

Global Situation Report

Middle East Escalation of Conflict

Situation report No.2

2 April 2026

Data as of 1 April



World Health Organization

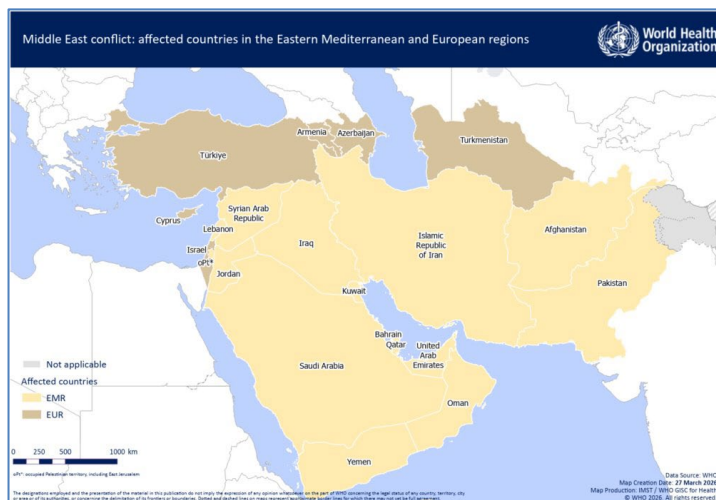
OVERVIEW

KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	25 819	1 937
Lebanon	1 162 237	3 750	1 268
Iraq	N/A	300	100
Israel	N/A	6 286	19

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	23	0	9
Lebanon	92	137	53
Israel	6	0	0

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



ACUTE HEALTH THREATS

The overall health threats have remained the same since the last situation report, namely risks related to trauma and injuries, disrupted access to health care, disease spread among displaced populations and radiological, nuclear and industrial chemical risks, including the potential impact on environmental health and access to water. The economic impact is expanding beyond the immediately affected region, and indirectly related health risks may be increasing.

WHO GLOBAL AND REGIONAL RESPONSE

WHO continues to support countries to implement and maintain emergency health services when requested, while continuing its health development programmes with affected countries through its country offices, with support of its regional and global offices and health partners. WHO is monitoring the health situation of displaced persons and people on the move in collaboration with partners across the regions.

WHO is delivering lifesaving supplies to affected countries. Since 18 March, with support from the European Union (ECHO), Dubai Humanitarian and partners, WHO has mobilized over 60 tonnes of medical supplies for Lebanon, including nearly 40 tonnes delivered from Europe via the EU Humanitarian Airbridge. The WHO Global Logistics Center in Dubai has dispatched a 4-truck humanitarian convoy carrying 22 metric tonnes of trauma emergency surgery supplies and specialized medicines (value: US\$ 360 000), sufficient to support ~50 000 patients, including ~40 000 surgical interventions. After seven days on the road, the convoy reached Lebanon on 1 April. Additionally, A 3-truck convoy carrying 22.3 metric tonnes of medical supplies to Gaza departed on 1 April 2026, enough to treat around 110 000 patients.

Early operational actions focus on environmental health and water, sanitation and hygiene (WASH) risks, particularly the impacts of petroleum fires, black rain, and repeated strikes on water infrastructure, such as desalination plants. WHO is strengthening surveillance, exposure assessment, and risk communication on protecting drinking water sources and mitigating contamination. Current risks across the region underscore the need for continued monitoring and public guidance.

In parallel, WHO is **assessing the continuity of essential NCD services**, especially insulin supply, dialysis access, and management of cardiovascular and respiratory conditions.

Community protection, risk communication and community engagement (RCCE), and social vulnerability analysis are being scaled up in coordination with the International Federation of Red Cross and Red Crescent Societies and UNICEF. Priorities include strengthening community-based surveillance in shelters, improving awareness of available services and existing WHO guidance, and supporting displaced and high-risk groups. 'Community protection' aims to ensure that affected populations are engaged in decisions that are taken to protect their health and well-being.

WHO is reviewing clinical care needs and management of patients exposed to chemicals, building and expanding on evidence that was developed and published by WHO in 2015 to guide clinicians and other front-line health workers. WHO provides global-level support to risk communications that are tailored to specific environmental or disease risks.

Finally, **WHO is in close contact with the International Atomic Energy Agency (IAEA)** following multiple strikes on nuclear-related facilities. IAEA has reported no release of radiation to the environment. WHO is coordinating with IAEA and contributing to risk assessments as part of broader preparedness planning.

COUNTRY HIGHLIGHTS

ISLAMIC REPUBLIC OF IRAN

Situation

Health services are reportedly continuing to operate at scale, with high service utilization and pressure on emergency and hospital care, while damage to health facilities highlight risks to service continuity and system resilience. Mapping of functional dialysis centres is ongoing.

The WHO country office suffered minor damage on the nights of 29 and 30 March due to explosions in the vicinity. No staff were injured and all are reported safe.

WHO response

WHO continues to support the Ministry of Health in procurement of priority vaccine and noncommunicable disease management supplies, as well as in bolstering mental health and psychosocial support.

Following discussions with national authorities, WHO is working with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other humanitarian partners to prepare a package of humanitarian interventions for consideration.

LEBANON

Situation

Lebanon's health system continues to manage a high volume of trauma cases. Children and women remain significantly affected, placing further pressure on overstretched emergency, surgical, ICU, and pediatric services. The government is refining needs, reorganizing secondary healthcare services, and advancing disability-inclusive and mental health and psychosocial support programming to enhance the overall response. Mapping of functional dialysis centres is ongoing.

Flexible and rapid funding is urgently required to sustain emergency health operations and ensure uninterrupted lifesaving services. In line with the [Lebanon Flash Appeal](#) (March–May 2026), the Health Sector requires an additional USD 37 million to prevent further deterioration of public health outcomes.

Lebanon reported an insulin stockout within the primary health care programme, prompting urgent supply planning and stock monitoring. Replenishment of essential medicines and supplies, including trauma and emergency obstetric and neonatal care supplies, is urgently needed to maintain service continuity.

WHO response

WHO is supporting the Ministry of Public Health (MoPH) with its Public Health Emergency Operations Centre, which coordinates the MoPH's response activities. WHO is also data analysis and information management, and facilitating inter-sectoral engagement on mental health and disability-inclusive services.

WHO is reinforcing health service delivery and supply chains, including delivery of trauma and emergency supplies and support to the primary health care network. As casualties increase, WHO is providing trauma supplies, capacity building initiatives, and technical assistance to frontline hospitals, to maintain mass casualty management capabilities across frontline medical facilities.

WHO is enhancing disease surveillance and early warning, including activation of shelter-based surveillance: WHO has supported 28 training sessions in 215 shelters, and is supporting the MoPH hotline to facilitate access to care and referrals.

Dr Chikwe Ihekweazu, Executive Director of WHO's Health Emergencies Programme, concluded a three-day mission to Lebanon, reaffirming the World Health Organization's support the country's health emergency

response amid the conflict and growing humanitarian needs.

Dr Ihekweazu met with national authorities, including the Prime Minister and the Health Minister, United Nations leadership, health partners, displaced persons, and frontline health workers to hear from their experience and identify priority areas for WHO's continued support.

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

Strikes on oil refineries, depots and energy infrastructure across the region are increasing environmental health risks, including elevated risks of respiratory, skin and eye irritation linked to worsening air pollution.

In Iraq, airspace closures and disruptions to ground transport routes have affected supply chains and the movement of medical supplies. Health services remain operational but under pressure, with increasing patient loads and partial disruption of outreach and community-level services in some areas due to access constraints and security-related movement restrictions.

In the occupied Palestinian territories, the health system continues to operate under severe constraints, including fuel dependency, damaged infrastructure and limited entry of supplies.

In parallel to the conflict, the humanitarian situation is also affected by heavy rains and flooding in several countries in the region, particularly Syria, which result in additional burden on the health system.

WHO response

WHO is strengthening efforts to address compounding public health risks, including the recent flooding. WHO has issued guidance on flood preparedness and response, highlighting key risks and protective actions.

WHO will conduct training on its Surveillance of Attacks on Health Care (SSA) system for additional countries affected by the ongoing conflict, including Iraq and Gulf Cooperation Council countries.

In multiple countries, WHO continues its support to preparedness activities with the Ministries of Health.

In Iraq, WHO is strengthening coordination with the Ministry of Health and partners, advancing early warning surveillance, addressing supply chain constraints, supporting trauma care and referral, and mobilizing resources for the health response.

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

ISRAEL

Situation

The health system remains in full emergency mode, with all hospitals and pre-hospital plans activated.

WHO response

WHO continues to review and verify attacks on healthcare using information from local partners and open sources.

To date, no WHO support has been requested. Potential population movement pressures are being monitored, particularly if the conflict triggers wider regional displacement.

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

Situation

In the region, border crossings are lower than or similar to pre-conflict levels.

On 30 March, Türkiye's National Defense Ministry reported that a ballistic missile had entered Turkish airspace but was intercepted by NATO's air and missile defense system. There were no reported casualties. No other countries in the region are currently directly affected by hostilities.

WHO response

The WHO country offices in Armenia and Turkmenistan, together with other agencies, are preparing UN contingency plans for potential impact of the conflict on these countries.

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.