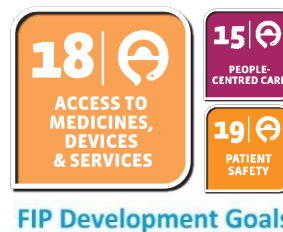


The humanitarian response of pharmacists in Lebanon:

Lessons from the 2024 crisis and recommendations for the future

2025



Colophon

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Recommended citation

International Pharmaceutical Federation (FIP). The humanitarian response of pharmacists in Lebanon: Lessons from the 2024 crisis and recommendations for the future. The Hague: International Pharmaceutical Federation; 2025.

Cover image

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1 Insight board participants

FIP expresses gratitude and appreciation to all the insight board participants, listed below.

Moderators	
Dalia Bajis	FIP Head of Programmes and Provision
Mohamad Rahal	Dean, School of Pharmacy, Lebanese International University, Lebanon

Name	Affiliation	Country
Naser Al Sharif	Dean and professor, Lebanese American University School of Pharmacy	Lebanon
Ahmad Chreif	Deputy medical coordinator, Médecins du Monde	Lebanon
Luna El-bizri	Lebanese Order of Pharmacists; Community pharmacist, and founder and manager of Lunapharm; Secretary, Health and Medicine Information Section, FIP	Lebanon
Aline Hajj	Associate professor, Faculty of Pharmacy, Université Laval, QC; FIP DG 10 lead	Canada Lebanon
Ihsan Karaki	Community pharmacist	Lebanon
Pascale Salameh	Founder and director, INSPECT-LB; FIP DG 13 lead; Professor, Faculty of Pharmacy, Lebanese University	Lebanon
Rony Zeenny	Director, Department of Pharmacy, American University of Beirut - Medical Center; FIP DG 7 lead	Lebanon

FIP team	
Nour ElTahla	FIP Equity and FIPWiSE Programme Manager
Ruben Viegas	FIP Sustainability and Humanitarian Programme Manager

2 Introduction

Background

Lebanon has faced a series of compounding disasters in recent years, which have cumulatively exacerbated the country's economic and political crises.^{1,2} The Beirut port explosion on 4 August 2020 was one of the most devastating events, killing over 200 people, injuring thousands, and displacing hundreds of thousands from their homes.³ Concurrently, Lebanon has grappled with a severe economic collapse, described by the World Bank as one of the worst in modern history,⁴ which has led to hyperinflation, currency devaluation, and widespread poverty. The COVID-19 pandemic further strained the country's fragile healthcare system and economy.³ These crises have been compounded by frequent power outages and fuel shortages, leaving the country in a state of prolonged instability.⁵

In October 2024, the country experienced repercussions of escalating regional tensions along the southern border with Israel.⁶ These heightened tensions led to renewed conflict, further destabilising the already fragile security situation in Lebanon. This escalation led to the displacement of thousands of pharmacists, pharmacy students, and educators, as well as the partial or complete damage of community pharmacies, primary healthcare centres, and educational institutions.⁷⁻⁹

Considering the significant challenges faced by pharmacists in Lebanon in recent years, there has been an enormous effort from across sectors to respond to various crises and ensure access to medicines.¹⁰ Pharmacists have played a vital role in coordinating efforts across multiple sectors, including professional associations, academia, community pharmacies, hospital pharmacies, non-governmental organisations, and other key stakeholders.

Aims and objectives of the insight board

On 18 February 2025, FIP convened an insight board, in response to a request from our members in Lebanon, aiming to capture insights on the experiences and responses of pharmacists and representatives from FIP member organisations in Lebanon disaster and emergency situations, including the October 2024 conflict. The findings from this informative discussion aim to inform the development of a strategic roadmap to strengthen pharmacists' contributions in times of crisis in Lebanon, and to identify the necessary supportive mechanisms needed to empower both pharmacists and the general public to prepare for, respond to, and recover from crises.

The specific objectives of the roundtable discussion were:

- To capture insights and experiences focusing on challenges, successes, and lessons learned using the online tool Padlet®.
- To identify key gaps and barriers in existing systems, referencing the [FIP statement of policy of the role of pharmacists in disaster and emergency management](#), to assess limitations affecting pharmacists' capacity to prepare for, respond to, and recover from emergencies.
- To determine the support mechanisms available to better support pharmacists in disaster preparedness, response, and recovery efforts.
- To recommend actions for strengthening pharmacists' contributions to disaster and emergency management, including collaborative approaches with other stakeholders.

Conduct of the insight board

The methodology for this activity involved a virtual multi-stakeholder focus group meeting, conducted via Zoom®, following a semi structured guide. The discussion explored three main areas:

- 1) Examples of successful interventions or initiatives led by pharmacists in these disaster situations.

- 2) Aspects that require improvement to better prepare pharmacists for disaster and emergency situations.
- 3) Actionable steps to enhance collaboration with other stakeholders to improve overall response efforts.

To ensure alignment with global policies, the summary section of this publication includes direct links to the FIP policy statement, highlighting relevant aspects that can be adapted and implemented within the specific country and regional context.

3 Key outcomes from the insight board discussion

The insight board discussion focused on preparing pharmacists for emergencies and disasters, with a particular emphasis on Lebanon's recent experiences. Participants discussed the challenges faced during the latest crisis, with a primary focus on the October 2024 war.

3.1 Examples of successful interventions led by pharmacists in disaster situations

3.1.1 Coordinated humanitarian efforts with NGOs

Ahmad Chreif, a member of the non-governmental organisation (NGO) Médecins du Monde, highlighted the effective collaboration with the Ministry of Public Health, which had a pre-existing management plan in place.

The NGO sector operated through a unified platform, enabling efficient procurement of quality medicines and fostering strong collaboration with pharmacists during the war.

Compared to the response to the Beirut Port blast in 2020, the response to the war was notably more structured, benefiting from improved planning and lessons learnt from previous crises.

In addition, there were many examples given where pharmacists took personal initiatives to support shelters for displaced populations, as well as medical centres and mobile units providing essential medicines and services.

3.1.2 Academic sector challenges and response

Pascale Salameh, representing academia, highlighted the positive coordination of efforts between national and international NGOs. However, she also noted the limited contributions from key sectors such as community pharmacy, the private sector, the education sector, and other institutions that could have played a more significant role in the response. The lack of collaboration, as mentioned by participant, was mainly related to the absence of a clear strategic plan of the pharmaceutical sector.

Public education institutions in South Lebanon and in the southern suburb of Beirut were the most heavily bombed areas, resulting in widespread student displacement and serious challenges in accessing and providing education. Universities took a long time to resume their activities, as many facilities were directly impacted by the conflict. Although online courses were introduced quickly, institutions had to heavily improvise to maintain contact with students, often facing interruptions due to ongoing bombing.

Aline Hajj expressed concern over the general lack of awareness regarding existing response plans and how they were intended to be implemented, suggesting serious miscommunication across sectors. She also noted the absence of clear guidance or referral pathways to help faculty members (teaching cadre) in managing their own mental health or in providing adequate support to students.

Naser Alsharif shared that, initially, faculty and students from the School of Pharmacy were not included in the university-led mobile units for supporting displaced families housed in public schools around Beirut. There were also concerns among faculty and students about serving in mobile clinics due to proximity to the conflict zones. In addition, continuity of care under such conditions remained a significant challenge. Despite this, he expressed pride in his students' contributions, both through the mobile units and their own volunteer initiatives to support displaced families.

Several participants also highlighted the lack of curricular or extracurricular activities that could better prepare students and faculty to respond to emerging challenges in crisis situations.

3.1.3 Community pharmacy sector's role and limitations

Luna El-bizri explained that pharmacists, particularly in the community pharmacy sector, were in direct contact with displaced individuals and refugees, which had significant impact on healthcare professionals. Patients, often under immense stress, were sometimes aggressive toward pharmacists, with mental health conditions further exacerbated by the broader instability. Her pharmacy, located in a relatively safer area compared to zones of heavy bombardment, experienced a sharp increase in demand as people sought care.

One of the major challenges she highlighted was that many refugees were unaware of the names of their medications or their medical histories, underscoring the urgent need for a national e-medical record system.

Through the Order of Pharmacists of Lebanon (OPL), several initiatives were undertaken to address these issues. One example was a feature article in the [Chemist and Druggist](#) that outlines some of the work being done in this area. Additionally, two webinars ([Healing the healers – Supporting yourself and your patients in the aftermath of conflict](#) and [The role of telehealth in overcoming healthcare access barriers](#)) were delivered in partnership with the Ministry of Public Health (MoPH), the Australian Lebanese Medical Association (ALMA), and the International Organization for Migration (IOM), along with support from the International Lebanese Medical Association (ILMA) and the founding director of the National Mental Health Program (NMHP) at the Ministry.

A fundraising campaign to support affected pharmacies and pharmacists was launched through OPL, with additional contributions from the French-speaking Pharmacists Association (CIOPF).

Ihsan Karaky noted that navigating the situation was further complicated by multiple crises experienced in recent years, as well as the lack of access to the government's emergency plan, which hindered pharmacists' involvement. Bureaucratic challenges, such as extensive paperwork for logistical requirements related to medicines also contributed to delays in the response.

Collaboration with the municipalities proved to be inefficient, with some donated medicines not being properly distributed and delays of three to six weeks before reaching those in need. On a positive note, the Red Cross mobile units provided valuable support, although pharmacists were not directly involved in the medicine delivery process.

3.1.4 Hospital pharmacy sector response

Rony Zeenny, speaking from the hospital pharmacy perspective, shared that several preparatory pilot projects and audits—led by the MoPH—had already been conducted to ensure hospitals were disaster ready. These initiatives successfully raised awareness and improved preparedness among hospital pharmacists, ultimately contributing to saving lives.

Effective stock management was crucial, particularly in terms of cold chain logistics and adopting medication supplies to meet evolving needs. However, access was sometimes delayed when certain suppliers refused to deliver medicines to 'grey' zones; that is, zones where war is not as active but still imminent.

Many healthcare workers lost their homes during the crisis. Nevertheless, support from their organisations enabled them to secure temporary housing, allowing them to continue providing care despite the challenging circumstances.

3.2 Key areas for improvement in pharmacist preparedness

3.2.1 Enhancing education and workforce preparedness

In relation to education and workforce preparedness, Aline Hajj emphasised the need for academic institutions to co-create national strategies and implement a remote learning framework for students that helps them continue their education despite disruptions. This approach would help reduce educational

inequities, ensuring that students, particularly those in conflict zones or displaced areas, have access to quality education.

Naser Alsharif raised the need to establish a Lebanese Association of Schools of Pharmacy to advocate for the role of pharmacy academia in times of crisis, as well as to support the broader expansion of the pharmacist's scope of practice.

He emphasised the importance of conducting a needs assessment to determine the relevant educational requirements, which would serve as the foundation for designing crisis management courses for pharmacy students. These courses should deliver both the knowledge and skills required during conflict, including topics such as: communicable diseases in wartime; emergency triage; mental health care; healthcare logistics; stress management; supply chain; and, sanitation. Importantly, such courses should include content on culture sensitivity, culture humility, and ethics during war, aiming to shape students' attitudes and challenge personal biases and stereotypes—particularly towards civilians in conflict—and promote ethical conduct.

An interprofessional education programme is also critical to prepare students to work collaboratively as part of a healthcare team. This could include simulation-based activities, virtual and augmented reality tools, real life scenarios, and live drills related to conflict response.

Additional training areas should include: communication skills and language courses; mental health and wellness; humanitarian law; and, collaboration with NGOs and humanitarian partners (e.g., WHO, Red Cross, UN agencies, Médecins Sans Frontières, military and peacekeeping forces, and refugee health initiatives).

Pharmacy students themselves could be valuable contributors in humanitarian settings. Pascale Salameh supported this view, emphasising the potential of students as a resource for the future. Student associations, such as the Lebanese Pharmacy Students Association (LPSA), already play a crucial role by providing support and disseminating medical information on drug counselling and substitution during medication shortages.

Furthermore, participants stressed the prioritisation of an emergency contingency plan tailored to academia. This plan should ensure the continuity of education while safeguarding students, faculty, staff and preceptors. It should outline flexible teaching approaches (online, hybrid and in-person), address connectivity issues, laboratory and experiential learning adaptations, alternative assessments, remote exam policies, and, in severe situations, rescheduling or postponement of key activities. Priority should be given to graduating senior students, with provisions for delayed graduation if needed. The plan should align with the Ministry of Education and relevant accreditation bodies.

Finally, participants recommended the creation of resources such as a crash course on emergency preparedness, and the development of a platform to share best practices from pharmacy schools and pharmacists in other countries, drawing on lessons learned from past crises.

3.2.2 Mental health and well-being of pharmacists and pharmacy students

Mental health and psychological support for pharmacists in high-stress environments should be strengthened and referral pathways for mental health support should be established through collaborations with relevant organisations.

It was shared that FIP could develop continuing professional development courses on psychological first aid for pharmacists, as well as managing mental health in disaster situations. This could include topics such as how to avoid burnout, how to support patients during crises, and how to manage post traumatic syndrome.

3.2.3 Strengthening advocacy and regulatory frameworks

Participants noted that pharmacists should be more involved in the national primary healthcare clinics and have available an updated national formulary accessible to all healthcare professionals to standardise treatment. In addition, the scope of practice of pharmacists should be expanded to allow for point of care testing, collaborative prescriptive authority, and vaccination.

To raise further awareness of the pharmacist's role in the national healthcare system, participants mentioned that collaboration between professional pharmacy organisations and ministries was needed. Pharmacists should advocate for regulatory improvements that allow medicine substitutions and exemptions in emergency situations. One aspect that could also influence the participation of pharmacists would be the salaries that are offered to pharmacists working in humanitarian organisations. Additionally, participants highlighted the need for an updated pharmacy law in Lebanon, as the current version has remained largely unchanged since the 1950s.

The conversation was followed by a discussion on the importance of collaboration among pharmacists, interprofessional collaboration with other healthcare professionals during emergency and disaster preparedness, and the need for access to clinical and patient data to support the work of pharmacists when patients come to the community pharmacy during disaster and emergency situations. Participants also mentioned that social media advocacy could be leveraged to promote the pharmacist's role in disaster response.

3.3 Actionable steps to enhance collaboration with other stakeholders

Participants identified key actions to improve pharmacists' contributions to disaster and emergency preparedness:

Academic institutions

- Develop and implement an emergency contingency plan to ensure the continuity of pharmacy education during crises.
- Establish a Lebanese Association of Schools of Pharmacy to advocate for educational reform in collaboration with the Ministry of Higher Education.
- Establish a national crisis management platform to facilitate communication and collaboration among key stakeholders, including regulators (MoPH, OPL, MoEHE) and providers (NGOs, pharmacists, healthcare centres, educators, students, etc.).
- Update the pharmacy curricula to include emergency and crisis preparedness and conflict-related programmes and courses, addressing knowledge, skills and attitudes required of students.

Professional associations & regulatory bodies

- Strengthen communication channels between professional associations and the Ministry of Public Health to ensure better pharmacist integration in emergency response plans.
- Increase pharmacist representation in national meetings to influence decision-making related to health.
- Implement the previously developed [pharmaceutical sector strategic plan](#), which includes parts related to [emergency response](#) and other strategic actions.

Public awareness & professional development

- Invest in a public campaign to highlight pharmacists' role in healthcare and emergency response, similar to the "[Think Health, Think Pharmacy](#)" campaign by FIP.

Support through FIP

- FIP to support CPD activities focused on humanitarian crisis response and create cross-border knowledge-sharing opportunities for pharmacists involved in emergency preparedness.
- FIP to engage with its members, such as OPL, to encourage the dissemination of FIP education (webinars, papers, educational cards) among their members, as well as other associations involved in conflict and crisis management.

4 Key recommendations for strengthening pharmacist involvement in disaster and emergency response

The insights gathered from this report highlight the critical role of pharmacists in disaster and emergency management, particularly in the context of the October 2024 conflict in Lebanon. The findings align with the [FIP statement of policy on the role of pharmacists in disaster and emergency management](#), underscoring the urgent need for strategic action at the governmental, professional, academic, and individual levels to enhance pharmacist preparedness within the following priority areas of action:

Role of governments and policymakers

- Integrating pharmacists with relevant expertise into ministries and permanent civil protection structures at both local and national levels.
- Establishing and supporting structured collaboration between pharmacists, their organisation, OPL civil protection units, emergency response agencies, and the broader healthcare sector.

Role of pharmacy professional associations

- Advocating for pharmacists' role in disaster and emergency response and mobilising pharmacists and pharmacies to play an active role in community support during disasters and emergencies.
- Developing capacity-building initiatives to equip pharmacists with the necessary skills for crisis management throughout their careers.
- Developing accredited training and/or didactic programmes for pharmacists, ensuring a well-prepared healthcare workforce (including pharmacists) during conflicts and crisis.
- Conducting regular assessment of adopted programmes linked to emergency and disaster-related topics and the level of knowledge and preparedness of practicing pharmacists in different sectors.

Role of academic pharmacy institutions

- Integrating disaster and emergency management into undergraduate and postgraduate programmes.
- Embedding social responsibility into education and research, ensuring leaders, educators and researchers contribute to national, regional and global disaster response strategies.
- Collaborating with local, regional and global authorities, with other educational institutions and with other professions' leaders to ensure an integrated response in case of emergency.

Role of individual pharmacists

- Staying connected with local professional networks and determining their specific roles in disaster response efforts.
- Participating in continuous education, professional development and training on disaster and emergency preparedness.
- Collaborating with healthcare providers, disaster and emergency management agencies, and community organisations to coordinate disaster and emergency response efforts.
- Establishing strong communication channels with suppliers to prevent medicine shortages and ensure coordinated responses in case of supply disruptions.

5 Towards a national roadmap for pharmacist preparedness in Lebanon

Building on these recommendations, this report can serve as a foundation for developing a national roadmap to strengthen pharmacist preparedness and response in Lebanon. The roadmap should focus on:

Policy and regulatory integration

- Establishing formal recognition of pharmacists within Lebanon's national disaster response framework.
- Updating the national pharmacy law to increase the scope of practice for pharmacists and to reflect situations where pharmacists could support the delivery and prescription of certain medicines under regulated protocols.
- Ensuring pharmacist representation in health policy discussions related to disaster preparedness.
- Enhancing the collaboration between the OPL and the Ministry of Public Health.

Enhancing interdisciplinary collaboration

- Strengthening collaborative networks between pharmacists, NGOs, healthcare providers, and disaster response teams.
- Encouraging multisectoral engagement with government entities, international organisations, and private sector stakeholders.

Education and training for pharmacists

- Introducing mandatory coursework on crisis preparedness in pharmacy curricula.
- Developing short-term training programmes for practicing pharmacists on emergency response, medicine supply chain management, and mental health support.
- Facilitating international knowledge exchange with pharmacists from other regions experienced in disaster response.
- Collaborations among pharmacists including hospital and community pharmacists, and collaboration with the local pharmaceutical industry to increase access.
- Enhancing pharmacists' knowledge to conduct research in crisis and conflicts.

Strengthening community and hospital pharmacy readiness

- Implementing a national e-medical record system to ensure continuity of care for displaced populations.
- Establishing emergency stockpiling measures and ensuring efficient medicine distribution in collaboration with hospitals, NGOs, and government agencies.
- Equipping community pharmacists with training to handle emergency medicine dispensing, triage, and mental health first aid.

Commitment from FIP

FIP remains committed to supporting its member organisations in Lebanon in pursuing these recommendations.

Through the [FIP Humanitarian Programme](#), FIP will continue to work closely with Lebanese colleagues, providing guidance, resources, and capacity-building opportunities to ensure pharmacists are better prepared to respond effectively to future disasters and emergencies.

By developing and implementing a structured roadmap, Lebanon can enhance pharmacists' resilience and contributions in emergencies, ultimately ensuring better health outcomes for affected communities.

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