

# LEBANON

## Health Emergency

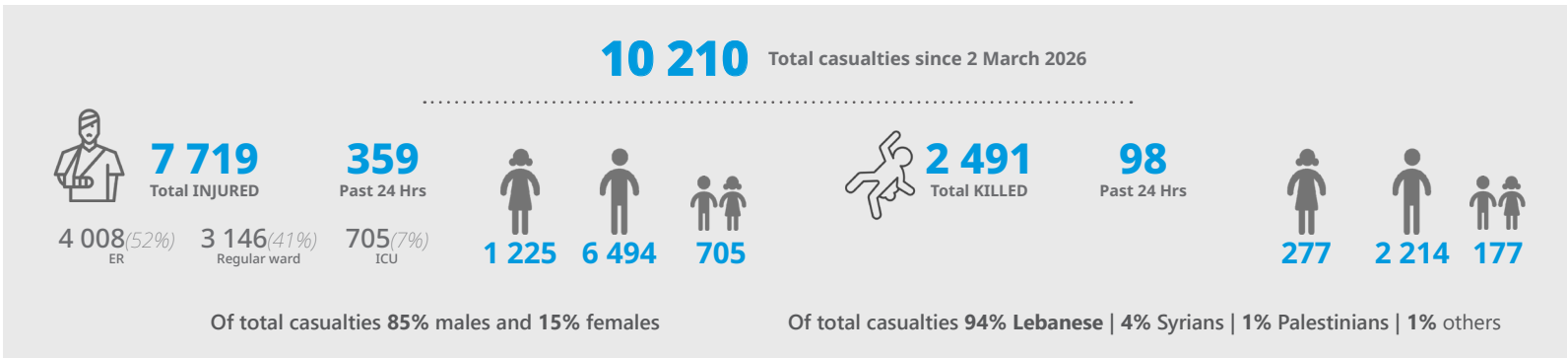
Situation update #21  
24 April 2026



Day 8 of ceasefire following 46 days of escalation

### Casualties and injury overview

(Source: MoPH-PHEOC on 24 April 2026)



### Situation overview

#### Impact of ongoing airstrikes

- Since the ceasefire entered into force on 17 April and its subsequent 3-week extension announced on 23 April, the security environment in Lebanon remains fragile and volatile. While large-scale ground operations have decreased, ceasefire violations and intermittent airstrikes continue, particularly in southern Lebanon.
- The situation is characterized by ongoing localized insecurity, limited stability along border areas, and continued military activity, with periodic exchanges and reported strikes despite diplomatic efforts to maintain the truce.
- These conditions have restricted population movement in affected areas and continued to impact access to health services, particularly in southern and border regions where insecurity persists.
- Overall, the ceasefire has reduced intensity of hostilities but has not yet translated into sustained stability on the ground, with the security context remaining unpredictable.
- Total reported hostilities reached 9,084 incidents since 2 March 2026, of which 913 attacks were recorded after the ceasefire on April 17.

#### Casualties and injury overview

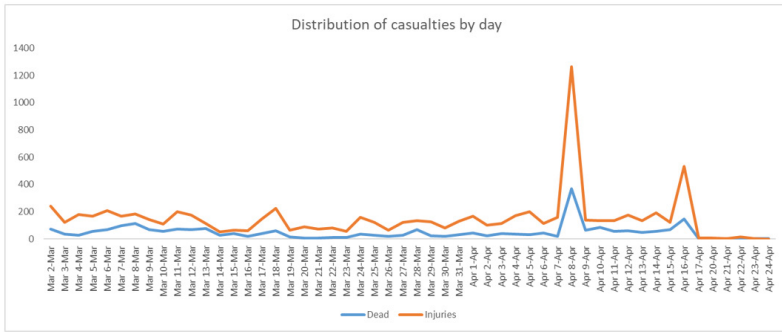
- MoPH reported a cumulative number of casualties since 2nd March has reached 10,210 including 2,491 deaths (including 177 children and 277 women) and 7,719 injuries as of 6:00pm on April 24, 2026., Fig. 1A. Out of the total injured, 4,008 (52 %) were treated at Emergency room as outpatient 3,146 (41 %) admitted to regular wards and 565 (7 %) admitted to ICU.
- Between 17 and 24 April 2026, MoPH reported a cumulative number of casualties of 46 including 15 deaths in Nabtiyeh Governorate Fig. 1B. Out of the total injured, 18 were admitted to regular ward, 8 injured were treated at emergency rooms, and 5 injured were admitted to ICU. 4% of the injured were children.
- The majority of fatalities and injuries occurred in Nabatiyeh (4,068 casualties), followed by the South (3,884 casualties), and Mount Lebanon (1,094 casualties), Additional cases were reported across other governorates. Fig 2.



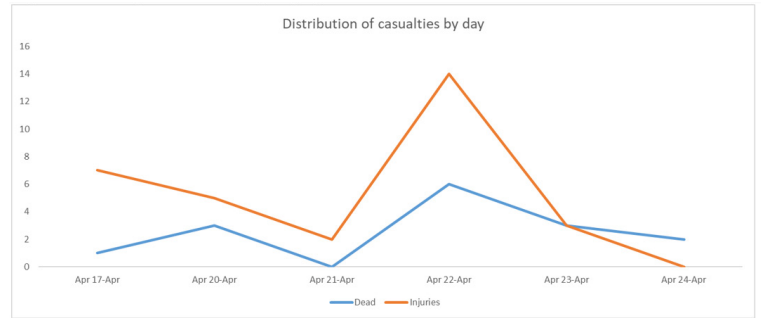
- Of the total casualties, 8,708 (85 %) were male and 1,502 (15 %) females.
- 9 % of the total casualties are children, 177 children are dead, and 705 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 94 % (9,580 casualties) were Lebanese, 4 % (373 casualties) Syrian, 1 % (134) Palestinian, and 1% (123 casualties) from other nationalities, Fig 4.

### Casualty segregation

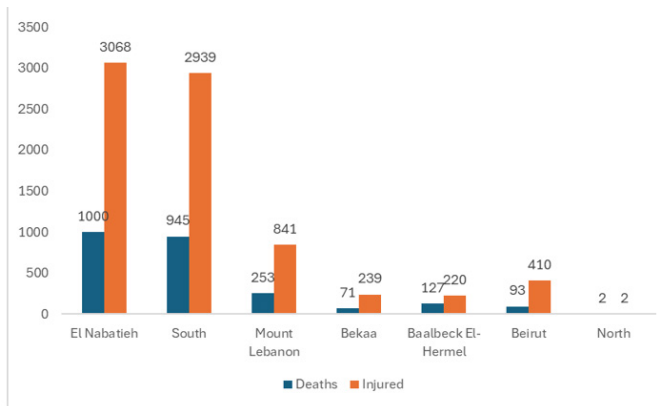
**Figure 1: Casualty distributed by day**  
from 02/03/2026 to 24/04/2026



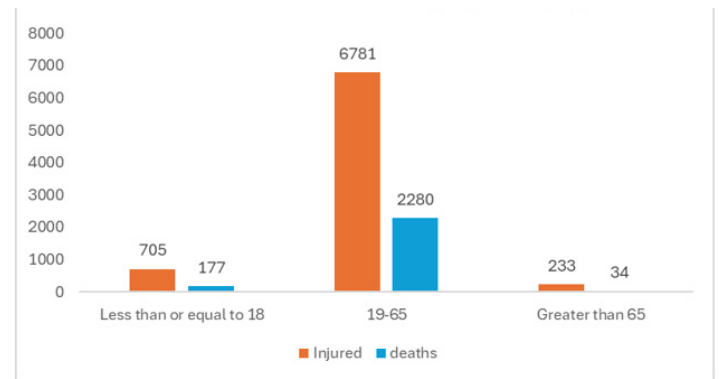
**Figure 1B: Casualty distributed by day**  
(post-ceasefire) from 17/04/2026 to 24/04/2026



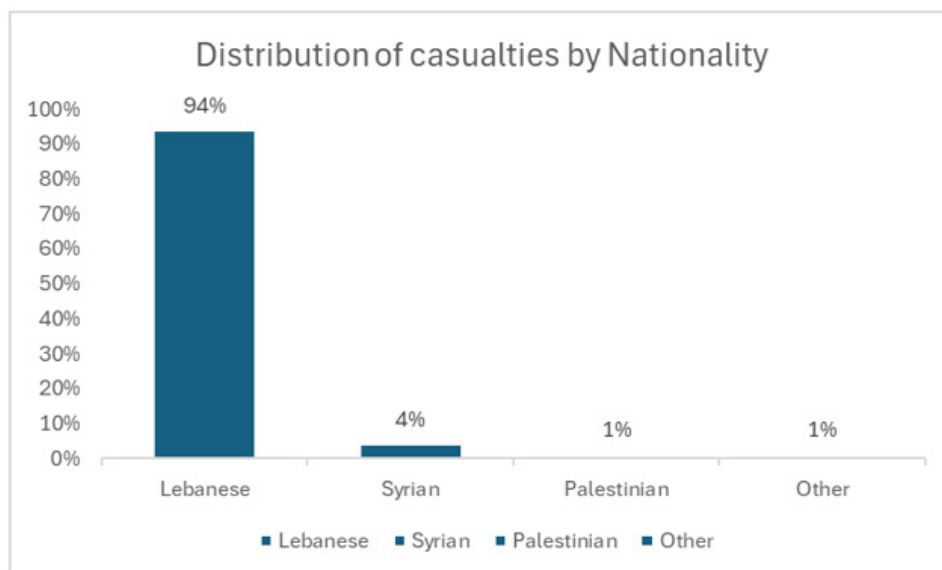
**Figure 2: Casualty distributed by Governorates**



**Figure 3: Distribution of casualties by age category**

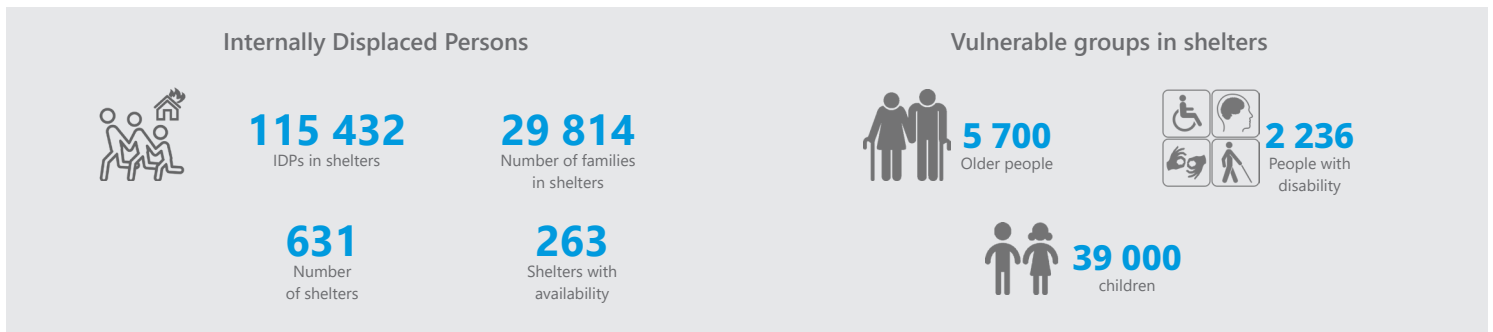


**Figure 4: Distribution of casualties by nationality**



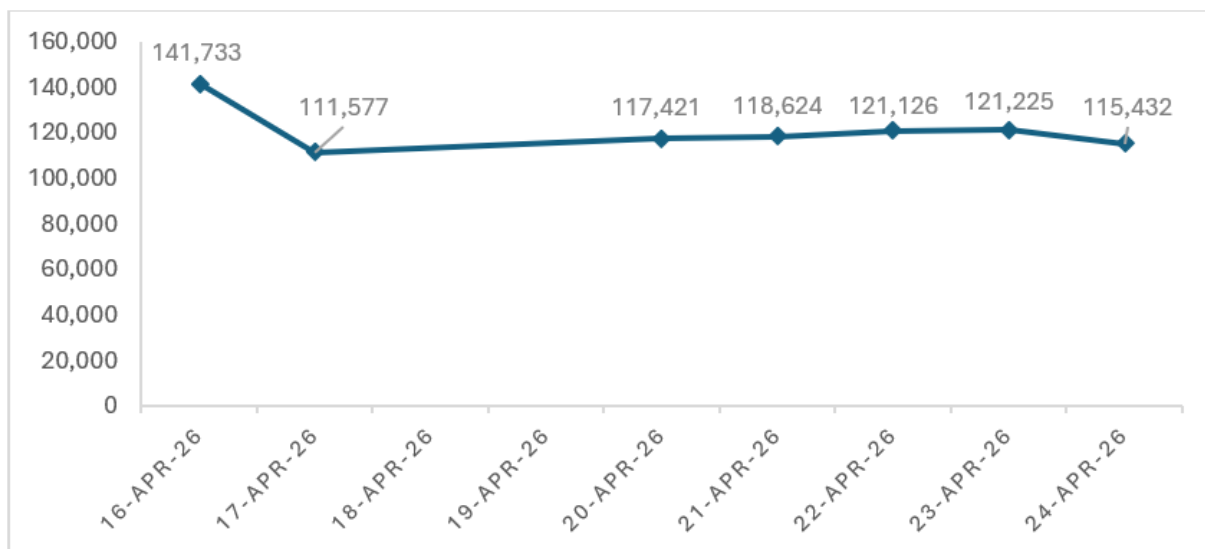
## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 24 April 2026)



- Following the ceasefire and the announcement of a 3-week extension, displacement levels have slightly decreased across Lebanon, with 631 collective shelters currently open (down from 690), hosting 111,432 people (down from 141,733), a 19% decrease within 8 days of the ceasefire. Figure 5 shows variable trends in the number of displaced people in shelters over the past week.
- Displacement remains fluid, with continued movements between shelters and areas of origin. However, many displaced families are unable to return to their villages in the south and southern suburbs of Beirut due to widespread destruction, with an estimated 40,000 housing units destroyed, leaving significant numbers without viable return options.

Figure 5: Number of IDPs in shelters since ceasefire



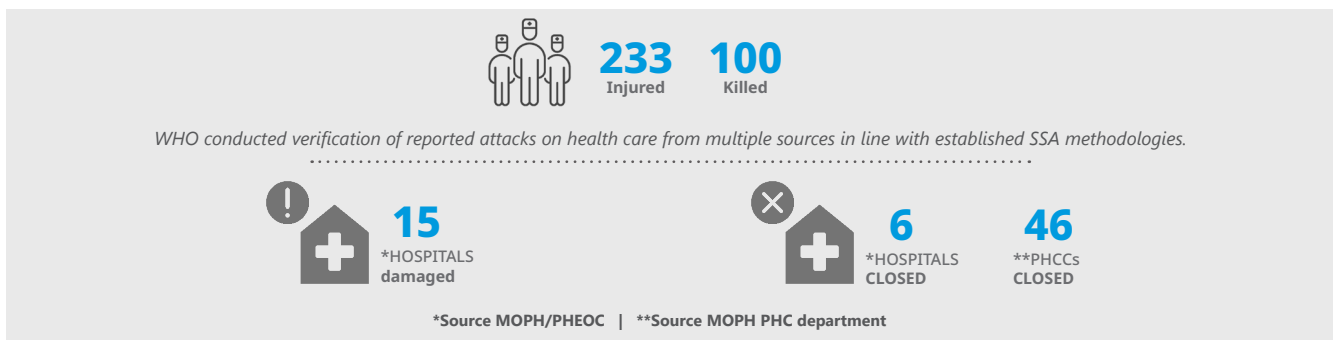
### Impact on vulnerable groups

- Vulnerable populations remain disproportionately affected by the ongoing crisis, with approximately 39,000 displaced children still in shelters (OCHA Flash Update #19), women and girls constituting 52% of the shelter population, and around 5,700 older people facing increasing health and mobility challenges (Shelter Monitoring Dashboard – DRM/LRC).
- Emerging patterns indicate that families often send male members to assess damage and recover belongings, while women, children, and older persons remain in collective shelters. Many internally displaced persons, especially female-headed households, children, and the elderly, continue to stay in shelters due to ongoing security concerns, psychological distress, or inability to afford rising rental costs (OCHA Flash Update #19).
- Among IDPs in shelters, 1,000 have physical disabilities, 617 have mental disabilities, 330 have hearing impairments, and 289 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

- Persons living with disabilities, including amputees, are disproportionately affected by the current crisis. Many depend on continuous access to rehabilitation services, assistive devices, and regular medical follow-up, all of which are being disrupted.
- The surge in trauma-related injuries is also increasing the number of newly disabled individuals, placing additional strain on already limited rehabilitation and support services. Combined with medication shortages and reduced access to care, this is significantly worsening health outcomes and long-term vulnerability among this population.

## Attack on healthcare and impact on health services

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

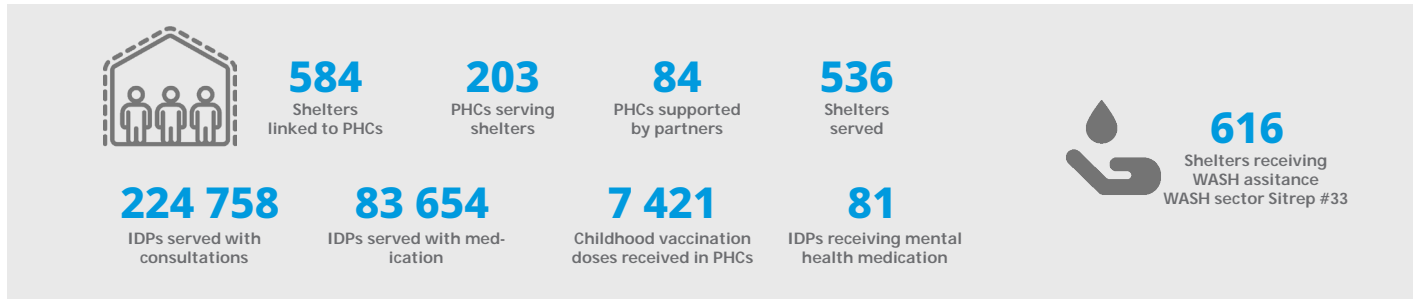


- Since 2 March 2026, attacks on health care have been reported via the WHO Surveillance System, resulting in 233 injuries and 100 deaths. Since ceasefire, no new attacks on healthcare workers.
- Health infrastructure has been severely impacted: six hospitals have fully closed (Bahman, Al Sahel, Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, Al-Burj and Salah Ghandour Hospital). In addition, Fifteen 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 and Labib Medical Center.
- In addition, 46 primary health care centers (PHCs) are currently closed.
- In the two weeks preceding the ceasefire, the health system faced extreme pressure across multiple fronts.
- Hospitals operated at 90–100% bed occupancy, with emergency departments fully saturated ( $\approx 100\%$ ). Repeated mass casualty incidents overwhelmed intake capacity, prompting surge measures and prioritization of life-saving care, particularly in areas with displaced medical teams.
- Lebanon experienced significant shortages of cancer (adult and pediatric) and NCD medicines, reaching  $\sim 30\%$  gaps among public sector beneficiaries.
- High demand for imported trauma and emergency medicines, coupled with limited air delivery capacity, delayed replenishment, while over 7,700 trauma cases rapidly depleted hospital stocks and supplies.



## Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 24 April 2026)



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

Cumulative calls **2,445** (on 23 April 2026)

- Psychiatric emergency dispatches **26**
- Hospitalization **10**



## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- With support from WHO under the International Health Regulations, the Ministry of Public Health's Public Health Emergency Operations Center (PHEOC) serves as Lebanon's national hub for coordinating health emergency preparedness and response. PHEOC plays a critical role in coordinating response efforts, including tracking and referral of casualties in collaboration with hospitals and emergency services nationwide. These efforts have been instrumental in enabling an effective health response during the recent escalation in Lebanon.
- Under the leadership of MoPH, the Health Sector Coordination Team, in close collaboration with partners on the ground, is assessing health facility functionality in areas receiving large numbers of returnees and working to ensure uninterrupted access to essential services through facility reactivation where feasible, or alternative delivery modalities such as mobile units, satellite units, and transportation support to nearby functional health facilities.
- The Health Sector will be rolling out, for the third consecutive year, the Cluster Coordination Performance Monitoring (CCPM), which aims to assess the effectiveness and quality of cluster/sector coordination mechanisms through feedback from partners and stakeholders. The results will be used to identify strengths, address gaps, and improve core coordination functions to ensure a more effective and accountable response.

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

- WHO with the generous support of the European Union Humanitarian Aid (ECHO), the Central Emergency Response Fund (CERF) and the European Union, essential life-saving supplies are being delivered to strengthen care across the country.
- WHO, through CERF funding, has secured 20 ventilators to expand intensive care capacity and strengthen readiness to manage critical cases.
- As part of WHO's response to the current crisis, several critical supplies have been mobilized to support emergency health needs. Newly delivered 30 trauma emergency surgical kits, funded by ECHO and each capable of supporting up to 100 life-saving interventions, will strengthen rapid response capacity on the front lines. In addition, 30,000 vials of insulin, funded by the European Union, will ensure uninterrupted treatment for over 10,000 people living with diabetes for three months. These contributions represent a vital lifeline for patients

and frontline health workers, helping sustain essential services and reinforce emergency preparedness when it is most needed.

- WHO continues to conduct field visits to shelters and to meet with partners to understand the gaps, validate priorities on the ground, and guide the prioritization and scale-up of response interventions.

**Sustain & expand trauma response**

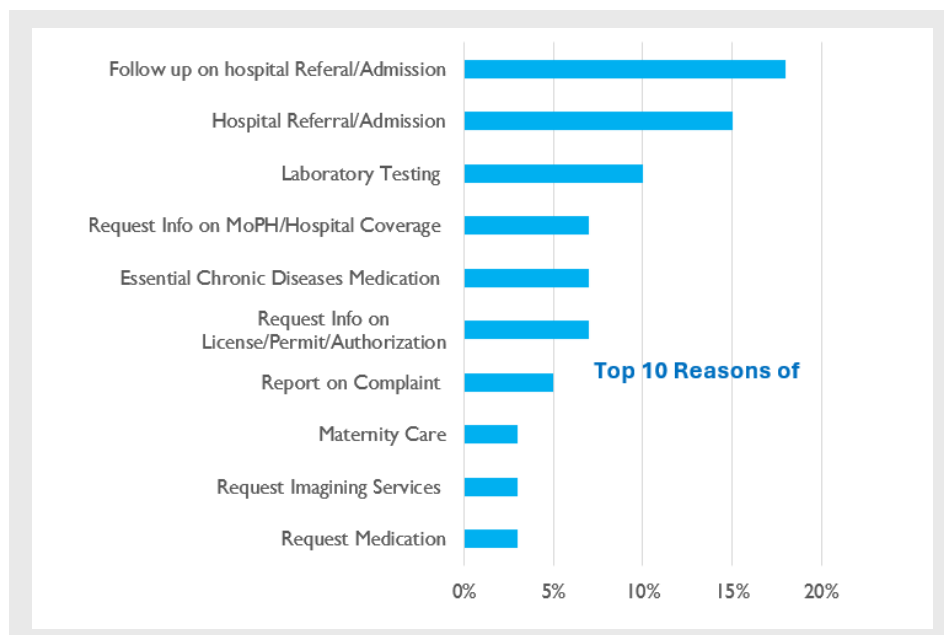
- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 85 patients, including 77 hospital admissions and 8 emergency room cases across 21 hospitals.
- Beneficiaries include 76 Syrians, 3 Ethiopians, 3 Egyptians, 1 Bangladeshi, 1 Burkinabé, and 1 Sudanese.
- Of the total, 19 (22%) are under 18 years of age and 24 (28%) are female.

**Risk Communication and Community Engagement (RCCE)**

- WHO in collaboration with the Preventive Medicine and Health Education Departments at MoPH, co-developed a practical RCCE toolkit for affected communities. Youth volunteers from universities nationwide were rapidly mobilized to translate technical guidance into simple, visual, and actionable materials.
- Content was tailored to shelter realities, addressing priority risks such as lice, scabies, measles, chickenpox, hepatitis A, diarrhoeal and influenza-like illnesses, alongside essential hygiene practices. Guidance focused on feasible actions in low-resource settings.
- A key principle was addressing stigma by framing health risks as a result of overcrowding and constrained living conditions rather than individual behavior—helping build trust and encourage care-seeking.
- This effort highlights the value of context-specific, community-driven, and dignity-based approaches in emergency response.
- Health sector partners (Amel Association, ACF, IMC, MDM, and Medair) are supporting printing, while WASH partners will support dissemination during upcoming hygiene and laundry kit distributions across shelters in Lebanon.

**Enhance disease surveillance & early warning**

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 11,119 calls since the beginning of March 2026 and 150 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 17 (17 - 23 April 2026)



**Number of Signals Reported 33**  
**Number Need Investigation 16**

100% Verified within 24hr

49% Investigated 




**Main Source of Reporting**

36% from the call center


18.5% from health facility

45.5 % from shelter




**Alert Type**

6% AWD  
 9% Measles  
 6% Meningitis  
 3% Rotavirus  
 6% Influenza  
 9% exposure to rabies/  
 animal bite or scratch  
 3% Chickenpox/Varicella  
 27 % food poisoning  
 25% Lice/Pediculosis  
 6% Brucellosis

**Area Distribution** 

9% Baalbeck  
 9 % Matn  
 6% Tripoli  
 3% Zgharta  
 40 % Beirut  
 3 % Chouf  
 6% Baabda  
 3% Jezzine  
 3% Akkar  
 9% Saida  
 3% Aley  
 3% Zahle  
 3% West Beqaa



**IDP/Shelter Alerts**

71%

Acute Diarrhea (2)  
 Food Poisoning (5)  
 Lice/Pediculosis (8)  
 Rotavirus (1)  
 Meningitis (1)  
 Measles (2)  
 Influenza Virus (2)

*“ In Lebanon’s crisis context, protecting health means more than delivering care; it means preserving dignity, reducing suffering, and ensuring no one is left behind, while upholding and protecting human rights, including the right to health. ”*

Dr. Abdinasir Abubakar,  
 WHO Representative for Lebanon



**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 weekly basis every Friday*

Further information World Health Organization - Lebanon  
 Beirut – Lebanon  
 Office: +961 1 612970/1/2 ext 61801  
 Fax: +961 1 612973  
 Email: emwroleb@who.int

