

# Healthbrief

18 March - 28 April 2026

## Health emergency: Situation overview

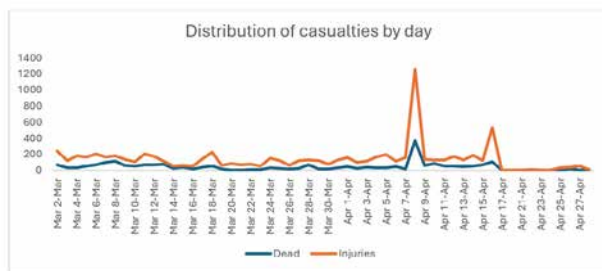
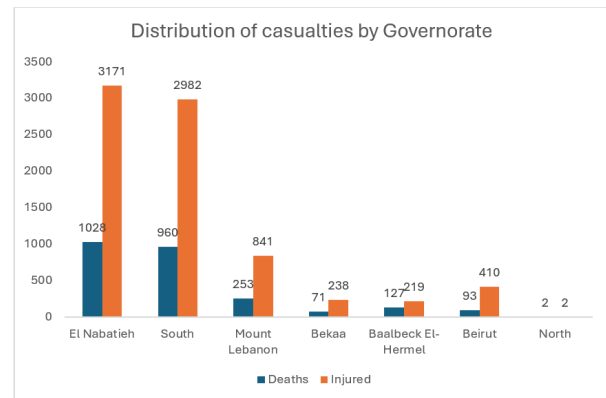
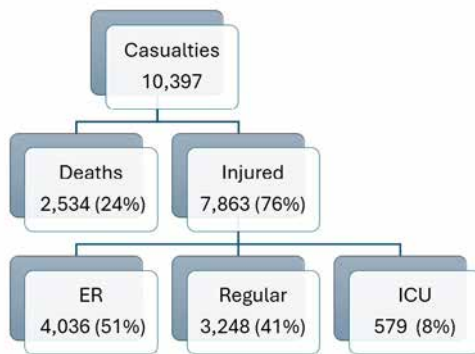
- A total of 10,397 casualties related to the war have been reported from 02/03/2026 till 28/04/2026 as a result of the recent escalation of hostilities including 7,863 injuries and 2,534 deaths.
- During the same period, more than 150 attacks on healthcare have resulted in the deaths of 103 healthcare workers and the injury of 233.



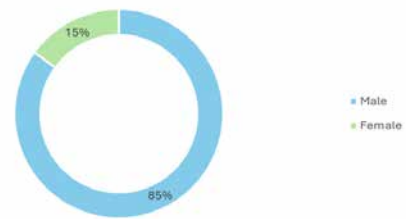
Impact of hostilities from 02 March 2026 - 28 April 2026.  
Source: PHEOC MoPH Lebanon.

## Impact of escalation

Lebanon War 2023-2026: Tree Diagram in numbers (Deaths and Injuries) from 2 March 2026 to 28 April 2026.

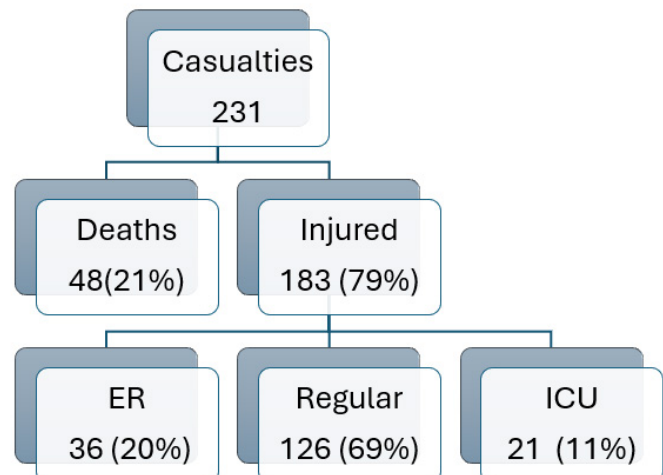


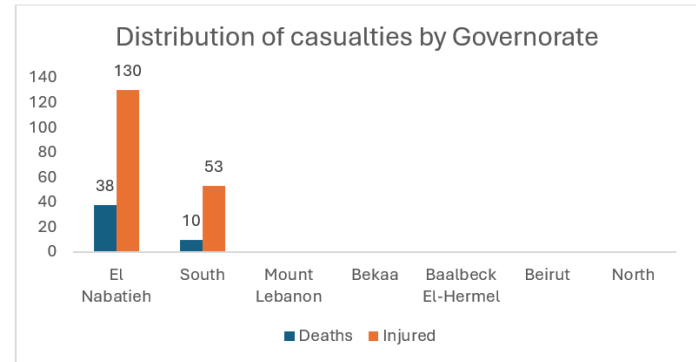
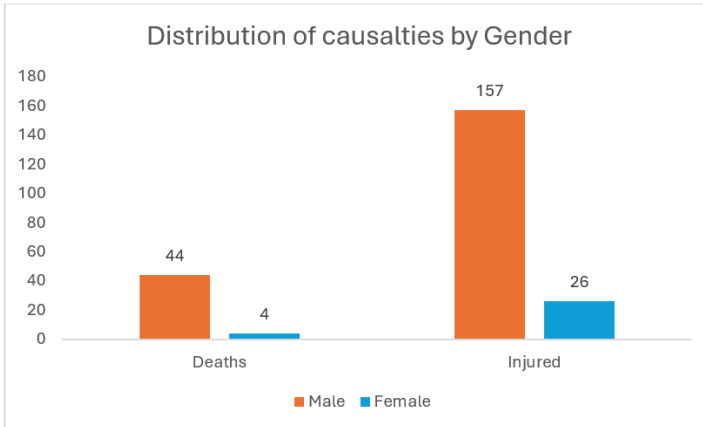
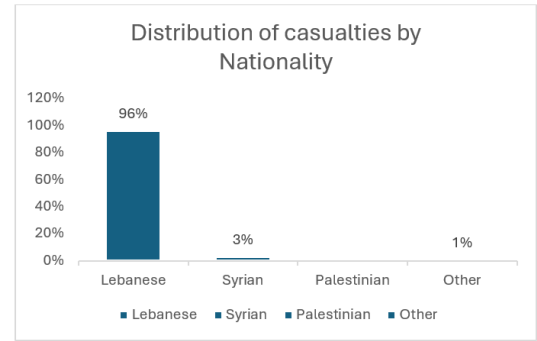
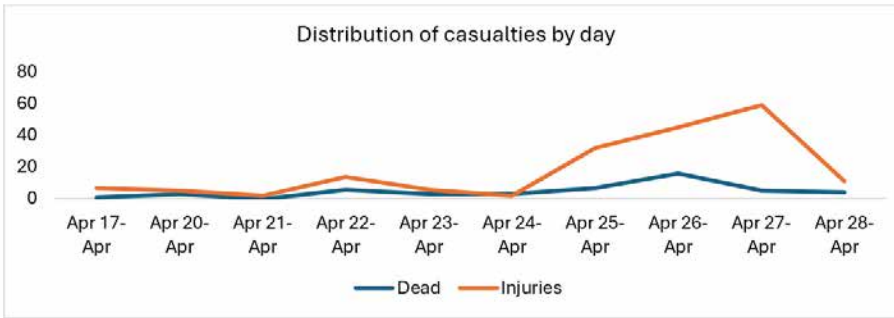
## Distribution of casualties by gender



## Ceasefire - Situation overview

Since 17 April 2026, 231 casualties have been reported including 48 deaths and 183 injured. Lebanon War March 2026: Tree Diagram in numbers (Deaths and Injuries) from 17 April 2026 to 28 April 2026





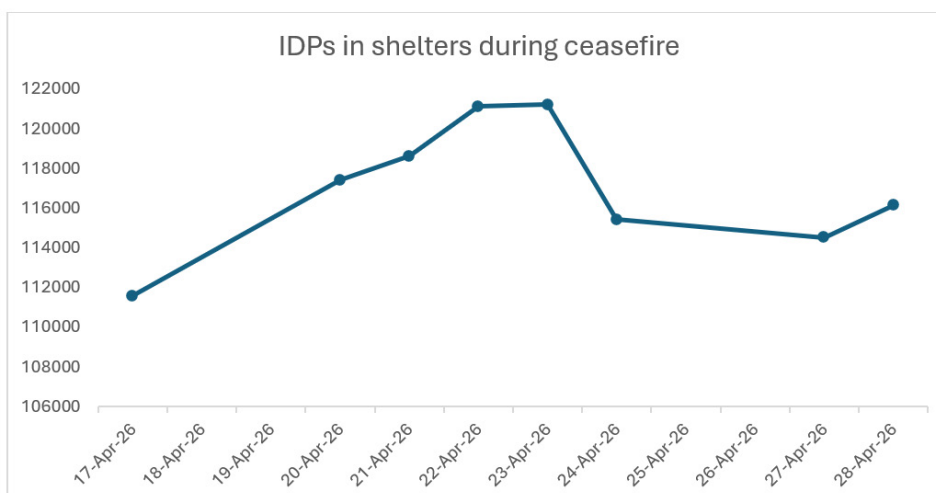
## Conflict overview

### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 10,397 including 2,534 deaths (including 178 children and 280 women) and 7,863 injuries as of 3:00pm on April 28, 2026.
- Out of the total injured, 51% were treated at Emergency room as outpatient, 41% admitted to regular wards and 8% admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (4,199 casualties), followed by the South (3,942 casualties), and Mount Lebanon (1,094 casualties), Additional cases were reported across other governorates.
- Of the total casualties, 85% (8,870) were male and 15% female (1,527).
- Of the total casualties, 178 children are dead (2%) and 714 children (7%) are injured.
- Nationality data shows that 94% were Lebanese, 4% Syrian, 1% Palestinian, and 1% from other nationalities.

### Displaced people and shelters

- As of 28 April 2026, DRM reported 116,154 displaced individuals residing in 621 collective shelters across the country. The highest concentration of shelters is in Beirut and Mount Lebanon. Shelters with remaining capacity are currently available only in Akkar, Bekaa, and North governorates, while additional shelters are being prepared in Beirut and Mount Lebanon to accommodate further displacement.



### Impact on health services and vulnerable groups

- Since 2 March 2026, 150 attacks on health care have been reported via the WHO Surveillance System, resulting in 234 injuries and 103 deaths.
- Health infrastructure has been heavily affected: Three hospitals remain closed (Bint Jbeil Public, Mays al-Jabal Public), while three others have recently re-opened (Al Borj, AL Sahel, Bahman hospital), while Sixteen hospitals sustained partial damage (Osayran, Hasbaya, Bahman, Jabal Amel, Al-Najda, Al Hayat, Nabatiyeh Public Hospital, Tebnin Public Hospital, Bint Jbeil Public Hospital, Ragheb Harb Hospital, Salah Ghandour Hospital, RHUH, Lebanese Italian Hospital, Hiram-Tyre, and Bekaa Gharbi Hospitals and Labib Medical Center).
- In addition, 46 PHCs are closed, limiting access to essential services as of 27 April 2026.

### Healthcare Attacks

New Escalation (since 2nd of March 2026)

	Cumulative Since March 2026
# of attacks on Health Care	150
# of Health care workers injured	234
# of Health care workers deaths	103
# of hospitals damaged *	16
# of hospitals closed *	3
# of closed PHCCs **	46

\* Source MoPH/PHEOC  
 \*\* Source MoPH PHC Department

## WHO response efforts

### Hospitalization coverage

- WHO war-injured coverage: 78 Syrian patients and 9 migrant workers were covered in 21 hospitals; out of which 8 patients were admitted to Emergency Rooms.
- Coordination meeting with NMHP and partners for Mental Health hospitalization planned this week.

### Mental Health and Psycho Social Support

- Since March 2026, WHO has supported the hospitalization of severe mental health cases, covering a total of 32 patients (cumulative, 28 Lebanese patients, 2 Syrians patients, 2 migrant workers).
- Ongoing support to ensure the availability of psychotropic medications at primary health care (PHC) level.
- Co-leading the MHPSS Coordination Group, with surge support deployed to strengthen the emergency response. Ongoing development of a multi-sectoral MHPSS guidance note, including further clarification of psychosocial support (PSS) interventions.

### WASH- Food safety

- WHO reviewed the water action plan/ Water quality SOPs to be submitted to MOSA.
- Water filters: Installation/repair of filters in shelters continued.
- Water trucking: Discussions with Civil Defense on water trucking modalities
- WASH coverage remains high (93.7%), with services being adjusted in line with shelter closures and population movements.
- 613 RTAs have been completed, with additional rounds planned to update evolving needs.
- Scabies/skin conditions: WASH prevention/response actions: Increase water supply target to 50 L/person/day where feasible; ensure access to showers and hot water; distribute soap and hygiene items; and support laundry solutions.

### WASH- Food safety meetings

- WHO country office and regional office are currently preparing for training for food inspectors on inspection of central kitchens and catering services in camps.

WHO works to ensure access to essential health services for all, including universal health coverage. WHO provides support to countries by offering technical expertise, resources, and policy guidance to strengthen health systems. It works closely with governments to improve healthcare access and address public health challenges.

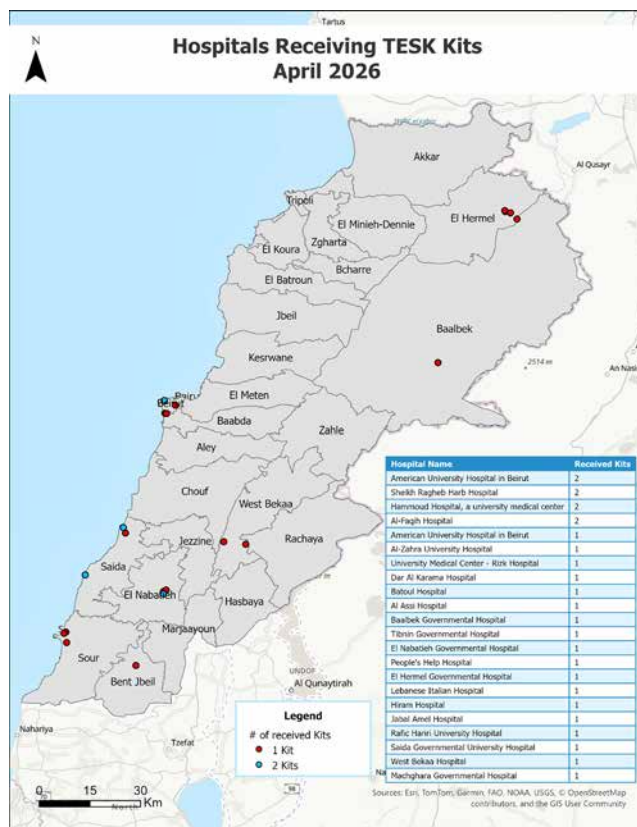
- A smaller committee is also established to discuss the possibility and the methodology for having communal kitchens in the schools.
- WHO reviewed the protocol finalized by WFP including notification channel for food poisoning incident for MoSA endorsement.

### Access to TESK, essential and hospital critical medicine and medical supplies

#### MoPH NCD essential medicines

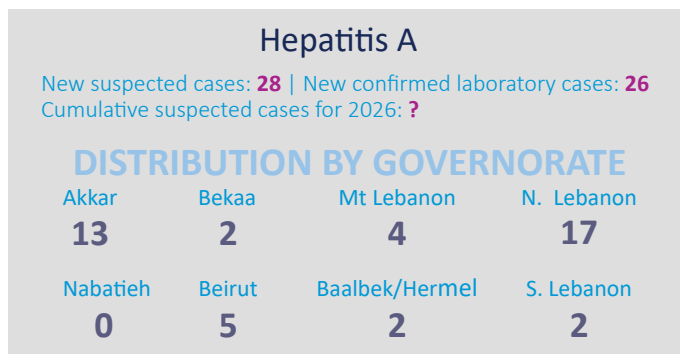
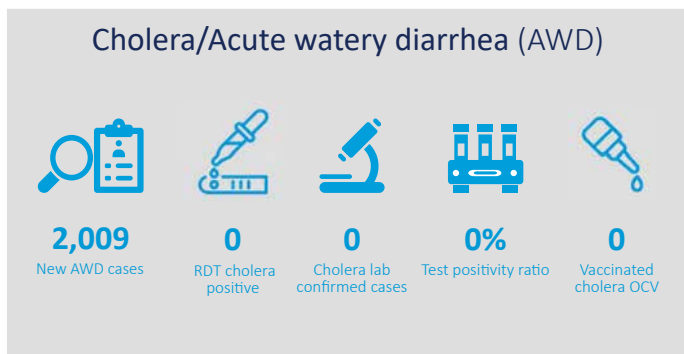
- Chronic medicine stock (for an average 140,000 active beneficiaries per month)
  - o %9 out of stock
  - o 26% available for less than 3 months
  - o 15% available for more than 3 months
  - o 50% available for more than 6 months
- 508 deliveries took place between 02 March to 17 April 2026
- Pipeline: 15 NCD Kits, modules to complement the 60 TESK.

**20 ventilators** were recently delivered to the Central Medication Supplies Warehouse (CMSW).



## Epidemiological situation

### Food and waterborne diseases 16 March to 12 April 2026



### Vaccine preventable diseases 16 March to 12 April 2026

Disease outbreaks	New suspected cases	Location of cases	Vaccination status of cases	Cumulative for 2026	Confirmation
Measles	3	1 Akkar, 2 South Lebanon	1 fully vaccinated 2 zero dose	0	0
AFP	0			0	0
Meningitis	18	5 Akkar, 4 Beirut, 1 Bekaa, 3 Mt Lebanon, 1 N Lebanon, 4 S Lebanon		0	10 Bacterial 7 viral

## Epidemiological situation *(continued)*

By week 15, food- and waterborne diseases remain relatively stable at elevated levels (533 cases), slightly increasing from week 14 but below the week 13 peak, with no confirmed cholera cases.

Hepatitis A declined after a week 14 peak and remains geographically concentrated in the North and Akkar, while other diseases (measles, AFP, meningitis) continue to show low and stable trends with only minor fluctuations.

Between weeks 12–15, all selected EBS signals were verified and investigated within 24 hours, demonstrating strong timeliness in verification and response consistent with the “1–1” component of the 7-1-7 approach, despite a high signal volume mainly related to foodborne illnesses and other community health events.

“ Vaccines protect against more than 30 diseases and even some cancers, including cervical cancer. They have improved infant survival by 40% over the past 50 years and protected tens of millions of children from lifelong disabilities. ”

– Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

### Protecting health and dignity: WHO–Health sector visit to displaced families



A joint WHO–NSHSC (national and subnational health sector coordination) delegation, led by Dr. Lara Barak, visited the Rafik Hariri Technical Institute in Mount Lebanon, sheltering around 1,200 displaced people from southern Beirut and southern Lebanon. The visit highlighted urgent health and living challenges: children are falling ill with contagious diseases, older adults and people with disabilities face difficulties accessing care, and managing chronic conditions like diabetes is complicated by limited medication storage. Residents also face shortages of food, water, and sanitation, affecting hygiene and overall well-being. The delegation emphasized that continued support is crucial to protect the health, dignity, and hope of displaced families.

### ECHO and Dubai Humanitarian deliver life-saving medical supplies to Lebanon



More life-saving support has arrived in Lebanon. Over 134 cubic meters of essential medical supplies—supported by EU Humanitarian Aid (ECHO) and Dubai Humanitarian—have entered through the Masnaa Border to strengthen urgent health services amid the ongoing crisis. The shipment includes trauma surgical kits, essential medicines, and diabetes care supplies, benefiting around 6,000 emergency and trauma patients and 4,000 people living with diabetes. This critical support reinforces the Ministry of Public Health’s response and helps ensure continued access to care for the most vulnerable.

## ECHO-supported lifeline: WHO receives critical medical supplies for Lebanon



The World Health Organization (WHO) Representative in Lebanon was present at Rafic Hariri International Airport to receive a critical shipment of medical supplies. The consignment, which arrived via a humanitarian flight from Belgium with support from the European Civil Protection and Humanitarian Aid Operations (ECHO), includes trauma and surgical materials, vaccines, insulin, and emergency health kits. These supplies are intended to reinforce Lebanon's healthcare system and ensure the continuity of essential health services.

The shipment will be distributed through the Ministry of Public Health to health facilities across the country, prioritizing those serving vulnerable populations and trauma patients affected by the ongoing conflict.

"WHO reaffirms its commitment to continuing to support Lebanon's health system, particularly in these challenging circumstances," said the WHO Representative in Lebanon. "This shipment constitutes an important contribution toward maintaining uninterrupted essential emergency health services. We are deeply grateful for the generous support of ECHO, whose ongoing collaboration allows us to deliver timely, life-saving assistance to those most in need."

This delivery underscores WHO's ongoing commitment, in partnership with national authorities and international donors, to strengthen the resilience of Lebanon's health sector and respond effectively to emerging humanitarian needs.

## Standing together for life: a personal reflection from Lebanon



As a senior health leader at the World Health Organization, I often remind my team: in times of crisis, we must go beyond commitments; we must stand with people, with evidence and with humanity. [Read full article.](#)

## Joint UN mission highlights urgent needs of displaced families at Siblin shelter



The WHO team participated in a joint mission led by the United Nations Resident Coordinator, alongside UNICEF, UNFPA, and other UN partners, to the Siblin Vocational Training Center operated by UNRWA.

The center currently shelters more than 1,700 displaced individuals—approximately 200 families—from diverse backgrounds, including Lebanese, Palestinian, and Syrian communities. Among them are 28 persons with disabilities, 30 pregnant women, and over 200 individuals living with chronic health conditions such as diabetes, hypertension, cardiovascular diseases, and renal failure.

A primary healthcare clinic is operational five days a week, staffed by a nurse and a cardiologist, and provides services to around 70 patients daily. Essential medications are available free of charge; however, current stocks are only sufficient for the next two months. A 24/7 ambulance service is also in place, with referrals to Siblin Hospital when required. Despite these services, significant challenges persist. Residents reported receiving only one meal per day and emphasized the urgent need for cash assistance to meet their basic needs. Additional concerns include inconsistent access to hot water, shortages in menstrual hygiene supplies for adolescent girls, and limited internet connectivity, which is hindering students' ability to continue their education online. The joint mission underscores the critical need for sustained, coordinated humanitarian support to address the growing needs of displaced populations and ensure continued access to essential health and social services.

## WHO assesses Siblin Hospital capacity amid rising displacement pressures



A WHO technical team conducted a field visit today to Siblin Governmental Hospital to assess its capacity amid a growing influx of internally displaced people in the area.

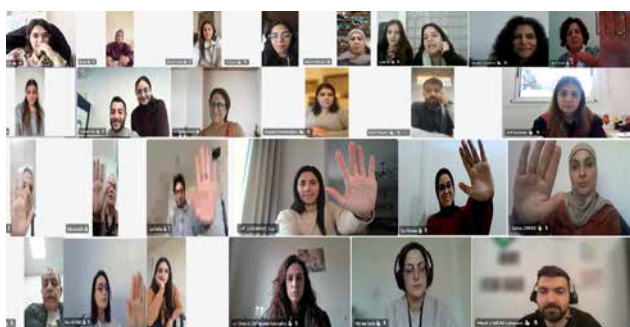
With over 130,000 displaced individuals in the Siblin surroundings, the hospital is facing increased pressure—recording around 1,400 consultations at the emergency department in just three weeks, alongside a rise in hospital admissions.

WHO has been supporting the hospital in close coordination with the Ministry of Public Health, including strengthening trauma care, enhancing blood bank services, providing essential medical supplies and surgical instruments with the financial support of EU Humanitarian Aid (ECHO), and integrating the Lebanese Ministry of Public Health Logistics Management System (LMS) to improve supply management.

However, additional support is still urgently needed, particularly in trauma medicines, medical supplies, and staffing, to ensure the hospital can continue delivering essential health services.

WHO remains committed to supporting Lebanon’s health system and ensuring access to care for all those in need.

## Strengthening PSEA capacity across Lebanon’s health sector



WHO Lebanon, in collaboration with Health Sector partners and the PSEA Network, conducted 5 training sessions on Prevention of Sexual Exploitation and Abuse (PSEA), with GBV sensitization.

A total of 355 participants from 79 organizations—including health workers, nurses, MHPSS staff, and community volunteers—took part.

Participants were also provided with PSEA materials to support awareness and strengthen accountability across the humanitarian and health sectors.

## Frontline under pressure: Lebanon’s hospitals strive to save lives amid escalation



Inside Lebanon’s hospitals, the impact of the ongoing escalation is not measured only in numbers—but in people.

During a joint visit by the United Nations Resident Coordinator, Imran Riza, and WHO Representative Dr. Abdinasir Abubakar, frontline realities came into sharp focus.

Emergency rooms are full. Intensive care units have no space left. Doctors are making difficult decisions every day to ensure that every patient gets a chance at care.

At Rafik Hariri University Hospital, the number of beds has doubled to meet growing demand. Dialysis units are running in extended shifts, treating patients who cannot survive without regular care. Many of these patients have been displaced—forced to leave behind the facilities they once relied on.

At Al Zahraa Hospital, more than 2,200 emergency cases were recorded in just one week. Deliveries have surged, including urgent cases where delay is not an option. Premature newborns are filling neonatal intensive care units.

But beyond the pressure on services, there is another story—one of resilience.

Health workers, many of whom have been displaced themselves, are staying inside hospitals, working long hours, and continuing to care for others despite uncertainty in their own lives.

The system is still functioning. Coordination mechanisms like the Public Health Emergency Operations Center are helping ensure patients are referred, ambulances are dispatched, and care continues.

But the strain is growing.

Supplies are running low—especially for dialysis and emergency care. Without timely support, life-saving services could be disrupted.

This is a moment where solidarity matters.

Because behind every statistic is a life—and behind every life, a health worker doing everything possible to protect it.

## ECHO-supported lifeline: WHO receives critical medical supplies for Lebanon



WHO Lebanon received a critical shipment of medical supplies at Rafic Hariri International Airport through a humanitarian flight from Belgium, supported by ECHO. The consignment includes trauma and surgical materials, vaccines, insulin, and emergency health kits to strengthen Lebanon's health system and ensure continuity of essential services. Distributed through the Ministry of Public Health, the supplies will prioritize facilities serving vulnerable communities and trauma patients affected by the ongoing conflict, reinforcing WHO's commitment to sustaining life-saving care across the country.

## WHO strengthens emergency health response



During his visit to Beirut, Dr. Chikwe Ihekweazu, WHO Regional Director for the Eastern Mediterranean, saw how coordination through the Public Health Emergency Operations Centre is helping save lives in Lebanon and supporting the Ministry of Public Health in sustaining essential services. He met with the Minister of Health and the Prime Minister, reaffirming WHO's commitment to Lebanon's health system and the urgent need to protect health workers, facilities, and patients, while ensuring continued access to lifesaving care amid the crisis. From hospitals to national coordination rooms, WHO stands firmly with Lebanon—supporting people, health workers, and the health system when it matters most.

## WHO visit to Chhim shelter highlights hope and ongoing needs of displaced families



A team from WHO Lebanon visited a collective shelter in Chhim hosting families displaced by recent violence to better understand health conditions and daily challenges. What they found was a community in transition—caught between relief and uncertainty, as many begin returning home following the ceasefire.

Families expressed appreciation for the support they received, including health care, food, and water, and shared their hope of returning home soon. Some are already sending relatives ahead to check whether their houses are still livable.

At its peak, the shelter hosted 338 people—now fewer than 100 remain, with more preparing to leave. Living conditions have been generally adequate, with clean facilities and sufficient space. Safe drinking water has been available, and an NGO has been providing 1–2 weekly clinics offering free consultations and medication—services that residents valued highly.

Some challenges remain. While sanitation facilities are maintained, their number is limited, and water pressure in showers is low. Children have missed over a month of education, and daily life has included limited activities, alongside concerns such as indoor smoking. Issues with the sewage system have also been reported and are being addressed in coordination with local authorities.

For many, going home is not the end of displacement—just the next step. If homes are not habitable, some families may have to return to the shelter.

WHO continues to work closely with partners to support health needs, strengthen health awareness, and coordinate with the WASH sector to ensure safe water and sanitation services.

As families begin to return, the situation remains fluid—marked by both hope and uncertainty.

## WHO delivers emergency trauma support to Lebanon following 8 April attacks



Following the devastating nationwide attacks on 8 April, the World Health Organization (WHO) is supporting Lebanon's emergency health response amid mass casualties—over 300 reported deaths and more than 1,150 injuries.

The sudden surge in trauma cases has placed immense pressure on hospitals across the country, particularly in Beirut and its southern suburbs, which alone accounted for more than 150 deaths and hundreds of injuries.

With funding from the European Union Humanitarian Aid (ECHO), WHO has delivered Trauma and Emergency Surgery Kits (TESK 2019), essential medicines, and critical medical supplies to three major hospitals in Beirut. These supplies will support the treatment of at least 300 trauma patients and help sustain life-saving care at a time of exceptional strain on the health system.

WHO Lebanon in close coordination with the Ministry of Public Health and EU partners, continues to assess urgent needs and support the delivery of critical health services during this escalation.

## Life-saving support for Lebanon: ventilators, trauma kits, and insulin delivered



With support from ECHO, CERF, and the European Union, critical supplies are strengthening health care across Lebanon: 20 ventilators to expand ICU capacity, 30 trauma emergency surgical kits for rapid frontline response, and 30,000 insulin vials to ensure treatment for over 10,000 people with diabetes. Delivered through WHO in coordination with the Ministry of Public Health, this support helps save lives, sustain essential services, and strengthen emergency preparedness across the country.

## WHO strengthens continuity of mental health care through hospital support



As part of efforts to strengthen the continuity of care after hospital discharge, WHO visited today two hospitals that provide mental health services, supported with the WHO lifesaving hospitalization program, financed by ECHO.

At Dar Al Ajaza, a community-based hospital with a bed capacity of 250, including 125 beds dedicated to mental health residents, the team is working to enhance care planning at discharge through a multidisciplinary team approach. WHO will provide technical support by sharing evidence-based guidance and best practices.

At Deir El Salib, a referral mental health hospital receiving patients from across Lebanon, which can accommodate up to 1,000 patients, WHO will provide technical support for the establishment of a committee composed of a multidisciplinary team (family physician, psychiatrist, nurse, social worker). This will help strengthen care planning and improve linkages with community-based support services, ensuring better continuity of care for patients.

*WHO works to protect people from health emergencies, including pandemics and other threats. WHO also works to protect against health risks and promote healthy environments. WHO provides guidance, support, and resources to help countries respond quickly and effectively, aiming to protect lives and reduce the impact of emergencies.*



Credits +

## Largest catch-up initiative delivers over 100 million childhood vaccinations

The Big Catch-Up (BCU), a historic multi-year, multi-country effort to address vaccination declines driven largely by the COVID-19 pandemic, has reached an estimated 18.3 million children aged 1 to 5 across 36 countries with more than 100 million doses of life-saving vaccines, helping to narrow critical immunity gaps, announced Gavi, the Vaccine Alliance (Gavi), WHO, and UNICEF at the start of World Immunization Week.

Of the 18.3 million children reached between 2023 and 2025, an estimated 12.3 million were “zero-dose children” who had not yet received a vaccine and 15 million had never received a measles vaccine. BCU also provided 23 million doses of inactivated polio vaccine (IPV) to un- and under-vaccinated children, an essential intervention to reach polio eradication. Programme implementation concluded on 31 March 2026. Although final data is still being compiled, the global initiative is forecasted to be on track to meet its target of reaching at least 21 million un- and under-immunized children.

However, agencies warn that while catch-up vaccination is an important strategy for closing immunisation gaps, expanding the reach of routine immunization programmes remains the most effective and sustainable way to protect children and prevent outbreaks of vaccine-preventable diseases. [Read full article.](#)

**WHO Lebanon would like to thank the support of all partners and donors who have and are still contributing generously and directly to the WHO health response. Together health for all by all.**



**Further information**

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