

# LEBANON

## Health Emergency

Situation update #24

15 May 2026



### Casualties and injury overview

(Source: MoPH-PHEOC on 15 May 2026)

**11 939** Total casualties since 2 March 2026



#### Casualty post-ceasefire



### Situation overview

#### Impact of ongoing airstrikes

- Since 8 May 2026, the security situation in Lebanon has remained highly volatile, with continued airstrikes, ongoing hostilities, and renewed displacement despite the ceasefire announced on 17 April 2026.
- Violence has persisted across southern Lebanon, the Bekaa Valley, and Beirut's southern suburbs, resulting in rising civilian casualties, infrastructure damage, and worsening humanitarian conditions.
- Insecurity has continued to restrict humanitarian access and undermine safe returns, with repeated displacement orders affecting 27 localities (about 90% in South Governorate) driving further population movements.
- The situation remains fluid, with potential for rapid escalation in both security and political developments in the coming days.
- The ceasefire arrangement is due to expire on 17 May 2026.
- Total reported hostilities have reached 14,674 incidents since 2 March 2026 through 14 May 2026, including 5,503 incidents recorded after the 17 April 2026 ceasefire, representing a 38% increase compared to the pre-ceasefire period.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 11,939 including 2,951 deaths (including 209 children and 284 women) and 8,988 injuries as of 6:00pm on May 15, 2026., Fig. 1A, Causality Distribution by day since March 2, 2026.
- Out of the total injured, 4,596 (51%) were treated at Emergency rooms as outpatient 3,739 (42%) admitted to regular wards and 653 (7%) admitted to ICU.



- Between 17 and 15 May 2026 (ceasefire period), MoPH reported a cumulative number of casualties of 1,780, representing a 15% increase compared to the pre-ceasefire period, including 448 deaths and 1,332 injured. Fig. 1B, Causality Distribution by Day since April 17, 2026.
- Out of the total injured post-ceasefire, 620 were admitted to regular ward, 614 injured were treated at emergency rooms, and 98 injured were admitted to ICU. 8% of the injured were children. Casualties were reported from Nabatiyeh (282 deaths and 701 injured) and from the South (142 deaths and 583 injured). 88% of the casualties were male (1,571 casualties) and 12% females (209 casualties).
- For total casualties since March 2,2026, the majority of fatalities and injuries occurred in Nabatiyeh (5,007 casualties), followed by the South (4,603 casualties), and Mount Lebanon (1,141 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 10,230 (86%) were male and 1,709 (14%) females.
- 9% of the total casualties are children, 209 children are dead, and 823 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 11,241 casualties (94%) were Lebanese, 422 casualties (4%) were Syrian, 144 casualties (1%) were Palestinian, and 132 casualties (1%) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day from 02/03/2026 to 15/05/2026



Figure 1B: Casualty distributed by day (post-ceasefire) from 17/04/2026 to 15/05/2026

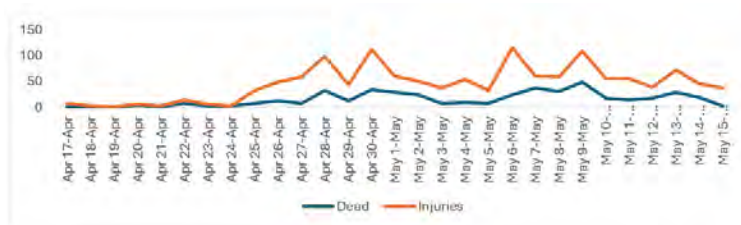


Fig 2: Casualties by Governorates

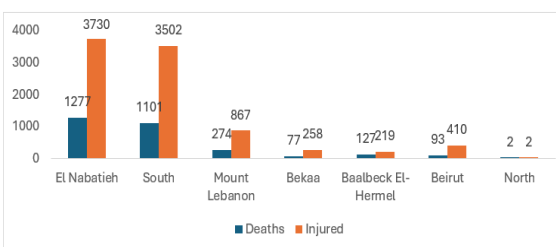


Fig 3: Casualties by age category

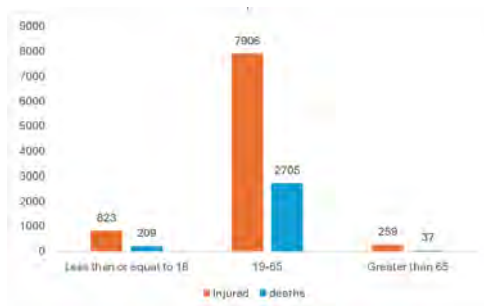
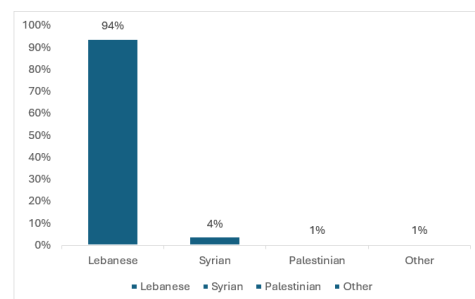


Fig 4: Casualties by nationality



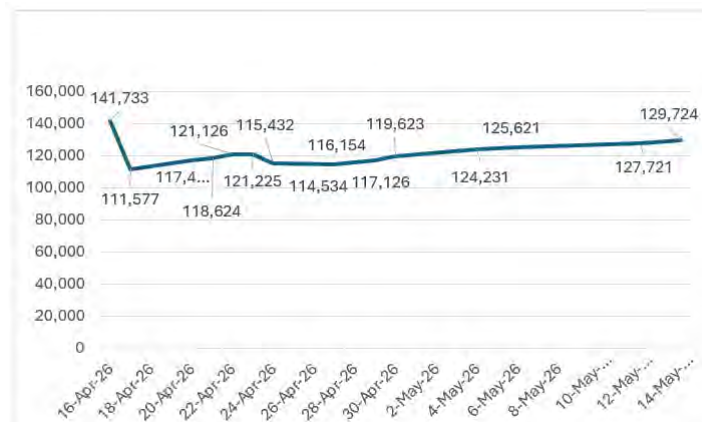
## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 14 May 2026)



- Displacement trends continue to shift across the country, with no significant or sustained returns, particularly in South Lebanon and Nabatieh. Persistent insecurity, military activity, damaged infrastructure, and unexploded ordnance (UXO) continue to constrain safe return.
- Overall displacement remains high, with pressure on collective shelters, while most displaced households are hosted outside formal shelters, including in host communities and rented housing.
- In several governorates, shelter populations have risen to levels approaching those seen prior to the ceasefire, driven by both new displacements and returns to shelters.
- These continuous movements are complicating population tracking and humanitarian planning across governorates (OCHA Flash Update #25).
- Number of IDPs in shelters increased by 13% since April 17, 2026, see Fig 5.

Figure 5: Number of IDPs in shelters since ceasefire



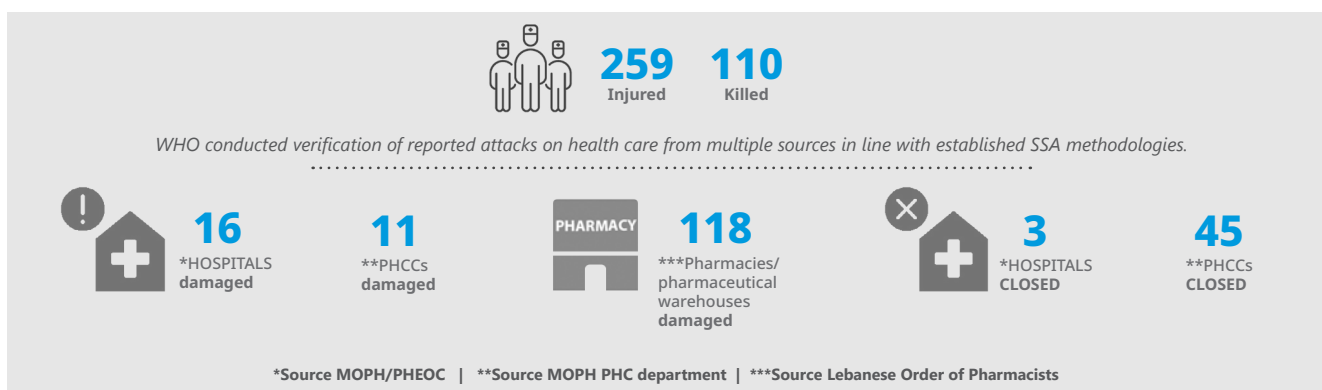
### Impact on vulnerable groups

- A noticeable increase in the number of older persons, and persons with disabilities has been observed in shelters over the past week.
- The prolonged crisis has intensified socioeconomic strain, increased protection risks at the household level, and led to greater reliance on negative coping strategies.
- The evolving emergency context requires urgent assistance to help families meet basic needs.
- Risks are especially high for women and girls both within and outside collective sites, separated children or those engaged in street-based work, and persons with disabilities.
- Those outside collective shelters, including women and children, face heightened exposure to protection risks, along with major gaps in access to essential services and WASH facilities (OCHA Flash Update #25).
- Among IDPs in shelters, 1,200 have physical disabilities, 689 reported to have mental disabilities, 422 have hearing impairments, and 388 have visual impairments (Shelter Monitoring Dashboard – DRM/LRC).

- Health partners also continue to report inadequate meal frequency among displaced pregnant women in collective shelters, a finding consistently observed across assessed sites. Poor nutrition during pregnancy poses serious risks for both mother and fetus, increasing the likelihood of obstetric and neonatal complications (Lebanon Health Sector Emergency Situation Report #10).

## Attack on healthcare and impact on health services

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



- Despite the ceasefire, attacks on health care have continued, underscoring the fragile protection afforded to health services. Since 2 March 2026, the WHO Surveillance System for Attacks on Health Care has reported 259 injuries and 110 deaths.
- Even after the ceasefire, 18 attacks were recorded, resulting in 28 injuries and 12 deaths, highlighting the continued vulnerability of health workers, patients, and health facilities.
- This is not an isolated pattern. During the 2023–2024 conflict in Lebanon, 163 attacks on health care were documented, leading to 296 injuries and 241 deaths, further illustrating the repeated and systemic exposure of the health sector during periods of escalation.
- 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).
- Six hospitals have not yet resumed maternity delivery services for pregnant women following the recent escalation and are currently providing only emergency room care in Tyre, Bint Jbeil, Hasbaya, and Nabatieh districts. These combined constraints are placing additional pressure on the remaining functional facilities and significantly reducing access to delivery services, particularly in high-need, underserved, and return-affected areas, further limiting essential maternal care (Lebanon Health Sector Emergency Situation Report #10).
- In addition, sixteen hospitals have sustained partial damage.
- Hiram hospital sustained physical damage on 15 May 2026, which resulted in the injury of 6 healthcare workers; worth noting that this was not the first attack that impacted this hospital.
- 45 PHCs remain closed and 11 PHCs reported to be damaged.
- 118 pharmacies and pharmaceutical warehouses were damaged. 291 pharmacists were displaced and 320 pharmacists had to stop working (Lebanese Order of Pharmacists).

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

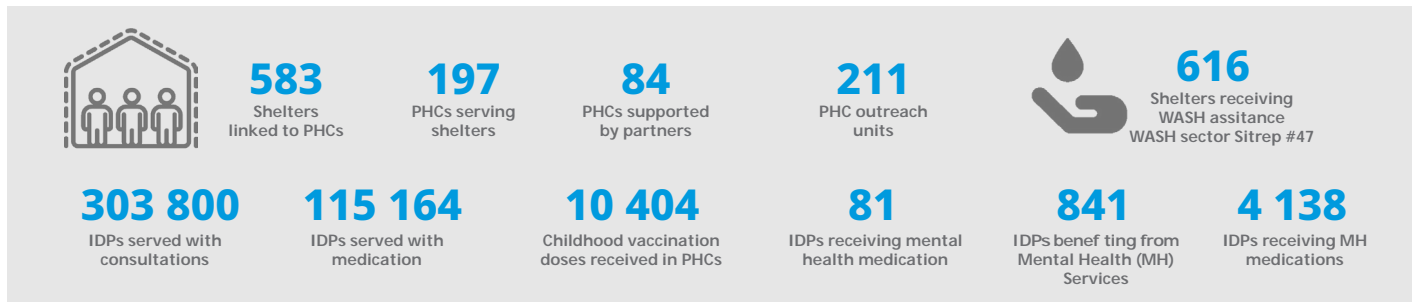
Cumulative calls **3,825** (on 14 May 2026)

- Psychiatric emergency dispatches **39**
- Hospitalization **15**



## Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 14 May 2026)



- 197 PHCs are linked to 584 out of 632 opened shelters through outreach units. A total of 303,800 consultations have been provided to IDPs, and 115,164 individuals have received medications for both acute and chronic conditions and 4,138 received mental health medications.
- The MoPH developed a digital platform to present and visualize data and statistics related to its response to the current crisis. [LINK](#).

## WHO response efforts

### Strengthen emergency coordination & health sector leadership

- As part of WHO technical support to MoPH under the International Health Regulations (IHR), an advanced webinar on radio-nuclear hazards was conducted on 15 May 2026 for ER physicians to strengthen hospitals' capacity to effectively detect, respond to, and manage radio-nuclear emergencies in Lebanon. This webinar covered the following:
  - Introduction to basic radiation protection (types of exposures, health effects of radiation, and types of radiation emergencies)
  - Radiation detection equipment in radiation emergencies
  - Decontamination procedures
  - Hospital response (Emergency Rooms set up, medical countermeasures and special stockpiles, including medications)
- Preliminary findings from the Partners' Capacity Assessment indicate that 11 operational partners continue to provide life-saving health services in South of Litani, with 37 partners active nationwide. Demand remains extremely high, with significant reliance on humanitarian assistance, especially for trauma care, critical medications (anesthetics, oncology treatments, and oxygen), NCD management, and emergency and inpatient care services.
- Furthermore, as of 14 May 2026, approximately 85% of the Rapid Health Assessment (RHA) has been completed, including in hard-to-reach areas. Data collection remains ongoing in a few locations. Preliminary findings will inform MoPH leadership and guide updates to health sector response strategies.

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

- WHO with support from CERF and ECHO, supported the delivery of 40 WHO Trauma and Emergency Surgery Kits (TESKs) to frontline hospitals across Lebanon to strengthen emergency and trauma response capacities amid the ongoing crisis. An additional 20 TESKs have been prepositioned as contingency stock to ensure rapid deployment in the event of further escalation.
- In parallel, 20 ICU ventilators were delivered to the Ministry of Public Health central medical supplies warehouse to reinforce critical care capacity and support continuity of essential health services.



- To complement the work on ensuring access to essential medications for chronic conditions, WHO supported the MoPH in developing an NCD medication substitution guide. A series of trainings and discussions are taking place; the first was conducted with medical and health advisors from INGOs and NGOs supporting PHC centres, a total of 35 persons participated in the discussion. The MoPH also shared a memo with the Lebanese Order of Physicians encouraging those who work in the PHC system to abide by the EML to ensure continuity of care.
- WHO initiated regular field visits to shelters to understand their health situation and continuity of care; so far, 6 large shelters were visited jointly with the MoPH and the team will start delivering health education in the shelters to strengthen the community’s health literacy on topics such as hygiene, medications, self-management for chronic conditions, etc.

**Sustain & expand trauma response**

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 100 patients, including 92 hospital admissions and 8 emergency room cases across 23 hospitals.
  - o Beneficiaries include 90 Syrians, 4 Ethiopians, 3 Egyptians, 1 Bangladeshi, 1 Burkinabé, and 1 Sudanese.
  - o Of the total, 22 individuals (22%) are under 18 years of age and 26 (26%) are female.

**Mental Health and Psychosocial Support (MHPSS)**

- WHO has supported the coverage of hospitalization costs for severe mental health conditions since 2 March 2026, enabling access to critical inpatient care for a cumulative total of 34 Lebanese nationals, 2 Syrian refugees, and 2 migrant workers. Supported cases included 21 cases of severe depression, 13 cases of schizophrenia, and 4 cases of bipolar disorder, representing an important contribution to expanding access to life-saving mental health services.
- WHO co-chairs the Mental Health and Psychosocial Support Coordination Group which is led by the MoPH/ NMHP. A mental health consultant was deployed to strengthen the MHPSS response across the continuum of MHPSS interventions, in close collaboration with relevant sectors.

**Strengthening protection and safeguarding within health emergency and health system response**

- A 5-day WHO EMRO mission was conducted to strengthen safeguarding, prevention, Protection from Sexual Exploitation, Abuse and Harassment (PRSEAH), and GBV integration within the health response.
- The mission included meetings with MoPH counterparts, field visits to PHCs, and collective shelters, and engagement with partners and the Health Sector Coordinator to identify priority gaps and strengthen safeguarding efforts.
- These efforts aim to enhance protection measures not only during the current crisis, but also across future emergencies and routine health programming beyond crisis settings.

**Enhance disease surveillance & early warning**

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 13,561 calls since the beginning of March 2026 till May 15, 2026, and 163 Calls received in the previous day.



WHO continues to support nationwide surveillance efforts, including the full activation of shelter-based monitoring systems

### Epidemiological signals shared by ESU

Epi week 20 (8 - 14 May 2026)



**Number of Signals Reported 5**  
**Number Need Investigation 4**

100% Verified within 24hr  
100% Investigated



#### Main Source of Reporting

- 20% call center
- 20% from shelter-based surveillance
- 20% from health facility
- 20% ESU
- 20% Media Scanning




#### Event Type & Actions

- 40% Food poisoning: **investigation initiated**
- 20% Exposure to Rabies : **referred to anti-rabies center**
- 20% measles: **investigation initiated**
- 20% Rubella: **Confirmed. Active search in process. Follow up on pregnant woman required.**



#### Area Distribution


- 40% Tripoli
- 20% Beirut
- 20% Chouf
- 20% Baalbeck



#### IDP/Shelter Alerts

- Food poisoning (1)
- Rubella (1)
- Measles (1)

During pregnancy (in particular during the first 3 months), rubella may lead to congenital rubella syndrome



- Heart Defects
- Cataract Anomalies
- Fault Anals
- Hearing Loss



## Priorities

- WHO urgently reiterates the need to ensure full protection of health workers and strict adherence to international humanitarian law to safeguard uninterrupted access to health services for affected populations.
- Immediate, flexible, and rapidly disbursed financing is critical to sustain emergency health operations and prevent disruption of life-saving services.
- Restoring and expanding service delivery remains essential, including outreach for noncommunicable diseases (NCDs), emergency and trauma care, and mental health and psychosocial support (MHPSS), alongside uninterrupted availability of essential medicines, trauma kits, and other critical supplies.
- Strengthened facility- and community-based surveillance is required to enable early detection and rapid response to communicable disease threats, particularly in overcrowded shelters and return areas affected by disrupted water, sanitation, and hygiene (WASH) conditions.
- Although Lebanon's health system remains functional, it is increasingly fragile due to intensified hostilities, repeated attacks on health care, renewed population displacement, and severe supply chain disruptions affecting essential medicines and trauma care. Continued respect for the ceasefire and protection of health services are essential to maintain humanitarian access and prevent further system deterioration and secondary public health impacts.



*The lesson (from pandemic) is that while advanced medical care is vital for protecting health of individuals, protecting health of populations requires a different kind of investment: in surveillance, laboratory capacity & primary health care.*

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General



### 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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