

# LEBANON

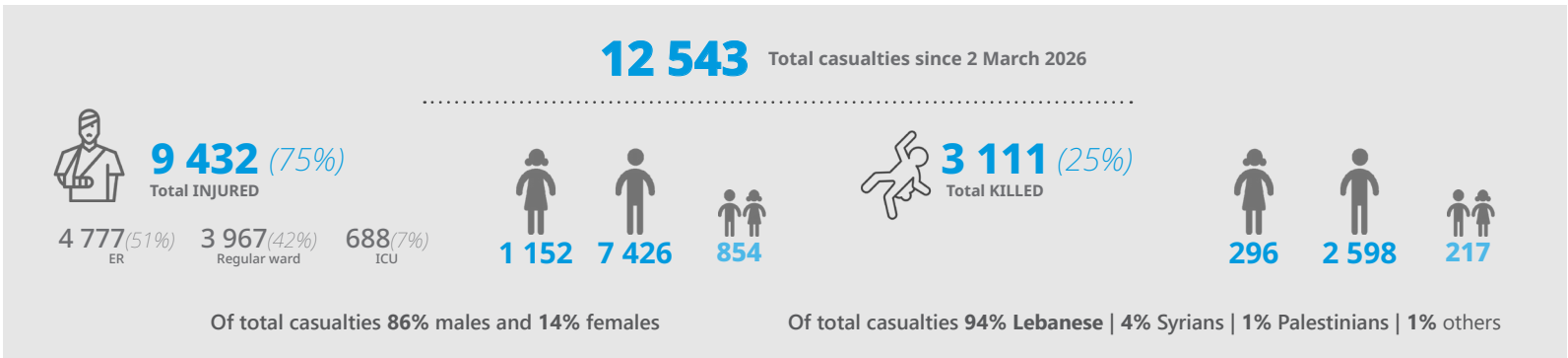
## Health Emergency

Situation update #25  
22 May 2026



### Casualties and injury overview

(Source: MoPH-PHEOC on 22 May 2026)



### Situation overview

#### Impact of ongoing airstrikes

- On 15 May, a 45-day extension of the cessation was announced following United States–facilitated talks. As stated by the U.S. State Department, “The April 16 cessation of hostilities will be extended by 45 days to enable further progress,” indicating that the extension applies to the original framework initiated on 16 April and is therefore expected to run until the end of May 2026, with further discussions scheduled for 2 June.
- The period saw some of the most intense violence since mid-April, with increased airstrikes and military activity across southern Lebanon shortly after the announcement of extension of ceasefire.
- Southern Lebanon remains the most affected area, particularly in Tyre, Nabatieh, Bint Jbeil, and surrounding border communities, where intermittent drone activity, shelling, and strikes continue to disrupt civilian life and access to services.
- Meanwhile, Beirut, Mount Lebanon, and most northern and coastal regions remain relatively stable, with daily life largely functioning during daytime hours.
- Overall, the situation remains highly fragile, with continued activity in the south and parts of the Bekaa and uncertainty over the ceasefire timeline sustaining a significant risk of sudden escalation and further humanitarian deterioration.
- Total reported hostilities have reached 16,434 incidents since 2 March 2026. Of these, 8,171 incidents were recorded between 2 March and 17 April (pre-ceasefire period), while 8,263 incidents have been recorded from 17 April till 21 May under the cessation framework. This represents more than doubling, with an approximate 101% increase in incidents compared to the pre-ceasefire period, despite the agreement in place.

#### Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 12,543 including 3,111 deaths (including 217 children and 296 women) and 9,432 injuries as of 6:00pm on May 22, 2026., Fig. 1A, Causality Distribution by day since March 2, 2026.

- Out of the total injured, 4,777 (51%) were treated at Emergency rooms as outpatient, 3,967 (42%) admitted to regular wards and 688 (7%) admitted to ICU.
- Between 17 April and 22 May 2026 (ceasefire period), MoPH reported a cumulative number of casualties of 2,377, including 603 deaths and 1,774 injured. Fig. 1B, Casualty Distribution by Day since April 17, 2026.
- Out of the total injured post-ceasefire, 848 were admitted to regular ward, 794 injured were treated at emergency rooms, and 132 injured were admitted to ICU. 8% of the injured were children. Casualties were reported from Nabatiyeh (353 deaths and 863 injured) and from the South (223 deaths and 859 injured). 87% of the casualties were male (2,077 casualties) and 13% females (300 casualties).
- For total casualties since March 2, 2026, the majority of fatalities and injuries occurred in Nabatiyeh (5,241 casualties), followed by the South (4,966 casualties), and Mount Lebanon (1,141 casualties). Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 10,743 (86%) were male and 1,800 (14%) females.
- 9% of the total casualties are children, 217 children are dead, and 854 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 11,802 casualties (94%) were Lebanese, 440 casualties (4%) were Syrian, 163 casualties (1%) were Palestinian, and 138 casualties (1%) from other nationalities, Fig 4.

### Casualty segregation

Figure 1: Casualty distributed by day from 02/03/2026 to 22/05/2026

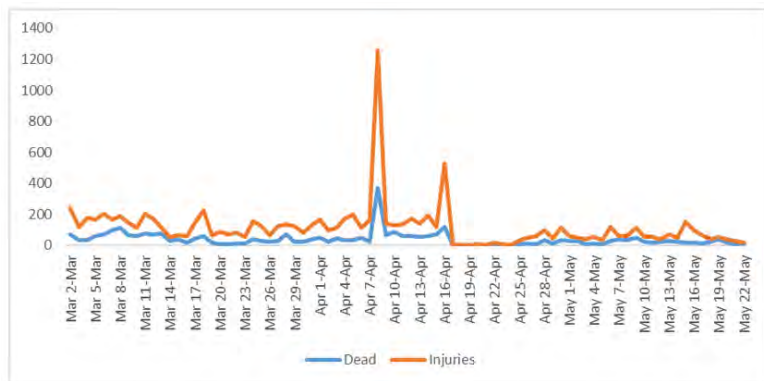


Figure 1B: Casualty distributed by day (post-ceasefire) from 17/04/2026 to 22/05/2026

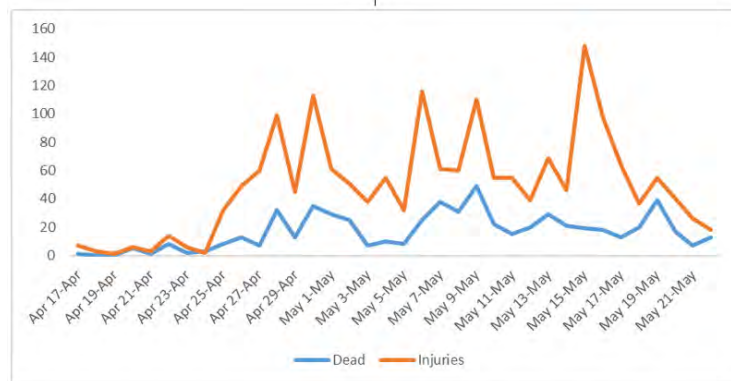


Fig 2: Casualties by Governorates

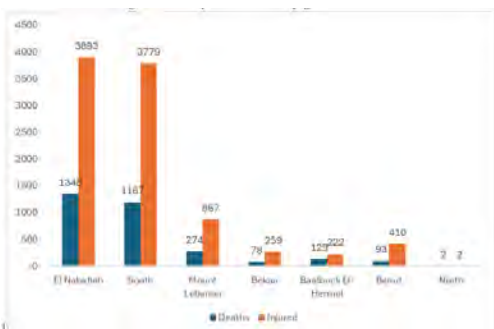


Fig 3: Casualties by Age Category

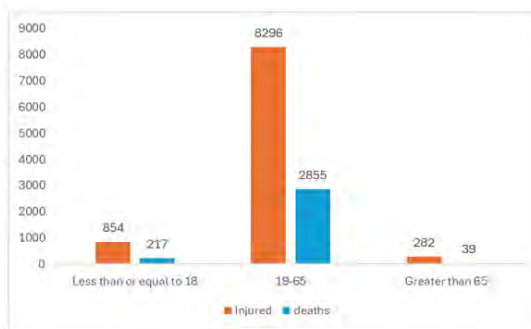
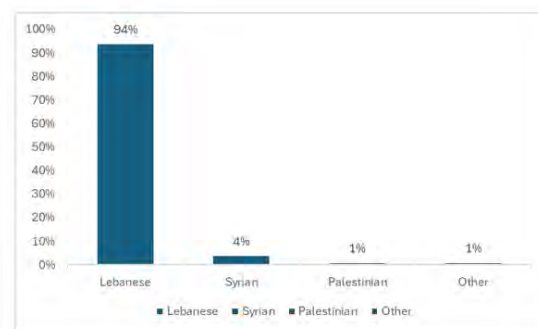
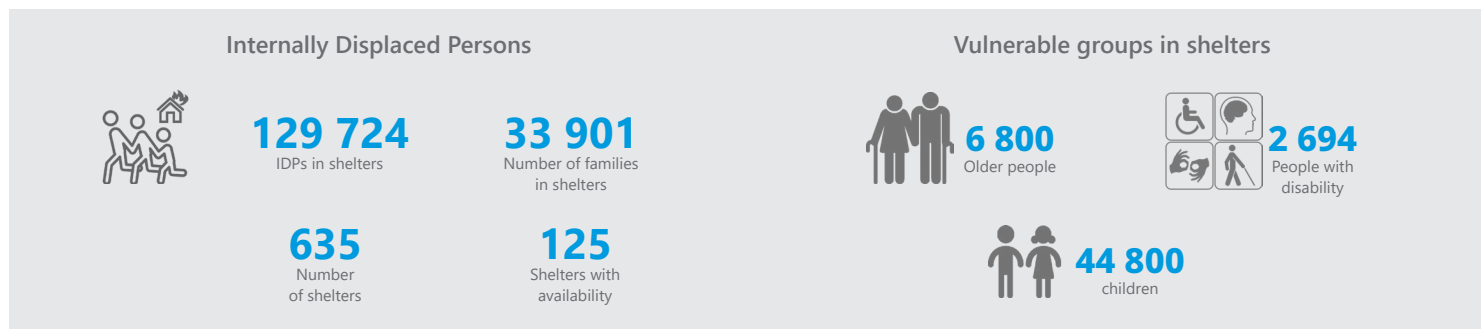


Fig 4: Casualties by Nationality



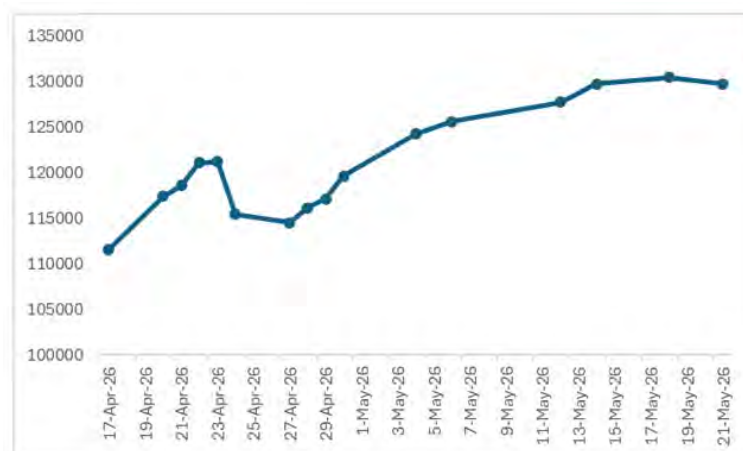
## Displaced people, shelters & vulnerable groups

(Source: DRM-Dashboards on 21 May 2026)



- Displacement levels rose following the deterioration in security conditions. During the reporting period, six new displacement orders were issued affecting 27 localities, resulting in additional population movements. Overall displacement trends across Lebanon continue to increase, though unevenly distributed geographically.
- Beirut and Mount Lebanon are hosting 71% of displaced populations in shelters and are under increasing pressure from successive waves of displacement.
- Many displaced individuals, including migrants and refugees who initially returned to southern Lebanon, have since moved back after finding their homes destroyed or heavily damaged. Return movements remain limited due to ongoing insecurity, damaged housing, insufficient access to basic services, and the presence of unexploded ordnance (UXO). In addition, many affected individuals continue to face loss of livelihoods and unresolved residency status challenges (OCHA Flash Update #27).
- Number of IDPs in shelters increased by 14% since April 17, 2026, see Fig 5.

Figure 5: Number of IDPs in shelters since ceasefire

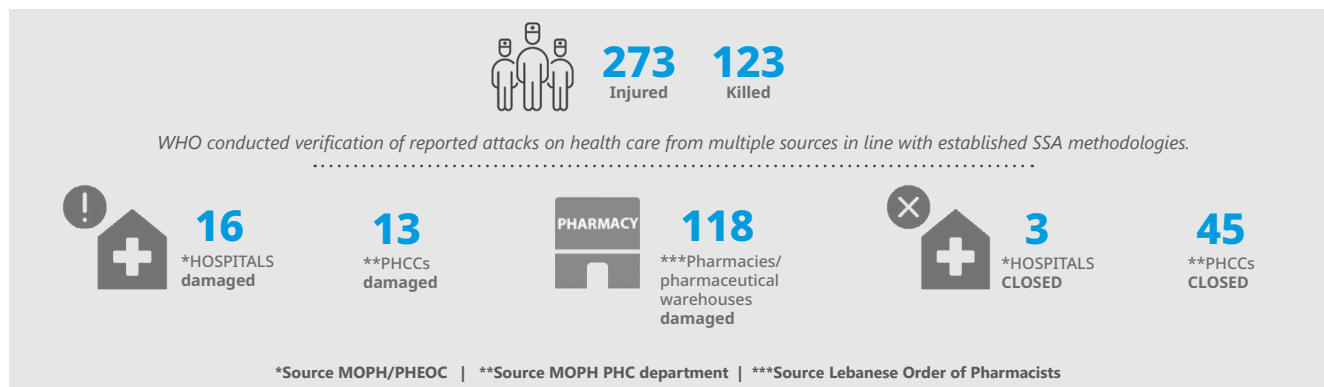


### Impact on vulnerable groups

- Protection concerns continue to increase due to limited shelter capacity and restricted access for non-Lebanese populations, with collective sites remaining severely overcrowded.
- Women and girls in tents, public spaces, and informal settlements face heightened risks, with urgent needs for safe shelter, water and sanitation, and basic services.
- Persons with disabilities continue to require targeted support (OCHA Flash Update #27).
- Among IDPs in shelters, 1,200 have physical disabilities, 684 reported to have mental disabilities, 422 have hearing impairments, and 388 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)



- 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 273 injuries and 123 deaths.
- Since the announcement of the ceasefire, 12 attacks on health care have been recorded, resulting in the death of 15 healthcare workers/paramedics and the injury of 22 others. 3 EMS centers were targeted, 13 rescue vehicles were damaged; additionally, and during the same period, 4 attacks have been reported on hospitals.
- On 15 May 2026, an Emergency Medical Services (EMS) center was targeted in Harouf village in Nabatieh, resulted in the death of 3 paramedics, the injury of another paramedic and the damage of 2 ambulances/rescue vehicles.
- Tebnin Governmental Hospital has sustained severe physical damage on 22 May 2026, which resulted in the injury of 7 healthcare workers, to note that this was not the first attack that impacted this hospital and its staff.
- On 22 May 2026, an EMS center was directly targeted in Hanaouay village resulting in the severe damage of the center, the deaths of 4 paramedics, and the injury of 2 other paramedics.
- 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 including 2 hospitals with major physical damage.
- 45 PHCs remain closed and 13 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).

The Ministry of Public Health developed a digital platform to present and visualize data and statistics related to its response to the current crisis [LINK](#)

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

Cumulative calls **4,256** (since the onset of the war, data provided up till 21 May 2026)

- Psychiatric emergency dispatches **41**
- Hospitalization **15**



## 79th World Health Assembly adopts resolution on the protection of health care submitted by Lebanon

The Seventy-Ninth World Health Assembly, held in Geneva from 18 to 23 May, adopted a resolution submitted by Lebanon on the protection of health care, receiving 95 votes in favour and only two against. The resolution, endorsed earlier by the Council of Arab Health Ministers, highlights the severe impact of the ongoing escalation of hostilities on Lebanon's health system since 2 March 2026, with significant disruptions to hospitals, primary health care centres, ambulance services, and medical personnel. It notes that more than a quarter of the population has been displaced, placing extreme pressure on already strained health services amid shortages of medicines, medical supplies, and rising demand for mental health support.

The resolution further documents the direct impact on the health sector, including 116 health workers killed, damage to 16 hospitals, 147 ambulances affected, and 45 primary health care centres forced to close, describing these incidents as serious violations of international humanitarian law.

It calls for strengthened protection of health care, sustained international support to Lebanon's health system, and enhanced operational assistance from WHO to ensure continuity of essential services and support system recovery, while reaffirming the broader importance of safeguarding health care in conflict settings and upholding the right to health.

## 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)
- Part II of the webinar on radio-nuclear hazards preparedness for emergency doctors will be conducted on Monday 25 May 2026 prior to finalizing the roll-out plan of trainings across all hospitals in country.

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

- WHO's deployment of 120 KMEDMTRAMK2-A1 Major Trauma Backpack Kits to ambulances and EMS teams strengthens Lebanon's frontline capacity to rapidly respond to emergencies, mass-casualty incidents, and conflict-related injuries.
- These fully equipped trauma kits enable early, life-saving interventions at the point of care and during patient transport, improving stabilization prior to hospital arrival.
- By pre-positioning essential trauma supplies with EMS providers, WHO and partners support life-saving response, reduce avoidable mortality, and enhance timely and equitable emergency care for affected populations.
- 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. In addition, a dedicated session was delivered to PHC coordinators and YMCA coordinators on the issue of EML and substitution as well as field challenges. 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, 10 large shelters were visited jointly with the MoPH and 2 sessions on health education on hygiene were delivered in one shelter.

**Sustain & expand trauma response**

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 101 patients, including 93 hospital admissions and 8 emergency room cases across 23 hospitals.
  - o Beneficiaries include 91 Syrians and 10 migrant workers.
  - o Of the total, 23 individuals (23%) 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 35 Lebanese nationals, 2 Syrian refugees, and 2 migrant workers. Supported cases included 22 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.

**Enhance disease surveillance & early warning**

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 14,332 calls since the beginning of March 2026 till May 22, 2026, and 111 Calls received in the previous day.



“ Noncommunicable diseases and mental health conditions account for 80% of all deaths globally. Yet the global response remains too fragmented – by disease, by sector, and by level of care. We have an urgent task and a shared responsibility to deliver solutions – with urgency, equity and accountability.

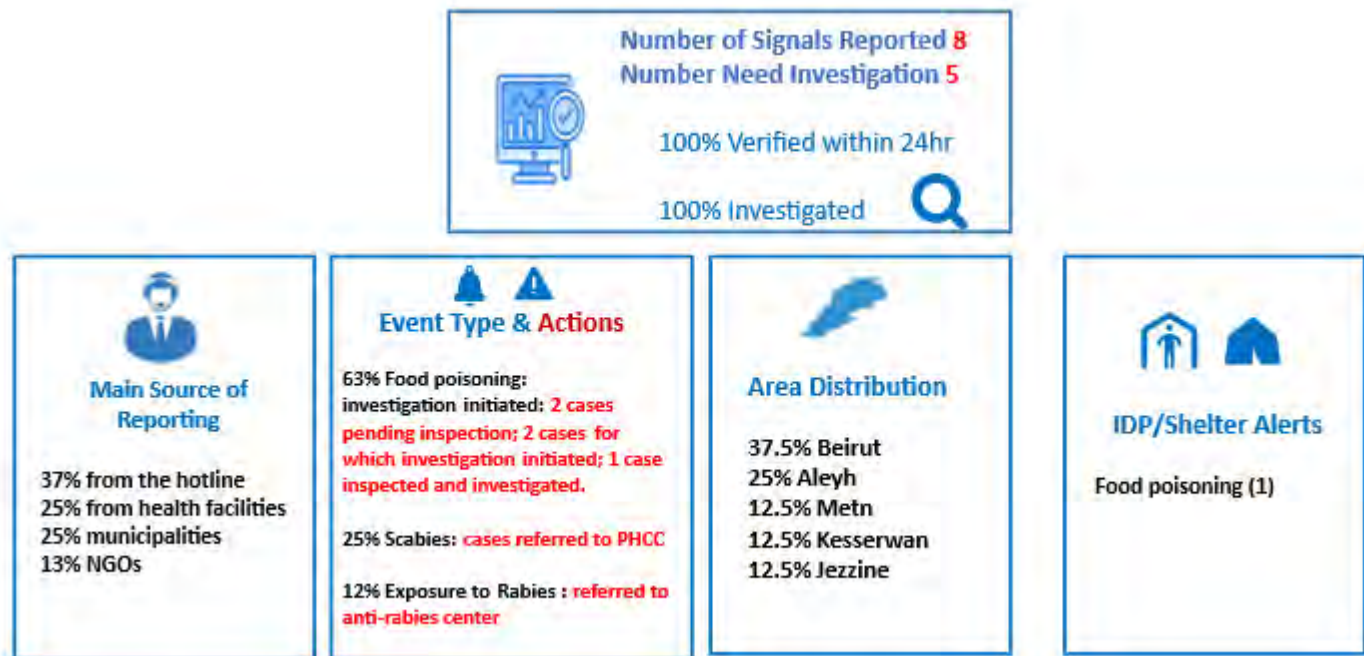
Dr. Tedros Adhanom Ghebreyesus, WHO Director-General



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

Epidemiological signals shared by ESU

Epi week 21 (18 - 21 May 2026)



Health system capacity, access constraints, and public health risks

- Preliminary findings from the Rapid Health Assessment (RHA) conducted in May 2026 across 15 affected districts indicate that access to healthcare remains severely constrained, with 60–80 per cent of households unable to afford services, particularly medications and hospitalization.
- Health system capacity is under significant strain, with 68 per cent of facilities fully functional and 29 per cent partially operational, facing insecurity, staff shortages, and limited partner support. Service delivery is further weakened by frequent attacks on healthcare, weak referral systems, reduced operational capacity, and stock-outs of medicines.
- Public health risks continue to increase, including respiratory infections, mental health conditions, diarrheal diseases, and injuries, while critical shortages persist in essential medicines, non-communicable diseases (NCD) medications, trauma supplies, psychotropic medications, fuel, and medical consumables.

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: Please note that the Situation Update will not be issued next week due to the Eid holiday. Starting June 2026, it will be issued on a weekly basis every Thursday.*

Further information

World Health Organization - Lebanon  
Beirut – Lebanon  
Office: +961 1 612970/1/2 ext 61801

Fax: +961 1 612973  
Email: emwroleb@who.int

