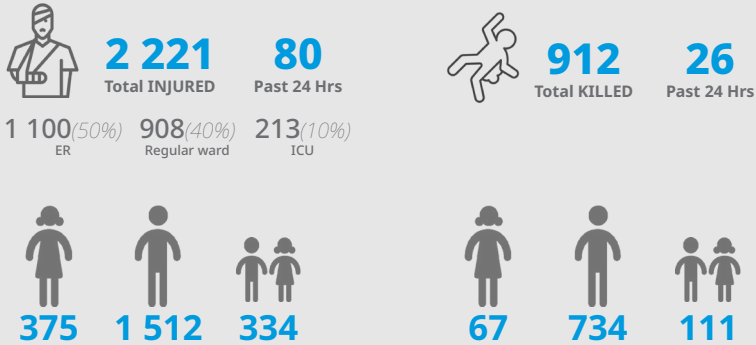




Day 16 of escalation

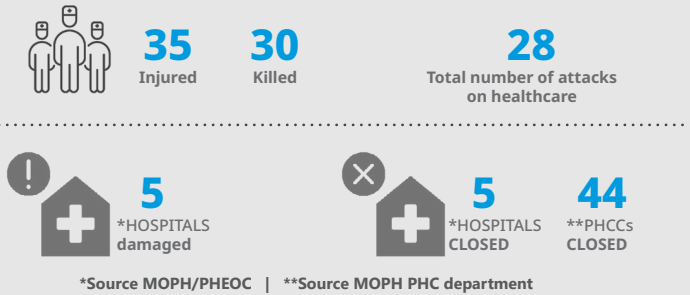
CASUALTIES MOPH on 17 March 2026



Of total casualties 82% males and 18% females

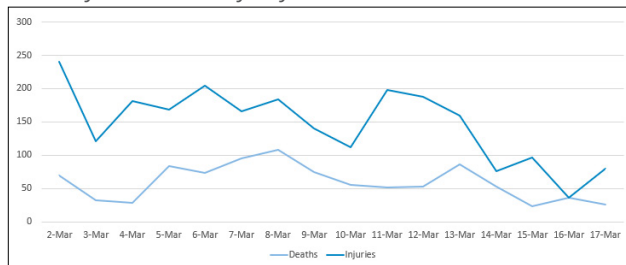
Of total casualties 91% Lebanese | 7% Syrians/Palestinians | 2% others

Attacks on healthcare - WHO SSA system

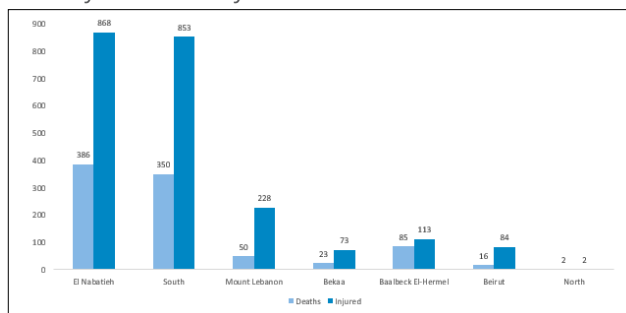


Casualty segregation

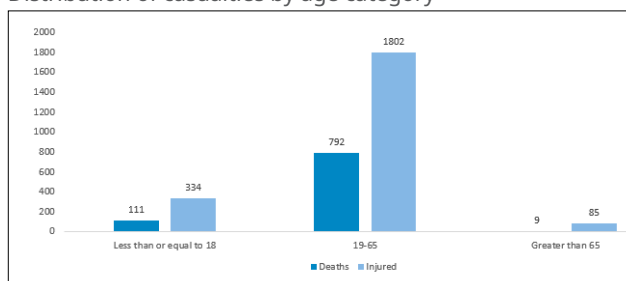
Casualty Distributed by day



Casualty distributed by Governorates



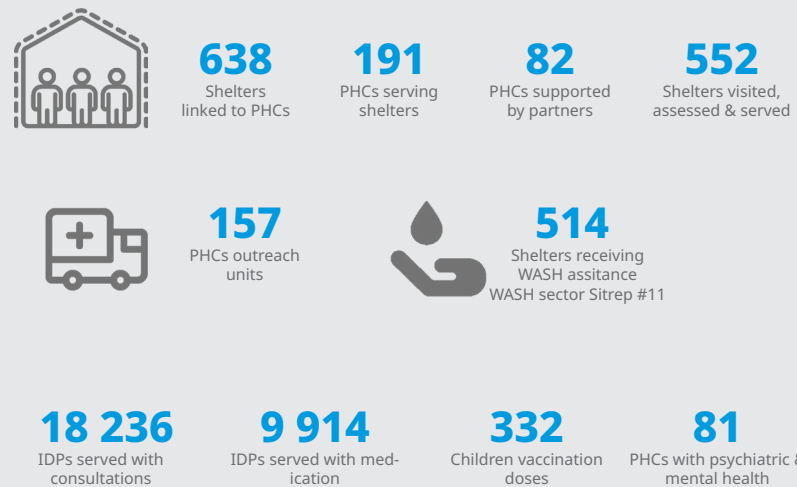
Distribution of casualties by age category



DISPLACEMENT DRM on 17 March 2026

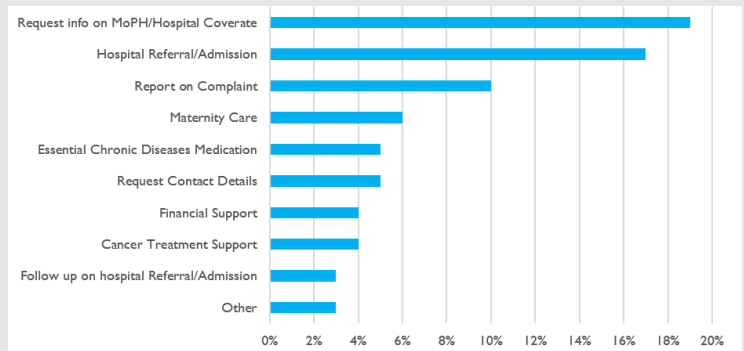


PHC Department - MOPH on 16 March 2026



1787 MOPH hotline since 2 March 2026

Cumulative calls **4,491** | Past day **336**



1564 National Lifeline (emotional support, suicide prevention & telehealth)

Cumulative calls **550**

Psychiatric emergency dispatches **9**

Hospitalized **4**

Ministry of Public Health hotlines

- 1787 – Referral to hospitalization
- 1214 – Inquiries about cancer & other catastrophic diseases
- 1564 – Mental health support

Situation updates

Impact of ongoing airstrikes

- In the past 24 hours, airstrikes and hostilities were reported across several areas of Lebanon, including parts of southern Lebanon and Beirut's southern suburbs. New casualties and injuries were reported. The volatile security situation continues to affect civilian safety, population movement, and access to essential services.
- Total number of hostilities reached 2,392 since 2 March 2026.

Impact on health and vulnerable groups

- WHO is mandated by member states to collect and verify data on attacks affecting health care and to report on their impact on health services and communities. Health facilities, health workers, patients and ambulances are protected under international humanitarian law.
- Since 2 March 2026, 28 attacks on health care have been reported via the WHO Surveillance System, resulting in 35 injuries and 30 deaths.
- Health infrastructure has been heavily affected: five hospitals have closed (Bahman, Al-Sahel, Bint Jbeil Public, Mays al-Jabal Public, and Al-Burj), while five hospitals sustained partial damage (Hasbaya, Bahman Hospital, Jabal Amel, and Al-Najda Hospital, Al Hayat Hospital).
- In addition, 44 PHCs are closed, limiting access to essential services.
- Vulnerable populations are disproportionately affected.
- 54% of IDPs in shelters are female, including 630 pregnant and 816 lactating women (Shelter Monitoring Dashboard – DRM-LRC).
- Persons with disabilities face major risks in non-adapted shelters, including restricted access for those on upper floors without elevators. Among IDPs in shelters, 845 have physical disabilities, 500 mental disabilities, 274 hearing, and 269 visual disabilities (Shelter Monitoring Dashboard – DRM-LRC).

WHO response efforts

Strengthening emergency coordination and health sector leadership

- WHO is fully supporting the Command-and-Control Center (CCC) serving an extension of the PHEOC, located at Rafik Hariri University Hospital. This center plays a crucial role in pre-hospital care, dispatching casualties from points of injury to health facilities, inter-hospital referrals and patients' evacuation. In addition to the PHEOC team, this center also includes representatives from several Emergency Medical Services (EMS) organizations operating 24/7.
- In light of the Lebanon Flash Appeal (March-May 2026) issued by the United Nations Secretary General and the Prime Minister, the Health sector reiterates the escalating health needs and urgent requirement for an additional USD 37 million to prevent further deterioration of public health outcomes; <https://reliefweb.int/report/lebanon/flash-appeal-lebanon-march-may-2026-march-2026>.

Reinforcing logistics, supply chain & operational support

- 12 trauma emergency surgical sets are distributed to frontline hospitals in South and Bekaa, strengthening the trauma care for more than 1200 surgical procedures.
- A total of 4,244 Insulin Mixtard vials are being prepared for urgent delivery to MoPH to help ensure continued access to treatment for people living with diabetes.
- WHO is preparing an order of essential Interagency Emergency Health Kits (IEHK) to be distributed.

Enhance disease surveillance & early warning

- Epidemiologic Surveillance Unit (ESU) officers at district level were trained on shelter-based surveillance and will train shelter focal points and community health workers to detect and report priority conditions. Immediate reporting to the Ministry of Public Health will be through the 1787 call center.

Sustain & expand trauma response & essential health services

- The WHO-supported hospital network for life- and limb-saving interventions, funded by ECHO, has been expanded to provide care for war-related trauma among Syrian refugees and migrant workers. The network ensures hospitals treating these casualties are supported to deliver essential trauma services, with all hospitals notified of coverage arrangements. To date, 19 Syrian war casualties have been assisted.

Priority activities

- Provide trauma and casualty care, including medicines, medical supplies, equipment, capacity building, and surge staff.
- Support secondary health care with life- and limb-saving interventions for severe trauma and conflict-related injuries.
- Ensure continuity of care at primary health centers, including consultations and essential medicines for chronic conditions.
- Strengthen outbreak preparedness, surveillance, diagnosis, and response for diseases such as cholera, hepatitis A, and measles.
- Enhance coordination and communication to inform affected populations about available health services and monitor service delivery.
- Promote disability-inclusive health services, including strengthening inclusive mental health and psychosocial support, expanding accessible primary health care (PHC) services, and improving coordination to ensure access to assistive technology and rehabilitation services.

Challenges

- Inconsistent access to certain affected areas due to security and movement restrictions, limiting service continuity by Health sector partners. Health sector coordination team at the national and subnational level is closely liaising with the Civil Military Coordination Architecture to facilitate Health partners movements to hard-to-reach areas.
- To mitigate the challenges arising from the fragmented communication channels between humanitarian actors in some areas, creating inconsistencies in alerts and responses, the PHEOC, Health sector coordination team is closely liaising with the Disaster Risk Management (DRM) and other sector coordination teams.



متى يكون ارتفاع ضغط الدم حالة طارئة؟

إذا عندك ارتفاع بضغط الدم، انتبه لهذه العلامات،
ممكن تكون إنذار خطر:



- وجع راس قوي كثير
- وجع أو ضغط بالصدر
- ضيق نفس
- غباش أو غشاوة بالنظر

• ضعف أو تميل بجهة وحدة من جسمك

⚠ هالعوارض ممكن تكون علامات ارتفاع خطير بالضغط

وممكن تحتاج تقييم طبي سريع.

إذا فيك تقيس الضغط، قيسه فوراً.

وإذا كان ١٨٠ على ١٢٠ أو أكثر، ما تنظر واطلب مساعدة طبية فوراً.

يمكن الإتصال بالخط الساخن ١٢١٤

2026



متى يكون ارتفاع السكر بالدم حالة طارئة؟

إذا عندك سكري، انتبه لهذه العلامات، ممكن تكون
إنذار خطر:



- عطش شديد مع تبول متكرر
- تقيؤ
- تشوش شديد
- نعاس غير طبيعي
- رائحة نفس كريهة (مثل الأسيتون)
- قلة توازن

⚠ هالعوارض ممكن تكون علامات ارتفاع خطير للسكر بالدم وممكن

تحتاج تقييم طبي سريع.

• إذا فيك تقيس السكر، قيسه فوراً. وإذا كان أكثر من ٣٠٠ ملغ/دل،

توجه لطلب مساعدة طبية فوراً.

• وإذا ما فيك تقيس السكر، بس العوارض موجودة وعم تصير أسوأ،

ما تنتظر، اطلب رعاية طبية فوراً

يمكن الإتصال بالخط الساخن ١٢١٤

2026