MÉDECINS SANS FRONTIÈRES / DOCTORS WITHOUT BORDERS



NO ONE IS SPARED:

THE IMPACT OF ATTACKS ON CIVILIANS AND HEALTHCARE IN SOUTHERN LEBANON

MEDECINS SANS FRONTIERES

أطبّاء بلا حدود



MSF mobile team members from the Nabatiyeh project seen near their vehicle in Chouf at the end of the working day. ©Emin Ozmen/Magnum Photos

About Médecins Sans Frontières

MSF is an international, independent medical humanitarian organisation. We provide medical assistance to people affected by conflict, epidemics, disasters and exclusion from healthcare. Our teams are made up of tens of thousands of health professionals, logistics and administrative staff, bound together by our charter. Our actions are guided by medical ethics and the principles of impartiality, independence and neutrality. We are a non-profit, self-governed, member-based organisation.

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Executive Summary

Since the renewed escalation of cross-border hostilities on 2 March 2026, Médecins Sans Frontières (MSF) teams in Lebanon have witnessed severe and sustained harm to civilians, health workers and medical facilities, particularly in the south of the country. Despite repeated ceasefire announcements, Israeli attacks have continued, exposing civilians, patients, health workers and emergency responders to harm. This report draws on MSF activities in southern Lebanon to voice the medical and human cost of the hostilities on civilians, health workers and medical facilities.

In MSF-supported hospitals in Sour (Tyre) and Nabatiyeh, MSF teams and MSF-supported health workers have witnessed and responded to repeated mass casualty influxes following attacks, even after the announcement of a ceasefire. Beyond the injury count, the hostilities have imposed a significant toll on the most vulnerable civilians, such as children, elderly people and entire households impacted simultaneously, whose recovery is often hampered by compounded vulnerabilities.

The thousands of injured patients treated by MSF teams have presented with severe blast, fragmentation and traumatic injuries requiring complex and multiple surgeries and intensive care. Our documentation of the injury patterns demonstrates the severity of harm imposed on civilians, both in the immediate aftermath of the strikes and in the long term. Many patients have life-altering injuries requiring extensive medical care, rehabilitation, prosthetics, follow-up surgeries and psychosocial support – care that can be difficult to access and afford in Lebanon's overstretched and largely privatised health system.

MSF teams and MSF-supported health workers have also witnessed the severe impact of the hostilities on medical facilities and staff, despite their being protected by specific legal measures under international humanitarian law. MSF teams have directly witnessed paramedics and health workers arriving at hospital injured or dead after attacks, including incidents in which first responders were reportedly struck while attempting to rescue casualties from previous attacks – known as a 'double-tap' strike – raising serious concerns over compliance with international humanitarian law.

The impact and the damage inflicted on hospitals, ambulances, medical equipment and rescue infrastructure have disrupted the emergency medical response in Lebanon, at a time when acute medical needs have increased. The attacks and the resulting insecurity have had a cascading impact on the Lebanese healthcare system. In many instances, hospitals have had to continue operating while damaged, understaffed and under pressure from repeated mass casualty incidents. Referrals and access to specialist care have been delayed and disrupted, while care beyond immediate trauma response has been completely suspended in some facilities. Rescue teams report delaying interventions, reducing time on site and limiting patients' stabilisation processes out of fear of further Israeli attacks. This situation has worsened the survival chances of the injured – hundreds of whom have arrived dead at hospitals. The psychological impact of the hostilities on medical workers has been immense: while working under difficult conditions in overstretched health facilities, they have found themselves having to treat injured colleagues and family members.

MSF is deeply concerned by the severe medical and human cost of these attacks affecting civilians, whose recovery from the long-term impact of the hostilities is being severely hampered by the recurrent nature of the attacks and the subsequent strain on health workers, medical activities, rescue teams and ambulances. MSF urges all parties to the conflict to uphold their responsibilities under international humanitarian law, and specifically calls on Israel to immediately cease and prevent attacks on medical staff, ambulances and emergency responders assisting casualties.

Introduction

Cross-border hostilities in Lebanon began on **8 October 2023,** when Hezbollah and Israeli forces started engaging in military activities. Since then, an increase in the scope and scale of the conflict has had **devastating consequences** for people in Lebanon. The heavy toll has included civilians killed and injured, infrastructure destroyed or put out of action, successive waves of displacement, and constant fear for loved ones. Following the announcement of a **ceasefire on 26 November 2024,** the intensity of the conflict decreased, but did not end.

A renewed escalation of hostilities began on **2 March 2026.** Since then, MSF teams in Lebanon have witnessed the devastating consequences of the repeated use of explosive weapons delivered through airstrikes, drone strikes and artillery fire. These Israeli attacks have killed or injured civilians, health workers and first responders, and damaged hospitals, ambulances and medical equipment.

Despite a **ceasefire announced on 17 April 2026,** and its subsequent extensions, civilians and healthcare services, particularly in **southern Lebanon,** have remained exposed to high levels of **armed violence,** which has intensified in some locations.[1] Patterns of harm observed before the ceasefire have continued, demonstrating that announcements of an end to hostilities have not translated into effective protection of civilians, while medical staff and healthcare services continue to be subject to attacks. **The healthcare system** continues to operate under significant strain, with several medical facilities operating at reduced capacity due to a combination of ongoing insecurity, staff displacement, damaged infrastructure and equipment, medicine shortages, increased operational costs, and sustained mass casualty incidents.

Between **2 March and 30 June 2026,** the Lebanese Ministry of Public Health [2] reported:

16,474	4,278	12,196	13,940
Total reported casualties	People killed	People injured	Casualties recorded in southern Lebanon

Of the total reported casualties, 13,940 (85%) were recorded in South and Nabatieh Governorates. Of these, **7,093 casualties, including 2,082 deaths,** were reported in the period following the initial ceasefire announcement of 17 April. This equates to an average of 35 deaths and 101 injuries per day between 2 March and 30 June.[3]

According to the Ministry of Public Health:

253	1,036
Children killed - 6% of all reported deaths	Children injured — 8% of all reported injuries

This report examines the **human and medical impact** of the hostilities on civilians, health workers and medical infrastructure. The burden on an already **overstretched healthcare system** cannot be dissociated from the human cost of the hostilities. This first-hand witnessing is drawn from MSF's work in southern Lebanon, where some of the highest intensity of conflict has been recorded,[4] and where MSF supports emergency medical services and frontline hospitals, in whose emergency rooms MSF staff receive, triage and treat the injured. This report's findings raise serious concerns regarding Israel's compliance with international humanitarian law.

Methodology

This report draws on MSF's operational presence to highlight the impact of hostilities on civilians and the healthcare system in southern Lebanon, in particular its South and Nabatiyeh governorates, where the conflict has been most intense and where the overwhelming majority of violent incidents are a result of Israeli military operations.[5]

A desk review of reports and investigations by humanitarian and human rights organisations, as well as data from the Lebanese Ministry of Public Health, provides background information on the period since the start of hostilities in 2023.

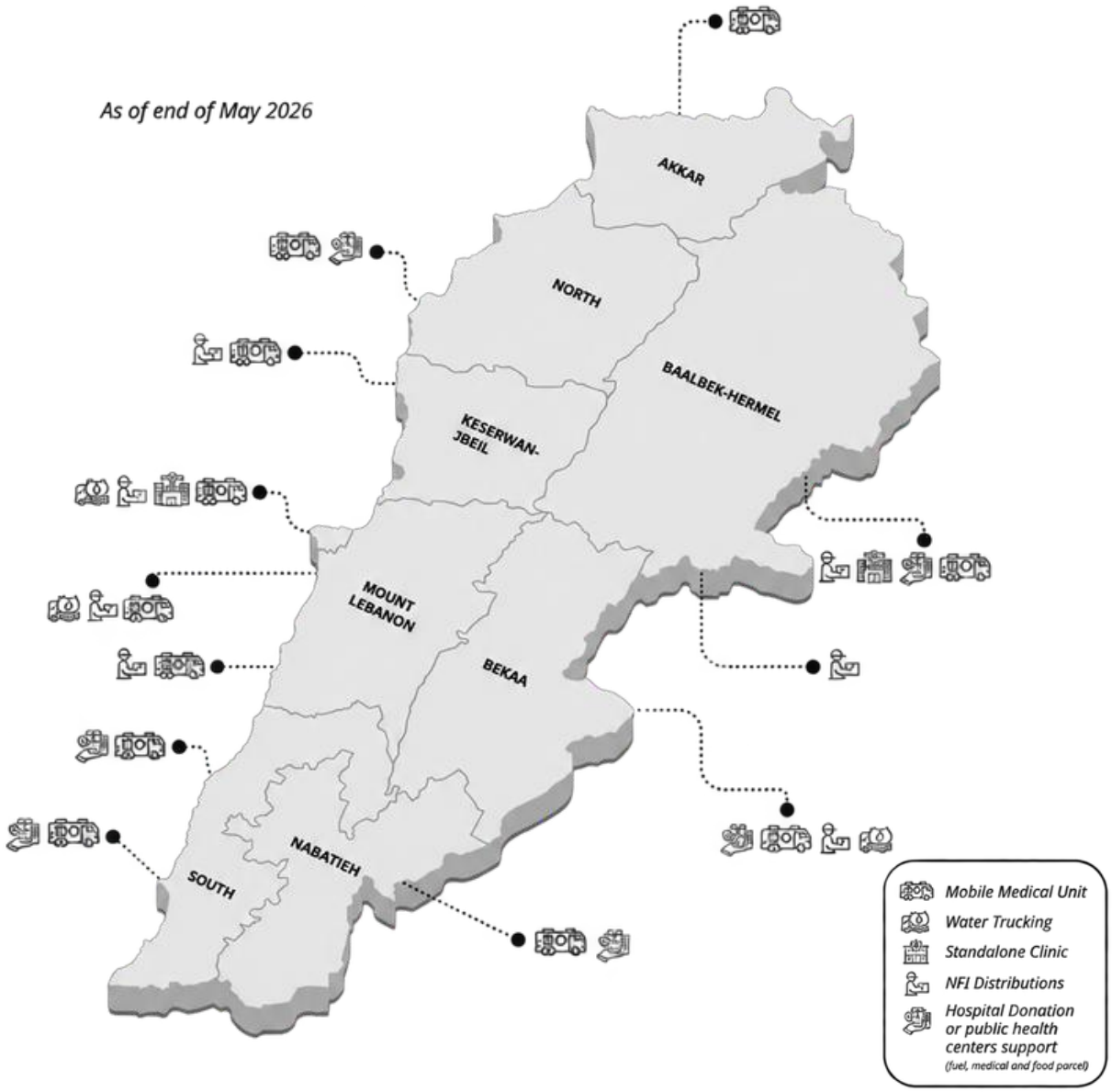
This report covers the period 3 April to 30 June 2026 and draws on operational data from MSF and MSF-supported medical facilities, as well as on 12 interviews conducted with patients treated in health facilities supported by MSF, MSF staff, health workers in those facilities, and paramedics working with the emergency medical services teams supported by MSF.

For security reasons, the names of interviewees have been replaced with a letter and marked by (*).



MSF staff seen during consultation in Anout town where many displaced families took shelter after fleeing from Southern Lebanon as Israeli attacks began on March 2nd. ©Emin Ozmen/Magnum Photos

MSF's Emergency Response in Lebanon



Following the escalation of hostilities on 2 March 2026, MSF scaled up its nationwide emergency response to support the Lebanese health system and address the needs of conflict-affected populations.

Between March and June 2026, MSF mobile medical teams provided essential primary healthcare services, including mental healthcare, to displaced people and other conflict-affected communities across Beirut, Mount Lebanon, Bekaa, Baalbek-Hermel, North, Nabatiyeh and South governorates. MSF teams also provided referrals when needed, supported community kitchens, distributed essential relief items (mattresses, blankets, hygiene kits etc.) and provided water and sanitation services through water trucking, rehabilitating water networks and sanitation facilities, and installing water treatment systems.[6]

MSF activities in southern Lebanon

In South and Nabatiyeh governorates, MSF mobile medical teams provide primary healthcare, mental healthcare and psychosocial services. MSF teams also support emergency medical services at hospitals and rescue teams by providing staff, supplies, equipment, training, psychosocial support, and water, sanitation and hygiene interventions.

Between **4 March and 30 June 2026:**

10,443
Medical consultations

2,642
Health promotion and group mental health sessions

This included sexual and reproductive healthcare, care for non-communicable diseases, mental health support, wound care, vaccinations, health promotion and referrals for specialised care, targeting areas with displaced people and communities with limited access to healthcare.

On-site MSF medical teams have been working at Jabal Amel hospital in Sour (Tyre) since 3 April, and at Najdeh Al-Shaabiyeh hospital in Nabatiyeh since 2 May, strengthening emergency department capacity for triage, patient flow and the management of conflict-related trauma and mass casualty incidents.

MSF teams also support the Lebanese Italian, Qana and Maarake hospitals in South governorate, and Najdeh Al-Shaabiyeh hospital and Nabatiyeh governmental hospital in Nabatiyeh governorate. This includes support to ambulance services and referrals.

MSF has provided training to health workers and rescue teams in mass casualty management, trauma care using the ABCDE approach,[7] FAST ultrasound[8] and emergency stabilisation.

Material support included:

Donations of medicines and medical supplies to hospitals and rescue services, including: [9]


Mass casualty & dressing kits


Fuel for ambulances and generators


Food for hospital staff


Other medical & non-medical supplies

Support to rehabilitate damaged health infrastructure and to implement protective measures to strengthen emergency preparedness and mitigate the impact of blast-related damage to health facilities.

As the context evolves, MSF teams continue to adapt to fluctuating access conditions, population displacement, evolving security dynamics and rapidly changing humanitarian needs across southern Lebanon.



Hajje Zaynab, 80, receives care from MSF at a mobile clinic in Chouf after being displaced from her home in Yater, southern Lebanon. ©Emin Ozmen/Magnum Photos

1.The Catastrophic Medical Impact on Civilians

Accounts from patients and observations by MSF staff in southern Lebanon indicate that communities are facing repeated displacement, interrupted treatment for chronic and acute illnesses, delayed referrals and growing psychological distress due to the scale of Israeli military operations. Health workers report managing recurrent mass casualty incidents resulting from strikes while attempting to maintain essential services, particularly maternal and child healthcare, mental health support and care for people living with non-communicable diseases.

Protection of the civilian population

In international humanitarian law (IHL), civilian population is protected from acts carried out by parties to the conflict through specific legal measures. IHL establishes a general system of protection for the civilian population, and it reinforces this protection for certain specific categories of persons who are considered especially vulnerable, such as children and the sick and wounded.

Civilians can be defined as persons who are members of neither state armed forces nor organised armed groups, and are therefore entitled to protection, unless and for such time as they take a direct part in hostilities.

Parties to the conflict are legally obliged to direct their operations only against military objectives. In fact, IHL requires that parties to the conflict take constant care to spare the civilian population and civilian objects and to take all feasible precautions to protect them from the effects of their military operations.

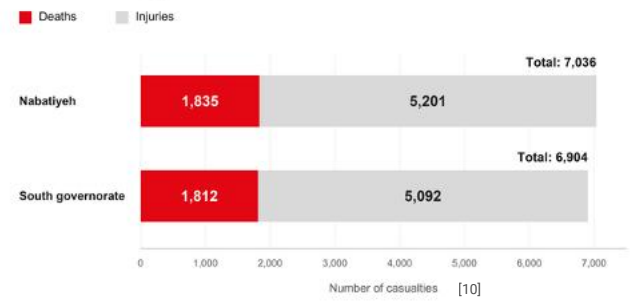
Indiscriminate attacks are prohibited. This includes attacks that are not directed at a specific military objective, or that use methods or means of warfare which cannot be directed at a specific military objective, or whose effects cannot be limited as required by IHL, and which are consequently of a nature to strike military objectives and civilians or civilian objects without distinction. Civilians must not be used to shield military objectives or operations, or to render certain points or areas immune from military operations.

In addition to protecting all civilians, IHL also provides particular protections for persons with specific needs or facing particular risks. These categories include civilians living under occupation; certain foreign nationals, refugees and stateless persons; women and children; and the wounded and sick.

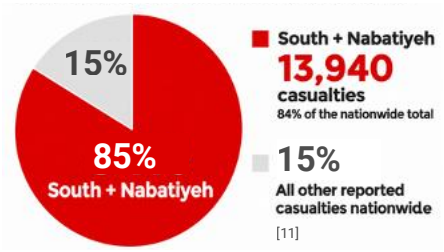
Parties to the conflict must allow and facilitate rapid and unimpeded passage of humanitarian relief for civilians in need.

Since the renewed escalation of hostilities on 2 March 2026, MSF-supported facilities in southern Lebanon have managed large numbers of wounded, critically injured patients and fatalities. The significant numbers of injured patients received over the analysed period, including after the 17 April ceasefire, testify to the scope and scale of Israeli military operations on southern Lebanon, severely impacting the population.

According to the Lebanese Ministry of Public Health, as of 30 June 2026, South and Nabatiyeh governorates accounted for most of the reported conflict-related casualties nationwide:



[10]



[11]

In Nabatiyeh governorate, the two hospitals most actively supported by MSF (Najdeh Al-Shaabiyeh and Nabatiyeh governmental hospitals) treated at least 1,585 injured people between 2 March and 26 June 2026 and recorded 494 deaths on arrival or in the hospitals.[12]

In South governorate, MSF supports Jabal Amel hospital, one of the main secondary healthcare referral hospitals south of the Litani River in Sour (Tyre). Between 2 March and 28 June 2026, 2,197 wounded patients were treated and 1,313 deaths were reported at the hospital.[13]

1.1. Uneven burdens: casualties among elderly people, children and entire households

MSF teams working in southern Lebanon have consistently provided care to civilians affected by strikes, including children and elderly people, people facing significant challenges when forced to flee their homes or seek shelter, as well as entire households injured simultaneously. MSF and MSF-supported medical staff indicate that these groups represent a substantial proportion of those requiring emergency trauma care.

Children

Between 18 April and 28 June, Jabal Amel hospital reported treating at least 94 children wounded in attacks, representing 9 per cent of the total wounded treated at the hospital. MSF staff report treating children with severe injuries, including skull fractures, brain injuries and severe thoraco-abdominal injuries. Between 19 May and 10 June, MSF staff supported Najdeh Al-Shaabiyeh hospital with the treatment of 14 children with traumatic injuries, representing 10 per cent of all patients treated by MSF at the hospital during that period.

In the first week of May, an MSF emergency doctor at Jabal Amel hospital reported treating a two-year-old and a four-year-old child with severe blast injuries, including skull fractures, pulmonary contusions, and multiple limb injuries.[14]

Severely injured children present a distinct set of vulnerabilities that can complicate the provision of effective emergency trauma care. Children's proportionally larger head and higher head-to-body ratio increase the risk of head trauma and traumatic brain injury, while their smaller body size means a single point of injury is more likely to result in injuries affecting multiple parts of the body than adults.

Due to anatomical characteristics,[15] children are more vulnerable to abdominal injuries, while smaller absolute circulating blood volume means a much lower tolerance to haemorrhagic shock. Further, as paediatric physiology has a better compensatory mechanism, this can lead to delayed identification of shock, making resuscitation significantly more difficult where delays happen due to mass casualties.

Elderly people

Between 19 May and 10 June in Najdeh Al-Shaabiyeh hospital, MSF provided care to 11 elderly patients with traumatic injuries resulting from attacks, representing 8 per cent of all patients seen by MSF during this period; some were over 80 years old.

An MSF emergency room doctor recalls an 81-year-old patient who suffered extensive injuries from large pieces of shrapnel which had partially severed the upper and lower limbs on one side, requiring emergency surgery and partial amputation.

Another patient, in his 70s, was found by paramedics after a strike on his car. He required emergency surgery, after which he was stabilised in the intensive care unit by MSF staff for several hours. His burden of injury was such that he died shortly after being transferred away from the frontline.

Traumatic injuries of this nature have more severe consequences at an advanced age, such as potential permanent loss of mobility and/or higher rates of complications. For elderly patients, rehabilitation and recovery often fail to restore functionality to pre-injury levels and can sometimes be so complex that patients do not recover. Injuries in older people can also initially present with deceptively mild clinical signs, known as the 'silver trauma':[16] even relatively minor mechanisms of injury can cause more severe harm in older adults. For those who survive, age-related muscle loss, multimorbidity with other chronic conditions, and overall frailty mean that wounds heal more slowly and recovery takes much longer. Complications are more common and can sometimes be fatal.

> ***MSF has cared for elderly patients sustaining high-velocity penetrating polytrauma across multiple body regions, some of whom have died as a result of their injuries, even when it has been possible to initially stabilise them. For those who do survive, the attendant sarcopenia (i.e. age-related muscle loss), multimorbidity with other chronic conditions, and frailty mean that both wound healing and rehabilitation is significantly prolonged, often with at times fatal complications. [17]***

Entire households

MSF staff and MSF-supported medical teams also report treating entire households simultaneously injured in strikes, highlighting the heavy toll of the hostilities on civilians.

The director of Najdeh Al-Shaabiyeh hospital told MSF on 18 April:

> ***We received a family of 11 people – mothers, fathers and the children coming together. Sometimes they all arrive and we can save them, but sometimes the father and mother would arrive already martyred, and this happened on a Thursday night, I think around 8 pm. A mother and father arrived martyred, along with two children. The next morning at 5 am, a father and mother martyred, with two children. We witnessed these human tragedies a lot this time, and it was difficult. [18]***

On 13 May, following an airstrike on a residential building in Arab Salim municipality, Nabatiyeh governorate, MSF staff at Najdeh Al-Shaabiyeh hospital witnessed 12 members of two related families being brought in. Each family consisted of two parents and four children. Two children from one family were dead on arrival at the hospital. From the other family, both parents and one child were dead on arrival, while another child, aged two, died in the hospital after prolonged resuscitation efforts. Overall, six members of the two related families were killed in the strike on their home.

A patient who lost her husband and all her children, as well as her home, asked an MSF emergency surgeon in Najdeh Al-Shaabiyeh hospital: **'Why am I still alive?'** She was severely injured, requiring three surgeries in as many days and a prolonged stay in the intensive care unit. She later died from complications due to her extensive burden of injury. [19]

1.2. Types, patterns of injuries and effect of weapons

War-related injuries are always complex, but blast injuries – prominent as a result of the weapons used in aerial attacks, including delivered by drones – present specific complications.

MSF teams and MSF-supported health workers have treated patients suffering from all four categories of blast injuries. **Primary blast injuries,** which come from the over-pressure and under-pressure waves themselves, have a severe impact on organs, with injuries including pulmonary haemorrhage, arterial air embolism, bowel injury, tympanic membrane rupture, and diffuse axonal injury, a specific type of brain injury. **Secondary injuries** result from the blast fragments causing blunt and penetrating wounds, with fragments often penetrating the body from different angles, resulting in traumatic brain injuries (the leading cause of death), abdominal injuries and fractures. **Tertiary injuries** occur when the blast wind displaces the body, causing blunt trauma or, if the affected person lands on a sharp element, causing penetrating trauma. **Quaternary injuries** are those sustained due to the blast but not directly attributable to the blast itself; these include burns, crush injuries and inhalation injuries.

Beyond blast injuries, **broad-spectrum antibiotic therapy** is frequently required because blast wounds are often contaminated with dirt and debris. This increases the likelihood of **antimicrobial resistance** when combined with long-term use of antibiotic treatment, colonisation by environmental and healthcare-associated pathogens, a lack of laboratory capability and restricted availability of antibiotics. [20]

Aerial attacks conducted by **Israeli drone strikes** have resulted in serious injuries observed by MSF teams in southern Lebanon.[21] Lebanese Civil Defence teams have described three forms of weapons they have observed being fired from drones: **explosive munitions; munitions with blades;**[22] **and munitions with small metallic cubes.** [23] Injuries consistent with all three weapons have been witnessed and treated by MSF staff. The latter, in particular, have been seen frequently, with the multiple small, high-velocity shrapnel fragments resulting in penetrating injuries across multiple body compartments.

With this form of explosive, maximum secondary blast injuries are expected. Such injuries often require numerous emergency interventions, including surgical interventions, to treat and stabilise patients, substantially increasing the complexity of case management. **This form of explosive causes damage both along the tract of the shrapnel and at the final position of the shrapnel.** MSF staff have found such injuries everywhere across patients' bodies: in the brain, heart, lungs, liver, bowel and pelvis, as well as open orthopaedic fractures caused by such foreign bodies – indicative of the velocity of these fragments. Patient assessment is also more complex, where seemingly small skin injuries found on examination may have much deeper and more serious injuries found on medical imaging. [24]

In some cases, patients with seemingly minor external wounds were later found to have internal injuries – including shrapnel lodged near the **spinal canal in a child** attended by an MSF doctor – injuries with potentially **catastrophic long-term consequences.**

As a consequence of the weapons used, MSF teams have witnessed a high number of patients presenting with complex **polytrauma involving the head, chest, abdomen and extremities.** Injuries have included penetrating brain injuries, subdural haematomas, haemothoraces, abdominal injuries, traumatic amputations, complex open fractures and retained metallic fragments. Many required advanced trauma interventions – **including emergency neurosurgery, damage-control laparotomy, chest drain insertion, blood transfusion, and intensive care admission** – while others presented with inhalation injuries and acute psychological distress following attacks.

These injury patterns documented by MSF demonstrate both the severity of harm and the sustained burden placed on emergency, surgical and critical care services in southern Lebanon. As an example, of the 1,100 wounded patients treated at **Jabal Amel hospital** between 18 April and 28 June, two-thirds of casualties (or 60 per cent) required inpatient hospital admission. Among the wounded, 17 per cent (190 patients) underwent surgery in an operating theatre and 11 per cent (126 patients) required intensive care unit admission.[25]

An MSF emergency room nurse working in Jabal Amel hospital described treating patients with multiple injuries – including, in one instance, a patient who required four separate surgeries following a single incident:

> ***We see very severe injuries. There are amputations where arms or legs are hanging by fragments of tissue. We see abdominal injuries, chest injuries, brain injuries, and sometimes all of these in the same patient. Internal bleeding is very common. Orthopaedic patients often require several procedures. I remember one patient who underwent four surgeries. [26]***

1.3. Life-altering injuries and the need for long-term rehabilitation

MSF staff have supported the treatment of patients, including children and elderly people, with life-altering conflict-related injuries, such as amputations, complex fractures, orthopaedic and neurological injuries, and abdominal and chest trauma. These injuries often entail multiple surgeries, long periods of immobility, and prolonged medical care and rehabilitation. For many patients, these injuries result in lifelong physical and profound psychological consequences, including permanent disability, significantly affecting their capacity to work and care for family members.

Access to specialised rehabilitation services, prosthetics, assistive devices and long-term follow-up care imposes substantial costs in Lebanon's predominantly privatised healthcare system. According to the World Health Organization (WHO), the vast majority of healthcare expenditure is paid through out-of-pocket payments by individuals. This leads to clear inequity issues, exposing vulnerable patients to financial hardship.[27] As a result, the burden of recovery extends far beyond the immediate medical emergency, with a risk of profound socioeconomic consequences for individuals and families already affected by displacement, poverty or loss of livelihoods due to conflict.

One Syrian refugee woman in Sour (Tyre) lost both her legs in a drone strike while working in a banana plantation. Her husband was killed in the same strike, leaving her as the sole caregiver for seven children. She expressed uncertainty about how she would access or afford essential rehabilitation and mobility aids, saying: ***"How can I take care of myself and my children? I don't even know how to get or afford a wheelchair."*** [28]

Despite statements by the authorities that healthcare costs associated with the conflict would be covered,[29] not all treatment costs appeared to be covered by the Ministry of Public Health. This places families under financial strain at a time of extreme vulnerability, particularly for follow-up costs related to non-lifesaving, non-emergency care, most of which focus on improving patients' quality of life.

The mother of a patient who lost his leg in a strike told MSF that they were unable to afford the necessary follow-up surgery and care, with medical bills rapidly accumulating. ***"The doctors say we have a long journey ahead of us, and we have no one to support us,"*** she said. [30]



Nurse injured in the Israeli strike that struck Jabal Amel Hospital on 1 June. ©Kristen Poels/MSF



A destroyed Risala Scout ambulance stands amid the devastation as families return to southern Lebanon following the November 2024 ceasefire. ©MSF

2. The Consequences of Attacks on Health Workers, Patients and Rescue Efforts

Since March, medical facilities and ambulances in Lebanon have been directly struck or affected by Israeli attacks in close proximity. These have resulted in deaths and injuries among health workers, while also damaging infrastructure and equipment, and disrupting the provision of lifesaving care.

Medical staff, activities, response teams and ambulances accorded with specific protection under international humanitarian law, have been repeatedly attacked during this escalation, with the Safeguarding Health in Conflict coalition and Insecurity Insight reporting: *(between 2 March and 30 June 2026)*

246 incidents	148	75
Impacting medical care	Health workers killed	Medical facilities affected

While some of the **246 incidents** can be attributed to a non-state armed group (4), the overwhelming majority are attributed to a state military.[31]

Special protection to the 'medical mission'

In international humanitarian law (IHL), medical personnel, activities, units and transports – summarily referred to as the 'medical mission' – are protected by specific legal measures. Parties to the conflict are legally obliged to respect and protect medical missions at all times. The obligation to 'respect' requires refraining from attacking, destroying, requisitioning, abusing or engaging in any other act likely to cause harm or damage. The obligation to 'protect' imposes a positive duty on the parties to the conflict to proactively safeguard medical facilities, transports and personnel from harm. The requirement to respect and protect medical units and transports remains intact even during disruptions, suspensions or periods when they are not actively used to accommodate patients or transport the wounded and sick, as long as they remain exclusively assigned to medical purposes.

Medical units and transports may lose their specific protection only if they are used, outside of their humanitarian function, to commit acts harmful to the enemy, and only after a due warning setting a reasonable time limit has remained unheeded. Where an attack may follow, the warning and other feasible precautions should allow for the safe evacuation of the wounded and sick, medical personnel, as well as other civilians present.

An allegation of loss of protection does not automatically authorise attack; even after the specific protection has ceased, the unit or transport may be attacked only if it qualifies as a military objective under IHL. The party to the conflict asserting such claim is still bound by the legal constraints imposed by IHL and must fully comply with the respective legal requirements in satisfying the proportionality test and taking all feasible precautions to limit incidental harm.

On **1 June,** between **17:50 and 18:05,** an aerial strike impacted the immediate vicinity of **Jabal Amel hospital,** an MSF-supported referral hospital in Sour (Tyre), southern Lebanon. Services at the hospital include emergency care, surgery, intensive care, dialysis, radiology, inpatient care, obstetric care and maternity services. MSF medical teams reached Jabal Amel hospital approximately one hour after the attack and joined the hospital staff in managing the mass casualty response.

Witnesses reported that approximately **three missiles** struck **30 to 80 metres** from the hospital's main building, hitting the area around the hospital's solar carport and surrounding structures. At the time, the hospital was fully operational, **with some 350 people on site, including 36 patients, accompanying family members/caregivers, health workers and other hospital staff.**

According to the Lebanese Ministry of Public Health, the attack resulted in **4 fatalities and 127 injuries.** Among those injured were **39 health workers** from Jabal Amel hospital, including **4 doctors, 27 nurses and 8 administrative staff,** representing the **largest single reported incident impacting health workers since the escalation of hostilities began on 2 March.** Four health workers reportedly sustained critical injuries requiring intensive care management.

Health workers described **sustaining injuries while caring for patients.** During an MSF visit on 5 June, a dialysis nurse [32] reported that, on the evening of the strike, shattered glass entered the treatment area where she was providing dialysis care, leaving her with severe facial injuries that required removal of glass fragments from around her eye and reconstructive surgery. The manager of the intensive care unit also reported sustaining facial injuries, while a hospital security staff member suffered severe head trauma requiring emergency neurosurgery. One critically ill patient sustained blast-related injuries requiring emergency chest drainage and oxygen support.

The blast also caused extensive damage to critical hospital infrastructure, including the **intensive care unit, coronary care unit, radiology department, endoscopy unit, operating theatre, inpatient wards, administrative spaces, hospital windows, and the solar carport and parking area.** The operating theatre sustained structural damage, while the intensive care unit and radiology departments sustained extensive blast damage from shattered glass. The MSF team documented collapsed ceiling sections, damaged internal partition walls, widespread shattered glass, debris covering clinical workspaces, perforated storage cabinets consistent with blast fragmentation, and **damage to critical medical equipment, including patient monitors, endoscopy equipment, X-ray equipment, defibrillators, hospital beds, computers and other information technology systems.**

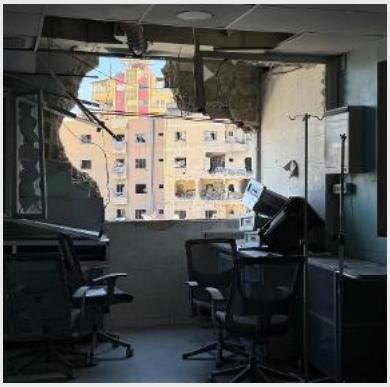
As a consequence of the strike, hospital staff had to manage a large-scale mass casualty incident while simultaneously managing the impact on themselves, their colleagues and the hospital's infrastructure. Hospital management reported that all 18 surgical specialists [33] were present at the time of the attack, managing complex emergency cases including **craniotomy, facial reconstruction surgery and treatment of internal bleeding.** Despite the extensive damage, Jabal Amel hospital remained operational and continued providing essential emergency and inpatient services. However, injuries among staff and damage to the facility substantially reduced the hospital's capacity to provide care at a time when it remained one of the principal referral hospitals for Sour (Tyre) and surrounding communities affected by ongoing hostilities.

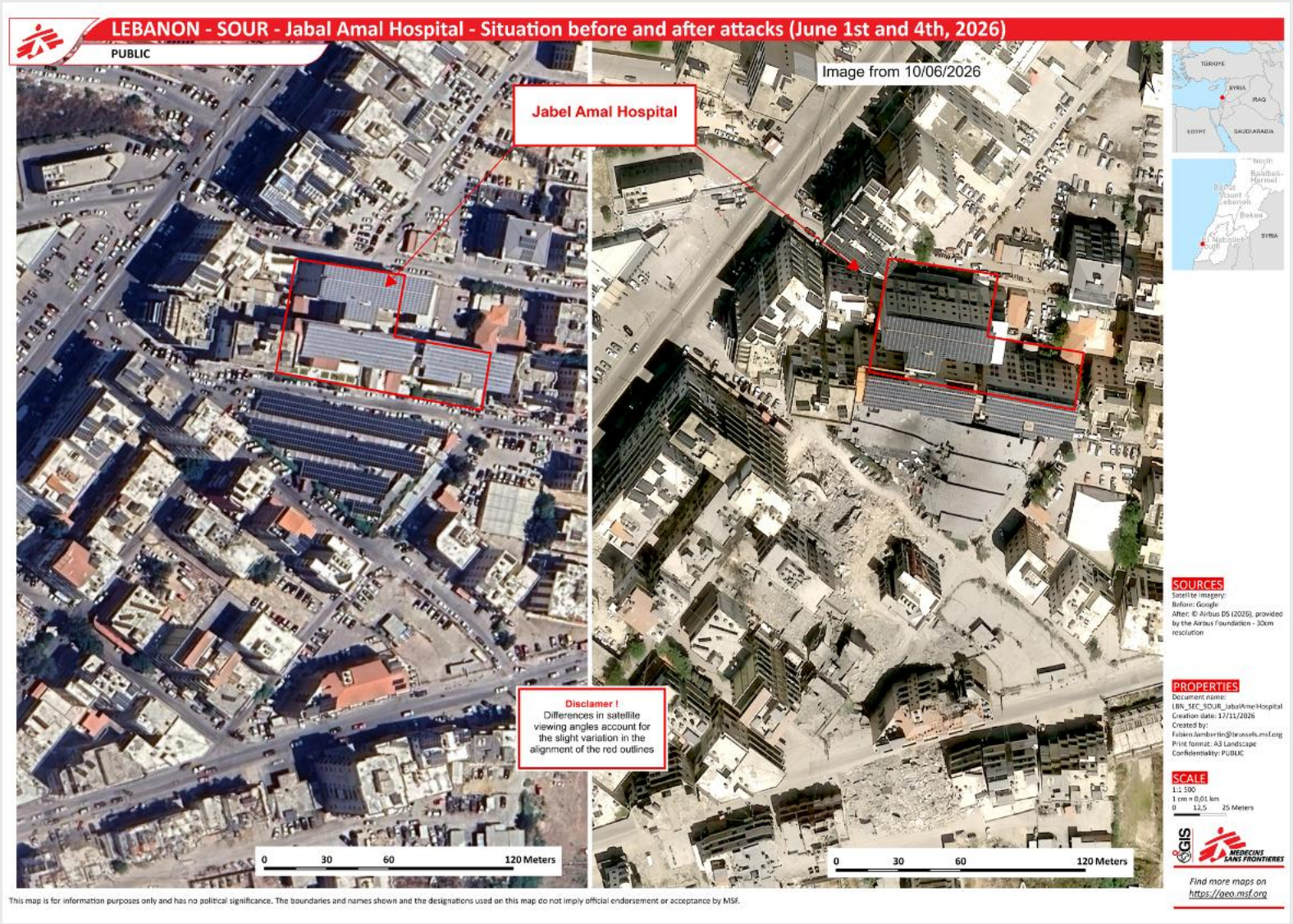
An Israeli strike on 1 June 2026 [34] near Jabal Amel hospital represented the largest reported number of health workers injured in a single incident impacting health staff since the escalation of hostilities began on 2 March. [35]











2.1. Health workers: injuries and deaths among paramedics and other health staff

Ambulance teams, emergency medical services (EMS) teams, and paramedics have been directly impacted by the hostilities, including through reported repeated 'double-tap' or 'triple-tap' Israeli strikes during emergency rescues. These incidents have severely undermined their safety, mobility and operational capacity, leaving them to operate without adequate assurances of protection while attempting to reach casualties and support rescue operations.

MSF teams working around the clock at Najdeh Al-Shaabiyeh hospital in Nabatiyeh have regularly witnessed EMS teams departing for search and rescue operations and returning with the wounded. As a result, MSF has directly observed the consequences of Israeli attacks affecting EMS teams: MSF staff have treated paramedics injured while carrying out rescue operations or at their rescue centres; they have seen the bodies of killed paramedics brought to the hospital; and they have witnessed situations where patients' evacuation and care have been delayed because rescue crews feared further targeting or lacked assurances of safety.

Ambulance teams, Civil Defence responders and paramedics have also been struck while arriving or providing care at the location of a previous attack – raising concerns regarding the use of the 'double-tap' practice. Beyond delaying the provision of crucial lifesaving care to the injured, this practice affects the core of rescue operations, raising the risk that security considerations and fear will outweigh medical criteria.

In Najdeh Al-Shaabiyeh hospital, between 19 May and 10 June MSF staff witnessed at least 12 paramedics and health workers arriving in the hospital following attacks; five were declared dead on arrival at the hospital, while six required treatment for their injuries. [36]

On 12 May, while an MSF team was working in Najdeh Al-Shaabiyeh hospital, a drone strike hit three paramedics in Nabatiyeh [38] as they assisted a person injured in a previous attack. Two of the paramedics were killed on the spot and the third was wounded. Paramedics from an ambulance which had departed the hospital to help those injured in the first attack witnessed the strike on their colleagues. After transferring the injured paramedic to the hospital, they later had to return to the site to collect human remains from the scene.

A Civil Defence team member interviewed by MSF witnessed that strike: ***"I am a survivor [of the 12 May attack], where two young men, brothers and dear colleagues of ours, were martyred right beside me while we were all working together at the Civil Defence Centre. A wounded Lebanese citizen had come to our centre from Nabatiyeh square, and as we were giving him first aid, we were targeted, and we lost those two brothers who meant the world to us. It was devastating."*** [39]

The events of that day indicate that paramedics were injured and killed while rescuing paramedics who themselves were attacked while conducting a rescue, representing what is sometime described as a "double-tap" attack. As a Civil Defence team member told MSF, ***"It is hard to wrap your head around the fact that a paramedic goes out to rescue someone, only to need another team to come and rescue the paramedics themselves. It is incredibly difficult."*** [40]

Where medical responders are known or foreseeably expected to arrive at a scene to rescue, evacuate or care for the wounded and sick, a follow-up attack on the same location raises grave concerns against the attacking party's compliance to its obligation under international humanitarian law to protect and safeguard medical missions and to take all feasible precautions to minimise civilian harm.

> ***In late May, we had a paramedic bring in some severely injured patients to Najdeh Al-Shaabiyeh hospital. On returning to his post, he was then attacked and killed, and a number of his colleagues severely injured and brought to Najdeh Al-Shaabiyeh hospital for treatment. We've seen cases like this on more than one occasion. [37]***

2.2. Infrastructure: ambulances, medical facilities and equipment

The Israeli attacks on medical facilities, equipment and ambulances have placed additional strain on the capacity of the rescue and health systems, undermining their ability to respond effectively.

> ***An MSF surgeon working in Jabal Amel hospital said: "We have witnessed several attacks adjacent to the hospital causing ceilings to cave in, glass to break, and the hospital floors to shake. In some instances, we were in the middle of a case in the operating room at the time of the attacks." [41]***

A Lebanese Civil Defence team member working in Nabatiyeh told MSF: ***"Our facilities have been destroyed. The Nabatiyeh centre is well known, and it was targeted. Our vehicles have also been hit in direct, repeated attacks. The first time, they targeted us right in front of the centre, and the next time, they struck the building itself. Fortunately, we had just moved to another location."***[42] MSF staff in Najdeh Al-Shaabiyeh hospital, which is situated on a hill overlooking the location of the Nabatiyeh centre, witnessed the Civil Defence building in flames following an attack.

In Sour (Tyre), repeated attacks have taken place in a small area of the city where three hospitals supported by MSF are located – Hiram hospital, Jabal Amel hospital and the Lebanese Italian hospital. Together, these three facilities form a critical component of secondary and emergency healthcare provision for Lebanon's South governorate. The strikes have damaged intensive care units, radiology services, operating theatres and ambulances. Disrupting the emergency medical response, damaging health infrastructure and injuring health workers and first responders ultimately hamper civilians' access to timely medical care.



A Civil Defense ambulance driving through a destroyed neighbourhood in southern Lebanon. ©MSF

2.3. Healthcare system: erosion of the response capacity

Healthcare services, including emergency rescue teams, continue to operate in southern Lebanon while facing the consequences of repeated Israeli military operations affecting hospitals, ambulances and Civil Defence and emergency response teams.

2.3.1 The risky rescuing of the injured

Attacks on rescuers, and in particular the use of 'double-tap' attacks, have severe consequences on paramedics and health workers, as well as on patients in need of critical lifesaving care. When deteriorating security conditions impact the operation of rescue operations, health workers are forced to weigh up their own safety before launching a rescue.

MSF teams have witnessed rescue teams operating out of Najdeh Al-Shaabiyeh hospital being forced to delay or limit lifesaving interventions because of the fear of being attacked. A Civil Defence team member described to MSF how repeated attacks on paramedics have made search and rescue operations increasingly difficult and dangerous to carry out. He explained that rescue work previously required "calm and stability," ***but that this is no longer possible due to "repeated hostile strikes, especially on the exact same location"*** where a first attack took place. He identified the attacks affecting paramedics as the primary obstacle to their work: ***"Our only real obstacle is the repeated Israeli attacks against us."***[43] As a result of the repeated attacks, paramedic teams now operate under constant threat while evacuating the wounded. "We carry out the operation despite the danger and the risk of further strikes," he said, noting that teams are often forced to delay searches until security clearance is available. Even when crews reach the scene, renewed airstrikes frequently force them to stop: ***"Just as we get to work at the scene, nearby airstrikes hit us repeatedly, which severely delays our work and slows down our response to the wounded."***

The same constraints have been identified in South governorate. An emergency room doctor in Jabal Amel hospital pointed to delays in rescuing and treating the injured due to the high level of risks faced by EMS teams: ***"When there is a strike, rescuers and ambulance cars are sometimes unable to reach the targeted area immediately… civilians may remain trapped under rubble for hours because rescue teams fear repeated attacks."*** [44]

These delays have deadly consequences. A Civil Defence team member told MSF: ***"We are sometimes losing people, and the death toll is rising simply because we are delayed in reaching the injured and wounded people."*** [45] MSF teams have treated patients arriving at hospital in a critical condition, worsened by the delayed rescue, such as a patient with severe head trauma who died from his injuries. Paramedics have told MSF that other individuals in such circumstances have died on the scene, despite having survived the initial attacks.

The pressure on rescue teams also results in poorer rescue conditions. Due to high casualty numbers, targeted attacks, rescue teams have less time for on-scene stabilisation and care and often have to transport multiple patients in single ambulances. An emergency room doctor in Jabal Amel hospital told MSF: ***"The injured were carried in one ambulance because they were attacking ambulances, reducing the number of operational ambulances, and the rescue teams wanted to ensure they could save as many of the injured as they could while on site. If they do not apply this strategy of stacking several injured patients in one ambulance, they could risk losing them all."*** [46]

It is telling that between 2 March and 21 June 2026, Jabal Amel hospital recorded 2,190 wounded patients and 1,267 deaths. This reflects approximately one death for every two wounded patients arriving at the hospital – highlighting the severity of the injuries suffered by patients as well as the delays faced by people affected by violence in receiving emergency medical care and medical transport to the nearest health facility.

> ***Patients I treated presented with complications associated with prolonged entrapment under the rubble," and, "I remember treating a family arriving at Jabal Amel hospital three days after their injury from an airstrike because 'deconfliction approval' for the emergency medical team to respond to the incident was delayed for that long. [47]***

A nurse supervisor at the same hospital described treating patients with complicated injuries and other medical complications due to delays: ***"More than once, I have cared for patients whose wounds had been left untreated for three days. We see deep infections, septicaemia, shock, tissue necrosis and, in some cases, patients may eventually require amputation."*** He also reported treating patients who had remained trapped under rubble for up to two days before being rescued, some of whom later developed kidney failure and multi-organ complications as a result of the delay receiving care.

In Najdeh Al-Shaabiyeh hospital, between 19 May and 10 June, an MSF emergency doctor supported the care of at least **134 patients** related to the ongoing conflict. Of those, **23 died,** including 19 who died before arriving at the hospital (representing 17 per cent of patients).

2.3.2 The burden of mass casualties on an exhausted healthcare system

During one mass casualty influx in mid-April, the MSF team at **Jabal Amel hospital** reported running out of tourniquet supplies,[48] used to stop or reduce blood flow to a limb in order to control **life-threatening bleeding,** because of the high number of patients presenting with severe limb injuries and fractures. Staff also reported **shortages of opioid analgesics,** used for short-term relief of **major trauma and surgery-related pain,** during periods of high casualty influx.

Beyond traumatic injuries, **Israeli attacks on healthcare** facilities and staff have increased the burden on non-emergency care. Shortages of specialised health workers and critical medical supplies further stretch the capacity of the local health system to meet the needs of wounded patients and the chronically ill. MSF medical teams have expressed concerns about the unavailability of outpatient services, which have been **reduced or suspended** as hospitals redirect staff and resources toward **trauma and emergency care.**

Patients living with **chronic, non-communicable diseases** such as cardiovascular disease, kidney disease and cancer, as well as pregnant women in need of maternal care, face growing barriers to continuity of care, potentially contributing to **avoidable morbidity and mortality.** At the same time, referrals to Saida, Beirut and beyond for specialised care are increasingly necessary – but also increasingly difficult, due to the **scarcity of ambulances** and to risks directly linked to the conflict.

2.4.Health workers: exhaustion and psychological burden

The increasing number of casualties, the close proximity of ongoing hostilities, and the stressful working conditions have created a cumulative psychological burden on health workers.

> ***"The sounds of the ambulance sirens are constantly in our brains, even when it is not going off. When a siren does go off, even if we are not on duty, we end up responding," said an emergency room doctor at Jabal Amel hospital.***

Staff described having to manage repeated mass casualty incidents, to work extended hours, and to deal with constant exposure to severely injured patients, while facing staff shortages and resource constraints – while simultaneously coping with the loss of family members, damage to their homes and displacement.

A surgeon at Jabal Amel hospital told MSF: ***"We once operated for a whole 24 hours… During these times, we as surgeons double up as nurses for one another so we can keep the cases moving."***

Stressful working conditions also affect the mental wellbeing of emergency rescue teams . A Civil Defence team member reported the following to an MSF colleague:

> ***On a personal level, I lost my family home back in 2024, and I lost members of my family. I even lost my closest friends. It was incredibly difficult. Right now, I am away from my family and have been since the very first day of the war. Today marks 100 days apart from them. This separation brings a lot of bitterness and a profound sense of loss. No one ever wants to be away from their family, their parents, and their friends.[49]***

Since the announcement of the ceasefire on 17 April, MSF has increased the mental health support it provides to health workers and paramedics. An MSF mental health supervisor highlighted the heavy psychological burden carried by many health workers in southern Lebanon and their need for continued mental health support: ***"For many health workers and first responders, there was very little space during the escalation to grieve, to process fear, or even to acknowledge their own experiences. They had responsibilities. They had people depending on them. They kept going."***[50]

An MSF emergency room nurse working in Jabal Amel hospital described the situation of her colleagues: ***"They are treating their own families. They are treating their own neighbours. They are themselves victims of the war. Their houses are demolished, they have lost so many family members… they have already reached the maximum of their capacity."***[51]



MSF visits the site of the civil defense team it is supporting in Nabatiyeh city. The centre was destroyed by Israeli airstrikes during the escalation of war in Lebanon. ©Maryam Srour/MSF

MSF Calls to Action

MSF calls for the protection of civilians, health workers and medical facilities.

To Israeli authorities

- MSF calls on Israel to immediately cease and prevent attacks on medical staff, ambulances and emergency responders assisting casualties.
- MSF calls on Israel to protect and respect the medical mission in southern Lebanon, including health workers, first responders, medical facilities, patients and medical transport. Health workers and emergency response teams must be able to provide lifesaving care without fear of injury, attack or interference.
- MSF calls on Israel to protect civilians, including those who remain in, or voluntarily return to, areas affected by hostilities, and calls for their safe, sustained and non-discriminatory access to healthcare, essential services and humanitarian assistance.

To parties to the conflict

MSF calls on all parties to the conflict to fully comply with their obligations under international humanitarian law, including the principles of distinction, proportionality and precautions in attacks, and to take all feasible measures to spare civilians and civilian infrastructure and to protect the medical mission from the effects of hostilities.

To donors, health and humanitarian actors

MSF calls on international donors, health and humanitarian actors and the Lebanese authorities to urgently scale up their presence and support to southern Lebanon, as continued hostilities place increasing pressure on the health system. This support must prioritise frontline and damaged medical facilities and their exhausted staff, and respond to the growing needs created by the ongoing conflict, including trauma care, rehabilitation of the war-wounded, and continuity of essential health services.

To actors with influence over parties to the conflict

MSF calls on all actors with influence over parties to the conflict, in particular other states, to exert their diplomatic influence to encourage parties to the conflict to adhere to international humanitarian law and in particular to protect and respect civilians, as well as the medical mission in southern Lebanon, including health workers, first responders, ambulances, medical facilities, patients and medical transport.



MSF visits the site of the civil defense team it is supporting in Nabatiyeh city. The centre was destroyed by Israeli airstrikes during the escalation of war in Lebanon.
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Background

8 OCT 2023 - 27 NOV 2024

Cross-border hostilities in Lebanon

4,047 deaths | 16,638 injuries

Cross-border hostilities in Lebanon began on 8 October 2023, when Hezbollah and Israeli forces started engaging in military activities. [52] Hostilities escalated sharply in September 2024, when the Israeli army significantly expanded its attacks, followed by its launch of a ground invasion of southern Lebanon on 1 October 2024. A ceasefire came into effect on 27 November 2024. Between 8 October 2023 and the cessation of hostilities on 27 November 2024, the Lebanese Ministry of Public Health reported 4,047 deaths and 16,638 injuries. [53]

21 - 25 NOV 2024

Displacement and attacks on health care

899,725 people internally displaced
65 out of 137 attacks on health care (47%) proved fatal

By 25 November 2024, immediately prior to the 2024 ceasefire, 899,725 people in southern Lebanon were internally displaced. Many civilians' homes were left damaged or destroyed, infrastructure was extensively damaged and essential services were disrupted. Israeli attacks also targeted and affected health workers, medical facilities, ambulances and paramedics, according to the UN Office for Human Rights (OHCHR) [54] Amnesty International [55] and others. [56] According to the World Health Organization, as of 21 November 2024, "47% of the attacks on health care – 65 out of 137 – have proven fatal to at least one health worker or patient in Lebanon," making it, at the time, "a higher percentage than in any active conflict today across the globe." [57]

27 NOV 2024 - 24 NOV 2025

Cessation of hostilities

127 confirmed civilian deaths

A cessation of hostilities came into force on 27 November 2024, but while it reduced the intensity of the fighting, it did not end the conflict. [58] In the year between 27 November 2024 and 24 November 2025, Israeli strikes caused 127 confirmed civilian deaths, [59] while Israeli forces continued to carry out "near-daily strikes," according to ACLED, [60] and extensive demolitions as reported by Amnesty International, [61] in particular in southern Lebanon throughout 2025, while retaining positions inside Lebanese territory, as reported by the UN Secretary General to the Security Council. [62]

2 MAR 2026 ONWARDS

Renewed hostilities

Renewed hostilities began on 2 March 2026, representing a further escalation of a protracted conflict. [63] Since then, Israeli forces have increased the intensity of their air and ground operations across Lebanon, reaching the highest levels of violence since the November 2024 ceasefire, with the highest concentration recorded in southern Lebanon's South and Nabatiyeh governorates. [64] These have impacted civilians and the healthcare system across Lebanon, resulting in large numbers of casualties. Hostilities, in particular those in densely populated areas, have also included a repeated failure to distinguish civilians and civilian objects from military objectives, or failures to take all feasible precautions to minimise harm to civilians, as reported by Amnesty International. [65]In addition, hostilities have involved the unlawful use of weapons such as white phosphorus, as reported by Human Rights Watch, [66] and had a significant impact on civilian infrastructure such as roads, bridges and water infrastructure, severely restricting essential movements and people's access to food, water and medicine, according to Human Rights Watch, [67] potentially constituting war crimes.

MAR - JUN 2026

Mass displacement

Up to 1.2 million people displaced at the peak
704,445 people remained internally displaced as of 29 June

The hostilities, combined with a significant part of the south of the country being under occupation, [68] and with renewed mass displacement orders which could amount to war crimes, according to Human Rights Watch [69] and Amnesty International, [70] contributed to the mass displacement of up to 1.2 million people at the peak of the escalation in March and April 2026, representing 17 per cent of the 5.8 million people living in the country. [71] As of 29 June 2026, 704,445 people remained internally displaced, 91 per cent of whom originated from the five districts of Nabatiyeh, Bint Jbeil, Marjayoun, Sour and Baabda. More than 52,000 of the displaced people were staying in 479 collective shelters. [72]

29 JUN 2026

Humanitarian needs and funding

37 per cent of the Revised Emergency Flash Appeal funded
17 per cent of health sector needs funded

Humanitarian organisations are providing displaced people with essential relief, but report multiple challenges, including movement restrictions, operational disruptions, and difficulties reaching affected communities, particularly in the south of the country. [73] Humanitarian needs remain acute and insufficiently addressed, partly due to insufficient funding allocated to the ongoing crisis. As of 29 June 2026, just 37 per cent of the Revised Emergency Flash Appeal [74] had been funded, [75] with just 17 per cent of the health sector needs funded for the period June-August 2026. [76]

[1] ACLED, Middle East Overview: June 2026. Available at: https://acleddata.com/update/middle-east-overview-june-2026 (Accessed: 11 August 2026)
[2] MoPH cumulative emergency report of 30 June 2026.
[3] MSF's own calculations based on Ministry of Public Health (MoPH) publicly available data (4,278 deaths /121 days = 35 deaths on average; 12,196 injuries / 121 days = 101 injured on average).
[4] OCHA Lebanon, Conflict Intensity Snapshot (2 March-29 June 2026), Available at: https://reliefweb.int/map/lebanon/lebanon-conflict-intensity-snapshot-2-march-29-june-2026 (Accessed: 11 August 2026)
[5] This report is based on data, observations and testimonies collected by MSF through its operations in Lebanon and does not provide a comprehensive assessment of the conflict's impact across all affected areas.
6] Between March and June 2026, MSF distributed essential relief items including 59,092 hygiene kits, 4,410 cleaning kits, 5,421 dignity kits and diapers, 46,062 blankets, 38,175 mattresses, 12,124 pillows, 4,363 plastic sheets, 1,672 carpets, 391 items of clothing, 239 kitchen kits and 3,840 food kits. MSF teams also distributed 1,666,854 litres of drinking water, trucked 95,534,523 litres of water, provided 171,900 litres of fuel, carried out 188 water-system, 737 toilet, 236 water-tank and 125 shower-service interventions, and supported 24 community kitchens.
[7] ABCDE is a systematic approach to the initial assessment and management of critically injured patients, focusing on Airway, Breathing, Circulation, Disability and Exposure.
[8] FAST (Focused Assessment with Sonography for Trauma) is a rapid bedside ultrasound examination used to detect internal bleeding in trauma patients.
[9] MSF logistical and supply support in Nabatiyeh and South governorate: Nabatiyeh governmental hospital, and Najdeh hospital in Nabatiyeh governorate; Tyre governmental hospital, Jabal Amel hospital, Hiram hospital, Lebanese Italian hospital, Qana governmental hospital, and Saida governmental hospital in South governorate.
[10] Lebanese Ministry of Public Health (MoPH) Emergency Operations Center (EOC), Updated Total Toll of the Aggression: 4,278 Martyrs and 12,196 Wounded, 30 June 2026.
[11] MSF's own calculations using MoPH publicly available data (7,036 casualties in Nabatiyeh governorate + 6,904 casualties in South governorate = 13,940 casualties in both southern governorates. (13,940 casualties in both governorate / 16,474 total casualties across the country) * 100 = 84,6%).
[12] As per Najdeh Al-Shaabieh hospital emergency department records, 19 May–26 June 2026.
[13] As per Jabal Amel hospital emergency department records, 2 March–28 June 2026; Ministry of Public Health (MoPH) – Public Health Emergency Operations Centre (PHEOC, situation as of 28 June 2026).
[14] Al Jazeera English. Interview with Dr Thienminh Dinh, MSF emergency medical team doctor supporting Jabal Amel hospital. Broadcast April 2026. Available at: https://youtu.be/TudtLsdZVPc
[15] The combination of anatomical characteristics includes a thinner abdominal wall, a lower diaphragm, organs positioned below the ribcage, less protection from the lower ribs, and less abdominal muscle and fat.
[16] Understanding Trauma and Older People: Challenges, Prevention, and Care - International Federation for Emergency Medicine; Silver trauma, recognition, management and special considerations - ScienceDirect; RCEM safety alert_Silver Trauma_Sept 2019 FINAL | Frailty Network
[17] Testimony by MSF emergency physician based in Najdeh Al-Shaabiyeh hospital in May and June 2026.
[18] Testimony by director of Najdeh Al-Shaabiyeh hospital, 18 April 2026.
[19] Testimony by MSF emergency physician, Najdeh Al-Shaabiyeh hospital, 9 June 2026.
[20] Antimicrobial Resistance in Conflict-Affected Settings: Field Realities, Operational Challenges & Policy Insights | MSF Access; https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02508-4/fulltext
[21] Based on analysis of data from MSF emergency room doctors working in southern Lebanon.
[22] Description consistent with impact of Hellfire AGM 114RX9, with each missile containing 6 fins, also called blades relying on kinetic energy upon impact.
[23] Description consistent with injuries caused by fragmentation-sleeve munition.
[24] Such as Computer Tomography "CT" scans, a series of rotational X-rays that produce cross-sectional images which in the case of trauma allow for identification of injuries sustained.
[25] As per Jabal Amel hospital emergency department records, 18 April–28 June 2026.
[26] Testimony by MSF emergency room nurse working in Jabal Amel hospital, 8 June 2026.
[27] World Health Organization, Country Cooperation Strategy for WHO and Lebanon, 2026–2029 (Cairo: WHO Regional Office for the Eastern Mediterranean, 2025), Part 3 – Health system status and UHC, p.11–13
[28] Testimony by MSF patient, Sour (Tyre), 21 April 2026.
[29] Lebanese Ministry of Public Health (MoPH). Nassereldine: Expands Hospital And Medication Coverage During War; Medicines Available, 3 March 2026.
[30] Testimony by mother of MSF patient, Sour (Tyre), 21 April 2026.
[31] Health Care at Risk | Interactive Maps by Insecurity Insight
[32] Lebanon: Testimony from an injured nurse | MSF
[33] Including general, pediatric, orthopedic, ophthalmic, cardiothoracic, vascular, cardiac, urological, and maxillofacial surgeons
[34] On June 2nd, the Israeli military acknowledged the strike but indicated "that the hospital was not targeted" and was "apparently affected incidentally." source: The Times Of Israel, 2 June 2026.
[35] Israeli airstrike causes death and damage in southern Lebanon | MSF
[36] At least 6 paramedics injured since MSF medical teams started working in Najdeh hospital, and 5 killed on duty – arrived dead in the hospital – but this is non-exhaustive.
[37] Testimony by MSF emergency physician based in Najdeh Al-Shaabiyeh hospital in May and June 2026.
[38] MSF condemns the killing of paramedics by Israeli forces in Lebanon | MSF
[39] Testimony by Civil Defence team member, Nabatiyeh, 9 June 2026.
[40] Testimony by a Civil Defence volunteer interviewed by MSF, 6 June 2026.
[41] Testimony by MSF surgeon, Jabal Amel hospital, 2 May 2026.
[42] Testimony by Civil Defence team member, Nabatiyeh, 9 June 2026.
[43] Testimony by Civil Defence team member, Nabatiyeh, 9 June 2026.
[44] Testimony by emergency room doctor, Jabal Amel hospital, 2 May 2026.
[45] Testimony by Civil Defence team member, Nabatiyeh, 9 June 2026.
[46] Testimony by emergency room doctor, Jabal Amel hospital, 2 May 2026.
[47] Testimony by MSF emergency room doctor, Jabal Amel hospital, 19 May 2026.
[48] Al Jazeera English. Interview with Dr Thienminh Dinh, MSF emergency medical team doctor, Jabal Amel hospital. Broadcast April 2026. Available at: https://youtu.be/YVg_M8rjNjM
[49] Testimony by Civil Defence team member, 9 June 2026.
[50] Testimony by MSF mental health supervisor, Sour (Tyre), 27 August 2026
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[53] https://www.moph.gov.lb/en/Pages/127/77347/4-047-martyrs-and-16-638-wounded-the-total-updated-toll-of-the-israeli-aggression
[54] Update on the Human Rights Situation in Lebanon (2-22 March 2026) 23 April 2026 0945
[55] Lebanon: Israel must halt attacks on healthcare workers
[56] https://reliefweb.int/report/lebanon/lebanon-flash-update-47-escalation-hostilities-lebanon-25-november-2024 and Lebanon: Flash Update #49 - Escalation of hostilities in Lebanon, as of 5 December 2024 | OCHA
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[72] OCHA Lebanon: Flash Update #39, as of 29 June, Lebanon: Flash Update #39 - Escalation of hostilities in Lebanon (as of 29 June 2026) - Lebanon | ReliefWeb
[73] ACAPS INFORM Severity Index classified Humanitarian Access at an 8 in Lebanon in June 2026, on a scale from 0 to 10, placing in the top 11 countries with the highest level of humanitarian access constraints this month, alongside Mali, Niger, Nigeria, Sudan, Somalia and Ukraine INFORM Severity Index | ACAPS
[74] The Lebanon Flash appeal was launched on 13 March for three months, and was subsequently revised on 4 June for another three months Revised Flash Appeal: Lebanon, March - August 2026 (June 2026) [EN/AR] | OCHA
[75] Lebanon: Flash Update #39 - Escalation of hostilities in Lebanon (as of 29 June 2026) - Lebanon | ReliefWeb.
[76] Lebanon Health Sector Emergency Situation Report Issue #17 – 29 June 2026 - Lebanon | ReliefWeb.



View of large-scale debris clearance following an Israeli strike that destroyed a building in Haret Hreik municipality in March 2026. ©Kristen Poels/MSF