World Health Organization
Lebanon

LEBANON
Health Emergency

Situation update #3
08 March 2026

CASUALTIES reported by MOPH since 2 March 2026

1 130 Total injured
217 past 24 hrs

394 Total killed
106 past 24 hrs

633 ER
385 Regular wards
112 ICU

Health workers
16 Injured
9 Killed

Health facilities **IMPACTED**
4 Hospitals
43 PHCCs

Health facilities **CLOSED**
5 Hospitals
43 PHCCs

DISPLACEMENT DRM on 07 March 2026

112 525 Internal Displaced People in shelters

26 163 Number of families in shelters

514 Open shelters

12 Shelters equipped to receive people with disabilities

Calls on the MOPH hotline ***1787*** since 2 March 2026
Cumulative calls: **1,632**
17% of the calls related to referral and hospitalization
16% of the related to access to chronic medications
12% of the calls related to cancer meds & treatment
8% of the calls related to dialysis

Situation updates

Impact of ongoing airstrikes and displacement

- Since March 2, 2026, 873 hostilities have been recorded across South Lebanon, Beirut's southern suburbs, Bekaa, and Baalbek.
- Civilian deaths and injuries continue to increase daily, according to the Ministry of Public Health (MoPH). Evacuation orders and ongoing airstrikes have worsened conditions for civilians, forcing many to experience multiple displacements.
- The situation has significantly intensified humanitarian needs, particularly for healthcare, shelter, and safety/ protection support.
- MoPH reported a cumulative number of 394 deaths and 1130 injuries linked to the conflict since March 2, 2026, with 106 deaths and 217 injured on March 7 and March 8 till 3pmm, *Fig 1*.
- Nabatiyeh recorded the highest number of casualties, followed by the South and Mount Lebanon, *Fig 2*. Of the total causalities, 79% were male and 21%v female, *Fig 3*.
- Compared to the 2024 escalation, a larger proportion of Syrian refugees and migrants have been affected. Nationality data shows that 90% were Lebanese, 6% Syrian or Palestinian, and 4% from other nationalities, *Fig 4*.
- Children have been heavily affected, with 83 deaths and 254 injuries, representing 22% of total casualties, *Fig 5*.

Displaced People and Shelters

- As of March 7, 2026, the Disaster Risk Management (DRM) unit reported 112,525 displaced individuals residing in 514 collective shelters across the country.
- To maintain access to essential healthcare, 282 operational shelters are connected to nearby Primary Health Care (PHC) centers.
- This coordination enables displaced people to receive medical services and necessary health support without delay.

WHO response efforts

Health emergency response coordination

- Health sector coordination at national and subnational levels is being strengthened, with the Ministry of Public Health leading efforts to unify partners for a coordinated response.
- The Public Health Emergency Operations Center (PHEOC) has been reinforced to improve coordination and enable rapid, 24/7 management of public health emergencies.

Hospitalization coverage for war-wounded

- Hospitalization coverage is being extended to war-wounded Syrian refugees and migrants.
- WHO, through PHEOC, is engaging hospitals to initiate coverage, while MoPH continues to fully cover Lebanese nationals.

Mass casualty management

- Efforts are underway to strengthen mass casualty management capacity at frontline health facilities to respond to sudden influxes of injured patients and ensure timely care.

WHO response efforts continued

Epidemiological surveillance and early warning

- Support is being provided to the Epidemiologic Surveillance Unit (ESU) to strengthen early warning, detection, and response to disease outbreaks.
- ESU has deployed surveillance staff to shelters and is recruiting additional call center staff.

Support for Primary Healthcare Services for displaced populations

- Technical support to MoPH and partners aims to improve primary healthcare services for displaced populations in collective shelters and host communities.

Access to essential medications at Primary Healthcare Centers

- Efforts focus on ensuring availability of essential medicines for acute and chronic conditions, including diabetes and other priority illnesses, at PHC centers.
- WHO, MoPH, and partners are distributing priority NCD and mental health medicines, with buffer stocks sent to referral PHCCs to meet rising demand.

Priority activities

- Preposition of trauma kits, essential medicines, and medical supplies at designated trauma centers and frontline health facilities.
- Deploying surge staff to the Public Health Emergency Operations Center (PHEOC) and Command and Control Center (CCC) to strengthen emergency coordination.
- Strengthen referral hospital capacity and optimize referral pathways for critical cases.
- Access to trauma care for war-wounded Syrian refugees and migrant in publci and selected private hospitals.
- Conduct rapid health needs assessments in collective shelters and host communities in coordination with the Ministry of Public Health (MoPH).
- Support outbreak detection and response through ESU and early warning systems.
- Mobilize resources to sustain health system functionality during the crisis.
- Strengthen coordination with national and international partners to ensure an effective health sector response.

Casualty segregation

Fig 1: Casualty Distribution by day (2nd – 8th March) – MoPH/PHEOC

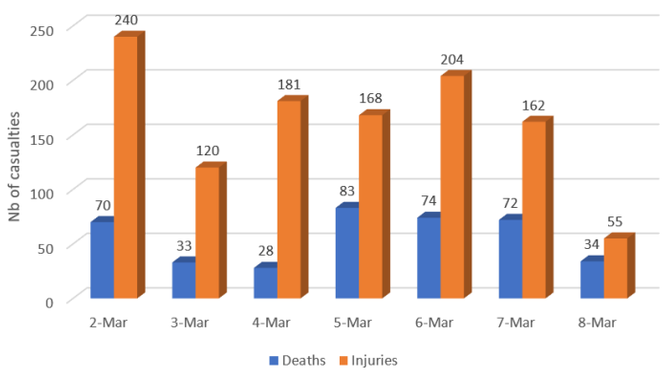


Fig 2: Casualty distribution by Governorates (2nd – 8th March) – MoPH/PHEOC

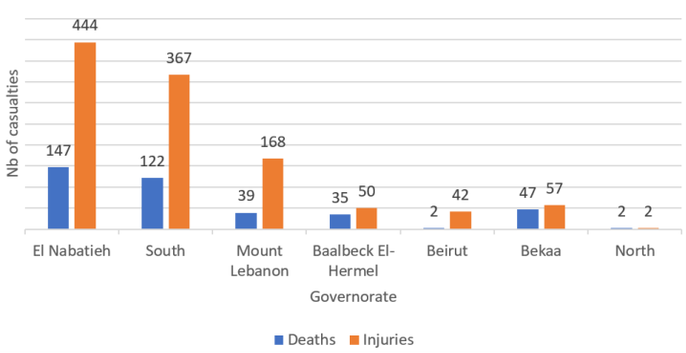


Fig 3: Distribution of casualties by gender

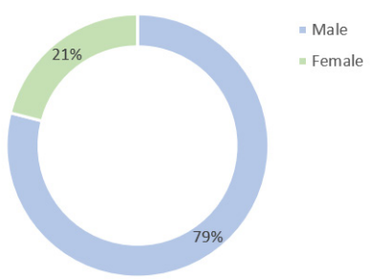


Fig 4: Casualty distribution by Nationality in Lebanon (2nd – 8th March)

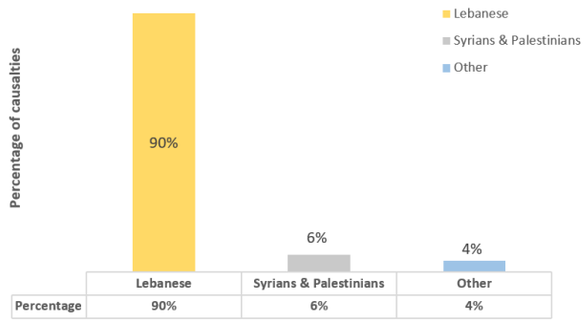
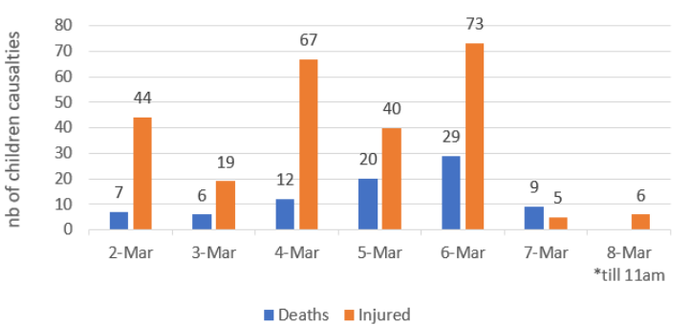


Fig 5: Distribution of casualties among children by day



Ministry of Public Health hotlines

- 1787 – Referral to hospitalization
- 1214 – Inquiries about cancer & other catastrophic diseases
- 1564 – Mental health support