WHO FLASH APPEAL

World Health Organization

Photo credit: WHO Syria

HEALTH RESPONSE TO THE MIDDLE EAST ESCALATION OF VIOLENCE

March–August 2026

CONTEXT

The Middle East is witnessing an unprecedented escalation of hostilities, triggering one of the most far-reaching regional crises in recent decades. The hostilities have already resulted in 2914 reported deaths and 27 908 reported injured and more than 4.2 million people have been uprooted in the first weeks.

Health systems are under severe strain with many primary health care centers and hospitals forced to close due to insecurity or evacuation orders. Trauma facilities and frontline hospitals are facing rapidly increasing caseloads while attempting to sustain essential routine care, an increasingly untenable challenge amid chronic funding shortages and workforce constraints. The escalating crisis is sharply increasing the risk of communicable disease outbreaks.

Overcrowded displacement sites, damaged water and sanitation systems, and reduced access to routine health services create conditions for rapid transmission of respiratory, diarrheal, and vaccine preventable diseases. Interruptions to routine immunization and weakened surveillance further increase the likelihood of undetected spread.

Environmental contamination from damaged infrastructure and burning of industrial sites is also degrading water quality and heightening exposure to high threat pathogens. Without urgent support to restore surveillance, vector control, safe water supply, and vaccination, communicable diseases could become a major secondary driver of illness and death.

The conflict has raised the risk of chemical, biological, radiological, and nuclear (CBRN) incidents, due to attacks or damage to industrial facilities, energy infrastructure, and urban areas. Environmental hazards from burning oil depots, white phosphorous bombs and other weapons, compounded by rainfall, pose acute risks such as chemical burns and severe respiratory injuries.

The escalating crisis significantly increases risks of sexual exploitation and abuse (SEA) across all affected countries. Displacement, collapsed protection systems, and overstretched services create conditions in which women, girls, and vulnerable groups face heightened exposure, with limited access to survivor-centered support.

At a glance (as of March 31, 2026)

Injuries and Fatalities

- **Over 3300 conflict related deaths** reported.
- **Over 30 000 people reported injured** due to strikes and conflict related violence.

Displaced People

- **Over 4.3 million people** reported displaced in the first weeks of the conflict.

Attacks on Healthcare

- **116 WHO-verified attacks on health care.**
- **66 deaths** and **142 injuries** among health workforce.
- **Impact:** Severe damage to healthcare infrastructure.

WHO'S IMMEDIATE FUNDING REQUIREMENT:

US$ 30.3 million

WHO supporting families at the Taanayel PHCC, in Bekaa.

Photo credit: WHO Lebanon

Lebanon

- Over 1200 deaths and over 3700 injuries reported by the Minister of Health as of 31 March 2026.
- 88 recorded attacks on health care have resulted in 52 deaths and 128 injuries, with five facilities sustaining partial damage.
- 50 primary health care centres and five hospitals closed.
- Large-scale urban displacement exceeds 1.16 million people. More than 134,000 people are sheltered in 644 collective centres while many remain entrapped in hard to reach or high -risk areas with heightened risk of exposure to CBRN materials.
- Hospitals are experiencing surges in trauma cases and mass casualty incidents while struggling to maintain essential services.

Islamic Republic of Iran

- Over 1900 people have been killed and over 25 000 injured, including 3610 women and 1500 children. Health facilities have treated more than 23 238 injured individuals.
- 28 attacks on health care resulting in 14 health worker deaths.
- Around 3.2 million people displaced in Iran, adding to approximately 1.65 million refugees in need of protection, increasing demand for health services in host communities and shelters, alongside rising cross-border movements across Iran, Türkiye, Syria and Afghanistan.
- Strikes on energy infrastructure have raised environmental health concerns and risk of exposure to CBRN substances, triggering authorities' guidance on protection from acidic rainfall following the release of toxic hydrocarbons and chemical compounds. Concerns are raised over structural damage at the Natanz enrichment site and at nuclear facilities in Isfahan and assaults on or near the Bushehr nuclear site.

Jordan

- 24 reported injuries due to incidents involving falling debris
- Economic decline, rising energy costs, and reduced external support are deepening the crisis further straining national health systems and services, further impacting the over three million refugees already in the country. Attacks on the Dimona area in southern Israel, 35 km from the Jordanian border, came under attack, heightening concerns about the escalating situation in the region.

Iraq

- Over 89 deaths and 384 injuries.
- Emergency and trauma services are under severe strain due to access constraints and rising injury caseloads.
- Damage of health facilities causing disruption of service delivery.
- Supply chain disruptions limiting essential medicines, vaccines, and lab supplies.
- Referral pathways weakened by ambulance movement restrictions and fuel shortages, delaying lifesaving care. Surveillance and lab systems are increasingly constrained, raising the risk of undetected disease outbreaks.
- Routine outreach activities and community-level health services have been reduced or suspended in some areas due to security and access constraints.
- Health authorities activated national and subnational emergency coordination including the emergency operations center and the public health emergency operations center at the levels, and population movement contingency planning (internal and cross-border).

Syrian Arab Republic

- 202,477 people crossed into Syria (this includes 175,134 Syrians and 27,343 Lebanese refugees), adding to the 5.8 million already internally displaced inside the country.
- Volatile security environment affecting Syria's western and eastern borders.
- Cross-border movement, armed actor activity, and operational conditions in northeast Syria continue to be impacted, with a persistent risk of spillover.
- Risks of infectious disease spread in rural areas and urban centers hosting displaced populations due to overstretched facilities and disrupted basic services, including water networks. Global energy disruptions and transport constraints are further threatening logistics and supply chains, affecting both emergency and routine operations – particularly the risk of fuel shortages disrupting energy capacity for cold chain, hospital operations, water pumping, and waste water treatment.
- Health sector capacities are severely strained, with authorities requesting support for essential medicines, supplies, and equipment, ambulances and mobile medical teams, referral services, disease surveillance and outbreak prevention, MHPSS and chronic disease care.

Displaced civilians set up tents along a roadside, following the escalation in Beirut, Lebanon - 15 March 2026

WHO STRATEGIC PRIORITIES

WHO is leading and coordinating a comprehensive, multi-country health response aligned with its Emergency Response Framework (ERF) and Incident Management System (IMS). While WHO is offering and providing support across all countries affected by the escalating conflict, the response places particular emphasis on those facing the most severe and urgent humanitarian needs. Leveraging its longstanding presence, established coordination mechanisms, and operational networks throughout the region, WHO is uniquely positioned to deliver rapid, accountable, and high-impact interventions focused on the following priorities:

Maintain lifesaving and life-sustaining essential health services and Trauma Care

WHO will rapidly reinforce the trauma and critical care pathway—from first response to definitive care—to reduce preventable deaths and sustain essential services for people with noncommunicable diseases, pregnant women, and children under five to prevent excess morbidity and mortality.

Strengthen disease surveillance and early warning systems

for prevention, early detection and control of communicable diseases, and effective response to public health threats. WHO will strengthen disease surveillance and early warning systems preventing secondary public health crises in the context of escalating conflict and large-scale population displacement, particularly in areas of massive displacement, border areas and DPs shelters

Reinforce logistics, supply chain, and operational support systems

to ensure the timely and efficient delivery of essential supplies, equipment, and services to frontline operations. To do this, WHO will strengthen procurement, warehousing, transportation, and last mile delivery capacities; stabilize disrupted supply chains; and provide the operational support needed to sustain health services and emergency response activities across conflict affected areas. In the context of airspace closures and maritime constraints, WHO will activate alternative transport routes to maintain flow of critical commodities.

Strengthen mass casualty management and national readiness for chemical, biological, radiological, and nuclear (CBRN) emergencies

to enable rapid, safe, and coordinated response in high-risk settings. WHO will enhance national readiness for high-impact CBRN events by integrating CBRN-specific mass casualty management into emergency response systems. Support will focus on improving detection, triage, decontamination, clinical management, surge capacity, and referral pathways for CBRN victims. WHO will conduct targeted training, rapid workforce capacity-building, and simulation exercises while supporting strengthened Public Health Emergency Operations Centers (PHEOC) to respond rapidly and effectively to accidental or deliberate CBRN incidents.

Emergency coordination and health sector leadership are strengthened

enabling a coherent, timely, and evidence-based health response across affected areas. Through its Incident Management System, WHO will ensure a coherent, timely, and predictable regional response. With multidisciplinary teams covering coordination, planning, operations, information management, health technical expertise, logistics, and partner engagement, WHO will lead joint prioritization and multisectoral health needs assessments. Support will also be provided to strengthen national PHEOC to enable countries to coordinate response efforts effectively and maintain unified health sector leadership across the crisis.

22 metric tonnes of life-saving medicines and emergency surgery supplies delivered to Lebanon by land convoy from WHO Hub for Global Health Emergencies Logistics in Dubai.

KEY ACTIVITIES

- **Procure and distribute Essential Medical Supplies and Equipment to all countries**, including Interagency Emergency Health Kits (IEHKs), trauma and emergency surgery kits (TESKs), NCD medications, blood bank, diagnostics, and critical consumables.
- **Enhance Operational Logistics Capacity at Country and Regional Level** for warehousing, transport, customs clearance, and handling operations, ensuring timely delivery to frontline health facilities.
- Strengthen the capacity of health workforce through **staffing support to hospitals and health facilities, standardization of referral pathways and specialized emergency** care **training to maintain critical life-saving health services**.
- Conduct **community-based trauma support sessions** oriented at increasing the capacity of the communities to prevent deaths of trauma patients before reaching the hospital.
- Strengthen **capacity of paramedics to improve prehospital care** to decrease death and disability of trauma patients prior to hospital arrival.
- Strengthen the **capacity of surgeons to conduct safe War Surgery** operations.
- **Train nurses and physicians to provide efficient live-saving trauma care** during mass casualty incidents.
- Support **trauma coordination platforms** to improve coordination of nurses and doctors for better clinical care to trauma patients.
- **Strengthening of the Early Warning and Response System**, expanding real-time surveillance capacity in high-risk areas, allowing for early detection, investigation and control of communicable diseases.
- **Deploy Surveillance and Rapid Response teams** to conduct outbreak investigations and initial risk assessments and to provide timely public health response.
- **Expand vaccination campaigns** to protect vulnerable populations, particularly displaced children, from preventable diseases such as measles, polio, and cholera.
- **Respond to waterborne diseases** related to population displacement and potential water desalination plants damages.
- **Integrate CBRN-specific mass casualty management into emergency response**, strengthening surge capacity for CBRN Mass Casualty Incidents and improve detection, triage, decontamination, clinical management, and referral pathways for CBRN victims.
- **Provide rapid Workforce Capacity Strengthening** to build skilled, multidisciplinary workforce capable of **responding to CBRN Mass casualty incidents.**
- **Lead the Health Sector Coordination and Information Management t**o enable joint prioritization through multisectoral health needs assessments and cross-agency coordination with Ministries of Health and partners.
- **Coordinate actions to prevent and respond to sexual exploitation**, abuse and harassment. Strengthen and expand survivor -centred response by supporting safe, confidential, and dignified reporting mechanisms, reinforcing clinical management of sexual violence within health services, and ensuring timely referral to multi-sectoral support including psychosocial care, legal aid, and shelter.

WHO's Role and Approach: Delivering under the Humanitarian Reset

WHO will adapt its operational response to the escalating regional crisis in a complex and volatile political environment, and a shifting humanitarian landscape. Political instability and shrinking humanitarian budgets are driving a shift toward greater efficiency, complementarity and coordination. With multiple actors withdrawing or facing financial constraints, WHO's role in health sector coordination becomes more essential.

At country level, WHO will ensure that its emergency response planning and implementation are closely coordinated with Ministries of Health, OCHA, UN agencies and other partners, strengthening alignment with interagency priorities and enhancing coherence across the humanitarian architecture.

WHO will strengthen its leadership through the Public Health Emergency Operations Centres and supply chain management using capacities from the Eastern Mediterranean Regional Office IMST, its Operations Support and Logistics team, the WHO Hub for Global Health Emergencies Logistics in Dubai, the Regional Trauma Initiative and EMT coordination cells, to maximize efficiency and impact. WHO will also scale up on CBRN mass casualty preparedness, and systemwide awareness and training for governments, partners and UN actors.

Together, these changes align with the Humanitarian Reset by prioritizing efficiency, multi-country coordination, reliance on regional surge mechanisms, and strengthened national systems.

WHO RESPONSE STRATEGY

Lebanon

WHO response strategy in Lebanon is aligned with the UN Flash Appeal for Lebanon issued on 13 March 2026 and translates these regional priorities into a focused package of interventions aimed at sustaining the functionality of an overstretched health system under conditions of active conflict and large-scale displacement. The response emphasizes maintaining continuity of essential health services, scaling up trauma and emergency care, strengthening early warning and outbreak prevention in high-risk settings such as collective shelters, and reinforcing national coordination and information systems. Particular attention is given to supporting decentralized service delivery, pre-positioning critical supplies and enabling rapid surge capacity at subnational level to ensure that health services remain accessible, responsive, and resilient, while supporting national authorities to manage evolving risks and operational constraints.

Localization is central to WHO's operational posture. By working through national hospitals, the PHC network, and local NGOs, WHO transfers a growing share of resources and decision-making to Lebanese institutions and frontline service providers. This approach strengthens national ownership, enhances accountability to affected populations, and aligns with Humanitarian Reset principles by prioritizing sustainable, cost-effective delivery models.

Islamic Republic of Iran

WHO's is urgently scaling up its response in Iran to address the health consequences of the ongoing military escalation. Working in close partnership with the Ministry of Health and Medical Education (MoHME), UN agencies, and health actors across the country, WHO is striving to keep essential health services operational, safeguard mental health and psychosocial support (MHPSS), and sustain the flow of medical and laboratory equipment and supplies. WHO is also closely tracking attacks on healthcare and providing technical guidance in the event of radio-nuclear hazards to protect affected populations.

To meet these urgent needs, the strategy outlines operational measures across four main pillars: strong coordination and leadership, delivery of equitable healthcare services, rapid detection and control of epidemic prone diseases, and reinforcement of supply chains and logistics. Given the extensive damage to health facilities, WHO is also seeking to support vital infrastructure, such as generators and medical equipment, to ensure health services can continue operating when communities need them most.

Iraq

In Iraq, WHO works closely with the Federal Ministry of Health and the Ministry of Health in the Kurdistan Region of Iraq (KRI) as well as health partners to ensure a coordinated, timely and effective implementation of priority response activities. WHO provides technical leadership and operational support through close coordination with the Emergency Operations Center (EOC) and WHO's Incident Management Team (IMT). In collaboration with UN agencies, international and national NGOs, and civil society organizations, WHO supports health sector coordination, joint planning, and information sharing, including the development of contingency plans for potential cross-border population movements, widespread service disruptions and mass casualty scenarios. WHO's response in Iraq focuses on strengthening trauma management and mass casualty management, ensuring continuity of essential health services, reinforcing disease surveillance and early warning systems readiness, enhancing health emergency coordination and real-time data sharing, and scaling up risk communication and community engagement (RCCE) and mental health and psychosocial support (MHPSS). These interventions aim to maintain life-saving services, address increasing operational pressures on the health system, and enhance preparedness and resilience to respond rapidly to further escalation.

At Tibnine Governmental Hospital, Trauma Emergency Surgical Kits, were carefully organized to ensure surgical teams had immediate access to essential tools during border escalations. This played a crucial role in preparing operating rooms for emergency care.

Photo Credit: WHO Lebanon

Syrian Arab Republic

In the Syrian Arab Republic, WHO works closely with the Ministry of Health and relevant local authorities to support a coordinated, government-led health emergency response that addresses the impact of the regional escalation within an already fragile humanitarian context. In collaboration with UN agencies, international and national NGOs, and civil society organizations, WHO supports health sector coordination, joint planning, information sharing, and operational readiness at border crossing points, areas of return and origin, and other priority locations. WHO's response in Syria focuses on sustaining and bolstering essential health services, restoring public health service functionality in overstretched areas, reinforcing disease surveillance and outbreak prevention and response, and ensuring access to life-saving medicines, medical supplies, and equipment. Particular attention is given to emergency referral pathways, ambulances and integrated mobile medical teams, health measures at points of entry, and continuity of care for vulnerable populations affected by displacement and return. These interventions aim to reduce avoidable morbidity and mortality, address mounting pressures on the health system, and strengthen preparedness and resilience in the event of further spillover or escalation.

Jordan

WHO in Jordan is working closely with the Ministry of Health, the National Crises Center, and the Royal Medical Services, alongside other humanitarian partners, to respond to the emerging health crisis in a coordinated and efficient manner. The activities planned under this appeal align with WHO's emergency objectives embedded in its 2026-2030 Country Cooperation Strategy in preparing for, detecting, and responding to public health emergencies.

The primary risk in Jordan stems from mass casualties resulting from both the direct and indirect impacts of the escalating strain on public hospitals which are reportedly working at full capacity at time being. In addition, the risk of CBRN incidents remains high, given Jordan's geographical proximity to the Dimona nuclear facility.

The 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.

WHO's OPERATIONAL PRESENCE

WHO maintains a robust operational footprint across the region, enabling effective support to national authorities, rapid response to crises, and sustained engagement with partners

In **Lebanon**, WHO maintains 31 core staff supported by technical consultants and personnel embedded in the Ministry of Public Health. Despite its lean structure, WHO retains strong surge capability, deploying outbreak, trauma, and logistics specialists as needed. Its reach extends beyond Beirut through stockpiles in the South and Bekaa to ensure continuity during access or supply disruptions.

In **Iran**, WHO's presence is rooted in more than seven decades of collaboration, operating from its main office in Tehran with 36 dedicated staff. WHO's longstanding engagement with national health authorities, medical universities, public health institutes, laboratories, and emergency structures ensures context anchored responses to the crisis.

The Country Office in **Iraq** operates with around 40 national and international staff based in Baghdad, with representation in the Kurdistan Region of Iraq (KRI), with an active Incident Management Team and surge capacity for emergency coordination, surveillance, and response, particularly in high risk governorates. This footprint aligns with national institutions, enables on the ground support and enhances rapid response capabilities.

In **Syria**, WHO manages a large operation with 125 staff deployed in Damascus and five sub-offices. This presence enables close coordination with the Ministry of Health, governorate health directorates and health sector actors to deliver essential and emergency services. The operation is supported by strong technical capacities including emergency leadership, epidemiology, trauma care, surveillance, laboratory services, nutrition, mental health, WASH, and NGO partnership management, supported by a robust logistics and supply chain network involving WHO's global supply hub in Dubai and three national distribution hubs in Damascus, northwest, and northeast Syria.

In **Jordan** maintains a Country Office with 32 staff providing operational and technical support to national health priorities and regional initiatives. WHO supports the Government filling temporary gaps only where national capacity is overstretched and enhancing coordination with national authorities to ensure continuity of care for vulnerable populations.

Ali carries his eight-year-old son Abdelkarim through the crowded corridor of Menbij National Hospital after the boy received urgent care for a fracture. Abdelkarim received treatment at a facility whose operations are directly supported by WHO, helping ensure patients and families can continue to access essential and emergency care. Photo credit: WHO Syria

Financial Requirements

The total estimated financial requirement to deliver a comprehensive and strategic response **from March to August 2026** is **US$ 30.3 million.** This budget reflects both country-level operational needs and the direct support provided by the WHO Regional Office for the Eastern Mediterranean, which is essential to achieving results on the ground. The required funding will enable WHO to scale up its response to the escalation of hostilities in the Middle East by supporting trauma care; maintaining or restoring essential health services; preventing and responding to communicable disease outbreaks amid ongoing conflict and displacement; integrating CBRN-specific mass casualty management into emergency operations; and ensuring effective leadership, coordination, and technical guidance for the overall health response.

The financial requirements are fully aligned with the published UN appeal for Lebanon and harmonized with UN inter-agency planning and coordination processes across other affected countries, ensuring coherence of priorities, needs, and implementation timelines.

Key priority	Lebanon	Iran	Iraq	Syria	Jordan	TOTAL
Trauma Response and Provision of Essential Health Services	**$6,955,000**	**$5,200,000**	**$3,800,000**	**$4,800,000**	**$1,470,000**	**$19,725,000**
Disease Surveillance and Early Warning	**$963,000**	**$500,000**	**$300,000**	**$500,000**	**$73,500**	**$2,336,500**
Logistics, Supply Chain, and Operational Support	**$705,980**	**$1,400,000**	**$400,000**	**$400,000**	**$105,000**	**$5,510,980**
Strengthening Mass Casualty Management for CBRN Emergencies	**$107,000**	**$50,000**	**$300,000**	**$70,000**	**$78,750**	**$605,750**
Emergency Coordination and Health Sector Leadership	**$1,005,800**	**$30,000**	**$300,000**	**$50,000**	**$57,750**	**$1,443,550**
Programme Management (M&E/visibility/ PRSEAH)	**$263,220**	**$10,000**	**$200,000**	**$20,000**	**$215,000**	**$708,220**
Total	**$10,000,00**	**$7,190,000**	**$5,300,000**	**$5,840,000**	**$2,000,000**	**$30,330,000**

For more information, please contact:

WHO Headquarters Geneva:
Karim Yassmineh | External Relations Officer | yassminehk@who.int

WHO Regional Office for the Eastern Mediterranean:
Pablo Barrera | Regional Adviser | barrerap@who.int

WHO Country Office in Lebanon:
Alessandro Bellelli | Partnerships, External Relations Specialist | bellellia@who.int

WHO Country Office in Iran:
Mikiko Senga | WHO Health Emergencies Team Lead | sengam@who.int

WHO Country Office in Iraq:
Frehiwot Tilahun | Resource Mobilization Officer | tadessef@who.int

WHO Country Office in Jordan:
Nazeema Sheerin MUTHU | PME and resource mobilization officer | muthun@who.int

WHO Country Office in Syria:
Gerald Cirilo Reyes | Resource Mobilization and Donor Relations Officer – greyes@who.int