

CRISIS IN NUMBERS



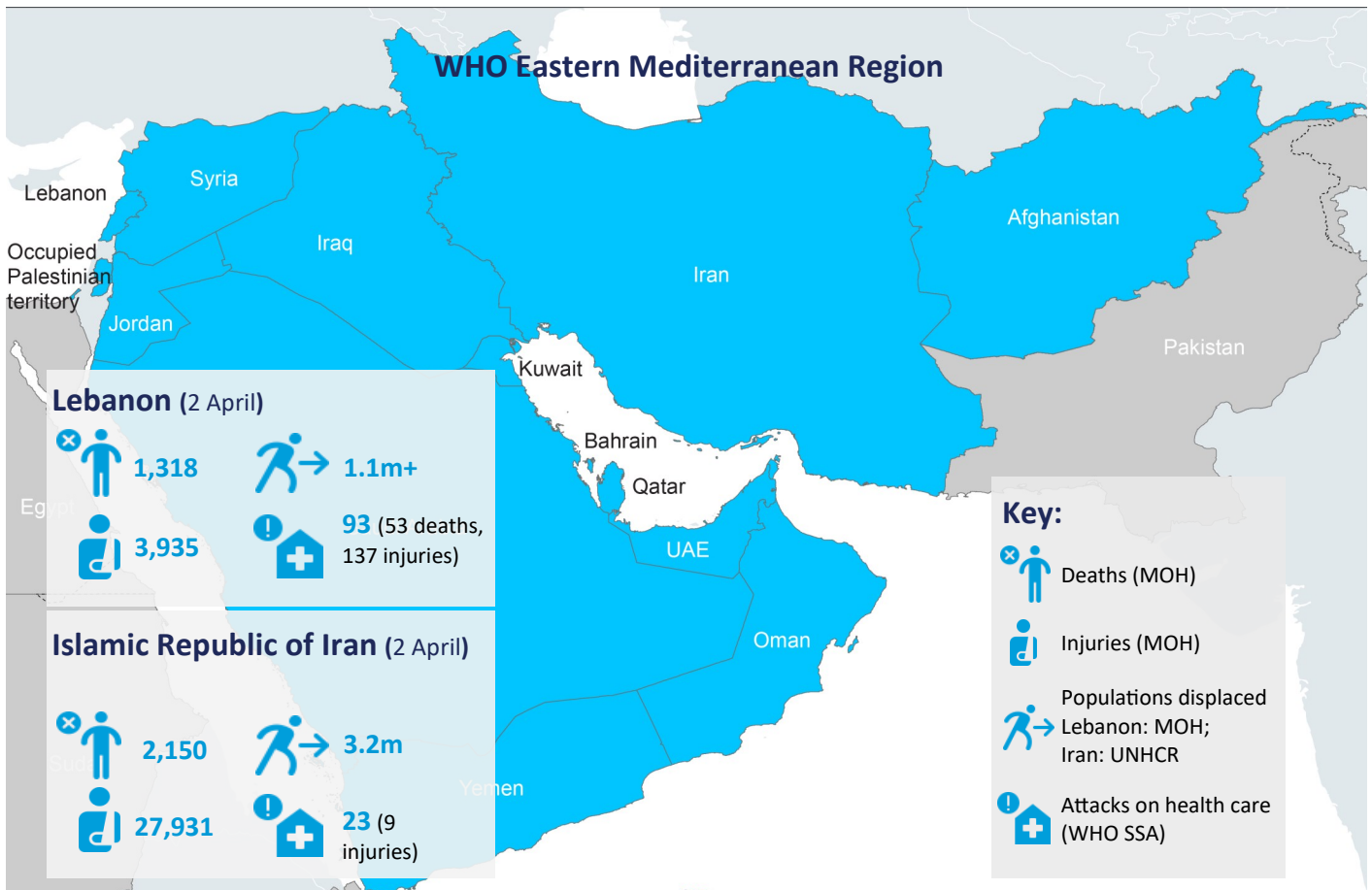
21 countries affected globally



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.

WHO Flash Appeal for the Middle East escalation of violence

US\$ 30.3 million | March - August 2026

WHO has launched a US\$30.3 million flash appeal to support its health response to the escalating conflict across the Middle East, focusing on Lebanon, Iran, Iraq, the Syrian Arab Republic and Jordan. The appeal covers the period from March to August 2026 and aims to sustain life-saving health services in countries where health systems are under severe strain following weeks of intensified hostilities, mass displacement and rising casualties.

[Read the appeal here.](#)

WHO FLASH APPEAL



HEALTH RESPONSE TO THE MIDDLE EAST ESCALATION OF VIOLENCE
March–August 2026

SITUATION

- Casualties continue to rise across the Region, with the Islamic Republic of Iran reporting 1,937 deaths and 26,928 injuries (as of 30 March), and Lebanon reporting 1,316 deaths and 3,935 injuries (as of 31 March), placing sustained pressure on trauma and emergency services.
- Attacks on health care continue to disrupt services, with WHO verifying incidents affecting hospitals, health workers and supplies, including damage to the Pasteur Institute of Iran and the Tofigh Daru pharmaceutical facility in Tehran, and 93 verified attacks in Lebanon resulting in 53 deaths and 137 injuries (since 2 March).
- Health systems are under severe strain, with the Ministry of Public Health in Lebanon reporting hospital occupancy reaching up to 95%, while the Ministry of Health in Iraq reports services are operational but under pressure due to trauma caseloads and localized service disruptions.
- Operational constraints continue to affect response efforts, including movement restrictions impacting ambulance referrals in Iraq and access limitations in southern Lebanon, delaying delivery of supplies and timely access to care.
- Public health risks are increasing, with outbreaks of scabies (120 cases) and lice (888 cases) reported in overcrowded shelters in Lebanon, while disease surveillance in Iraq has declined by 23%, reducing early detection capacity and increasing outbreak risk.
- Strikes on energy and water infrastructure are increasing environmental health risks, including the inoperability of a desalination plant on Qeshm Island in the Islamic Republic of Iran and damage to oil and energy facilities across Iran and Gulf countries, while the International Atomic Energy Agency confirmed severe damage to the Khondab heavy water facility (29 March), with no radiation risk reported.
- Flooding is compounding humanitarian and public health risks. In Iran, severe flooding across multiple provinces has caused deaths, displacement, and damage to infrastructure, disrupted transport and electricity, and led to the evacuation of at least one hospital, further straining emergency and health services. In Syria, flooding in parts of Aleppo and Idlib is increasing risks of water contamination and disease outbreaks, while also exposing unexploded ordnance, heightening risks to civilians and complicating the delivery of health services.
- *Read more key updates from countries on page 6.*

WHO RESPONSE

- WHO's Executive Director for Health Emergencies concluded a three-day mission to Lebanon on 2 April, engaging with national authorities, United Nations leadership and health partners to assess evolving health needs, reinforce coordination, and identify priority actions to sustain health services amid escalating demands across the Region.
- A four-truck land convoy that set off on 20 March from WHO's Global Logistics Hub in Dubai — supported by Dubai Humanitarian — arrived in Beirut on 2 April. The supplies have been delivered by WHO to the Ministry of Public Health. They include delivering emergency care kits, essential medicines and diabetes supplies to support approximately 6,000 trauma and emergency surgery patients and 4,000 people with diabetes.
- WHO is planning the deployment of a Health Emergency Officer to support all six Gulf States, while providing technical guidance on emergency preparedness and contributing to UN system security coordination mechanisms.

ATTACKS ON HEALTH CARE (as of 2 April)

	WHO-verified attacks	Associated deaths	Associated injuries
Iran (since 28 February)	23*	9*	0
Lebanon (since 2 March)	93	53	137

* WHO detected a glitch in its surveillance system for attacks on health care, which had resulted in duplicate entry of some attacks on health care in Iran. This glitch has now been fixed.

- Since 1 March, WHO has verified 23 attacks on health care in Iran, resulting in 9 deaths, including the death of an infectious diseases health worker and Iran Red Crescent Society member.
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- The Tofigh Daru pharmaceutical facility in Tehran – a producer of medicines for cancer and multiple sclerosis – was damaged on 31 March. Ongoing strikes have reportedly caused extensive damage to the Pasteur Institute of Iran, which housed two departments working as WHO collaborating centers (for Vector-Borne Diseases and for Reference and Research on Rabies). The Delaram Sina Psychiatric Hospital in Iran also sustained significant damage on 29 March.

MEDICAL SUPPLY CHAIN

WHO's Global Logistics Hub in Dubai is mobilizing 122 metric tons of medical supplies (valued at US\$1.09 million), expected to support 5.4 million people:

- **Lebanon**
Four-truck land convoy, arrived 2 April: 22 metric tons (US\$365,000) to support 50,000 patients, including 40,000 surgical interventions.
- **Gaza**
Three-truck land convoy, en route: 22.2 metric tons (US\$180,794), ETA 8–10 days, supporting 110,000 people; shipment monitored in real time. The convoy is carrying essential medicines for the treatment of diabetes, hypertension, and antibiotics for the treatment of infections and management of burn-related injuries.

Air bridge, planned for 7 April: Full WHO charter from Dubai to Al Arish (the first since 28 February) The medicines, valued at US \$1.8 million consist of antibiotics to treat a broad array of infections (respiratory, urinary, skin, eye and ear infections) along with anticoagulants, and specialized medicines to treat hypertension to reduce the risks of strokes and kidney functions.

- **Afghanistan**
Air charter, departing 3 April: 78.5 metric tons (US\$547,370) to support 5.25 million people. The charter is carrying pediatric medicines, trauma and emergency surgery kits, essential medicines and ancillary vaccination supplies including over 5 million syringes to support ongoing vaccination campaigns for infants less than 1 year of age.

ENVIRONMENTAL HEALTH

- Strikes on oil refineries, depots and energy infrastructure are increasing public health risks linked to worsening air pollution. Depending on the level of exposure and type of chemical released, the health risks could include skin, eye and respiratory irritation, headache, dizziness or nausea, and mental health stress. Children, elderly persons and pregnant women are particularly at risk. Damage to desalination infrastructure also raises concerns about water supply and safety.
- In Kuwait, an attack on a power and water desalination plant on 30 March resulted in the death of one worker. Damages to components of the electrical grid and significant impact on a fuel tank at Al-Subiya power generation and water distillation plant require extensive repair. Additional near-misses/debris damage have also been reported near plants in Kuwait and UAE.
- Following a direct hit, the desalination plant on Qeshm Island is now inoperable, along with destruction of a water distribution construction site in western Iran, affecting access to essential water supply.
- 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

- On 29 March, IAEA confirmed the heavy water production plant at Khondab, which Iran reported had been attacked on 27 March, had sustained severe damaged and is no longer operational. The IAEA reports that the installation contains no declared nuclear material.
- 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.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- Modular guidance packages have been disseminated to priority countries, covering integrated risk communication for seasonal environmental hazards and essential health protection. These resources are designed to strengthen the capacity of health care workers and local authorities to communicate complex risks effectively while maintaining community trust and minimizing public distress.

MENTAL HEALTH

- In response to reported increases in psychological distress in conflict-affected areas, WHO is providing technical guidance for national communication campaigns. This includes the dissemination of standardized messaging on available support services and the promotion of dedicated hotlines to ensure timely access to mental health care.

HEALTH NEEDS, GAPS AND CHALLENGES

- **Injuries and trauma burden:** High numbers of injuries are driving demand for trauma care and surgical services beyond available capacity.
- **Attacks on health care:** Repeated attacks on hospitals, ambulances and health workers are disrupting access to care.
- **Health system disruption:** Facility closures, evacuations and damage are reducing services, with some hospitals at or near full capacity.
- **Access constraints:** Movement restrictions and insecurity are affecting referrals, ambulance movement and supply delivery.
- **Mental health and psychosocial needs (MHPSS):** Needs are rising while access to services remains limited.
- **Public health risks and surveillance gaps:** Overcrowding and reduced surveillance are increasing outbreak risks and delaying detection.
- **Environmental risks:** Strikes on water, desalination and energy systems are affecting safe water, air quality and health.
- **Underfunding:** Funding gaps are constraining trauma care, essential services, MHPSS, surveillance and response operations.

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.

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

FUNDING UPDATES

- WHO has launched a **US\$30.3 million flash appeal** to support its health response to the escalating conflict across the Middle East. [LINK](#)
- Under the **Lebanon UN Flash Appeal**, the health sector requires US\$ 37 million to sustain trauma care, essential services, disease surveillance, and support for displaced populations.
- Under **WHO's 2026 health emergency appeals** for the Eastern Mediterranean Region, 37% of US\$ 633 million required has been received as of March 2026.

Iran (as of 30 March)

- Iran's Ministry of Health reports 2,150 civilian deaths and 27,931 injuries, with 483 people currently hospitalized, 25,836 discharged, and 1,090 surgeries conducted. The highest number of casualties is reported in Tehran and Hormozgan provinces, according to MoH. Women and children are heavily impacted: 4,419 women injured and 249 killed, alongside 1,834 injured children under 18 and 216 killed, including 17 children under 5, according to MoH.
- Healthcare workers have been directly affected, with 24 killed and 114 injured, according to MoH. The health system has sustained significant damage: 44 hospitals, 212 health facilities, 53 pre-hospital Emergency Medical Services posts, and 41 ambulances damaged, and 7 hospitals evacuated, according to MoH.
- According to Iran's Food and Drug Administration, since the beginning of the war, 24 facilities producing medicines and medical equipment have been damaged, including Tofigh Daru, a producer of anti-cancer medicines and active pharmaceutical ingredients.
- Since 1 March, WHO has verified 23 attacks on health care in Iran, resulting in 9 deaths, including the death of an infectious diseases health worker and an Iran Red Crescent Society member.
- The Tofigh Daru pharmaceutical facility in Tehran – a producer of medicines for cancer and multiple sclerosis – was damaged on 31 March. Ongoing strikes have reportedly caused extensive damage to the Pasteur Institute of Iran, which housed two departments working as WHO collaborating centers (for Vector-Borne Diseases and for Reference and Research on Rabies). The Delaram Sina Psychiatric Hospital also sustained significant damage on 29 March.
- On 30 March a strike impacted the vicinity of WHO's office in Tehran. This is the second attack in the area in two days. The office sustained material damage, including broken windows from nearby explosions.
- Health facility infrastructure needs identified by the Ministry of Health include ambulances, diesel generators, uninterrupted power supply systems, reconstruction of damaged medical centres, apheresis sets, wound dressings for epidermolysis bullosa patients, and specialised equipment such as CT scan and angiography tubes and laboratory kits.
- Displacement is increasing, with up to 3.2 million people fleeing Tehran and other major cities, according to UNHCR preliminary estimates. This figure is likely to continue rising as hostilities persist, marking a worrying escalation in humanitarian needs. Also affected are refugee families hosted in the country, mostly Afghans, who are particularly vulnerable, given their already precarious situation and limited support networks. Iran hosts over 1.65 million refugees and others in need of international protection.
- A desalination plant on Qeshm Island is now inoperable, along with destruction of a water distribution construction site in western Iran, affecting access to essential water supply. The Ministry of Health reports there are currently no issues with the provision of water, and is monitoring the safety of drinking water.
- The International Atomic Energy Agency has confirmed no radiation risk following damage to nuclear facilities, while WHO continues to assess potential public health implications.

WHO RESPONSE

- WHO is advancing mental health and psychosocial support for health care workers, with agreement from the Ministry of Health to proceed under an established technical framework.

WHO and UNICEF are also coordinating on mental health and psychosocial support, risk communication and community engagement, with a focus on maternal and child health, and are planning follow-up coordination with the International Committee of the Red Cross.

- The Ministry of Health has requested support from WHO for the procurement of priority vaccines, including oral polio vaccine, inactivated polio vaccine, rotavirus, diphtheria-tetanus-pertussis and hepatitis B, in coordination with UNICEF. However, funding gaps and global shortages of rotavirus vaccines remain key constraints. WHO is also working to facilitate the procurement of noncommunicable disease management supplies to sustain continuity of care.

Lebanon (as of 31 March)

- According to the Ministry of Public Health, 5,253 casualties have been reported since 2 March (1,318 deaths and 3,935 injuries), with children accounting for 10%; the highest impact remains in Nabatiyeh and southern Lebanon, where hostilities and civilian exposure are most intense.
- Displacement has exceeded 1.16 million people, with over 136,000 residing in 674 collective shelters—mainly in Beirut and Mount Lebanon—placing sustained pressure on health services, infrastructure and host communities, based on data from the Disaster Risk Management unit.
- Vulnerable groups are disproportionately affected, including over 30K children, 6.4K older persons and thousands of people with disabilities in shelters, with women and girls representing 53% of those displaced in collective settings, according to government shelter monitoring data.
- The health system is under severe strain, with 5 hospitals fully closed and 10 partially damaged, and occupancy reaching up to 95%, according to the Ministry of Public Health, while 92 attacks on health care verified by the World Health Organization Surveillance System for Attacks on Health Care have resulted in 53 deaths and 137 injuries among health workers and patients, continuing to disrupt access to care.
- Health services continue at scale through the primary health care network and outreach teams, delivering over 51,000 consultations and more than 38,000 treatments across hundreds of shelters despite increasing operational and supply constraints, according to the Ministry of Public Health.
- Public health risks are emerging in overcrowded shelter environments, including 120 reported scabies cases and 888 lice cases, alongside early warning signals for communicable diseases, requiring sustained surveillance and response.

WHO RESPONSE

- WHO is supporting national coordination through the Public Health Emergency Operations Centre, including casualty tracking, hospital capacity monitoring, ambulance dispatch, referrals and evacuations, strengthening mass casualty management and continuity of care, while scaling surveillance through shelter-based systems and surge support to national hotlines.
- WHO is reinforcing primary health care delivery and continuity of treatment through essential medicines, updated substitution protocols, and planned training for physicians and pharmacists managing chronic conditions under constrained supply, while also supporting mental health and psychosocial services within primary health care and emergency response systems.
- WHO, in collaboration with health sector partners and the Prevention of Sexual Exploitation and Abuse network, has launched a five-day training series targeting 350 participants, covering prevention of sexual exploitation and abuse induction, gender-based violence sensitization and dissemination of awareness materials, while partners continue facilitating access to services, including transportation support for displaced populations.



On 1 April, Dr Chikwe Ihekweazu, Executive Director of WHO's Health Emergencies Programme, concluded a three-day mission to Lebanon, reaffirming WHO's support for the country's health emergency response. Dr Ihekweazu met with national authorities, including the Prime Minister and the Health Minister, United Nations leadership, health partners, displaced people, and frontline health workers to hear from their experiences and identify priority areas for WHO's continued support. *Photo: WHO*

- A four-truck convoy dispatched on 20 March 2026 from the WHO Dubai Hub, travelling via the United Arab Emirates, Saudi Arabia, Jordan and Syria to the Masnaa border, arrived in Beirut on the morning of 2 April. The shipment, supported by the European Union and WHO contingency emergency funds, will assist around 6,000 trauma and emergency surgery patients and provide glucose monitoring for about 4,000 people with diabetes. It includes emergency care kits, essential medicines, antibiotics, and supplies for diabetes screening and monitoring.

Iraq (as of 31 March)

- Since 28 February 2026, Iraq reported 89 deaths and 384 injuries, increasing demand on emergency and trauma services.
- Projectile impacts have occurred in residential areas near health facilities, including in Baghdad, increasing risks to civilians and health infrastructure. Four incidents occurred in close proximity to health facilities, three of which caused temporary disruption of services, highlighting growing exposure of health care to security risks.
- Health services remain operational but under sustained pressure, with localized strain due to trauma caseloads, supply shortages, and logistical constraints, including movement restrictions and supply chain disruptions affecting service delivery and response operations.
- Regular surveillance monitoring at national level reports that communicable disease surveillance has declined, reducing early detection capacity, particularly in Duhok, Wasit, Sulaymaniyah, Erbil, Maysan, and Muthanna.
- Shortages of essential laboratory supplies, including diagnostic kits, are affecting testing capacity due to delays linked to airspace closures and supply chain disruptions.
- Flooding in Al-Anbar has rendered three primary health care centres and one hospital non-operational, increasing pressure on surrounding facilities.

WHO RESPONSE

- WHO is providing technical and operational support, in coordination with partner, to the response is being implemented under the leadership of the Federal Ministry of Health and KRI Ministry of Health. WHO support focuses on strengthening trauma and emergency care capacity, including supplying trauma kits, equipping priority hospitals, and supporting readiness to manage mass casualty incidents.

- Efforts are underway to improve real-time data and coordination, including establishing clinical reporting systems, strengthening Emergency Operations Centres, and enhancing information sharing across national and subnational levels.
- WHO is supporting continuity of essential health services, including primary health care, immunization, laboratory services, and management of chronic conditions, while addressing supply and access constraints.
- Priority actions include strengthening disease surveillance and early warning systems, alongside training rapid response teams to detect and respond to public health risks.
- WHO is also supporting risk communication and community engagement, ensuring affected populations receive timely, accurate health information, alongside expanded mental health and psychosocial support services for communities and health workers.

Gaza (as of 26 March)

- Medical evacuations via Kerem Shalom crossing remains suspended. Medical evacuations via the Rafah crossing resumed on 26 March 2026 after a brief pause between 23–25 March, during which WHO suspended operations as conditions for safe medical evacuation were not in place.
- Growing number of generator failures in hospitals have been reported due to the 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.
- Shortages of critical supplies due to limited entry of medical supplies is affecting the availability of essential items for the ongoing treatment of patients with non-communicable diseases, including cardiology and hemodialysis supplies and cancer medicines. Critical supplies for maternal and child health are also impacted, including essential medicines for neonates and for safe delivery.

WHO RESPONSE

- This week, five WHO medical supply trucks, carrying ICU beds, nutrition products, and medicines, crossed into Gaza via the Kerem Shalom crossing. Supplies are scheduled to be collected this week.
- Fifty-eight pallets of assistive devices, 128 pallets of medicines, and 175 pallets of fortified biscuits from Ashdod Port were sent to Gaza and collected by WHO team on 1 April 2026.
- Thirteen containers of hemodialysis supplies have been approved and are currently awaiting entry into the Gaza Strip via Al-Arish. A charter flight from Dubai is planned to arrive to Al-Arish on 7 April 2026, carrying 315 pallets of medicines and consumables to support the Gaza response.
- Dubai Humanitarian has sponsored a second overland convoy to Al-Arish, carrying medicines and supplies in support of WHO's response in Gaza. Supplies are enough to support the health needs of 110,000 people. The convoy departed WHO Global Logistics Hub in Dubai yesterday and is expected to reach Al-Arish in about two weeks.
- Since 26 March, WHO has coordinated four medical evacuations to Egypt via the Rafah crossing, with 66 patients and 130 companions evacuated to Egypt.
- Between 25 March to 1 April 2026, WHO coordinated the entry of five Emergency Medical Teams into Gaza to provide surge support to health facilities.

Syria (as of 31 March)

- Spillover effects of the regional conflict are already visible, including cross-border population movements, rising public health risks, and added pressure on an already fragile health system at a time when the country is trying to stabilize and move towards more sustainable, system-based recovery.
- Airspace disruptions, airport closures, supply-chain constraints, fuel vulnerability and depleted emergency stocks continue to affect response planning and could disrupt referrals, cold chain, water pumping and hospital functionality if conditions worsen.
- Cross-border movement from Lebanon into Syria continues, although at a slower pace. As of 27 March, 202,477 people had crossed into Syria, including 175,134 Syrian returnees and 27,343 Lebanese nationals. Nearly 49,000 Syrians indicated an intention to return permanently, but movements remain mixed and evolving, with some people fleeing hostilities, others testing conditions before deciding whether to stay, and many settling outside formal sites.
- Needs remain dispersed and harder to track because most arrivals are settling within host communities rather than formal sites. Returnees are dispersing across multiple governorates, including Aleppo, Ar-Raqqa, Rural Damascus, Idleb, Deir-ez-Zor, Dar'a and Homs, increasing pressure on local services in areas where service capacity is already fragile.
- The influx remains within national response capacity, but the system is coping by stretching already limited capacity. National authorities remain in the lead and coordination mechanisms are functioning, but the margin is narrow, particularly if movement patterns accelerate.
- Syria is facing overlapping public health risks driven by population movement, weak routine services and environmental shocks. Current concerns include measles in Al-Hasakeh, flooding and water contamination, and added pressure on surveillance and early warning systems, particularly in vulnerable locations where immunization, WASH services and health system capacity are already under strain.
- UXO contamination remains a serious risk to civilians and humanitarian operations. In flood-affected areas, including parts of Aleppo and Idlib, recent flooding has exposed or shifted unexploded ordnance, compounding risks in already vulnerable communities and complicating restoration of health services.

WHO RESPONSE

- WHO is supporting response efforts through supply delivery, surveillance and outbreak preparedness. Recent support includes pre-positioning and distribution of essential medicines, nutrition and WASH supplies, expansion of EWARS reporting sites in north-east Syria, and support to water quality monitoring, RCCE and waterborne disease surveillance in flood-affected areas.
- Since the start of March, WHO has also delivered 12 tons of medical, nutrition and WASH supplies to the Ministry of Health for distribution across Aleppo, Damascus and Rural Damascus. This includes a recent 2-ton delivery on 29 March containing insulin, oral rehydration salts, malnutrition kits and water purification tablets to support essential health services. Additional support has also been provided to the Central Public Health Laboratory, including laboratory kits and supplies for the emerging diseases and polio laboratories.
- Vaccination response is ongoing in north-east Syria alongside measles response in Al-Hasakeh. The final round of the Big Catch-Up campaign is running from 31 March to 22 April across 19 districts in Deir-ez-Zor, Al-Hasakeh, Ar-Raqqa and parts of Aleppo, targeting 893,937 children under five, with oral polio vaccine administered regardless of prior vaccination status.

- WHO has started using the Contingency Fund for Emergencies (CFE). At the same time, WHO emergency stocks are reported to be depleted, and additional financial support is needed to sustain access to medicines and supplies, maintain referral pathways, strengthen disease surveillance and outbreak response, support child health and vaccination, and expand community-level support, particularly in northeast Syria and in communities hosting displaced people and returnees.

Jordan (as of 28 March)

- Health authorities report a total of 25 injuries, with most patients treated and discharged from hospitals.
- UN agencies coordinating on the programme criticality exercise, with a focus on ensuring continuity of essential health services under all scenarios.

WHO RESPONSE

- The Ministry of Health has requested WHO support in enhancing preparedness capacity and specialized capacity building activities. Under the [regional flash appeal](#), WHO's planned response in Jordan aims to strengthen the capacity of local health authorities to manage the increased caseload while ensuring that essential health services for other community segments—particularly refugees—remain uninterrupted.

Bahrain (as of 30 March)

- Health systems in Bahrain remain fully operational and focused on preparedness, with national authorities activating emergency plans to respond to the evolving regional situation (Ministry of Health).
- The National Ambulance Service continues to respond effectively, deploying 152 ambulances to provide emergency care to 82 patients and injured individuals, in addition to handling 27 cases in shelters (Ministry of Health).
- All 27 health centres remain open, including 9 operating 24/7, ensuring continued access to services across the country (Ministry of Health).
- Health facilities continue to provide essential health services, including consultations, maternal and child health care, immunization, and management of chronic diseases, alongside teleconsultations, pharmacy services and urgent care (Ministry of Health).
- Essential medicines and medical supplies remain fully stocked, supporting uninterrupted service delivery (Ministry of Health).

WHO RESPONSE

- WHO is supporting preparedness efforts through coordination with UN partners via the UN Country Team and Security Management Team mechanisms, alongside ongoing engagement with the Ministry of Health to identify priority areas for support.
- WHO has provided briefings on chemical, biological, radiological and nuclear preparedness for UN agencies, and is supporting ongoing public health risk assessment and situation monitoring, as well as reviewing business continuity plans in light of the evolving situation.

Kuwait (as of 30 March)

- Kuwait continues to experience direct and indirect impacts from the regional escalation. An attack on a power and water desalination plant on 30 March resulted in the death of one worker. Damages to components of the electrical grid and significant impact on a fuel tank at Al-Subiya

power generation and water distillation plant require extensive repair.

- The Ministry of Health continues to operate at full capacity, maintaining service delivery while addressing emergency needs. Strategic medicine stocks are sufficient for at least six months, and advanced automation systems have been deployed in health facilities to support continuity and efficiency.
- The Ministry of Health has also issued public communication to counter misinformation, including rumours related to nuclear leakage in the Region.

WHO RESPONSE

- WHO is supporting the response through coordination with the UN system via the UN Country Team and Security Management Team mechanisms, alongside ongoing public health risk assessment and technical support. WHO is also working with national authorities on preparedness measures, as well as supporting technical collaboration such as the Field Epidemiology Training Programme (FETP) assessment conducted in hybrid format.

Saudi Arabia (as of 31 March)

- Saudi Arabia remains fully operational and plays a key role as a regional transit and logistics hub amid ongoing disruptions elsewhere. All land crossings are functioning normally, including the King Fahd Causeway with Bahrain, although traffic has increased significantly since the start of hostilities (national authorities).
- There are no reported health emergencies or shortages, with the health system functioning normally and no shortages of medicines, biologicals or essential commodities (Ministry of Health).

WHO RESPONSE

- WHO continues to monitor the situation and engage with national counterparts on preparedness.

Oman (as of 1 April)

- Oman has moved from a preparedness-only posture reported on 11 March to a situation in which it has now recorded at least two civilian deaths and several injuries from a drone strike in Sohar, while a separate incident at Port of Salalah caused no reported casualties. The incidents highlight emerging localized risks around industrial zones, ports and worker accommodation areas, requiring sustained public health readiness and emergency preparedness measures.
- No broader public health consequences have been reported, with no disruption to essential health services, no hospital closures, no population displacement, and no confirmed environmental or radiological health effects.
- Health system status remains stable, with continued continuity of services and no reported strain on health infrastructure or service delivery.