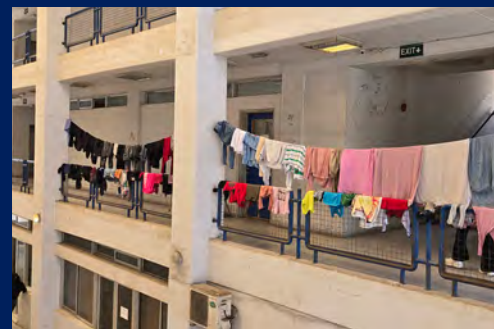


LEBANON

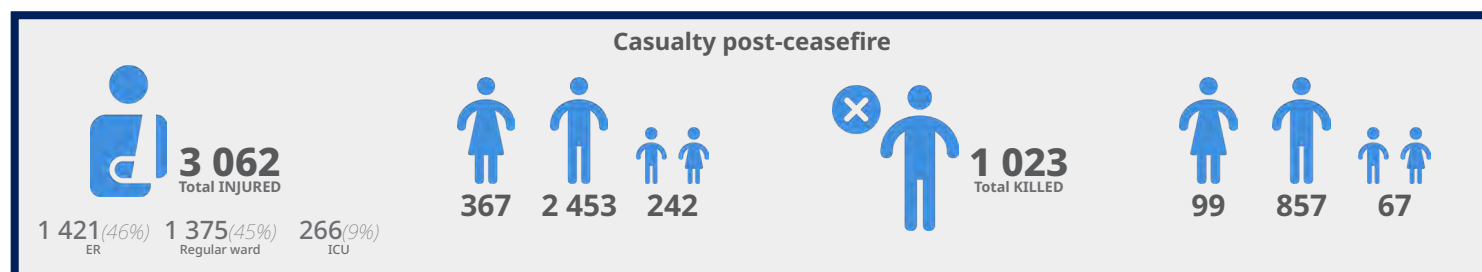
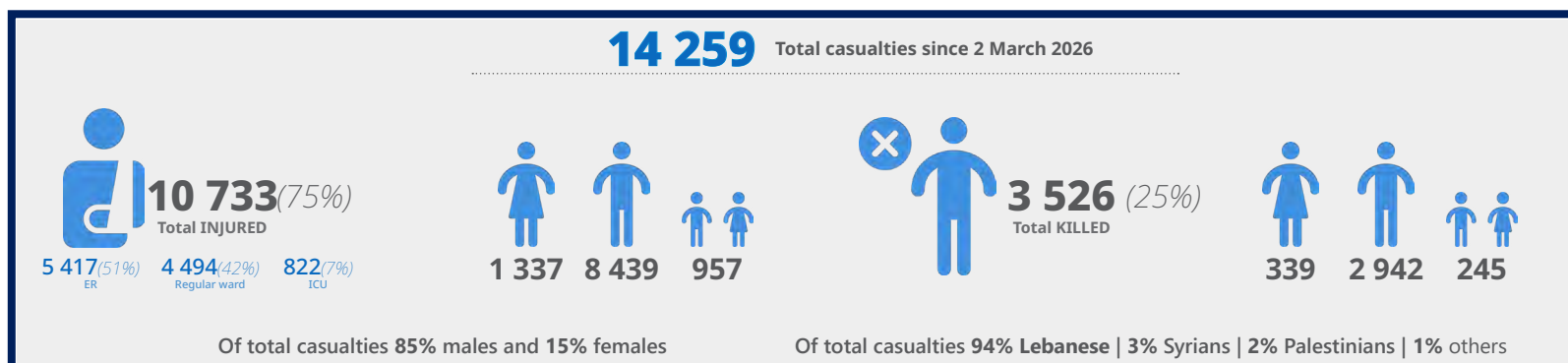
Health Emergency

Situation update #26
04 June 2026



Casualties and injury overview

(Source: MoPH-PHEOC on 04 June 2026)



Situation overview

Impact of ongoing airstrikes

- Lebanon's security situation remained highly unstable over the past two weeks, with hostilities concentrated in the south and periodic strikes affecting areas near Beirut.
- Ceasefire and de-escalation efforts failed to fully halt the violence, resulting in continued casualties, damage to civilian infrastructure, and heightened protection concerns.
- The humanitarian situation deteriorated significantly between 29 May and 1 June, driven by escalating insecurity, increasing humanitarian needs, and large-scale displacement following 10 displacement orders that affected at least 34 localities.
- On 1 June, threats of major airstrikes in the southern suburbs of Beirut triggered precautionary population movements and fears of a broader expansion of the conflict into the capital, prompting intensified diplomatic efforts to prevent further escalation.
- Overall, the reporting period was characterized by heightened insecurity, significant displacement, continued attacks on healthcare workers and health facilities, and growing pressure on humanitarian services.

Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 14,259 including 3,526 deaths (including 245 children and 339 women) and 10,733 injuries as of 6:00pm on June 4, 2026., Fig.1 Causality Distribution by day since March 2, 2026.
- Out of the total injured, 5,417 (51%) were treated at Emergency rooms as outpatient 4,494 (42%) admitted to regular wards and 822 (7%) admitted to ICU.

- For total casualties since March 2, 2026, the majority of fatalities and injuries occurred in the South (5,930 casualties), followed by Nabatiyeh (5,907 casualties), and Mount Lebanon (1,159 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 12,176 (85%) were male and 2,083 (15%) females.
- 9% of the total casualties are children, 245 children are dead, and 957 children are injured. Fig 3. Shows age distribution of casualties.
- Nationality data shows that 13,394 casualties (94%) were Lebanese, 498 casualties (3%) were Syrian, 216 casualties (2%) were Palestinian, and 151 casualties (1%) from other nationalities. Fig 4.
- The fatality rate among males (26%) was 1.28 times higher than that of females (20%), and 1.27 times higher than among children (20%).
- Between 17 April and 4 June 2026 (ceasefire period), MoPH reported a cumulative number of casualties of 4,085, including 1,023 deaths and 3,062 injured. Fig 5. Casualty Distribution by Day since April 17, 2026.
- Out of the total injured post-ceasefire, 1,375 were admitted to regular ward, 1,421 injured were treated at emergency rooms, and 266 injured were admitted to ICU. 8% of the injured were children. Casualties were reported from Nabatiyeh (517 deaths and 1,355 injured) and from the South (453 deaths and 1,595 injured). 86% of the casualties were male (3,510 casualties) and 14 % females (575 casualties).

Casualty segregation

Figure 1: Casualty distributed by day
from 02/03/2026 to 04/06/2026

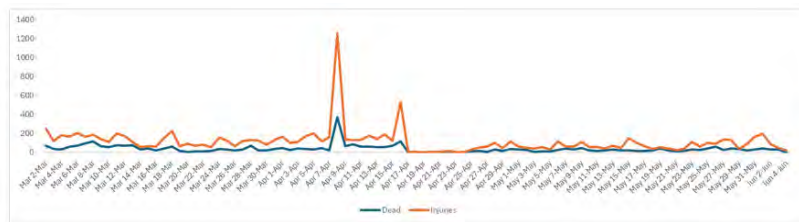


Fig 2: Casualties by Governorates

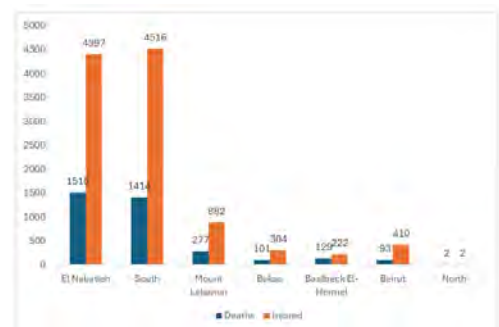


Fig 3: Casualties by Age Category

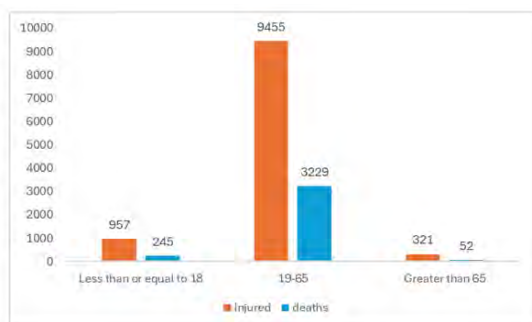


Fig 4: Casualties by Nationality

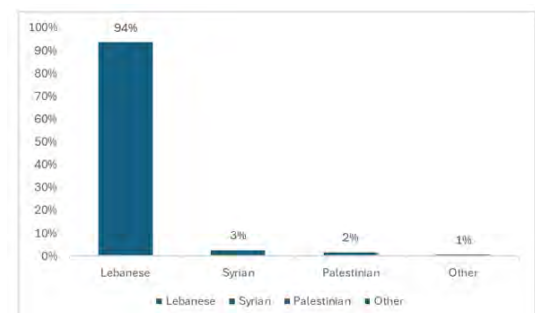
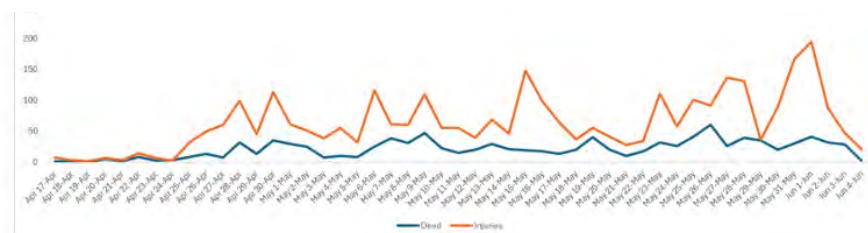


Figure 5: Casualty distributed by day
(post-ceasefire) from 17/04/2026 to 04/06/2026



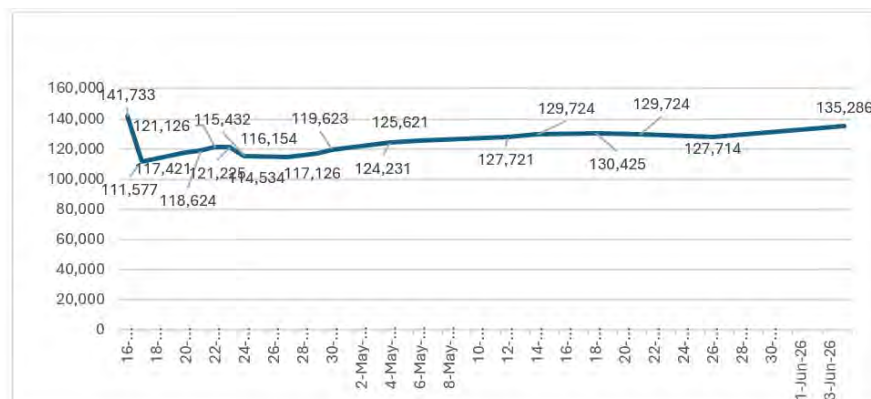
Displaced people, shelters & vulnerable groups

(Source: DRM-LRC Dashboards on 04 June 2026)



- On 1 June, an estimated 30,000 families were displaced from the South Governorate and 4,000 families from Nabatieh Governorate. At the same time, the southern suburbs of Beirut experienced one of the largest displacement waves of the current escalation, with approximately 50,000 families displaced.
- The shelter situation has reached critical levels across several governorates. Collective shelters in Beirut, Mount Lebanon, Tyre, and Saida are at full capacity, prompting consideration of alternative solutions such as tented sites and additional schools
- North Lebanon has emerged as the main receiving area for new arrivals, while the Bekaa continues to absorb displaced populations through expanded use of school facilities as collective shelters.
- Most displaced people are sheltered in host communities or collective sites; however, limited capacity has forced some to remain in open spaces or move repeatedly between shelters and damaged homes.
- Rising unemployment and loss of livelihoods further increased vulnerabilities, particularly among migrants, refugees, and other individuals without legal status (OCHA Flash Update #31).
- Number of IDPs in shelters has increased by 18% since April 17, 2026, see Fig 6.

Figure 6: Number of IDPs in shelters since ceasefire

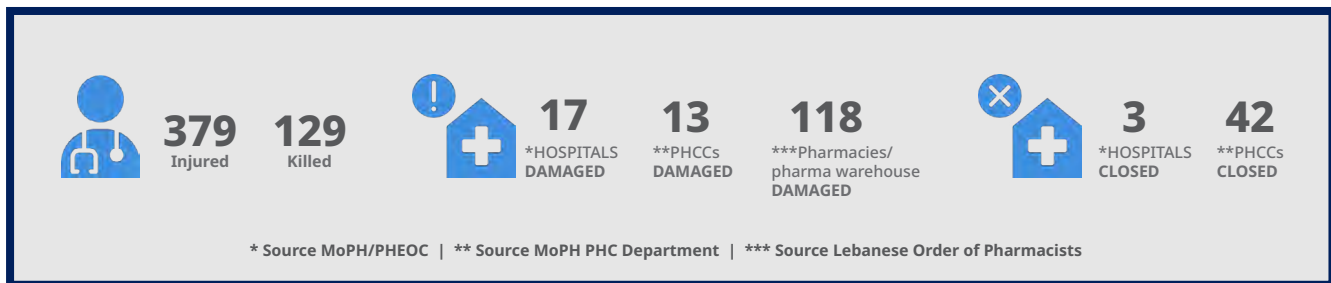


Impact on vulnerable groups

- Protection risks are increasing, particularly for women and girls affected by repeated displacement, overcrowded shelters, and limited services, including heightened exposure to gender-based violence, exploitation, and barriers to assistance and safe shelter.
- Children in shelters also face significant constraints, including limited space and increased protection risks, especially adolescent girls and children with disabilities (OCHA Flash Update #31).
- Approximately 13,500 pregnant women are currently displaced, including 1,500 expected to give birth within the next 30 days, with many likely to go into labor under highly difficult conditions (UNFPA Lebanon, 3 June 2026).
- Among IDPs in shelters, 1,100 have physical disabilities, 655 reported to have mental disabilities, 382 have hearing impairments, and 389 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 379 injuries and 129 deaths.
- Since the announcement of the ceasefire, 47 attacks on health care have been recorded, resulting in the deaths of 31 health care workers/paramedics and the injury of 146 others. During the same period, 11 EMS centers were targeted, 48 rescue vehicles were damaged, and 13 attacks on hospitals were reported.
- Although the World Health Assembly adopted Lebanon's resolution on the protection of health care on 21 May 2026, supported by 95 Member States, attacks on health care have continued. Since the resolution was adopted, 21 additional attacks have been reported, resulting in 12 deaths and 94 injuries. Health facilities, health workers, patients, and ambulances remain protected under international humanitarian law and must be respected and always safeguarded, with the protection of health care emphasized as essential to saving lives.
- This is part of an ongoing pattern of attacks on health care in Lebanon.
- During the previous escalation that began in October 2023, Lebanon recorded 163 attacks on health care, resulting in 241 deaths and 296 injuries.
- Health infrastructure continues to be severely impacted, with ongoing facility closures further limiting access to care. Since 2 March 2026, Seventeen hospitals have sustained between mild and massive physical damage (Nabatiyeh Governmental Hospital, Bent Jbeil Governmental Hospital, Tebnin Governmental Hospital, RHUH, Mashghara Governmental Hospital, Hasbaya Governmental Hospital, Jabal Amel Hospital, Hiram Hospital, Salah Ghandour Hospital, Lebanese Italian Hospital, Al Najdeh Chaabiyeh Hospital, Bahman Hospital, Ragheb Harb Hospital, Al Hayat Hospital, West Bekaa Hospital, Osayran Hospital, and Labib Medical Center).
- Some hospitals have sustained more than one attack, namely Tebnin Governmental hospital (8 attacks resulting in 36 injuries among healthcare workers and staff), Hiram Hospital (4 attacks resulting in 47 injuries among healthcare workers and staff), and Jabal Amel Hospital (3 attacks resulting in 39 injuries among healthcare workers and staff).
- Three hospitals remain fully non-operational (Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, and Salah Ghandour Hospital), while three hospitals have recently reopened (Al Sahel, Bahman, and Al Borj Hospital).

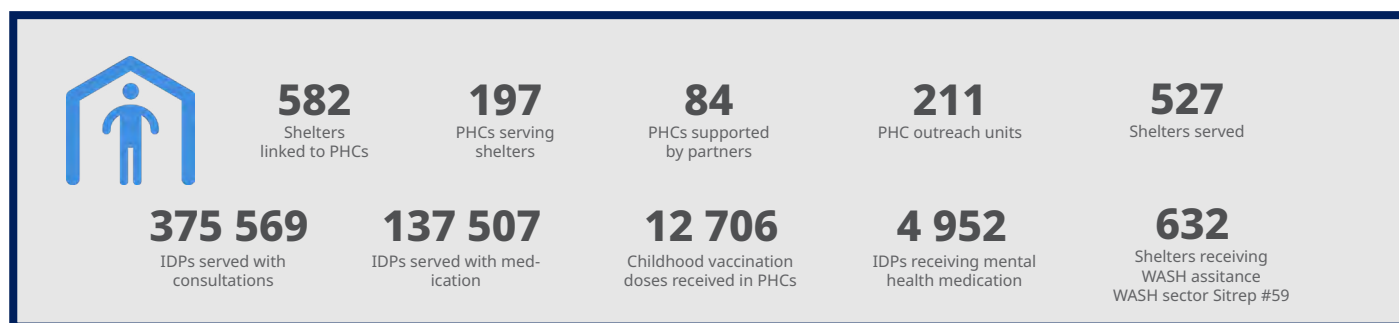
On 3 June 2026, a public warning was issued regarding Tibnin Governmental Hospital in Bint Jbeil district, the only remaining operational facility in the district, providing critical emergency, trauma, and referral services despite repeated recent attacks. The hospital hosts humanitarian actors, including the ICRC and Lebanese Red Cross, and serves as a key emergency response hub.

Any damage, attack, or evacuation would have severe humanitarian consequences, depriving thousands of civilians of lifesaving care.

WHO reiterated that hospitals, patients, health workers, and humanitarian operations are protected under international humanitarian law, and called on all parties to ensure the hospital's continued protection and functionality.

Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 01 June 2026)



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 **4,832** (since the onset of the war, data provided up till 03 June 2026)

- Psychiatric emergency dispatches **52**
- Hospitalization **21**



WHO response efforts

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

- WHO, with support from the European Civil Protection and Humanitarian Aid Operations (ECHO) and the United Nations Central Emergency Response Fund (CERF), strengthened emergency response capacity in Lebanon through the distribution of 20 Trauma and Emergency Surgery Kits (TESKs) and 15 ICU ventilators to priority referral hospitals. This intervention enhances hospital surge capacity to manage severe trauma, burn injuries, and critically ill patients amid the ongoing emergency, while ensuring the rapid availability of lifesaving supplies during mass casualty incidents and supporting continuity of essential health services.
- The deployment of TESSs and ICU ventilators is expected to improve the management of surgical and intensive care cases, helping reduce preventable mortality and complications. Each TESS contains essential medicines, consumables, and equipment required for trauma care, while the ventilators strengthen intensive care services for patients requiring advanced respiratory support. This support contributes to strengthening national preparedness and resilience, enabling frontline hospitals to respond more effectively to growing humanitarian needs.

Sustain & expand trauma response

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 122 patients, including 110 hospital admissions and 12 emergency room cases across 26 hospitals.
 - o Beneficiaries include 112 Syrians and 10 migrant workers.
 - o Of the total, 28 individuals (25%) are under 18 years of age and 32 (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 38 Lebanese nationals, 2 Syrian refugees, and 3 migrant workers.

Enhance disease surveillance & early warning

- WHO is supporting three surge staff at the 1787 MoPH hotline, which has received 15,659 calls since the beginning of March 2026 till June 4, 2026, and 154 Calls received in the previous day.



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

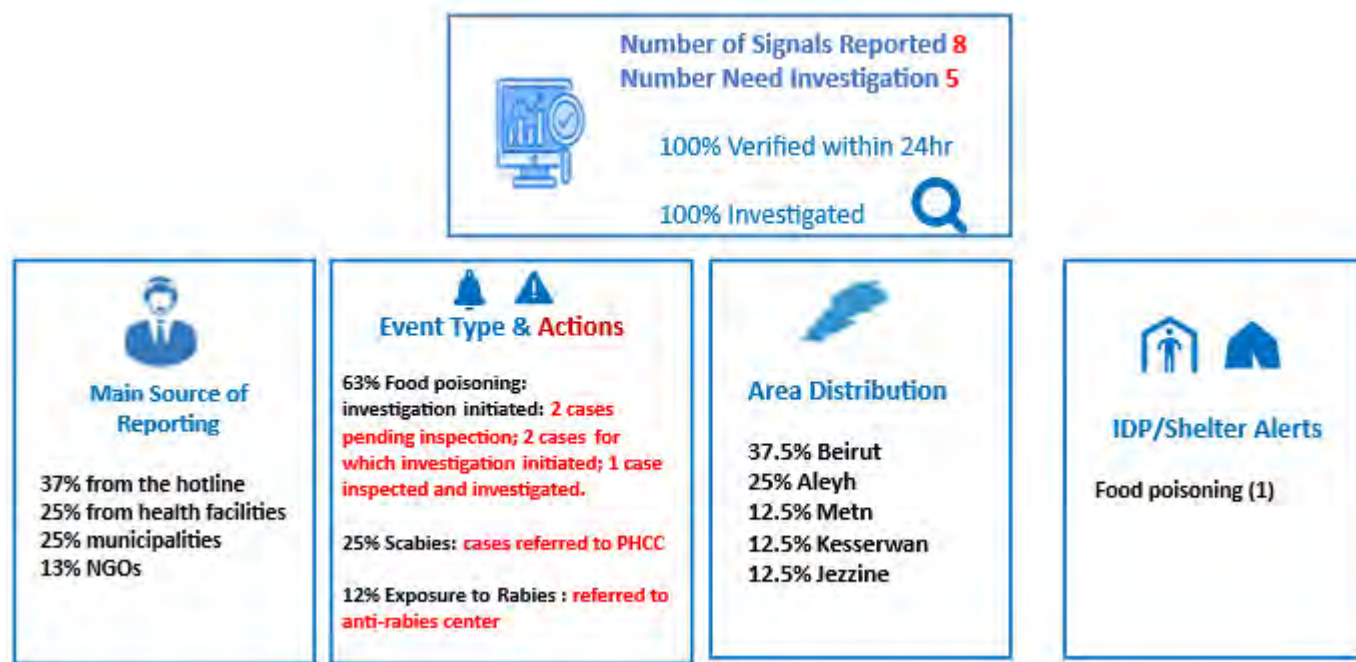
“ At least 40 million children aged 13 to 15 are already using tobacco products, and 15 million children are using e-cigarettes - as tobacco and nicotine industries continue to drive addiction, particularly for young people. World NoTobacco Day is an annual reminder of the harms of tobacco in all its forms. WHO calls on governments to act decisively! ”

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General



Epidemiological signals shared by ESU

Epi week 22 (24 - 30 May 2026)



Disease-specific preparedness:

- As part of WHO technical support to MoPH, a meeting was convened on 4 June 2026 to discuss preparedness measures following the WHO declaration of Ebola as a Public Health Emergency of International Concern (PHE-IC) in Uganda and the DRC. The objective was to assess national emergency preparedness for a potential Ebola outbreak. The meeting was chaired by WHO and MoPH (Preventive Medicine Department and Epidemiological Surveillance Unit).
- Ongoing discussions are taking place on cholera preparedness ahead of the summer season, with WHO, MoPH, and the Health Cluster collaborating to develop and strengthen cholera preparedness and response measures.

Health system capacity, access constraints, and public health risks

- The Rapid Health Assessment (RHA) conducted in May 2026 indicates that across districts, non communicable diseases remain the primary health burden, with rising mental health and respiratory conditions placing additional strain on overstretched services. Sexual and reproductive health (SRH) services remain insufficient, with persistent barriers faced by pregnant and lactating women.
- Access to healthcare is uneven and increasingly constrained, driven by high costs, medication shortages, and limited specialized services, resulting in delayed care seeking and growing reliance on pharmacies. While many facilities remain operational, they are functioning at reduced capacity due to workforce shortages and supply gaps, particularly in underserved areas. Overall, financial barriers are the main driver limiting access to care, compounded by declining system capacity.
- Priority needs include improving the availability and affordability of essential medicines, expanding specialized services including integrated sexual and reproductive health (SRH), mental health services and strengthening health system resources to ensure continuity and quality of care.
- The Health Sector calls for urgent and flexible donor funding to sustain and scale up these priority interventions, prevent further deterioration of health outcomes, and ensure dignified access to life saving health services for vulnerable populations.



Tweeted by Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

2 June 2026

Attacks on health in Lebanon continue to take lives and deprive people of access to health care.

In the most recent hostilities in Tyre, South Lebanon, multiple attacks have been reported affecting two of the city's three hospitals:

- Jabal Amel Hospital where according to initial reports 39 health workers were injured yesterday; and the hospital's emergency department and intensive care unit sustained severe physical damage. WHO is verifying the reported figures and the full extent of the impact.
- Hiram Hospital was damaged on 22 May and again on 31 May, resulting in injuries to 37 health workers.

Despite the damage, these hospitals continue to manage an increased influx of patients from mass casualty events.

Since the latest escalation on 2 March 2026, WHO has verified 191 attacks on health care, resulting in 128 deaths and 371 injuries among health workers and patients.

WHO reiterates its call for the protection of health care, health workers, patients and medical facilities in accordance with international humanitarian law.



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 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

