



OVERVIEW

| KEY AFFECTED COUNTRIES | Displaced | Injured | Deaths |
|------------------------|-----------|---------|--------|
| Iran | 3 200 000 | 32 314 | 2 362 |
| Lebanon | 1 049 328 | 5 873 | 1 739 |
| Iraq | N/A | 300 | 109 |
| Israel | N/A | 7 183 | 24 |

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 | 106 | 158 | 57 |
| Israel | 6 | 0 | 0 |

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



ACUTE HEALTH THREATS

The two-week ceasefire is a reprieve in Iran though not Lebanon; in itself, it will not address the challenges of health needs across the Middle East, and humanitarian access and operational space are critical challenges.

Attacks on health care have increased across the region, undermining health system functionality and violating international humanitarian law. The rise has been particularly pronounced in Lebanon, with attacks affecting hospitals, ambulances and health workers.

The conflict has damaged civilian infrastructure, particularly energy and desalination facilities: WHO is aware of four strikes on water desalination, in Iran, Bahrain and Kuwait. In the Middle East, several countries depend on desalination for 70–100% of their drinking water. Disruptions can trigger water shortages, hospital shutdowns, and waterborne disease outbreaks.

Delivery of humanitarian health supplies to the region and elsewhere is constrained by regional airspace restrictions and rising transportation costs. However, to date, due to WHO and partners working on contingencies and other factors, no significant shortages of medical supplies have been reported. Manufacturing and the global availability of key health commodities remain stable.

The main health threats remain risks related to trauma and injuries, interruption to non-communicable disease care, disrupted access to health care including for persons who have been displaced, the potential for diseases to spread in shelters, and radiological, nuclear and industrial chemical risks, including the potential impact on environmental health and access to water. Pre-existing mental health and psychosocial support needs have been exacerbated by the violence, displacement, and increasing acute psychological distress and relapse of mental health conditions amid limited access to care.

WHO GLOBAL AND REGIONAL RESPONSE

WHO, led by its Regional Offices for the Eastern Mediterranean and Europe, and in collaboration with partners, is actively mapping and prioritizing health risks across the regions, including those arising from population displacement and direct attacks on critical infrastructure. WHO's response is guided by strong coordination at regional level and depends on timely, reliable information from the field, as well as sustained donor support.

WHO will continue to define and implement practical actions, including consolidating relevant evidence to support Ministries of Health and communities on the safe management and use of water, sanitation and hygiene, as well as providing technical support around risk mitigation linked to air quality and environmental pollution.

Efforts will focus on identifying and supporting backup solutions for critical health care facilities in the event of

energy loss, strengthening immunization coverage in pockets of vulnerability, and ensuring readiness for disease outbreaks through the pre-positioning of essential medical supplies from both local and international sources. In addition, WHO is supporting contingency planning to ensure continuity of care, the continuity of essential health services, enhancing surveillance and early warning systems, coordinating partner response efforts, and providing technical guidance on trauma care, mental health and psychosocial support, strengthening the capacity of countries and partners to systematically record attacks on health care and the protection of health workers and facilities in line with humanitarian principles.

While the focus on emergency health services in parallel with continuation of ongoing programmes continues, WHO advocates in favor of shifting the attention to the continuity of essential services in shelters and in reaching hard to reach communities with mobile clinics and community services, as the security situation permits. Engaging with communities, understanding their concerns and monitoring needs is important as the crisis evolves. WHO is developing contextualized guidance to address the complex, multi-dimensional health threats facing communities in the current crisis.

COUNTRY HIGHLIGHTS

ISLAMIC REPUBLIC OF IRAN

Situation

The Pasteur Institute of Iran, a leading global public health institution, was severely damaged on 2 April. The institute played an important role in protecting and promoting population health, including in emergencies.

Iran says that their strategic reserves of medicines remain adequate and imports of essential medicines will be sustained following reported attacks on a major medical facility.

Damage to and contamination of water infrastructure poses a particular risk in Iran, which is already facing one of world's most severe water crises. Power plant strikes are increasing the risk for disruption of health services, in particular for dialysis and chemotherapy patients.

WHO response

WHO is developing a comprehensive response plan to address growing health needs in Iran. Meanwhile, WHO continues support based on the initial Ministry of Health request, including procurement and coordination with UNICEF on vaccines. Procurement requests have been received, including a request to support health care facility infrastructure, including ambulances, power supplies, reconstruction of affected medical facilities, and imaging equipment.

Following damage to its country office sustained last week due to nearby explosions, WHO has conducted repairs, allowing resumption of attendance by critical staff.

LEBANON

Situation

Vulnerable populations such as children and older persons, persons living with disabilities, and displaced persons, continue to be disproportionately affected by the ongoing crisis. About 10-12% of internally displaced persons are staying in collective shelters. Access to primary healthcare in shelters is limited and uneven.

An estimated 75 000 to 100 000 people remain in southern Lebanon, scattered across small pockets in multiple districts. Mobile clinics are operating across South and Nabatieh governorates, rotating between villages and shelters on limited schedules depending on security and evacuation orders.

Overcrowded shelters and suboptimal available services are increasing the risk of communicable disease outbreaks, underscoring the importance of shelter-based disease surveillance and strengthened rapid response capacity.

Attacks on healthcare continue at a high rate, averaging approximately 2.9 incidents per day over the past 37 days. Paramedics and civil defense personnel have reportedly been injured or killed while responding to casualties, including cases where teams were struck during repeated attacks on the same locations. Ambulances and emergency responders continue to be exposed to both direct and indirect fire, undermining their ability to reach the wounded and carry out lifesaving evacuations, and leaving the injured with diminishing chances of survival.

WHO response

With support from the European Union, WHO continues to sustain access to essential noncommunicable disease (NCD) and mental health (MH) medicines through the PHC network in Lebanon.

WHO is covering the hospitalization costs for trauma care of non-Lebanese patients. To date, 44 patients have been supported across nine hospitals.

Based on a request from the Ministry of Public Health, a series of short educational materials were developed and contextualized for use in shelters. They address key communicable diseases, with a focus on prevention, early detection, and containment measures, as well as food safety.

Other support continues, such as to surveillance, the Public Health Emergency Operations Centre, and reinforcing health service delivery and supply chains.

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 Syria, major indirect health threats from the current conflict include falling debris from intercepted weapons and widespread unexploded ordnance contamination. There is a measles outbreak in Hassakah, Northeast. Response capacity has not yet been exceeded, but ongoing emergencies continue to strain health system readiness.

In the occupied Palestinian territories, a person working for the WHO office in Gaza was killed on 6 April during a security incident. Following the incident, WHO suspended medical evacuation of patients from Gaza via Rafah to Egypt. Medical evacuations will remain suspended until further notice.

WHO response

In Syria, WHO is supporting an integrated approach to response and system rebuilding as the country sits at the intersection of emergency response and health systems strengthening.

In Jordan, response measures are largely unchanged. Potassium iodide tablets are being distributed in southern border areas for preparedness purposes.

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 Ministry of Health has reported numerous affected persons seeking hospital care for traumatic stress since the escalation.

Four people died following a missile attack on Haifa, the northern part of the country, on Sunday afternoon, April 7. Hospitals have reported providing care for multiple mass casualty incidents.

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

According to media sources, three people were reportedly killed following a shooting near the Israeli consulate in Istanbul.

Azerbaijan has sent a third humanitarian aid convoy to support the response in Iran. According to media reports, the convoy includes various types of food products, medicines and medical supplies, totaling 200 tonnes.

Overall, population movements across the international borders to the neighboring countries (Türkiye, Azerbaijan, Armenia and Turkmenistan) have remained steady with no sign of large-scale arrivals or sudden fluctuations.

WHO response

WHO country offices in the five member states maintain readiness, including meeting with the UNHCR team conducting in-country assessment to the neighboring countries (Armenia, Turkmenistan).

In Armenia, a joint UNHCR/WHO funding request is submitted to DG ECHO as part of the contingency plan.

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.