

# Global Situation Report

## Middle East Escalation of Conflict

Situation report No.4

16 April 2026

Data as of 15 April



# World Health Organization

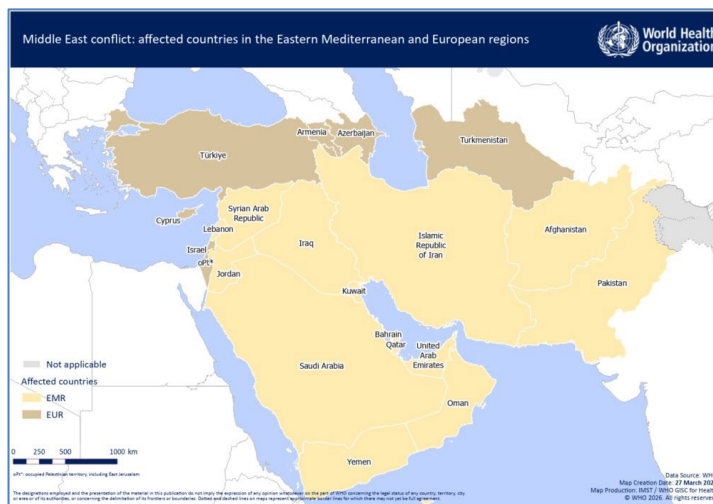
### OVERVIEW

KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	32 314	2 362
Lebanon	1 049 328	6 921	2 124
Iraq	N/A	300	109
Israel	N/A	7 740	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	24	0	9
Lebanon	133	206	88
Israel	6	0	0

As reported in WHO's Surveillance System for Attacks on Health Care (SSA), where active



### ACUTE HEALTH THREATS

The cessation of hostilities, as a result of the 14-day ceasefire, remains fragile, underscoring the need to sustain operational readiness for a potential deterioration in the situation. High-intensity conflict in Lebanon continues.

Displacement and population movements persist across the wider region, including the return of Iranian nationals via Türkiye, the movement of Lebanese nationals into Syria and the return of Syrian and Afghan nationals to their countries of origin. These cross-border movements are mainly driven by insecurity, deteriorating conditions and unmet humanitarian needs.

The crisis has transitioned from fuel price shock to operational system disruption, including on health systems, with several countries having declared energy emergencies. For example, fuel shortages in Cuba are disrupting hospital and infrastructure functionality. In Gaza there has been disruption to healthcare delivery and water, sanitation and hygiene services. Systemic risks include cold chain failure, medical supply disruption, and transport limitations.

Environmental and industrial hazards remain of high concern, with attacks on vital infrastructure such as water desalination plants and fuel facilities. Such attacks can disrupt water access for rural communities, leading to health risks and environmental contamination.

Lebanon and the Islamic Republic of Iran remain priority countries, particularly in light of significant population displacement in Lebanon. The primary health risks remain trauma and injury; disruption to the continuity of care for noncommunicable diseases; increased need for mental health and psychosocial support services; constrained access to essential health services; heightened risk of communicable disease transmission in collective settings; and exposure to radiological, nuclear and industrial chemical hazards, including potential impacts on environmental health and access to safe water.

Women and children have been heavily affected in this crisis, with violence and displacement preventing them from accessing essential health services; catering to their needs – through safe mother and childcare, psychosocial and protection services – is important to safeguarding their physical and mental health, maintaining and reestablishing social fabric and family well-being.

### WHO GLOBAL AND REGIONAL RESPONSE

WHO has activated global surge mechanisms, including real-time mapping of technical expertise, Emergency Medical Teams and emergency logisticians, to ensure rapid deployment when requested. Through its global supply chain and logistics platforms, including the Dubai Global Logistics Hub, WHO is procuring and mobilizing essential medicines, trauma and emergency supplies, noncommunicable disease supplies, and laboratory and cold-chain commodities to support continuity of life-saving services.

WHO is monitoring the health situation of displaced populations and providing support to ministries of health in the form of policy guidance, coordination and collaboration with partners.

WHO is assessing environmental and other health risks and preparing associated response measures, including producing community engagement material for WHO and partners, aligned with the assessed health risks. WHO has enhanced support to ministries of health for community-based health protection, including surveillance and the early detection/alert of risks and emerging threats; health education, providing information on high-risk diseases such as hepatitis and measles; information on self-care at the community-level for noncommunicable diseases; and more. WHO has published community engagement materials for preparing oneself and protection from chemical release; guidance to the public on health effects of white phosphorus; and further material on environmental, industrial and chemical hazards and [radio-nuclear emergencies](#); designed for the general public and communities at risk. Further, community health workers are being trained in community engagement and key messaging, with lessons learned from collaboration with partners, including academia, being applied.

For additional information on the global situation and response, please visit <https://www.who.int/emergencies/situations/middle-east-conflict>

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## **COUNTRY HIGHLIGHTS**

### **ISLAMIC REPUBLIC OF IRAN**

#### **Situation**

The situation in Iran remains unpredictable despite the ceasefire announcement. The Government of Iran is seeking support from WHO to establish a mechanism for the rapid delivery of humanitarian assistance to support its own response to the crisis.

#### **WHO response**

The WHO Regional Office for the Eastern Mediterranean continues to support national authorities to lead and coordinate the health response. In parallel, WHO headquarters is undertaking a comprehensive mapping of available technical, operational and surge capacities to enable rapid support of the regional response.

A formal request was made by the Ministry of Health to WHO to provide medicines, equipment, and support on noncommunicable diseases management and deployment of Emergency Medical Teams (EMT). While further clarifying the details of this request, WHO is proactively preparing a coordination mechanism for EMT deployment to Iran. WHO continues to procure requested supplies for NCDs based on the needs of the population, including for cardiovascular disease prevention, hypertension and diabetes follow-up, asthma management, and early detection of colorectal cancer.

### **LEBANON**

#### **Situation**

Intensified fighting and threats of strikes to additional areas within Beirut's southern suburbs triggered widespread fear, significant displacement, and heightened concern regarding the safety and operational continuity of healthcare facilities in these locations. Evacuation orders were issued for Beirut's Jnah area, which includes two major referral hospitals: the Rafik Hariri University Hospital and Al Zahraa Hospital. No alternative medical facilities are available to receive approximately 450 patients from the two hospitals (including 40 patients in the ICU), rendering their evacuation operationally unfeasible.

Lebanon's Tebnine Government Hospital, one of the busiest trauma management hospitals in the south, was damaged twice on 12 and 14 of April, from strikes nearby. Eleven workers were injured, with damage to the emergency department including to critical equipment such as ventilators, monitors, stretchers and trolleys.

WHO is concerned about the access of affected populations to health services in hard-to-reach and underserved areas, especially those affected by multiple displacement orders and in areas that have been temporarily "depopulated" as a result. Continued or repeated local displacements increase the risk of respiratory infections, diarrhoeal diseases, and other communicable illnesses, especially for vulnerable populations. Displaced pregnant and lactating women, children, and persons with disabilities are amongst the most vulnerable groups experiencing challenges in accessing care.

There is an urgent need to scale up the medical supply pipeline and last-mile distribution to meet growing demand. Supplies for high-risk patients including those with insulin-dependent diabetes and dialysis-dependent renal disease are critical to maintain, particularly in the face of displacement; as of now, insulin stocks are becoming low and insulin is becoming increasingly expensive, while dialysis services are continuing for now.

There are only three health sector partners still operating in support of the government in the South and Nabatieh governorates. These partners are providing mobile clinics, but they are very stretched. There are gaps in specialist support, particularly for the elderly population that remains in those districts; access to emergency obstetric care and maternal health services for women who are on the move is a challenge; and there are outreach gaps for displaced persons living outside of shelters, who constitute the vast majority of displaced persons.

## **WHO response**

WHO is distributing trauma emergency supplies to hospitals (TESK kits) across the country: of the 60 TESK kits procured recently; 20 have been distributed and 40 are in transit to public hospitals.

The Public Health Emergency Operations Center (PHEOC), with continuous support from WHO, continues to play a central role in coordinating casualty management, overseeing the dispatch and distribution of cases to hospitals, and maintaining real-time communication with health facilities to optimize surge capacity and continuity of care.

Regular shelter visits are ongoing in Beirut and nearby areas. Access to southern Lebanon remains highly restricted for assessments. Supply delivery to the south depends on the UN Interim Force in Lebanon (UNIFIL) convoys; approximately 80% of convoy requests are not approved by authorities. Limited approved convoys are being used to deliver critical supplies e.g., NCD medicines; the Ministry of Public Health has requested WHO to continue regular NCD drug supply to the south. Alternative delivery approaches are being explored with health sector partners through UNIFIL.

## **OTHER COUNTRIES IN THE EASTERN MEDITERRANEAN REGION (Afghanistan, Bahrain, Iraq, Jordan, Oman, occupied Palestinian territories, Pakistan, Qatar, Saudi Arabia, Syria, United Arab Emirates, Yemen)**

### **Situation**

The situation is generally calm since the ceasefire. In Iraq, emergency and surgical caseloads have decreased. However, disruptions in essential health services continue. Surveillance and outbreak response activities remain affected, and shortages persist in medical supplies, medications, and lab materials. Supply importation and transportation face ongoing challenges.

In Syria, the situation is mostly stable, although southern governorates continue to be affected by falling missile remnants. Heavy rainfall is affecting areas in Aleppo, Homs, Hama, and Idlib that are receiving new returnee and refugee arrivals. Over 240 000 people have arrived from Lebanon since the escalation; the majority of arrivals are Syrian returnees living in host communities, while over 36 000 are Lebanese. New arrivals are concentrated in areas with fragile health systems. Injuries and deaths from unexploded ordnance remain a significant risk, especially in areas with new arrivals.

### **WHO response**

WHO has supported the country office in Iraq to improve its reporting on attacks on health care, and the system is now active. Engagement with other countries is ongoing.

In Iraq, the WHO response plan has been endorsed by Ministry of Health leadership, and implementation of response activities has started. This includes a medical supplies shipment initiated from WHO's Dubai Global Logistics Hub; supplies are expected to arrive soon.

In Syria, WHO is supporting surveillance, immunization, and service continuity, as well as risk communication and community engagement and mental health support. Distribution and procurement of trauma supplies and NCD kits is underway. WHO, in its role of coordinating health sector partners, is aiming to expand and repurpose partners to support service delivery for new arrivals.

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## ISRAEL

### Situation

The health system continues to operate under high-alert emergency conditions with specialized underground facilities. As of April 14, over 7 740 people have been treated for injuries, and 104 patients remained hospitalized.

### WHO response

To date, no support has been requested from WHO. WHO continues to monitor the situation, including regarding attacks on health care.

## OTHER COUNTRIES IN THE EUROPEAN REGION (Azerbaijan, Armenia, Cyprus, Türkiye, Turkmenistan)

### Situation

The situation in neighbouring countries continues to remain calm. Population movement to and from Iran remains steady, with no sign of large-scale displacement.

### WHO response

The WHO Country Offices, together with the Regional Office for Europe, continue to closely monitor the evolving situation and maintain readiness to respond in accordance with their respective contingency plans.

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## FUNDING UPDATES

The WHO funding requirement under its [Eastern Mediterranean regional Flash Appeal](#) for the period of March–August 2026 is US \$30 million, covering five countries: Lebanon, Iraq, Iran, Jordan, and Syria. To date, WHO has only received US \$1.6 million from the UN Central Emergency Response Fund in support to its response in Lebanon. WHO has released an additional US \$800 000 from its Contingency Fund for Emergencies to address the increasing health needs in the Middle East Region. This second release follows an earlier allocation of US\$ 2 million.