

LEBANON

Health Emergency

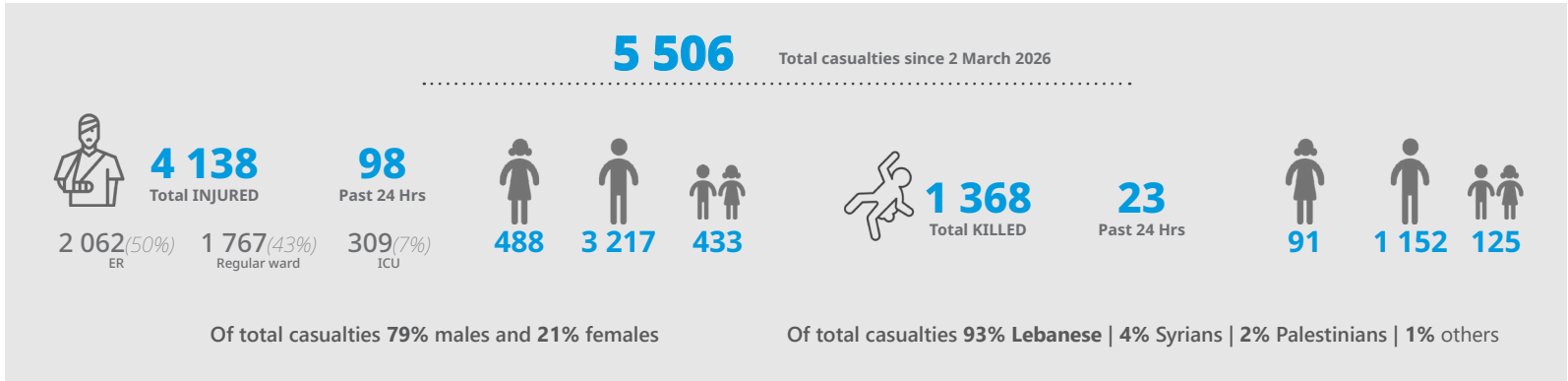
Situation update #16
3 April 2026



Day 33 of escalation

Casualties and injury overview

(Source: MoPH-PHEOC on 3 April 2026)



Situation overview

Impact of ongoing airstrikes

- Over the past four days, a continued escalation of hostilities has been observed, marked by intensified airstrikes, artillery shelling, and ground operations in southern Lebanon, with ongoing strikes increasingly impacting civilians, including women and children, as well as journalists, medical personnel, and UN peacekeepers.
- Total number of hostilities reached 5,240 since 2 March 2026.

Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 5506 including 1,368 deaths (including 125 children and 91 women) and 4138 injuries as of 2:00pm on April 3, 2026. Between 27 March and 3 April 2026, fatalities surged by 55% and injuries rose by 30%, underscoring the rapidly escalating humanitarian crisis, Fig. 1.
- Out of the total injured, 2062 (50%) were treated at Emergency room as outpatient 1767 (43%) admitted to regular wards and 309 (7%) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (2,525 casualties), followed by the South (2046 casualties), and Mount Lebanon (366 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 4368 (79 %) were male and 580 (21 %) females.
- 10 % of the total casualties are children, 125 children are dead (and 433 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 93% (5127 casualties) were Lebanese, 4% (198 casualties) Syrian, 2% (84) Palestinian, and 1% (97 casualties) from other nationalities, Fig 4.

Casualty segregation

Figure 1: Casualty distributed by day

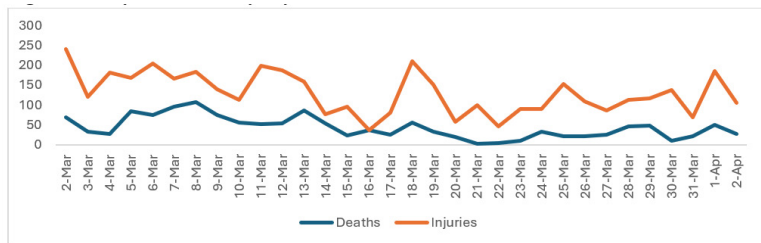


Figure 3: Distribution of casualties by age category

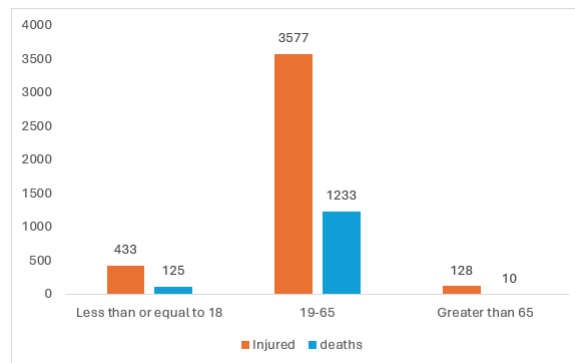


Figure 2: Casualty distributed by Governorates

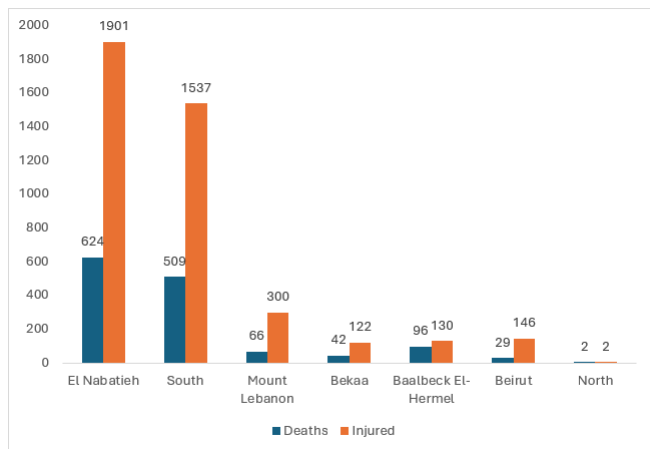
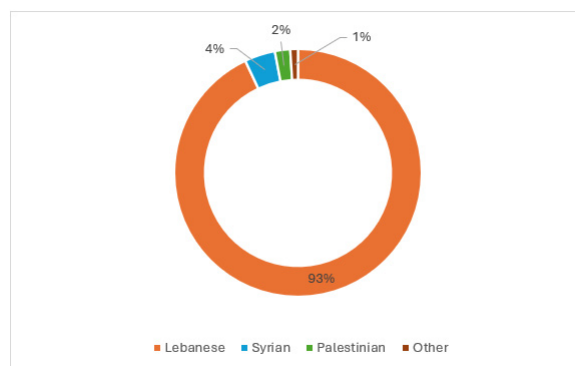


Figure 4: Distribution of casualties by nationality



Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 3 April 2026)

1 049 328
Total # of IDP
(1 April 2026)

137 187
IDPs in shelters

35 916
Number of families
in shelters

674
Total number
of shelters

Vulnerable groups in shelters

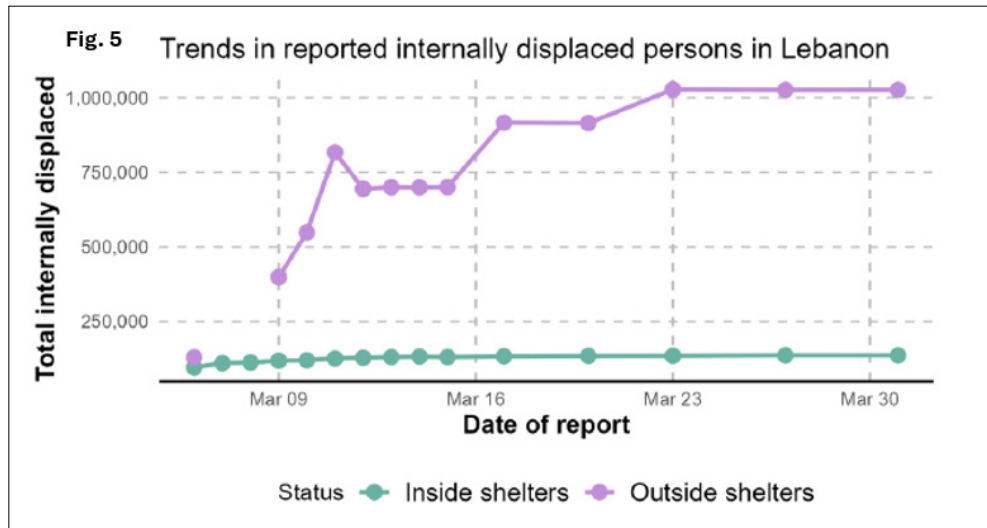
6 700
Older people

2 654
People with
disability

47 690
children

As of 1 April 2026, the Disaster Risk Management (DRM) Unit reported that 1,049,328 individuals had self-registered as displaced. By 3 April 2026, 137,187 people around 20% of the displaced population, were residing in 674 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.

Fig 5. Shows the sharp increase in total number of displaced outside the shelters over the past 4 weeks.

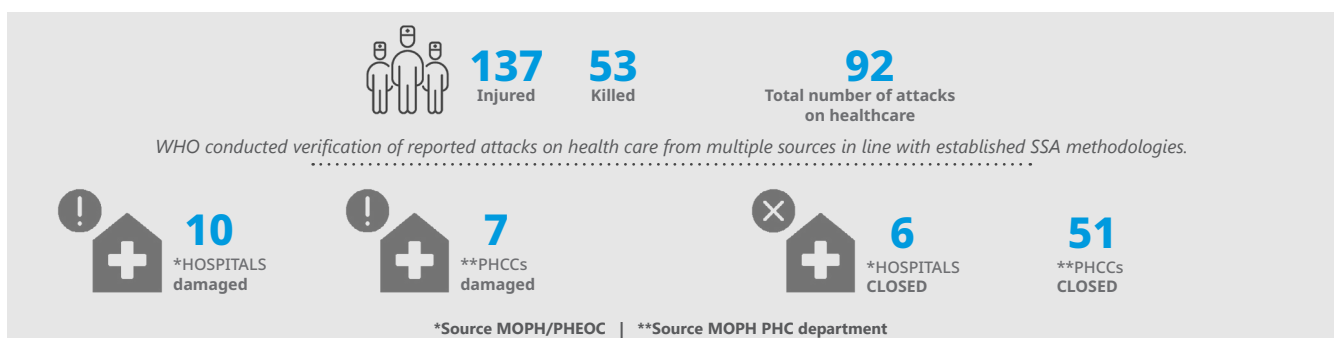


Impact on vulnerable groups

- Vulnerable populations continue to be disproportionately affected by the ongoing crisis.
- An estimated 35% of the displaced population are children, with the number of displaced children in shelters reaching 47,690, highlighting significant protection and service needs(OCHA Flash Update #13).
- 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.
- 6,700 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, 1,200 have physical disabilities, 727 have mental disabilities, 393 have hearing impairments, and 334 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)

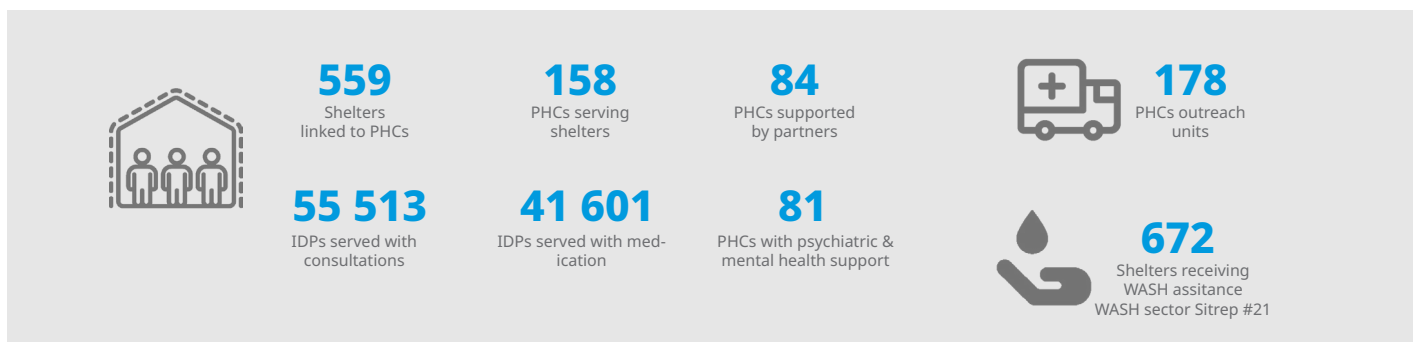


- Attacks on healthcare have escalated sharply over the past four days, with paramedics and civil defense teams reportedly injured or killed while responding to casualties, some struck during repeated attacks on the same locations. Ambulances and emergency responders are increasingly exposed to both 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, attacks on health care have been reported via the WHO Surveillance System, resulting in 137 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 severely impacted: six hospitals have fully closed (Bahman, Al Sahel, Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, Al-Burj and Salah Ghandour Hospital). 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, 51 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 services for IDPs

(Source: MoPH-PHC Department on 1 April 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. 158 PHCs are linked to 559 out of 674 shelters. A total of 55,513 consultations have been provided to IDPs, and 41,601 individuals have received medications for both acute and chronic conditions. On average each PHC is serving 3.4 shelters (ranging from 4.45 in Mount Lebanon to 1.35 in Akkar).

1564 National Lifeline for emotional support, suicide prevention and telehealth

Cumulative calls **1,365** (on 2 April 2026)

- Psychiatric emergency dispatches **18**
- Hospitalization **7**



WHO response efforts

Strengthen emergency coordination & health sector leadership

- “Behind the scenes, PHEOC team works around the clock to save lives. Proud of WHO’s support to the PHOEC and its frontline teams to deliver and coordinate strong emergency responses for the country”. Chikwe Ihekweazu.
- Supported by Health Sector partners, the PHC Satellite Units (PSUs) continue to expand their outreach beyond collective shelters, with teams delivering services and conducting health awareness activities across all governorates. Thirty-nine PSUs are currently fully operational, primarily serving populations in the South and Nabatieh governorates, and additional units are in the process of being mobilized.

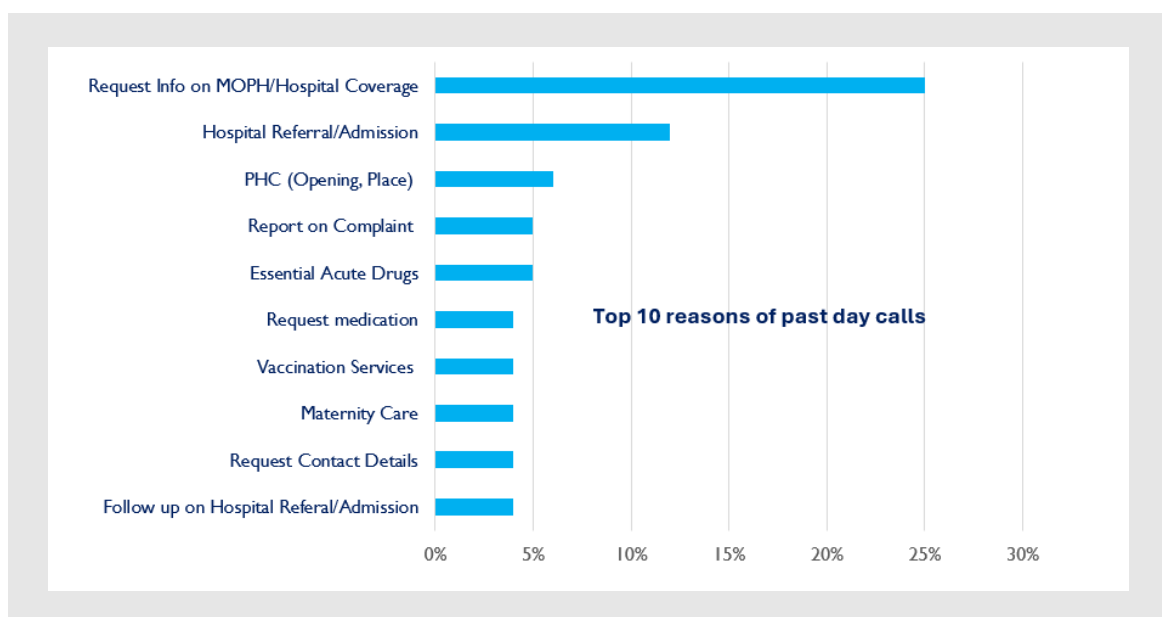
- Partners have also noted significant shifts in service-demand patterns. In Saida and Beirut, NICU admissions for Syrian newborns have sharply declined compared to the first two weeks of the escalation, while NICU caseloads have risen substantially in the North. Concurrently, hospitals are reporting an increase in Lebanese children presenting without identification documents, possibly as an attempt to access MoPH coverage

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

- WHO supported the update of the NCD medication substitution list to be used by mobile teams and at PHC centers to support medication switching. The list has been expanded to include all essential medications available at PHCs, many of which are procured by WHO. Training sessions targeting PHC partners, physicians and pharmacists are currently under implementation; first cohort included more than 65 participants.
- With support from the European Union, WHO continues to sustain access to essential noncommunicable disease (NCD) and mental health (MH) medicines through the PHC network in Lebanon. Since the beginning of March 2026, EU-funded support has enabled the dispensing of lifesaving NCD and MH medicines to 11,779 displaced persons and 117,733 active patients.
- As of 3 April 2026, 75% of the PHC essential medicines list remains available with more than three months of stock coverage. Demand is expected to increase further in light of the one million displaced population and the continuing impact of war and economic hardship on vulnerable patients with chronic conditions.
- With technical support and expertise from WHO, and through a generous contribution from the Government of Japan’s emergency fund, the storage capacity of the Ministry of Public Health central medical supplies warehouse has been expanded in a timely manner. This enhanced capacity is currently being utilized to receive, store, and distribute WHO and other partners emergency kits and donations, thereby strengthening national preparedness, operational readiness, and the delivery of life-saving health services across Lebanon.
- WHO co-leads the mental health and psychosocial support coordination group alongside the National Mental Health Programme at the MoPH and UNICEF. WHO is conducting capacity building for several partners on MHPSS; training was concluded covering de-escalation skills to 65 persons currently going to shelters.

Enhance disease surveillance and early warning

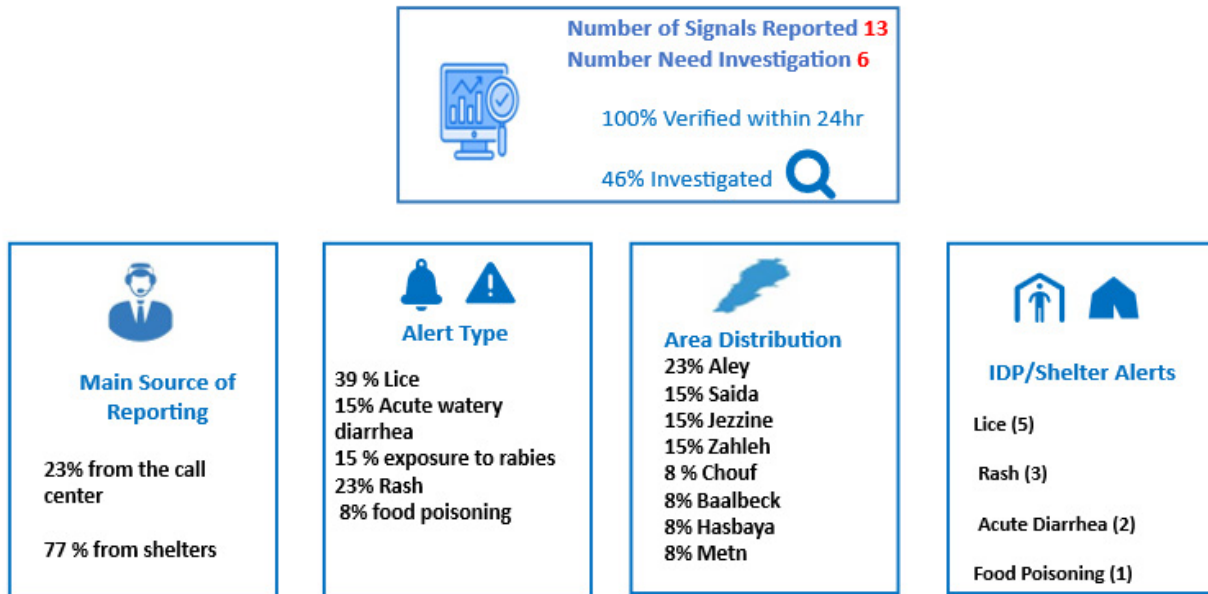
- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 8,185 calls since the beginning of March 2026 and 231 Calls received in the past day.



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

Epidemiological signals shared by ESU

Epi week 14 (30 March - 2 April 2026)



Sustain & expand trauma response

WHO is covering the hospitalization costs for trauma care of non-Lebanese patients. To date, 42 patients have been supported across 9 hospitals, including 39 Syrians and 3 Ethiopians.

Risk Communication and Community Engagement (RCCE)

Based on a request from MoPH, a series of short educational materials were developed and contextualized for use in shelter settings. These materials address key communicable diseases: scabies, lice, hepatitis A, chickenpox, measles, and influenza, with a focus on prevention, early detection, and containment measures. In addition to food safety tips in shelters.



WHO Regional Appeal: Health Response to the Middle East Escalation of Violence

Amidst the increasingly dire situation in the Region, WHO issued a Regional Appeal with a total ask of USD 30.3 million. The Appeal focuses particularly on Lebanon, due to the complex evolution and increased needs, carrying a specific USD 10 million ask for the country alone out of the total. The Appeal outlines the urgent priority actions and interventions, in line with the wider UN Flash Appeal. [LINK](#)

Challenges

- Trauma Care & Hospital Capacity: Facilities under pressure; closures, evacuations, and displacement of health-care workers reduce service availability in affected areas and increase caseloads at functioning hospitals.
- Access & Service Disruptions: Insecurity and movement restrictions delay referrals and rescue ambulance operations, limiting access to care and increasing the risk of preventable deaths among the injured.
- Surveillance & Outbreak Risk: Displacement and service disruptions of strain systems; low immunization coverage increases outbreak risk.
- Vulnerable Populations & Mental Health: Disproportionate impact on vulnerable groups; rising mental health and psychosocial needs.
- Environmental & Water-Related Risks: Damaged infrastructure, overcrowding, and poor WASH increase the risk of waterborne diseases.

World Health Organization Lebanon

Funded by European Union Humanitarian Aid

More life-saving support has arrived in Lebanon

Supported by European Union Humanitarian Aid (ECHO) and Dubai Humanitarian

134 m³ essential medical supplies

6000 patients emergency and trauma care

4000 patients living with diabetes

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 Tuesday and Friday, to ensure timely and consistent updates.

Further information

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