

# LEBANON

## Health Emergency

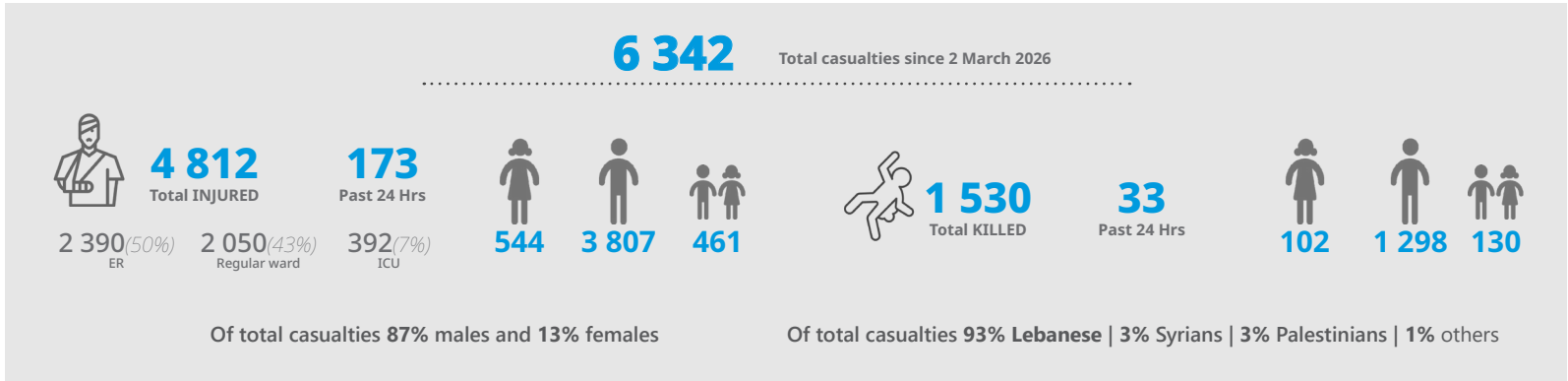
*Situation update #17*  
7 April 2026



Day 37 of escalation

### Casualties and injury overview

(Source: MoPH-PHEOC on 7 April 2026)



### Situation overview

#### Impact of ongoing airstrikes

- The security situation continues to deteriorate, with sustained escalation in air and ground operations across southern Lebanon, the Bekaa, and other areas, and no signs of de-escalation. This is compounded by worsening access and connectivity due to strikes on bridges and crossings in the south, isolating communities and limiting access to essential services and humanitarian assistance for over 150,000 people.
- Total number of hostilities reached 5,995 since 2 March 2026.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 6,342 including 1,530 deaths (including 130 children and 102 women) and 4,812 injuries as of 2:00pm on April 7, 2026., Fig. 1.
- Out of the total injured, 2,390 (50%) were treated at Emergency room as outpatient 2,050 (43%) admitted to regular wards and 372 (7%) admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (2,885 casualties), followed by the South (2,363 casualties), and Mount Lebanon (449 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 5,105 (87 %) were male and 646 (13 %) females.
- 9 % of the total casualties are children, 130 children are dead, and 461 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 93% (5,923 casualties) were Lebanese, 3% (220 casualties) Syrian, 2% (104) Palestinian, and 1% (95 casualties) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day

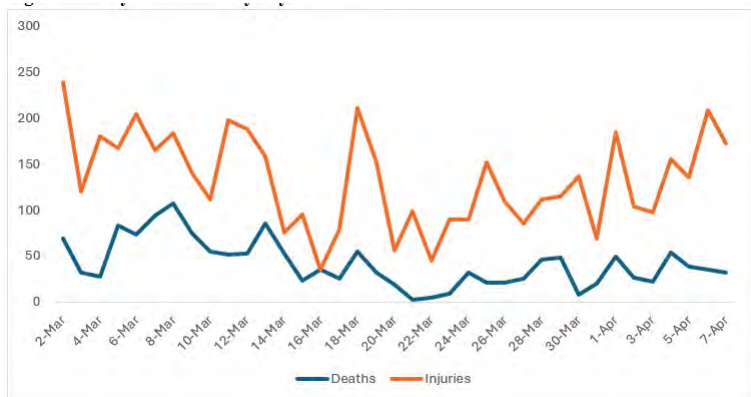


Figure 3: Distribution of casualties by age category

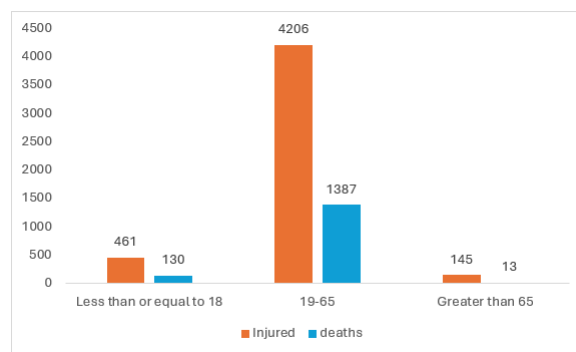


Figure 2: Casualty distributed by Governorates

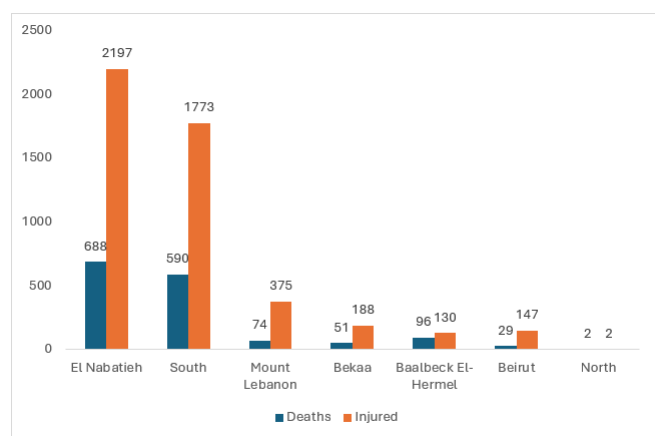
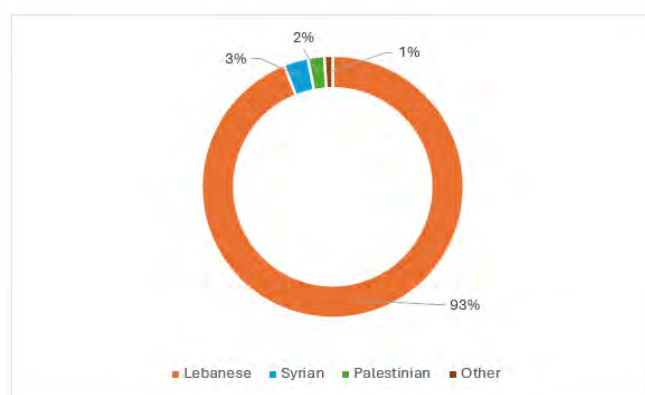


Figure 4: Distribution of casualties by nationality



## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 7 April 2026)

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

**36 173**  
Number of families  
in shelters

**138 744**  
IDPs in shelters

**678**  
Total number  
of shelters

**Vulnerable groups in shelters**

**6 600**  
Older people

**2 729**  
People with  
disability

**47 700**  
children

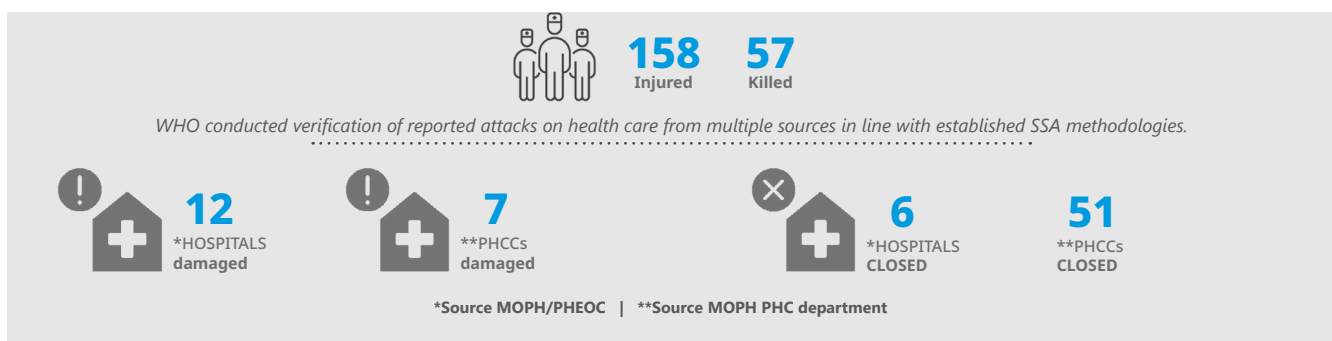
As of 1 April 2026, the Disaster Risk Management (DRM) Unit reported that 1,049,328 individuals had self-registered as displaced. By 7 April 2026, 138,744 people around 13% of the displaced population, were residing in 678 collective shelters across the country and remain dependent on these facilities. Beirut and mount Lebanon host 68% of those in shelters, placing significant additional pressure on local infrastructure and services.

## 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 47,700. Many children continue to exhibit fear and panic reactions in response to loud noises, contributing to elevated levels of psychosocial distress. highlighting significant mental health support (OCHA Flash Update #14).
- Women and girls make up a significant share of those affected, representing 52% 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.
- 6,600 older persons are currently residing in shelters, facing increased health and mobility challenges.
- Persons with disabilities also continue to encounter significant access barriers, with many residing in non-accessible shelters or outside formal sites where essential services remain limited. Among IDPs in shelters, 1,200 have physical disabilities, 769 have mental disabilities, 409 have hearing impairments, and 351 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, averaging approximately 2.7 incidents per day over the past 37 days. Paramedics and civil defense personnel have reportedly been injured or killed while responding to casualties, including cases where teams were 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 158 injuries and 57 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, twelve 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), RHUH and Lebanese Italian Hospital.
- In addition, 51 primary health care centers (PHCs) are closed. 3. All 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.

## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- Health Sector partners reported that, overcrowded shelters and suboptimal available services are increasing the risk of communicable disease outbreaks, with frequent reports of skin conditions such as lice and scabies. These trends underscore the need for sustained shelter-based disease surveillance and strengthened rapid response capacity to enable early detection and timely public health interventions.

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

- 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.

### Sustain & expand trauma response

WHO is covering the hospitalization costs for trauma care of non-Lebanese patients. To date, 44 patients have been supported across 9 hospitals, including 40 Syrians, 3 Ethiopians and 1 Egyptian.

### 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. Additional relevant material is under development and review.

## Priorities

- Support overstretched hospitals to maintain life-saving care, including dialysis, cancer treatment, emergency services, and trauma care, in the context of increased demand and facility closures.
- Urgently secure and replenish critical stocks to prevent shortages and disruptions in treatment.
- Address staff fatigue and burnout, while providing support to healthcare workers affected by displacement and difficult living conditions.
- Strengthen outreach and service delivery to reach the majority of displaced individuals living within host communities who remain underserved.

### Health Sector Priorities:

- Clarify roles across Health-Protection- Education sectors for MHPSS and PWD inclusive services.
- Improve living conditions in shelters through Health-WASH-Shelter sector coordination to reduce communicable diseases (e.g., lice, scabies).
- Streamline food safety coordination between Health and FSA.

## World Health Day

On World Health Day, 7 April, under this year's theme **"Together for health: Stand with science"**, Dr. Tedros reminds us that "through science, partnership and solidarity, we have helped save hundreds of millions of lives and safeguarded the health of countless more."

For Lebanon, this message is especially relevant, as Dr. Abdinasir Abubakar, WHO Representative in Lebanon,

underscores the urgent need for evidence-based action and solidarity to support hospitals, frontline healthcare workers, and displaced communities, while strengthening the health system and ensuring early detection of any potential outbreaks amid the ongoing crisis.



### 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](#)

### 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.*