

# Global Situation Report

## Middle East Escalation of Conflict

Situation report No.5

23 April 2026

Data as of 22 April



World Health Organization

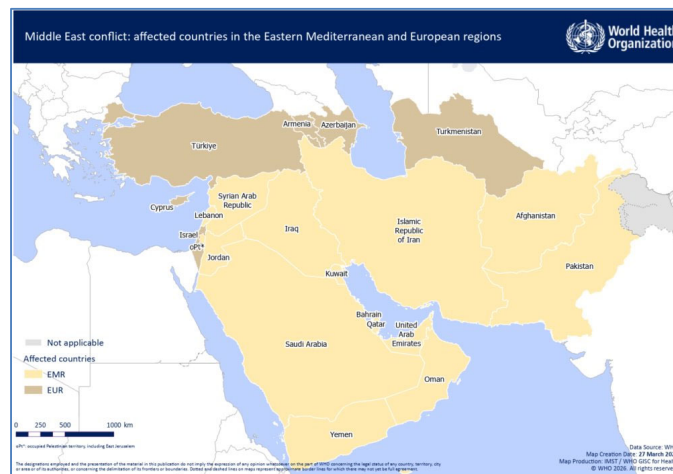
### OVERVIEW

KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	32 314	3 375
Lebanon	1 049 328	7 602	2 387
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	147	233	100
Israel	6	0	0

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



### ACUTE HEALTH THREATS

A fragile extension of the ceasefire offers a limited and uncertain pause in hostilities across parts of the region, with the situation remaining highly volatile. Acute and sustained health threats persist across affected countries, driven by large-scale displacement, overcrowding in collective shelters, and widespread disruption of essential services. Trauma-related injuries, interruptions to life-sustaining care for noncommunicable diseases (NCDs), and constrained access to essential medicines continue to represent the most immediate and consequential health risks. In Lebanon, although some have returned home, over one million people remain displaced, with heightened risk of communicable disease outbreaks, including acute watery diarrhoeal disease and cholera, as water, sanitation, and hygiene systems are compromised.

No new environmental incidents were reported during the week. Residual risks persist from earlier damage to energy and water infrastructure, including potential contamination and ongoing threats to water desalination systems. Reduced cargo availability is constraining medical supply chains and cold chain transport, although no large-scale cold chain failures have occurred. Reports indicate some reduced production of pharmaceutical and medical commodities due to fuel and petrochemical constraints. Mitigation measures are being implemented in multiple countries, including prioritisation of fuel for hospitals and critical health services, alongside increased reliance on backup generators to sustain essential care.

Continued internal and cross-border displacement from Lebanon is expected to further disrupt primary health care, maternal and child health services, and noncommunicable disease management, while placing additional strain on already fragile health systems.

According to a [report](#) from the United Nations Development Programme, the broader socioeconomic impacts of the current crisis are substantial, with up to 8.8 million people at risk of falling into poverty, including over 5 million in the Islamic Republic of Iran, and projected economic losses reaching as high as US\$299 billion.

### WHO GLOBAL AND REGIONAL RESPONSE

WHO continues to work with national authorities, its country offices, and partners to monitor developments closely, support continuity of life-saving services, and strengthen preparedness and response planning in a context where humanitarian and health needs are expected to remain severe even under the current ceasefire extension.

WHO remains concerned about the risk of damage to civilian infrastructure, including healthcare facilities and water systems such as desalination plants, which would significantly compound public health threats. WHO is supporting Ministries of Health in maintaining essential supplies and service delivery. WHO is also reinforcing collaboration with UN agencies, international and local NGOs, and the Red Cross and Red Crescent Movement, leveraging their proximity and operational presence to support affected communities effectively.

WHO is also monitoring seafarers' health in collaboration with partners.

Despite the challenges, the WHO Global Logistics Hub in Dubai continues to facilitate the movement of approximately 100 metric tonnes of essential health supplies per week, valued at around US\$1 million, to support humanitarian health operations worldwide. This includes the deployment to the region of WHO trauma and emergency surgery supplies, designed to support the immediate management of trauma and life-threatening injuries, including emergency surgical care, wound management, anaesthesia support, and mass casualty response in settings where health system capacity is severely disrupted.

WHO is working with its country offices to systematically collect more granular data on attacks on health care, both to strengthen advocacy and to inform operational planning by identifying where health system gaps are most acute and where assistance is most urgently required, thereby enhancing preparedness and response to ongoing and future incidents.

Safeguarding measures, including prevention of sexual exploitation, abuse and harassment, are being integrated into emergency operations and partner engagement across countries.

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**

There have been fewer injuries since the ceasefire, but supply disruptions continue to affect service delivery. Airspace has re-opened, including air corridors for medical imports, however, operations remain limited to a small number of airlines with restricted operating hours.

The Ministry of Health has requested support with procurement of NCD diagnostics.

#### **WHO response**

WHO is assessing the impact of destruction on the local production of essential NCD medicines and chemotherapy drugs. As requested by MoH, WHO is including insulin and other NCD medications and diagnostics in emergency shipments, and ensuring that NCD services and stocks are covered in rapid assessments and the Health Resources and Services Availability Monitoring System (HeRAMS). WHO is mapping functional dialysis centres and monitoring for disruptions. WHO is advancing priority procurement of uninterrupted power supply batteries and generators for affected health facilities in priority provinces.

WHO is working with health partners in Iran to support the implementation of mental health and psychosocial support interventions for health care workers, focusing on stress management and psychological support.

WHO has submitted a US\$2 million application to the Central Emergency Response Fund focused on preventing outbreaks and sustaining essential health services related to the crisis in Iran.

### **LEBANON**

#### **Situation**

A 10-day ceasefire between Lebanon and Israel has resulted in the return of large numbers of displaced persons to southern Lebanon, including a 21% decrease in the number of individuals in shelters within less than 24 hours; nevertheless, the majority of persons displaced remain displaced. Communities face growing protection and humanitarian risks, including prolonged separation from homes and livelihoods, uncertainty over the safety of their neighborhoods, and reduced access to essential services. Israeli military activity has continued to take place across parts of the south.

Demand for NCD medications, including insulin, is increasing, with an immediate gap of 25% in the availability of essential NCD medicines for an estimated 250,000 beneficiaries, a gap that is expected to widen. Displaced dialysis patients are currently still able to access needed services.

The high volume of trauma cases is placing significant strain on hospitals, particularly affecting the availability of essential medicines and supplies, which are largely dependent on imports. Some hospitals report trauma care services are working at 90-100% capacity. Hospitals in Beirut, Mount Lebanon, the South and Nabatieh

are operating beyond normal capacity. Funding constraints continue to limit the ability to sustain access to trauma medicines and other critical supplies, further exacerbating pressure on the health system.

Urgent raising of awareness is needed inside shelters about the prevention of common communicable diseases and the early recognition of key public health warning signs, including acute watery diarrhea, influenza-like illnesses, lice, scabies, and vaccine-preventable diseases such as measles and chickenpox.

In spite of the current ceasefire, WHO's [Public Health Situation Analysis for Lebanon \(10 April\)](#) remains valid with respect to the key health risks in Lebanon.

## **WHO response**

Emergency supplies continue to arrive by air, taking advantage of the current ceasefire. WHO distributed an additional 12 trauma emergency supplies to front-line hospitals with the collaboration of International Committee of the Red Cross (ICRC) convoys, to provide access to 1200 trauma patients with medicines and medical supplies. On 18 April, WHO delivered critical trauma supplies and essential medicines to Nabatieh in south Lebanon, reinforcing hospitals' capacity to save lives as people start returning to the south. This was made possible with support from the European Civil Protection and Humanitarian Aid Operations (ECHO).

WHO is contributing to a multi-sectoral needs assessment designed to identify priority geographic areas and thematic sectors for response. WHO continues to conduct field visits to shelters and to meet with partners to understand the gaps, validate priorities on the ground, and guide the prioritization and scale-up of response interventions.

WHO is co-leading the mental health and psychosocial support (MHPSS) Coordination Group alongside the Ministry of Public Health / National Mental Health Programme and UNICEF. To support MHPSS efforts, WHO deployed additional surge staff to ensure technical and coordination support.

WHO is carefully monitoring supplies of NCD medications and supporting patient education of insulin switching and self-care, as well as supporting the mobilization of insulin and other NCD supplies to cover a 3–6-month period.

WHO is covering hospitalization costs for trauma care among non-Lebanese patients. To date, WHO has supported the care of 69 hospitalized patients across 21 hospitals, as well as an additional seven patients in emergency rooms.

WHO continues its support of three surge staff to the Ministry of Public Health emergency hotline, which has received 10 338 calls since the beginning of March.

WHO continues to support surveillance activities, with shelter-based surveillance fully activated.

At the request of the Ministry of Public Health, and in collaboration with the Preventive Medicine Department and the Health Education Department, WHO has supported the rapid development of context-adapted risk communication and community engagement (RCCE) materials tailored to shelter conditions. The approach has emphasized practicality in low-resource settings and promoted dignity by addressing stigma associated with living conditions. By bridging technical guidance with community realities, WHO ensured effective uptake of health messages, demonstrating RCCE in action through timely, community-centered, and locally driven interventions. Through strong Health Sector coordination, five partners (Amel, ACF, IMC, MDM, and Medair) are jointly supporting the printing and dissemination of these materials, reflecting the critical role of coordinated partnerships in ensuring timely and effective response.

## **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**

In Gaza, occupied Palestinian territories, fuel shortages are leading to continued degradation of healthcare and WASH systems.

In Iraq, operational functionality across core health service areas remains only partially restored due to ongoing supply chain disruptions and logistical constraints.

Since the start of the crisis, 81 300 Afghans have returned to Afghanistan from Iran, primarily through deportation, according to [UNHCR](#). The influx of new arrivals is placing strain on host communities and local services, including the already stretched health system.

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

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## **ISRAEL**

### **Situation**

The Ministry of Health stated that all hospitals in the northern part of the country have returned from underground to normal operations on 19 April. Additionally, all clinics are open to patients and hospitals will maintain readiness to switch back to underground operations within few hours, as necessary.

### **WHO response**

To date, no support has been requested from WHO.

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

### **Situation**

In Türkiye, between 3 March and 19 April, over 127 000 Iranians arrived in the country, a figure lower than the pre-conflict levels. During the same period, close to 109 000 Iranian nationals returned to Iran.

In Armenia, cross-border movement of Iranian nationals remained stable, with an estimated 400 – 700 daily entries. The recent weeks have seen a relatively high number of crossings, both into and out of Iran; local authorities assess the situation as consistent with routine cross-border movement.

In Azerbaijan, so far over 3500 people have arrived from Iran, mostly nationals from various nations evacuated to their respective countries.

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