

### CRISIS IN NUMBERS

**115 million**

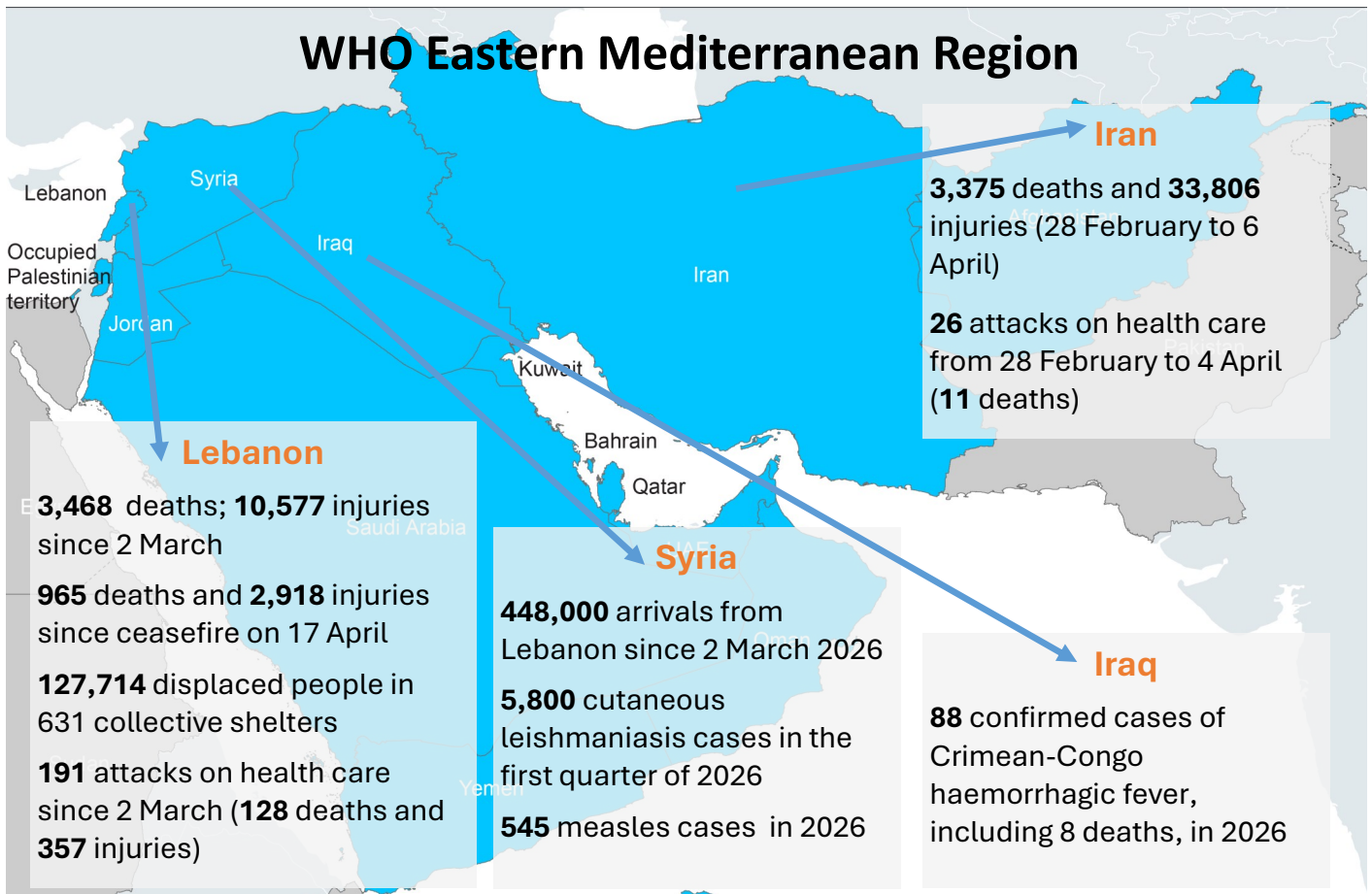
people in need of humanitarian aid in the Region (48% of global total) prior to the current conflict

**US\$ 30.3 million**

required for WHO Middle East conflict flash appeal (12% funded)

**US\$ 633 million**

required for WHO's regional health emergency appeals (49% funded)



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.

### UPDATE ON SITUATION REPORT FREQUENCY AND FORMAT

This is the last issue of the bi-monthly Regional situation report on the Middle East Conflict.

Subsequent issues will be released monthly, with a focus on all humanitarian and health emergencies in WHO's Eastern Mediterranean Region.

The first issue of the Regional health emergencies situation report will be published on 2 July 2026, covering the reporting period of 2 June - 1 July 2026.

## KEY HIGHLIGHTS

- The Seventy-Ninth World Health Assembly adopted a resolution on the protection of health care, submitted by Lebanon and endorsed by the Council of Arab Health Ministers, calling for strengthened protection of health services, sustained international support and enhanced operational assistance to ensure continuity of essential health services during conflict.
- Attacks on health care in Lebanon continue despite the ceasefire. Since 2 March 2026, more than 191 attacks on health care have been reported, resulting in 128 health worker deaths and 357 injuries.
- More than 127,700 people remain displaced in collective shelters across Lebanon, while acute watery diarrhoea cases continue to increase, from 504 cases in week 17 to 803 cases in week 20, bringing the cumulative total to 2,777 cases.
- Population movements from Lebanon continue, with more than 448,000 people reported crossing into Syria since 2 March.
- In Syria, 545 measles cases have been reported since January 2026, including 96 cases during the past two weeks, while cutaneous leishmaniasis remains a public health concern with more than 5,800 cases reported during the first quarter of 2026.
- Iraq has reported 88 confirmed cases of Crimean-Congo haemorrhagic fever, including eight deaths, highlighting continued risks from infectious disease outbreaks amid regional instability.
- On 3 June, strikes on Kuwait Airport, residential areas, and civilian and diplomatic facilities resulted in 1 death and 63 injuries. The UN House, hosting WHO's office, was hit by debris, but no casualties were reported.
- WHO's Middle East conflict flash appeal remains significantly underfunded, with only 12% of the US\$30.3 million requirement funded.

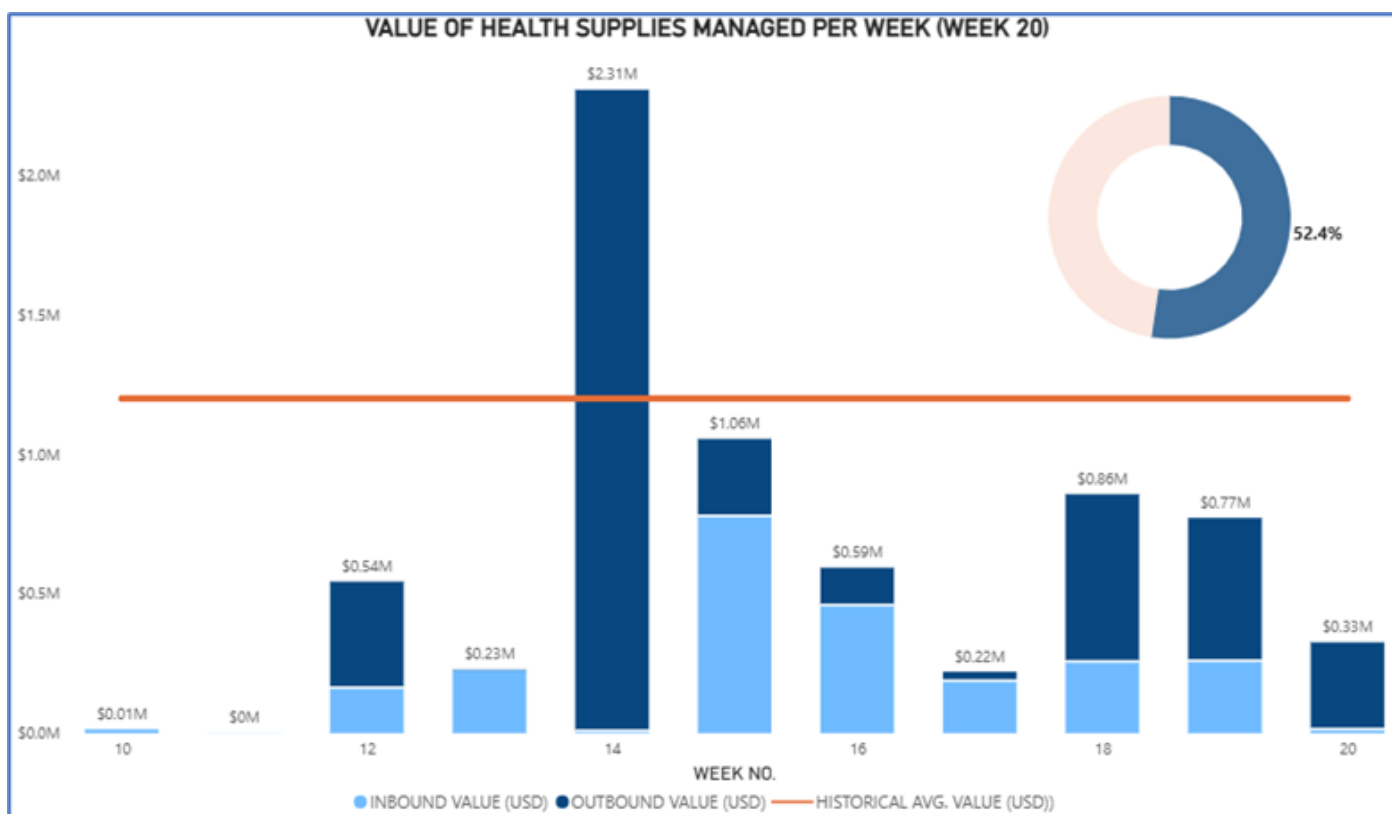
## WHO RESPONSE

- WHO's logistics hub in Dubai remains fully operational despite ongoing supply chain constraints and is managing emergency air charters to the Democratic Republic of the Congo, Gaza, Yemen and Somalia.
- WHO conducted training for emergency physicians in Lebanon on preparedness and response to radio-nuclear hazards and is supporting the rollout of additional training across hospitals nationwide.
- WHO continues to support trauma-related hospitalization costs for non-Lebanese patients affected by the conflict in Lebanon, with support provided to 101 patients in 23 hospitals to date.
- WHO delivered 13.3 metric tonnes of essential medicines, medical supplies and emergency health kits to Yemen to support primary health care, emergency and inpatient services.
- WHO supported Risk Communications and Community Engagement training on priority communicable diseases in Syria, reaching 200 community health workers across six governorates.
- WHO and the Ministry of Public Health and Population in Yemen convened the first National Emergency Medical Teams Acceleration Plan workshop to strengthen emergency preparedness and response capacity.
- WHO continues to support mental health and psychosocial services across the region, including health worker support in Iran, community mental health services in Palestine, and integration of MHPSS into primary health care services in Yemen.

## ATTACKS ON HEALTH CARE

- Since 2 March, WHO's Surveillance System for Attacks on Health Care has recorded 191 attacks on health care in Lebanon as of 2 June, resulting in 128 deaths and 357 injuries among health workers. From 23-31 May alone, WHO verified 16 attacks on health care in Lebanon that resulted in five deaths and 34 injuries among health workers.
- On 1 June, an attack on the Jabal Amel hospital in Tyre, southern Lebanon, result in the death of four people and injured at least 127 people, including 39 members of the hospital's medical, nursing, and administrative staff. The attack caused severe and extensive damage across the hospital's various floors, departments, and parking lot including three buildings adjacent to the hospital, and caused significant damage to the emergency department and intensive care unit.
- WHO is mandated by Member States to collect, verify, and report on attacks on health workers, patients, health facilities, and health transports through its Surveillance System for Attacks on Health Care (SSA) system, and to document their impact on health services, health workers and access to care.

## MEDICAL SUPPLY CHAIN



- As of week 20, WHO's Hub for Global Health Emergencies Logistics in Dubai continues to experience lower-than-average deliveries due to supply chain constraints and rising transportation costs. Despite these challenges, the Hub remains fully operational and continues to support emergency responses through air charters to the Democratic Republic of the Congo, Gaza (via Al-Arish, Egypt), Yemen and Somalia.
- The Hub currently maintains US\$ 3.46 million in medical countermeasures ready for immediate deployment to 26 countries, including approximately 200 metric tonnes of health supplies. Available stocks include personal protective equipment (PPE) and other critical supplies for the Ebola response in the Democratic Republic of the Congo, as well as laboratory equipment to support polio surveillance and detection.

- Since the start of the regional crisis, the WHO Hub for Global Health Emergencies Logistics has delivered US\$ 4.57 million worth of medical countermeasures to 24 countries in all six WHO regions, demonstrating its continued role as a critical platform for global emergency response.

## **ENVIRONMENTAL HEALTH**

- WHO continues to monitor environmental risks associated with the regional escalation, including potential impacts on air quality, water systems and public health, and provides technical guidance to support national response and mitigation measures.

## **CHEMICAL, BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR (CBRN) RISKS**

- WHO continues to provide technical support to ministries of health in priority countries on preparedness for chemical, biological, radiological and nuclear (CBRN) incidents. In the event of a radiological or nuclear release, WHO priorities include public health risk assessment, risk communication, implementation of public health measures, protection of staff and dependents, and support to national health authorities.

## **MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)**

- In Palestine, WHO continues rehabilitation and refurbishment of mental health inpatient and outpatient units in Gaza, alongside assessments for the establishment of a community mental health centre in southern Gaza. Efforts are ongoing with the MHPSS Technical Working Group to deliver community Mental Health Gap Action Programme (mhGAP) training and adapt WHO guidance for media reporting on MHPSS-related issues in Gaza. Psychotropic medicines have been procured and delivered for the West Bank, with additional procurement underway for both Gaza and the West Bank.
- In Lebanon, psychosocial skills training focused on de-escalation techniques continues, with an additional 35 professionals trained. Work is also ongoing to strengthen MHPSS coordination, collaboration, and information-sharing among partners at a sub-national through development of an operational framework and planned workshops across governorates.
- In Iraq, WHO conducted nationwide cascading mhGAP trainings in collaboration with the federal Ministry of Health and the Ministry of Health of the Kurdistan Region, with rollout continuing at governorate level. Iraq has also developed Arabic-language media reporting guidelines and communication materials related to mental health, substance use and emergencies.
- In Iran, contextualized MHPSS and Psychological First Aid guidelines, podcasts and training materials were developed and disseminated, reaching 250 health workers across 29 provinces. Preparedness for potential conflict escalation remains a priority, alongside integrated funding proposals linking MHPSS and RCCE activities.
- In Yemen, progress was made in updating MHPSS services mapping at health facility level in coordination with national stakeholders. Efforts also continue to integrate MHPSS into nutrition, maternal health and primary health care services. Funding constraints remain a significant challenge.

## **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) / INFODEMIC MANAGEMENT**

- WHO continues to support countries across the Region to strengthen risk communication, community engagement and infodemic management capacities as part of preparedness and response efforts related to the ongoing Middle East escalation.

- The first draft of Qatar's National Multi-Hazard Risk Communication, Community Engagement and Infodemic Management Strategic Action Plan (2026–2030) has been finalized and is undergoing technical review. The plan will be discussed during an upcoming national stakeholder consultation to support multisectoral engagement and implementation.
- WHO finalized the regional operational guidance document titled “Health preparedness and response: key messages for communities during Middle East escalations” and shared it with internal and external partners. The guidance provides standardized community messaging on priority risks, including critical infrastructure disruption, water scarcity, continuity of care, and protection from sexual exploitation, abuse and harassment, to support preparedness and response activities across the Region.

## RCCE IN FOCUS

### Health awareness on prevention of communicable diseases for internally displaced persons in Lebanon

In Lebanon, WHO supported the Ministry of Public Health to develop a health awareness booklet on prevention of common communicable diseases for approximately 130,000 internally displaced persons living in collective shelters. The booklet was developed in response to reports of lice, scabies and other communicable diseases affecting displaced populations, particularly women and children. Through integration with existing hygiene kit distributions, the booklet is expected to reach approximately 34,000 displaced families. The initiative was implemented in collaboration with Health Sector partners, WASH actors, universities, the Disaster Risk Management Unit and relevant departments within the Ministry.



## PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH)

- In Yemen, WHO conducted supervisory field visits to Al-Sadaqa and 22 May Hospitals in Aden to assess the integration of safeguarding and protection measures within quality-of-care standards, including privacy, dignity, confidentiality, accessibility for persons with disabilities, complaint and feedback mechanisms, and adherence to professional ethics and codes of conduct.
- WHO also engaged with Yemen’s Ministry of Public Health and Population on protection from sexual exploitation, abuse and harassment (PSEAH) and gender-based violence (GBV), focusing on safeguarding risks, survivor-centred approaches and integration of protection principles into health service delivery and community engagement.
- WHO provided technical support to UNFPA during Clinical Management of Rape (CMR) training for female doctors in Yemen, emphasizing comprehensive and survivor-centred care, confidentiality, informed consent, referral pathways, and integration of safeguarding principles into GBV response services.

## HUMANITARIAN HEALTH NEEDS AND GAPS

- Facilities lack adequate trauma and surgical supplies, blood bank capacity, and trained personnel to manage injured patients.
- Shortages of medicines, chronic disease medications, diagnostics, and emergency medical equipment have been reported across the region.
- Displacement and overcrowded shelters, interrupted immunization services, damaged water and sanitation infrastructure, and weakened public health systems compromise disease surveillance and response.
- Public Health Emergency Operations Centers require surge operational support to maintain real-time risk assessment, coordination, and evidence-based decision-making.
- Attacks on nuclear facilities and oil fields cause legitimate concerns about radio-nuclear and environmental contamination risk.

### WHO RESPONSE PRIORITIES



**Strengthen emergency coordination and health sector leadership**



**Sustain / expand trauma response and essential health services**



**Enhance disease surveillance and early warning**



**Reinforce logistics, supply chain, and operational support**



**Strengthen mass casualty management in Chemical, Biological, Radiological and Nuclear emergencies**

## PRIORITY CALLS TO ACTION

- **Health care must be protected at all times** in line with international humanitarian law.
- **Safe and unimpeded access must be ensured**, including delivery of aid and movement of patients, health staff, and ambulances.
- **Critical infrastructure essential to health must be protected**, including water and energy systems.
- **Humanitarian operations must be enabled and sustained**, including safe conditions for health workers and partners.
- **Urgent and sustained funding is required** to support health operations.

## FUNDING UPDATES

- **US\$30.3 million** required for WHO Middle East conflict flash appeal—12% funded.
- **US\$ 633 million** required for WHO's regional health emergency appeals— 49% funded.

### Iran

- No new deaths, injuries or attacks on health care reported since the ceasefire announced on 7 April.
- From 28 February to 6 April, Iran's Legal Medicine Organization reported at least 3,375 civilian deaths, including 496 women, and the Ministry of Health reported more than 33,806 injuries.
- WHO verified a total of 26 attacks on health care from 28 February to 4 April 2026 resulting in the deaths of 11 health care workers.
- As part of the first phase of WHO's Mental Health and Psychosocial Services (MPHSS) support for health workers, WHO developed and disseminated training materials, facilitator guides and self-paced learning resources. A total of 250 health workers across 29 provinces, including hotline support providers, completed this training. The second phase focused on peer support interventions. A total of 87 peer support sessions for health workers were conducted across 12 provinces, covering topics such as Psychological First Aid, trauma, self-care, and grief. Overall, nearly 4,700 health workers participated in these peer support sessions (although some individuals may have attended more than one session). In addition, 288 health workers received direct individual psychological support, and 31 health workers were referred to specialized mental health services for specialized services.
- WHO continues to support preparedness activities through procurement of priority equipment and supplies, including noncommunicable disease medicines, backup power systems and generators to strengthen health service continuity.
- WHO has received EUR 2 million from the European Union to support its work in Iran, including the procurement of equipment to support the functionality of hospitals, prepositioning of emergency health supplies, training of mental health experts and health workers, and improving access to primary health care services, including mental health services for Afghan refugees.

### Lebanon

- Between 2 March and 2 June, 3,468 deaths and 10,577 injuries have been reported, including 965 deaths and 2,918 injuries since the announcement of a ceasefire on 17 April.
- As of 21 May, 127,714 displaced people were residing in 631 collective shelters across the country, representing a 14% increase since 17 April. Acute watery diarrhoea (AWD) cases continue to increase, rising from 504 cases in week 17 to 803 cases in week 20, bringing the cumulative total to 2,777 cases. No confirmed cholera cases have been detected.
- Since 2 March, WHO's Surveillance System for Attacks on Health Care has recorded 191 attacks on health care in Lebanon as of 2 June, resulting in 128 deaths and 357 injuries among health workers. From 23-31 May alone, WHO verified 16 attacks on health care in Lebanon that resulted in five deaths and 34 injuries among health workers.
- On 1 June, an attack on the Jabal Amel hospital in Tyre, southern Lebanon, result in the death of four people and injured at least 127 people, including 39 members of the hospital's medical, nursing, and administrative staff. The attack caused severe and extensive damage across the hospital's various floors, departments, and parking lot including three buildings adjacent to the hospital, and caused significant damage to the emergency department and intensive care unit.

- Health infrastructure continues to be affected. 42 primary health care centres and three hospitals remain closed, while 17 hospitals have sustained partial damage, including two with major structural damage. 118 pharmacies and pharmaceutical warehouses have also been affected.
- WHO conducted training for emergency physicians on preparedness and response to radio-nuclear hazards and is supporting the rollout of additional training across hospitals nationwide.
- WHO deployed 120 trauma backpack kits to ambulance and emergency medical service teams to strengthen readiness for mass casualty incidents and conflict-related injuries.
- WHO continues to cover trauma-related hospitalization costs for non-Lebanese patients affected by the conflict. To date, care has been provided to 101 patients in 23 hospitals, including Syrians and migrant workers. Nearly 25% of beneficiaries are under 18 years of age.
- WHO psychosocial skills training focusing on de-escalation techniques continues, with an additional 35 professionals trained. Work is also ongoing to strengthen MHPSS coordination, collaboration, and information-sharing among partners at a sub-national through development of an operational framework and planned workshops across governorates.

## Iraq

- Iraq has reported 88 confirmed cases of Crimean-Congo haemorrhagic fever (CCHF), including eight deaths, since the start of 2026. The Ministries of Health and Agriculture continue coordinated efforts to reduce CCHF transmission through tick-control campaigns, enhanced surveillance and public awareness activities promoting safe slaughtering practices.
- While no significant public health impacts related to the regional escalation have been reported, the health system continues to operate under pressure from supply chain constraints and operational limitations. Continued disruption to regional trade routes and reduced national revenues have affected resource availability, resulting in delays to procurement of specialized medical equipment and routine maintenance of health facilities.

## Syria

- The security situation in southern Syria remains volatile, particularly in Daraa and Quneitra governorates, with insecurity continuing to affect civilian populations and humanitarian access.
- Population movements between Lebanon and Syria continue through official border crossings. Since 2 March 2026, UNHCR reports that 448,582 people have crossed from Lebanon into Syria, including 367,291 Syrians and 81,291 Lebanese.
- Syria has reported 545 measles cases since January 2026, including 96 cases during the past two weeks. All governorates have reported suspected cases and six have reported laboratory-confirmed cases. Most confirmed cases are among unvaccinated children. Reactive vaccination activities continue, while authorities assess options to strengthen national vaccination efforts.
- Cutaneous leishmaniasis remains a public health concern, with more than 5,800 cases reported during the first quarter of 2026. Population movements, poor environmental conditions and sanitation challenges continue to contribute to transmission in affected areas.
- WHO and partners continue to support the Ministry of Health to strengthen surveillance, outbreak preparedness and response, vaccination activities, and uninterrupted access to essential medicines and medical supplies. WHO also supported Risk Communications and

Community Engagement training on priority communicable diseases, including acute watery diarrhoea, measles, hepatitis A and leishmaniasis, reaching 200 community health workers across six governorates.

- WHO supported surveillance capacity strengthening through five Early Warning, Alert and Response System (EWARS) and Early Warning and Response Network (EWARN) training sessions involving 125 participants, and deployed additional facilitators to strengthen system integration, data quality and reporting across priority governorates.

## Yemen

- In May 2026, Yemen reported one new case of circulating vaccine-derived poliovirus type 2 (cVDPV2). Two positive environmental surveillance samples were also reported in May 2026, collected in Hadramout Governorate on 30 Sept. and 30 Nov. 2025, respectively. Although polio reemerged in Yemen and has been spreading since 2021, these new confirmed cases indicate ongoing transmission and highlight the need for continued surveillance, immunization activities and cross-border coordination, particularly with countries in the Horn of Africa. With this latest confirmation, the cumulative number of reported cVDPV2 cases in Yemen for 2025 has reached 31, alongside 15 environmental samples tested positive for the virus.
- The continued pause in UN operations in the north remains concerning and may further limit support to major hospitals and health services. Continued operational constraints could reduce Yemen's capacity to respond to mass casualties, displacement and other humanitarian needs.
- On 16 May, WHO, in coordination with the Ministry of Public Health and Population, received an air charter flight carrying 13.3 metric tonnes of essential medicines and medical supplies in Aden. The supplies will support primary health care and emergency and inpatient services.
- On 17–18 May, WHO and MoPHP, with support from ECHO, convened the first National Emergency Medical Teams Acceleration Plan workshop. Participants reviewed national surge capacity requirements, Emergency Medical Team typology, priority deployment locations and activation mechanisms to strengthen emergency preparedness and response capacity.
- Yemen's Public Health Situation Analysis has been completed, including assessment of the potential impacts of a wider regional escalation on the country's health system.

## Jordan

- The situation in Jordan remains stable, with no security incidents reported in relation to the regional escalation. However, indirect impacts continue to affect supply chains, logistics routes and the cost of maintaining essential services.
- Energy supplies remain stable, with contingency measures in place to sustain electricity generation, although increased reliance on alternative fuels has raised operational costs.
- WHO and health partners continue to monitor potential public health implications and maintain preparedness for a rapid response.

## Oman

- Oman continues to focus on citizen protection, logistics continuity, and maritime navigation and security. No disruptions to essential health services, hospital operations or population displacement have been reported, and no significant public health impacts have been identified.

- Oman continues to strengthen preparedness through public health emergency operations centre simulations and implementation of the WHO Hospital Resilience Framework.
- WHO continues to support preparedness, institutional capacity-building and emergency simulation exercises.

## Kingdom of Saudi Arabia

- All land border crossings, airports and Red Sea seaports continue to operate normally.
- No public health concerns have been reported. Health services remain fully operational, with no reported shortages of medicines, medical supplies or other essential commodities.

## Kuwait

- On 3 June, strikes on Kuwait Airport, residential areas, and civilian and diplomatic facilities resulted in 1 death and 63 injuries. The UN House, hosting WHO's office, was hit by debris, but no casualties were reported.
- The health system continues to function normally, with no shortage of health-related commodities.