

Global Situation Report

Middle East Escalation of Conflict

Situation report No.6

30 April 2026

Data as of 29 April



World Health Organization

OVERVIEW

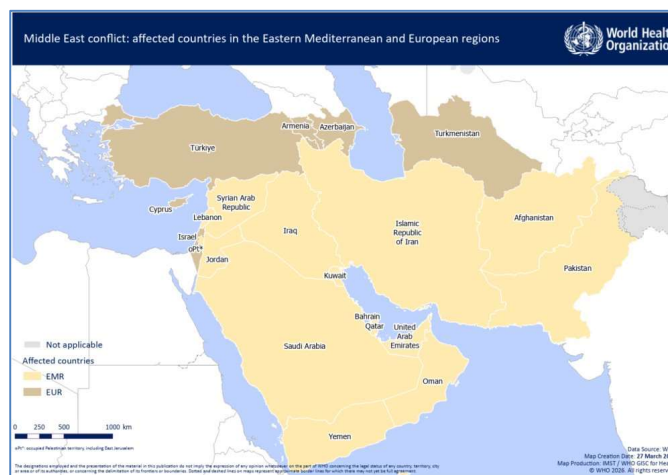
KEY AFFECTED COUNTRIES	Displaced	Injured	Deaths
Iran	3 200 000	32 314	3 375
Lebanon	1 049 328	7 863	2 534
Iraq	N/A	300	109
Israel	N/A	7 834	26

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	32	54	12
Lebanon	150	233	100
Israel	9	0	0

As reported in WHO's Surveillance System for Attacks on Health Care (SSA), where active. There may be delays in verification.

Note: beginning this week, this situation report will be issued every two weeks.



ACUTE HEALTH THREATS

Although ceasefire arrangements involving Iran and Lebanon continue to hold, the situation remains fragile, with a persistent risk of escalation affecting civilians and access to health services.

Health systems are being impacted by a shortage of medicines and supplies, and impacts beyond the hotspot areas are beginning to emerge. Closure of essential and maternal health services have severe consequences on women and children's health.

In Lebanon, many health facilities remain closed. Medical supply availability remains stable at present, with no immediate critical shortages reported. Access constraints, intermittent service disruptions, and increased pressure on health facilities are being observed in areas affected by insecurity and population movement.

WHO's priorities remain focused on maintaining up-to-date risk and resource mapping; advancing technical guidance on community protection and risk communication (RCCE), including for environmental/health related risk scenarios; and sustaining coordination with partners, particularly in relation to water, sanitation and hygiene (WASH) and infection prevention and control (IPC) interventions, as well as mental health, with a focus on displaced populations.

Emergency needs assessments are ongoing, including for people living with chronic conditions. WHO is monitoring displacement patterns to better assess the risk and strengthen operational planning.

WHO continues to monitor and verify attacks on health care as part of its core mandate. This enables timely, forward-looking analysis to identify where health systems are under increasing strain and where targeted support with medicines, medical and trauma supplies, and other essential health products may be required.

WHO GLOBAL AND REGIONAL RESPONSE

Since the beginning of the conflict, WHO delivered over US \$3 million in health supplies, with support from the Government of the United Arab Emirates and the Dubai Humanitarian City, to reach an estimated 7 million beneficiaries through air charters to Afghanistan and Egypt (for Gaza) and land convoys to Lebanon and Egypt (for Gaza).

WHO has begun assessing the long-term health impacts of this crisis globally, to identify mitigation measures that can begin to be implemented now.

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/ssai/index.aspx>.

COUNTRY HIGHLIGHTS

ISLAMIC REPUBLIC OF IRAN

Situation

The extension of the ceasefire in Iran has signaled relative calm. Health partners have raised concerns over looming shortages of medicines and restricted access to health services, due to the consequences of the recent intense conflict, including damage to health and manufacturing facilities.

WHO has downgraded its assessment of the risk of measles in Iran from very high to high, based on a review of the high vaccination coverage nationwide and the lack of evidence of increased transmission to date.

WHO response

WHO teams on the ground are progressing on procurement of key medical supplies and equipment to support the national health system. Noncommunicable disease commodities are being sourced, primarily from abroad.

WHO has begun implementing mental health and psychosocial support (MHPSS) activities for displaced communities through a local contracted partner.

LEBANON

Situation

The ceasefire in Lebanon remains fragile, with continued daily injuries and deaths being reported. Hostilities have reportedly increased in recent days, particularly in the south and Beqaa, with more than 15 deaths and 31 injuries reported over three days.

Overall, the ceasefire has reduced intensity of hostilities but has not yet translated into sustained stability on the ground, with the security context remaining unpredictable. These conditions have restricted population movement in affected areas and continued to impact access to health services, particularly in southern and border regions where insecurity persists. As a result of evacuation orders, 46 primary health care units and 6 hospitals are closed.

Based on assessments, no major medicine shortages are expected in the next six to eight weeks.

No major outbreaks have been reported in shelters, though risk persists due to poor living conditions and intermittent food poisoning incidents have occurred.

Among the approximately 115 000 internally displaced persons in shelters, assessments have identified 1000 individuals with physical disabilities, 617 with mental disabilities, 330 with hearing impairments, and 289 with visual impairments (source: Lebanon Ministry of Social Affairs through the Disaster and Risk Management Council). Persons living with disabilities, including amputees, are disproportionately affected by the current crisis: many depend on continuous access to rehabilitation services, assistive devices, and regular medical follow-up, all of which are being disrupted. The recent surge in trauma-related injuries is also increasing the number of newly disabled individuals, placing additional strain on already limited rehabilitation and support services. Combined with medication shortages and reduced access to care, this is significantly worsening health outcomes and long-term vulnerability among this population.

WHO response

WHO priorities remain in trauma care and continuity of services for noncommunicable diseases. Since the start of the conflict and to date, 30 trauma packs have arrived and 26 have already been distributed, with each kit supporting 50 patients requiring surgical care in emergency situations. WHO, through funding from the Central Emergency Response Fund (CERF), has secured 20 ventilators to expand intensive care capacity and strengthen readiness to manage critical cases. In addition, 30 000 vials of insulin, funded by the European Union, will ensure uninterrupted treatment for over 10 000 people living with diabetes for three months. More insulin, ventilators, and hospital supplies will be distributed shortly. A total of 120 emergency backpacks have been distributed to emergency health responders. All these contributions represent a vital lifeline for patients. Under the leadership of the Ministry of Public Health, the Health Sector Coordination Team, in close collaboration with partners on the ground, is assessing health facility functionality in areas receiving large numbers of returnees and working to ensure uninterrupted access to essential services through facility reactivation where feasible, or alternative delivery modalities such as mobile units, satellite units, and

transportation support to nearby functional health facilities.

For MHPSS, in addition to the coordination with the national Mental Health plan, support includes psychotropic medicines and covering hospitalization for non-Lebanese patients. Training is ongoing for hospitals emergency departments to respond to acute mental health emergencies. Mental health integration into primary health care facilities is also underway.

Following a request for support from the Ministry of Health in Lebanon, the Global Outbreak Alert and Response Network (GOARN) has supported with epidemiology and surveillance expertise that will be deployed to Lebanon.

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, there continues to be reduced healthcare capacity and WASH system degradation due to fuel shortages.

In Iraq, the main health system concerns relate to localized service disruption caused by supply shortages. A reported 23% reduction in surveillance capacity linked to the emergency remains a significant concern.

In Syria, no major new incidents have been reported. Cross-border movement from Lebanon continues at relatively low levels.

WHO response

In Iraq, coordination with the Ministry of Health continues, including strengthened health sector coordination mechanisms. Strengthening of early warning alert and response surveillance, rapid response team training, and RCCE planning are underway. WHO is also supporting MHPSS training for health care workers and school staff.

In Syria, WHO is supporting surveillance, water chlorination, water quality monitoring, and WASH measures.

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

ISRAEL

All hospitals in northern Israel continue normal operation while maintaining high readiness to return to underground operations within hours if the situation changes.

WHO response

WHO has verified an additional three attacks on health, which were first reported in March 2026. The total number of attacks on health care reported during this escalation has now reached 9 attacks with no deaths and no injuries.

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

Situation

There have been no new reports of conflict-related damage in these countries. Population movement to and from neighboring countries remains within the pre-conflict levels. From 3 March to date, over 140 000 Iranians have arrived in Türkiye while over 120 000 Iranians have returned to Iran, a volume that is lower than the pre-war average. In Armenia, from 28 February to date, around 18 300 Iranian nationals have arrived in the country, while 17 500 crossed the Agarak border to Iran.

WHO response

WHO has provided input to inter-agency contingency plans in Armenia, Azerbaijan, Türkiye, and Turkmenistan.

Funding updates

Out of its US\$ 30.3 million [appeal](#) to support the health response to the escalating conflict in the Middle East across five countries from March to August 2026, WHO has received only US\$ 2.1 million (US\$ 1.6 million from the United Nations Central Emergency Response Fund and US\$ 525 000 from the Government of Greece).
