

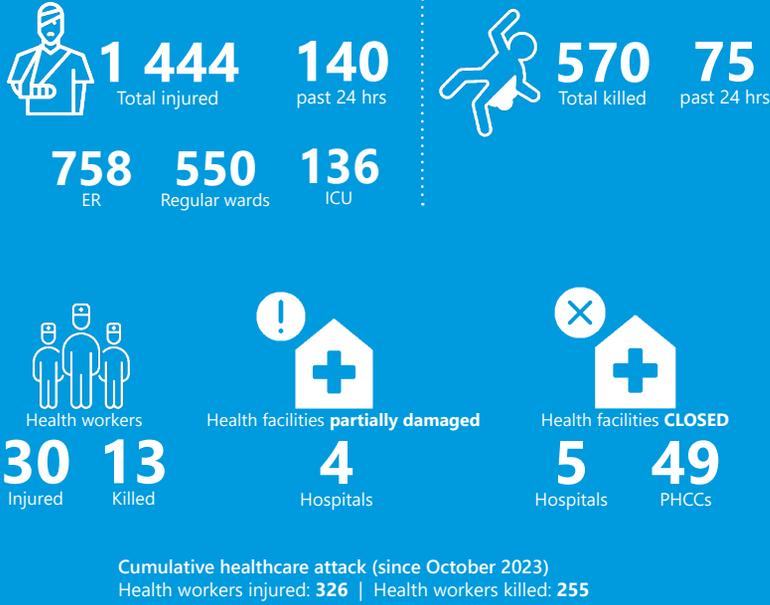
# LEBANON

## Health Emergency

Situation update #5  
10 March 2026



### CASUALTIES reported by MOPH since 2 March 2026



### DISPLACEMENT DRM on 09 March 2026



Calls on the MOPH hotline **1787** since 2 March 2026

Cumulative calls: **2,357**

**15%** of the calls related to referral and hospitalization

**15%** of the related to access to chronic medications

**13%** of the calls requesting info on MoPH/hospital coverage

**7%** of the calls related to maternity care

## Situation updates

### Impact of ongoing airstrikes and displacement

- Since March 2, 2026, 1,161 hostilities (till March 9, 2026) have been recorded across South Lebanon, Beirut's southern suburbs, Bekaa, and Baalbek.
- Ministry of Public Health reported a cumulative number of casualties over the past days has reached 2,014 including 570 death and 1,444 injuries as of 3:00pm on March 10, 2026. *Fig 1.*
- Out of the total injured, 53% were treated at ER, 38% admitted to regular wards and 9% admitted to ICU.
- The majority of fatalities and injuries occurred in Nabatiyeh (831 casualties), followed by the South (703 casualties), and Mount Lebanon (222 casualties), Additional cases were reported across other governorates. *Fig 2.*
- Of the total casualties, 79% were male and 21% female, *Fig 3.* Of the total casualties, the majority belong to the age group 19-65 (80%), 17% are children (less or equal to 18) and 3% are greater than 65 years old, *Fig 4.*
- Nationality data shows that 90% were Lebanese, 7% Syrian & Palestinian, and 3% from other nationalities, *Fig 5.*

### Displaced people and shelters

- As of March 10, 2026, the Disaster Risk Management (DRM) unit reported 119,700 displaced individuals residing in 567 collective shelters across the country.
- Shelters with open capacity are currently available only in Akkar, Bekaa and North Lebanon. Additional shelters are being prepared in Beirut and Mount Lebanon.

## WHO response efforts

### Enhancing health emergency preparedness and response capacities

- 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. Support includes technical logistical and ICT support as well.
- 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.

### Strengthening integrated disease surveillance for effective public health response

- The Epidemiologic Surveillance Unit (ESU) is being supported to strengthen early warning systems, enabling the timely detection, investigation, and response to potential disease outbreaks and helping safeguard public health among displaced and affected populations. WHO continue to support the call center.

### Ensuring scalable health care during health emergencies

- WHO hospitalization network for life-saving and limb-saving care, supported by ECHO, has been expanded to include the management of war-related trauma among Syrian refugees and migrant workers. Full operationalization is pending the issuance of a Ministry of

Public Health (MoPH) circular to hospitals. The network currently includes 18 public hospitals and 6 private referral hospitals, in addition to hospitals already providing care to war casualties among the above-mentioned populations.

**Strengthening continuity of care**

- PHEOC reported that no cases related to white phosphorus (WP) exposure have been reported from health care facilities to date.
- Capacity-building activities for health care workers on the mini LPSP, combined with refresher training on clinical management algorithms, are being finalized and are expected to commence in the coming days.
- A set of IEC materials, covering noncommunicable diseases care, mental health, food safety and hygiene, has been shared in soft-copy format with the MoPH for dissemination to health care workers and potential printing for wider distribution at the shelter level.

**Priority activities**

- Preposition trauma kits, essential medicines including insulin and medical supplies at designated trauma centres and frontline health facilities to ensure timely emergency care.
- Identify and utilize alternative transport routes to mitigate shipment restrictions affecting the delivery of health supplies since the onset of the recent clashes.
- Deploy surge personnel to PHEOC and the Command-and-Control Center to reinforce emergency coordination and operational response.
- Strengthen referral hospital capacity and streamline referral pathways to ensure timely access to critical and specialized care.
- Facilitate access to trauma care for war-wounded Syrian refugees and migrant workers in all treating hospitals.
- Conduct rapid health needs assessments in collective shelters and host communities, in coordination with the Ministry of Public Health (MoPH), to inform the health response.
- Enhance disease surveillance and early warning systems through support to the Epidemiological Surveillance Unit (ESU) to enable timely outbreak detection and response.
- Mobilize financial and operational resources to sustain the functionality of the health system during the crisis.
- Strengthen coordination with national authorities and international partners to ensure a coherent and effective health sector response.

**Ministry of Public Health hotlines**

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

**Casualty segregation**

