

CRISIS IN NUMBERS



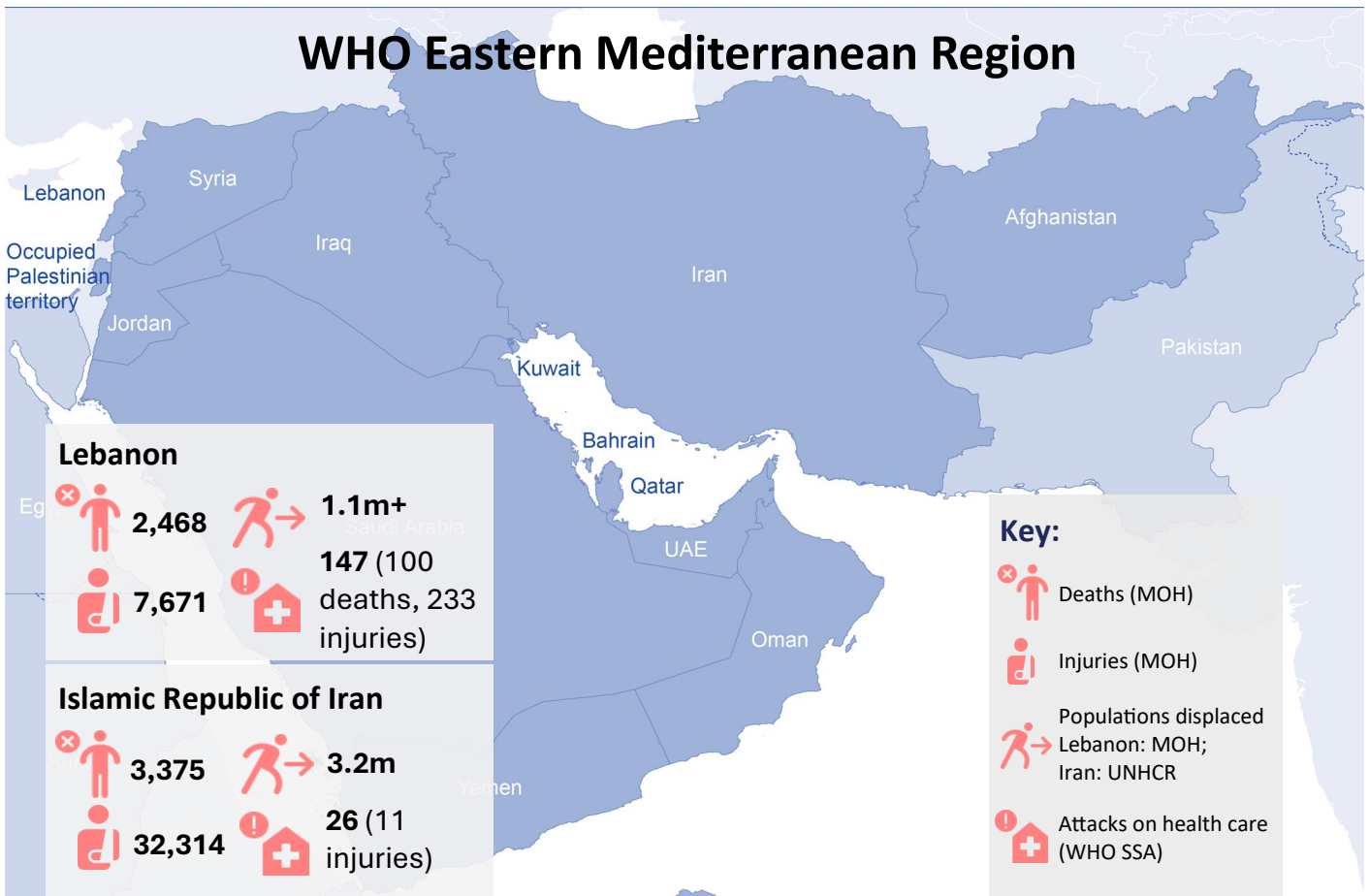
21 countries affected globally



15 countries affected in the Eastern Mediterranean Region



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



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 (as of 23 April)

- No new attacks on health care have been reported since the ceasefires.
- In Lebanon, the health system remains under strain, with six hospitals fully closed, 15 partially damaged, and 51 primary health care centres closed, alongside continued population returns to heavily damaged areas with limited health services.
- In Iran, displacement is affecting more than 3.2 million people, with limited access to clean water reported in some locations, according to UNHCR emergency flash update #14 of 21 April.
- Disease risks remain a concern, including reported cases of Crimean-Congo haemorrhagic fever in Iraq and acute watery diarrhoea, lice, chickenpox, and measles in Lebanon, the majority from collective shelters.

- Supply chain disruptions persist, with reduced transport capacity and continued constraints linked to the closure of the Strait of Hormuz affecting the availability of essential health supplies.
- *Read more key updates from countries on page 5.*

WHO RESPONSE

- A third European Civil Protection and Humanitarian Aid Operations charter flight arrived in Lebanon on 23 April carrying WHO supplies.
- Over the reporting period, WHO's Global Logistics Hub in Dubai dispatched health supplies to six countries in the Eastern Mediterranean and African Regions.
- A regional public health emergency officer has been deployed to support Gulf countries in emergency preparedness and response planning. A mission to Saudi Arabia has been completed, and support to Qatar is ongoing.
- In Iran, WHO is prioritizing local procurement of essential supplies, including generators, uninterrupted power supply systems, and noncommunicable disease medicines, based on requests from national authorities.
- In Syria, utilization of WHO emergency contingency funds continues supporting public health interventions, procurement of essential health kits, and deployment of mobile medical teams in underserved and high-return areas.
- In Iraq, WHO emergency contingency funds are supporting the scale-up of disease surveillance, emergency response coordination, mental health and psychosocial support services, and training of frontline health responders.

ATTACKS ON HEALTH CARE (as of 23 April)

- No attacks on health care have been reported since the ceasefires. In Lebanon, WHO has verified 147 attacks on health care, resulting in 100 deaths and 233 injuries since 2 March. 15 hospitals damaged and 6 closed, 51 PHCs closed. In Iran, WHO has verified 26 attacks on health care in Iran since February 28, resulting in 11 deaths.
- 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 23 April)

- A third ECHO charter flight arrived in Lebanon on 23 April, carrying WHO supplies including ventilators, trauma and surgical supplies, and insulin.
- WHO's Global Logistics Hub in Dubai Hub received US\$200,000 in inbound health supplies over the reporting period, including measles supplies, emergency health supplies, and medicines for malaria and leishmaniasis.
- Over the reporting period, the Hub dispatched US\$159,575 in health supplies to six countries, including three in the Eastern Mediterranean Region and three in the African Region. This included overland shipments to Damascus and Kabul. The countries receiving supplies were Zambia, the Democratic Republic of the Congo, and Senegal in the African Region, and Somalia, the Syrian Arab Republic, and Afghanistan in the Eastern Mediterranean Region.
- As of 21 April, 70 emergency orders valued at over US \$2.3 million remain pending delivery to 23

countries across all 6 WHO regions, from Cuba to Australia. Shortages of jet fuel and longer transport routes are compromising delivery of life-saving supplies to several fragile countries, including Cuba, Somalia, and Zambia. Without additional support, the delivery of essential medicines to vulnerable populations around the world will continue to decline.

ENVIRONMENTAL HEALTH

- No confirmed large-scale industrial fire incidents reported during the current reporting period. Prior petrochemical fires (March–early April) in southern Iran contributed to short-term air pollution episodes; no verified evidence of ongoing large plume events this week.
- Gulf desalination systems remain vulnerable due to proximity to conflict zones and reliance on uninterrupted coastal intake operations. Kuwait desalination capacity remains partially compromised following earlier attacks on integrated power–water facilities.

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

- WHO’s Regional Office has provided technical backup to Ministries of Health in priority countries through the WHO Country offices.
- Trainings and webinars on chemical, biological, radiological and nuclear preparedness for Member States are ongoing.
- In case of radiological or nuclear release, WHO priorities are: public health risk assessment, duty of care to staff and dependents, public health measures/public messaging, and emergency response support to health authorities.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MPHSS)

- The MPHSS dashboard, developed by the Regional Office to monitor capacities and responses across countries, will be disseminated to WHO mental health focal points in all 22 countries in early May. This tool aims to strengthen coordination, highlight needs, and improve the visibility of services in crisis settings, ensuring that needs and resources are captured consistently.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) / INFODEMIC MANAGEMENT

- The regional RCCE-IM guidance for the Middle East escalation is being finalized. This resource moves beyond theory to provide a formalized structure for countries to manage shifting frontlines and rapidly evolving information needs. Additionally, the following guidance has been consolidated and shared:
 - ◇ *Food and water safety*: Standardized "guidance to mitigate the risk of waterborne diseases in shelters and areas with power outages. Key focus areas include safe water storage, the sanitization of recovered food and protocols for spoiled perishables.
 - ◇ *Inclusive protection*: Disability-inclusive guidance shared to ensure that services provided for older persons and persons with disabilities not only include life-saving information, but are also integrated into the mapping of prevention of sexual exploitation, abuse and harassment to ensure they are not forgotten or abused.
 - ◇ *Frontline resilience*: Recognizing the extreme strain on health workers in affected countries, self-care and stress management resources have been reshared, specifically designed for responders operating under high-security risks and resource scarcity.

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.

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\$ 2.8 million released by WHO from its contingency fund for emergencies in the first six weeks of the conflict for Iran, Lebanon, Syria, Iraq.
- WHO requires US\$30.3 million under its Middle East conflict flash appeal for five priority countries. To date, 7% of required funding has been received.
- US\$ 37 million required by the health sector under the Lebanon UN Flash Appeal.
- US\$ 633 million required for WHO's health emergency appeals for the Eastern Mediterranean Region in 2026. To date, approximately 49% has been secured.

WHO RESPONSE PRIORITIES



Strengthen emergency coordination and health sector leadership



Sustain / expand trauma response and essential health services



Enhance disease surveillance and early warning

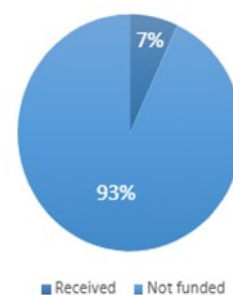


Reinforce logistics, supply chain, and operational support



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

Middle East Conflict Flash Appeal
Funding Status



Iran (as of 23 April)

- The Ministry of Health reports at least 3,375 deaths (including 383 under 18) and more than 32,314 injuries during the period of 28 February to 10 April. WHO has verified 26 attacks on health care in Iran from 28 February to 4 April, resulting in 11 deaths.
- A UNHCR report from 21 April highlights that since 28 February, Iran has reported around 3.2 million people who have internally relocated, based on an updated assessment. Women and children make up 60 per cent of the internally relocated population, with many living in temporary shelters. 75 per cent of the relocated population is in Tehran. In some locations across the country, nearly 17 per cent of the relocated population lacks access to clean water due to overcrowding.
- UNHCR reports that since 28 February, almost 133,600 Iranians have fled to neighboring countries, including 127,000 to Türkiye and 6,600 to Pakistan. More than 80,300 Afghans have returned from Iran.
- National authorities in Iran report that essential medicines are well stocked and prepositioned across the country, and that strategic reserves are in place for 800 essential medicines, with minimal supply disruptions reported. Financial and foreign currency constraints have been identified by national authorities as a potential risk to domestic pharmaceutical production capacity.
- According to the Head of the Iranian Food and Drug Administration (FDA), 44 pharmaceutical facilities have been damaged, while the pharmaceutical production sector continues operating, with only completely destroyed facilities out of production. The same source indicates that medicine imports have been maintained through shifts from maritime transport to air and rail routes.
- Iranian officials have expressed concerns about the environmental and humanitarian impacts of the conflict, noting that during the first 14 days of the conflict, an estimated 5 to 5.6 million tonnes of CO₂ were released into the atmosphere, and additional emissions are expected because of post-conflict reconstruction of damaged infrastructure.
- WHO has submitted an application to the UN Central Emergency Response Fund (CERF) for US\$2 million focusing on outbreak prevention and sustaining essential health services.
- On 20 April, WHO's Representative in Iran and country office team held met with the ministries of Health and Foreign Affairs to update on WHO coordination and preparedness and response activities since the start of the current conflict.

IRAN: WHO Contingency Fund for Emergencies (CFE) response plan activities:

- With funding received from WHO's Contingency Fund for Emergencies (CFE), WHO is working on procurement requests from national health authorities across multiple categories, including generators, uninterrupted power supply (UPS) systems, vector-borne disease control supplies, chronic disease medicines, and vaccines. Aside from generators and chronic disease medicines, the requests are largely consistent with routine needs. No formal request for trauma supplies has been received.

Lebanon (as of 22 April)

- The Ministry of Public Health, through the Public Health Emergency Operations Center, reports at least 2,468 deaths and more than 7,671 injuries. The majority of the injured are from El Nabatieh and the South, as well as Mount Lebanon. Almost 52% of those injured have been admitted to emergency rooms, and 8% to intensive care units.
- Tebnin Governmental Hospital, one of the busiest trauma management hospitals in the south, which sustained extensive damage on 12, 14, and 16 April, received the highest number of injured patients since the start of the conflict on 2 March.
- Since 2 March, WHO has verified 147 attacks on health care, resulting in 100 deaths and 233 injuries. Fifteen hospitals have been damaged and six closed, and 51 primary health care centres have closed. No attacks on health care have been reported since the ceasefire.
- Lebanese authorities report that more than one million people have self-registered, with 118,624 internally displaced persons hosted in 635 collective shelters. Since the ceasefire, 83 collective shelters have closed. Population movements have been reported, although some locations in the South remain largely inaccessible under “no return” orders. People returning are encountering extensive destruction across affected areas, with limited electricity, unstable water supply, and degraded essential infrastructure.
- During epidemiological week 16, 21 signals were received, of which 14 were from shelters hosting displaced people. These included acute watery diarrhoea, lice, chickenpox, measles, and food poisoning. Overall, water, sanitation and hygiene coverage remains high at 91%, with services being adjusted in line with shelter closures and population movements.
- Ministry of Public Health data on noncommunicable disease essential medicines show that, for an average of 140,000 active beneficiaries per month, 18% are out of stock, 23% are available for less than three months, and 59% are available for more than three months.
- A third ECHO charter flight arrived in Lebanon on 23 April, carrying WHO supplies including ventilators, trauma and surgical supplies, and insulin.
- WHO is coordinating 31 Emergency Medical Teams across the country, comprising 47 staff.
- WHO has developed public health materials on the prevention of communicable diseases and hygiene to support public awareness and risk reduction efforts, especially among internally displaced people. WHO and the Ministry of Public Health have also developed materials on water disinfection and hand hygiene for communities to promote safe practices and reduce the risk of disease transmission.

LEBANON: WHO Contingency Fund for Emergencies (CFE) response plan activities:

- Efforts focus on sustaining health sector coordination and strengthening Public Health Emergency Operations Center functionality, including surge staffing and administrative support to maintain continuous operations. WHO is also supporting field-level response through investigations, sample collection and transport, and supportive supervision.
- Trauma kits and essential medical supplies are being pre-positioned in frontline health facilities, alongside the provision of critical medical consumables. Capacity for mass casualty management is being strengthened to support hospitals operating under sustained pressure.
- Cross-cutting priorities include the integration and strengthening of Prevention of and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH) across all emergency operations, ensuring that response efforts are safe, accountable, and people-centered.

Iraq (as of 22 April 2026)

- Since 28 February 2026, 136 deaths and 460 injuries have been reported across Iraq in relation to the evolving regional security situation. No significant security incidents were reported during the current reporting period following the ceasefire; however, 19 attacks targeting Kurdish Iranian opposition groups were reported in the Kurdistan Region of Iraq. Security measures remain in place across multiple locations, resulting in movement restrictions and access constraints.
- Overall, previous disruptions to health services have improved; however, localized disruptions persist, primarily due to supply constraints. Although Iraq has reopened its airspace, international and domestic flight operations remain limited, with airports operating at reduced capacity. In addition, the continued closure of the Strait of Hormuz constrains supply chains and the availability of essential supplies.
- Seven cases of Crimean-Congo haemorrhagic fever (CCHF), including two deaths, have been reported, increasing pressure on public health services in an already strained system and posing a risk of further transmission in the context of the ongoing security situation and localized disruptions to public health interventions.
- Environmental health risks linked to pollution of the Diyala River and sewage overflow into the Tigris have been reported, with contamination spreading downstream and affecting water quality in multiple governorates, particularly in Maysan and Wasit, alongside rising rates of failed water quality tests. This situation poses a continued public health risk and contributes to increased pressure on the health system.

IRAQ: WHO Contingency Fund for Emergencies (CFE) response plan activities:

- The first round of training on early warning, alert and response, and rapid response has been completed for 25 national and subnational focal points. It included use of the new District Health Information Software 2 (DHIS2)-based reporting tool, now aligned with the communicable disease surveillance system to enable unified reporting and better data sharing. Further training for subnational and district focal points is planned next week.
- WHO trained 26 primary health care providers in the Kurdistan Region of Iraq on delivering mental health and psychosocial support services. The focus was on safe, ethical and person-centred care, including WHO's Prevention of Sexual Misconduct approach, to strengthen safeguarding and quality of care in emergency settings.
- Additional training for 26 health care providers was conducted to integrate mental health and psychosocial support into primary health care during emergencies. It covered practical, culturally appropriate skills based on WHO guidelines, including Psychological First Aid, selected mental health Gap Action Programme modules, self-help and stress management techniques, and the WHO LIVES approach for responding to gender-based violence.
- A technical workshop with the Directorate of Operations and Emergency Medical Services and other stakeholders advanced efforts to operationalize Emergency Medical Teams to support trauma care and surge capacity.
- The demonstration phase of the electronic public health emergency management system has begun, aiming to improve emergency response coordination and information sharing. Full roll-out is planned in the coming weeks.
- In coordination with the Ministry of Health, a draft risk communication and community engagement action plan has been developed, along with key public health messages.

Syria (as of 23 April 2026)

- No large-scale incidents have occurred in Syria since the ceasefire. Since 2 March, 308,441 people have crossed into the Syrian Arab Republic from Lebanon, including 251,000 Syrians, of whom 72,896 have expressed their intention to return permanently, and 48,800 Lebanese refugees. Destinations of the influx from Lebanon into the Syrian Arab Republic are as follows: 20% Rural Damascus, 19% Aleppo, 13% Idleb, 9% Homs, and 9% Daraa.
- There are risks of infectious disease transmission in rural areas and urban centres hosting displaced populations and influxes, due to overstretched facilities and disrupted basic services, including water networks. Scabies cases have been reported countrywide, with the majority in areas with high concentrations of displaced persons and returnees, linked to overcrowding.
- Heavy rainfall continued over the past week, with communities impacted in southern Aleppo and Idleb. Flooding has increased the risk of contamination of groundwater and wells, as confirmed by WHO-supported field water quality monitoring.
- WHO is currently supporting 12 mobile medical teams based in fixed primary health care centres to cover underserved communities and hard-to-reach areas with high densities of internally displaced persons and returnees, including four in Aleppo, three in Idleb, three in Daraa, and two in As Suwayda.
- WHO has been requested by the Ministry of Health to support strengthening implementation of the International Health Regulations across all border crossings, including along the Iraqi border.

SYRIA: WHO Contingency Fund for Emergencies (CFE) response plan activities:

- Utilization of CFE funds has commenced to support public health interventions and the provision of humanitarian health assistance. This includes the completed extension of direct implementation to support and bridge existing gaps in health service delivery in Aleppo and north-east Syria, and ongoing procurement and provision of WHO module kits, including noncommunicable disease kits, Interagency Emergency Health supplies, and Trauma and Emergency Surgery supplies.
- Deployment of additional mobile medical teams to fixed primary health care centres in Aleppo, Hama, Al-Hasakeh, and Homs is in process.
- Activities to strengthen mental health and psychosocial support capacity and service delivery are ongoing in Aleppo, Raqqa, Deir Ezzor, and Hasaka, with two activities completed and two pending.
- Efforts to strengthen capacity for health risk communication are ongoing, with one activity underway and one pending.
- Activities to strengthen protection from sexual exploitation and abuse capacity are underway, with planning ongoing for awareness sessions in coordination with the Ministry of Social Affairs and Labor in Aleppo governorate.
- Efforts to strengthen surveillance and outbreak prevention are ongoing, including surveillance trainings to expand early warning alert and response system coverage in priority governorates, including locations with high numbers of returnees and internally displaced persons, as well as planned trainings on acute watery diarrhoea and cholera preparedness and response.
- Deployment of early warning alert and response system field support and coordination staff is underway in priority governorates, including locations with high numbers of returnees and internally displaced persons.

MORE COUNTRY UPDATES

Strengthening emergency preparedness and response across GCC Member States

- On 14 April, WHO EMR deployed a regional emergency specialist to identify priority areas of collaboration, coordinate strategic interventions, and provide support to strengthen emergency preparedness and response capabilities across GCC Member States, working through strategic partnerships with the Gulf Health Council, Gulf CDC, and national health authorities.
- This coordinated support focuses on optimizing emergency preparedness and response systems, including strengthening coordination mechanisms, Incident Management Support Teams (IMSTs), and Emergency Operations Centers (EOCs), alongside targeted support to enhance public health and clinical care functions and critical operational capacities, such as reviewing and updating emergency stockpile standard operating procedures (SOPs).
- Leveraging WHO's convening role, the initiative promotes peer-to-peer knowledge exchange and the sharing of best practices across GCC Member States. Strategic collaboration with the KSA Public Health Authority, Gulf CDC, Kuwait CDC, national crisis management centres, Hamad Medical Corporation, and health authorities in Bahrain, the UAE, and Oman is helping to establish a coordinated regional response architecture that strengthens solidarity, institutional resilience, and operational readiness across the Gulf.
- Initial implementation has engaged the Kingdom of Saudi Arabia, with active support under way in Qatar and planned expansion across the remaining Gulf countries to ensure full regional alignment and sustained capacity strengthening.

Yemen

- WHO has strengthened emergency preparedness and response through the provision of 104 Rapid Response Team kits in Hodeida, Hajjah, and Al Mahweet to support outbreak investigation and response in western Yemen, and is advancing the Emergency Medical Teams framework to reinforce trauma and surge capacity in coordination with health authorities and partners.
- Disease control interventions for dengue and malaria have been scaled up through delivery of entomological surveillance equipment to Aden and the distribution of antimalarial medicines and malaria and dengue rapid diagnostic tests (RDTs) to public health facilities across all Southern governorates, with expansion to Northern governorates under way.
- WHO and the Ministry of Health have also deployed mobile medical and entomological teams in Aden and Marib to support internally displaced persons camps, providing diagnosis and treatment while identifying and removing mosquito breeding sites.
- Vector control campaigns are planned across 59 districts in the Western and Southern governorates, including larval source management, space fogging, and community awareness activities.
- Collectively, these interventions are expected to benefit more than 4 million people in the targeted districts.

Saudi Arabia

- No public health concerns, with normal functioning of the health care system. There are no shortages of health-related or essential commodities.
- Potassium iodide (KI) tablets have been received in quantities sufficient to provide coverage for

WHO and all UN staff and their primary dependents.

- Saudi Arabia has effectively become a transit hub for the Gulf region, helping to alleviate restrictions facing other countries. Airspace, land crossings, and seaports on the Red Sea are operating normally.

Qatar

- Airspace remains open. A first team of volunteers for search and rescue and disaster management has been established, with training initiated this week by the Ministry of Interior.
- Qatar's Military Medical City Hospital and the Ministry of Defense have released a guide for parents on supporting children during times of crisis.
- The national radiation monitoring unit operates a network of stations providing continuous assessment of radiation levels and coordinates with the International Atomic Energy Agency and Gulf Cooperation Council Member States through regular studies and simulations. The Radiation Measurements Laboratory confirms that radiation levels remain within normal and safe limits, and annual analyses of water, soil, food, and imported materials comply with international guidelines.
- Public health services remain fully operational with functioning supply chains. The Public Health Emergency Operations Center maintains surveillance of medical supply chains and logistics and remains on high alert with close coordination across relevant sectors.

Bahrain

- Airspace remains open. Ongoing emergency preparedness and first aid training are being conducted across the country to strengthen community readiness for emergency response.
- The health system remains operational, with emergency preparedness measures activated. All 27 health centres remain open, including 9 operating 24/7, with continued provision of essential services, including consultations, maternal and child health care, immunization, and management of chronic diseases, supported by teleconsultations and pharmacy services.
- The National Ambulance Service continues to respond to incidents, and essential medicines and supplies remain fully stocked.
- WHO conducted a briefing on chemical, biological, radiological and nuclear preparedness for UN agencies in Bahrain and has coordinated the provision of potassium iodide tablets to prioritized individuals in UN communities based on standard criteria.

Kuwait

- Airspace remains closed. Disposal teams continue to deal with debris from interceptions.
- WHO and the Ministry of Health held a meeting on chemical, biological, radiological and nuclear preparedness and ongoing collaboration, with a focus on training and preparedness.

Oman

- No wider disruption to essential health services, hospital closures, or population displacement within Oman, or publicly quantified environmental or radiological health effects.
- Oman has maintained continuity of essential services, undertaken Public Health Emergency Operations Center activation simulations, and piloted the WHO Hospital Resilience Framework.
- WHO collaboration in Oman focuses on preparedness, institutional capacity-building, and emergency simulation exercises.