

LEBANON

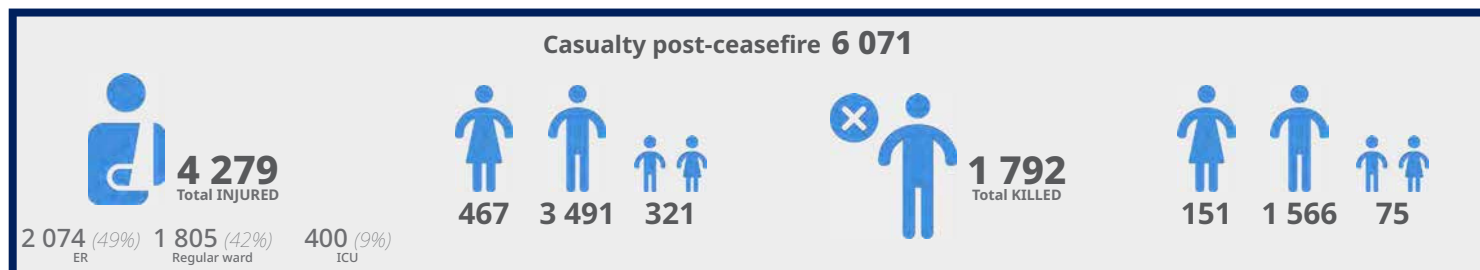
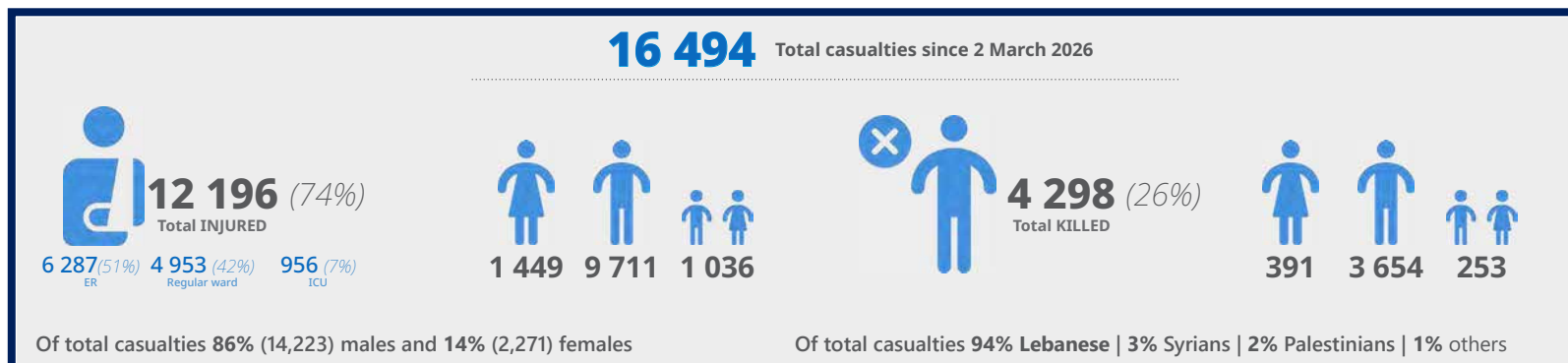
Health Emergency

Situation update #29
02 July 2026



Casualties and injury overview

(Source: MoPH-PHEOC on 02 July 2026)



Situation overview

Impact of ongoing airstrikes

- Since 18 June 2026, the security situation in Lebanon has remained fragile despite a decline in the overall intensity of hostilities following the latest ceasefire announcement.
- Daily airstrikes, shelling, demolitions, military drone activity, and other localized military operations have continued to be reported, particularly in southern Lebanon, posing risks to civilians, limiting safe returns, and highlighting the potential for renewed escalation despite ongoing diplomatic efforts.
- As of 1 July 2026, a total of 25,783 hostilities had been recorded since 2 March 2026, according to the DRM.

Casualties and injury overview

- MoPH reported a cumulative number of casualties since 2nd March has reached 16,494 including 4,298 deaths (including 253 children and 391 women) and 12,196 injuries as of 6:00pm on July 2, 2026., Fig.1 Causality Distribution by day since March 2, 2026.
- Out of the total injuries, 6,287 (51%) were treated at Emergency rooms as outpatient, 4,953 (42%) admitted to regular wards and 956 (7%) admitted to ICU.
- For total casualties since March 2, 2026, the majority of fatalities and injuries occurred in Nabatiyeh (7,038 casualties), followed by the South (6,922 casualties), and Mount Lebanon (1,202 casualties), Additional cases were reported across other governorates. Fig 2.
- Of the total casualties, 14,223 (86%) were male and 2,271 (14%) females.
- 8% of the total casualties are children, 253 children are dead, and 1,036 children are injured. Fig 3. Shows age distribution of casualties.

- Nationality data shows that 15,571 casualties (94%) were Lebanese, 533 casualties (3%) were Syrian, 233 casualties (2%) were Palestinian, and 157 casualties (1%) from other nationalities, Fig 4.
- Between 17 April and 2 July 2026 (ceasefire period), MoPH reported a cumulative number of casualties of 6,071, including 1,792 deaths and 4,279 injured. Fig.5. Casualty Distribution by Day since April 17, 2026.
- Out of a total of 6,071 post-ceasefire casualties, 5,320 were male (88%) and 751 were female (12%), while children accounted for 6% of the total.
- The majority of cases were reported from South (3,036) and Nabatiyeh (2,758). The toll also included 1,792 deaths. Among the injured, 1,805 were admitted to regular wards, 2,074 were treated in emergency rooms, and 400 required admissions to intensive care units.

Casualty segregation

Figure 1: Casualty distributed by day
from 02/03/2026 to 02/07/2026

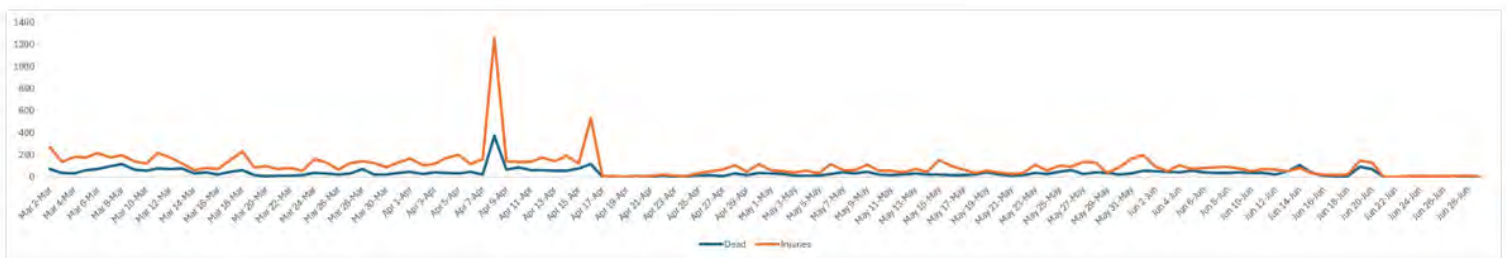


Fig 2: Casualties by Governorates

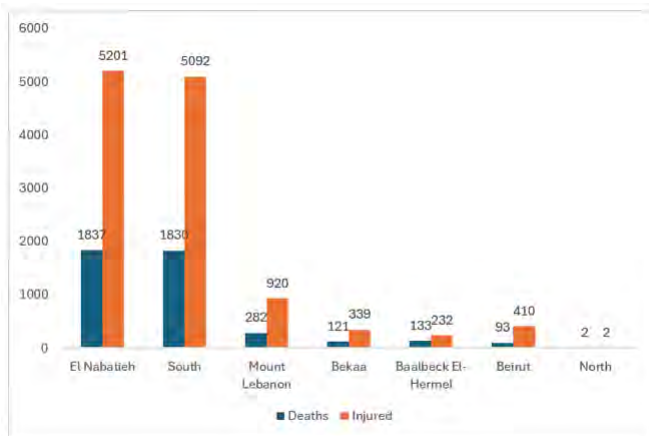


Fig 3: Casualties by Age Category

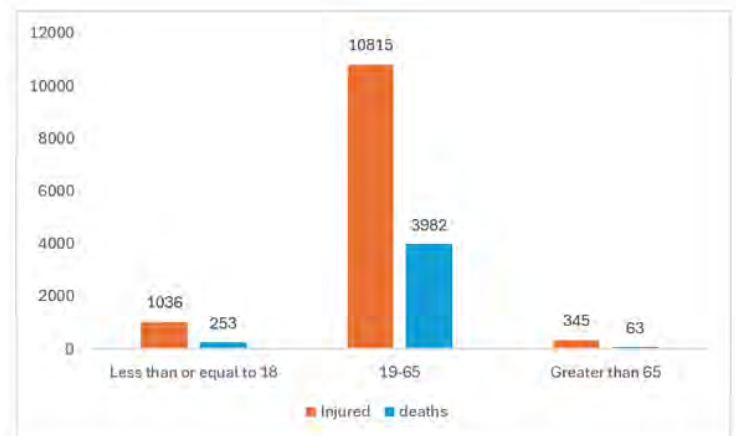


Fig 4: Casualties by Nationality

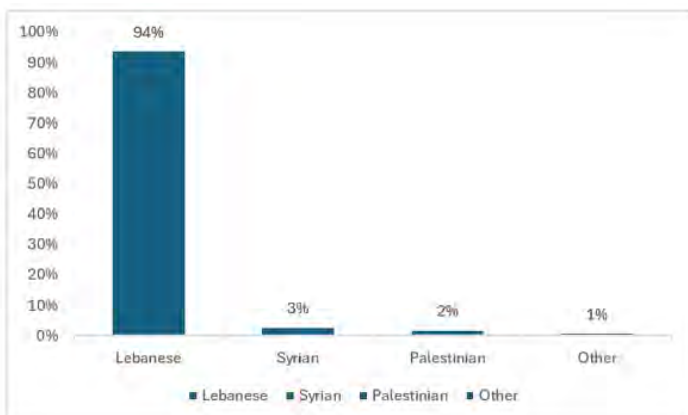
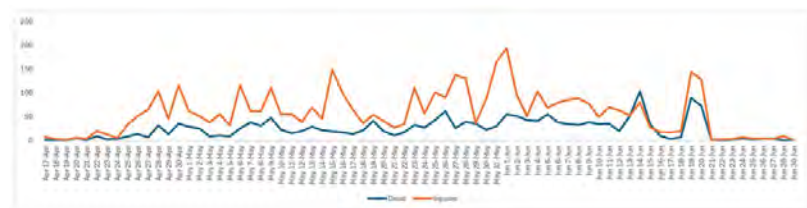


Figure 5: Casualty distributed by day
(post-ceasefire) from 17/04/2026 to 02/07/2027



Displaced people, shelters & vulnerable groups

(Source: DRM-LRC Dashboards on 02 July 2026)



Displaced people at large and inside shelters

- As of 29 June, an estimated 704,445 people remain internally displaced, representing a 17% decrease compared to 17 June (OCHA-Lebanon Flash Update #39).
- The majority of IDPs (91%) originate from five districts: Nabatieh, Bent Jbeil, Marjaayoun, Sour, and Baabda.
- 44,638 IDPs still reside in shelters (down from 103,856 on 18 June) remain in 402 shelters (compared to 628 shelters on 18 June), corresponding to around 11,500 families (down from 27,700 families).
- Despite this reduction in shelter occupancy, a significant number of families continue to experience prolonged displacement at large in the community, with continued pressure on coping mechanisms and heightened vulnerability.
- Despite this reduction, many families continue to face prolonged and repeated displacement, which is eroding coping mechanisms and further increasing vulnerability.

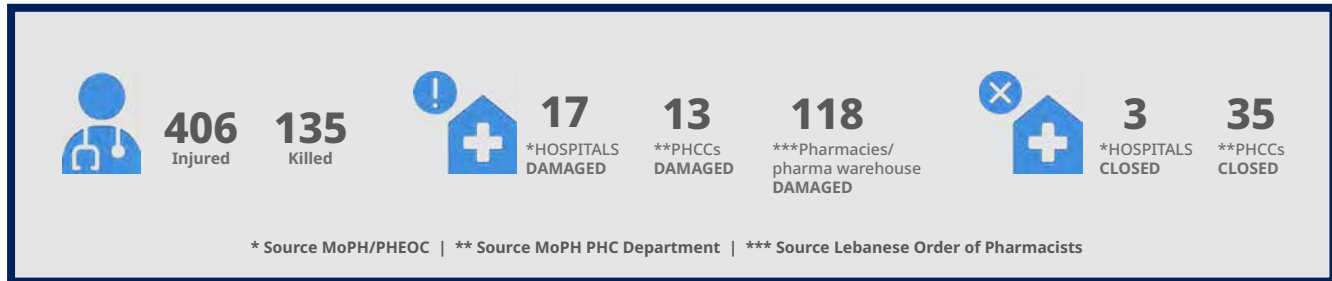
Impact on vulnerable groups

- Displaced populations and returnees continue to face significant protection and humanitarian needs.
- Women and girls represent 53% of displaced persons in shelters, reflecting heightened gendered vulnerabilities.
- Protection risks remain high, with returns delayed due to insecurity, damaged infrastructure, limited services, financial constraints, and rising rental costs.
- GBV risks are elevated, particularly for women and girls in shelters and temporary accommodation, where limited privacy, safety, and services increase exposure to exploitation, distress, and reduced access to support.
- Child protection concerns persist, driven by prolonged displacement, disrupted schooling, unsafe returns, and economic hardship, increasing risks of psychosocial distress, family separation, and exploitation (OCHA-Lebanon Flash Update #39).
- According to the Shelter Monitoring Dashboard (DRM/LRC), displaced persons in collective shelters include approximately 3,700 older people (58+), 797 persons with physical disabilities, 470 reported with mental disabilities, 268 with hearing impairments, and 289 with visual impairments, highlighting specific needs for accessible and inclusive support.
- In addition, the destruction of 90,747 housing units since 2 March 2026 (National Council for Scientific Research – Lebanon (CNRS)) has significantly reduced safe return options, sustained displacement and increasing exposure to overcrowding, disrupted services, and worsening physical and mental health outcomes.
- Families whose homes are destroyed or uninhabitable continue to face prolonged displacement, housing insecurity, financial stress, and psychosocial distress.



Attack on healthcare and impact on health services

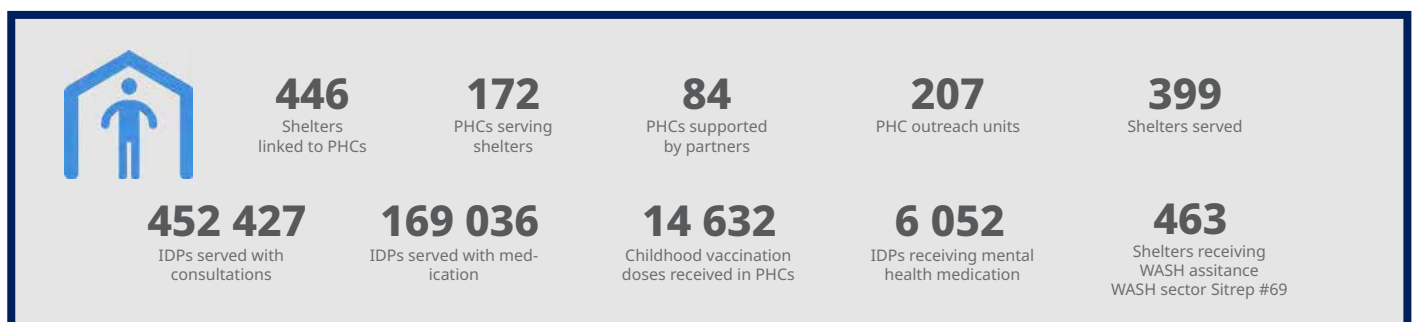
(Source: WHO-SSA System, MoPH/PHEOC, MoPH/PHC Department)



- 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 406 injuries and 135 deaths.
- Three hospitals remain fully non-operational (Bint Jbeil Public Hospital, Mays al-Jabal Public Hospital, and Salah Ghandour Hospital).
- Three hospitals (Jabal Amel Hospital in Tyre, Hasbaya Government Hospital, and Marjeyoun Government Hospital) have resumed essential maternity services, marking important progress in restoring maternal health care. However, access remains critically constrained in the Bent Jbeil and Nabatieh districts, where four hospitals are still unable to fully reinstate maternity services and are currently prioritizing emergency care. Among them, Nabatieh Government Hospital is expected to relaunch maternity services within one week, while Tebnin Government Hospital is expected to do so within two weeks.
- Thirty-five PHCs remain closed.

Emergency primary healthcare services for IDPs

(Source: MoPH-PHC Department on 30 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 **6,910** (since the onset of the war, data provided up till 01 July 2026)

- Psychiatric emergency dispatches **59**
- Hospitalization **26**



WHO response efforts

Strengthen emergency coordination & health sector leadership

- According to Health Sector partners, return movements to southern Lebanon are increasing, although many returns remain cautious and are taking place in areas affected by extensive damage, disrupted infrastructure, and limited access to essential services. Rapid population movements, coupled with the repeated closure and reopening of collective shelters, continue to complicate response planning, PSU deployment, and continuity of care. Health partners are continuously adapting service locations and operational capacity to evolving displacement patterns and access constraints, while maintaining support to hospitals treating trauma, conflict-related injuries, and burn cases. Flexible PSU deployment remains critical, and a midwifery-led service delivery model is being explored to strengthen maternal and newborn health services in underserved areas.
- Overall, conditions remain unfavourable for the safe, predictable, and sustained delivery of health services. Ongoing access restrictions, operational challenges, attacks on health care, and limited financial resources continue to undermine health system functionality and the continuity of essential services.

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

- As part of the continued emergency response and in light of the sustained escalation in the South, WHO delivered additional emergency medical supplies to the Ministry of Public Health central supplies warehouse to reinforce hospital readiness and continuity of trauma and burn care.
- The shipment included TESK 2019 modules transported by road from the WHO Dubai Hub, covering basic drugs, burn dressing materials, surgical drainage materials, anesthesia supplies, urine drainage materials, surgical miscellaneous materials, sterilization materials, and general dressing materials, in addition to 25 complete major trauma backpacks for doctors and hospitals and 25 adrenaline pen sets.
- WHO also delivered, by air through Imres, 7 NCD medicine kits and additional TESK modules, including basic drugs, anesthesia materials, injection materials, sutures, urine drainage materials, surgical drainage materials, dressing materials, and burn dressing materials.
- These supplies will support the Ministry of Public Health in replenishing hospital stocks, strengthening preparedness at public and private hospitals, and sustaining the capacity of regional referral and burn centers to manage injuries, trauma cases, and burn patients resulting from the ongoing hostilities.

Shelter health promotion

- To date, 70 hygiene-related health education sessions conducted in 24 shelters, reaching 1,006 participants (833 females, 173 males).

Sustain & expand trauma response

- WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 153 patients, including 133 hospital admissions and 20 emergency room cases across 31 hospitals.
 - Beneficiaries include 138 Syrians and 15 migrant workers.
 - Of the total, 39 (25%) are under 18 years of age and 42 (37%) are female.

Mental Health and Psychosocial Support (MHPSS)

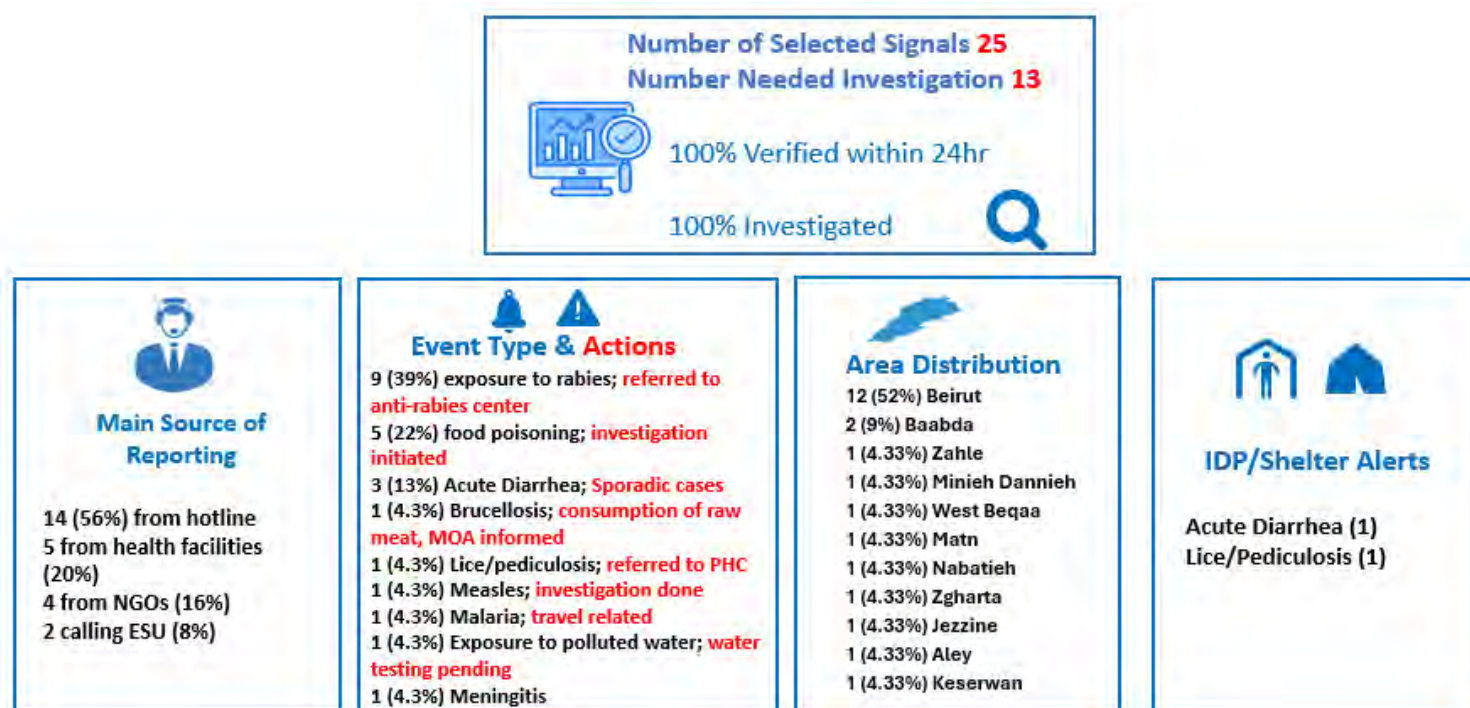
- MHPSS coordination is ongoing during the first two weeks of July through 4Ws workshops (Who, What, Where, When) is/will be conducted in coordination with the National Mental Health Programme (NMHP), including sessions in South/Saida (1 July), North (2 July), Bekaa (8 July), and BML (9 July).
- These activities are complemented by a planned working session to discuss terms of reference for national and subnational coordination groups, in addition to ongoing bilateral meetings.
- 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 57 Lebanese nationals, 2 Syrian refugees, and 3 migrant workers.

Enhance disease surveillance & early warning

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

Epidemiological signals shared by ESU

Epi week 25 & 26: from June 15 till June 28



“ Outbreaks and earthquakes capture headlines, but around the world, there is an invisible threat that kills millions of people every year, but gets little attention: #AirPollution.

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

”

Health challenges facing returning populations in fragile settings

- Infectious disease risks: Increased risk of outbreaks driven by unsafe water, inadequate sanitation, seasonal heat, and population movement, alongside disrupted surveillance systems due to security constraints in affected areas.
- Explosive ordnance hazards: Presence of unexploded ordnance (UXO) threatens civilian safety, restricts movement, delays emergency response, and causes preventable injuries and deaths.
- Disrupted access to healthcare: Damaged infrastructure and limited electricity, transport, and telecommunications hinder referrals, emergency care, and continuity of services.
- Chronic disease interruptions: Treatment gaps for noncommunicable diseases (e.g., diabetes, hypertension, cancer) increased risk of complications and deterioration.
- Maternal and child health gaps: Reduced access to antenatal care, safe delivery services, and essential reproductive and child health services.
- Mental health burden: Rising psychosocial distress linked to displacement, insecurity, loss, and uncertainty, with both short- and long-term impacts.
- Strained health services: Uneven functionality of facilities in return areas, with overstretched primary care and emergency systems.

Longer-term health consequences of the conflict

The conflict is expected to generate sustained and intergenerational health impacts that extend well beyond the immediate crisis phase, affecting population wellbeing and health system performance.

- Persistent mental health burden: Long-lasting psychological effects from exposure to violence, displacement, and loss, with increased risk of depression, anxiety, trauma-related disorders, and psychosocial distress, particularly among children, older people, health workers, and repeatedly displaced families.
- Worsening long-term chronic disease outcomes: Increased complications, disability, and premature mortality due to treatment interruptions, limited access to medicines, and reduced ability to prioritize ongoing care.
- Erosion of preventive health gains: Reduced routine immunization, delayed health-seeking behavior, and weakened early detection systems, increasing the risk of avoidable public health crises over time.
- Socioeconomic-driven health deterioration: Rising poverty, loss of livelihoods, and housing destruction are expected to further reduce access to care and increase exposure to health risks, as basic survival needs take priority over health.
- Progressive health system fragility: Continued pressure on infrastructure, workforce fatigue, and service disruptions will weaken system resilience, reducing quality of care and widening inequities in access.

Health system recovery and transition needs

The evolving health impact of the conflict (both immediate and long-term) underscores the need for a response that extends beyond short-term humanitarian action toward a structured humanitarian–early recovery transition.

Addressing the current and future health burden will require sustained investment in restoring and strengthening the health system's capacity and resilience, including:

- Rehabilitating damaged health infrastructure and restoring functionality of health facilities.
- Strengthening primary health care and public hospitals as the central platform for service continuity and recovery.
- Supporting and protecting the health workforce, with targeted measures to reduce burnout and improve retention.
- Re-establishing surveillance in affected areas, emergency preparedness, referral, and continuity-of-care systems.
- Ensuring reliable access to essential medicines and uninterrupted management of chronic diseases.
- Securing predictable, flexible, and sustained financing to maintain service delivery during the transition, while also addressing the health needs of displaced populations, returnees, and injured individuals, particularly those who sustain permanent disabilities.

Without these measures, the health system risks further fragmentation, deepening inequities in access, and declining capacity to respond to future shocks, whether outbreaks, emergencies, or renewed crises.

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 bi-weekly basis.*

Further information

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