

# LEBANON

## Health Emergency

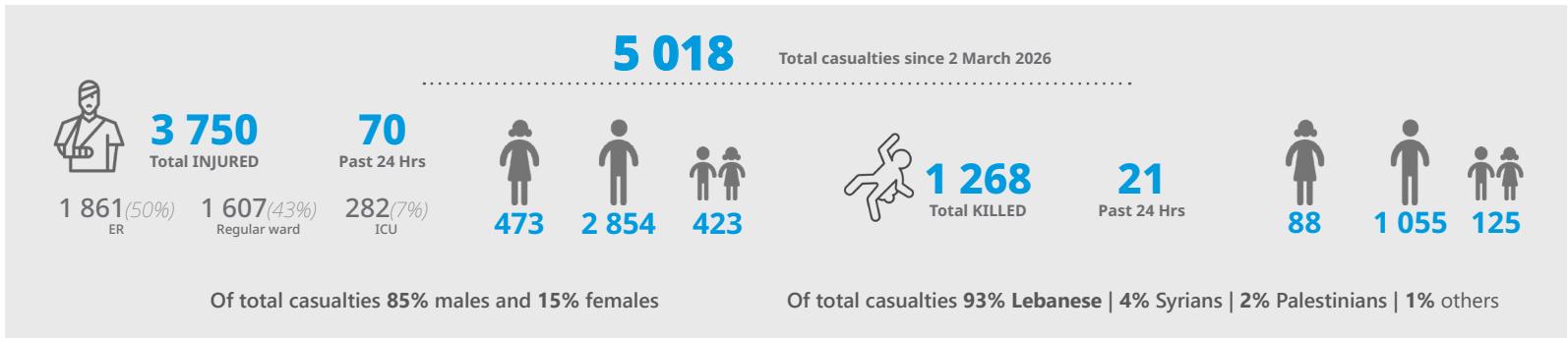
*Situation update #15*  
31 March 2026



Day 30 of escalation

### Casualties and injury overview

(Source: MoPH-PHEOC on 31 March 2026)



### Situation overview

#### Impact of ongoing airstrikes

- In the past 4 days, ground and air operations in southern Lebanon have, with advances reported toward areas near Tyre and Nabatieh. Announced plans point to the establishment of a large buffer zone extending up to the Litani River, covering approximately 10% of Lebanon's territory, accompanied by large-scale demolition of homes in border villages and measures restricting the return of displaced populations.
- These developments are unfolding alongside a concerning pattern of high-risk exposure among vulnerable civilians and essential personnel, including pregnant women, journalists, and emergency responders, further compounding the humanitarian crisis and placing additional strain on an already overstretched health system.
- Total number of hostilities reached 4,727 since 2 March 2026.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 5,018 including 1,268 deaths (including 125 children and 88 women) and 3,750 injuries as of 3:00pm on March 31, 2026. Injuries and deaths have been occurring daily since 2 March 2026, Fig 1.
- Out of the total injured, 1,861 (50 %) were treated at Emergency room as outpatient 1,607 (43 %) admitted to regular wards and 282 (7 %) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (2,297 casualties), followed by the South (1,859 casualties), and Mount Lebanon (335 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 3,909 (85%) were male and 561 (15 %) females.
- 10 % of the total casualties are children, 125 children are dead and 423 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 93% (4,654 casualties) were Lebanese, 4% (191 casualties) Syrian, 2% (83) Palestinian, and 1% (90 casualties) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day

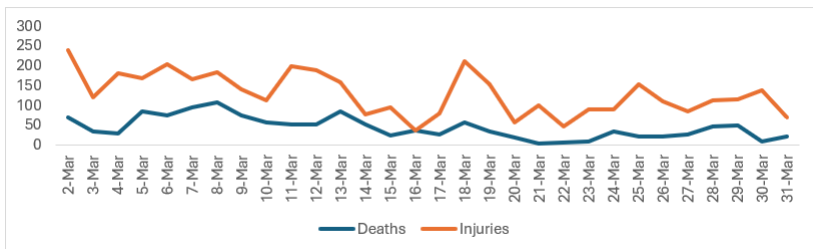


Figure 2: Casualty distributed by Governorates

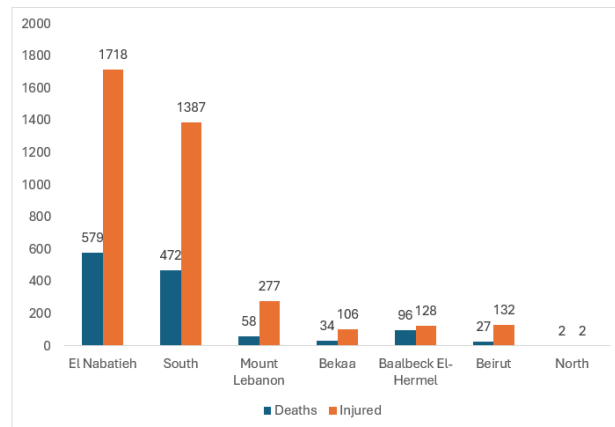


Figure 3: Distribution of casualties by age category

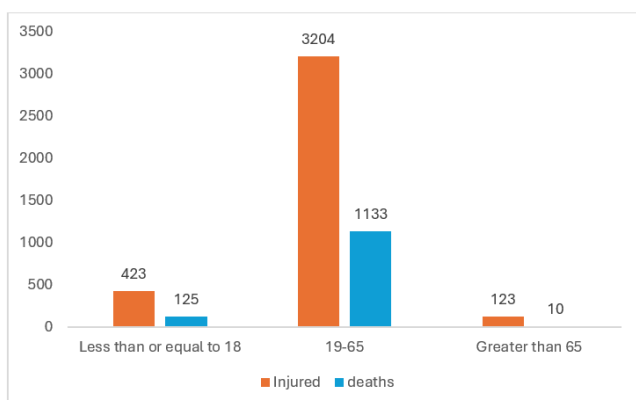
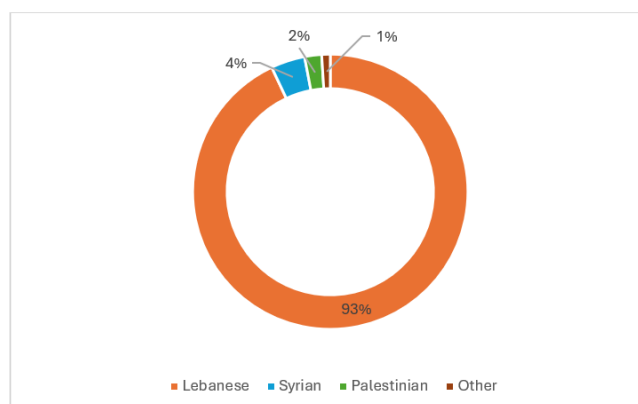


Figure 4: Distribution of casualties by nationality



## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 31 March 2026)

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

**35 419**  
Number of families  
in shelters

**136 201**  
IDPs in shelters

**669**  
Total number  
of shelters

**Vulnerable groups in shelters**

**6 300**  
Older people

**2 469**  
People with  
disability

**47 110**  
children

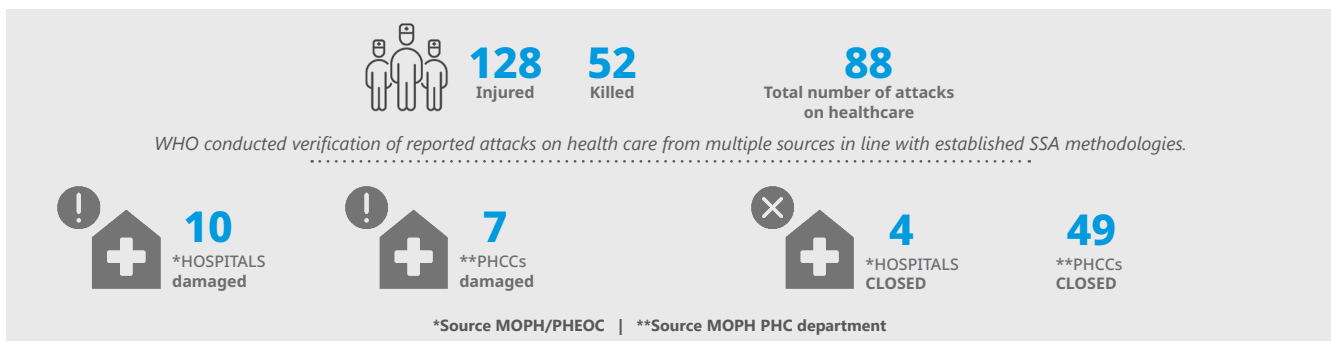
As of 23 March 2026, the Lebanese Ministry of Social Affairs reported that 1,162,237 individuals had self-registered as displaced. By 31 March 2026, approximately 136,201 people around 20% of the displaced population, were residing in 669 collective shelters across the country and remain dependent on these facilities. Beirut hosts 33% of those in shelters, while Mount Lebanon accommodates 34%, placing significant additional pressure on local infrastructure and services.

## Impact on vulnerable groups

- Vulnerable populations continue to be disproportionately affected by the ongoing crisis.
- The total number of displaced children in shelters reached 47,110 (OCHA Flash Update #10, 12).
- Women and girls make up a significant share of those affected, representing 53% of internally displaced persons in shelters. The conditions of displacement are exacerbating vulnerabilities, exposing them to heightened protection risks, increasing caregiving burdens, and limiting their access to essential services and support.
- 6,300 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, 1,100 have physical disabilities, 679 have mental disabilities, 374 have hearing impairments, and 316 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

## Attack on healthcare and impact on health services

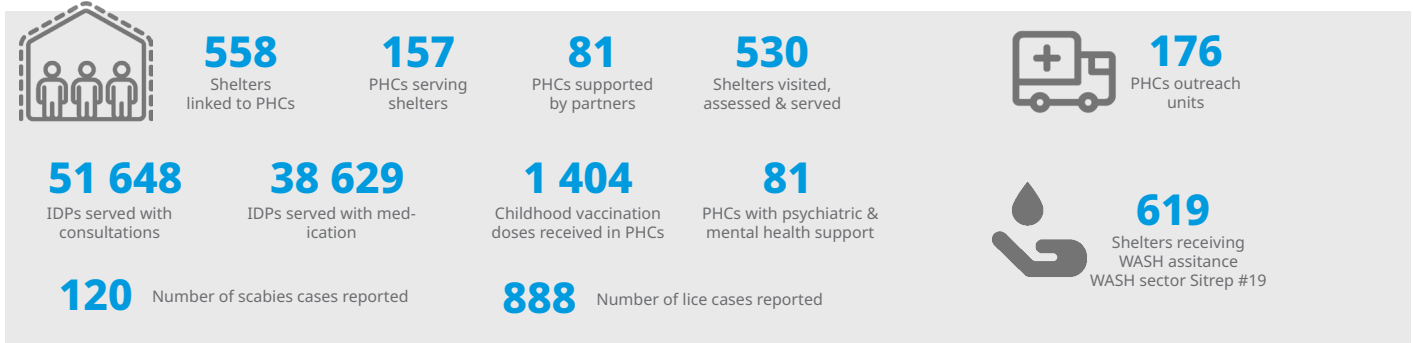
(Source: WHO-SSA System, MoPH/PHEOC, MoPH/PHC Department)



- Attacks on healthcare have escalated sharply over the past four days, with paramedics and civil defense teams reportedly injured or killed while responding to casualties, some struck during repeated attacks on the same locations. Ambulances and emergency responders are increasingly exposed to both direct and indirect fire, undermining their ability to reach the wounded and carry out lifesaving evacuations, and leaving the injured with diminishing chances of survival. Since 2 March 2026, 88 attacks on health care have been reported via the WHO Surveillance System, resulting in 128 injuries and 52 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, ten hospitals have sustained partial damage (Hasbaya, Bahman, Jabal Amel, Al-Najda, Al Hayat, Nabatiyeh Public Hospital, Tebnin Public Hospital, Bint Jbeil Public Hospital, Ragheb Harb Hospital, and Salah Ghandour Hospital).
- In addition, 49 primary health care centers (PHCs) are closed. 3 of which are completely damaged and 4 partially damaged, significantly limiting access to essential services.
- Some public hospitals have reported a significant increase in caseloads, with occupancy rates reaching up to 95% as they struggle to meet the healthcare needs of both displaced populations and host communities.

## Emergency primary healthcare response

(Source: MoPH-PHC Department on 31 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. 157 PHCs are linked to 558 out of 669 shelters. A total of 51,648 consultations have been provided to IDPs, and 38,629 individuals have received medications for both acute and chronic conditions.

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

Cumulative calls **1,181** (on 27 March 2026)

- Psychiatric emergency dispatches **17**
- Hospitalization **5**



## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- WHO is supporting the Public Health Emergency Operations Center (PHEOC), which coordinates casualty tracking, hospital capacity, ambulance dispatch, referrals, and evacuations, strengthening mass casualty management and ensuring continuity of care across Lebanon's hospitals.
- The WHO PRS Focal Point, in collaboration with the Health Sector Coordination team and the PSEA Network, launched today a five-day series of PSEA training sessions targeting 350 participants from health sector partners and their affiliates. The trainings cover PSEA induction, GBV sensitization, and the dissemination of PSEA IEC materials.
- Health Sector partners continue facilitating access to essential services by providing transportation support to 1,400 IDPs to reach PHCCs in the North and Bekaa, including 25 persons with disabilities (PwDs).

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

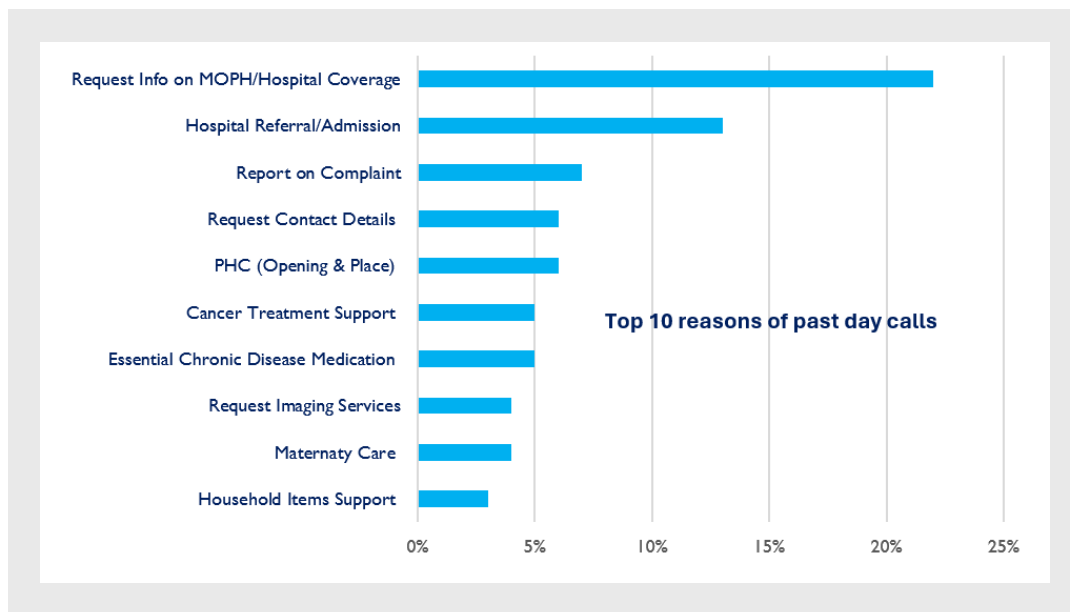
- WHO supported the update of the substitution list to be used by mobile teams and at PHCs. The list has been expanded to include all essential medications available at PHCs, many of which are procured by WHO.

Training sessions targeting physicians and pharmacists are currently under preparation and will be conducted this week, aiming to enable them to advise patients on the best available alternatives among the chronic medications distributed free of charge through PHCs.

- WHO is facilitating the delivery of a major consignment of trauma emergency surgical kits, essential medicines, and medical supplies to support hospitals and primary health care centres within the MoPH network. Dispatched on 20 March 2026 via land from the WHO Dubai Hub through the UAE, Saudi Arabia, Jordan, Syria, and Masnaa Border to Beirut, the shipment is funded by ECHO and WHO CFE, is expected to assist approximately 6,000 trauma and emergency surgery patients and provide glucose monitoring support for around 4,000 diabetic patients. The consignment includes hospital-based emergency care kits, critical life-saving medicines, primary health care medicines, antibiotics, and essential items for diabetes screening and monitoring.

### Ensure disease surveillance and early warning

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 7,502 calls since the beginning of March 2026 and 251 Calls received in the past day



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



*Met with displaced families in Beirut #Lebanon housed in "collective shelters"  
 Their stories of separation & loss are heartbreaking  
 As displacement expands, health risks grow- people w/chronic diseases, women, elderly & children are most vulnerable  
 We must not "normalise" this!*

DR Chikwe Ihekweazu, Executive Director, WHO Health Emergencies Programme

**Epidemiological signals shared by ESU***Epi week 13 (27 - 30 March 2026)***Main Source of Reporting**

75 % from the call center  
 12.5% from health facility  
 12.5% from shelter

**Alert Type**

12.5% Measles  
 12.5% Lice/Pediculosis  
 12.5% Acute watery diarrhea  
 12.5% Malaria  
 25% exposure to rabies/ animal bite or scratch  
 25% food poisoning

**Area Distribution**

25% Aley  
 25% Saida  
 12.5% Baabda  
 25 % Beirut  
 12.5% Chouf

**IDP/Shelter Alerts**

Lice/Pediculosis (1)  
 Malaria (1)  
 Acute Diarrhea (1)  
 Food Poisoning (2)

**WHO reaffirms support to Lebanon's health system amid escalating needs**

Dr Chikwe Ihekweazu, Executive Director of the WHO Health Emergencies Programme, arrived in Lebanon for a two-day mission, reaffirming WHO's commitment to support the health system amid ongoing conflict and rising humanitarian needs. During the ongoing mission, he has met with key national authorities, including the Prime Minister and Minister of Health, and visited the DRM unit, relevant coordination committees, and the PHEOC. He also engaged with UN leadership, health partners, frontline health workers, and displaced populations to assess the evolving crisis and prioritize areas for support.

WHO emphasized the urgent need for sustained international assistance to maintain life-saving services for vulnerable populations in shelters, displaced outside shelters, and underserved areas. The mission highlighted the dedication of health workers, many displaced themselves, operating under extreme pressures and the critical role of coordinated action in addressing escalating humanitarian and health needs. WHO remains committed to working with the Ministry of Public Health and partners to strengthen emergency preparedness, sustain essential services, and ensure access to care for all affected populations.

**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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