

# Global Situation Report

## Middle East Escalation of Conflict

Situation report No.1

26 March 2026

Data as of 25 March



# World Health Organization

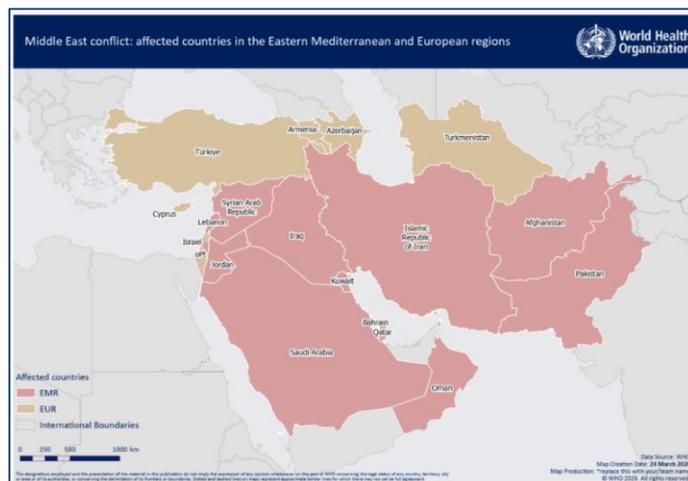
### OVERVIEW

KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	23 061	1 825
Lebanon	1 049 328	3 119	1 094
Iraq	N/A	300	70
Israel	N/A	4 829	19

All numbers are estimates and may differ from other sources due to data cutoff times

ATTACKS ON HEALTH CARE	Attacks verified by WHO	Health workers injured	Health workers killed
Iran	21	0	9
Lebanon	65	91	53
Israel	6	0	0

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



### ACUTE HEALTH THREATS

Across the affected area, WHO assesses the main health risks as trauma, injuries and disability; continued access to health care, especially for people who have been displaced, including for the management of non-communicable diseases, and the potential for diseases to spread in shelters; risks associated with strikes on desalination plants reducing people's access to safe water; the potential for a chemical, biological, radiological or nuclear (CBRN) incident with health consequences; heat-related illnesses as the weather warms; mental health distress; and respiratory diseases. In addition to the immediate health impacts of the conflict, strikes on oil storage facilities and refineries in Iran, Bahrain and Saudi Arabia raise concerns about air pollution and wider regional environmental exposure; and fuel shortages may affect the functionality of health systems.

Attacks on health care in multiple countries have led to health worker deaths and have wider consequences in reducing access to care in the short, and sometimes longer term, depending on the incident.

Disruptions to supply chains, rising transportation costs and variability in the energy market can have knock-on effects across supply chains and may limit access to essential medicines and supplies.

### WHO RESPONSE

WHO is mitigating these threats where possible, by responding to requests for support from health authorities that range from training to supplies, expanding disease surveillance systems for shelters, coordinating other health partners, and reporting on attacks on health care. Working with UN and other partners, WHO is mitigating disruptions to humanitarian medical supply chains, identifying alternate routes and supply locations to continue to meet the global needs and to deliver supplies where the needs are most acute.

### COUNTRY HIGHLIGHTS

#### IRAN

##### Situation

Health authorities report that the health system continues to function under the strain, while the health of the people on the move is a concern. In addition to the threats above, WHO has assessed the threat of measles outbreaks as high.

##### WHO response

WHO teams in Iran are in close contact with national health authorities. At their request, we are supporting the response in the areas of mental health and psychosocial support and supporting the procurement of priority vaccines, including for polio, diphtheria, rotavirus and hepatitis B.

#### LEBANON

##### Situation

The health system is currently coping, in terms of casualty management, triage and referral; reflecting in part investment in training health workers on mass casualty management, and investments in planning and supply management in recent years. However, if the situation deteriorates, the health system will come under further strain. There is also concern for the health of the people who have been displaced, from the stress this causes them to the possibility that they are not able to access care for acute or ongoing health conditions.

### **WHO response**

To mitigate the risk of disease outbreaks, especially in overcrowded shelters with limited access to water, sanitation and hygiene, WHO is supporting national health authorities to enhance disease surveillance and early warning systems, so people can receive the care they need quickly and reduce spread of disease.

The WHO hospitalization network for lifesaving and limb-saving care, supported by the European Union, has been expanded to include the management of conflict-related trauma among Syrian refugees and migrant workers. The network includes 18 public hospitals and six private referral hospitals, in addition to hospitals already providing care to conflict-related casualties.

Medical supplies were delivered in Lebanon on 24 March via an ECHO-supported charter flight. The shipment includes trauma supplies, vaccines, insulin, and essential medicines. These will support 1000 trauma procedures for 500 patients.

## **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**

Across countries in the region, health systems remain operational and focused on preparedness, with national authorities activating emergency plans, strengthening monitoring for environmental and radiological risks.

In Syria, cross-border arrivals from Lebanon (more than 140 000 people as of 17 March) are increasing the need for health services at border areas, while in Iraq, the evolving security situation and movement restrictions are placing pressure on hospitals and disease surveillance activities.

### **WHO response**

WHO is working with Ministries of Health and national partners to review preparedness measures and ensure readiness of health systems.

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

### **WHO response**

WHO is monitoring the situation and is prepared to respond if requested.

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

### **Situation**

While countries in the European region, apart from Israel, remain outside direct hostilities, spillover risks remain, alongside ongoing travel, energy, and security disruptions. Currently, there has been no significant increase in the number of people crossing into the four neighboring countries.

### **WHO response**

WHO has prepared and shared a readiness package, including guidance documents on chemical, radiological and nuclear risk communication, public health messages for direct and indirectly affected areas. Contingency plans are being developed with UN partners for radio-nuclear events, mass casualty events and mass population displacement.

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## WHO PRIORITIES

WHO has activated its Incident Management Support Teams at headquarters and the two affected Regional Offices to coordinate a comprehensive, multi-country health response aligned with its Emergency Response Framework (ERF) and Incident Management System (IMS). Building on its established presence in affected countries, existing coordination mechanisms, and operational networks in all countries, WHO is uniquely positioned to deliver rapid, accountable, and high-impact interventions.

The response aims to achieve the following outcomes:

1. Strengthen emergency coordination and health sector leadership
  2. Enhance disease surveillance and early warning
  3. Sustain and expand trauma response and essential health services
  4. Reinforce logistics, supply chain, and operational support
  5. Strengthen capacities for health response in CBRN emergencies
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## FUNDING UPDATES

WHO has released US\$ 2 million from its Contingency Fund for Emergencies to support Lebanon (US\$1M), Iraq (US\$500K), and Syria (US\$500K). Under the Lebanon Flash Appeal (March–May 2026), the health sector requires an additional US\$ 37 million to sustain trauma care, essential services, disease surveillance, and support for displaced populations.