

# LEBANON

## Health Emergency

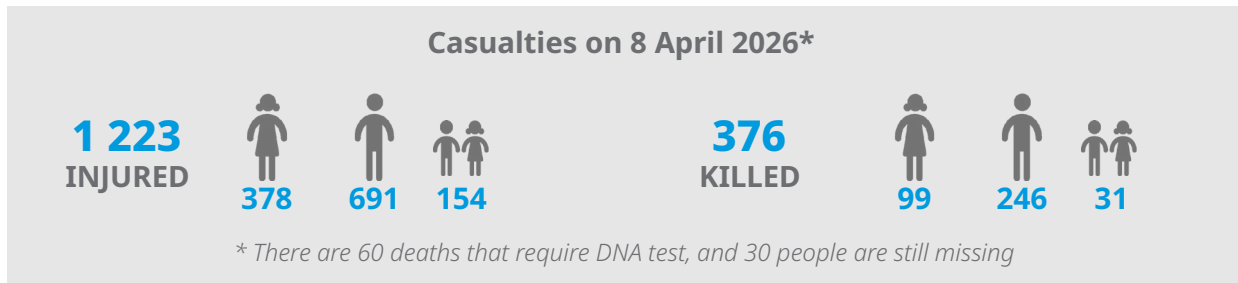
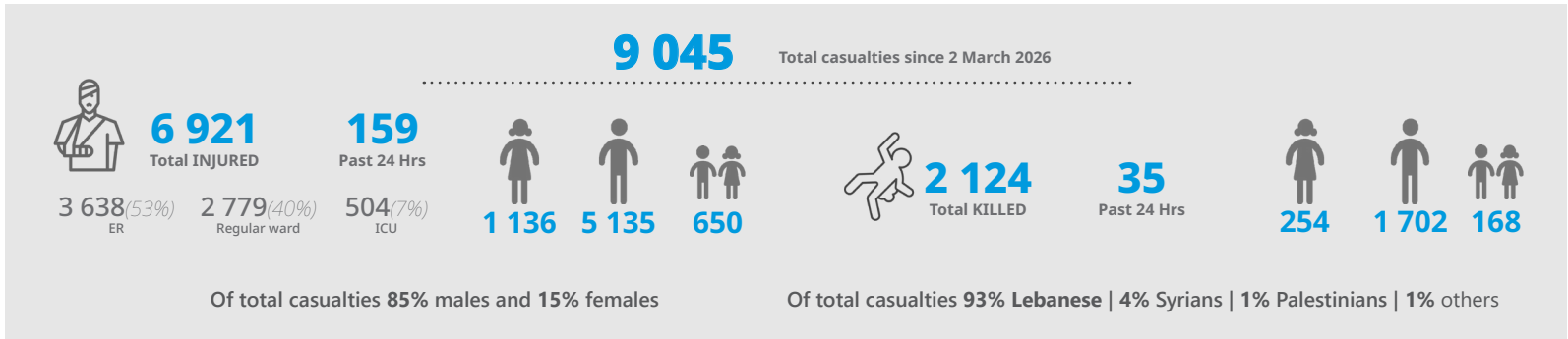
*Situation update #19*  
14 April 2026



Day 44 of escalation

### Casualties and injury overview

(Source: MoPH-PHEOC on 14 April 2026)



### Situation overview

#### Impact of ongoing airstrikes

- Over the past 4 days, the security situation in Lebanon has remained volatile, with continued cross-border hostilities including intermittent airstrikes on the south. These incidents have resulted in further civilian impact and displacement.
- Despite ongoing tensions, diplomatic engagement has to explore de-escalation, though the situation remains fragile with continued risk of escalation along the southern border.
- Total number of hostilities reached 6,986 since 2 March 2026.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 9,045 including 2,124 deaths (including 168 children and 254 women) and 6,921 injuries as of 6:00pm on April 14, 2026., Fig. 1.
- Out of the total injured, 3,638 (53 %) were treated at Emergency room as outpatient 2,779 (40 %) admitted to regular wards and 504 (7 %) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (3,578 casualties), followed by the South (3,275 casualties), and Mount Lebanon (1,074 casualties). Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 7,655 (85 %) were male and 1,390 (15 %) females.
- 9 % of the total casualties are children, 168 children are dead, and 650 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 93 % (8,447 casualties) were Lebanese, 4 % (350 casualties) Syrian, 1 % (126) Palestinian, and 1 % (122 casualties) from other nationalities, Fig 4.
- Casualties on April 8, 2026, alone reached a total of 1,580, including 376 deaths (31 children and 99 women) and 1,223 injured (154 children and 378 women), Fig. 5. Of the reported deaths, 60 require DNA testing for identification, and 30 individuals remain missing.

### Casualty segregation

Figure 1: Casualty distributed by day

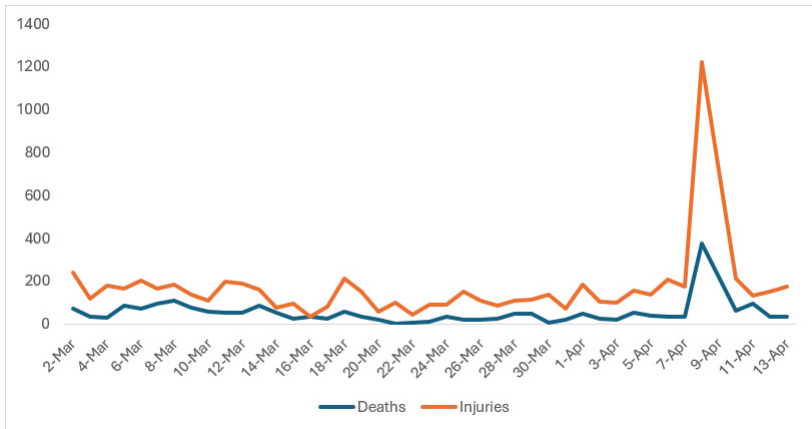


Figure 2: Casualty distributed by Governorates

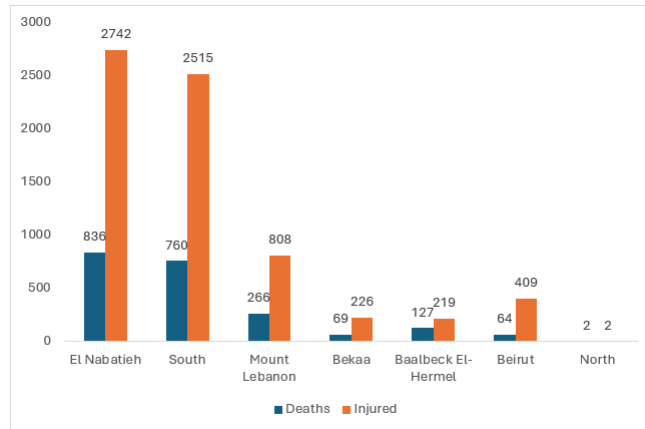


Figure 3: Distribution of casualties by age category

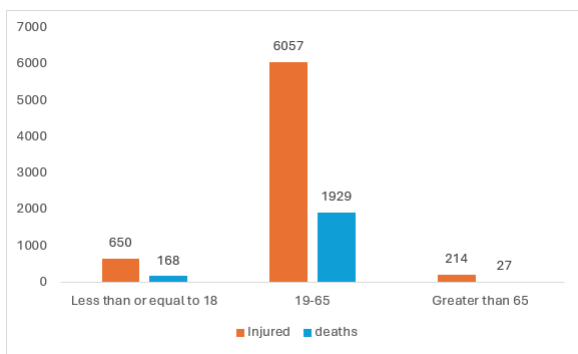


Figure 4: Distribution of casualties by nationality

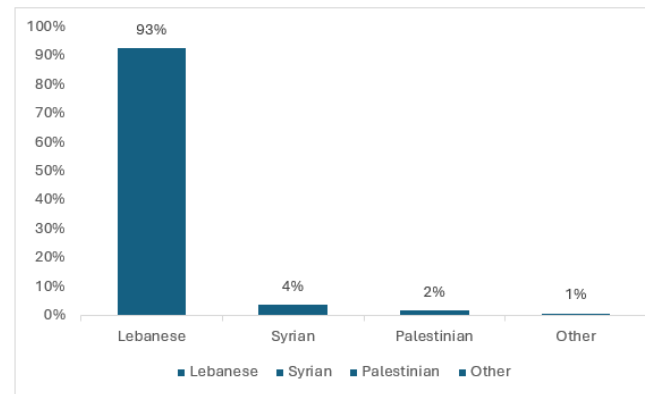
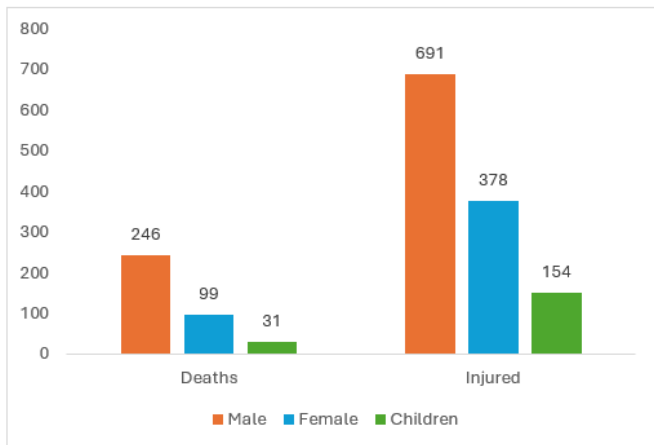


Figure 5: Distribution of casualties of April 8, 2026



## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 14 April 2026)

### Vulnerable groups in shelters



**1 049 328**  
Total # of IDP  
(DRM on 1 April 2026)

**140 682**  
IDPs in shelters



**6 900**  
Older people



**2 867**  
People with disability

**36 832**  
Number of families  
in shelters

**684**  
Total number  
of shelters



**48 200**  
children

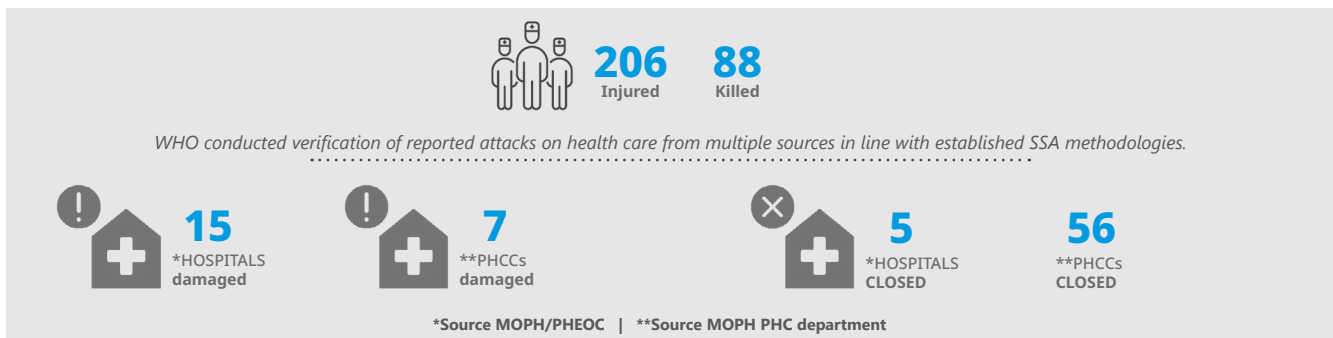
As of 1 April 2026, the Disaster Risk Management (DRM) Unit reported that 1,049,328 individuals had self-registered as displaced. By 14 April 2026, 140,682 people around 13% of the displaced population were residing in 684 collective shelters across the country and remain dependent on these facilities. Beirut and mount Lebanon host 68% of those in shelters, placing significant additional pressure on local infrastructure and services.

### Impact on vulnerable groups

- Vulnerable populations remain disproportionately affected by the ongoing crisis.
- Children account for 35% of the displaced (around 367,000), including 48,200 in shelters. Many are experiencing fear, panic, and significant psychosocial distress (OCHA Flash Update #16).
- Women and girls represent 52% of displaced persons in shelters, facing heightened protection risks, increased caregiving burdens, and limited access to essential services. Displaced pregnant and lactating women residing in overcrowded shelters are exposed to poor sanitation, limited privacy, and inadequate nutrition, which heighten the risk of infections and adverse maternal health outcomes, while also negatively impacting breastfeeding practices (OCHA Flash Update #16).
- Around 6,900 older persons in shelters are facing growing health and mobility challenges.
- Persons with disabilities also continue to encounter significant access barriers, with many residing in non-accessible shelters or outside formal sites where essential services remain limited. Among IDPs in shelters, 1,300 have physical disabilities, 760 have mental disabilities, 419 have hearing impairments, and 388 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

## Attack on healthcare and impact on health services

(Source: WHO-SSA System, MoPH/PHEOC, MoPH/PHC Department)



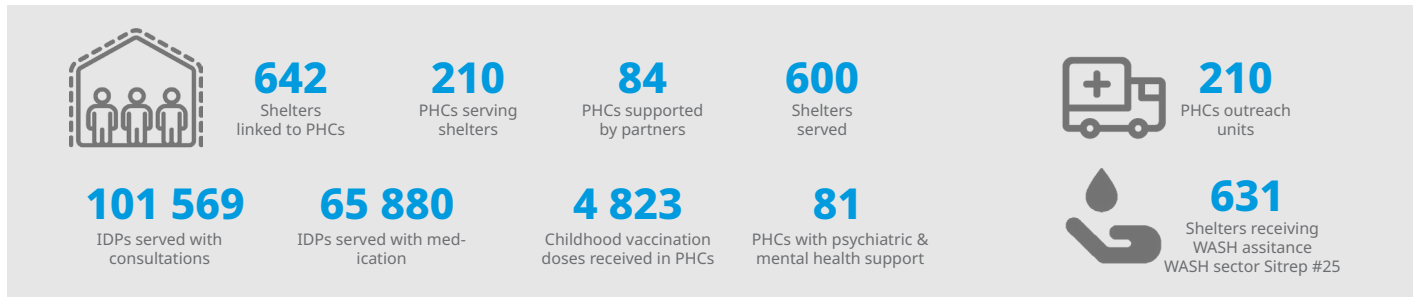
- Since 2 March 2026, over a period of 44 days, attacks on health care have been reported through the WHO Surveillance System, resulting in 206 injuries and 88 deaths; an average of approximately 5 injuries and 2 deaths per day. Since the escalation began, health care workers and facilities in Lebanon have been repeatedly affected by such attacks, including incidents causing multiple casualties.
- Health infrastructure has been severely impacted: six hospitals have fully closed (Bahman, Al Sahel, Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, Al-Burj and Salah Ghandour Hospital). In addition, fifteen hospitals have sustained partial damage Hasbaya, Bahman, Jabal Amel, Al-Najda, Al Hayat, Nabatiyeh Public Hospital, Tebnin Public Hospital, Bint Jbeil Public Hospital, Ragheb Harb Hospital, Salah Ghandour Hospital, RHUH, Lebanese Italian Hospital, Hiram-Tyre, Bekaa Gharbi Hospitals, and Labib Medical Center.
- On 14 April 2026, an airstrike on a building adjacent to the Tebnin Governmental hospital's main entrance caused significant damage across multiple critical areas. The Emergency Department, including the isolation room, equipment, and ventilation systems, was heavily impacted, along with the main entrance, waiting area, and key service units such as the pharmacy, outpatient department, and admissions. The blast resulted in widespread destruction of glass, ceilings, doors, electrical systems, IT networks, and surveillance infrastructure, affecting several floors including inpatient wards, maternity, cardiac care, administrative offices, and the PCR unit.

External and support systems were also damaged, including the hospital gate, guard room, generator, solar panels, parking area, and multiple vehicles. Eleven staff members sustained minor to moderate injuries. Despite the extent of the damage, hospital services have not been interrupted, with repairs ongoing based on priority needs and available resources.

- In addition, 56 primary health care centers (PHCs) are closed.

## Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 14 April 2026)



**1564 National Lifeline** for emotional support, suicide prevention and telehealth

Cumulative calls **1,862** (on 13 April 2026)

- Psychiatric emergency dispatches **22**
- Hospitalization **9**



## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- The Public Health Emergency Operations Center (PHEOC), with the continuous support from WHO, played a central role on 8 April and throughout the 44-day period by coordinating casualty management, overseeing the dispatch and distribution of cases to hospitals, and maintaining real-time communication with health facilities to optimize surge capacity and continuity of care.

### Ensure essential health services & reinforce logistics, supply chain, & operational support

- WHO has procured 60 Trauma Emergency Kits (TESK). Of these, 20 have already been distributed, while 40 are currently in transit for delivery to the Ministry of Public Health and subsequently to hospitals. The delivery has been facilitated through humanitarian charter flights and land convoys.

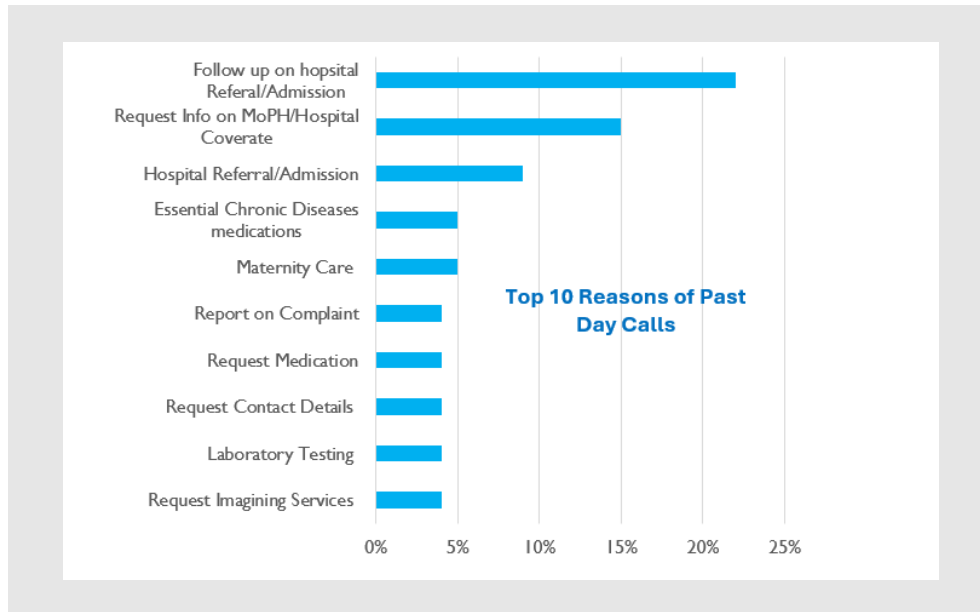
### Sustain & expand trauma response

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, 59 patients have been supported across 20 hospitals, including 54 Syrians, 3 Ethiopians, 1 Bangladeshi, and 1 Egyptian. Of these, 18 are female and 16 are under 18 years of age; 7 were treated in emergency departments, while 52 required hospital admission.



**Enhance disease surveillance & early warning**

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 9,771 calls since the beginning of March 2026 and 167 Calls received in the past day.



- WHO continues to support surveillance activities, with shelter-based surveillance fully activated.

**Epidemiological signals shared by ESU**

*Epi week 15 (10 - 13 April 2026)*



**Number of Signals Reported 25**  
**Number Need Investigation 17**


100% Verified within 24hr

68% Investigated 




**Main Source of Reporting**

- 28% From call center
- 16% from health facility
- 40% from shelter
- 8% from ESU
- 4% community
- 4% media scanning




**Alert Type**

- 37.5% Acute watery diarrhea
- 9% exposure to rabies/ animal bite or scratch
- 4% Chickenpox/Varicella
- 37.5% food poisoning
- 4% Lice/Pediculosis
- 4% Rash unspecified
- 4% Hepatitis A



**Area Distribution**

- 50% Beirut
- 13% Chouf
- 9% Saida
- 4% Aleyh
- 4% Baabda
- 4% Hasbaya
- 4% Jezzine
- 4% Akkar
- 4% Baalbeck
- 4% Batroun



**IDP/Shelter Alerts**

- Acute Diarrhea (8)
- Food Poisoning (7)
- Chickenpox/Varicella(1)
- Lice/Pediculosis (1)

## Challenges

- The rising number of injuries is placing significant strain on hospitals, particularly affecting the availability of essential medicines and supplies, which are largely dependent on imports.
- Operational constraints, including limited air shipments and the heightened risk of border closures, are disrupting supply chains and delaying the delivery of critical health commodities.
- Demand for noncommunicable disease (NCD) medications, including insulin, is increasing, with an immediate gap of 25% in the availability of essential NCD medicines for an estimated 250,000 beneficiaries, a gap that is expected to widen.
- Funding constraints continue to limit the ability to sustain access to trauma medicines and other critical supplies, further exacerbating pressure on the health system.
- Urgent raising of awareness about the prevention of common communicable diseases and the early recognition of key public health warning signs; including acute watery diarrhea, influenza-like illnesses, lice, scabies, and vaccine-preventable diseases such as measles and chickenpox, is needed inside shelters; therefore, urgent support is required for the printing and dissemination of RCCE materials.

“

*Peace is the best medicine.*

*At the 2025 #IGW, Dr. Tedros Adhanom Ghebreyesus highlighted the role of peace in health and development.*

”

### Ministry of Public Health hotlines

- 1787 – Referral to hospitalization
- 1214 – Inquiries about cancer & other catastrophic diseases
- 1564 – Mental health support

70-118723-UNFPA/Midwifery Hotline for  
Maternal Health Support at the Community Level

*NB: This Situation update will be issued on a bi-weekly basis, every Tuesday and Friday, to ensure timely and consistent updates.*

#### Further information

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