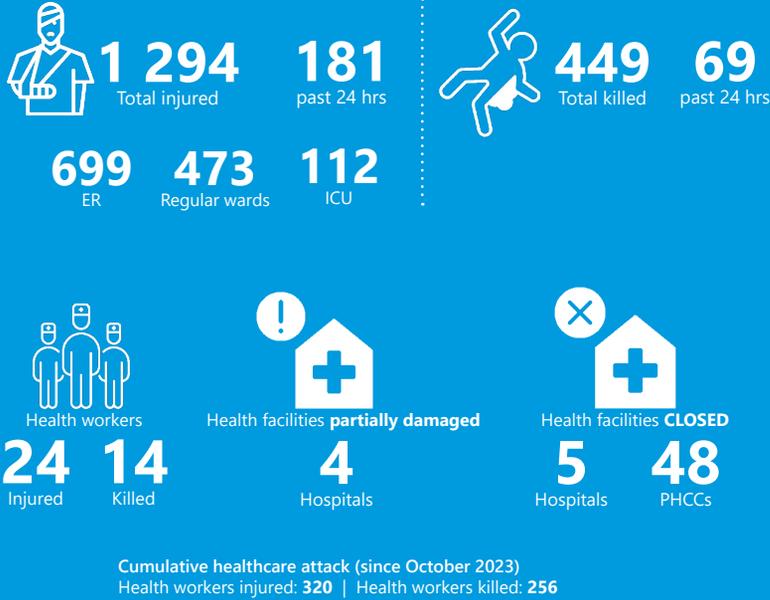
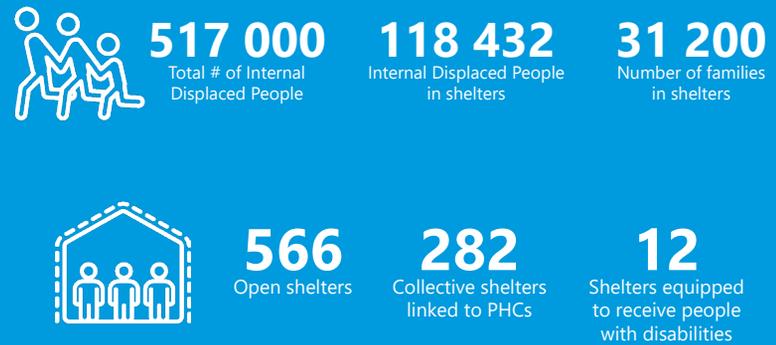




CASUALTIES reported by MOPH since 2 March 2026



DISPLACEMENT DRM on 09 March 2026



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.
- 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 casualties over the past days has reached 1,743, including 449 death and 1,294 injuries as of 11:30am on March 9, 2026. *Fig 1.*
- Out of the total injured, 54% were treated at ER, 37% admitted to regular wards and 9% admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (172 deaths, 511 injuries), followed by the South (151 deaths, 449 injuries), and Bekaa (47 deaths, 63injuries). Additional cases were reported across other governorates. *Fig 2.*
- Of the total casualties, 80% were male and 20% female, *Fig 3.* Of the total casualties, the majority belong to the age group 19-65 (76%), 20% are children (less or equal to 18) and 3% are greater than 65 years old, *Fig 4.*
- Nationality data shows that 90% were Lebanese, 3% Syrian, 3% Palestinian, and 4% from other nationalities, *Fig 5.*

Displaced people and shelters

- As of March 9, 2026, the Disaster Risk Management (DRM) unit reported 118,432 displaced individuals residing in 566 collective shelters across the country.

- Collective shelters in several areas are crowd-ed, particularly in Beirut, and inadequate sanitation facilities, privacy, and essential supplies. These conditions pose significant public health risks, increasing the likelihood of communicable disease transmission and un-dermining the health, mobility, safety, and dignity of wom-n, girls, children, and older persons.

WHO response efforts

Health emergency response coordination

- Health sector coordination at national and subnational is being strengthened and prioritized, with MoPH playing a central role in uniting health partners to ensure a cohesive and efficient response.
- The Public Health Emergency Operations Center (PHEOC) has been reinforced to enhance the management and coordination of public health emergencies. This strengthened operation allows for rapid, organized action around the clock, ensuring critical incidents are addressed without delay.
- To further strengthen the Inter-sectoral collaboration and ensure timely response, the national health sector coordination team is also closely liaising with the Disaster Risk Management (DRM) unit.
- A joint visit was conducted by the WHO Country Representative and UNFPA Country Representative to monitor the ongoing humanitarian situation and assess critical needs and gaps in the Collective Shelters hosting Internally Displaced Population (IDP).

Epidemiological surveillance and early warning

- The Epidemiologic Surveillance Unit (ESU) is being supported to strengthen early warning systems. This reinforce-

ment enables timely detection, investigation, and response to potential disease outbreaks, thereby safeguarding public health among displaced and affected populations. ESU has already deployed surveillance staff to assess and monitor the displaced shelters, while recruiting more staff to the call center.

Access to continuum of care/access to healthcare services

- The Ministry of Public Health has prepared a memo for all hospitals receiving non-Lebanese war casualties (including Syrian nationals and migrant workers), directing them to access coverage under the WHO-supported Hospitalization for Life- and Limb-Saving Project, funded by ECHO. To date, 43 Syrian war trauma casualties occurred. Meanwhile, the Ministry of Public Health remains committed to fully covering Lebanese nationals, thus providing wider access to care for those affected by the conflict.
- Medical consultations at shelter level have been initiated to ensure early detection and management of health needs. According to MoPH data, 4,900 consultations have been conducted for IDPs in collective shelters, of whom 1,200 received essential medications.
- A plan is being finalized with the PHC team to rapidly initiate refresher trainings on the Emergency Package, including the clinical algorithms of care and the medication substitution guide at primary health care level. Launch is expected within the coming days to ensure timely, standardized care for displaced populations.

WHO support to shelter-based protection

- WHO, through the PRSEAH Focal Point, supported the PSEA Network and AAP Working Group by conducting field visits to two collective shelters in Beirut.
- Focus group discussions (FGDs) were held primarily with displaced women to assess immediate needs, safety concerns, and living conditions.
- Findings are intended to inform UN agencies and partners, particularly the Lebanon Humanitarian Fund (LHF), on priority gaps and urgent needs.
- This work enables WHO-supported timely and coordinated interventions to address critical health, protection, and safety risks in the shelters.

Priority activities

- Preposition 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 public 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

