

LEBANON

Health Emergency

Situation update #18

10 April 2026



Day 40 of escalation

Casualties and injury overview

(Source: MoPH-PHEOC on 10 April 2026)



Situation overview

Impact of ongoing airstrikes

- The security situation has sharply deteriorated, marked by escalating hostilities and increased civilian impact. On 8 April, a major escalation occurred, with an intense wave of 100 strikes reported within a 10-minute timeframe, including multiple explosions in and around Beirut and surrounding areas. This sudden surge in violence resulted in high numbers of casualties, widespread destruction of infrastructure, and significant population distress.
- The scale and speed of the attacks placed immediate and severe pressure on emergency response systems, particularly healthcare services, which faced a rapid influx of trauma cases.
- Since then, the situation remains volatile, with ongoing security concerns, continued displacement, and heightened humanitarian needs across affected areas.
- Total number of hostilities reached 6,666 since 2 March 2026.

Casualties and injury overview

- The Ministry of Public Health reported a cumulative number of casualties since 2nd March has reached 8,256 including 1,953 deaths and 6,303 injuries as of 6:00pm on April 10, 2026.

Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 10 April 2026)



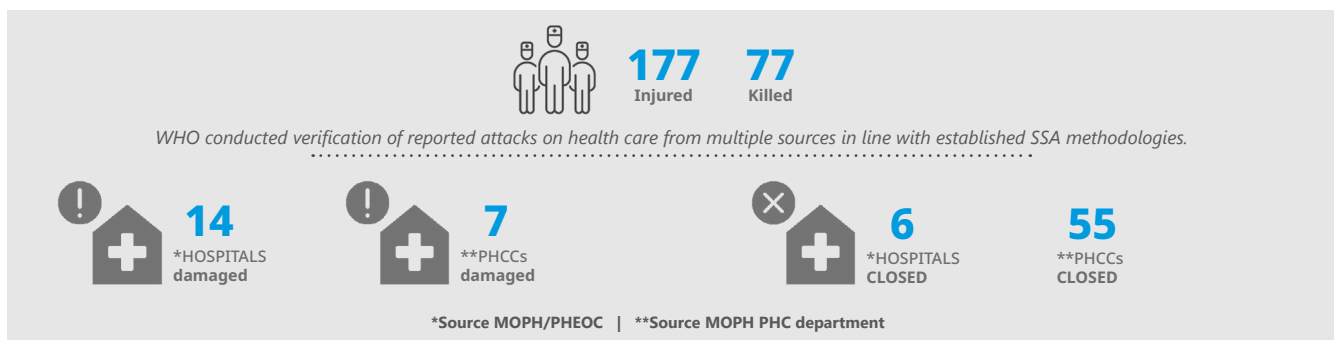
As of 1 April 2026, the Disaster Risk Management (DRM) Unit reported that 1,049,328 individuals had self-registered as displaced. By 10 April 2026, people around 13% of the displaced population were residing in 684 collective shelters across the country and remain dependent on these facilities. Beirut and mount Lebanon host 68% of those in shelters, placing significant additional pressure on local infrastructure and services

Impact on vulnerable groups

- Vulnerable populations remain disproportionately affected by the ongoing crisis.
- Children account for 35% of the displaced (around 367,000), including 48,200 in shelters. Many are experiencing fear, panic, and significant psychosocial distress (OCHA Flash Update #15).
- Women and girls represent 52% of displaced persons in shelters, facing heightened protection risks, increased caregiving burdens, and limited access to essential services.
- Around 6,600 older persons in shelters are facing growing 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, 1,300 have physical disabilities, 776 have mental disabilities, 419 have hearing impairments, and 381 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, with almost daily attacks. 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 177 injuries and 77 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, fourteen 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, Salah Ghandour Hospital, RHUH, Lebanese Italian Hospital, Hiram-Tyre and Bekaa Gharbi Hospitals.
- In addition, 55 primary health care centers (PHCs) are closed. 3. All of which are completely damaged and 4 partially damaged, significantly limiting access to essential services.

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WHO's superpower is its convening power – the ability to bring together governments, experts, institutions, partners, civil society and the private sector under one umbrella.

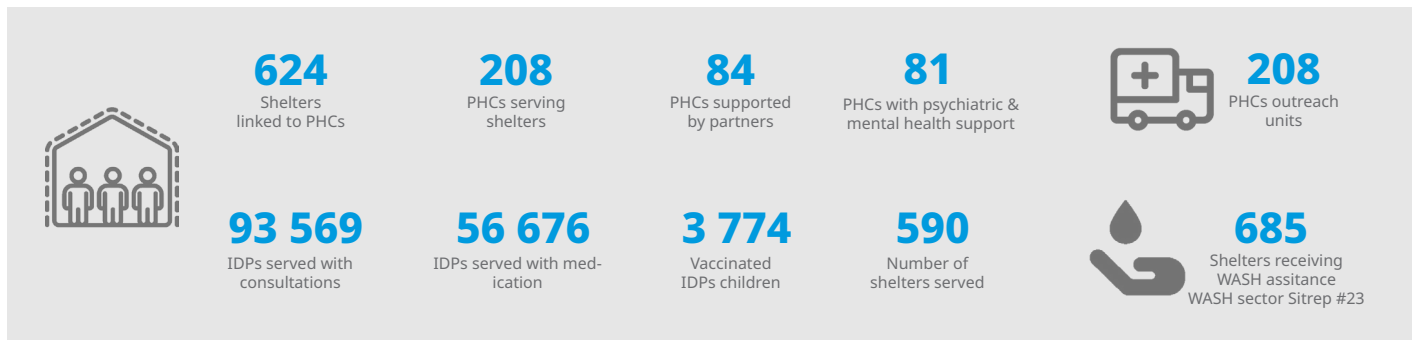
Dr Tedros Adhanom Ghebreyesus, Director-General of WHO

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Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 8 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. 208 PHCs are serving 624 shelters out of 684 shelters. A total of 93,569 consultations have been provided to IDPs, and 56,676 individuals have received medications for both acute and chronic conditions. On average each PHC is serving 3.4 shelters (ranging from 4.4 in Mount Lebanon to 1.35 in Akkar).

1564 National Lifeline for emotional support, suicide prevention and telehealth

Cumulative calls **1,669** (on 9 April 2026)

- Psychiatric emergency dispatches **21**
- Hospitalization **9**



WHO response efforts

Strengthen emergency coordination & health sector leadership

- During the ad-hoc National Health Sector Working Group (NHSWG) meeting held on 10 April, Health Sector partners highlighted the recurrent occurrence of lice and scabies cases in collective shelters, mainly linked to suboptimal living conditions. Partners also underscored the urgency of conducting surveillance training and requested that it be organized at the earliest possible opportunity.
- Partners have also reported that displaced pregnant women in overcrowded shelters face poor sanitation, limited privacy, and inadequate nutrition, increasing risks of infection and adverse maternal outcomes. Concerns over infection prevention, staffing, and equipment also discourage some from seeking public hospital deliveries, while inadequate bedding, nutrition, and privacy hinder post-caesarean recovery and breastfeeding.

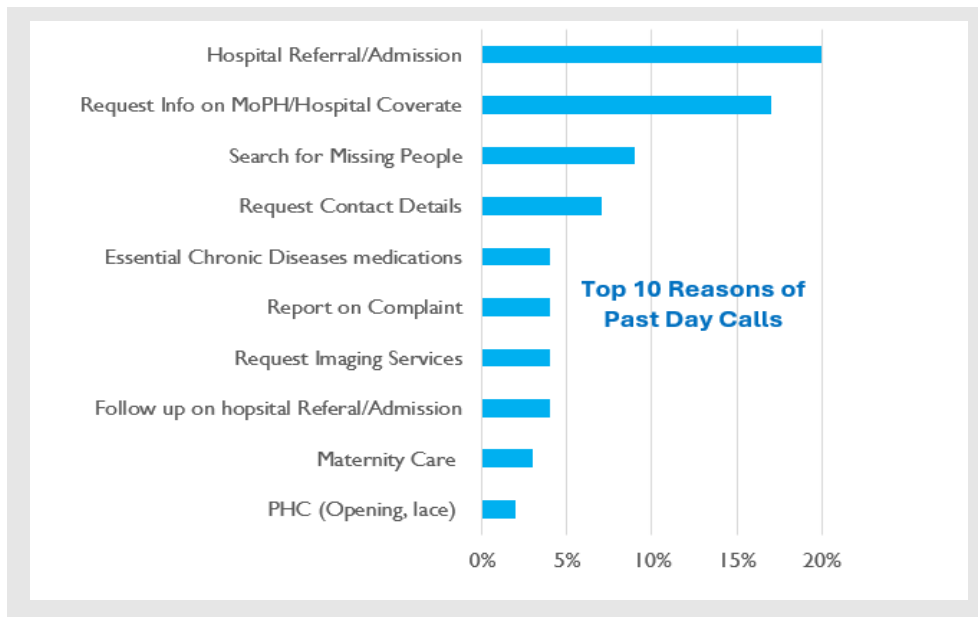
Ensure essential health services & reinforce logistics, supply chain, & operational support

- Following the major incident of 8 April, WHO, with support from ECHO, is scaling up logistics support to sustain access to essential medicines, trauma supplies and critical hospital stock in response to the sharp surge in mass-casualty needs. The escalation placed exceptional pressure on the Lebanese health system, particularly emergency and trauma services, while hospital stocks of medicines and medical supplies were rapidly depleted under the high casualty load. To address urgent needs, WHO emergency-funded supplies will support the distribution of 15 WHO Trauma and Emergency Surgery Kits (TESK), sufficient to cover an estimated 1,500 trauma surgery cases. Distribution began on 10 April with 3 TESKs delivered to three major hospitals in Beirut and its suburban belt; over the coming days, an additional 12 kits will be dispatched to the most affected regions to reinforce critical stocks of lifesaving medicines and emergency medical supplies.

- 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.

Enhance disease surveillance & early warning

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 9,248 calls since the beginning of March 2026 and 163 Calls received in the past day.



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


Epidemiological Signals
Epi Week 15 (6 –10 April 2026)



Number of Signals Reported 14
Number Need Investigation 9


100% Verified within 24hr

64% Investigated 




Main Source of Reporting

21% From the call center
14 % from health facility
57% from shelter
8% from ESU




Alert Type

29% Acute watery diarrhea
7 % exposure to rabies
7% Chickenpox/Varicella
57% food poisoning



Area Distribution

7% Aley
22 % Chouf
7% Batroun
7% Baalbeck
57% Beirut



IDP/Shelter Alerts

Acute Diarrhea (4)
Food Poisoning (6)
Chickenpox/Varicella (1)



Sustain & expand trauma response

WHO is covering the hospitalization costs for trauma care of non-Lebanese patients. To date, 52 patients have been supported across 11 hospitals, including 47 Syrians, 3 Ethiopians, 1 Bangladesh and 1 Egyptian.

Protection

- WCO PSEA FP, in collaboration with Health Sector partners and the PSEA Network, conducted five PSEA training sessions with GBV sensitization, reaching 355 participants from 79 organizations across the country. The sessions engaged a diverse group of health professionals and partners, including health workers, nurses, MHPSS staff, public health professionals, medical specialists, community health workers, and volunteers. Participants were equipped with PSEA materials to support awareness-raising and strengthen accountability within their organizations.
- In support of the emergency response led by MoSA, the Ministry has recruited 350 new staff to support operations. In coordination with UN agencies, a series of induction trainings is being rolled out, with WHO and UNICEF leading on PSEA components, alongside ongoing inter-agency coordination.

Challenges

- The health system is under extreme pressure due to a sudden influx of complex trauma, surgical, and burn cases.
- Many healthcare workers are themselves affected by the crisis and are working under extremely challenging conditions while also being displaced from their homes.
- Medical supplies, including trauma materials, surgical items, and blood, are being rapidly depleted, with a growing risk of critical shortages if the situation persists.
- Displaced populations are facing shortages of essential chronic medications, including treatments for cancer, dialysis, and insulin, increasing their vulnerability.
- Access to healthcare is severely constrained due to damage to critical infrastructure, which is also isolating affected populations and limiting humanitarian access.
- The management of unidentified victims and human remains is adding further complexity to response efforts.
- There are significant needs related to safe water, sanitation, and hygiene, particularly in overcrowded shelters with suboptimal services.
- These conditions are increasing the risk of communicable disease outbreaks, underscoring the urgent need for strengthened shelter-based surveillance and coordinated multi-sectoral action for early detection and timely public health interventions.

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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