

LEBANON

Health Emergency

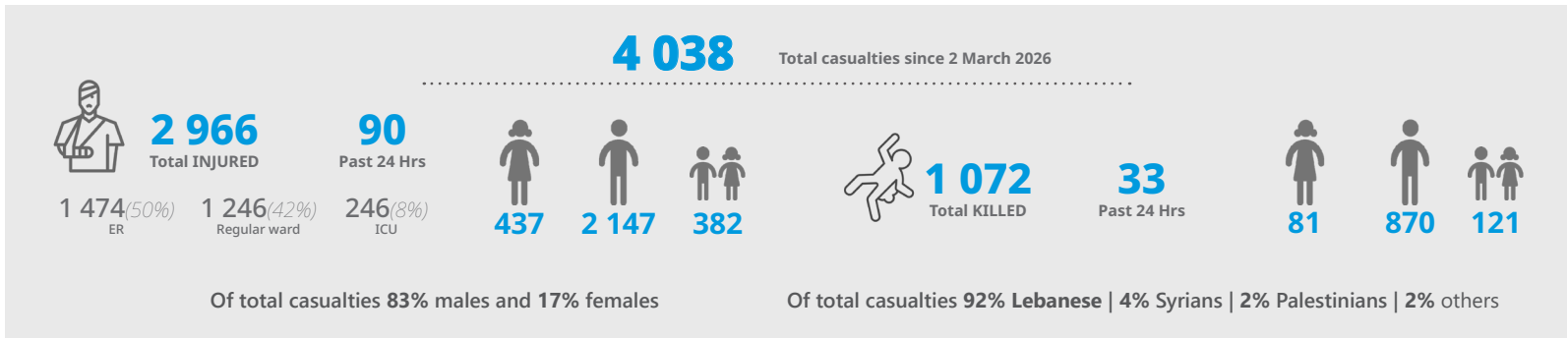
Situation update #13
24 March 2026



Day 23 of escalation

Casualties and injury overview

(source: MoPH-PHEOC on 24 March 2026)



Situation overview

Impact of ongoing airstrikes

- In the past four days, Lebanon has witnessed intensified airstrikes across the country, including the south and Beirut, alongside expanded ground operations concentrated primarily in southern areas.
- Hostilities have also expanded geographically, with strikes reported in areas not previously affected, including locations north of Beirut, marking a notable shift in the conflict's spread.
- A major development on March 24 includes the announcement of plans to establish a "buffer zone" extending up to the Litani River, potentially encompassing around 10% of Lebanese territory.
- Key infrastructure (including bridges, roads, and buildings) has been systematically damaged, significantly restricting movement and access.
- This marks one of the most severe escalations since early March and raises growing concerns about the risk of prolonged occupation.
- Total number of hostilities reached 3,646 since 2 March 2026.

Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 4,038 including 1,072 deaths (including 121 children and 81 women) and 2,966 injuries as of 3:00pm on March 24, 2026. Injuries and deaths have been occurring daily since 2 March 2026, Fig 1.
- Out of the total injured, 1,474 (50%) were treated at Emergency room as outpatient 1,246 (42%) admitted to regular wards and 246 (8%) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (1,706 casualties), followed by the South (1,506 casualties), and Mount Lebanon (308 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 3,017 (83%) were male and 518 (17 %) females, 12% of the total casualties are children, 121 children are dead (3%) and 382 children (9 %) are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 92% (3,735 casualties) were Lebanese, 4% (155 casualties) Syrian, 2% (71) Palestinian, and 2% (77 casualties) from other nationalities, Fig 4.

Casualty segregation

Figure 1: Casualty distributed by day

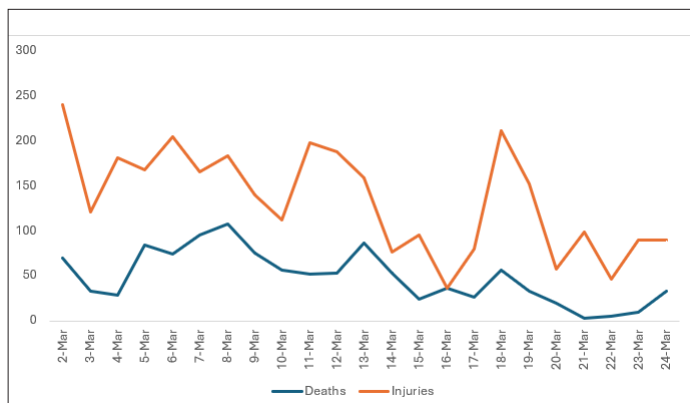


Figure 2: Casualty distributed by Governorates

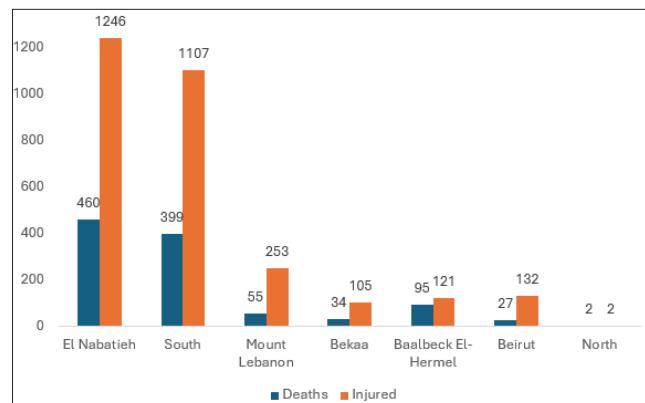


Figure 3: Distribution of casualties by age category

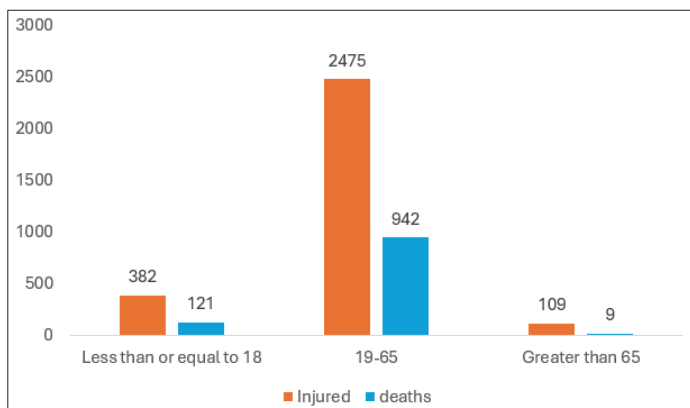
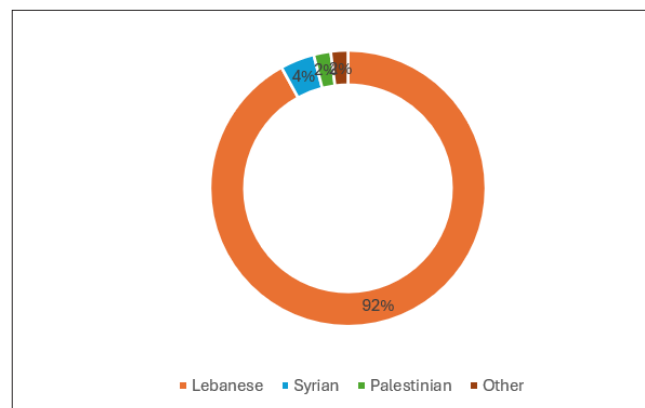


Figure 4: Distribution of casualties by nationality



Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 23 March 2026)

1 162 237
Total # of IDP
(23 March 2026)

34 102
Number of families
in shelters

134 921
IDPs in shelters

657
Total number
of shelters

Vulnerable groups in shelters

7 100
Older people

675
Pregnant

2 014
People with
disability

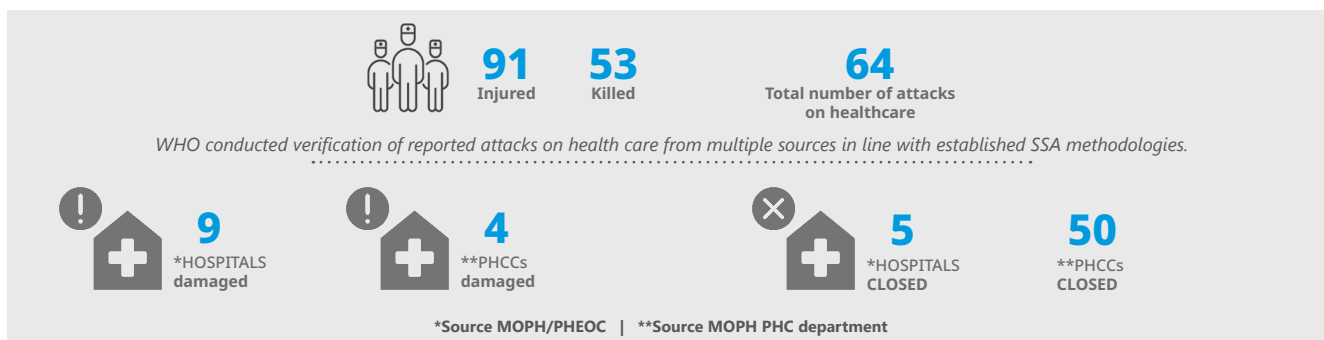
895
Lactating

Impact on vulnerable groups

- Vulnerable populations continue to be disproportionately affected by the ongoing crisis.
- The total number of displaced children has reached 367,300, of whom 46,460 are currently residing in collective shelters (OCHA Flash Update #10).
- Among the total displaced population, it is estimated that 12,200 are pregnant women, including approximately 1,350 expected to give birth within the next 30 days (UNFPA, 23 March 2026).
- Women and girls represent a significant proportion of those affected, with 53% of IDPs in shelters being female, including 675 pregnant and 895 lactating women, highlighting urgent maternal and newborn care needs.
- 7,100 older persons are currently residing in shelters, facing increased health and mobility challenges.
- Persons with disabilities face heightened risks in non-adapted shelter environments, including limited accessibility for those located on upper floors without elevators. Among IDPs in shelters, 933 have physical disabilities, 557 have mental disabilities, 284 have hearing impairments, and 240 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

Attack on healthcare and impact on health services

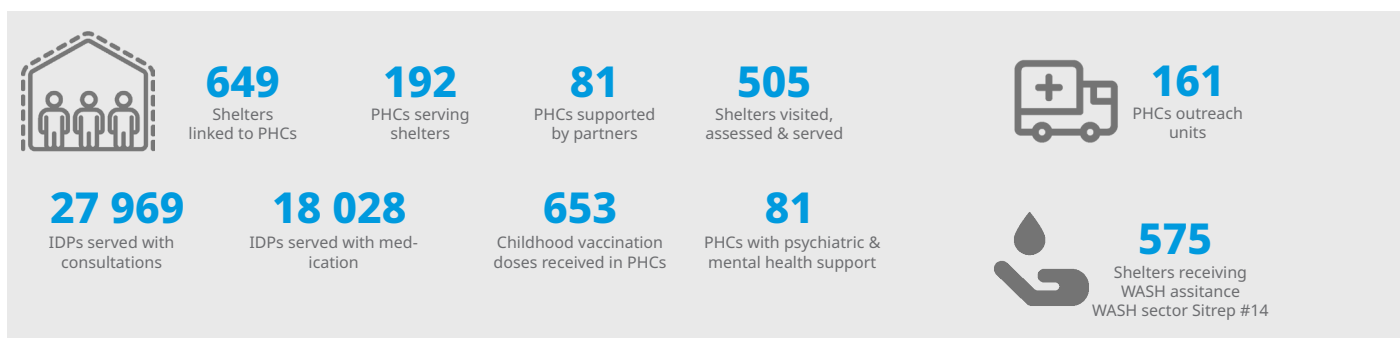
(Source: WHO-SSA System, MoPH/PHEOC, MoPH/PHC Department)



- Since 2 March 2026, 64 attacks on health care have been reported via the WHO Surveillance System, resulting in 91 injuries and 53 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).
- Nabatiyeh accounts for 57% of incidents, the South 33%, and Mount Lebanon 10%. Health personnel impacts: Nabatiyeh 59%, South 39%. Health facility damage: Nabatiyeh 46%, South 32%, Mount Lebanon 21%. Transport impacts: Nabatiyeh 58%, South 42%.
- In addition, 50 PHCs are closed, limiting access to essential services.

Emergency primary healthcare response

(Source: MoPH-PHC Department on 22 March 2026)



- 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. 192 PHCs are linked to 649 out of 657 shelters, with 505 shelters visited as of 21 March 2026. Where 27,969 consultations have been provided to IDPs, and 18,028 individuals have received medications for both acute and chronic conditions. Acute and Chronic medications are procured through WHO with generous fund from EU.

WHO response efforts

Strengthen emergency coordination & health sector leadership

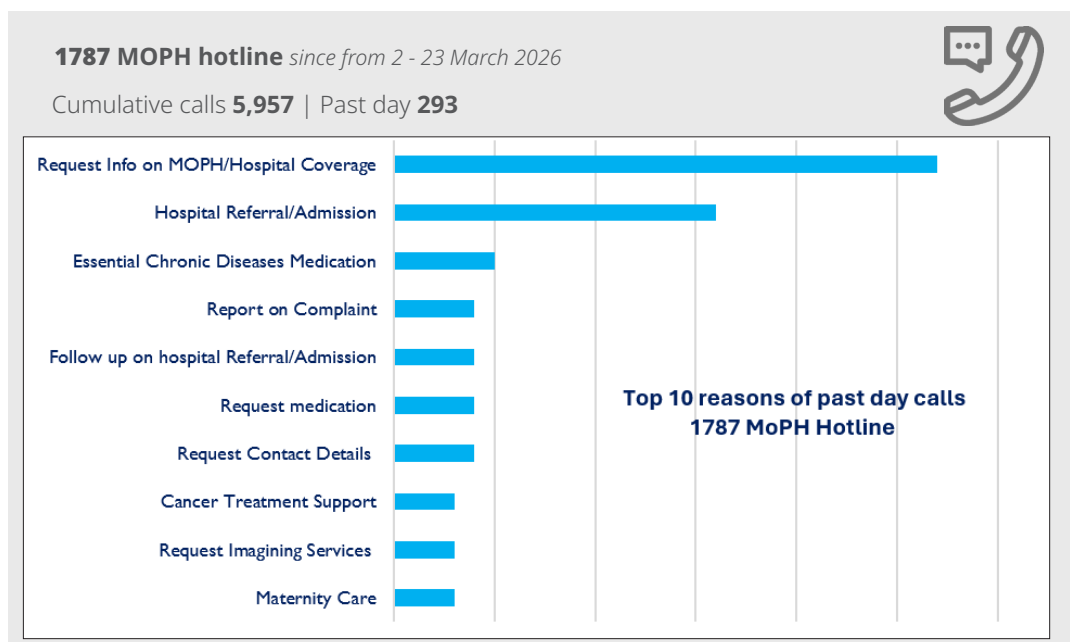
- WHO is providing continuous technical support to the Public Health Emergency Operations Center (PHEOC) in strengthening data analysis and information management systems to enable timely, evidence-based decision-making. This includes enhancing data collection, validation, integration, and visualization processes, as well as building national capacity to ensure effective monitoring and reporting.
- Given the cross-cutting nature of the response and the multisectoral dimensions of mental health and psychosocial (MHPSS) support, an inter-ministerial and inter-sectoral meeting was convened to discuss operational challenges and the way forward, bringing together the Ministry of Public Health (MoPH), Ministry of Social Affairs (MoSA), Ministry of Education and Higher Education (MEHE), the National Mental Health Programme (NMHP), and representatives from the Health Sector, Protection Sector, and Inter-Sector Coordination Group (ISCG).
- A similar meeting was held last week on disability-inclusive services, bringing together Organizations of Persons with Disabilities (OPDs), the RCO, MoPH, and the Health Sector. Action points from this discussion are now being followed up to streamline operational implementation and strengthen coordination.

Reinforce logistics, supply chain, & operational support

- The Second charter flight with ECHO WHO Trauma Emergency Surgical (TESK I) supplies arrived on 23 March 2026, delivering essential WHO health commodities. These supplies will support primary health care services, trauma emergency response, and the health needs of trauma injuries, the internally displaced people (IDP) and shelter populations over the coming months.
- 120 First Aid Kit Class A units – covering 18,000 IDPs
- 10 IEHK 2024 Supplementary Medicine 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 1.67 g tabs/PAC-200) – covering 33,000 IDP and PHCC beneficiaries
- 30 IEHK 2024 Basic Equipment Units – covering 300,000 IDPs
- 20 IEHK 2024 Supplementary Renewable Units – covering 200,000 people for 3 months.
- 20 WHO TESK 2019 module 1 , for 1000 trauma surgical procedure
- 10 NCD Kit Cold chain – Insulin covering demand of 10,000 diabetic patients at PHCC network for one month.

Enhance disease surveillance & early warning

- 28 trainings sessions were conducted across 215 shelters. Focal points were trained on Zero reporting.
- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 5,957 calls since the beginning of March 2026 and 293 Calls received in the past day.



WHO response efforts

Enhance disease surveillance & early warning

- WHO continues to support surveillance activities, with shelter-based surveillance fully activated.

Epidemiological signals shared by ESU

Epi week 12 (16 - 22 March 2026)



Ministry of Public Health hotlines

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

70-118723-UNFPA/LOM for Maternal Health Support at the Community Level

NB: This Situation update will be issued on a bi-weekly basis, every Thursday and Friday, to ensure timely and consistent updates.

Further information

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