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War in Lebanon: the hidden health crisis beyond the frontlines

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Discussions of armed conflict often focus on its most visible consequences: mass casualties, overwhelmed hospitals, and urgent surgical needs. Yet for many civilians the health effects of war unfold less dramatically. In the Middle East, the current escalation is not an isolated catastrophe but another acute phase in a prolonged conflict of variable intensity. Across the region, the escalation in violence has brought fear to the lives of millions of people, including in Lebanon, Iran, and the Gulf countries. Bombing continues across cities and villages, often hitting densely populated areas, and casualties are mounting. In this context, the cumulative effect on people living with non-communicable diseases (NCDs) and on population mental health remains insufficiently recognised and inadequately addressed.

Non-communicable diseases require continuity of care, reliable medication supplies, and regular follow-up with healthcare providers. Conflict readily dismantles these conditions. Clinics close or are damaged, supply chains fracture, and patients and healthcare workers are repeatedly displaced.

The complications resulting from interruption of care, medication, and routine—diabetic ketoacidosis, strokes, hypertensive crises, amputations—cause preventable morbidity and mortality that may exceed the burden of direct war injuries, yet rarely command equivalent attention. Despite the increased risks of NCD and mental illness exacerbations during conflict and other emergencies, they are still not prioritised for emergency response. Yet for some—such as people with type 1 diabetes—disruption of access to care is urgently life threatening.

In Lebanon, Médecins Sans Frontières (MSF) teams are responding to the growing needs of displaced people while ensuring continuity of care across our regular projects. They are drawing from lessons learnt during the conflict in 2024 between Israel and Hezbollah, when routine care delivery was radically adapted in response to limited movement and inaccessibility of facilities because of insecurity.

Routine NCD care is shifted from being primarily clinic based to a multifaceted adaptive model of care that includes phone and online consultations and adapted drug distribution mechanisms. A helpline enables people to access information and mental health support no matter their location. Since early March, multiple MSF mobile clinics have been providing medical consultations and psychological first aid in various locations in Lebanon, integrating NCD management with mental health and psychosocial support.

As well as meeting acute mental health needs, this integration is clinically important for NCD care—anxiety, depression, and trauma undermine

people's ability to self-manage and increase the risk of disease exacerbation.

In Lebanon one of MSF's priorities is ensuring that the critical needs of people with type 1 diabetes are prioritised in conflict response, and that access to insulin is maintained. Staff are using a WhatsApp group to share information on medication and care availability. They are providing adapted advice on the challenges of daily disease management during conflict with disrupted routines, medicine supply, and access to food. Peer support has been a vital resource, allowing patients to exchange advice and lifesaving insulin while under acute bombardment. Patient education has been adapted to include materials on how to store insulin during an emergency without reliable power and foot care when access to clinics is compromised, as well as regular advice on dietary management and dose adjustment during periods of food insecurity.

Health workers themselves are not spared; MSF staff have suffered losses or been forced to leave their homes, some repeatedly, including in the first days of this current conflict exacerbation. Some have continued consultations remotely while displaced. Delivering care under these conditions carries its own psychological burden: moral distress, exhaustion, and the sense of failing patients despite extraordinary effort. The resilience of healthcare depends on the wellbeing of its staff, a dimension insufficiently acknowledged in conflict narratives.

Between 2024 and the current escalation, violence did not disappear; it simmered. This prolonged exposure to trauma, psychological warfare, insecurity, and loss erodes individual and community coping mechanisms. Social spaces shrink. People adopt survival strategies—self-medication, social withdrawal—driven by structural factors. People cannot be expected to cope with such sustained violence.

This harm is compounded by the erosion of international humanitarian law and multilateralism. Attacks on healthcare, obstruction of aid, and the normalisation of civilian suffering represent legal and moral failures that drive psychological injury. When law and protection systems are applied selectively or completely disregarded, the loss of trust compounds existing trauma. A recent MSF operational assessment of psychosocial needs in Nabatieh, Lebanon, found evidence of this, and populations are now confronting renewed violence with fractured faith in protection systems and depleted emotional and coping reserves, exacerbating the risk of wider mental health suffering and long term physical and psychological consequences.

For the global medical community, these realities impel us to recalibrate our understanding of war

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related harm. Emergency trauma care is essential, but it is not the only consideration. Protecting and sustaining care for long term conditions, integrating mental health into service delivery, and including remote and community based models as adaptive components of conflict healthcare are imperative. Above all, the protection of healthcare and adherence to international humanitarian law must be recognised as foundational determinants of health. The current conflict in the Middle East is a stark example of this, but these needs are seen by MSF in most contemporary conflict situations—less obvious, less donor enticing, but no less impactful for those affected.

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