broader network of 33 facilities supported by UNHCR through the donation of specialized equipment, including incubators.  
 © UNHCR

### Why Public Health?

Health is a fundamental human right for all, including refugees. UNHCR's public health strategy aims to foster the conditions, partnerships, collaboration and approaches that enable refugees to access healthcare. Expanding access to health services for refugees often requires a combination of complementary interventions to strengthen national health systems and overcome financial barriers. UNHCR's health care interventions are designed to address refugees' immediate health needs, while also supporting the local health system to ensure continuity of services.

Covering health expenses is a considerable challenge at a time when refugees struggle to meet even their most basic needs. Although there is a wide network of health care providers in Lebanon, services are largely privatized and based on user fees. According to the [2024 Vulnerability Assessment of Syrian Refugees in Lebanon \(VASyR\)](#), only 69% of refugees who needed hospital care were able to receive it, a decline from 77% in 2023. Only 82% were able to access the primary care required to meet their needs.

### Public Health programmes

#### ACCESS TO PRIMARY HEALTHCARE

Subsidised primary healthcare consultations at three primary health care centres. UNHCR phased out this programme by mid-year leaving 40,000 refugees without access to services.

#### ACCESS TO SECONDARY HEALTHCARE

UNHCR works with a network of 33 hospitals—further 11 were added are to assist war-related injuries—through a referral programme that subsidizes hospital care for life-threatening conditions and childbirth.

Out of the total referrals, **62% are for childbirth** while the remaining include assistance to neonatal and pediatric conditions, burn cases, cardiac and neurological conditions, and others.

#### ACCESS TO MENTAL HEALTH SERVICES

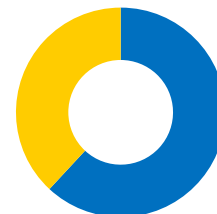
Mental health care, including specialized psychiatric services, through eight primary health care centres (PHCCs) and two specialized facilities. Support to the PHCCs ended in June 2025, with only the two specialized centres remaining until the end of the year.

### ACHIEVEMENTS IN 2025



**9,591 people reached**

**14,891 people reached**



**9,217 (62%)**



**5,672 (38%)**



**14,485 people reached**

## IMPACT OF UNDERFUNDING



*Khadra, a Syrian refugee and widow, has lived in an informal settlement in Lebanon, for more than a decade. She shares a one-room tent with her five children, daughter-in-law, and three grandchildren. With no stable income, she sometimes resorts to foraging through rubbish piles to feed her family. For Khadra, medical treatment is an unaffordable luxury. Rising hospital fees, costly medications, and transport expenses mean that urgent health needs often go untreated. © UNHCR/H. Hariri*

Despite the generous support of donors, UNHCR's response in Lebanon has been consistently underfunded. In 2025, the situation has worsened significantly: as of 31 August, only 26 per cent of the required resources have been received. With an overall health programme cost of USD 62.2 million, the gap is leaving UNHCR unable to sustain its operations. Over the years, UNHCR has gradually reduced the types of health conditions covered, maintaining only support for life-saving and emergency interventions — a difficult prioritization made in response to limited funding. Despite these efforts, by the end of 2025 UNHCR's health programme will be fully phased out, effectively ending its capacity to ensure access to healthcare for refugees in Lebanon.

In 2025, UNHCR was already forced to phase out its primary healthcare programme by end of March 2025, leaving approximately **40,000 refugees** and vulnerable host community without access to essential primary care. The outlook for hospital care is dire. UNHCR's ability to sustain its secondary healthcare programme is at serious risk, with the programme expected to end by November. This will leave an estimated **31,500 refugees**, including pregnant women and other vulnerable patients, without access to hospital treatment.

The outlook for hospital care is dire. UNHCR's ability to sustain its secondary healthcare programme is at serious risk, with the programme expected to end by November. This will leave an estimated **31,500 refugees**, including pregnant women and other vulnerable patients, without access to hospital treatment. **20,450 women will no longer receive support for safe hospital deliveries.** With the full phase-out of childbirth assistance, refugee Women and girls—who make up 70 per cent of those accessing UNHCR-supported health services—will be forced to give birth without adequate medical care. This puts both mothers and newborns at heightened risk of preventable complications, including increased maternal and infant mortality. The absence of safe delivery support will also add pressure on Lebanon's already overstretched hospitals, which are struggling to meet even the needs of the host community.

Only **9,145 mental health consultations will be supported, an 83% reduction from 55,000 in 2024.** The sharp reduction will leave refugees without access to mental health care at a time of escalating stress and vulnerability. With services reduced to just a fraction of previous years, untreated mental health conditions are expected to rise, worsening social and protection risks. This cut will also further strain Lebanon's fragile mental health system, where specialized care is already limited for the host population.

## ACCESS TO CARE: A GROWING CHALLENGE

Findings from the [2024 Vulnerability Assessment of Syrian Refugees in Lebanon \(VASyR\)](#) confirm the challenges in accessing care—mainly financial. For primary care, only 82% could access the care they needed with cost being the major barrier. Focus Groups Discussions conducted by the Protection Working Group in 2024 also reported experiencing barriers related to the high cost of medication and limited access to healthcare services.

UNHCR was the main humanitarian actor supporting access to secondary healthcare for refugees in Lebanon. Through its referral programme, UNHCR subsidizes hospital care for life-threatening conditions and obstetric emergencies. In 2024, 45,000 refugees were supported with access to hospital care and 62% were for deliveries.

## SUPPORT TO THE GOVERNMENT

From 2024 to 2025, UNHCR, in collaboration with the Ministry of Public Health and UN partners, strengthened neonatal intensive care in 16 government hospitals—part of a broader network of 33 facilities supported by UNHCR through the donation of specialized equipment, including incubators, monitors, ultrasound and phototherapy machines, respiratory support devices, and consumables. To further enhance emergency and specialized care, UNHCR provided 10 ambulances, trauma and emergency health kits, anaesthesia machines, blood bank refrigerators, sterilizers, and endoscopy equipment to government hospitals. At the primary healthcare level, in 2024 four Primary Healthcare Centers (PHCCs) received laboratory machines, ultrasound devices, and consumables, improving diagnostic and essential services. These contributions aimed to support both refugees and Lebanese communities with more accessible and quality healthcare.

## Coordination

UNHCR works closely with the Ministry of Public Health, UN agencies, and NGO partners to ensure access to primary and lifesaving emergency and obstetric healthcare for refugees. Until mid-2025, UNHCR co-led the national health sector response together with WHO. With WHO now assuming the lead UN agency role, UNHCR continues to play a key role as a member of the Health Sector, supporting a harmonized approach to service provision and referral pathways across the country.

At the sub-national level, UNHCR coordinated Health Sector Working Groups in four regions, together with national and international NGOs serving as co-coordinators up to mid-2025. Coordination is now led by NGOs with the support of the Ministry of Health and WHO. In parallel, UNHCR is exploring alternative ways for refugees to access health support through strengthened collaboration with partners, donors, and the Ministry of Health, ensuring continuity of care despite the evolving coordination structure.

In support of coordinated planning and evidence-based advocacy, UNHCR also launched a nationwide presence verification exercise in 2025—part of its population data management strategy developed following the conflict escalation and the fall of the Assad regime in 2024. The updated data will help ensure refugees are accurately reflected in health planning and national response frameworks and strengthen UNHCR's advocacy for their inclusion in essential services.

## Thank You!

UNHCR, the UN Refugee Agency, is grateful for the critical support provided by **Netherlands, Republic of Korea** and the **United States** to health programmes as well as those who contributed to this operation and UNHCR with unearmarked and broadly earmarked funds.



### Other softly earmarked or unearmarked contributions:

Australia for UNHCR | España con ACNUR | Japan for UNHCR | Private donors in Italy | Private donors in the Republic of Korea | UNO-Flüchtlingshilfe | Other private donors

### CONTACTS:

Juliette Stevenson, Senior External Relations Officer, [stenenso@unhcr.org](mailto:stenenso@unhcr.org)

Fabien Faivre, External Relations Officer, [faivre@unhcr.org](mailto:faivre@unhcr.org)