

SITUATION

- Since 2 March 2026, the Ministry of Public Health in Lebanon reports 1,888 deaths and 6,092 injuries, reflecting a sustained and severe trauma burden. In Iran, the Ministry of Health reports 2,362 deaths and 32,314 injuries since 28 February.
- On 8 April, repeated attacks across Lebanon, including Beirut, resulted in 303 deaths and 1,150 injuries in a single day, overwhelming emergency departments, with WHO supporting the response through provision of trauma supplies.
- WHO's Surveillance System on Attacks on Health Care (SSA) has verified 106 attacks on health care in Lebanon, resulting in 57 deaths, 158 injuries, and 23 attacks on health care in Iran, resulting in 9 injuries.
- In Iraq, localized constraints in disease surveillance, laboratory services and referral systems in affected governorates are limiting early detection, diagnostic capacity and timely response.
- In Syria, most arrivals from Lebanon continue to disperse across host communities rather than formal reception sites. This makes needs less visible, harder to track and more difficult to respond to consistently, particularly in areas where local services are already fragile.
- On 9 April, Saudi Arabia reported that vital energy facilities had been recently subjected to multiple targeting attempts, resulting in the death of one worker, several injuries, and disruptions to oil supply flows. On 8 April, Kuwait reported significant damage at oil and power facilities and water desalination plants following repeated strikes.
- On 4 April, the IAEA was informed by Iran that a projectile struck close to the premises of the Bushehr nuclear power plant, the fourth such incident in recent weeks. No increase in radiation levels was reported.
- *Read more key updates from countries on page 7.*

WHO RESPONSE

- WHO has released USD 800,000 from its Contingency Fund for Emergencies to support priority health response activities in Iran for the next three months. Overall WHO support focuses on restoring critical health facility functionality and strengthening preparedness in the event of further escalation. Planned activities include restoring functionality of medical equipment in key health facilities, repositioning life-saving medical supplies including trauma and noncommunicable disease kits, and providing mental health and psychosocial support to health workers. WHO had previously released funds from its CFE for Lebanon (US\$ 1 million), Syria (US\$ 500,000), and Iraq (US\$ 500,000) in March 2026.
- In Lebanon, emergency medical supplies are being delivered at scale to sustain trauma care, with direct support to hospitals operating at near-capacity and coordination reinforced to manage mass casualty response.
- In Iraq, emergency response systems are being strengthened through deployment of surveillance tools, support to trauma supply pipelines, and real-time monitoring of service availability in affected governorates.
- Operations at WHO's Global Logistics Hub in Dubai are currently at 50–60% of pre-crisis capacity, with a rapid rebound underway, reflected in large-scale deliveries completed in the first week of April to Lebanon, Al-Arish, Egypt (For Gaza), and Afghanistan.

ATTACKS ON HEALTH CARE (as of 9 April)

	WHO-verified attacks	Associated deaths	Associated injuries
Iran (since 28 February)	23	9	0
Lebanon (since 2 March)	107	57	158

- On 5 April, an airstrike hit just 100 meters from Rafik Hariri University Hospital, Lebanon's largest public medical facility, causing major damage to a nearby residential area and killing four and injuring 39. The hospital sustained no damage.
- On 4 April, the Lebanese Italian Hospital in Tyre sustained structural damage, including collapsed ceiling panels and shattered windows.
- Also on 4 April, Borj Qalaouiye Clinic, a primary healthcare center in southern Lebanon, was impacted, resulted in 12 healthcare workers killed, including doctors, nurses, and paramedics who were on duty.

MEDICAL SUPPLY CHAIN (as of 9 April)

- Operations at WHO's Global Logistics Hub in Dubai are currently at 50–60% of pre-crisis capacity, with a rapid rebound underway, reflected in large-scale deliveries completed in the first week of April.
- In the first week of April, 157 metric tons of medical supplies valued at US\$ 2.7 million were delivered through one humanitarian convoy to Beirut and two emergency charter flights to Kabul and Al Arish, Egypt (for Gaza), expected to support an estimated 6 million people.
- Movements to Al Arish, Egypt (for Gaza) are ongoing, including a first convoy currently in transit with real-time tracking of temperature, humidity and location. A second convoy is scheduled to depart on 10 April.
- Transportation costs for three convoys and one charter flight carrying WHO supplies were provided through support from the European Union's humanitarian aid department (ECHO) and Dubai Humanitarian.
- The inbound pipeline is valued at US\$ 7 million, with large quantities of cholera kits and Interagency Emergency Health Kits expected to arrive in the coming weeks.
- The hub currently has in stock US\$ 2.5 million worth of health supplies awaiting delivery to 23 countries, including 11 countries in the Region.

Shipment	Type	Destination	Status	Date	Value (US\$)	Weight (MT)	Estimated beneficiaries
1	Convoy	LEB	Delivered	2-Apr	365,000	22	50,000
2	Convoy	Gaza	Departed	1-Apr	180,794	22.2	110,000
3	Charter	AFG	Delivered	3-Apr	547,370	78.5	5,400,000
4	Charter	Gaza	Delivered	7-Apr	1,824,048	57.1	1,200,000
5	Convoy	Gaza	Planned	10-Apr	270,730	8	TBD
					3,187,942	187.8	6,760,000

Table 1: WHO supplies dispatched from WHO's Global Logistics Hub in Dubai in April 2026

ENVIRONMENTAL HEALTH

- Cumulative environmental contamination from damage to oil and petrochemical infrastructure in Iran continues to pose public health risks, including respiratory and waterborne exposure pathways.
- On 9 April, Saudi Arabia stated that vital energy facilities had been recently subjected to multiple targeting attempts, resulting in the death of one worker, several injuries, and disruptions to oil supply flows, with potential impacts on global energy markets.
- In Kuwait, repeated strikes on desalination infrastructure, including damages reported on 8 April, threaten safe water access for a population that depends on desalination for approximately 90% of its municipal drinking water supply. Damages to desalination infrastructure raise concerns about water supply and safety and potential health risks.
- WHO is providing technical guidance to affected countries on health risks associated with degraded air and water quality.

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

- On 4 April, the IAEA was informed by Iran that a projectile struck close to the premises of the Bushehr nuclear power plant, the fourth such incident in recent weeks. Iran also informed the IAEA that one of the site's physical protection staff members was killed by a projectile fragment and that a building on site was affected by shockwaves and fragments. No increase in radiation levels was reported.
- IAEA warned that continued military activity near the Bushehr nuclear power plant - an operating plant with large amounts of nuclear fuel - could cause a severe radiological accident with harmful consequences for people and the environment in Iran and beyond.
- 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.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- WHO is finalizing a practical, context-specific RCCE guidance document, focusing on providing realistic and relatable operational strategies to address current escalations, and ensuring that technical health advice is translatable into community-led action.
- Coordination mechanisms with countries and partners are being revitalized to harmonize the response. This includes the establishment of technical consultations with country offices to address immediate needs and the strengthening of collaboration with IFRC and UNICEF to synchronize messaging, minimize duplication and increase overall operational efficiencies.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- In Lebanon, a surge support consultant has been deployed for mental health and psychosocial support (MHPSS). through WHO's standby partner agreement with the Netherlands. This surge expertise will support the strengthening of technical guidance, coordination, and operational response for MHPSS activities in Lebanon in the context of acute emergency, aligned with the WHO Regional Action Plan and International Inter-Agency Standing Committee (IASC) MHPSS standards.
- In Palestine, WHO is supporting the continuity of essential mental health services, as well as

capacity-building and coordination efforts in OPT and Gaza through the Palestine WHO office.

- In Syria, an inter-ministerial committee has been established to coordinate the mental health response, and 13 substance use clinics are operational within primary healthcare.
- WHO is setting up a regional MHPSS dashboard to monitor capacities and response across countries. This aims to strengthen coordination, highlight gaps, and improve the visibility of services in crisis settings, so that needs and resources are captured in a consistent way.

PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PSEAH)

- In Iran, the risk assessment for PSEAH has been updated in light of the current crisis. Current activities focus on ensuring that procurement processes include safeguarding requirements in all contracts with suppliers, including codes of conduct. Additional in-person and online training for suppliers will be provided when security conditions and internet access allow.
- In Iraq, activities focus on integrating PSEAH across health services and coordination processes, ensuring safeguarding standards are applied in all programmes, and strengthening safe care. Efforts also aim to improve protection and reporting through context-sensitive approaches. These are implemented in a challenging environment marked by instability, high risks, vulnerable populations, pressure on health systems, inconsistent application of safeguarding standards, cultural barriers to reporting, and low levels of trust.
- In Lebanon, training sessions that included GBV awareness were held for 355 frontline health workers in partnership with the inter-agency network. The focus was on PSEAH. A risk assessment was also carried out across displacement sites and shelters. In support of the Ministry of Social Affairs-led emergency response, PSEAH induction trainings were rolled out for 350 newly recruited ministry staff as part of broader inter-agency coordination efforts.
- In Yemen, activities included coordination on PSEAH and gender-based violence, including consultations with civil society, NGOs and UN partners to strengthen safe reporting channels, survivor rights and referral pathways. A session on gender equality and rights supported more inclusive programming, while engagement with the Ministry of Public Health and Population ensured alignment with national priorities. Awareness sessions also focused on safe disclosure, confidential referrals and do-no-harm approaches. Despite these efforts, risks remain high due to limited access to services, under-resourced facilities, gaps in staff capacity and uneven coordination among partners.

HEALTH NEEDS, GAPS AND CHALLENGES

- **Escalating trauma burden** (Lebanon, Iran, Iraq): High casualty figures continue to drive demand for trauma care, with acute spikes overwhelming emergency departments, particularly following mass casualty incidents such as 8 April in Lebanon.
- **Attacks on health care** (Lebanon): Continued attacks on health care are causing deaths and injuries among health workers and further disrupting service delivery.
- **Health system strain and reduced capacity** (Lebanon, Iran, Iraq): Hospitals are operating at or near full capacity, with facility closures limiting service availability. In Iraq, disruptions to laboratory services, referral pathways and surveillance systems are affecting system functionality in multiple governorates.
- **Access constraints and operational disruption** (Lebanon, Iraq, region-wide): Damage to infrastructure, evacuation orders, insecurity and movement restrictions are limiting humanitarian access, delaying referrals and disrupting delivery of medical supplies.

- **Public health risks and surveillance gaps** (Lebanon, Iraq): Overcrowding, particularly in displacement settings, combined with disruptions to surveillance and laboratory capacity, is increasing the risk of disease outbreaks and delaying early detection and response.
- **Supply chain disruption with partial recovery** (region-wide): While operations at WHO's Global Logistics Hub in Dubai are recovering, capacity remains below pre-crisis levels, affecting the speed and scale of supply delivery.
- **Environmental health risks and critical infrastructure damage** (Gulf countries, Iran): Damage to oil, power and desalination infrastructure is increasing risks related to air pollution, water safety and access to safe drinking water, with potential public health consequences
- **Mental health needs** (region-wide): Rising exposure to conflict, displacement and pressure on health workers is increasing mental health and psychosocial support needs, particularly among affected communities and frontline responders.
- **Underfunding** (region-wide): WHO funding gaps continue to constrain the scale and sustainability of trauma care, essential health services, surveillance systems and emergency 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.
- 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, around 49% of the US\$ 633 million required is currently available.
- WHO's **Regional Health Emergencies Programme** requires US\$ 34 million for 2026–2027 to sustain core emergency preparedness and response functions across the region. As of 1 April, approximately US\$15 million had been secured.

Iran (as of 8 April)

- WHO welcomes the announcement on 7 April of a two-week ceasefire. Humanitarian and health needs remain extremely high, and many people are still struggling to access even basic care.
- As of 7 April, the Ministry of Health reports 34,676 total casualties, including 2,362 deaths and 32,314 injuries, with 118 health workers injured and 26 killed.
- WHO has verified 23 attacks on health care in Iran since 1 March, resulting in 9 deaths.
- Beyond WHO-verified incidents, the health system has sustained significant broader damage. According to the Ministry of Health, 49 hospitals and 226 health facilities have been damaged, alongside 55 pre-hospital emergency posts and 41 ambulances, with 8 hospitals evacuated.
- The Iranian health system remains operational but under increasing strain, with disruptions to services and restricted access to care driven by rising trauma caseloads and challenges affecting referrals, supply chains and service delivery.
- Medical services are increasingly disrupted, with damage reported to 24 pharmaceutical and medical equipment production and distribution facilities, some of which are now inoperable, affecting access to care, including for patients with chronic conditions and vaccination and disease control activities.
- The Ministry of Health reports that, despite damage to infrastructure, national supply chains for medicines, medical equipment and infant formula remain stable, with no nationwide shortages reported to date.
- The Government of Iran has requested WHO support primarily for procurement of vaccines and essential supplies, continuity of care for noncommunicable diseases, mental health support for health workers, and replacement of damaged health infrastructure and equipment.
- Communication constraints continue to affect operations, with limited internet access and reliance on phone-based communication impacting coordination and information flow.

WHO RESPONSE

- WHO has released USD 800,000 from its Contingency Fund for Emergencies to support priority health response activities in Iran. Overall WHO support will focus on restoring critical health facility functionality and strengthening preparedness in the event of further escalation. Planned activities include restoring functionality of medical equipment in key health facilities, repositioning life-saving medical supplies including trauma and noncommunicable disease kits, and providing mental health and psychosocial support to health workers.
- WHO is also working closely with sister UN agencies to coordinate UN efforts in support the health system response, ensuring complementary and avoiding duplications. WHO and UNICEF are 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. WHO and UNDP are discussing joint support to reestablishing the functionality of the Pasteur Institute which was severely impacted in a recent attack.
- WHO is also exploring operationalizing its new initiative of Pooled Procurement Mechanism to expedite its support to the escalating humanitarian situation in the country while benefiting from economies of scale of bulk purchasing.

Lebanon (as of 8 April)

- The security situation continues to deteriorate, with sustained hostilities across southern Lebanon, the Bekaa and other areas, and no indication of de-escalation. Attacks on infrastructure, including bridges and crossings, are restricting access and isolating communities, limiting access to essential services for more than 150,000 people.
- Access constraints are intensifying, disrupting referrals and limiting humanitarian access to affected populations. The pattern of repeated attacks, including on the same locations, is increasing risks for first responders and reducing survival chances for the injured.
- On 8 April, repeated attacks across Lebanon, including Beirut, resulted in 203 deaths and 1,072 injuries in a single day, overwhelming emergency departments, with WHO supporting the response through provision of trauma supplies.
- The health system is under dual pressure, managing rising trauma caseloads while maintaining essential services, with hospitals already operating at up to 95% capacity.
- Evacuation orders recently issued for Beirut's Jnah area affect two major referral hospitals. No alternative facilities are available to receive almost 450 patients, including around 40 in intensive care, making evacuation operationally unfeasible. Both hospitals are operating at full capacity.
- The Ministry of Public Health reports that six hospitals in Lebanon have fully closed, 12 are partially damaged and 51 primary health care centres have closed, limiting access to care.
- More than 1.04 million people are displaced, including 138,744 in 678 collective shelters, placing significant strain on infrastructure and services. Overcrowded shelters and limited services are increasing the risk of communicable diseases, including lice and scabies, alongside rising mental health needs.
- Since 2 March, WHO's Surveillance System on Attacks on Health Care has verified 107 attacks (average of 2.7 attacks per day) on health care in Lebanon, resulting in 57 deaths and 158 injuries among health workers and responders.

WHO RESPONSE

- Essential health services continue to be sustained through the primary health care network, including the provision of noncommunicable disease and mental health medicines, reaching 11,779 displaced people and 117,733 patients since early March.
- Trauma care support is ongoing, including coverage of hospitalization costs for 44 non-Lebanese patients across 9 hospitals, ensuring access to life-saving treatment for vulnerable groups.
- Supply chains are being maintained in coordination with partners to ensure continuity of essential medicines, despite increasing demand due to displacement and health system strain.
- Disease surveillance and outbreak preparedness are being reinforced in shelters, with a focus on early detection and response to communicable diseases linked to overcrowding and limited services.
- Targeted risk communication materials have been developed for shelter settings, addressing priority health risks including lice, scabies, hepatitis A, measles, influenza and food safety.
- Hospitals are being supported to sustain critical services, including trauma care, dialysis and cancer treatment, under conditions of increased demand and reduced capacity.
- Coordination across the health sector is being strengthened to improve service delivery in shelters and expand outreach to displaced populations outside formal sites.

Iraq (as of 7 April)

- Continued escalation of security incidents is increasing, reaching around 600 reported security incidents, now affecting nine governorates. Since 28 February 2026, 100 deaths and 423 injuries across Iraq have been reported, increasing demand on emergency and trauma services.
- The national health system remains broadly functional, with most governorates maintaining normal operations across all core service areas. Operational constraints are concentrated in Anbar, Karbala, Babil, Missan and Muthanna governorates, driven by supply chain disruptions, fuel shortages and movement restrictions.
- An airstrike was reported on the Iranian side of the Al-Shalamcha border crossing near Basra resulting in casualties and temporary disruption of cross-border movement. Al-Shalamcha point of entry primary health care center was affected by projectiles and shrapnel from the strike with no structural damage reported.
- The significant reduction in Iranian gas supply to Iraq is affecting national electricity generation impacting the functionality of health facilities and increasing reliance on facilities generators which raises operational costs.
- The continued closure of civil aviation, slowdowns in port operations and cross-border flows and movement restrictions are disrupting supply chains and delaying the importation of critical medical supplies, medicines and diagnostic reagents, affecting service delivery, diagnostic capacity and outbreak response
- The Ministry of Health has initiated preparedness measures, including first aid training in schools in high-risk areas and upgrades to ambulance communication systems to improve emergency response capacity.

WHO RESPONSE

- WHO has initiated CFE-funded response activities, In coordination with the Ministry of Health, WHO is supporting trauma response preparedness, including finalization of trauma supply requirements and initiation of shipment processes through the regional hub.
- Phased introduction of electronic medical record systems in priority hospitals, development of an emergency surveillance reporting tool within the national health information system, and rollout of a service availability assessment tool to support real-time monitoring and continuity of health services.
- WHO is supporting health system monitoring and emergency surveillance, including assessment of service availability and identification of gaps in trauma care capacity.
- In coordination with the Ministry of Health in the Kurdistan Region of Iraq, WHO is reviewing health facility assessment findings to identify critical gaps in pre-hospital care, surge capacity and supply chain reliability to strengthen trauma response.
- WHO is coordinating closely with federal and regional health authorities and partners, including through high-level engagements and health sector coordination mechanisms, to align emergency response plans, support increasing trauma caseloads and ensure continuity of essential commodities.

Gaza (as of 7 April)

- On 6 April 2026, a person contracted to provide services to WHO in Gaza was killed during a security incident. Two WHO staff members were present but were not physically injured. The incident is under investigation by the relevant authorities.

- Following the incident, WHO suspended the medical evacuation of patients from Gaza via the Rafah crossing to Egypt scheduled for 6 April 2026. Future medical evacuations will remain suspended until further notice.
- A charter flight from Dubai arrived to Al-Arish on 7 April 2026, carrying 315 pallets of medicines and consumables to support the WHO's response in Gaza.
- 175 pallets of ICU beds, items to support treatment of malnutrition and other essential medicines entered Gaza last week and were collected from Kerem Shalom on 4 of April 2026.
- 258 pallets of WHO medical supplies including assistive devices, essential medicines and items to support treatment of malnutrition entered Gaza last week and were collected from Kerem Shalom on 1 April 2026.

Syria (as of 7 April)

- Key impacts of the regional escalation include cross-border population movements, rising public health risks, operational disruptions, and additional pressure on an already fragile health system at a time when the country is trying to stabilize and recover.
- Cross-border movement from Lebanon into Syria remains significant and ongoing. As of 6 April, 248,806 people had crossed into Syria through the three official border crossings since early March, including 211,095 Syrians and 37,711 Lebanese nationals. Movements remain mixed and evolving, including Syrian returnees, people fleeing hostilities, and families making temporary or uncertain decisions under pressure.
- Cross-border movement between Lebanon and Syria is continuing through multiple operational crossing points. Al Masnaa–Jdeidet Yabous is now open 24/7 for both civilian and commercial movements, while Sheikh Jaber–El Aarida and Jousiyeh–El Qaa are open for civilian movement. While this reduces pressure linked to earlier concentration through one crossing, arrivals continue to disperse across host communities and multiple governorates, making follow-up of health needs more difficult.
- Most arrivals continue to disperse across host communities rather than formal reception sites. This makes needs less visible, harder to track and more difficult to respond to consistently, particularly in areas where local services are already fragile.
- The situation remains manageable, but the margin is narrow. National authorities continue to lead the response and systems remain functional, but the health system is operating with very little buffer as pressures accumulate across multiple fronts.
- Security spillover appears to be widening geographically. In addition to continued debris-fall incidents in southern Syria, recent reporting points to attacks affecting Al-Hasakah, as well as reported interceptions near Al-Tanf in Homs. The pattern suggests sustained regional spillover and growing operational uncertainty across a wider geographic area inside Syria.
- Debris-fall incidents remain a persistent hazard. From 26 March - 2 April, 15 debris-fall incidents were reported, bringing the cumulative total to 95 since the onset of the regional escalation. These incidents continue to affect residential areas, agricultural land and key transit routes.
- Public health risks remain layered, particularly in north-east Syria and flood-affected northern areas. In Al-Hasakeh, measles investigations and response are ongoing, with 39 suspected cases reported since January, including 16 laboratory-confirmed cases. Heavy rains and flooding have also continued to affect northern governorates, increasing concern around water quality, disease surveillance and outbreak readiness.
- Unexploded ordnance (UXO) contamination remains a serious risk to civilians and humanitarian

operations. Recent flooding has exposed or shifted unexploded ordnance in parts of Aleppo and Idlib, while EO/UXO incidents continue to cause casualties and constrain safe movement, particularly in northern, central and eastern areas. Recent incidents included the reported killing of three children in Idlib and injuries to five children in Aleppo due to explosive ordnance.

- Operational constraints continue to affect response capacity, although access conditions have partially improved. Damascus airspace reopened on 8 April, but airport closures elsewhere, grounded UNHAS flights, reduced international staff presence, and continued reliance on overland transport and fragile supply routes remain important constraints for the health response. Regional logistics disruptions are also reducing predictability, increasing lead times and costs, and adding pressure on fuel-dependent transport and cold-chain operations.
- Flooding continued to affect northern governorates during the reporting period. According to the OCHA Flash Update of 8 April, over 19,000 people were affected in Aleppo and Idlib, with more than 3,400 shelters damaged and over 1,400 families displaced in Al-Hasakeh. Contamination of water sources is forcing affected populations to rely on non-potable water, increasing waterborne disease risk in areas where surveillance capacity is already limited.

WHO RESPONSE

- Vaccination response has been stepped up alongside outbreak response. The Big Catch-Up campaign in north-east Syria commenced on 31 March and is ongoing across 19 districts in four governorates, alongside localized measles response activities in affected areas of Al-Hasakeh.
- WHO continues to support response efforts through supply delivery, surveillance, vaccination and outbreak preparedness, but emergency stocks are under growing pressure. Following multiple localized emergencies, additional resources are needed to sustain medicines and supplies, referral pathways, disease surveillance, outbreak response and essential health services, particularly in north-east Syria and areas hosting displaced populations and returnees.



On 8 April, WHO held a press briefing on health emergencies in the Eastern Mediterranean Region. Watch it [here](#).

Read Regional Director Dr Hanan Balkhy's opening remarks [here](#).

Yemen (as of 8 April)

- Yemen's entry into the regional escalation since 27 March is increasing the risk of retaliatory strikes, with potential disruption to key airports and seaports that are critical for the import of food, medicines, fuel and other essential commodities, with direct implications for supply chain continuity and access to services.
- The situation is expected to further strain an already overburdened health system, increasing demand for emergency care, constraining humanitarian access and limiting the delivery of life-saving interventions, while ongoing heavy rains and flooding are compounding public health risks and operational challenges.
- Ongoing flooding is damaging water and sanitation infrastructure and expanding vector breeding sites, increasing the risk of cholera and dengue outbreaks at a time when conflict-related disruptions are constraining health service delivery and supply chain access.

WHO RESPONSE

- As part of ongoing regional guidance to all countries on enhancing readiness, WHO Yemen has developed a costed, scenario-based contingency plan to respond to potential escalation,

identifying mass casualty incidents, communicable disease outbreaks and population displacement as key risks, with a focus on maintaining essential health services and access to care.

- In March, WHO delivered 167 metric tons of medical supplies to 104 health facilities across 19 governorates through coordinated dispatches from Aden and Sana'a, including essential medicines, medical equipment, laboratory reagents, WASH supplies and emergency health kits.
- During the same period, US\$ 1.77 million worth of WHO medical supplies were delivered to Aden and Sana'a through local procurement. These supplies will boost stock levels and operational readiness to support trauma care, cholera and dengue response, rapid response teams, blood banks, primary health care, nutrition and malaria programmes.
- WHO facilitated rapid-response shipments to Hadramout and Taiz to support flood-affected populations, while maintaining coordination with national authorities, the Dubai Hub, Global Supply Chain and UN partners to sustain supply corridors amid deteriorating security conditions.

Jordan (as of 8 April)

- The situation in Jordan remains relatively stable with no major incidents since the last reporting period. A total of 281 security incidents have been reported, with more than 580 incidents involving falling debris since the beginning of the escalation. The total number of injuries has increased to 28.

Bahrain (as of 7 April)

- As of 8 April, Bahrain announced the reopening of its airspace, and the King Fahad Causeway remains open for land movement. National authorities continue to issue public guidance, including daily briefings, civil protection messaging and instructions to avoid and report debris from interceptions, with adjustments to the wireless alert system limiting sound notifications to daytime hours.
- 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.
- Ongoing public health risk assessment and situation monitoring continues, alongside coordination with national authorities and UN partners. Technical briefings on chemical, biological, radiological and nuclear preparedness have been conducted, business continuity plans are under review, and deployment of additional emergency capacity is being initiated to support the response in Bahrain and Gulf countries.

Kuwait (as of 8 April)

- Kuwait reported significant damages at oil and power facilities and water desalination plants as a result of drone attacks on 8 April.
- The Ministry of Health responded to an incident on 6 April in northern Kuwait involving falling debris, which resulted in six injuries. Reported injuries included minor wounds, auditory effects and trauma from falls linked to nearby explosions. All individuals are in stable condition, with no serious complications reported. Investigations are ongoing to confirm that no additional injuries have gone unreported.

- The United Nations and WHO marked World Health Day 2026 in Kuwait by recognizing health workers and highlighting national progress in health innovation. In parallel, WHO noted that Kuwait's digital health systems, including telemedicine, are among the most advanced in the GCC, reflecting sustained investment in health system modernization.
- WHO Kuwait and public health experts from WHO's Regional Office for the Eastern Mediterranean continue to coordinate with the Ministry of Health in the context of the ongoing crisis, including in the areas of preparedness and response planning.

Saudi Arabia (as of 7 April)

- On 9 April, Saudi Arabia reported that vital energy facilities had been recently subjected to multiple targeting attempts, resulting in the death of one worker, several injuries, and disruptions to oil supply flows, with potential impacts on global energy markets.
- The health system continues to function normally.

Oman (as of 7 April)

- No disruptions to essential health services, hospital operations or population displacement have been reported, and no publicly quantified environmental or radiological health impacts have been identified.
- The health system remains operational, maintaining continuity of services, with preparedness measures in place, including emergency simulation exercises and application of the WHO Hospital Resilience Framework.
- No direct impact on WHO or UN operations has been identified, with current efforts focused on maintaining readiness in the context of regional escalation and incidents affecting Omani territory and nearby waters.
- WHO collaboration continues to focus on preparedness and institutional capacity-building, with no new country-specific response actions reported.

Qatar (as of 7 April)

- On 7 April, debris from intercepted missiles fell on a residential area in Al Muraikh, resulting in four moderate injuries, including a child. Emergency teams responded immediately, providing on-site assistance and transferring the injured for care.
- Ongoing emergency preparedness training and sheltering drills continue across educational institutions and workplaces. Public information campaigns continue, including guidance on reporting unidentified objects and debris from interceptions, alongside dissemination of national injury prevention guidelines covering children, older persons and road traffic injuries.
- Digital and remote health service delivery measures introduced at the onset of the conflict remain in place, including online prescription renewal, home delivery of medicines and telemedicine services, with utilization tripling in March.
- Primary health care services continue to be supported through 24/7 nurse-led consultations for urgent cases, alongside more than 12,000 telephone consultations and referral services, ensuring continuity of care despite potential access constraints.