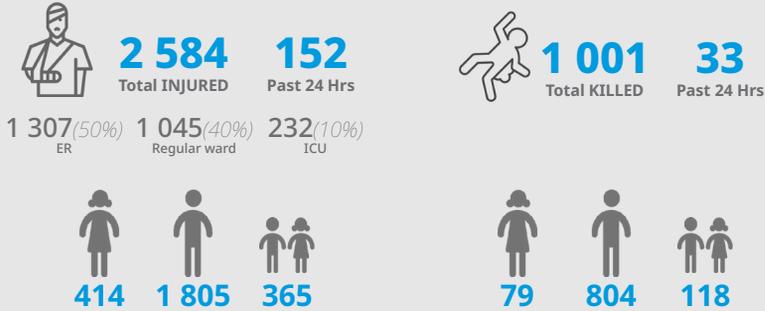




Day 19 of escalation

Casualties MOPH PHEOC on 19 March 2026

3 585 Total casualties as of 2 March 2026

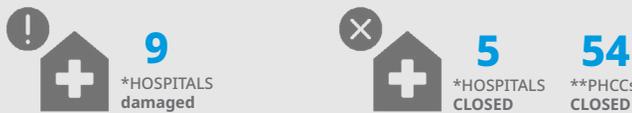


Of total casualties 82% males and 18% females
Of total casualties 92% Lebanese | 4% Syrians | 2% Palestinians | 2% others

Attacks on healthcare WHO SSA system



WHO conducted verification of reported attacks on health care from multiple sources in line with established SSA methodologies.



*Source MOPH/PHEOC | **Source MOPH PHC department

Casualty segregation

Figure 1: Casualty Distributed by day

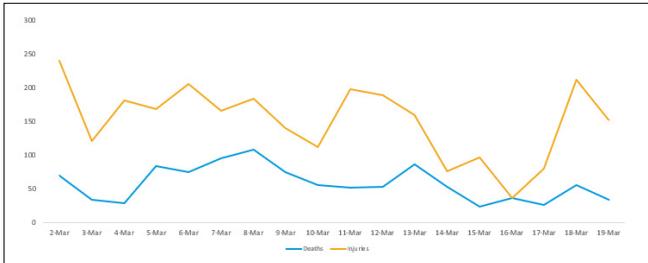


Figure 2: Casualty distributed by Governorates

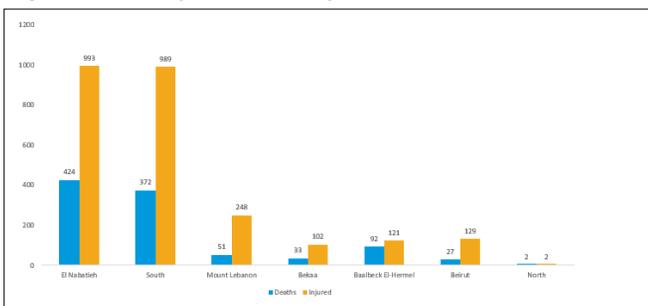
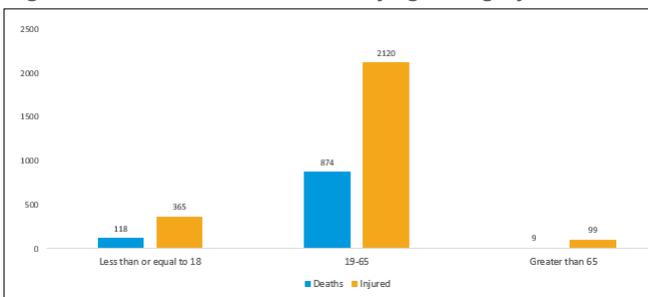


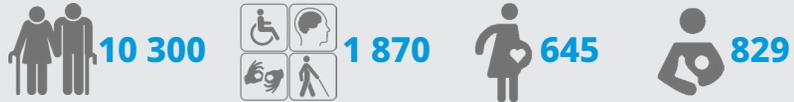
Figure 3: Distribution of casualties by age category



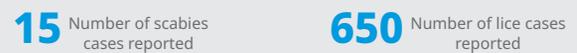
Displacement DRM on 20 March 2026



Vulnerable groups in shelters

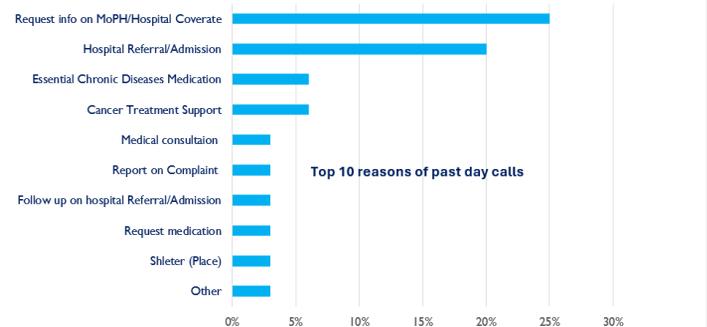


Emergency Primary Healthcare Response MOPH PHC depart 19 March 2026



1787 MOPH hotline since from 2 - 19 March 2026

Cumulative calls **4,957** | Past day **238**



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

Cumulative calls **664** (20 March 2026)
Psychiatric emergency dispatches **10**
Hospitalized **4**

Ministry of Public Health hotlines

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

Situation overview

Impact of ongoing airstrikes

- In approximately 20 days since the escalation of hostilities, it is estimated that around one in five people in Lebanon (~20% of the population) have been displaced. At the same time, expanding displacement orders are estimated to cover roughly 20% of the country's territory, spanning large geographic areas, triggering repeated displacement, and increasing fear among civilians.
- Airstrikes continue across multiple areas, including Beirut (which was targeted four times on Thursday morning) and southern Lebanon, with reported impacts on densely populated urban areas such as central Beirut, as well as on critical infrastructure, including bridges and transport routes in the south.
- Damage to infrastructure, including roads, bridges, and buildings, is increasingly limiting movement and access to essential services, including health care.
- Ongoing displacement and evacuations are further exacerbating humanitarian needs, with conditions deteriorating rapidly, particularly in overcrowded shelters and host communities.
- Total number of hostilities reached 3,000 since 2 March 2026.

Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 3,585 including 1,001 deaths (including 118 children and 79 women) and 2,584 injuries as of 3:00pm on March 19, 2026. Injuries and deaths have been occurring daily since March 2026, *Fig 1*.
- Out of the total injured, 1,307 (50%) were treated at Emergency room as outpatient 1,045 (40%) admitted to regular wards and 232 (10%) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (1,417 casualties), followed by the South (1,361 casualties), and Mount Lebanon (299 casualties), Additional cases were reported across other governorates. *Fig 2*.
- Of the total casualties, 2,609 (82%) were male and 493 (18 %) female, *Fig 3*.
- 13% of the total casualties are children, 118 children are dead (3%) and 365 children (10 %) are injured.
- Nationality data shows that 92% were Lebanese, 4 % Syrian, 2% Palestinian, and 2% from other nationalities.

Displaced people and shelters

- As of 16 March 2026, DRM reported a total of 1,049,328 self-registered displaced individuals. As of 19 March 2026, 134,616 displaced individuals (33,949 families) residing in 644 collective shelters across the country. The highest concentration of shelters is in Beirut and Mount Lebanon. Shelters with remaining capacity are 24 and are currently available only in Akkar, Bekaa, and North governorates.

Impact on health services and vulnerable groups

- Since 2 March 2026, 61 attacks on health care have been reported via the WHO Surveillance System, resulting in 91 injuries and 40 deaths. Since the escalation began, health care workers and facilities in Lebanon have repeatedly been affected by attacks, including incidents resulting in multiple deaths and injuries.
- Health infrastructure has been heavily affected: five hospitals have closed (Bahman, Al-Sahel, Bint Jbeil Public hospital, Mays al-Jabal Public hospital, and Al-Burj), while nine hospitals have sustained partial damage (Hasbaya, Bahman, Jabal Amel, Al-Najda, Al Hayat, Nabatiyeh public hospital, Tebnin public hospital, Bint Jbeil public hospital, and Ragheb Harb).
- In addition, 54 PHCs are closed, limiting access to essential services.
- Vulnerable populations are disproportionately affected.
- 45,750 children are currently in shelters (OCHA-Flash Update #9)
- 54% of IDPs in shelters are female, including 645 pregnant and 829 lactating women
- 10,300 older persons are currently in shelters.
- Persons with disabilities face major risks in non-adapted shelters, including restricted access for those on upper floors without elevators. Among IDPs in shelters, 862 have physical disabilities, 507 have mental disabilities, 271 have hearing impairments, and 230 have visual impairments (Shelter Monitoring Dashboard – DRM-LRC).

- The Primary Health Care (PHC) network is maintaining high service coverage despite rising displacement, although emerging risks related to hygiene, medication adherence, and supply constraints are evident. 188 PHCs are linked to 622 out of 644 shelters, with 499 shelters visited as of 19 March 2026. To date, 25,077 consultations have been provided to IDPs, and 15,138 individuals have received medications for both acute and chronic conditions.

WHO response efforts

Strengthening emergency coordination and health sector leadership

- WHO is providing continuous technical support to the Public Health Emergency Operations Center (PHEOC) in strengthening data analysis and information management systems to enable timely, evidence-based decision-making. This includes enhancing data collection, validation, integration, and visualization processes, as well as building national capacity to ensure effective monitoring and reporting.
- Despite the security context, the National Tuberculosis (TB) and AIDS Program continues to ensure uninterrupted services except for Tyre and Nabatieh National Tuberculosis Aids Program (NTAP) which remain closed. TB screening and active case-finding have expanded to four regions (Beirut, Zahle, Saida, and Halba). No active TB cases have been detected to date.

Reinforcing logistics, supply chain & operational support

- The first charter flight with ECHO Interagency Emergency Health Kit (IEHK) supplies arrived on 18 March 2026, delivering essential WHO health commodities. These supplies will support primary health care services, emergency response, and the health needs of internally displaced people (IDP) and shelter populations over the coming months:
 - 120 First Aid Kit Class A – covering 18,000 people
 - 10 IEHK 2024 Supplementary Medicines Controlled Units – covering 100,000 people
 - 100 ECHO IEHK 2024 Basic Equipment Units – covering 1,000,000 people for 3 months
 - 660 Water Purification (NaDCC) 1.67g tabs / PAC-200 – covering 33,000 IDPs and PHCC beneficiaries
 - 30 IEHK 2024 Basic Equipment Units – covering 300,000 people
 - 20 IEHK 2024 Supplementary Renewable Units – covering 200,000 people for 3 months
- By 18 March 2026, 289 NCD and mental health medicine orders were distributed to PHCCs and health dispensaries. These medications are subsequently distributed to patients at shelters.

Enhance disease surveillance & early warning

- WHO, with funding from Spain and in collaboration with epidemiological surveillance unit (ESU) at Ministry of Public Health (MoPH), has delivered 15 training sessions to 146 shelter participants, strengthening capacities in public health surveillance, community-based detection, and priority disease reporting. Online sessions are planned for shelter focal persons to sustain timely epidemic detection.
- WHO is supporting three surge staff at the call center, which has received 4,957 calls since the beginning of March 2026.
- WHO continues to support surveillance activities, with shelter-based surveillance fully activated:
 - Nine epidemic-prone disease signals were reported; all were verified within 24 hours and investigated within 48 hours, achieving 100% compliance.
 - 78% of signals originated from shelters, with the call center serving as the main reporting channel (8 signals, 89%).
 - Sources of signals included schools/shelters (45%), the public (33%), health professionals (11%), and municipalities (11%).
 - Signal types included food poisoning, lice/scabies, rabies exposure, measles (reclassified as chickenpox), chickenpox, and cholera (negative culture).
- A rapid assessment of water laboratories found that 5 out of 8 laboratories are currently functioning, ensuring partial operational capacity for water quality monitoring.

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, 20 Syrian war casualties have received care, of whom 37% are under 18 years old and 37% are female, highlighting the commitment to reaching vulnerable groups and leaving no one behind.

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 healthcare services, and improving coordination to ensure access to assistive technology and rehabilitation services.

Challenges

- 188 PHCCs are currently serving shelters, with many primary health centers covering more than one shelter. While 78 PHCCs receive partner support, 110 are operating without external assistance, highlighting an urgent need for support to ensure the continuous delivery of essential health services at the shelter level. Higher pressure is observed in South Lebanon, Mount Lebanon, and Beirut, with an average of 4 shelters per PHCC, whereas lower workload is noted in Akkar and North, with approximately 1.7 shelters per PHCC, indicating a potential opportunity for redistribution of services to better balance workload and strengthen access to care for all displaced populations.
- 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.
- Health Partners reported continued access restrictions in Nabatieh, preventing the delivery of donations to health facilities in the area.
- Substandard hygiene and sanitation conditions in shelters, are increasing the risk of communicable diseases. Gaps in water supply, including the absence of hot water in several shelters, and insufficient sanitation facilities relative to the number of IDPs, are placing additional pressure on health services and highlight the urgent need for targeted interventions to protect the health of displaced populations.

Further information

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