

CRISIS IN NUMBERS



21 countries affected globally



14 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 26 March)

- Since 2 March, WHO has verified 77 attacks on health care in Lebanon, resulting in 53 deaths and 117 injuries—an average of three attacks, two deaths, and five injuries per day over a 25 day period.
- WHO will conduct training on its Surveillance of Attacks on Health Care (SSA) system for additional countries affected by the ongoing conflict, including Iraq and Gulf Cooperation Council (GCC) countries.
- Strikes on oil refineries, depots and energy infrastructure across the Gulf and in the Islamic Republic of Iran are increasing public health risks, including elevated risks of respiratory, dermal and ocular symptoms linked to worsening air pollution. Damage to desalination systems raises concerns for water safety and access.

- Since 18 March, WHO, with support from the European Union (ECHO), Dubai Humanitarian and partners, has mobilized over 60 tonnes of medical supplies for Lebanon, including nearly 40 tonnes delivered from Europe via the EU Humanitarian Airbridge, and 22 tonnes currently en route by land convoy from WHO's Global Logistics Hub in Dubai.
- In the context of the ongoing conflict, WHO is strengthening efforts to address compounding public health risks, including recent flooding affecting multiple countries. WHO has issued guidance on flood preparedness and response, highlighting key risks and protective actions.
- In the Islamic Republic of Iran, health services are reportedly continuing to operate at scale despite ongoing disruptions, with high service utilization and pressure on emergency and hospital care, while damage to health facilities highlight risks to service continuity and system resilience.
- In Lebanon, emerging disease risks are being reported among displaced populations, including acute watery diarrhoea, influenza, chickenpox/varicella, foodborne illness and lice/pediculosis, linked to overcrowded conditions, while an extensive primary health care network linked to shelters continues to deliver services.
- In Iraq, the health system remains operational under increasing logistical and access constraints, with disruptions to supply chains, power and fuel posing ongoing risks to service continuity and cold chain integrity.
- In Gaza, access constraints at border crossings continue to limit the health response, with WHO supplies staged, awaiting entry or pre-positioned, while deliveries inside Gaza are being accelerated to sustain critical services.
- *Read more key updates from countries on page 5.*

HUMANITARIAN HEALTH NEEDS AND GAPS

- **Health needs continue to increase across the Region**, driven by trauma injuries, disruption of routine services, and growing demand among displaced populations (particularly in Lebanon and Gaza; with increasing demand on health services also reported in the Islamic Republic of Iran).
- **Health systems are under sustained strain**, including damage to facilities, impacts on the health workforce, and pressure on primary health care and emergency services (most acute in Lebanon and the Islamic Republic of Iran; with operational strain also reported in Iraq).
- **Access constraints and supply chain disruptions remain a critical challenge**, limiting the delivery of medical supplies and continuity of care (especially in Gaza and Iraq, with regional and global spillover effects on logistics).
- **Public health risks are compounding**, including emerging communicable diseases in overcrowded settings (notably in Lebanon), and environmental health risks linked to air pollution and water contamination (across Gulf countries and the Islamic Republic of Iran).
- **Weather-related risks are further adding challenges**, with flooding and heavy rainfall reported across multiple countries increasing risks to water safety, displacement, and access to health services.

WHO RESPONSE PRIORITIES

WHO is leading a comprehensive, multi-country humanitarian health response through its Emergency Response Framework and Incident Management System. Its presence, coordination capacity, and operational reach across countries enable rapid, accountable, high-impact action. 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



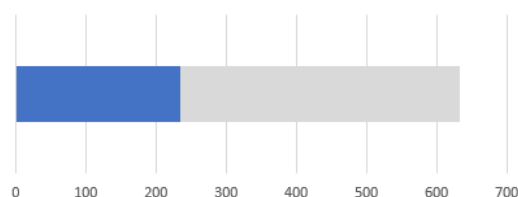
Strengthen capacities for mass casualty management in Chemical, Biological, Radiological and Nuclear emergencies

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

- **Under WHO's 2026 health emergency appeals for the Eastern Mediterranean Region, 37% of the US\$ 633 million required has been received** as of March 2026.
- **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.



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ATTACKS ON HEALTH CARE

- Health facilities, health workers, patients and ambulances are protected under international humanitarian law. WHO is mandated by Member States to collect and verify data on attacks affecting health care through its Surveillance of Attacks on Health Care (SSA) system.
- As of 25 March 2026, WHO has verified 77 attacks on health care in Lebanon since 2 March, resulting in 53 deaths and 117 injuries.
- In Iran, WHO has verified 21 attacks on health care since 28 February, resulting in the deaths of 9 health care workers.
- In the West Bank, occupied Palestinian territory, WHO has verified 15 attacks on health care since 28 February.

ENVIRONMENTAL HEALTH

- Strikes on oil refineries, depots and energy infrastructure across the Gulf and in the Islamic Republic of Iran are increasing public health risks, including elevated risks of respiratory, dermal and ocular symptoms linked to worsening air pollution.
- Damage to desalination infrastructure in the Islamic Republic of Iran (Qeshm Island) and Bahrain, and reported impacts near facilities in Kuwait and the United Arab Emirates, raise concerns about water supply and safety.
- WHO is closely monitoring developments and working with national authorities to assess health impacts. WHO has issued technical guidance to countries and partners on managing risks related to air pollution exposure, skin and eye irritation, acid rain, and water and food safety, including personal protection measures.

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

- Reported strikes have affected the Natanz Enrichment Complex in the Islamic Republic of Iran, with initial damage reported in early March 2026 and additional strikes reported on 21 March 2026. According to the International Atomic Energy Agency (IAEA), no abnormal radiation levels have been detected, and there has been no indication of off-site radiological impact.
- 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 2,000 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 23 March, a humanitarian flight supported by the EU Commission's Civil Protection and Humanitarian Aid operations (ECHO) and facilitated through the EU Humanitarian Air Bridge delivered 4.8 tonnes of WHO trauma and emergency surgical supplies to Lebanon, enough for 1,000 procedures for 500 patients, along with vaccines, insulin and essential medicines.
- On 20 March, 22 metric tonnes of life-saving medicines and emergency surgical supplies were dispatched to Lebanon by land convoy from WHO's Global Logistics Hub in Dubai. The

shipment, expected to arrive in the coming days, will support treatment for 50,000 patients, including 40,000 surgical interventions for burn management, trauma stabilization, haemorrhage control, anaesthesia and anaphylaxis management.

- Earlier, on 18 March, 35 tonnes of essential medical supplies were delivered to Lebanon—including WHO trauma and emergency kits—to support up to 100,000 patients over three months. The shipment was delivered jointly with UNICEF, UNFPA and partners, in collaboration with Lebanon’s Ministry of Public Health, and supported by ECHO.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- In the context of the ongoing conflict, WHO is strengthening RCCE efforts to address compounding public health risks, including recent flooding affecting multiple countries. WHO has issued [guidance on flood preparedness and response](#), highlighting key health risks and protective actions, and promoting community engagement, two-way communication and locally adapted messaging to support vulnerable populations.

KEY UPDATES FROM COUNTRIES

Due to the shortened reporting period, this issue includes selected country updates based on the most significant developments.

Islamic Republic of Iran

- According to the Ministry of Health (MoH), as of 24 March 2026, 1,825 civilian deaths and 23,061 injuries have been reported, with 22,030 patients treated and discharged and 1,031 remaining hospitalized. A total of 881 surgeries have been conducted.
- Vulnerable populations continue to be significantly affected. MoH reports 3,794 women injured, and 1,563 children under 18 injured, including 56 under 2 years old. A total of 208 deaths have been reported among children under 18, including 13 children under 5.
- According to UNHCR, up to 3.2 million people are estimated to be displaced, primarily from Tehran and other major urban areas towards northern provinces and rural areas, increasing pressure on health services and access, particularly among vulnerable populations.
- According to MoH, health infrastructure has sustained significant damage, with 40 hospitals, 186 health-care facilities, and 49 pre-hospital EMS posts affected, and 7 hospitals evacuated. 38 ambulances have also been damaged.
- The health workforce has been directly affected, with MOH reporting 112 health workers injured and 23 deaths. MOH also reports that following recent explosions, parts of the Pasteur Institute, including laboratory facilities, have been damaged; no casualties were reported.
- WHO has verified 21 attacks on health care in the Islamic Republic of Iran since 28 February through its Surveillance of Attacks on Health Care system, resulting in the deaths of 9 health care workers.
- Despite the crisis, MOH reports that the health system continues to deliver services at scale. Between 28 February and 22 March, over 16 million health services were provided, including 784,000 vaccine doses and 1,051,000 services to pregnant women.
- Emergency services remain active, with 64,660 pre-hospital operations by Emergency Medical Services conducted between 18–23 March, resulting in 38,000 patient transfers to hospitals.

Lebanon



More than 1,700 displaced Lebanese, Palestinian and Syrian people are sheltering at Sibliin Training Center, located just outside Beirut. The site is operated by UNRWA. *Photo: WHO Lebanon*

- Hostilities in Lebanon have expanded geographically, with strikes reported in areas previously unaffected, including north of Beirut, alongside intensified operations in the south. This has restricted movement and access due to damage to roads, bridges and key infrastructure.
- Following the destruction of seven bridges connecting the North Litania River to the South Litania River, providing humanitarian aid to vulnerable populations in the southern region is increasingly challenging and may soon be unfeasible.
- The Ministry of Public Health (MoPH) reports at least 1,094 deaths (including 121 children) and more than 3,119 injuries since 2 March. As a result of evacuation orders, 50 PHCs and 5 hospitals are closed.
- According to Lebanon's Disaster Risk Management Unit (DRM), 1,162,237 people have been displaced. Of these, 134,921 people are residing in 657 collective shelters, including 649 shelters linked to primary health care centres.
- As of 24 March 2026, vulnerable groups among displaced populations include 367,300 children (including 46,460 in shelters), 12,200 pregnant women (with almost 1,350 expected to give birth within 30 days), 7,100 older persons, and 2,014 persons with disabilities.
- Early warning systems have identified emerging epidemiological signals, including foodborne illness, chickenpox/varicella, influenza, acute watery diarrhoea, and lice/pediculosis, indicating growing public health risks in displacement settings.
- WHO is supporting the MoPH in strengthening coordination, data analysis and information management, and facilitating inter-sectoral engagement on mental health and disability-inclusive services.
- As casualties increase, WHO is providing trauma supplies, capacity building initiatives, and technical assistance to frontline hospitals. These efforts aim to maintain effective mass casualty management capabilities across all frontline medical facilities.
- WHO is reinforcing health service delivery and supply chains, including delivery of trauma and emergency supplies and support to the PHC network, which has provided 27,969 consultations and delivered medications to 18,028 individuals in shelters.
- WHO is also enhancing disease surveillance and early warning, including activation of shelter-based surveillance and 28 training sessions across 215 shelters, and supporting the MoPH hotline to facilitate access to care and referrals (5,957 calls since early March).

- As of 25 March 2026, WHO has verified 77 attacks on health care in Lebanon since 2 March through its Surveillance of Attacks on Health Care system, resulting in 53 deaths and 117 injuries.

Iraq

- Since the escalation on 28 February 2026, a total of 72 deaths and 346 injuries have been reported by national authorities. Although no population movement (internal or cross-border) has been reported, preparedness efforts are ongoing for potential displacement scenarios, including possible cross-border influx.
- Airspace closures and disruptions to ground transport routes continue to affect supply chains and the movement of medical supplies, with delays in the delivery of blood bags reported by the Ministry of Health (MoH). WHO is working with MoH to address critical gaps, including blood products and emergency medical supplies.
- According to MOH, a Ministry of Defense health facility within AL-Habbaniyah base (Anbar governorate) was damaged by an airstrike on 25 March, resulting in casualties, including at least one death and four injuries among health personnel. MOH also reports that an unidentified projectile impacted near Baghdad Teaching Hospital, causing minor injuries and temporary disruption of emergency services, including the brief closure of the emergency ward.
- Health services across Iraq, including the Kurdistan Region, remain operational but under pressure, with increasing patient loads and partial disruption of outreach and community-level services in some areas due to access constraints and security-related movement restrictions.
- Logistical constraints, including disruptions in power supply, fuel availability and movement restrictions, continue to strain the health system, with ongoing risks to hospital functionality and cold chain systems if conditions persist.
- MoH is maintaining surge capacity, prioritizing emergency and trauma care, ensuring ambulance readiness, and coordinating with partners to address critical supply needs. In the Kurdistan Region of Iraq, MoH is refining contingency planning, focusing on supply, workforce and service needs, while strengthening coordination and prioritizing trauma care, ICU and burn unit readiness.
- WHO has finalized its contingency fund response plan, with implementation of priority activities expected to begin shortly.

Occupied Palestinian territory

Gaza

- The Rafah crossing reopened on 18 March 2026, enabling the resumption of medical evacuations from 19 March, while Kerem Shalom has remained open for fuel and humanitarian supplies since 3 March. All other crossings have remained closed since 28 February, limiting the entry and delivery of medical supplies.
- Medical evacuations via Rafah resumed on 19 March, with 16 patients and 30 companions evacuated to Egypt during WHO-coordinated missions on 19 and 22 March. An additional 17 patients and 30 companions were evacuated to Egypt on 26 March. Medical evacuations via Kerem Shalom remain suspended since 28 February 2026.
- WHO supplies remain staged, pre-positioned or awaiting entry, including 57 metric tonnes in

WHO's Dubai hub, shipments awaiting entry via Al-Arish border crossing and Ashdod Port, and additional supplies ready for dispatch from Jerusalem and the West Bank.

- Fuel entry has resumed but remains insufficient, forcing rationing and prioritization of critical services, including emergency, maternal, neonatal and trauma care. As part of the interagency fuel distribution mechanism, WHO supported the distribution of approximately 570,000 litres of fuel already available inside Gaza between 5 and 25 March 2026.
- The health system continues to operate under severe constraints, including fuel dependency, damaged infrastructure and limited entry of supplies. Health facilities report a growing number of generator failures, as generators operate nearly continuously without adequate access to spare parts and lubricants. Shortages of essential medicines are affecting treatment for chronic maternal and child health, and specialized care, including dialysis and cancer treatment.
- Health Cluster partners continue delivering services despite these challenges, reaching approximately 260,000 people weekly through hospitals, primary health care centres, and medical points.
- WHO is accelerating the distribution of available supplies within Gaza and expanding pre-positioned stocks outside the Gaza Strip to enable rapid scale-up and surge capacity once access improves. Since 4 March, WHO has delivered 462 pallets of medical supplies within Gaza, prioritizing facilities at highest risk of stock depletion.

West Bank

- Health partners report continued delays in ambulance access and patient transport across multiple governorates due to checkpoint closures and movement restrictions. The most affected governorates include Nablus, Hebron, Jericho, Qalqilya and Ramallah.
- Between 28 February and 25 March 2026, WHO recorded 15 attacks on health care, including 10 incidents affecting ambulances between 28 February and 3 March, involving obstruction, interference with services, and denial of access at checkpoints. Between 4 and 5 March alone, five attacks were reported, including an incident that injured paramedics.
- Health facilities in high-risk areas—including Jenin, Tulkarm, Nablus and the Jordan Valley—face critical shortages of essential medicines and supplies, including haemorrhage control drugs, anesthetics, and medicines for chronic diseases, some of which have reached zero-stock levels.
- Access to mental health services is increasingly constrained due to movement restrictions and road closures, while shortages of psychotropic medicines continue to limit service delivery amid rising needs. WHO continues to coordinate mental health and psychosocial support (MHPSS) as co-chair of the technical working group and is working with the Ministry of Health to procure essential psychotropic medicines.
- Despite constraints, ambulances and mobile health clinics continue to operate and reach patients, with the Health Cluster supporting the deployment of mobile medical teams and delivery of essential supplies to maintain continuity of care in underserved and high-risk areas.
- WHO is supporting the strengthening of trauma and emergency care capacity, including planned delivery of supplies to Trauma Stabilization Points in Atara and Khirbet Abu Falah, stockpiling of 145 trauma and emergency supplies expected to benefit approximately 242,000 people, and the organization of mass casualty management training for 140 trainees across seven hospitals.