

CRISIS IN NUMBERS (as of March 18)

ISLAMIC REPUBLIC OF IRAN

1,444 deaths (MOH)

19,324 injuries (MOH)

3.2 million internally displaced (UNHCR)

20 attacks on health care, 9 deaths (WHO SSA)

LEBANON

912 deaths (MOPH)

2,221 injuries (MOPH)

1 million+ internally displaced (Leb DRM)

33 attacks on health care, 46 injuries, 31 deaths (WHO SSA)



On 18 March, Lebanon's Ministry of Public Health, in collaboration with WHO and UNICEF, received a shipment of essential medical supplies at Beirut Rafic Hariri International Airport. The shipment includes 3.5 tons of trauma and emergency health supplies provided by WHO, made possible through the generous support of the European Union Humanitarian Aid. *Photo: WHO Lebanon*

KEY HIGHLIGHTS (as of March 18)

- **As of 18 March, compared to 11 March, the number of casualties has increased.** In Iran, deaths have increased from 1,255 to 1,444 and injuries from 15,100 to over 19,300. In Lebanon, deaths have risen from 634 to over 900, and injuries from 1,586 to over 2,220. **Displacement has also escalated**, with the number of displaced people in Lebanon increasing from nearly 800,000 to over 1 million, while in Iran up to 3.2 million people are now displaced, according to a preliminary UNHCR assessment. **Attacks on health care have also increased** in both countries: in Lebanon, the number of attacks has risen from 25 to 33, with related deaths doubling from 16 to 31, while in Iran, the number of attacks has increased from 18 to 20.
- Strikes on energy infrastructure, including oil depots and refineries in Iran, Iraq, and several Gulf countries, are **increasing environmental health risks**, while damages to desalination infrastructure in Iran and several Gulf countries raise concerns about water safety and security.

- The Ministry of Health of **Iran** has requested additional polio, rotavirus, and diphtheria, tetanus and pertussis (DTP) vaccines. WHO will coordinate closely with UNICEF to support (ctd..) procurement and delivery. WHO is also working with the Ministry of Health to roll out mental health and psychosocial support for health care workers, building on WHO's MPHSS Framework.
- In **Lebanon**, the health system remains under substantial strain amid ongoing displacement, attacks on health care, and disrupted services. WHO continues to scale up support through strengthened coordination, expanded trauma care, delivery of essential supplies, and enhanced disease surveillance and early warning systems. An additional US\$ 37 million is urgently needed for the health cluster response under the Lebanon UN Flash Appeal (March-May 2026).
- In **Syria**, increased cross-border arrivals from Lebanon are raising demand for health services at border areas, including trauma care, reproductive health and mental health support.
- In **Iraq**, the evolving security situation and movement restrictions are placing pressure on hospitals, disrupting ambulance access, patient referrals, and public health functions.
- Across **GCC countries**, health systems remain operational and focused on preparedness, with national authorities activating emergency plans, strengthening monitoring for environmental and radiological risks, and working with WHO on readiness.
- *Read more key updates from countries on page 5.*

HUMANITARIAN HEALTH NEEDS AND GAPS

Escalating hostilities, displacement, and access constraints are driving health needs, with context-specific gaps in service delivery, supplies, and system functionality.

- **Trauma care and hospital capacity (Lebanon, Iran)**
Health facilities are under sustained pressure from trauma caseloads, with operational disruptions including hospital closures (Lebanon) and evacuation of facilities (Iran), affecting capacity to maintain emergency and essential services.
- **Access constraints and service disruption (Gaza, Iraq, Lebanon)**
Movement restrictions and insecurity are constraining access to care, delaying referrals and ambulance movement (Iraq), limiting service delivery (Lebanon), and limiting entry and distribution of critical medical supplies (Gaza).
- **Essential medicines and supply chain bottlenecks (Gaza, regional)**
Critical medical supplies remain delayed or unavailable, with shipments awaiting entry into Gaza and limited pre-positioned stocks in multiple countries following emergency distributions.
- **Displacement-driven health needs (Lebanon, Syria)**
Large-scale displacement and cross-border movements are increasing demand for primary health care, mental health, and outreach services, particularly in overcrowded shelters in Lebanon and border areas in Syria.
- **Public health surveillance and outbreak risk (Lebanon, Syria, Iraq)**
Surveillance systems are under strain due to displacement, movement restrictions, and service disruption, increasing risks of communicable disease outbreaks and limiting early detection and response capacity.
- **Environmental and water-related health risks (Iran, Gulf countries)**
Damage to energy and desalination infrastructure is increasing risks of environmental contamination and disruption to water supply, requiring strengthened monitoring, risk assessment, and preparedness measures.

WHO RESPONSE 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.

WHO's 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 CBRN emergencies

PRIORITY CALLS TO ACTION

- **Health care must be protected at all times**, including health workers, patients, facilities, and ambulances, in line with international humanitarian law.
- **Safe and unimpeded access to health care must be ensured**, including delivery of medical supplies and movement of patients, health workers, and ambulances.
- **Critical infrastructure essential to health must be protected**, including water and energy systems, to reduce environmental and public health risks.
- **Humanitarian operations must be enabled and sustained**, including safe conditions for health workers and partners to deliver assistance.
- **Urgent and sustained funding is required** to support health operations and ensure continuity of life-saving services across affected countries.

FUNDING UPDATES

- **WHO has released US\$ 2 million from its Contingency Fund for Emergencies (CFE)** to support Lebanon (US\$1M), Iraq (US\$500K), and Syria (US\$500K).
- **Under the Lebanon UN Flash Appeal (March–May 2026)**, the health sector requires an additional US\$ 37 million to sustain trauma care, essential services, disease surveillance, and support for displaced populations.
- **WHO's health emergency appeals for the Eastern Mediterranean Region** for 2026 require US\$ 633 million and are currently only 37% funded.

37%

Funding received
of US\$ 633M required
for WHO's 2026
health emergency
appeals for the Eastern
Mediterranean Region

ENVIRONMENTAL HEALTH

- Strikes on energy infrastructure, including oil depots and refineries in Iran and across the Gulf, are intensifying environmental health risks, contributing to increasing risks of acute respiratory and cardiovascular illnesses. Damages to desalination infrastructure in Iran and the Gulf are also threatening water supply for millions and raising concerns about water safety and security across the Region.
- WHO is monitoring these events and working with national authorities to evaluate the health impact. WHO has developed and shared technical advisories with countries and partners, covering respiratory and dermal exposure, acid rain, drinking water and food safety, and personal protection measures. A regional environmental monitoring system has also been activated.

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

- On 17 March, the International Atomic Energy Agency (IAEA) was informed by Iran that a projectile hit the premises of the Bushehr nuclear power plant. No damage or injuries reported. According to the IAEA, there is currently no risk of a radiological release at this time.
- In case of radiological or nuclear release, WHO's role is to provide public health risk assessment, duty of care to staff and dependents, public health measures/public messaging and support emergency response to health authorities.
- WHO has provided training and refresher courses to almost 2000 WHO and UN staff personnel in 13 priority countries on the public health risks and the personal protection measures following a potential exposure to high radiation levels.

MEDICAL SUPPLY CHAIN

- On 18 March, WHO, with support from the European Union/ECHO, delivered 3.5 tons of trauma and emergency health supplies to Lebanon.
- An European Union/ECHO-supported flight from Europe landed in Al-Arish, Egypt on 17 March, carrying supplies donated by France for Gaza. WHO supported the arrival of the shipment and its onward transportation.
- On 17 March, WHO's global logistics hub in Dubai delivered a shipment of health supplies to Eritrea, marking the first outbound delivery since the onset of the crisis.
- WHO is working with partners, including UNICEF, WFP, Dubai Humanitarian, and UAE authorities, to explore alternative routes to maintain supply deliveries to Lebanon, Afghanistan and Yemen.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MPHSS)

- The [regional MHPSS platform](#), originally established during COVID-19, has been repurposed to provide self-help resources and psychological tools for populations across all 22 countries in the Region and beyond; the platform is designed to help individuals better manage stress, fear, anxiety and other common psychosocial challenges, with [specialized RCCE-IM guidance](#) that bridges clinical mental health needs with community-level communication.
- Surge capacity for MHPSS in Lebanon is being strengthened through the International Humanitarian Standby Partnership with the Dutch Ministry of Foreign Affairs, providing rapid technical expertise; mental health hotlines in Kuwait and Lebanon remain operational, following initial WHO support, to provide immediate psychosocial assistance during the current crisis.

KEY UPDATES FROM COUNTRIES

ISLAMIC REPUBLIC OF IRAN

- According to the Ministry of Health, at least 1,444 deaths and over 19,324 injuries have been reported, placing sustained pressure on trauma care and emergency services. Over 18,900 patients have been treated and discharged, while more than 1,100 remain hospitalized and more than 700 surgeries have been conducted. While health authorities report no immediate shortages of medicines or hospital beds, damage to health infrastructure is increasing pressure on the health system and risk of disruptions to service delivery.
- As of 18 March, WHO has verified 20 attacks on health care, resulting in nine deaths, through its Surveillance System for Attacks on Health Care. Additional incidents are pending verification.
- According to UNHCR, up to 3.2 million people are estimated to be internally displaced, increasing risks of interrupted care, worsening chronic conditions, and higher demand for mental health services.
- The Ministry of Health has requested WHO support for procurement of priority vaccines (OPV, IPV, DTP, rotavirus) to sustain routine immunization services. WHO is coordinating with partners, including UNICEF, to support vaccine procurement and delivery.
- WHO is advancing collaboration with the Ministry of Health of Iran on mental health and psychosocial support (MHPSS) to health workers. WHO is prepared to support the implementation of structured training, follow-up and supervision using practical, scalable tools, including Psychological First Aid and Psychosocial Support Skills, to build a resilient health workforce capable of sustaining essential services during current and future emergencies. Discussions have also been initiated with partners to explore opportunities to assess the impact of the war on the health system.

LEBANON

- The health system is under substantial strain, with 2,221 people injured and 912 killed, and facilities managing high trauma caseloads. Inconsistent access due to insecurity and movement restrictions continues to limit continuity of health service delivery in several affected areas.
- As of 18 March, 5 hospitals are closed, 6 partially damaged, and 44 PHCs non-functional. Functioning health facilities are under substantial operational pressure, balancing emergency trauma care with routine services amid ongoing hostilities.
- As of 17 March 2026, Lebanon reported more than one million displaced people, including 133,414 residing in 631 collective shelters across the country. Displacement is driving substantial public health risks and increasing demand for primary health care services and water, sanitation and hygiene services.
- Demand for services continues to rise, with 18,236 consultations conducted inside shelters and 9,914 people receiving medications, reflecting pressure on primary health care.
- Vulnerable populations are disproportionately affected, including 630 pregnant and 816 lactating women, and persons with disabilities facing access barriers. Mental health needs are also increasing, with 550 cumulative calls to national hotlines for psychosocial support.
- WHO is supporting the response through health sector coordination and leadership, delivery of 12 trauma surgical sets (supporting almost 1,200 procedures), provision of 4,244 insulin vials, and strengthening disease surveillance and early warning systems.

KEY UPDATES FROM COUNTRIES

OCCUPIED PALESTINIAN TERRITORY

Gaza

- As of 18 March, all crossings into Gaza, except Kerem Shalom, have remained closed since 28 February 2026, limiting the entry of medical supplies at scale and halting medical evacuations. The Kerem Shalom crossing has remained open for fuel and humanitarian supplies since 3 March, following a brief closure between 28 February and 3 March 2026.
- 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 been able to enter the Gaza Strip. At WHO's Dubai Hub, current priority shipments include 57 metric tonnes of health supplies planned for Al Arish to support the Gaza response.
- On 13 March, an interagency mission to pick up supplies that entered Gaza via Kerem Shalom last week, was denied. WHO managed to reach Kerem Shalom to pick up this shipment on 14 March 2026. The supplies included: 48 ICU beds (12 pallets with 4 beds each) and 170 pallets of essential medicines such as paracetamol, aspirin, ibuprofen etc.
- Limited quantities of fuel are entering Gaza, forcing health partners to prioritize certain essential health services, such as emergency and trauma care, maternal and neonatal services, and the management of communicable diseases.
- Emergency Medical Team (EMT) rotations into Gaza resumed on 8 March 2025, when five teams comprising 11 staff members entered the Strip. However, with EMT entry currently limited to one day per week, the number of personnel able to rotate is significantly reduced.
- Health partners report increasing generator failures in hospitals due to lack of spare parts and lubricating oil. These generators are running nearly 24/7. Humanitarian partners are coordinating fuel support and continue to engage with authorities and others for the entry of generators, supplies to maintain them and energy solutions to prevent further disruptions in health services.
- WHO is prioritizing the distribution of available supplies from its warehouse in Gaza to ensure lifesaving needs can be addressed without disruptions. WHO is also expanding pre-positioned health stocks outside Gaza, 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.

West Bank

- Since the regional escalation began on 28 Feb 2026, the increased closure of checkpoints and road gates has further restricted movement across the West Bank. Checkpoint closures have impeded travel between cities, while the entrances to many villages have been closed.
- Between 28 February and 3 March, WHO verified nine incidents in which ambulances were affected. WHO's Surveillance of Attacks on Healthcare system classifies these as attacks on health care, as they involved obstruction and interference with the delivery of health services.
- WHO has received reports from health partners that ambulances medical staff have been stopped at checkpoints and searched. WHO has also received reports that ambulance medical teams have had to take longer alternative routes to reach patients, significantly delaying access to care. Despite these obstructions, ambulances continue to reach patients, however response times have been significantly delayed.
- 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

KEY UPDATES FROM COUNTRIES

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

- Since the escalation of the situation on 28 February 2026, an estimated total of 37 deaths and 215 injuries have been reported in some governorates,
- On 11 March, one primary health care center in Al-Qaim, Al-Anbar governorate, sustained minor damage, and one health worker was injured. Movement restrictions due to security incidents, along with increased injury caseloads, continue to affect patient access to essential health services in some health facilities.
- Although no major disruptions to health facility operations have been reported, including in the Kurdistan Region of Iraq, some facilities are experiencing increasing patient loads and growing pressure on emergency departments.
- Disease surveillance activities, laboratory operations, and essential health services remain operational, however they continue to face constraints due to logistical and transportation disruptions, security incidents, and movement restrictions in some areas.
- Initial shortages of some medical supplies have been reported in the Kurdistan Region of Iraq health facilities and in 3 hospitals in Karbala governorate.
- The provision of essential health services is affected by increased operational pressure in 3 governorates (Anbar, Karbala, and Missan), primarily driven by increased emergency and injury caseloads in Anbar and shortages of medical supplies in Karbala and Missan.
- Limitations in routine disease surveillance have been reported in these 3 governorates (due to security incidents and movement restrictions, affecting field activities and the timely transportation of samples. Limitations in laboratory services have also been reported due to shortages of diagnostic kits.
- Restrictions on emergency referral services and ambulance movements have been reported in Al-Anbar due to insecurity, and in Karbala due to fuel shortages, affecting timely patient referrals.
- Medical supply chains are experiencing disruptions due to airspace closures, ground transportation constraints, and delays related to the absence of an approved national budget. While the Ministry of Health currently maintains stock of essential supplies, prolonged disruptions may affect the continuity of health system operations and service delivery.
- Routine outreach activities and community-level health services have been reduced or temporarily suspended in some areas due to security and access constraints.
- WHO has mobilized US\$ 500,000 in internal emergency funding to support the health response in Iraq, including strengthening emergency coordination and supporting hospitals to prepare for potential mass casualty incidents and increased health system pressure.
- The WHO Country Office is working with Iraq and UN agencies to develop a contingency plan for potential cross-border population movements from Iran.

SYRIA



Ministry of Health ambulances and a mobile clinic stand ready at the Jousieh border crossing in Homs, Syria to support rising numbers of returnees arriving from Lebanon. Photo: Ministry of Health

- Ongoing hostilities in the region, particularly in Lebanon, continue to drive cross-border population movements into Syria, adding to an already protracted crisis where millions remain in need of health assistance and placing additional pressure on health services in border and urban areas. Over 120,400 individuals, predominantly Syrians, but also including Lebanese have crossed from Lebanon into Syria as of 17 March.
- Health risks are increasing in displacement settings and urban centres hosting new arrivals, with reported clusters of infectious diseases (including hepatitis A) and growing demand for services in camps and informal settlements, including newly established sites such as Ak Burhan camp in Aleppo governorate.
- WHO is delivering life-saving health supplies and deploying integrated mobile medical teams, including support to newly established camps and underserved areas. WHO has also supported inter-agency humanitarian convoys to hard-to-reach areas, including multiple missions to Ain Al Arab (Kobane), to deliver essential medical supplies.
- WHO is strengthening disease surveillance and outbreak response, alongside support to immunization, child health, mental health and psychosocial services, and emergency referral pathways.

KEY UPDATES FROM COUNTRIES

JORDAN

- As of 14 March, official sources have reported 23 injuries. The majority are minor cases and received medical treatment at various hospitals.
- The Ministry of Health is closely monitoring the situation and coordinating a timely response to reported casualties nationwide, ensuring the availability of free hospital beds and medical supplies, with contingency measures already in place.
- WHO's contingency plan for Jordan has been updated; however, lack of funding imposes limitations on the capacity of WHO to effectively contribute to the response in case the situation further escalates in the country. Provision of emergency funds for urgent interventions, along with in-kind donations of emergency kits, will significantly strengthen preparedness and response capacities.
- As part of preparedness for Radiological/Nuclear events, WHO has donated 25 sets of CBRN personal protective equipment (PPE) to the Ministry of Health. This follows two rounds of mass casualty management training delivered to over 50 healthcare workers at the end of last year.
- WHO maintains regular contact with the Ministry of Health and other counterparts to monitor the situation and provide support whenever needed.

YEMEN

- Yemen remains one of the Region's most severe health emergencies, with 23.1 million people in need, placing sustained pressure on an already fragile health system. While no direct health impact from the current regional escalation has been reported to date, rising tensions and economic shocks linked to the conflict are increasing risks to public health. Any spillover of the regional escalation would likely result in mass casualties, disruption of supply chains, and further degradation of health services, compounding already critical needs.
- The country continues to face multiple concurrent disease outbreaks, including cholera, measles, diphtheria, dengue and malaria, driven by gaps in immunization, water and sanitation, and access to care. Only around 60% of health facilities are fully functional, with severe gaps in maternal and child health services, limiting access to essential care for millions.
- WHO continues to lead and coordinate the Health Cluster, supporting delivery of essential health services, outbreak control, and disease surveillance through rapid response teams.
- WHO is deploying emergency supplies, strengthening trauma care and health facility capacity (including WASH), and advancing preparedness through contingency planning and partnerships to sustain access in high-risk and hard-to-reach areas.

GCC COUNTRIES

- On 16 March, the GCC Health Council convened a coordination meeting to review joint health preparedness and mechanisms to strengthen Gulf cooperation on prevention and response to health emergencies linked to the evolving situation.
- Across GCC countries, health systems remain operational and focused on preparedness, with national authorities activating emergency plans, strengthening monitoring for environmental and radiological risks, and working with WHO on readiness measures including emergency simulations, CBRN preparedness, and health system resilience.

KEY UPDATES FROM COUNTRIES

BAHRAIN

- The health sector operates within an integrated national system bringing together the Ministry of Health, Royal Medical Services, Government Hospitals, Primary Health Care Centres, and the National Ambulance Centre, to ensure rapid response and coordinated health care services.
- The health sector reported that all 27 health centres are open, of which 9 health centres are functioning at 24/7, to provide health services.
- Health facilities continue to provide essential services, including consultations, maternal and child health care, immunization, and management of chronic diseases, including teleconsultations, pharmacy services and urgent care.
- Health emergency plans have been activated. Essential medical supplies and medicines are fully stocked to ensure uninterrupted health services.
- WHO conducted a briefing on chemical, biological, radiological and nuclear (CBRN) preparedness for UN agencies in Bahrain.

KUWAIT

- On 17 March, two paramedics were reportedly injured when falling shrapnel fell on an ambulance center, according to the Ministry of Health.
- Kuwait's health system remains fully operational, supported by strong national preparedness and coordination mechanisms. The Ministry of Health has also confirmed readiness to respond to toxicological and chemical incidents under the national health emergency preparedness system. The Ministry of Health has also launched a psychological support service through the hotline for citizens and residents.
- 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.
- WHO is liaising with the Kuwait Center for Disease Control to support the development of a CBRN-relevant expert roster, including sharing existing WHO Technical Advisory Groups and global expert networks. Earlier in 2026, WHO and Kuwait Poison Control Centre co-convened a regional meeting of poison control center directors to strengthen preparedness and response mechanisms for toxicological and chemical incidents.
- WHO conducted a briefing on chemical, biological, radiological and nuclear (CBRN) preparedness for UN agencies in Kuwait. WHO is in communication with the Ministry of Health and relevant authorities to assess and identify priority areas of relevant support to strengthen the health sector response.
- WHO has engaged with Kuwait's Child Protection Office to adapt and disseminate guidance on protecting children during emergencies, as well as support messaging on parental mental health during uncertainty and isolation.

KEY UPDATES FROM COUNTRIES

OMAN

- At least two deaths and several injuries were reported following a drone strike in Sohar; a separate incident at Port of Salalah caused no reported casualties.
- No reported disruption to essential health services, hospital closures or population displacement, indicating continued system functionality despite localized security incidents.
- Authorities maintain continuity of essential health services, conducted PHEOC activation simulations, and piloted the WHO Hospital Resilience Framework to strengthen facility-level preparedness.
- WHO support focuses on preparedness, institutional capacity-building, and emergency simulation exercises to sustain readiness and response capabilities.

QATAR

- Qatar's Ministry of Health has issued public guidance on stress and mental health for children, older persons and children with autism, covering coping with insecurity and uncertainty, responding to alerts, sheltering, temporary evacuation, and reporting and managing shrapnel-related incidents. The guide for households with autistic children highlights preventive measures, response protocols, and post-incident steps, including personalized emergency plans, medications, family meeting points, and practical guidance to reassure and support children.
- Health authorities have emphasized continuity of essential health services, including clinics and emergency care, while maintaining medicine and supply stocks and strengthening monitoring of water safety, food safety and air quality.
- Health authorities have expanded alternative access to care, including remote consultations by video, home delivery of medicines, and hotline 16,000 for urgent medical consultations, prescriptions, and mental health support.

KINGDOM OF SAUDI ARABIA

- In coordination with WHO, the United Nations Country Team in the Kingdom of Saudi Arabia received radiological preparedness briefing sessions in March 2026, aimed at strengthening the capacity of Public Health Emergency Operations Centers to support coordinated risk assessment and response.
- Health facilities continue to operate normally, providing routine and emergency services as part of standard service delivery.