

LEBANON

Health Emergency

Situation update #1
06 March 2026



CASUALTIES

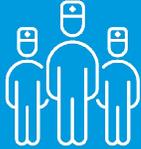
reported by MoPH on 06 March 2026 at 14:00



704
Injured



129
Killed



6
Health workers injured

3
Health workers killed

56
Health facilities impacted

3
Health facilities closed

DISPLACEMENT

IOM & MOSA on 06 March 2026 at 14:00



130 114
Internal Displaced People
outside shelters

95 773
Internal Displaced People
in shelters



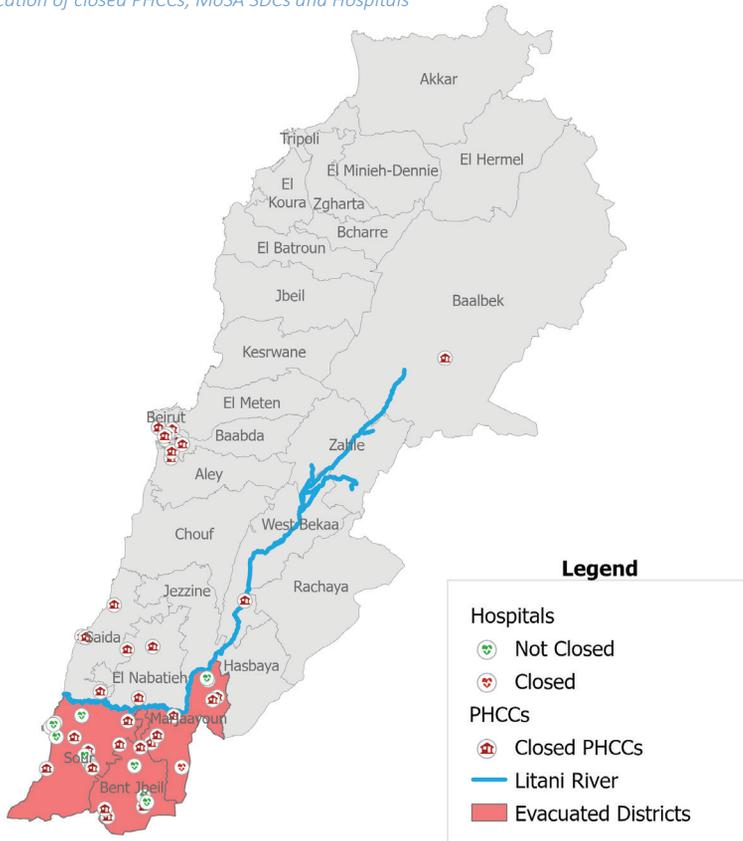
441
Open shelters

12
Shelters equipped
to receive people
with disabilities

Health Facilities

Closed and Affected Health Facilities

Location of closed PHCCs, MoSA SDCs and Hospitals



- 43 PHCCs are closed across Lebanon
- 13 Hospitals are affected in the evacuated area - 3 being fully closed

Source: MoPH - as of 5 March 2026

Situation update

- Hostilities escalated into active conflict on 2 March 2026, affecting southern Lebanon, Bekaa and Beirut's southern suburbs. Evacuations from Beirut southern suburbs and villages south of the Litani River is ongoing.
- Some border villages remain inhabited, with residents opting not to evacuate, raising concerns about potential isolation and access to health services.

Impact on health facilities

- Attacks on healthcare reported in Tyre District (South Governorate):
- o 3 paramedics killed
 - o 6 paramedics injured
 - o Tyre District Medical Center damaged

- Two hospitals in Beirut's southern suburbs were evacuated and closed.
- o Two patients died during evacuation
- An NGO health facility in Gebshit (Nabatieh Governorate) was destroyed by an airstrike.

Immediate and anticipated public health challenges

Communicable Diseases

Large-scale displacement and overcrowding in collective shelters increase the risk of communicable disease transmission and outbreaks.

Higher risk of acute respiratory infections, diarrheal diseases, and vaccine-preventable diseases, particularly in overcrowded settings.

Disruption of immunization services, increasing outbreak risk among displaced and affected populations.

Inadequate water, sanitation and hygiene (WASH) conditions in densely populated shelters further elevate health risks.

Mental Health

Deterioration of mental health and psychosocial well-being among displaced populations and affected communities.

Health Service Delivery

Reduced access to essential health services for displaced and affected populations, particularly those outside collective shelters.

Disruptions to health service delivery, with more than 43 primary health care centres and dispensaries closed across South, Nabatieh, Baalbek, Mount Lebanon, and Bekaa.

Some hospitals have ceased operations, and two hospitals in Mount Lebanon evacuated patients due to security threats.

Surge in trauma and emergency cases, placing additional pressure on hospitals operating with limited capacity and supplies.

Health Financing

Refugees and migrant workers face barriers to hospital care due to gaps in coverage following UNHCR's withdrawal from parts of the health sector.

Access to Essential Medicines

Limited insulin supply at primary health care centres, affecting continuity of care for displaced persons with diabetes.

Health Workforce

Displacement of health workers, particularly from the South and Beirut's southern suburbs, further straining the health system.

Attacks on health care, including personnel, facilities, and ambulances, continue to disrupt life-saving services.

Protection Concerns

Increased protection risks, including sexual exploitation, abuse, harassment, and violence, particularly affecting children and other vulnerable groups among displaced populations.

WHO support to health Emergency response

- Supporting the Public Health Emergency Operations Center (PHEOC) at the Ministry of Public Health (MoPH) and the Command and Control Center (CCC) to coordinate and manage the emergency health response.
- Strengthening health sector coordination at national and subnational levels.
- Facilitating access to care for war-wounded Syrian refugees in government and selected private hospitals.
- Enhancing mass casualty management capacity at frontline health facilities.
- Supporting the Epidemiologic Surveillance Unit (ESU) to strengthen early warning systems for timely detection, investigation, and response to disease outbreaks.
- Providing technical support to MoPH and partners to improve primary health care services for displaced populations in collective shelters and host communities.
- Supporting the availability and access to essential medicines at primary health care centres, including treatment for diabetes and other acute and chronic conditions.

Priority activities

- Preposition trauma kits, essential medicines, and medical supplies at designated trauma centers and frontline health facilities.
- Deploy surge staff to the Public Health Emergency Operations Center (PHEOC) and Command and Control Center (CCC) to strengthen emergency coordination
- Strengthen referral hospital capacity and optimize referral pathways for critical cases.
- Facilitate access to care for war-wounded Syrian refugees in government and selected private hospitals.
- Conduct rapid health needs assessments in collective shelters and host communities in coordination with the Ministry of Public Health (MoPH).
- Support outbreak detection and response through the Epidemiologic Surveillance Unit (ESU) and early warning systems.
- Mobilize resources to sustain health system functionality during the crisis.
- Strengthen coordination with national and international partners to ensure an effective health sector response.