

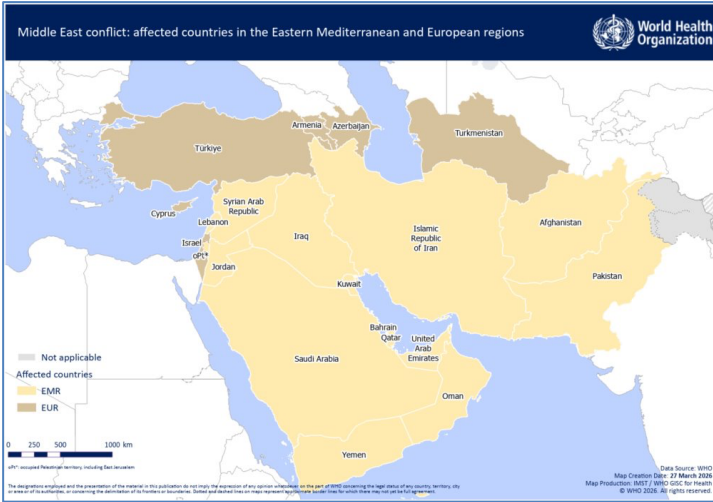
OVERVIEW

Table with 4 columns: KEY AFFECTED COUNTRIES, Displaced, Injured, Deaths. Rows include Iran, Lebanon, Iraq, Israel, and Yemen with corresponding statistics.

\*UNHCR has reported that the majority of temporarily relocated people have since returned to areas of habitual residence. Localized displacement continues to occur. All numbers are estimates and may differ from other sources due to data cutoff times. Estimates may be revised upward or downward over time.

Table with 4 columns: ATTACKS ON HEALTH CARE, Attacks verified by WHO, Injured, Deaths. Rows include Iran, Lebanon, Israel, and Yemen with corresponding statistics.

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

Following a period of relative calm since late July, hostilities began to re-intensify on 30 August in Iran, with additional reported impacts in military bases in Jordan and the United Arab Emirates. Additional sanctions announced on 24 August on Iran have had significant effects on the economy, including on health. Currency depreciation and access restrictions to international financial systems are adding additional complexities to humanitarian imports, including medicines. WHO offices are reporting frequent power cuts impacting power continuity in hospitals. In Lebanon, despite the June ceasefire, hostilities continue to be reported around Nabatieh with people unable to return home in the affected areas. In Syria, hostilities reported in southern Syria and along the Israel-Lebanon border raise concerns of localized escalation and potential spillover effects. In Yemen, the current escalation has greatly increased trauma needs and resulting in increased displacement and additional pressure on an overstretched health system, with conflict occurring in areas affected by diseases such as measles, cholera, dengue, food insecurity, and malnutrition. The security situation in Iraq has also deteriorated, with several airstrikes reported across multiple governorates since late July. Across the Middle East, attacks impacting oil infrastructure and shipping raise additional concerns on the continued effects of the current escalation on oil supplies and prices in addition to the potential environmental health consequences.

WHO GLOBAL AND REGIONAL RESPONSE

WHO continues logistical operations to sustain essential health services amid persistent global constraints in health and fuel supply chains. The WHO Global Logistics Center in Dubai remains operational and continues to manage emergency health supplies and air charters, while WHO country offices are advancing procurement and delivery of trauma, intensive care, noncommunicable disease, mental health and backup power supplies, including generators for hospitals. WHO has continued to support enhanced preparedness, readiness and resilience as the situation evolves.

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

Since the beginning of the hostilities on 28 February, national authorities reported 3375 deaths and 33 806 injuries in the Islamic Republic of Iran. An additional 60 deaths and more than 670 injuries have been reported as occurring between 27 June – 24 July, with fatalities including six women and three children, while 35 women and 19 children have been reported injured. Cumulative figures for deaths and injuries after the end of June have yet to be reported.

According to Iran's Ministry of Health and Medical Education (MOHME), damage to electricity infrastructure has disrupted power supply to hospitals and cold chain systems for vaccines and medicines. Emergency backup power is needed for cold chain warehouses, hospitals, and health facilities in affected areas. Sustained health workforce support and timely delivery of medical supplies remain critical. Damage to power and water infrastructure continues to limit safe drinking water, including in areas reliant on chlorinated systems and brackish groundwater, and heightens the need for sustained monitoring and operational readiness. A desalination and water supply facility was damaged in Hormozgan Province on 18 July, reportedly disrupting drinking water supplies for around 20 villages, impacting an estimated 10 000 people. On 12 July, a Bunji desalination plant in Hormozgan Province and Hendijan drainage pumping station in Khuzestan Province were reported damaged. Damage to water storage, distribution, or desalination infrastructure can rapidly affect access to safe water and have cascading consequences for public health, health service delivery, sanitation systems, and environmental safety. Irregular and above-average rainfall following prolonged dry periods has also led to increased contaminated water sources in high-risk provinces of Iran, heightening the risk of vector-borne and waterborne diseases.

Iran's MOHME is also reporting shortages of some imported or branded medicines, alongside significant price increases. Shortages and higher costs may particularly impact patients requiring medicines for cancer, chronic diseases and other non-communicable diseases (NCDs), with broader implications for public health and household affordability.

## **WHO response**

WHO has delivered generators and uninterruptible power supply units to six hospitals, along with trauma and emergency surgery supplies, as well as supplies for the treatment of NCDs. Procurement and delivery of essential supplies for the prevention, detection and response to cholera, dengue and malaria are progressing. Mental health and psychosocial activities are continuing as needs increase. WHO is further offering technical support and relevant outbreak-control guidelines for a reported meningitis B outbreak. WHO is further planning for flood preparedness and response, including mapping potentially affected provinces and assessing available capacity to support. Funding gaps and constraints around procurement and logistics delay delivery of essential supplies and equipment and continue to pose challenges to operations.

## **LEBANON**

### **Situation**

The humanitarian situation in Lebanon remains dire, with continued military activity, prolonged displacement, and challenging return conditions sustaining needs. Despite the ceasefire framework in place, continued insecurity, destruction of civilian infrastructure and movement restrictions expose civilians to protection risks, hinder humanitarian access, and constrain safe and sustainable returns to conflict-affected areas of southern Lebanon. It continues to be extremely difficult to support safe, predictable, and sustained health service delivery, particularly in conflict-affected, border and return areas. Of the supported facilities in conflict-affected areas, 21 Primary Health Care Centers (PHCCs) and 3 hospitals remain closed, while the majority continue to operate. Service continuity has been maintained or restored in several locations through emergency repairs, temporary service arrangements, outreach activities, prefabricated structures, and adjusted staffing modalities. Shelter occupancy has significantly declined, though many families remain displaced within communities, with approximately 17 500 displaced people reported to remain in 205 shelters. Locating and consistently reaching displaced families remains difficult.

In the South, the rehabilitation and restoration of several facilities have yet to proceed because insecurity and access limitations prevent work in affected areas. Continued partial or complete disruption is also placing pressure on referral pathways, with PHCCs and Primary Health Care Satellite Unit (PSU) teams sometimes directing patients to more distant facilities for secondary or specialized care. WHO has recorded 215 attacks on health care since 2 March. 17 hospitals have been damaged, including the three that remain closed.

## **WHO response**

Overall, conditions remain unfavorable for safe, predictable and sustained delivery of health services. Ongoing access restrictions, challenges, attacks on health care and limited financial resources continue to undermine health system functionality and continuity of essential services. 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. Across affected areas, PHCCs and PSUs continue to deliver essential primary care, including immunization, chronic disease management, maternal and child health, nutrition, referrals, and community outreach.

WHO continues to support the Ministry of Public Health in sustaining access to mental health and NCD medicines, including insulin, for vulnerable populations. WHO continues to support the national NCD hotline to promote continuity of care by providing guidance on insulin storage, diabetes self-management, emergency preparedness, and directing cancer and dialysis patients to functioning treatment centres. WHO has supported hospitalization costs for 91 severe mental-health cases and trauma care for 187 non-Lebanese patients across 31 hospitals

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## YEMEN

### Situation

Hostilities have escalated sharply since August. Reported casualties rose from 350 on 23 August to 2883 as of 12 September, with casualties being reported across multiple fronts. An estimated 11 096 households (approximately 77 789 people) have been reported as displaced since 3 September. Families are reported arriving without belongings into congested sites and host communities with limited water and sanitation, raising the short-term risk of acute watery diarrhoea, measles among under-vaccinated children and interruption of treatment for chronic conditions. Many families are being displaced for a second or third time, whilst the UN Migration agency IOM has reported suspending operational movements on 11 September due to the deteriorating security environment. Some of those displaced remain within frontline areas of the conflict, where access, including to health care, is restricted due to security constraints. An estimated 240 currently pregnant women need immediate access to lifesaving reproductive health services.

Health facilities have been reported as damaged or rendered non-functional by the escalation. This recent escalation of violence unfolds amid severe food insecurity, acute malnutrition, disease outbreaks, floods and mass displacement and whilst access to the northern parts of Yemen is increasingly challenging. On 9 September, the Ministry of Public Health and Population of Yemen issued a 72-hour operational package and a formal support request to WHO.

### WHO response

WHO dispatched a third wave of surgical supplies, commodities and antibiotics to four hospitals. WHO is further procuring blood bank supplies. The supply pipeline is a critical constraint to the response: the Aden warehouse is at stock-out, or critically low on essential medicines and supplies required for emergency, trauma, surgical and critical care supplies, including intravenous fluids, sterile surgical supplies, trauma kits and anesthetic drugs. The National Health Cluster, together with the sub-national Health Cluster in Taiz, is implementing the Taiz Preparedness and Contingency Plan covering 15 priority health facilities, referrals and ambulance services for mass casualty management and continuity of essential health services. Health partners are maintaining or adapting essential health services in affected areas, however services in the West Coast have been largely suspended by many partners.

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

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### Funding updates

WHO's US\$30.3 million emergency appeal to support health operations across five countries in the Middle East (Lebanon, the Islamic Republic of Iran, Iraq, the Syrian Arab Republic and Jordan) remains underfunded, with only 50% (US\$15.6 million) received to date. WHO extends its sincere gratitude to the donors that have supported the response thus far, including the Central Emergency Response Fund (CERF), the European Civil Protection and Humanitarian Aid Operations (ECHO), The Government of Japan, the UK Foreign, Commonwealth & Development Office (FCDO), and the Government of Greece. US\$490 000 from WHO's Contingency Fund for Emergencies (CFE) has been approved to support life-saving interventions in affected areas of Yemen.

For additional information on the flash appeal, please visit <https://www.emro.who.int/emergencies/middle-east-conflict/who-flash-appeal.html>