

CRISIS IN NUMBERS



21
Countries affected globally

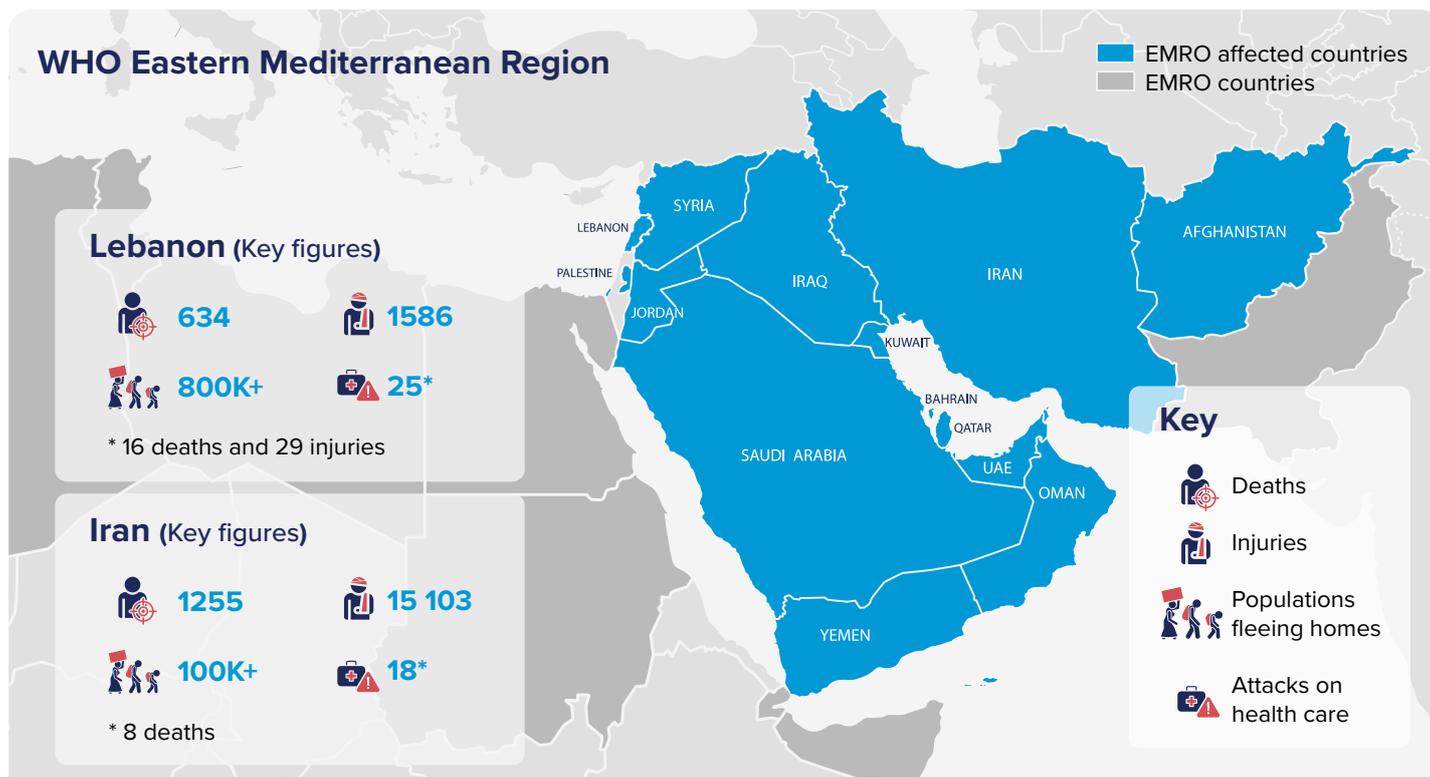


14
Countries affected in the Eastern Mediterranean Region



115 Million people already needed humanitarian assistance before this current escalation (almost 50% of all people-in-need globally).

WHO Eastern Mediterranean Region



The boundaries and names shown, and the designations used on this map, do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city, or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

KEY HIGHLIGHTS

- National authorities report 1255 deaths and more than 15 100 injuries in Iran, and 634 deaths and more than 1586 injuries in Lebanon.
- Current estimates indicate more than 100 000 people have relocated to other areas in Iran and over 800 000 displaced in Lebanon, with many sheltering in crowded collective shelters under deteriorating public health conditions.
- WHO has verified 18 attacks on health care in Iran resulting in 8 deaths, and 25 attacks in Lebanon resulting in 16 deaths and 29 injuries, further disrupting health services.
- In Lebanon, 48 primary health care centres and 5 hospitals have closed following evacuation orders, while in Iraq road closures are affecting ambulance movement and medicine deliveries. Crossings into the Gaza Strip remain largely closed, and in the West Bank movement restrictions and checkpoints are delaying ambulance transport and patient referrals.
- In Syria, increased cross-border arrivals from Lebanon are raising demand for health services at border areas, while in Iraq, the evolving security situation and movement restrictions are placing pressure on hospitals and disease surveillance activities.
- Across GCC countries, health systems remain operational and focused on preparedness, with national authorities activating emergency plans, strengthening monitoring for environmental and radiological risks.
- Strikes on oil storage facilities and refineries in Iran, Bahrain and Saudi Arabia are raising concerns about air pollution and wider regional environmental exposure, in addition to the immediate health impacts of the conflict.

[See country updates on page 4](#)

HUMANITARIAN HEALTH NEEDS AND GAPS

The escalation of violence across the Region has produced multi-layered public health emergencies that demand immediate, coordinated, and well-resourced response. The following gaps are common across the affected countries:



Trauma and Emergency Care

Rapidly increasing trauma caseloads and mass casualty incidents are overwhelming frontline hospitals and trauma centers across the region. Facilities lack adequate trauma kits, surgical supplies, blood bank capacity, and trained personnel to manage the surge.



Essential Medicines & Supplies

Acute shortages of life-saving medicines, chronic disease medications, diagnostics, and emergency medical equipment have been reported across the region. Some countries have depleted the pre-positioned WHO stocks following emergency distributions.



Disease Surveillance & Outbreak Risk

Population displacement into overcrowded collective shelters, interrupted immunization services, damaged water and sanitation infrastructure, and weakened public health systems create conditions highly conducive to communicable disease outbreaks including acute watery diarrhea, measles, and respiratory infections.



Health Coordination

Health sector coordination mechanisms are under strain. The Public Health Emergency Operations Centers (PHEOCs) require surge operational support to maintain real-time risk assessment, partner coordination, and evidence-based decision-making.



Radio-Nuclear & Chemical, Biological, Radiological, and Nuclear (CBRN) risks

The potential attacks on nuclear facilities and oil fields cause legitimate concerns about radio-nuclear and environmental contamination risk, requiring specialized public health surveillance and preparedness capacity that exceeds existing national capabilities.

WHO PRIORITIES

WHO is leading and coordinating a comprehensive, multi-country health response aligned with its Emergency Response Framework (ERF) and Incident Management System (IMS). Building on its established presence, existing coordination mechanisms, and operational networks in all countries, WHO is uniquely positioned to deliver rapid, accountable, and high-impact interventions.

The response aims to achieve the following outcomes:



Strengthen emergency coordination and health sector leadership



Enhance disease surveillance and early warning



Sustain and expand trauma response and essential health services



Reinforce logistics, supply chain, and operational support



Strengthen capacities for mass casualty management in Chemical, Biological, Radiological, and Nuclear (CBRN) emergencies

ENVIRONMENTAL HEALTH RISKS

- Oil storage facilities and refineries in Iran have been struck, triggering fires and raising serious concerns on air quality and associated public health risks. Additional reported strikes on oil infrastructure in Bahrain and the Kingdom of Saudi Arabia raise concerns about wider regional pollution exposure.
- Petroleum fires release toxic pollutants that can affect respiratory health and contaminate air and water. WHO is monitoring the situation closely and supporting authorities with public health guidance to help protect communities and reduce exposure risks.

REGIONAL PREPAREDNESS FOR (CBRN) RISKS

- **Refresher training on staff protection and radio-nuclear emergencies:** 205 participants from WHO country offices across the region.
- **Online radiological and nuclear staff self-protection training:** 1681 participants from several countries in the region.
- Additional radiological preparedness training sessions are planned for **Kuwait, Bahrain and Saudi Arabia.**

ATTACKS ON HEALTH CARE

WHO is mandated by Member States to collect and verify data on attacks affecting health care and to report on their impact on health services and communities. Health facilities, health workers, patients and ambulances are protected under international humanitarian law, and all parties must ensure they are respected and protected at all times.

WHO-verified attacks on health care:

IRAN | Since 28 February 2026

 **18 attacks on health care** resulting in  **8 deaths.**

LEBANON | Since 2 March 2026

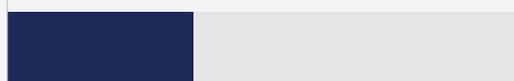
 **25 attacks on health care** resulting in  **16 deaths** and  **29 injuries.**

MEDICAL SUPPLY CHAIN

- WHO's global logistics hub in Dubai resumed operations on 9 March 2026. WHO is currently working with partners, including Dubai Humanitarian and the World Food Programme, to align operational priorities and support the delivery of critical health supplies to countries facing acute humanitarian needs.
- Current priority shipments include 57 metric tonnes of health supplies planned for Al Arish to support the Gaza response, while preparations are under way for a potential 15–20 metric tonne shipment to Lebanon. The hub is also coordinating with partners to support up to 80 metric tonnes of prioritized humanitarian cargo to Afghanistan, including WHO medical supplies.
- Export processes have also resumed with the support of the UAE Ministry of Health, and the first shipment, containing cholera response supplies for Mozambique, is expected to depart in the coming week.
- The closure on the strait of Hormuz is having widespread supply chain impacts that will be felt globally. WHO has activated contingency plans and is now redirecting shipments to alternative ports, where possible, in close coordination with our freight forwarding partners, shipping lines, and Member States.

FUNDING REQUIREMENTS

WHO requires US\$ 633 million for health emergency responses in 2026 across the Region in addition to US\$ 56 million to sustain the Regional Health Emergencies Programme—reflecting already significant demand even before this latest escalation. To date, these requirements remain 70% underfunded.



WHO's health emergency appeals for 2026 remain about 70% unfunded.

Iran

- Since the beginning of the ongoing conflict, more than 1255 people have been killed and 15 103 injured. People injured include: 1402 women and 700 children under the age of 18 years. More than 12 495 injured people have been treated and discharged, while 1682 remained hospitalized.
- More than 100 000 people have relocated due to insecurity since 28 February 2026. These figures are likely an underestimate, as population movements are expected to be significantly higher across the country.
- Since 28 February 2026, WHO has verified 18 attacks on health care resulting in 8 deaths.
- The Ministry of Health reports that primary health care centres (PHCs) remain functional and continue to provide services to pregnant women, infants, and people with chronic diseases. During the first five days of the conflict, 27 deliveries were attended for pregnant women who had travelled to the northern part of the country.
- Strikes on Iranian energy infrastructure have prompted concerns about severe environmental and health risks. Iranian authorities have published instructions on protection against acidic rainfall following the attacks on oil storage facilities and the massive release of toxic hydrocarbons, sulfur oxides, and nitrogen compounds into the air. According to Tehran's Water and Wastewater Company, no contamination of water resources has been reported.
- On 3 March 2026, International Atomic Energy Agency (IAEA) confirmed damage to buildings at the Natanz enrichment site. However, IAEA also reports no elevation of radiation levels in Iran and neighboring countries, and no indication that any nuclear reactor in Iran has been hit. There has been confirmed damage at the entrance of the nuclear fuel facility at Natanz and reported damage at gamma irradiator facility in Isfahan, but no radiological impact has been reported.
- Three free telephone counseling hotlines have been launched, offering specialized services for both children and adolescents as well as adults.

WHO response

- In case of radiological or nuclear release, WHO priorities include: public health risk assessment, duty of care to staff and dependents, public health measures/public messaging, and supporting the emergency response of health authorities. WHO has provided training and refreshers to the WHO and UN workforce on public health risks and personal protection measures following potential exposure to high radiation levels.
- WHO teams in Iran remain in close contact with national health authorities to identify needs and support the response, including in the areas of Mental Health and Psychosocial Support (MHPSS), medical supply procurement, and the provision of trauma supplies.

Lebanon

- The MoH reported at least 634 deaths and more than 1586 injuries. Out of the total injured, 53% were treated at emergency rooms, 38% admitted to regular wards and 9% admitted to intensive care units (ICU). The majority of fatalities and injuries occurred in Nabatieh (913 casualties), followed by the South (786 casualties), and Mount Lebanon (228 casualties). Additional cases were reported across other governorates.
- Hostilities continue to directly impact nearly the entire population residing south of the Litani River, as well as parts of Baalbek Governorate, the Bekaa Valley, and large areas of Beirut's southern suburbs. More than one million people are now affected by the rapidly deteriorating humanitarian situation, with casualty figures continuing to rise. IOM are reporting more than 816 700 people displaced with 125 800 registered in 590 collective shelters. Twelve of these shelters are equipped to receive people with physical disabilities.
- A significant number of people remain in hard to reach or high risk areas, including older persons, persons with disabilities, and individuals with limited mobility who face barriers to evacuation and access to assistance.

- Health facilities are increasingly overstretched as trauma cases surge. People with chronic illnesses, including those requiring dialysis, insulin, or other life-sustaining treatment, are facing disruptions due to displacement, infrastructure damage, and movement restrictions.
- Attacks on health facilities and healthcare providers are further undermining functionality, leaving communities with limited medical support at a time of increased need. Since 28 February 2026, WHO has verified 26 attacks on health care resulting in 16 deaths and 45 injuries. Four health facilities have sustained partial damage. As a result of military evacuation orders, 47 PHCs and 5 hospitals have closed.
- No cases related to white phosphorus exposure have been reported from health care facilities to date.

WHO response

- WHO hospitalization network for lifesaving and limb-saving care, supported by the European Union has been expanded to include the management of conflict-related trauma among Syrian refugees and migrant workers. The network currently includes 18 public hospitals and 6 private referral hospitals, in addition to hospitals already providing care to conflict-related casualties.
- To mitigate the risk of disease outbreaks, especially in overcrowded shelters with limited access to water, sanitation and hygiene, WHO is supporting national health authorities to enhance disease surveillance and early warning systems.



Dekwaneh Technical Institute in Beirut, run by health sector partner Caritas Lebanon, is hosting nearly 2600 displaced people.

Occupied Palestinian territory

Gaza

- Most crossings into the Gaza Strip remain closed, restricting the delivery of humanitarian assistance. Medical evacuations remain suspended since 28 February 2026. Kerem Shalom crossing reopened on 3 March 2026, allowing the entry of fuel and humanitarian supplies. On 4 March 2026, WHO collected 295 pallets of medical supplies from Kerem Shalom crossing that had been previously transferred on to the Gaza side of the crossing. Eight WHO trucks remain on standby in Al-Arish awaiting clearance. A further 411 pallets have been approved for shipment through the West Bank and Egypt but have not yet entered the Gaza Strip.
- As part of the interagency fuel distribution mechanism, since 27 February 2026 WHO has supported the distribution of more than 62 000 litres of fuel that was already available inside Gaza to help sustain the functioning of health facilities. After a brief pause between 27 February and 2 March 2026, fuel has begun re-entering Gaza in limited quantities. Health partners are prioritizing emergency and trauma care, maternal and neonatal services, and the management of communicable diseases. They are closely monitoring fuel consumption and adjusting operations where necessary.
- Eighteen of 36 hospitals are non-functional, and health services remain under strain. The Ministry of Health reports that 46% of essential medicines and 66% of medical consumables are at zero stock. Surgical consumables and trauma supplies are critically low. Laboratory reagents and diagnostic equipment are being denied or delayed, putting disease surveillance at risk of disruption if closures persist.
- Medical evacuations through Rafah and Kerem Shalom crossings remain suspended since 28 February 2026. Over 18 500 patients in the Gaza Strip remain in urgent need of medical care that is not available locally and require referral to health facilities in the West Bank, including East Jerusalem and abroad.



WHO trauma and essential medical supplies arrive at Al-Shifa Hospital, Gaza Strip.

WHO response

- WHO is prioritizing the distribution of available supplies from its warehouse in the Gaza Strip to ensure that lifesaving needs can be addressed without disruptions. WHO is also expanding pre-positioned health stocks outside the Gaza Strip, enabling rapid scale-up and immediate surge capacity once crossings reopen. Lifesaving health services are being reprioritized to guide fuel allocation toward critical facilities and functions. WHO supported, Emergency Medical Team rotation into the Gaza Strip resumed on 8 March 2026.

West Bank

- Movement restrictions and checkpoint closures are delaying ambulance and mobile clinic access and patient transport across several governorates, including Nablus, Hebron, Jericho, Qalqilia, and Ramallah. Ambulances are often forced to take longer routes or transfer patients between vehicles at checkpoints, significantly delaying response times.
- Even before the current escalation, health facilities in hotspot areas such as Jenin, Tulkarm, Nablus, and the Jordan Valley were reporting acute shortages of trauma medicines and anesthetics, while some rural clinics were already reaching zero-stock levels for insulin and hypertension medicines. As mental health needs grow, shortages of psychotropic medicines are also becoming a concern.

WHO response

- The Health Cluster, led by WHO, continues supporting the deployment of mobile medical teams and the provision of essential supplies to health facilities, to maintain continuity of care and reach underserved and high-risk areas. WHO is ensuring the continued replenishment of trauma kits and Interagency Emergency Health Kits (IEHK) — containing essential medicines and supplies — in at least seven hospitals across the West Bank. This is complemented by ongoing training for health workers and community volunteers to strengthen their capacity to respond to emergencies and mass casualty incidents.

Iraq

- The evolving security situation is placing increasing pressure on health services in Iraq, particularly hospitals located near areas affected by attacks and demonstrations. These facilities are managing increased demand for emergency and trauma care services while continuing to provide routine health services.
- Clashes associated with demonstrations and other security incidents have resulted in injuries requiring emergency medical care. In some locations, road closures and security restrictions have disrupted access routes for ambulances and health personnel, affecting emergency response and patient referral between health facilities.
- Interruptions to transport routes and operational constraints are also affecting patient access to health facilities, referral systems, and the delivery of medicines and medical supplies. Health facilities continue to provide essential services, including maternal and child health care, immunization, and management of chronic diseases, including mental health services, although these services are operating under increased operational pressure in some areas.
- Public health functions such as disease surveillance, field investigations, and laboratory sample transport are also affected by movement restrictions and operational constraints. These challenges may delay the detection and response to communicable disease outbreaks in a context where Iraq continues to experience recurrent outbreaks.
- The Ministry of Health has taken initial measures to strengthen health sector readiness in response to the evolving security situation. These measures include updating the national emergency preparedness and response plan and identifying priority hospitals to manage potential mass casualty incidents.
- Hospitals and emergency departments have been advised to increase readiness for trauma and emergency care services. Efforts are also ongoing to review the availability of emergency medical supplies and to strengthen coordination with emergency medical services and referral hospitals.

WHO response

- WHO has developed a contingency plan to guide preparedness and response to the evolving situation and is working with the Ministries of Health in Baghdad and Erbil to identify priority areas of support to strengthen the health sector response.

Syria

- Syria's humanitarian situation remains one of the largest globally. An estimated 16.5 million people require humanitarian assistance, including 15 million who need health services. More than six million people remain displaced, while nearly three million returnees are returning to areas where health infrastructure, staffing, and medicines remain severely stretched.
- Since 2 March 2026, 92 333 people have crossed from Lebanon into Syria, including 83 800 Syrians and 8533 Lebanese. While arrivals remain within the operational capacity of border crossings, they are increasing demand for health services, including trauma care, reproductive health services, mental health support, and referral services.

WHO response

- WHO is working in close coordination with the Ministry of Health and the Directorates of Health across the affected governorates to support the response. This includes the delivery of emergency medical supplies, support to priority health services at border areas, and coordination on disease surveillance, vaccination, referral pathways, and other immediate health needs. WHO is also coordinating closely with partners across the health sector and within the Humanitarian Country Team mechanisms to ensure a coherent and timely health response in affected areas.

Kingdom of Saudi Arabia

WHO response

- WHO is engaging with the Ministry of Health in Saudi Arabia to review the evolving situation and align preparedness frameworks with WHO technical support. Discussions focus on risk monitoring, emergency preparedness and strengthening national response capacity should the situation escalate.

Kuwait

- The Ministry of Health has activated its health emergency plans raising the level of preparedness in health facilities, in addition to intensifying environmental and preventative monitoring measures.
- Primary healthcare centers are operating under emergency protocols. Essential medical supplies and medicines are fully stocked. Non-urgent scheduled procedures in public hospitals have been temporarily paused to reinforce preparedness, while specialized hospitals continue normal operations.
- Kuwait's Poison Control Center is ready to respond to chemical exposure incidents. Environmental and preventive measures are being intensified, including monitoring radiation levels in seawater, drinking water and air particles, supported by 13 radiological monitoring stations coordinated with relevant authorities.
- A telephone psychological counseling service is available to provide initial psychological and social support.
- Kuwait Red Crescent Society (KRCS) is organizing a series of workshops on First Aid and Psychological First Aid for the public. 150 KRCS volunteers have also been mobilized as part of efforts to boost national readiness.

Bahrain

- The health system and hospitals in Bahrain remain operational as part of national health response readiness and emergency coordination led by the Ministry of Interior and supported by the Ministry of Health.
- In 2025, WHO supported national simulation exercises for health security preparedness. This was the second round of such exercises, following an initial round conducted in 2023.
- A briefing on chemical, biological, radiological and nuclear (CBRN) preparedness for UN agencies in Bahrain and Kuwait has been conducted.

Oman

- Oman's health system continues to maintain continuity of essential health services.
- Oman has conducted simulations on Public Health Emergency Operations Center activation and is piloting the WHO Hospital Resilience Framework to strengthen the safety of health facilities during emergencies.

WHO response

- WHO collaboration focuses on preparedness, institutional capacity building and emergency simulation exercises.

Qatar

- Qatar has activated its National Emergency Operations Center and conducted risk assessments to monitor potential public health risks.
- Qatar is also working with the Gulf CDC on regional risk assessments and contingency planning, while implementing additional precautionary measures such as testing imported food products and updating national public health response plans in line with the International Health Regulations (IHR).
- Ministry of Public Health (MOPH) has also activated policies to facilitate access to and replenishment of essential medicines for people in need, including individuals stranded in the country.
- In collaboration with the Ministry of Interior (MOI), authorities have launched public information campaigns in several languages to inform the population about safety alerts, sheltering measures, and protective behaviours, including guidance on caring for vulnerable groups such as elderly persons and children with autism.

WHO response

- WHO is coordinating with the MOPH and national partners to review preparedness measures and ensure readiness of the health system.