



CASUALTIES reported by MOPH on 2 - 6 March 2026



803
Injured



218
Killed



6
Health workers injured

3
Health workers killed

56
Health facilities impacted

3
Health facilities closed

DISPLACEMENT DRM on 06 March 2026



110 162
Internal Displaced People in shelters

26 342
Number of families in shelters



512
Open shelters

12
Shelters equipped to receive people with disabilities



1,240 calls on the MOPH hotline **1787** since 1 March 2026

Situation updates

- The cumulative number of casualties over the past four days has reached 1,021, including 218 fatalities as of 3:00 pm on March 6, 2026.
- Of those injured, 56% were treated in the emergency room (minor injuries), with 269 patients admitted to the general ward and 79 to the intensive care unit.
- On March 6, both deaths and injuries decreased relative to previous days, despite an escalation in airstrikes targeting South Beirut, Beka, and the South.
- The majority of fatalities and injuries occurred in Nabatiyeh (92 deaths, 285 injuries), followed by the South (71 deaths, 267 injuries), and Mount Lebanon (34 deaths, 155 injuries). Additional cases were reported across other governorates.
- Of the total casualties, 77% were male and 23% female.
- Nationality data shows that 88% were Lebanese, 6% Syrian, 4% Palestinian, and 2% unidentified.
- Yesterday call through the MoPH call center was 412 (less than the previous day), while the total in the last few days was 1,240 calls. Majority of the calls were people seeking hospitals referral, chronic medication, and cancer treatments.

WHO support to health emergency response

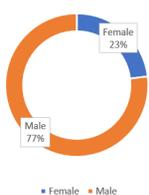
- WHO is fully supporting the Public Health Emergency Operations Center (PHEOC) by expanding the core team and surging additional 10 Command and Control Center (CCC) officers and 1 response coordinator to support the 24/7 operations.
- Strengthening health sector coordination at national and subnational levels.
- Facilitating access to care for war-wounded Syrian refugees in government and selected private hospitals.
- Enhancing mass casualty management capacity at frontline health facilities.
- Supporting the Epidemiologic Surveillance Unit (ESU) to strengthen early warning systems for timely detection, investigation, and response to disease outbreaks.
- Providing technical support to MoPH and partners to improve primary health care services for displaced populations in collective shelters and host communities.
- Supporting the availability and access to essential medicines at primary health care centres, including treatment for diabetes and other acute and chronic conditions.

Priority activities

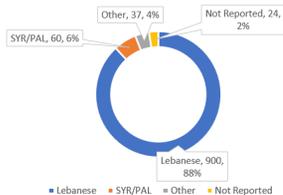
- Strengthen coordination with national and international partners to ensure an effective health sector response.
- Strengthen referral hospital capacity and optimize referral pathways for critical cases.
- Preposition of trauma kits, essential medicines, and medical supplies at designated trauma centers and frontline health facilities.
- Facilitate access to care for war-wounded, including refugees in government and selected private hospitals.
- Conduct rapid health needs assessments in collective shelters and host communities in coordination with the Ministry of Public Health (MoPH).
- Support outbreak detection and response through the Epidemiologic Surveillance Unit (ESU) and early warning systems.
- Mobilize resources to sustain health system functionality during the crisis

Casualty segregation

Distribution of casualties by gender



Distribution of casualties by Nationality



Distribution of casualties by age category

