

# LEBANON

## Health Emergency

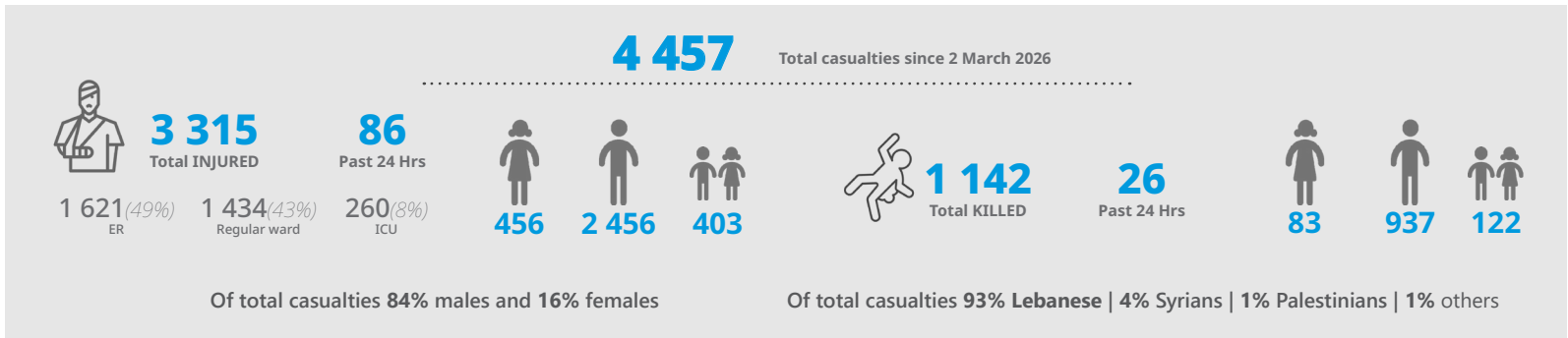
*Situation update #14*  
27 March 2026



Day 26 of escalation

### Casualties and injury overview

(Source: MoPH-PHEOC on 27 March 2026)



### Situation overview

#### Impact of ongoing airstrikes

- Over the past few days, hostilities in Lebanon have continued to damage critical transport infrastructure, including several bridges over the Litani River, contributing to severe restrictions on movement and access across affected regions.
- The destruction of key crossings in Lebanon has cut off districts and left around 150,000 people isolated, including 4,688 internally displaced persons currently in shelters, and placed them out of reach of humanitarian convoys, making it increasingly difficult to deliver aid and essential supplies to vulnerable communities, particularly in the south (OCHA Flash Update #11).
- This infrastructure damage is part of a broader escalation that has also seen displacement rise sharply and vital services disrupted, reinforcing an already volatile and deteriorating humanitarian situation.
- Total number of hostilities reached 4,064 since 2 March 2026.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 4,457 including 1,142 deaths (including 122 children and 83 women) and 3,315 injuries as of 3:00pm on March 27, 2026. Injuries and deaths have been occurring daily since 2 March 2026, Fig 1.
- Out of the total injured, 1,621 (49 %) were treated at Emergency room as outpatient 1,434 (43 %) admitted to regular wards and 260 (8 %) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (1,974 casualties), followed by the South (1,653 casualties), and Mount Lebanon (311 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 3,315 (84%) were male and 518 (16 %) females.
- 12 % of the total casualties are children, 122 children are dead (11 %) and 403 children (12 %) are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 93% (4,130 casualties) were Lebanese, 4 % (168 casualties) Syrian, 2% (80) Palestinian, and 1% (79 casualties) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day

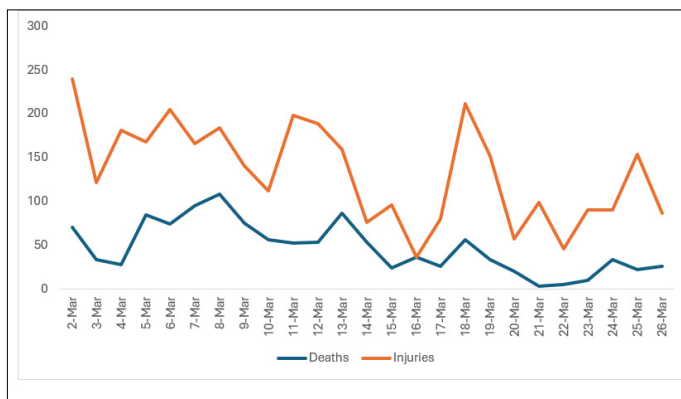


Figure 2: Casualty distributed by Governorates

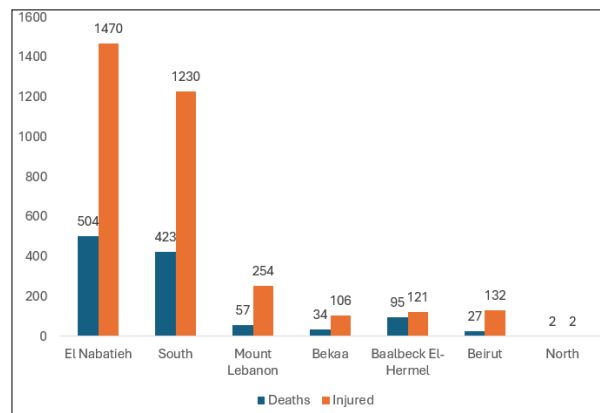


Figure 3: Distribution of casualties by age category

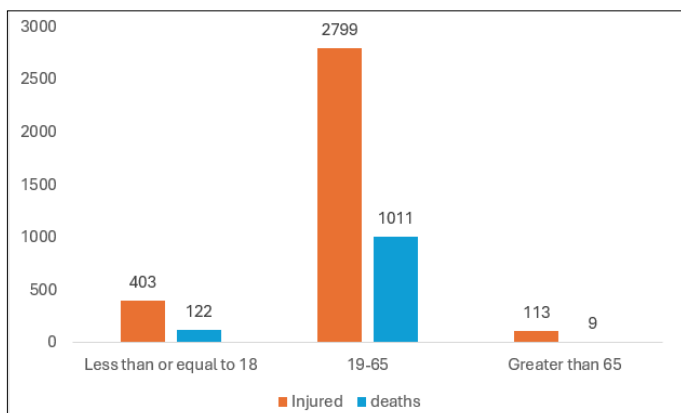
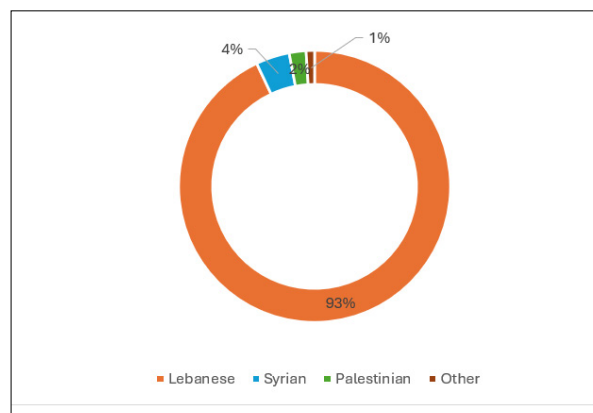


Figure 4: Distribution of casualties by nationality



## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 27 March 2026)

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

**35 092**  
Number of families  
in shelters

**136 358**  
IDPs in shelters

**663**  
Total number  
of shelters

**Vulnerable groups in shelters**

**5 800**  
Older people

**2 167**  
People with  
disability

**47 030**  
children

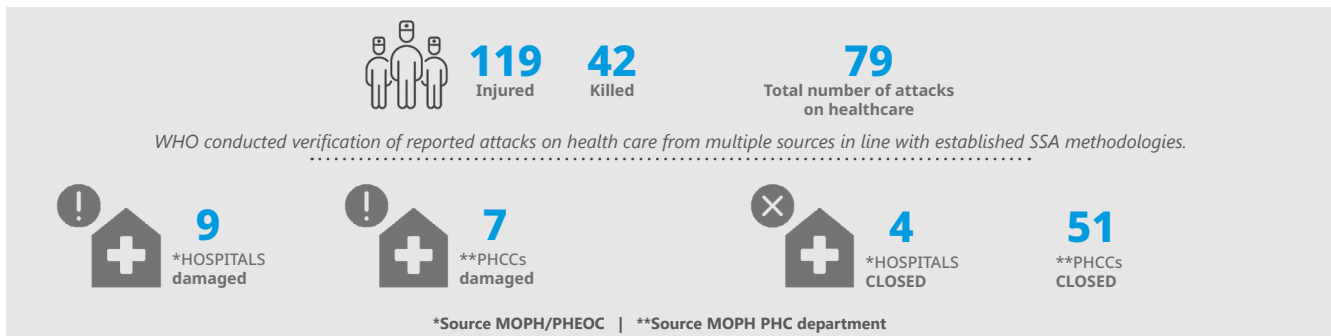
As of 23 March 2026, the Lebanese Ministry of Social Affairs reported that 1,162,237 individuals had self-registered as displaced. By 27 March 2026, 136,358 approximately 20 % of these displaced individuals are residing in 663 collective shelters across the country and are dependent on these facilities, with Beirut and Mount Lebanon hosting the largest numbers and placing additional pressure on local infrastructure. This situation highlights the growing strain on shelter capacity and the broader humanitarian challenges facing vulnerable populations in Lebanon.

### 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 47,030 are currently residing in collective shelters (OCHA Flash Update #10, 11).
- 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.
- 5,800 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, 980 have physical disabilities, 612 have mental disabilities, 318 have hearing impairments, and 257 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

## Attack on healthcare and impact on health services

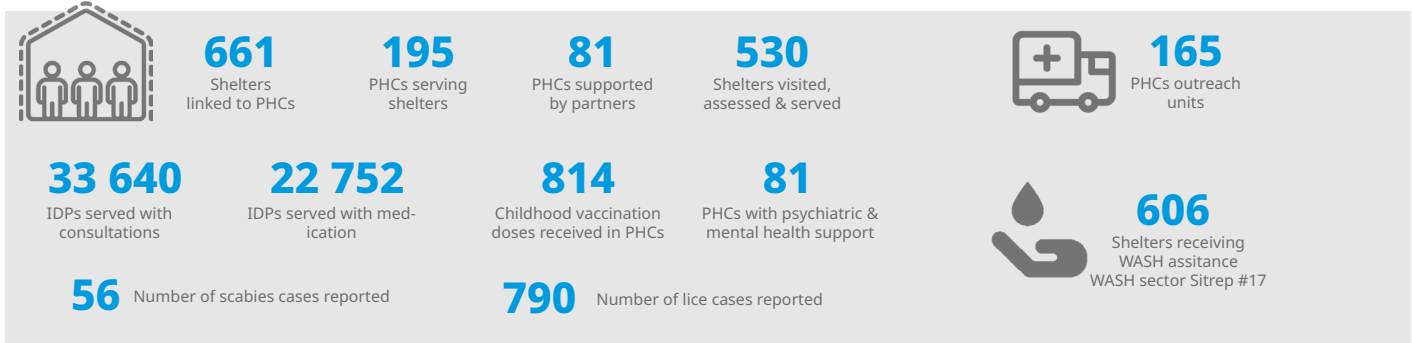
(Source: WHO-SSA System, MoPH/PHEOC, MoPH/PHC Department)



- Attacks on healthcare remain of grave concern. Since 2 March 2026, 79 attacks on health care have been reported via the WHO Surveillance System, resulting in 119 injuries and 42 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 severely impacted: four hospitals have fully closed (Bahman, Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, and Al-Burj). Al Sahel Hospital, which had previously closed, has partially resumed operations, functioning one day per week. In addition, 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 Hospital).
- In addition, 51 primary health care centers (PHCs) are closed, significantly limiting access to essential services. The highest level of disruption is in Marjaayoun, where 80% of PHCs within the Ministry of Public Health (MoPH) network are closed, followed by Bint Jbeil (78%), Nabatieh (56%), and Tyre (53%).

## Emergency primary healthcare response

(Source: MoPH-PHC Department on 25 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.

### **1564 National Lifeline** for emotional support, suicide prevention and telehealth

Cumulative calls **991** (on 27 March 2026)

- Psychiatric emergency dispatches **13**
- Hospitalization **5**



## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- WHO has been supporting the Public Health Emergency Operations Center (PHEOC) within the national Command and Control Center (CCC), which is now playing a central role in coordinating the health sector response by managing casualty tracking, hospital capacity, ambulance dispatch, patient referrals, and evacuations, thereby optimizing resources, strengthening mass casualty management, and ensuring continuity of care across Lebanon's hospital network.
- During the Health sector partners meeting, the MoPH focal person for the National Health Sector Working Group provided strategic guidance, underscoring the importance of coordination, service coverage, donations management, and cross-sectoral collaboration, while the Ministry continued refining needs, reorganizing secondary care, and advancing work on disability inclusion and MHPSS to strengthen the overall response.
- As a follow-up to the previously identified challenges, the National Mental Health Programme delivered a detailed presentation with strategic guidance during the National Health Sector Partners' meeting. All the available guidance documents and resources are also disseminated among the wider Health sector partners for streamlining the coordination and operation on the ground.

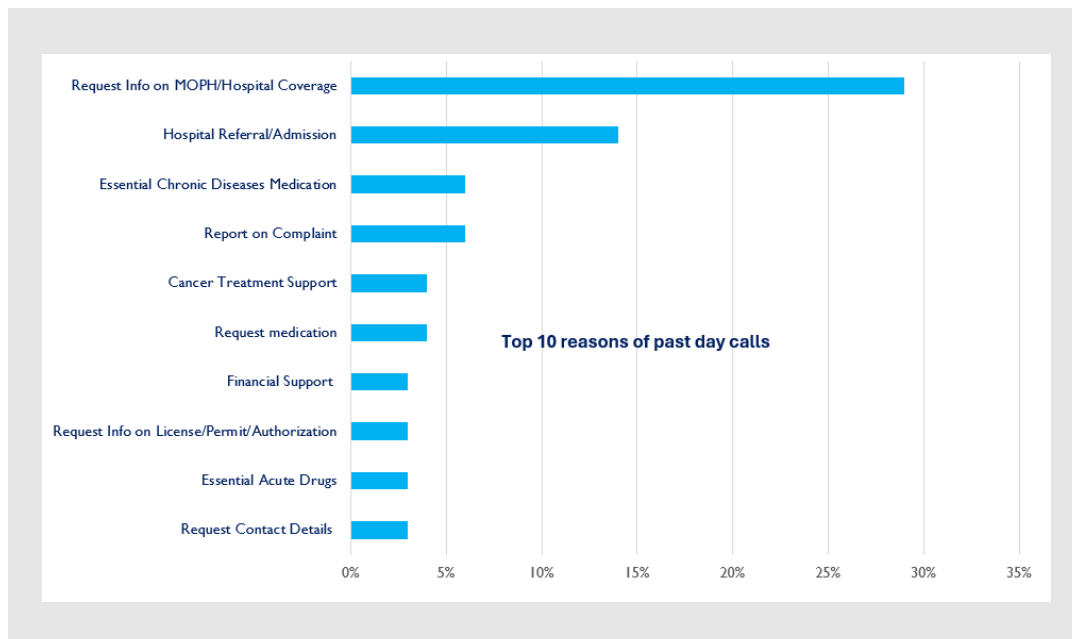
- Health Sector partners recommended providing refresher training on surveillance and reporting for NGO frontline staff, particularly those not yet trained under PSUs or shelter-based services.

**Ensure essential health services & reinforce logistics, supply chain, & operational support**

- WHO is supporting displaced people with chronic medications through the PHC department and national program on chronic medications, reaching a total of 10,796 active beneficiaries across all governorates to date, with numbers expected to increase. The majority are in Mount Lebanon (42.3%), followed by the South (17.0%) and El Nabatieh (14.1%), with smaller proportions in other regions. Females account for 53.2% (5,743) and males 46.8% (5,053). The age distribution is heavily skewed toward older populations, with 83.1% aged 50 years and above (8,974), 15.7% aged 19–49, and less than 2% under 18, highlighting a predominantly older and potentially more vulnerable displaced population.

**Ensure disease surveillance and early warning**

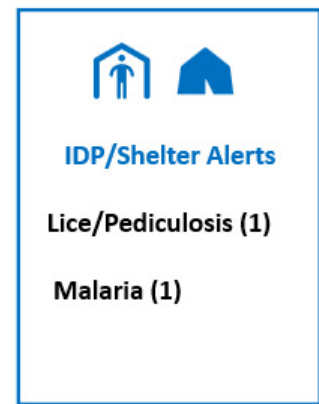
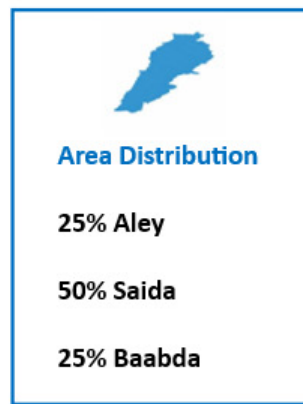
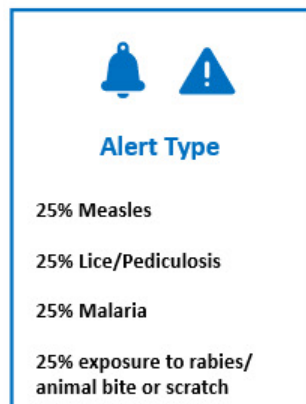
- A rapid assessment of WHO and MOPH water quality labs in 8 Lebanese governorates found that 5 of 8 labs are functional, one recently stopped due to reagent shortages, and all technicians require training due to high turnover. Reagent supply is a key concern
- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 6,718 calls since the beginning of March 2026 and 284 Calls received in the past day.



- WHO supported the 27 training sessions that were conducted targeting 250 shelters.
- WHO continues to support surveillance activities, with shelter-based surveillance fully activated.

## Epidemiological signals shared by ESU

Epi week 13 (23 - 26 March 2026)



### Sustain & expand trauma response

- The WHO-supported hospital network, funded by ECHO, has been expanded to provide trauma care for Syrian refugees and migrant workers, ensuring hospitals are supported and informed of coverage arrangements. To date, 26 Syrian war casualties have received care.
- As casualties increase, WHO is providing trauma supplies, capacity building initiatives, and technical assistance to frontline hospitals. These efforts aim to maintain effective mass casualty management capabilities across all frontline medical facilities

### Support to people with disabilities

- WHO supported the Emergency Task Force in identifying priority health needs for 1,993 persons with disabilities in shelters (including 945 physical, 546 intellectual, 271 hearing, and 231 visual impairments), highlighting urgent actions to scale up inclusive services, ensure continuity of care for ~800+ chronic and specialized cases, and provide essential assistive devices (e.g., 150 wheelchairs, 300 mattresses) and mental health support for at least 1,000 individuals in the current crisis.

## Priority activities

### Enhance disease surveillance & early warning

- Urgent flexible funding is needed to sustain emergency health operations and prevent further public health deterioration.
- Strengthen surveillance and outbreak preparedness, particularly in shelters.
- Replenish essential medicines and supplies, including trauma kits and dialysis supplies.
- Provide trauma and casualty care, including life- and limb-saving interventions.
- Maintain continuity of care at primary health centers, providing chronic disease consultations and essential medicines to displaced people in shelters, outside shelters, and in hard-to-reach areas.
- Expand risk communication and community engagement to raise awareness of services, encourage early care-seeking, and reduce health risks.
- Promote disability-inclusive health services and strengthen mental health and psychosocial support, including access to assistive technology and rehabilitation.
- Strengthen food safety inspections in shelters and communal kitchens and provide educational materials on hygiene-related risks such as lice, scabies, and chickenpox.

## Challenges

- Disruption of primary and secondary healthcare services is leaving communities in high-risk and isolated areas with extremely limited access to lifesaving care.
- Civilian infrastructure, including transport, water, and power systems, is protected under international humanitarian law, and damage to these services directly impacts public health and access to essential healthcare.
- Substandard hygiene and sanitation in shelters, including limited water and sanitation facilities, are increasing the risk of communicable diseases and placing additional pressure on health services, highlighting the need for urgent interventions.
- During the NHSWG meeting, partners reported incidents of unqualified individuals prescribing medications to IDPs outside shelters. The Health Sector was requested to receive and act on specific information related to these locations and coordinate outreach or mobile teams to address the issue.

### Ministry of Public Health hotlines

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

**70-118723-UNFPA/Midwifery Hotline 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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