

Global Situation Report

Middle East Escalation of Conflict

Situation report
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Data as of 13 May



World Health Organization

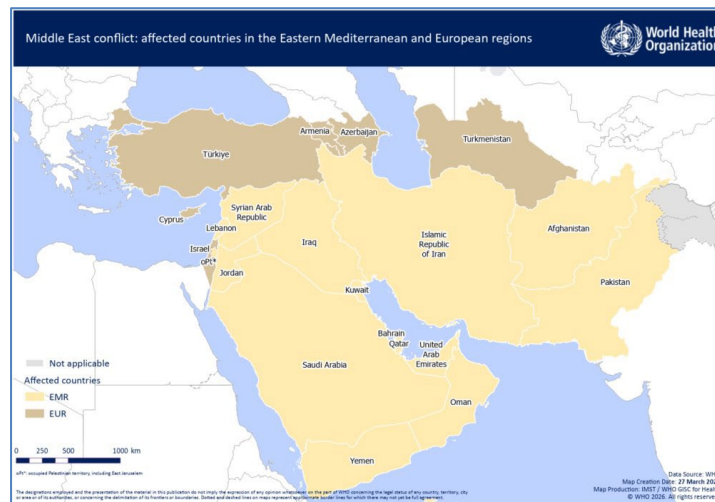
OVERVIEW

KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	32 314	3 469
Lebanon	1 049 328	8693	2846
Iraq	N/A	300	109
Israel	N/A	7 834	26

All numbers are estimates and may differ from other sources due to data cutoff times. Estimates may be revised upward or downward over time.

ATTACKS ON HEALTH CARE	Attacks verified by WHO	Injured	Deaths
Iran	26	0	11
Lebanon	161	252	110
Israel	9	0	0

As reported in WHO's Surveillance System for Attacks on Health Care (SSA), where active. There may be delays in verification and changes upwards or downwards due to data consolidation.



ACUTE HEALTH THREATS

Although ceasefire arrangements involving Iran and Lebanon continue to hold, the situation remains fragile, with continued hostilities in southern Lebanon resulting in civilian casualties and repeated displacement.

Closure of essential and maternal health services continues to have severe consequences on women and children's health, particularly in Lebanon. Environmental and CBRN risks from strikes on petrochemical, nuclear facility-adjacent, and desalination facilities remain under close monitoring, with no increased off-site radiation detected to date.

There are persistent constraints in global fuel supply chains, and electricity rationing has become increasingly prolonged, leading to persistent challenges for health service delivery. Examples of countries most affected include Cuba, South Sudan, the occupied Palestinian territory, Somalia and Malawi. Increasing food prices pose a further risk to health due to the risk of malnutrition globally and especially in settings already impacted by food insecurity.

WHO GLOBAL AND REGIONAL RESPONSE

WHO continues to monitor the global situation, in particular the global constraints in health commodity supply chains, and to leverage alternative modalities to ensure continued provision of essential health services.

For additional information on the global situation and response, please visit <https://www.who.int/emergencies/situations/middle-east-conflict>. For details on attacks on health care, please visit <https://extranet.who.int/ssa/index.aspx>.

COUNTRY HIGHLIGHTS

ISLAMIC REPUBLIC OF IRAN

Situation

The ceasefire remains in place with no security incidents or additional attacks on health care reported since the last report. Health partners continue to raise concerns over shortages of medicines and restricted access to health services, due to the consequences of the recent intense conflict.

WHO response

Under the WHO Contingency Fund for Emergencies (CFE), procurement processes are ongoing for generators, uninterruptible power supply systems and noncommunicable disease (NCD) items to ensure health

services continuity.

WHO and the Ministry of Health have identified priority health facilities for mental health and psychosocial support targeting health workers, and, this week, launched the first round of contextualized mental health training developed in coordination with the Iranian Psychiatric Association.

LEBANON

Situation

The ceasefire in Lebanon remains fragile, with attacks on health care continuing despite the reduction in large-scale hostilities, underscoring the urgent need for protection of medical personnel and facilities.

Since 28 February, cumulative casualty figures reported by the Ministry of Public Health stand at 8693 injuries and 2846 deaths, with children accounting for 9% and females 12% of total casualties. An estimated 127 721 internally displaced persons remain registered in 629 collective shelters.

Health service availability remains severely constrained. Three hospitals and 41 primary health care centres (PHCCs) remain closed, with a further six PHCCs providing restricted services limited to chronic disease management and emergencies. Six hospitals in Tyre, Bent Jbeil, Hasbaya, and Nabatieh districts have not resumed delivery of services and are prioritizing emergency room services only, limiting maternal health access in these districts for almost two months, and increasing the risk that women deliver in less safe conditions. Partners also report a decrease in deliveries at Baalbek Governmental Hospital compared to 2025. These constraints are overburdening functional facilities and limiting service coverage, particularly in high need, underserved, and areas to which people have started to return.

No major outbreaks have been reported in shelters, though risk persists due to overcrowding and intermittent food poisoning incidents. Health partners have observed that there is limited access to food for displaced pregnant women in shelters, increasing the risk of complications for both mother and fetus. The latest Integrated Phase Classification (IPC) food security analysis projects that 1.24 million people in Lebanon (approximately 24%) will face acute food insecurity between April and August 2026, driven by the escalation of hostilities, displacement, disruption of livelihoods and markets, and declining humanitarian assistance, with food affordability remaining the principal constraint.

Health partners have raised concerns that services could be interrupted in the absence of additional funding in the coming weeks.

WHO response

WHO priorities remain in trauma care and continuity of services for noncommunicable diseases, maternal health, and mental health. Since 28 February, 269 748 consultations have been delivered by health partners, including 4359 antenatal and 870 postnatal consultations, while 101 067 patients received medication, 585 received hospitalization support (including 116 for institutional deliveries), and 18 532 immunizations were administered in PHCCs.

Under the leadership of the Ministry of Public Health, the Health Sector Coordination Team, in close collaboration with partners on the ground, is assessing health facility functionality in areas receiving large numbers of returnees and working to ensure uninterrupted access to essential services through facility reactivation where feasible, or alternative solutions such as mobile units, satellite units, and transportation support to nearby functional health facilities.

The National Mental Health Programme is conducting eight specialized self-care and burnout prevention training sessions for frontline workers throughout May across Beirut, Mount Lebanon, the Bekaa, the South, and the North.

For additional information on the situation and response in the Eastern Mediterranean region, please visit <https://www.emro.who.int/emergencies/middle-east-conflict/>.

Funding updates

WHO's US\$ 30.3 million emergency appeal to support health operations across five Middle Eastern countries affected by the escalating conflict between March and August 2026 remains critically underfunded, with only 13% (US\$ 4.1 million) received so far, from the United Nations Central Emergency Response Fund (CERF) and the Government of Greece.
