

# LEBANON

## Health Emergency

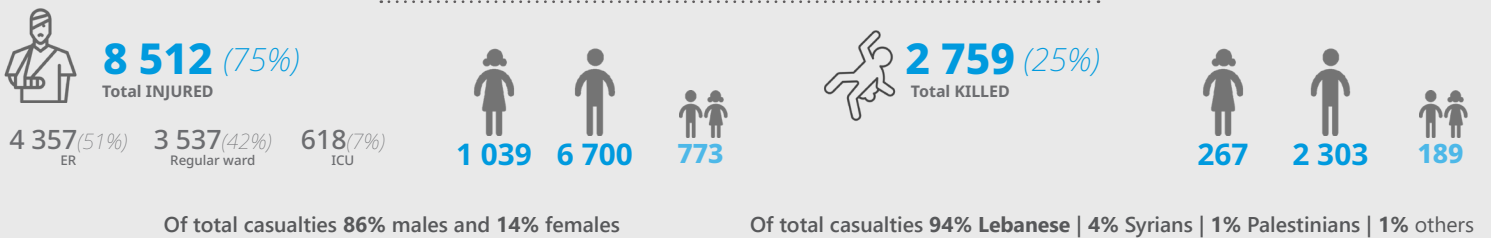
Situation update #23  
08 May 2026



### Casualties and injury overview

(Source: MoPH-PHEOC on 08 May 2026)

**11 271** Total casualties since 2 March 2026



Of total casualties 86% males and 14% females

Of total casualties 94% Lebanese | 4% Syrians | 1% Palestinians | 1% others

#### Casualty post-ceasefire



### Situation overview

#### Impact of ongoing airstrikes

- The security situation in Lebanon during 1–8 May 2026 remained highly volatile despite the continuation of a fragile ceasefire.
- Hostilities persisted, particularly in southern Lebanon, with repeated airstrikes, rocket fire, and localized ground incidents, alongside frequent ceasefire violations including strikes, demolitions, drone activity, and artillery shelling concentrated in border areas.
- The situation continues to reflect sustained high intensity with limited adherence to the ceasefire, and no clear signs of de-escalation.
- Access constraints and insecurity in affected areas continue to complicate operational movement and service delivery in some locations.
- On 6 May 2026, an Israeli airstrike targeted the southern suburbs of Beirut (Dahiyeh), marking the first strike on the capital since the April ceasefire. The strike reportedly hit a residential building, underscoring the expansion of hostilities beyond border areas into densely populated urban settings and reinforcing concerns regarding the stability of the ceasefire framework.
- Overall, the risk of further escalation remains high, including the potential for spillover into additional geographic areas.
- Total reported hostilities have reached 12,291 incidents since 2 March 2026 till 6 May 2026, including 4,120 incidents recorded after the ceasefire on 17 April 2026.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 11,271 including 2,759 deaths (including 189 children and 267 women) and 8,512 injuries as of 6:00pm on May 8, 2026. Fig. 1A, Causality distribution by day since March 2, 2026.



- Out of the total injured, 4,357 (51 %) were treated at Emergency rooms as outpatient 3,537 (42 %) admitted to regular wards and 618 (7%) admitted to ICU.
- Between 17 and 8 May 2026 (ceasefire period), MoPH reported a cumulative number of casualties of 1,120 including 256 deaths and 864 injured. Fig. 1B, Causality Distribution by Day since April 17, 2026.
- Out of the total injured post-ceasefire, 424 were admitted to regular ward, 377 injured were treated at emergency rooms, and 63 injured were admitted to ICU. 8% of the injured were children. Casualties were reported from Nabatiyeh (155 deaths and 484 injured) and from the South (95 deaths and 353 injured). 88% of the casualties were male (982 casualties) and 12% females (138 casualties).
- For total casualties since March 2,2026, the majority of fatalities and injuries occurred in Nabatiyeh (4,660 casualties), followed by the South (4,321 casualties), and Mount Lebanon (1,117 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 9,637 (86 %) were male and 1,634 (14 %) females.
- 9 % of the total casualties are children, 189 children are dead, and 773 children are injured. Fig 3, shows age distribution of casualties.
- Nationality data shows that 10,604 casualties (94%) were Lebanese, 401 casualties (4%) were Syrian, 140 casualties (1%) were Palestinian, and 126 casualties (1%) from other nationalities, Fig 4.
- 9 % of the total casualties are children, 184 children are dead, and 735 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 9,961 casualties (94%) were Lebanese, 386 casualties (4%) were Syrian, 134 casualties (1%) were Palestinian, and 125 casualties (1%) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day from 02/03/2026 to 08/05/2026

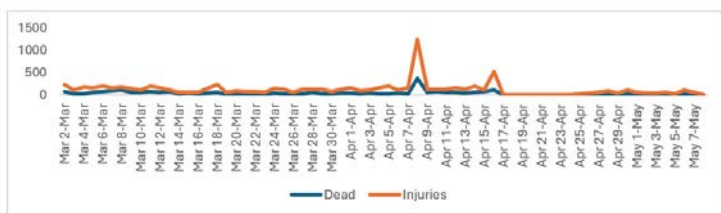


Figure 1B: Casualty distributed by day (post-ceasefire) from 17/04/2026 to 08/05/2026

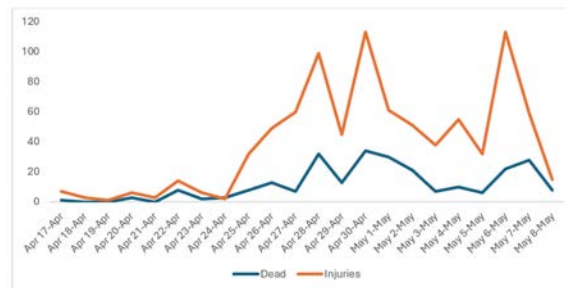


Fig 2: Casualties by Governorates

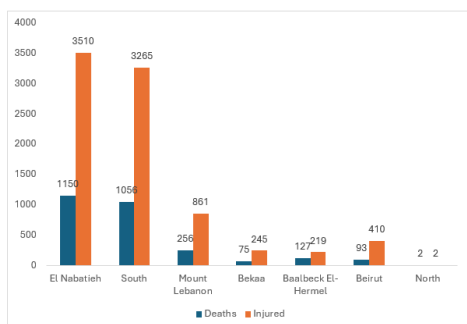


Fig 3: Casualties by age category

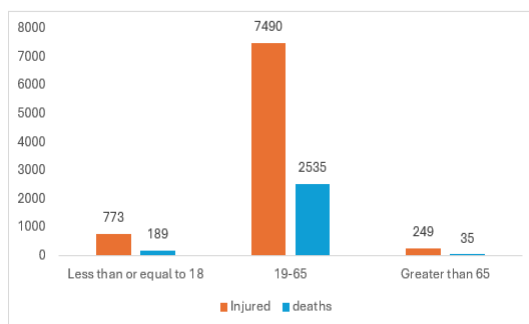
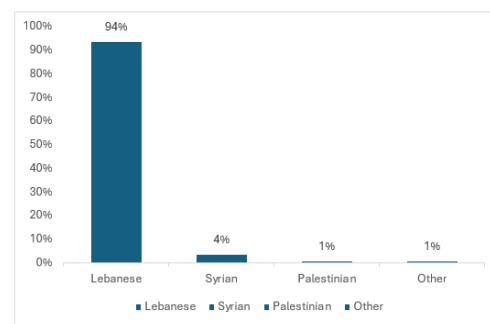
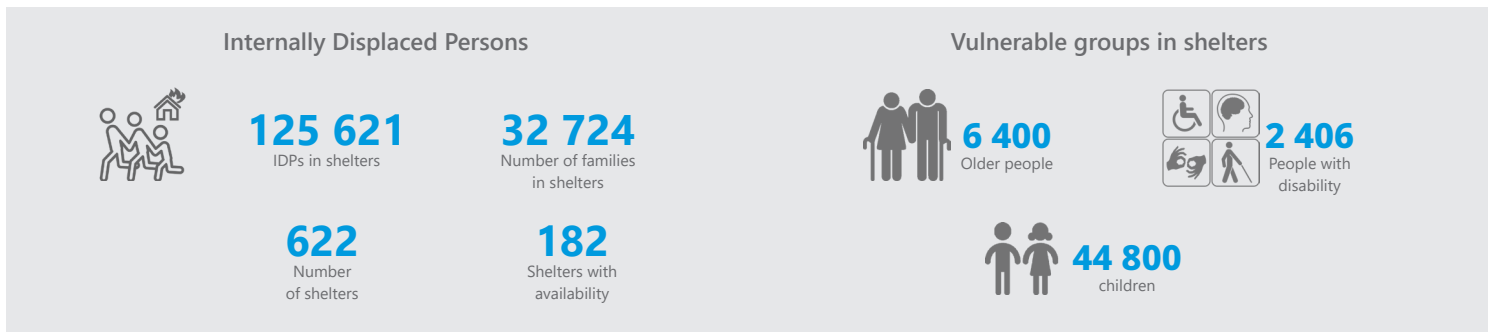


Fig 4: Casualties by nationality



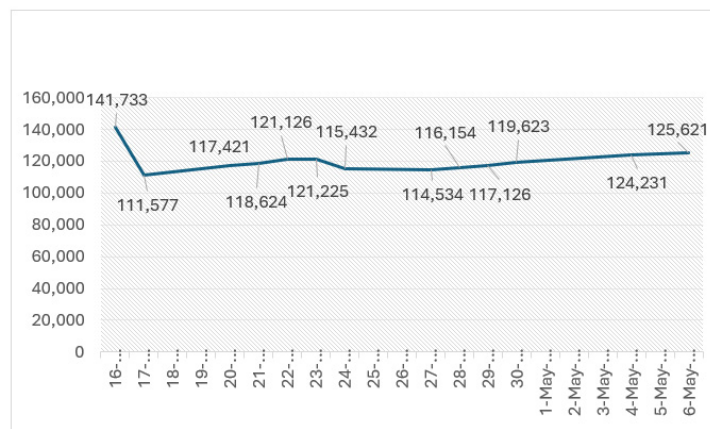
## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 06 May 2026)



- More than 1 million people remain displaced with the majority remain outside formal sites (OCHA Flash Update #23).
- Displacement patterns remain highly fluid, particularly in the South, where renewed insecurity, including recent airstrikes and displacement announcements, continues to drive frequent and reversible movements. Number of IDPs in shelters increased by 5% since last week, see Fig 5.
- Displacement across Lebanon continues to intensify and shift geographically, with increases in Mount Lebanon and sustained pressure in Beirut shelters, while North Lebanon and Akkar record steady rises that further strain host communities and municipal services.
- Shelter conditions remain concerning, including limited lighting, inadequate privacy and space separation, insufficient sex-segregated WASH facilities, and the overall absence of safe spaces, GBV risk mitigation measures, and child safeguarding mechanisms (OCHA Flash Update #23).

Figure 5: Number of IDPs in shelters since ceasefire



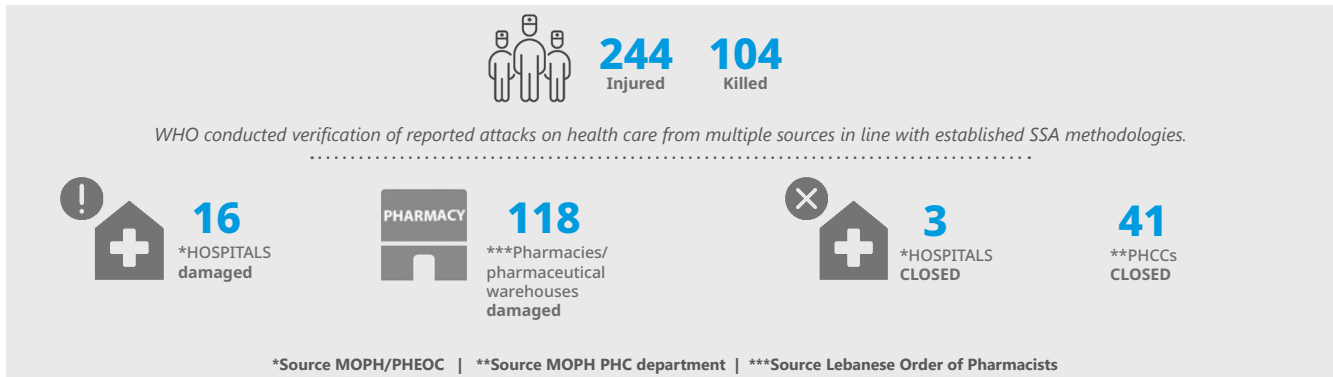
### Impact on vulnerable groups

- Vulnerable populations remain disproportionately affected by the ongoing crisis, with approximately 44,800 displaced children still in shelters (OCHA Flash Update #23), women and girls constituting 52% of the shelter population, and around 6,400 older people facing increasing health and mobility challenges (Shelter Monitoring Dashboard – DRM/LRC).
- A noticeable increase in the number of displaced children, older persons, and persons with disabilities has been observed in shelters over the past week.
- Protection risks for internally displaced persons outside collective shelters remain high, with repeated displacement contributing to psychosocial distress, uncertainty, fatigue, and financial strain.
- Among IDPs in shelters, 1,100 have physical disabilities, 635 have mental disabilities, 363 have hearing impairments, and 3083 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).



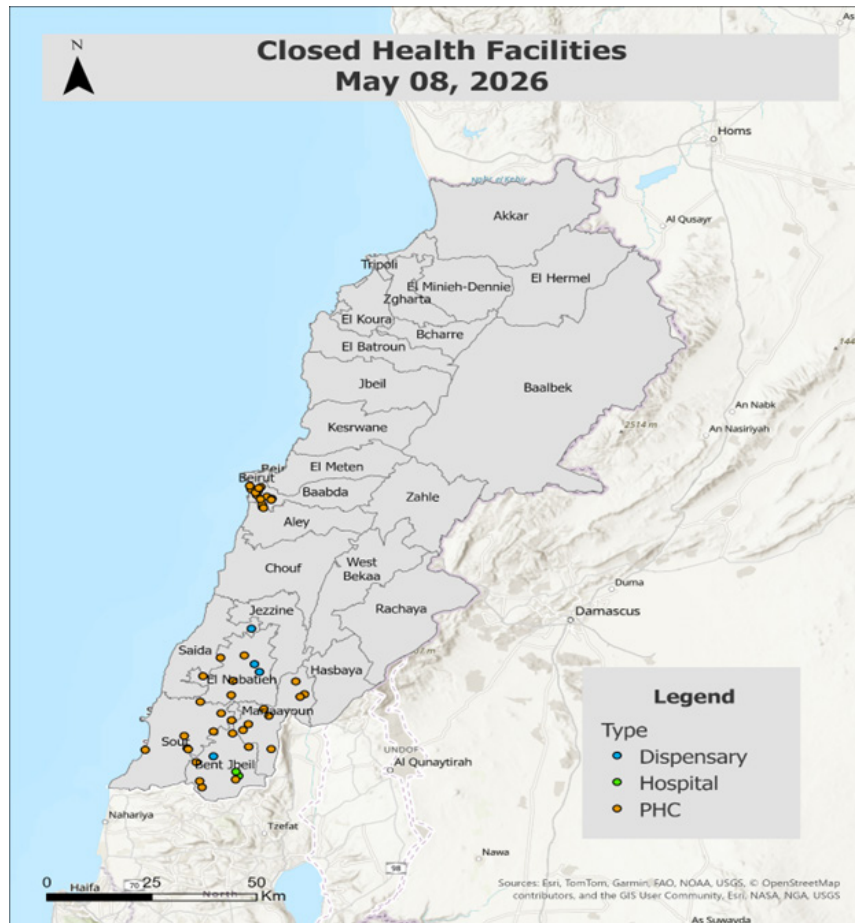
## Attack on healthcare and impact on health services

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



- Since 2 March 2026, attacks on health care have been reported via the WHO Surveillance System, resulting in 244 injuries and 104 deaths.
- Health infrastructure continues to be severely impacted, with ongoing facility closures further limiting access to care, including three hospitals that remain fully non-operational (Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, and Salah Ghandour Hospital), whereas three hospitals have recently reopened (Al Sahel, Bahman and Al Borj Hospital).
- In addition, sixteen 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-Tyr, and Bekaa Gharbi Hospitals, Labib Medical Center, and Osayran Hospital.
- 118 pharmacies and pharmaceutical warehouses were damaged. 291 pharmacists were displaced and 320 pharmacists had to stop working (Lebanese Order of Pharmacists)
- Map 1. Shows distribution of closed health facilities by type of facility up till May 8, 2026.

Map 1. Distribution of Closed Health Facilities



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

Cumulative calls **3,328** (on 07 MAY 2026)

- Psychiatric emergency dispatches **33**
- Hospitalization **12**



## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- WHO is providing technical support on Emergency Medical Teams (EMTs) under the leadership of the PHEOC.
- As part of WHO technical support to MoPH under the International Health Regulations (IHR), an advanced training on radio-nuclear hazards is planned for next week to ER physicians to strengthen hospitals' capacity to effectively detect, respond to, and manage radio-nuclear emergencies in Lebanon.

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

- WHO in collaboration with MoPH, will receive during the weekend an EU Humanitarian Air Bridge cargo shipment of essential medical supplies and medicines. The shipment, generously provided by the European Union (EU), the European Union Humanitarian Aid (ECHO), and the Government of France, includes vital medicines, trauma and emergency medical supplies, mental health and oral medicines, renewable medical equipment, Non-Communicable Disease Kits (NCDKs), vaccines, a mobile health post, and two Mobile Health Units to strengthen emergency preparedness and support the continuity of essential health services across Lebanon.
- The supplies are expected to support up to 80,000 people living with chronic illnesses for three months, in addition to supporting hospitals and primary healthcare facilities in providing care for up to 2,000 trauma patients and 10,000 beneficiary contacts during emergency response operations.

### Sustain & expand trauma response

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 98 patients, including 90 hospital admissions and 8 emergency room cases across 21 hospitals.
  - Beneficiaries include 88 Syrians, 4 Ethiopians, 3 Egyptians, 1 Bangladeshi, 1 Burkinabé, and 1 Sudanese.
  - Of the total, 21 individuals (21%) are under 18 years of age, while 25 (26%) are female..

### Mental Health and Psychosocial Support (MHPSS)

- WHO initiated coverage of hospitalization for severe mental health conditions, providing critical inpatient support for a cumulative total of 29 Lebanese, 2 Syrian, and 4 migrant workers, marking a key step in expanding access to life-saving mental health care, since 2 March, 2026.

### Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH)

- A PRSEAH awareness session was delivered on the 7th of May to the team working on the shelter project.
- PRS/GBV mission from the 11th to the 15th of May, the agenda includes meeting staff, UN counterparts, local organisations, MOPH, and field visits.
- Ongoing inter-agency coordination for the roll-out of MOSA training in the coming two weeks.

### Food safety

- WHO in collaboration with the American University of Beirut Medical Center Infection Disease Department, developed a set of food safety tips tailored for communal kitchens preparing large-scale meals. Feedback was received from the main members of the food safety taskforce, and printing and dissemination will proceed once the materials are cleared by all relevant partners.

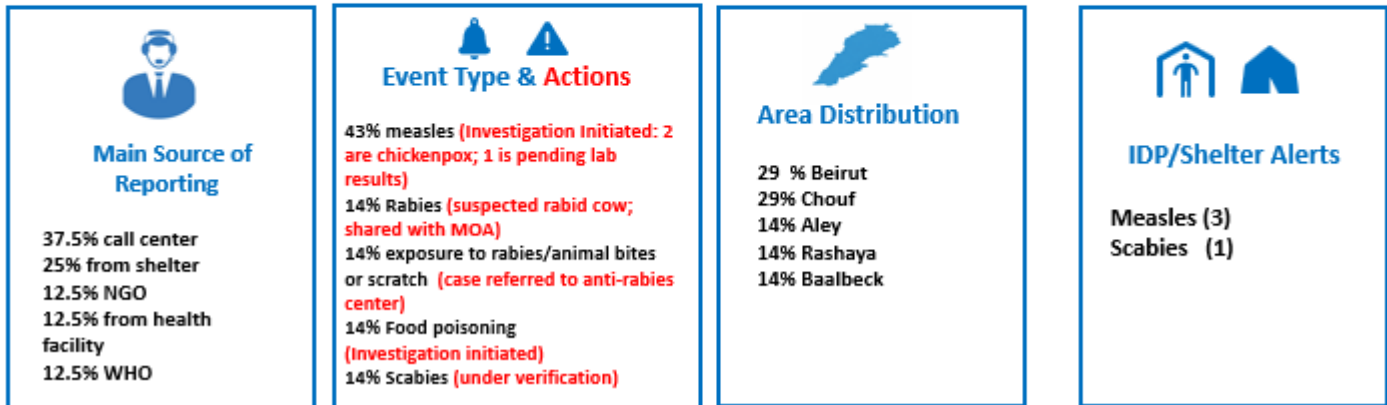
### Enhance disease surveillance & early warning

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 12,698 calls since the beginning of March 2026 till May 8, 2026, and 141 Calls received in the previous day.
- WHO supported the Ministry of Public Health Epidemiological Surveillance Unit (ESU) in conducting Community-Based Surveillance (CBS) trainings for 15 NGOs across Lebanon to strengthen the early detection and reporting of priority communicable diseases.
- In parallel, WHO continues to support nationwide surveillance efforts, including the full activation of shelter-based monitoring systems.

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

### Epidemiological signals shared by ESU

Epi week 19 (1 - 7 May 2026)



Investigated signals during the reporting period included:

- o Three suspected measles signals: two were classified as chickenpox, while one required a field mission and sample collection.
- o One rabies-related signal in animals involving a rabid cow; follow-up is ongoing by the Ministry of Agriculture (MOA).
- o One food poisoning signal is currently under investigation.

“ The best immunity we have is solidarity, because viruses don't care about our politics, they don't care about borders and they don't care about excuses we may have. ”

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General



## Challenges

### Health system

Lebanon's health system remains operational but is highly vulnerable to further deterioration amid intensified hostilities, repeated attacks on health services, renewed population displacement, and major disruptions to supply chains for essential medicines and trauma care.

### Public health risks

There is a high threat of food- and waterborne disease outbreaks, particularly in shelters and areas of return, driven by the WASH sector being at critical risk of breakdown as early as July 2026. This is compounded by sustained displacement, severe funding pipeline constraints, and disruptions affecting the continuity of water trucking, hygiene supplies, and fuel required to operate water systems.

### Food security

According to the latest Integrated Food Security Phase Classification (IPC) analysis for Lebanon (April–August 2026), developed by the Ministry of Agriculture in collaboration with FAO and WFP, 1.24 million people (24% of the population) are projected to face acute food insecurity at IPC Phase 3 ("Crisis") or above, reflecting a marked deterioration in food access and household coping capacity compared to previous periods.

### Health supplies

Shortages of essential medicines, including treatments for noncommunicable diseases (NCDs), continue to intensify while growing risks of supply chain disruptions, jeopardizing continuity of care and increasing preventable morbidity. These critical gaps in NCD medications, essential drugs, and medical consumables place patients with chronic conditions and those requiring life-saving treatments at immediate risk, while further straining an already fragile and overstretched health system.

### Health sector response

Findings from the Rapid Health Sector Partners Capacity Assessment (April 2026) indicate that 11% of partners face a high risk and 53% face a moderate risk of life-saving service disruptions within the next 4–8 weeks if additional funding is not secured.

### Health emergency funding

Urgent and additional flexible funding is critically needed to sustain ongoing operations and prevent interruptions in essential health services.

#### 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

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