

CRISIS IN NUMBERS



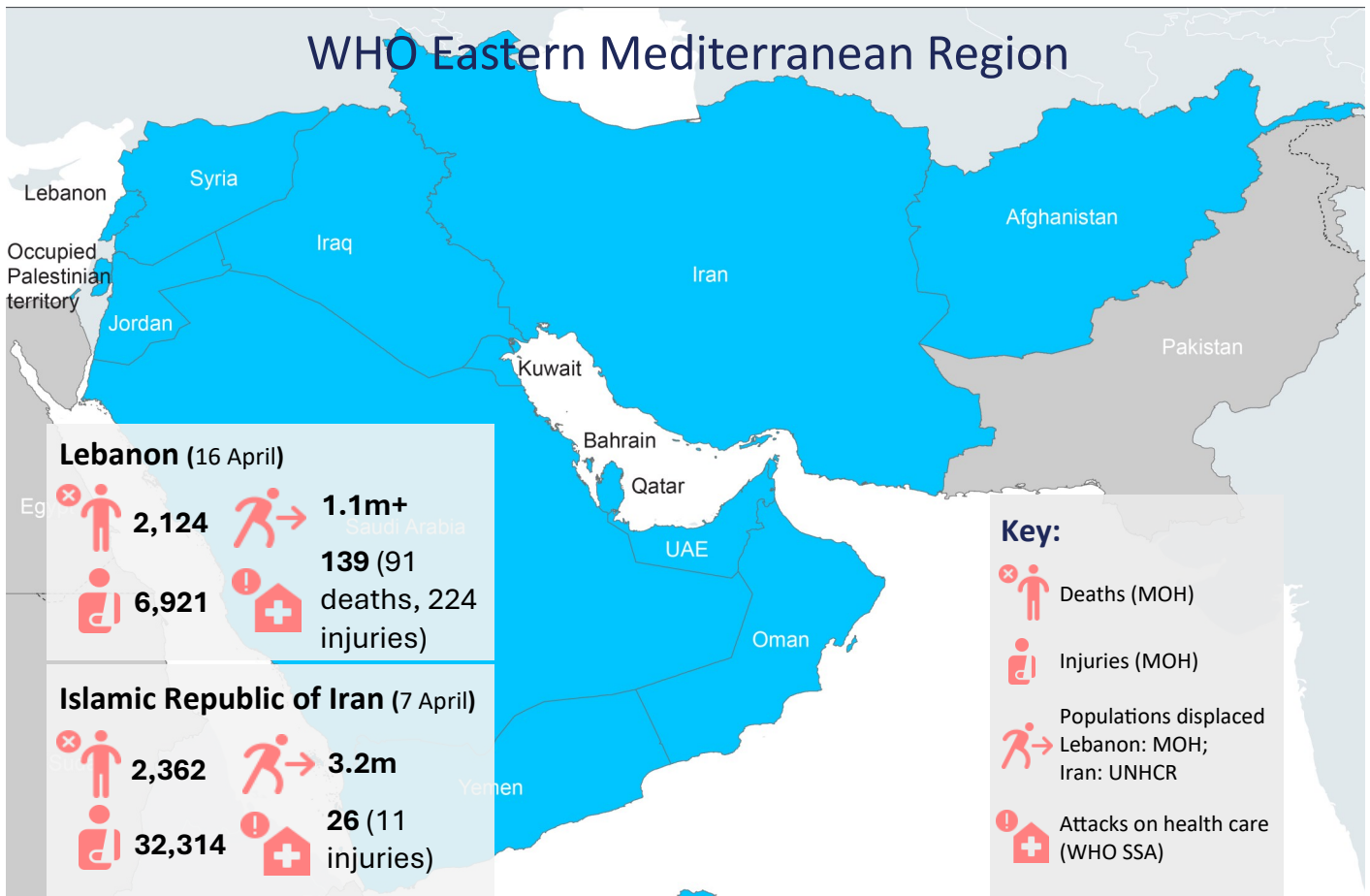
21 countries affected globally



15 countries affected in the Eastern Mediterranean Region



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



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KEY HIGHLIGHTS (as of 16 April)

- WHO welcomes the announcement of a 10-day ceasefire in Lebanon on 16 April, where health services have been severely strained and access to care constrained.
- 139 attacks on health care in Lebanon have been verified by WHO since 2 March, resulting in 91 deaths and 224 injuries. From 10-16 April, 22 attacks on health care in Lebanon resulted in the death of 19 paramedics, 40 injuries, and damages to 19 emergency medical vehicles.
- Hospitals in Lebanon receiving injured patients are at 90–100% capacity, with emergency departments fully saturated; trauma cases exceeding 7,000 are depleting hospital medicines and supplies, with a 30% gap in trauma, cancer, and other essential medicines,
- In Gaza, humanitarian partners report alarming rates of ectoparasitic infection, including lice and

scabies, alongside widespread rodent and pest infestations across displacement sites.

- In southern Syria, including Quneitra, Dara'a and As-Suwayda, incursions and clashes between internal security forces and local armed groups have disrupted civilian movement and constrained humanitarian access.
- In Iraq, operational functionality across core health service areas remains only partially restored due to ongoing supply chain disruptions and logistical constraints.
- Regional supply chains remain disrupted, with transport costs increasing by 40–50% and a shift towards overland and multimodal routes
- No new environmental incidents were reported during the week; however, residual risks persist from earlier damage to energy and water infrastructure, including potential contamination and ongoing threats to desalination systems.
- *Read more key updates from countries on page 7.*

WHO RESPONSE

- WHO continues to coordinate the humanitarian health response, supporting countries to sustain essential health services and manage mass casualties and strengthen disease surveillance in a rapidly evolving context.
- Disease surveillance and early warning systems are being reinforced across affected countries, alongside support for immunization, outbreak prevention and continuity of essential health services.
- Since the onset of the Middle East conflict escalation (28 February–16 April), WHO's Hub for Global Health Emergencies Logistics has dispatched health supplies worth US\$3 million to nine countries, reaching more than seven million beneficiaries,
- WHO is advancing risk communication and community engagement (RCCE), including development of a regional RCCE and infodemic management package focused on practical, life-saving actions for displaced and hard-to-reach populations.
- Safeguarding measures, including prevention of sexual exploitation, abuse and harassment, are being integrated into emergency operations and partner engagement across countries.
- In Iran, WHO is advancing priority procurement of uninterrupted power supply (UPS) batteries and generators for affected health facilities in priority provinces to sustain critical functions, alongside trauma supplies and essential medicines, including for chronic diseases,
- In Lebanon, WHO has procured 60 Trauma Emergency Kits (TESK). Of these, 20 have already been distributed, while 40 are currently in transit for delivery to the Ministry of Public Health and subsequently to hospitals.
- In Iraq, efforts to strengthen disease surveillance are underway, including initiation of Early Warning Alert and Response Network training in Baghdad for national and subnational focal points on the use of the reporting tool.
- In Syria, WHO is supporting health service delivery in Aleppo and north-east Syria through procurement of essential medicines and trauma supplies, strengthening of MHPSS, and reinforcement of surveillance, outbreak prevention, risk communication, operations support and PSEA capacity.
- A regional WHO public health emergency expert has been deployed to support GCC countries, with Saudi Arabia as the first deployment location.

ATTACKS ON HEALTH CARE (as of 16 April)

	WHO-verified attacks	Associated deaths	Associated injuries
Iran (28 February – 4 April 2026)	26	11	0
Lebanon (2 March – 16 April 2026)	139	91	224
West Bank (25 March - 14 April)	6	0	3

- Since the start of the conflict in Lebanon on 2 March, a total of 139 attacks have been verified by WHO, resulting in 91 deaths and 224 injuries. Six hospitals have fully closed and 15 hospitals have sustained partial damage.
- From 10-16 April, 22 attacks on health care in Lebanon resulted in the death of 19 paramedics, 40 injuries, and damages to 19 emergency medical vehicles.
- On 16 April, a triple-tap attack took place at Mayfadoun village, Bint Jbeil as three rescue ambulances were attacked, resulting in 4 paramedics killed and 6 injured.
- In Lebanon, Tebnine Government Hospital, one of the busiest trauma management hospitals in the south, sustained extensive damages on 12, and 14, and 16 April. These incidents resulted in injuries to staff and significant damage to the emergency department, pharmacy, and out-patient clinics. Several floors including inpatient wards, maternity, cardiac care, administrative offices, and the Polymerase Chain Reaction (PCR) unit were also impacted, as well as generators and solar panels.
- WHO is mandated by Member States to collect, verify and report on attacks on health facilities, health workers, health transports, and patients through its Surveillance System for Attacks on Health Care (SSA) system, and to document their impact on health services, health workers and access to care.

MEDICAL SUPPLY CHAIN (as of 16 April)

- Since the onset of the Middle East conflict escalation, WHO's Hub for Global Health Emergencies Logistics has dispatched health supplies worth US\$ 3 million to nine countries, reaching more than seven million beneficiaries through a combination of emergency air charters, overland convoys and commercial transport.
- The Hub is currently managing 71 active emergency orders for 24 countries valued at US\$ 2.3 million, with an inbound pipeline exceeding US\$ 7 million.
- Transportation costs have increased by 40–50% compared to pre-crisis levels, driven by rising jet fuel surcharges, requiring a shift towards more cost-efficient transport modalities, including overland and multimodal (land-sea) routes.
- Overland humanitarian convoys to Iraq, Syria and Afghanistan are expected in the coming days, delivering US\$ 171,000 in health supplies, while an airlift for Somalia is in preparation over the next two weeks. An airlift of cholera kits to Zambia is scheduled to depart in the coming days.
- Inbound supplies valued at over US\$ 1.5 million have been received through alternative entry points, including the Gulf of Oman and overland corridors, reflecting continued adaptation to disrupted routes.

ENVIRONMENTAL HEALTH

- No new conflict-related environmental incidents were recorded during the reporting period. Current risks continue to stem from earlier events, most of which occurred between 28 February and mid-March 2026.
- All major energy infrastructure fires have been extinguished. Facilities struck earlier, including Tehran fuel depots serving an estimated 10 million people, show no current thermal activity.
- Air pollution from earlier incidents has largely cleared, but contamination risks may persist in soil and groundwater near affected sites.
- Desalination infrastructure remains vulnerable, although no new damage was recorded this week. Oil pollution in the Gulf from earlier tanker attacks and terminal strikes continues to threaten desalination systems and safe water supply across the region.
- The Doha West Plant in Qatar, struck on 29 March and 3 April, continues to operate at reduced capacity.
- The region accounts for nearly 47% of global desalination capacity, and several countries rely on desalination for more than 70-90% of municipal water supply.
- The Gulf alone hosts approx. 400 desalination plants, producing 40% of the world's desalinated water, with many facilities concentrated in large scale coastal clusters making them simultaneously essential and highly vulnerable.
- Damage or disruption to desalination infrastructure rapidly compromise urban water supply, with cascading impacts on health services, sanitation systems and environmental safety.

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

- WHO conducted a community of practice session on chemical, biological, radiological and nuclear (CBRN) preparedness for national IHR focal points in the Region.
- In case of radiological or nuclear release, WHO priorities are; public health risk assessment, duty of care to staff and dependents, public health measures/public messaging and support emergency response to health authorities.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

- In Iran, the regional office, in coordination with the country office, is supporting the implementation of the MHPSS project under the Contingency Fund for Emergencies (CFE) to support health care workers.
- WHO's Regional Office is coordinating with WHO Lebanon on procuring psychotropics, capacity building of health staff on Psychological First Aid (PFA) and de-escalation techniques and supporting the National Mental Health Programme (NMHP) through a surge consultant.
- In Iraq, WHO is planning to conduct MHPSS training for primary healthcare staff, on identification, management and referral of priority mental health conditions using mhGAP tools/guidelines in the coming week.
- WHO is working on a proposal for the UN Secretary-General's Peacebuilding Fund to support MHPSS in Syria. Efforts are also ongoing to strengthen substance use and mental health services within primary healthcare in Syria.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) AND INFODEMIC MANAGEMENT

- WHO is finalizing a comprehensive RCCE and infodemic management (RCCE-IM) package to address the "poly-crisis" of insecurity, infrastructure damage and health system vulnerabilities in the Middle East. This practical guide focuses on "do this now" life-saving actions for displaced and hard-to-reach populations, specifically prioritizing water safety, medication continuity for chronic diseases and protection from environmental hazards.
- Coordination mechanisms have been strengthened through a second regional interagency meeting and weekly consultations with country offices, aligning strategy with operational needs. Membership is expanding beyond IFRC and UNICEF to include OCHA and UNHCR, with a phased approach to partner integration and a focus on identifying immediate technical gaps.

RCCE in action: co-creating resilience in Lebanon's shelters

When over 140 000 people were displaced into schools and temporary shelters across Lebanon, the public health challenge was immediate. These facilities lacked the infrastructure for prolonged stay, increasing the risk of communicable diseases and poor hygiene. At the request of the Ministry of Public Health, WHO stepped in to co-create a practical survival toolkit with affected communities.

Rapid mobilization--the university engine:

Faced with an urgent timeline, WHO tapped into the country's greatest resource: its youth. Student volunteers from universities across Lebanon worked through the night to translate technical health protocols into relatable, visual, and actionable educational materials.

The content: Messaging focused on specific threats emerging in shelters, including lice, scabies, measles, chickenpox, Hepatitis A, diarrhoeal and influenza-like illnesses as well as hygiene messages for food safety, safe water, and hand hygiene.

Practicality over theory: In a shelter with limited access to clean or hot water, telling someone to "wash hands thoroughly" can be a hollow instruction. The package was adapted to ensure relevance in environments with limited resources available on-site.

Removing stigma, promoting dignity: A central message was that these health issues are driven by overcrowding and resource scarcity, not personal hygiene. Framing the situation as a systemic poly-crisis helped build trust and reduce stigma, encouraging people to seek care.

The impact: By bridging the gap between the Ministry's technical expertise and the lived experience of those in the shelters, WHO ensured that health guidance was not just distributed but integrated. This is RCCE in its truest form: moving at the speed of the crisis, powered by local volunteers and grounded in the dignity of the community it serves.



HEALTH NEEDS, GAPS AND CHALLENGES

- Increasing trauma caseloads and mass casualty incidents are overwhelming frontline hospitals, with critical gaps in trauma and surgical supplies, blood products and trained personnel.
- Shortages of life-saving medicines, chronic disease treatments, diagnostics and emergency equipment are affecting continuity of care, with stocks in some settings already depleted.
- Displacement into overcrowded shelters, disrupted immunization, and weakened water and sanitation systems are increasing the risk of communicable disease outbreaks.
- National coordination mechanisms remain under pressure, requiring surge support to sustain real-time risk assessment, partner coordination and operational decision-making.
- Potential impacts of attacks on nuclear and energy infrastructure are raising concerns around radiological and environmental contamination, requiring specialized surveillance and preparedness capacity.

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

US\$ 2.8 million released by WHO from its contingency fund for emergencies in the first six weeks of the conflict for Iran, Lebanon, Syria, Iraq.

US\$30.3 million required by WHO under its Middle East conflict flash appeal to support its health response in five priority countries.

US\$ 37 million required by the health sector under the Lebanon UN Flash Appeal to sustain trauma care, essential services, disease surveillance, and support for displaced populations.

US\$ 633 million required for WHO's health emergency appeals for the Eastern Mediterranean Region in 2026. As of 16 April, approximately **49%** has been secured.

US\$ 34 million required by WHO's Regional Health Emergencies Programme for 2026–2027 to sustain core emergency preparedness and response functions across the region. As of 16 April, approximately **US\$15 million** had been secured.

Iran (as of 16 April)

- MoH reports at least 2,362 civilian deaths and more than 32,314 injuries as of 7 April 2026.
- WHO has verified a total of 26 attacks on health care from 28 February to 4 April 2026 resulting in the deaths of 11 health care workers.

WHO RESPONSE

- Priority procurement of uninterrupted power supply (UPS) batteries and generators is under way for affected health facilities in Tehran, Hormozgan and other priority provinces. These will sustain critical functions, including intensive care units, operating theatres, laboratory and imaging systems, and cold chains for vaccines and other medicines. Priority procurement is also underway for trauma supplies and essential medicines, including for chronic diseases.
- WHO is contracting a psychiatric association in Iran to support the implementation of mental health and psychosocial support (MHPSS) interventions for health care workers, focusing on stress management and psychological support.

Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

- In Iran, the PSEAH risk assessment has been updated following the escalation of conflict. Key activities include ensuring that PSEAH is incorporated into contractual agreements with contractors and vendors through the procurement unit. However, the internet shutdown has prevented the team from providing additional training to suppliers.
- To mitigate risks of sexual misconduct, the team is integrating relevant PSEA elements into the training materials for Mental Health and Psychosocial Support (MHPSS) professionals. These materials aim to facilitate peer support sessions for healthcare workers in affected facilities. Briefing and training sessions also include components on ethical and professional standards for delivering mental health interventions in conflict settings.
- The country office continues to find ways to maintain engagement with the Ministry of Health (MoH), the Minister's Office, and key contacts within the mental health sector, relationships established prior to the escalation of the conflict as part of preparedness efforts. The evolving situation in the country, however, has stalled planned actions.
- PSEA messages are framed around broader professional and ethical principles. This approach aligns with PSEA objectives while accommodating cultural sensitivities.

Lebanon (as of 16 April)

- MoH reports at least 2,124 deaths (including 168 children) and more than 6,921 injuries. Around 47% of the injured require hospitalization, reflecting the severity of injuries.
- Hospitals receiving injured patients are at 90–100% capacity, with emergency departments fully saturated. Hospitals in Beirut, Mount Lebanon, the South and Nabatieh are saturated and operating beyond normal capacity.
- High hospitalization and ICU needs, with trauma cases exceeding 7,000, depleting hospital medicines and supplies. Most hospital medicines are imported, with disruptions to supply chains and limited air delivery delaying replenishment.

- Demand for noncommunicable disease medications, including insulin, is increasing, with an immediate gap of 30% in the availability of essential cancer and NCD medicines in the public sector for an estimated 250,000 beneficiaries, a gap that is expected to widen. Patients on chemotherapy are being proactively contacted to continue treatment in other locations. Persons with disabilities, including amputees, face disrupted access to rehabilitation and follow-up care.
- More than 1,049,328 people are displaced, of which 140,682 (13%) are residing in 684 collective shelters, including 6,900 older persons, 48,2000 children, and 2,867 people with disabilities.

WHO RESPONSE

- The Public Health Emergency Operations Center (PHEOC), with the continuous support from WHO, played a central role on 8 April and throughout the 44-day period by coordinating casualty management, overseeing the dispatch and distribution of cases to hospitals, and maintaining real-time communication with health facilities to optimize surge capacity and continuity of care.
- WHO has procured 60 Trauma Emergency Kits (TESK). Of these, 20 have already been distributed, while 40 are currently in transit for delivery to the Ministry of Public Health and subsequently to hospitals. The delivery has been facilitated through humanitarian charter flights and land convoys.
- WHO is covering hospitalization costs for non-Lebanese patients. To date, 59 trauma patients have been supported across 20 hospitals, including 54 Syrians, 3 Ethiopians, 1 Bangladeshi, and 1 Egyptian. Costs of treatment for Syrian patients is covered with support from ECHO. WHO continues to support surveillance activities, with shelter-based surveillance fully activated.

Iraq (as of 14 April)

- No security incidents have been reported in Iraq since the last reporting period. Pressure on emergency and trauma services has decreased; however, operational functionality across core health service areas remains only partially restored due to ongoing supply chain disruptions and logistical constraints.
- Delays in the importation and distribution of essential medical supplies, medicines and diagnostic reagents continue to disrupt service delivery and hinder replenishment of stocks.
- The uneven distribution of operational constraints across governorates continues to create disparities in access to health services and quality of care.
 - ◊ Diagnostic capacity is constrained by shortages of reagents and disruptions in laboratory supply chains, with impacts observed in areas such as Karbala and Babil.
 - ◊ Referral systems are under pressure due to fuel shortages and logistical constraints, limiting ambulance mobility, patient transfers, and the movement of surveillance teams and biological samples, including in Kirkuk and Maysan.
 - ◊ Staffing gaps are affecting disease surveillance and laboratory functionality in some areas, including Ninawa.
 - ◊ Localized movement restrictions and episodic access constraints, including in Baghdad, continue to affect the movement of personnel, patients and supplies, without causing widespread service disruption.
 - ◊ Essential health services are being impacted, with moderate disruption to chronic disease management due to irregular medicine availability in areas such as Karbala and Anbar, while maternal and child health and immunization services remain largely functional but vulnerable to access and cold-chain disruptions.

- National surveillance performance shows slight improvement, with declines in timeliness and completeness reducing from 23% to 21%; however, performance remains below baseline, with more pronounced gaps in the Kurdistan Region of Iraq and southern governorates.
- Economic constraints, including reduced oil export capacity, continue to limit rapid allocation of emergency funding for Iraq's health sector and constrain the scale-up of response activities.

WHO RESPONSE

- The Ministry of Health response continues to focus on prioritization of emergency and trauma care, and maintenance of essential health services in high-risk areas.
- WHO coordination with partners is ongoing to address system gaps, including a joint review with the Ministry of Health in the Kurdistan Region of Iraq and Médecins Sans Frontières France to identify priority actions in pre-hospital care, surge capacity and supply chain readiness.
- Efforts to strengthen disease surveillance are underway, including initiation of Early Warning Alert and Response Network training in Baghdad for national and subnational focal points on the use of the reporting tool.
- Capacity building for emergency response is being expanded, with development of mental health and psychosocial support training materials, including Psychological First Aid and selected mental health gap action programme modules adapted for emergency settings, with the first training scheduled for the last week of April.
- Safeguarding measures are being systematically integrated into emergency operations, including training sessions for staff on prevention of sexual exploitation, abuse and harassment, awareness, reporting and compliance with organizational standards.

occupied Palestinian territory (as of 15 April)

- Humanitarian partners in Gaza report alarming rates of ectoparasitic infection, including lice and scabies, alongside widespread rodent and pest infestations across displacement sites. A rapid assessment by the Site Management Cluster in March, covering more than 1,600 active sites, found that 80% have frequent, visible rodent and pest presence. In the last 30 days alone, over 27,000 cases of ectoparasitic infection were recorded, up from 24,000 in the preceding period. Chickenpox cases have risen in parallel, from 2,440 to 3,600 over the same timeframe.
- WHO has supported the establishment of a 120-bed expansion at Al-Shifa Hospital in Gaza in support of the Ministry of Health, significantly increasing inpatient capacity.
- WHO conducted a technical training for 12 Rehab Task Force (RTF) members in Gaza related to wheelchair assembly and use, utilizing the WHO "Training in Assistive Products" (TAP) global standards. Ten specialized Rehab Kits have also been distributed to RTF partners in Gaza, expected to reach 500 direct beneficiaries.
- Between 25 March and 14 April, six incidents of attacks on health care have been recorded across the West Bank resulting in three injuries. These include obstruction of ambulance access at checkpoints, confiscation of ambulance keys, searches of ambulance, and tear gas deployed against first aid responders in the field.

Syria (as of 14 April)

- Threats of potential attacks along Lebanon-Syria points of entry have led to the temporary suspension of UN missions and movement constraints, including to border crossings and southern governorates.
- Rural Damascus and southern Syria continue to face risks from falling debris linked to missile

and UAV interception, with 10 incidents reported from 7-14 April (105 cumulative).

- In southern Syria, security dynamics remain volatile: Insecurity and movement restrictions have been reported in Quneitra and Dara'a, affecting civilian movement and livelihoods. In As-Suwayda, clashes between internal security forces and local armed groups have disrupted civilian movement and constrained humanitarian access.
- Since 2 March, 243,260 people have crossed into Syria from Lebanon, including 206,466 Syrians and 36,794 Lebanese nationals, placing additional pressure on host communities and services.
- UXO contamination and explosive hazards remain a major threat, driving trauma cases and mass casualty incidents. Since December 2024, over 2,100 casualties have been reported, placing sustained pressure on emergency and trauma care services.
- Population displacement and overcrowding are increasing the risk of infectious disease transmission, particularly in areas with overstretched health services and disrupted water networks.
- In the last two months, clusters of Acute Jaundice Syndrome (hepatitis A) have been reported in Daraa, a governorate hosting displaced persons from Suwayda and influx from Lebanon; an ongoing lab-confirmed measles outbreak is also reported in Hassakeh governorate in north-east Syria, with 39 cases reported as of the first week of April.
- Flooding in multiple governorates, including Aleppo, Idleb and Homs, is further elevating waterborne disease risks and disrupting the access to services.
- Disruption of healthcare services continues, including interruptions to EWARS/EWARN reporting, immunization activities and field operations, particularly in As-Suwayda and other access-constrained areas.

WHO RESPONSE

- As part of CFE-funded response activities, WHO is supporting health service delivery in Aleppo and north-east Syria through public health interventions and humanitarian assistance, as well as procurement of medicines and supplies to restore depleted stocks for trauma and essential services.
- WHO is also strengthening of mental health and psychosocial support in line with IASC guidelines, and reinforcement of surveillance, outbreak prevention, risk communication, operations support and PSEA capacity.

Yemen (as of 14 April)

- No confirmed security incidents affecting WHO personnel, assets or operations in Southern Yemen; however, the regional Middle East escalation continues to shape the security environment and operational posture.
- Ongoing missile activity and heightened tensions around the Bab al Mandeb are sustaining insecurity in Red Sea maritime routes, with implications for humanitarian access and logistics.
- Southern Yemen remains at low risk of direct attacks, but heightened readiness in Aden reflects precautionary measures linked to regional developments.
- Regional conflict dynamics continue to constrain humanitarian access, particularly in the north, and contribute to a shrinking operational space.
- Logistics operations remain dependent on air charters and alternative routing, with regional disruptions affecting supply chain predictability and planning.

WHO RESPONSE

- From 5–10 April, WHO supported two major referral hospitals in Hodeida and Hajjah governorates with medical, trauma, and emergency surgical supplies enough for approximately 400,000 beneficiaries, in addition to blood bags and testing kits for the Hodeida blood bank.
- Five air charters received, including three in Sana'a (7–9 April) and two in Aden (13 and 15 April), delivering medicines, antibiotics and laboratory reagents to support health service delivery.

Jordan (as of 15 April)

- Since the start of the Middle East escalation of conflict on 28 February 2026, Jordan has maintained a stable internal security environment, while shifting to a heightened security posture driven by regional defensive measures and increasing economic pressure.
- Although Jordan is not directly affected and the national security situation remains stable, Prevention of and Response to Sexual Misconduct (PRS) preparedness measures have been strengthened in line with the evolving regional context.

Protection from Sexual Exploitation, Abuse and Harassment (PSEAH)

- In Jordan, PSEAH has been integrated into the updated contingency plan, incorporating PSEA safeguarding measures across high-risk operational scenarios.
- The PSEA focal point led field teams and partners in revising and adapting standard operating procedures (SOPs) to their respective contexts, with training planned to support implementation. The focal point also developed a partner self-assessment survey to assess understanding and confidence in PSEA implementation, reporting mechanisms, and survivor-centred response. Follow-up briefings and trainings are planned based on findings.
- Where feasible, PSEA awareness briefings are conducted during WHO-supported field activities to promote safeguarding principles and reporting channels.
- A referral and reporting pathways directory have been developed, mapping survivor support services and contact points. The directory is available in both print and online formats for dissemination to staff, partners, and community health workers.
- Capacity strengthening remains constrained due to limited availability of staff and partners for training, driven by competing priorities in the current context.

Pakistan (as of 15 April)

- Pakistan remains stable with no major public health emergency reported; however, the regional escalation is increasing pressure along the Pakistan–Iran border and compounding existing cross-border dynamics with Afghanistan.
- Cross-border movements from Iran have increased since the start of the crisis, with 12,111 individuals entering Pakistan between 1 March and 9 April 2026 (55% Pakistani nationals, 45% Iranian nationals), placing additional pressure on border management and service delivery.
- Health system stress is increasing in border districts due to population movements, disrupted referral pathways and supply chain constraints; surveillance and immunization activities (polio, measles, CCHF) are also being affected in high-risk areas.
- Mental health and psychosocial support needs are rising among border communities and

displaced or returning populations amid ongoing insecurity and uncertainty.

- Health authorities are maintaining routine services while strengthening preparedness in border districts, including enhanced surveillance at points of entry, contingency planning for potential influx, and readiness of referral hospitals in Balochistan and Khyber Pakhtunkhwa.
- Preparedness measures include prepositioning of essential medicines and supplies and initiation of local procurement to mitigate supply chain disruptions and ensure continuity of care.

WHO RESPONSE

- WHO continues to support provincial health authorities, particularly in Khyber Pakhtunkhwa (KP) and Balochistan, with technical assistance on emergency preparedness, disease surveillance and contingency planning aligned with provincial priorities.
- Technical guidance has been provided on mass casualty management, surveillance systems and emergency response readiness, alongside ongoing monitoring of regional developments and support to event-based surveillance for early detection of public health threats.
- Preparedness assessments are underway in KP and Balochistan, with essential medicines and supplies prepositioned to cover between 500,000 and 700,000 people for up to three months, and point-of-care diagnostic capacity available for priority diseases.

Bahrain (as of 15 April)

- Damage repairs at the Gulf Petrochemicals Industrial Company commenced. National authorities continue to urge citizens and residents to review public safety guidelines on the National Civil Protection Platform, particularly regarding ammonia gas leaks.
- The health system remains operational with emergency preparedness measures activated. Ongoing emergency preparedness and first aid trainings are being conducted across the country to strengthen community preparedness.
- All 27 health centres remain open, including 9 operating 24/7, with continued provision of essential services including consultations, maternal and child health care, immunization and management of chronic diseases, supported by teleconsultations and pharmacy services. The National Ambulance Service continues to respond to incidents, and essential medicines and supplies remain fully stocked.

WHO RESPONSE

- WHO continues to focus on preparedness and institutional capacity-building. WCO conducted a briefing on chemical, biological, radiological and nuclear (CBRN) preparedness for UN agencies in Bahrain. WCO to provide limited potassium iodide tablets to priority UN communities.
- Public health risk assessment, situation monitoring, and coordination is ongoing with UN partners. Business continuity plans are being reviewed to guide preparedness and response.

Kuwait (as of 15 April)

- The Patients Helping Fund Society launched free first-aid training courses to strengthen community preparedness, equipping participants with essential life-saving skills, including basic first aid and cardiopulmonary resuscitation (CPR).
- The National Emergency, Crisis and Disaster Management Center held discussions with the Ministry of Oil to strengthen coordination mechanisms and ensure rapid, effective emergency response across the oil sector.

- The National Emergency, Crisis and Disaster Management Center, in collaboration with the Public Authority for Civil Information, rolled out Geographic Information Systems training across government sectors to enhance risk management, spatial analysis and data-driven emergency response.
- WHO continues to coordinate with health authorities to assess support required, with coordination now formally channeled through an assigned Ministerial focal point. WHO also participated in a national campaign recognizing the role of frontline workers in community health and wellbeing.

Saudi Arabia (as of 16 April)

- The public health situation remains stable, with no reported outbreaks, health threats or service disruptions. The health system continues to function normally across the Kingdom. Availability of medicines, medical supplies and other essential commodities remains uninterrupted, with no reported shortages.
- Open airspace and fully operational land crossings are supporting continuity of medical supply chains. Authorities remain on alert and coordination mechanisms continue to ensure readiness.
- A regional WHO public health emergency expert has been deployed to support GCC countries, with Saudi Arabia as the first deployment location.

Oman (as of 16 April)

- Diplomatic engagement continue, with the Foreign Minister meeting the UN Secretary-General's Personal Envoy to discuss developments, ceasefire efforts and pathways to de-escalation.
- National authorities continue to facilitate the return of citizens from affected countries, including organized movements from Iran through coordinated land and air transfers.
- No disruption to essential health services, hospital functionality or population displacement has been reported, and no environmental or radiological health impacts have been identified to date.
- The Ministry of Health continues to maintain continuity of essential health services, alongside ongoing preparedness measures including public health emergency operations centre activation simulations and hospital resilience efforts.
- WHO engagement remains focused on preparedness, institutional capacity strengthening and emergency simulation exercises. No new operational constraints have been identified.
- No direct impact on WHO or United Nations operations has been reported; however, continued regional escalation underscores the need for sustained preparedness, particularly in relation to potential spillover effects affecting maritime routes and nearby areas.

Qatar (as of 16 April)

- No new updates have been reported by the Ministry of Public Health (MoPH). Authorities continue close monitoring of the situation, including routine reporting from health facilities on service delivery, stock levels, bed occupancy, and alerts generated through the national surveillance system, in coordination with relevant sectors.
- Qatar has also contributed to the regional health response. On 10 April, a Qatar Airways flight delivered over 100 tonnes of medical supplies, medicines, and emergency kits to Lebanon. The shipment, organized by the Qatar Fund for Development and the Qatar International Search and Rescue Team (Lekhwiya, Ministry of Interior), was handed over to the Lebanese Ministry of Public Health to support hospitals following the 8 April mass-casualty incident.