

The Greater Middle East Conflict

The Impact of Explosive Weapons on Civilian Infrastructure, Essential Services, and the Human Consequences

28 FEBRUARY TO 15 APRIL 2026

Since 28 February, Insecurity Insight has monitored how the conflict between Iran, Israel, Lebanon and the United States has affected the delivery of aid, education, food and water, and health care across Iran, Israel, Lebanon, and the Greater Middle East region. Insecurity Insight's open source monitoring recorded a total of 302 incidents where conflict-related violence impacted aid, education, health, food and water systems in ten countries: Azerbaijan, Bahrain, Iran, Iraq, Israel, Kuwait, Lebanon, the occupied Palestinian territory (oPt), Syria and the United Arab Emirates (UAE). Of these incidents, 97% (293) involved explosive weapons. Explosive weapons included a range of weapons such as artillery, aerial and drone strikes, improvised explosive devices (IEDs) and missiles. The highest number of incidents with impact on essential civilian services were attributed to the Israeli Defence Forces (162) and joint Israel-U.S. operations (92), and the U.S military (15). Other conflict parties included the Islamic Republic of Iran Armed Forces, Islamic Revolutionary Guard Corps and Hezbollah. Five incidents were attributed to unidentified conflict parties.

The highest number of impacts were recorded in Lebanon (150) followed by Iran (117) with the health system being particularly affected in both countries.

Recorded incidents where explosives weapons impacted aid, education, health, food and water systems, 28 February - 15 April 2026				
	Aid Operations	Education System	Food and Water Systems	Health System
Greater Middle East*	0	4	11	11
Iran	18	41	12	66
Israel	0	4	0	12
Lebanon	21	22	2	115

*Azerbaijan, Bahrain, Iraq, Kuwait, Syria and the UAE.

The publicly available incidents are not a full account of all incidents. Reporting restrictions are placing limitations on reporting and verification. The identified effects are not necessarily representative of all such reported cases where the use of explosive weapons caused civilian harm and damage to critical infrastructure. Instead, they are a sample of the types of harm that was reported. This report aims to highlight the scale and patterns of disruption affecting civilian populations and essential services. A previous edition looked at the impact of hostilities on **food and water security**.

Focus: The impact of hostilities on emergency services

This brief examines how explosive weapons have impacted emergency services across the Greater Middle East region. These attacks not only disrupt immediate life-saving care but systematically weaken the emergency response networks that communities depend on. The analysis focuses on:

1. **Emergency medical facilities:** Attacks on, or damage to, the physical infrastructure needed to provide urgent health care and emergency response. This includes emergency departments of hospitals, ambulance centres and headquarters, rescue stations, emergency medical centres and warehouses containing emergency medical equipment and supplies. These incidents involve destruction of buildings, damage to emergency departments and equipment, collapse of structures, fires, and facilities being put out of service.
2. **Emergency medical personnel:** Health care and rescue workers harmed while carrying out emergency duties, including paramedics and ambulance crews, rescue workers and emergency response teams. The incidents describe personnel being killed, injured, or targeted while rescuing civilians, transporting patients, or responding to earlier strikes, as well as those not yet dispatched.
3. **Health providers:** The organisations and institutions responsible for delivering health care and emergency services included state services, Red Cross (including local services, IFRC and ICRC), humanitarian organisation and private providers. In Lebanon, the main non-state providers included the Islamic Health Authority (IHA) and Islamic Risala Scout Association, as well as the Civil Defence, which is run by IHA.
4. **Emergency medical transport:** Vehicles and transport systems used to move injured people and emergency responders included ambulances, rescue vehicles and other emergency health vehicles. Vehicles included cars, motorcycles, air-ambulances and maritime ambulances and maybe transporting casualties, travelling to or from rescue sites or stationary within facilities such as ambulance centres.
5. **Sequential strikes:** An attack on first responders who arrive at the scene of an initial strike, to treat or evacuate wounded, or remove bodies. It can also be carried out on emergency medical facilities such as emergency departments at the moment injured are brought in.

*In the case of sequential strikes, details of what/who was impacted by the initial strike, to which medical teams are responding to, is often not reported.

The categories above involve functional medical services which retain protection under International Humanitarian Law (IHL) and whose targeting raises serious IHL concerns.

Strikes on emergency medical services in the Greater Middle East region

Recorded incidents where explosive weapon strikes impacted emergency medical services in the Greater Middle East region, 28 February - 15 April 2026				
Iran	Iraq	Israel	Kuwait	Lebanon
19	4	0	1	59

Insecurity Insight documented 83 incidents where explosive weapons impacted emergency medical services in the Greater Middle East region. Reported incidents indicate a consistent pattern of damage to ambulances, emergency medical facilities, and aid infrastructure. They include strikes at the time of emergency response where emergency medical personnel are killed and injured, as well as on the emergency infrastructure - such as an Iranian Red Crescents Society (IRCS) warehouse that was struck by a Israel-U.S. drone strike, destroying two aid containers and an ambulance in Bushehr province (Iran). These incidents affect the ability to provide care to people injured by the conflict.

Nearly three quarters of incidents were attributed to Israeli forces (73%), and a quarter to joint Israel-U.S. strikes (25%). One incident was attributed to Iranian forces using drones in Kuwait. Of the 83 incidents, 83% involved airstrikes and 14% involved drone strikes.

Under international humanitarian law (IHL) medical personnel, units and transport are afforded **special protections**. However, documented incidents indicate a pattern of harm that severely undermines emergency response capacity across the region, particularly

Double tap or sequential strikes in conflict

“Double tap” originally comes from shooting sports or marksmanship training, where it simply means firing two quick shots at the same target to ensure accuracy.

The term has been used to describe a second attack on first responders who arrive at the scene of an initial strike usually to treat or evacuate the wounded. It can also be carried out on emergency departments at the moment injured are brought into the emergency care.

Transferral of a sports term into real-world conflict disguises a strike on medical care in conflict with the use of a technical term that not only softens a harsh reality but fails to clearly articulate that such strikes are contrary to the rules of war. While the initial target may have been a legitimate target in war, targeted strikes on medical personnel in the process of providing medical aid is prohibited under IHL.

The phrase “double tap” flattens a sequence of decisions and at times locations into something that sounds like a repeat action or technique. But under IHL, the legal classification depends on who is being targeted, what precautions were taken, and what the foreseeable effects are - not on the fact that there were “two strikes.”

The term ‘double tap’ is misleading because it obscures both the humanitarian protections at stake and the legal scrutiny that should apply.

The impact of attacks on emergency medical services

Attacks on emergency services have immediate and long-term consequences for civilians and health system resilience. Strikes on ambulances, rescue teams, and first responders disrupt search-and-rescue operations, delay casualty evacuation, and obstruct access to urgent medical treatment at the moment it is most critical. The risk of **preventable deaths** and avoidable complications rises, while communities face reduced access to lifesaving care during periods of heightened vulnerability. A recent **study** in Gaza showed that those waiting over 30 minutes for ambulances faced longer durations in emergency departments, and in many cases, ambulances either did not arrive or could not reach the hospital. The killing and injury of emergency medical personnel further weakens already strained health systems by depleting critical skills, experience, and specialised emergency care capacity. Remaining staff face heavier workloads under dangerous and traumatic conditions, undermining both the continuity and quality of care.

In southern Lebanon, strikes have increased caution among medics responding to incidents due to fears of follow-up attacks. A Red Cross paramedic stated that teams now operate with a deliberate **15-minute delay**, describing it as “a gamble between life and death.” Despite these risks, one paramedic stated “**We pledged to be present here in Nabatieh, and we will continue as long as the war lasts, even if there are more martyrs,**” following the killing of their two colleagues, one of whom was a minor, on 24 March.

Lebanon

Emergency medical services in Lebanon were impacted by Israeli air and drone strikes on 59 occasions, making up 51% of the 115 documented incidents affecting health care between 2 March and 15 April 2026. All but one took place in Nabatieh and South governorates of Lebanon where first responders provided medical care in areas with a high concentration of Hezbollah **control**, since they **formed** to ‘fight Israel’s invasion and occupation of southern Lebanon’. One incident was recorded in the northeastern Baalbek-Hermel governorate on 8 April during Israel’s **largest strike** across Lebanon since its military operation began on 2 March, damaging a Civil Defence centre and killing three people.

A total of 13 emergency medical facilities, 132 emergency medical personnel and 25 emergency medical transports were impacted.

Sequential strikes on emergency responders



On at least 15 occasions, emergency health services in Lebanon were impacted by sequential strikes, killing at least 18 first responders and injuring 26 from the Civil Defence, Islamic Risala Scout Association, IHA and Red Cross. In one incident in Siddiqin town, South governorate on 3 March, three paramedics were killed and another six injured while recovering people injured by Israeli strikes. Rescuers were also fired at by a drone on 9 April in Toul town, Nabatieh governorate, while responding to casualties of five Israeli drone strikes near Sheikh Ragheb Harb Hospital; an ambulance belonging to the Islamic Risala Scout Association was also damaged.

A total of 13 emergency vehicles were damaged by sequential strikes. A recent case of sequential strikes occurred on 15 April in Mayfadoun, Nabatieh governorate.




Health care providers hit by sequential strikes in Lebanon

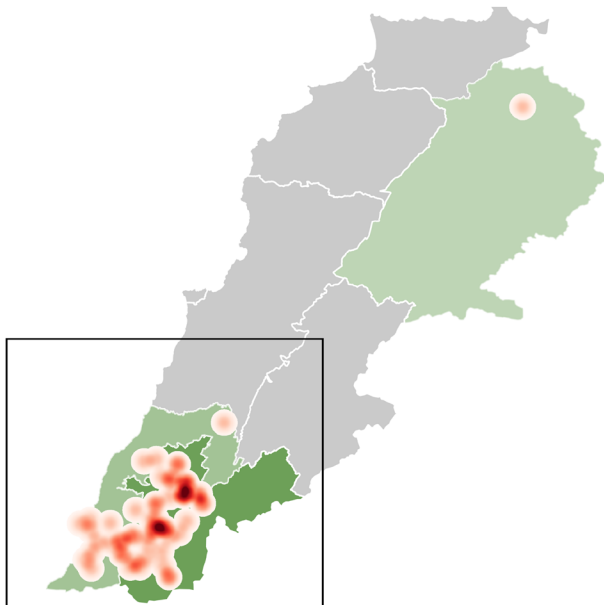
59 incidents where emergency medical infrastructure and personnel were impacted by aircrafts or drone strikes by Israeli forces, 03 March-15 April 2026

Recorded incidents of emergency medical infrastructure and personnel attacked

-  Heatmap of 59 incidents*
-  15 incidents of sequential strikes

Affected governorates

-  Baalbek-Hermel governorate
-  South governorate
-  Nabatieh governorate



11 April 2026: Two paramedics were killed in a sequential airstrike while responding to casualties of a previous bombing.

03 March 2026: In the first incident of its kind recorded during this period, three health workers were killed and another six injured by a sequential airstrike while recovering people previously injured.

28 March 2026: A paramedic was killed by a sequential drone strike while assisting those who had been attacked earlier.

07 March 2026: An ambulance was damaged by a sequential airstrike during a second attempt to assist the wounded, injuring two paramedics.

15 April 2026: Mayfadoun, Nabatieh, an ambulance belonging to the Islamic Health Authority (IHA) and its team of responders was hit by an Israeli airstrike while attempting to rescue casualties from the site of an earlier Israeli strike. One paramedic was killed and a second was reported missing.

Minutes later, a second team from the Islamic Health Authority arrived at the same location, where two earlier strikes had already occurred. This second rescue team was also hit by an Israeli airstrike, injuring three paramedics.

Two ambulances from the Risala Scout Association and the Nabatieh Ambulance Service, deployed after the three previous strikes, were then struck by a further Israeli airstrike at the same scene. Two paramedics were killed and three others wounded.

*Heatmap: Deeper colours indicate higher concentration of incidents.
Data source and visualisation: Insecurity Insight. Basemap data source: UN OCHA.



Focus: Sequential strikes on emergency medical services in Mayfadoun, Nabatieh governorate on 15 April 2026

On 15 April, an IHA ambulance and its team of responders was hit by an Israeli airstrike in the late morning while attempting to rescue casualties from an earlier Israeli strike in Mayfadoun town, Nabatieh district and governorate. One paramedic was killed and a second was reported missing.

Minutes later, a second team from the IHA arrived at the scene, where two earlier strikes had already occurred. This second rescue team was also hit by an Israeli airstrike, injuring three paramedics.

Two ambulances - one from the Risala Scout Association and one from Nabatieh Ambulance Service - were deployed following the three previous strikes and were subsequently struck by an additional Israeli airstrike at the same scene. Two paramedics were killed and three others wounded.

The four strikes (initial strike and three sequential strikes on responders) happened in rapid succession. In total, three responders were killed, six injured and one reported missing.

Under IHL medical personnel, units and transport are afforded **special protections**, irrespective of their political affiliation. Ambulances and medics **remain** protected unless they are being used outside their medical role for acts harmful to the enemy.

At present, open-source reporting does not clearly establish the nature of the initial strike to which the first ambulance team was responding. Though the Israeli military made generalisations and **justifications** stating that Hezbollah uses ambulances and medical facilities to transport fighters and weapons, **footage** released by Nabatieh emergency services shows that the ambulances struck in Mayfadoun were visibly empty of weapons.

Information on the weapon system used in the sequential strikes remains limited, though a surviving medic from the strike **stated** that a missile fired from a drone was “directly targeting paramedics”. The strikes occurred in rapid succession, with each rescue team responding while casualties from the previous strike were still present, leaving responders exposed and clearly identifiable during active rescue efforts.

Emergency medical facilities

At least 13 emergency medical facilities in Lebanon were reported damaged or destroyed by Israeli forces, of which nine were affiliated with the IHA. Complete destruction occurred in three incidents in Nabatieh: the headquarters of the Al-Risala Ambulance Association on 31 March which killed a paramedic; a Civil Defence (IHA-affiliated) centre on 17 March which injured nine health workers; and Beit al-Talaba Emergency Medical Centre on 05 March which rendered it out of service, killing and injuring an unspecified number of people. In one attack on 13 April, Israeli forces reported that they had targeted and killed a Hezbollah member when a Lebanese Red Cross centre was hit by a drone strike.

Emergency medical personnel

Emergency medical personnel were reported harmed in 81% of the 59 incidents affecting emergency responses in Lebanon. In total, 55 were killed and 77 injured. Emergency medical personnel are particularly vulnerable in conflict: Approximately 78% of the health workers killed in Lebanon between 02 March and 15 April were emergency responders. Among them a **16-year-old volunteer paramedic** with Nabatieh Ambulance Services, who was killed alongside another young medic when an Israeli drone strike fired at their motorcycle whilst on a rescue operation; both were wearing uniforms which clearly marked them as medical personnel.

Emergency medical transport

At least 26 ambulances were reported damaged or destroyed in Lebanon, though this is likely underreporting. In one incident on 20 March, three Islamic Health Authority vehicles were damaged by an Israeli airstrike while on humanitarian duty in Deir al-Zahrani town, Nabatieh governorate, injuring nine paramedics. Emergency medical transport was also impacted while the vehicle was not actively responding, as seen when Beit al-Talaba Emergency Medical Centre in Nabatieh was destroyed by an Israeli airstrike, putting it out of service, damaging ambulances and killing and injuring an unspecified number of people.

Health providers

Over half of the documented incidents in Lebanon where explosive weapons impacted emergency medical services affected the IHA, likely due to its affiliation with Hezbollah and prior **claims** by Israel that the IHA is used as a “cover for terrorist activities” by Hezbollah in southern Lebanon. The Islamic Risala Scout Association (an emergency and welfare organisation affiliated with the Amal Movement, a political ally of Hezbollah), the state-run ambulance services and the Red Cross were also affected.

Red Cross personnel were also harmed: at least two medics were killed and 11 injured across five incidents; four where ambulance teams were impacted and one where a Red Cross centre was damaged. At least two ambulances clearly marked with Red Cross emblems visible from all sides were struck by Israeli forces - one with a drone and one by aircraft - **despite prior coordination** of movements through the usual channels, including **UNIFIL**, raising concerns regarding the protection of humanitarian actors.

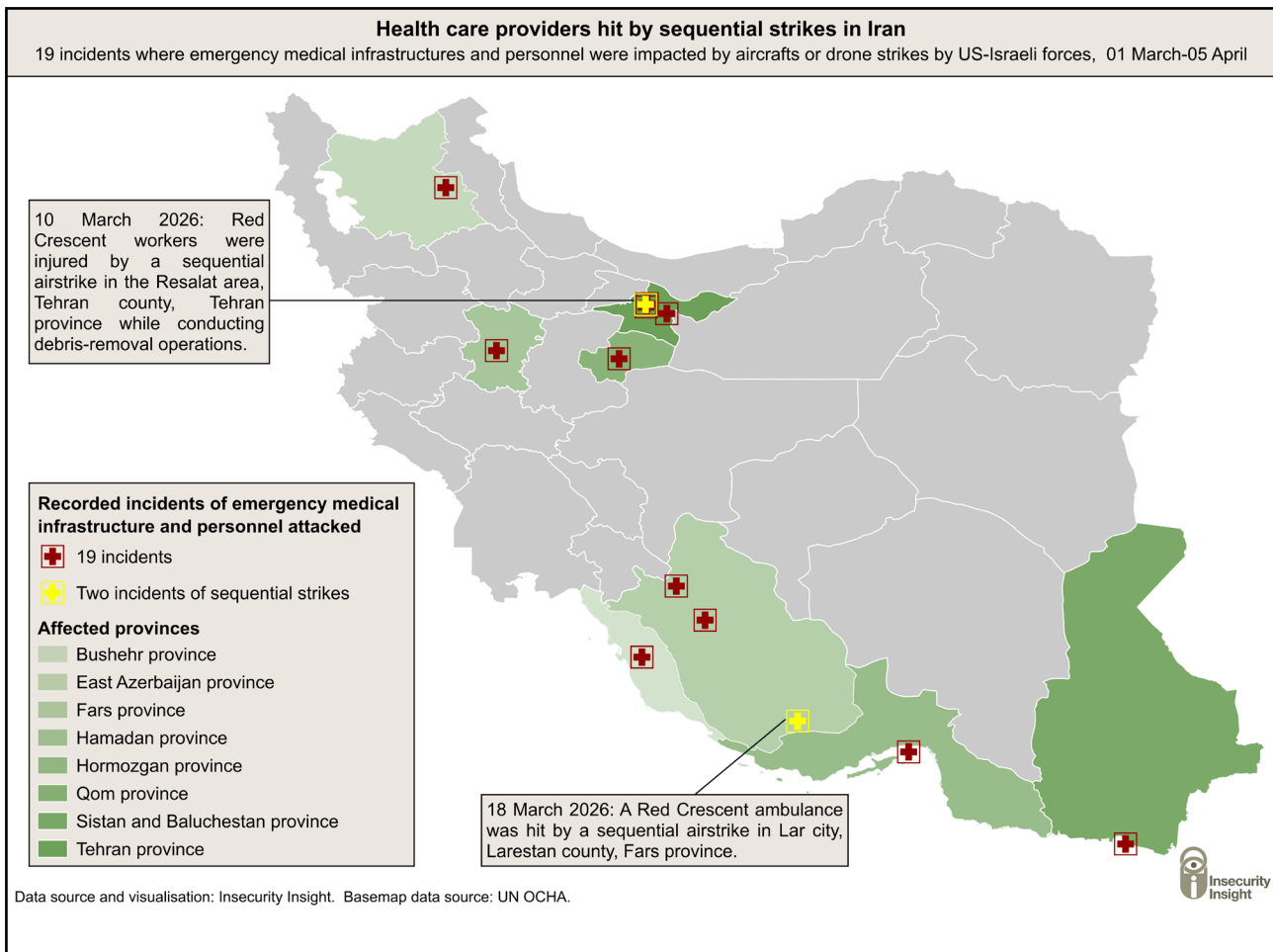
Iran

Emergency medical services in Iran were impacted by air and drone strikes on 19 occasions, making up 29% of the 66 documented incidents affecting health care between 28 February and 15 April 2026. Incidents were reported across eight of Iran’s 31 provinces, with nearly half reported in Tehran. Incidents were mainly geographically clustered in two areas: the south, **near key oil-producing** areas and the Strait of Hormuz, and the west and northwest, near locations identified as **missile launch sites** during the June 2025 Twelve-Day War.

All but two incidents were attributed to joint Israel-U.S. forces. Two were linked to Israeli forces. Eight emergency medical facilities, 132 emergency medical personnel and 19 emergency medical transports were impacted.

Sequential strikes on first responders

Two incidents of sequential strikes in Iran involved Iranian Red Crescent teams. The first occurred on 10 March when responders were conducting debris-removal operations at a prior attack site in the Resalat area of Tehran. The second struck an ambulance assisting the injured in Lar, Fars province, on 18 March. No personnel were reportedly killed or injured in either incident.



Emergency medical personnel

At least 14 emergency medical personnel were killed and eight injured by Israel-U.S. airstrikes in Iran. Almost all casualties were recorded in Tehran province, including one incident which killed 10 personnel when the Naziabad Emergency Base was hit by an Israel-U.S. airstrike on 7 March. Three emergency medical personnel were killed in Fars and another three injured in Qom on 3 March.

Emergency medical facilities

Eight emergency medical facilities in Iran were damaged or destroyed by joint Israel-U.S. strikes across six provinces, five by aircraft and one by drone. One facility, the Emergency Medical Services (EMS) 115 base in Shiraz city, Fars province, was completely destroyed on 5 March during Israel-U.S. airstrikes targeting military sites. Five emergency medical workers were injured in two facilities, and 13 were killed in another two facilities.

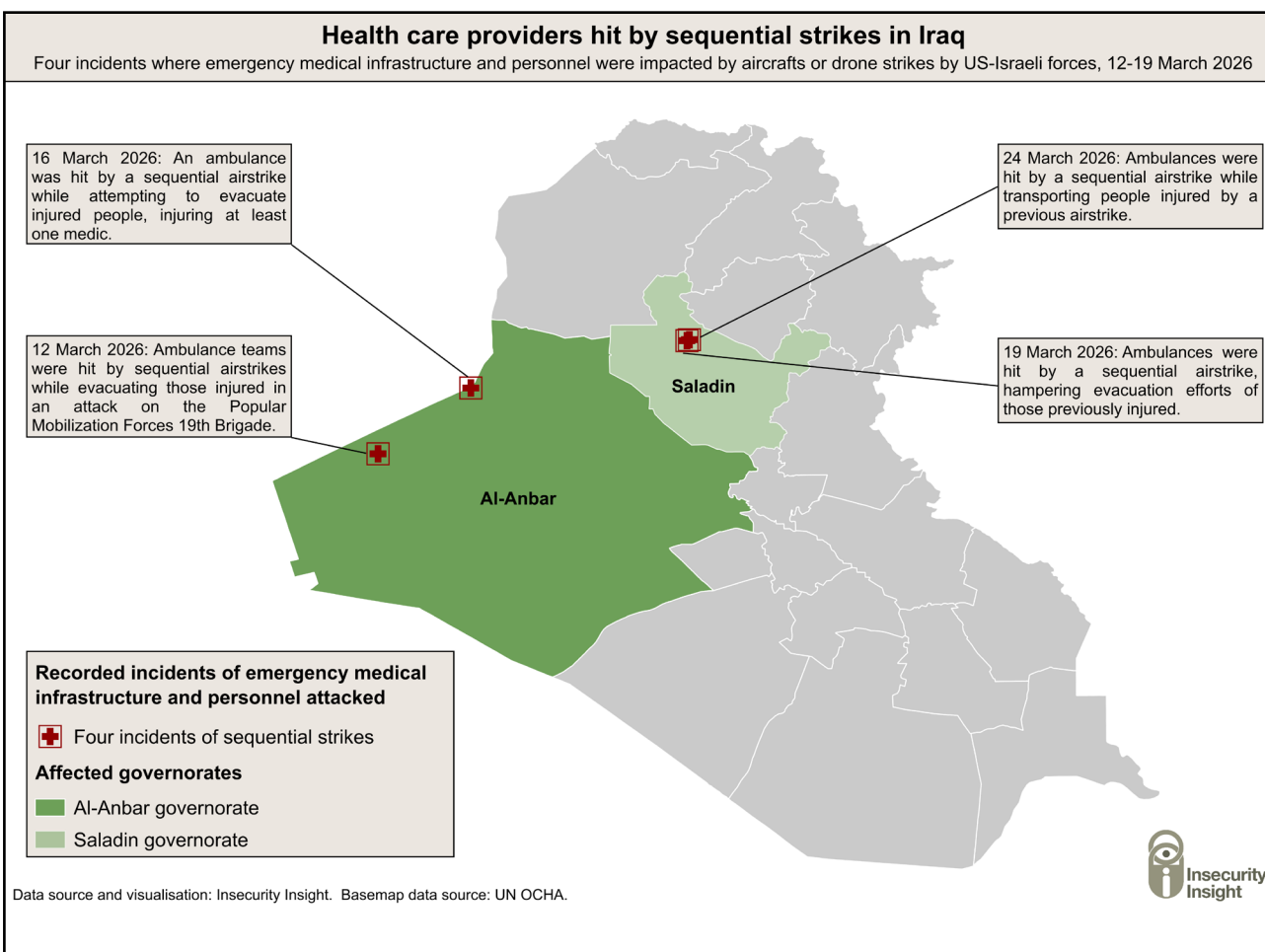
Emergency medical transport

Israel-U.S. forces damaged or destroyed 18 ambulances in Iran, including a maritime ambulance in Hormozgan province on 11 March and an air ambulance in Bushehr province on 9 March. Israeli forces damaged an ambulance in Tehran. At least 16 ambulances were damaged in airstrikes. Two ambulances were destroyed when an IRCS warehouse in Bushehr province was struck by an Israel-U.S. drone which also destroyed two aid containers. Damage to or destruction of ambulances was mostly reported in Tehran but also occurred in the south-western provinces.

Iraq

All four incidents in Iraq where explosive weapons impacted emergency medical services were sequential Israel-U.S. aircraft strikes impacting ambulance teams in western Iraq between 12 and 24 March. Incidents were split evenly between Al Anbar governorate, where a Popular Mobilization Forces military headquarters was **damaged** on 12 March, and neighbouring Salah al-Din governorate.

At least one emergency worker was injured when the ambulance they were travelling in was hit by an Israeli aircraft strike while attempting to evacuate casualties from an earlier strike on 16 March. These incidents suggest repeated risks to emergency responders from attacks during evacuation operations, similar to patterns observed in Mayfadoun in Lebanon.



Kuwait

One incident where explosive weapons impacted emergency medical services was recorded in Kuwait. Debris from an intercepted drone strike from suspected Iranian forces fell onto an ambulance centre and injured two emergency medical workers in Kuwait city on 17 March.

Key figures between 28 February and 15 April

- 69 emergency medical workers have been killed, 88 injured, and one remains missing. The number of people who died because help could not reach them remains uncounted
- 22 emergency medical facilities were damaged or destroyed
- Sequential strikes were recorded in 21 incidents, demonstrating a concerning erosion of the principle of protection of health care in conflict

Key take aways:

- Medical care is protected in conflict
- Emergency responders are particularly vulnerable in conflict
- Attacks on emergency responses undermine the capacity of the health system to support the injured



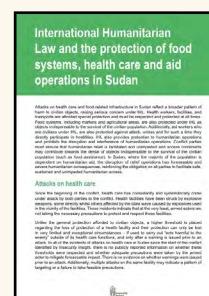
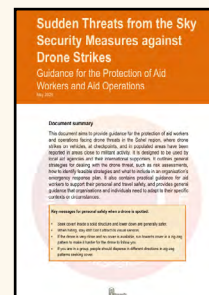
Other resources

Armed drones are becoming a defining feature of modern conflict, creating escalating risks for humanitarian operations and forcing aid agencies to adapt their security strategies to better protect staff in high-risk environments. Insecurity Insight's **Sudden Threats from the Sky: Guidance for the Protection of Aid** is a practical resource designed to help humanitarian organisations strengthen preparedness and operational resilience. Created for local aid agencies and their international partners, the guidance provides actionable strategies for assessing and mitigating drone-related risks, identifying feasible protective measures, and developing effective emergency response plans. Available in Arabic, Burmese, English, French and Spanish, the guidance is designed for real-world application in staff briefings, training, and office awareness materials.

Hovering Threats: The Challenges of Armed Drones in Humanitarian Contexts explores the growing impact of armed drones on humanitarian operations in conflict zones, shedding light on the evolving risks faced by aid workers and health care providers. By examining both the technical capabilities of armed drones and the practical realities of operating under drone threats, it offers critical insights into how humanitarian organisations can strengthen security risk management and safeguard lifesaving assistance. Grounded in real-world challenges and emerging best practices, the report delivers actionable recommendations for aid agency security managers and advocates working to protect humanitarian access in increasingly volatile environments.

IHL and the protection of food systems, health care and aid operations in Sudan highlights concerns under international humanitarian law arising from attacks on health care, food systems, and humanitarian operations in Sudan. It examines how sequential strikes on protected civilian infrastructure - including medical facilities, markets, agricultural areas, and aid operations - may violate the obligation to respect and protect objects indispensable to civilian survival and ensure the safe delivery of humanitarian assistance. In a context where millions depend on aid, the report underscores how disruptions to essential services and humanitarian access can have foreseeable and devastating consequences for civilian populations.

Using data by Insecurity Insight, the Safeguarding Health in Conflict Coalition (SHCC) identified over 480 attacks on health care in Lebanon in 2024, including over 350 paramedics killed alongside repeated strikes on emergency medical services and health facilities. The escalation of Israeli airstrikes strained an already fragile health system, triggering widespread closures, overwhelming facilities with mass casualties, and contributing to a deepening humanitarian and economic crisis. Available in **Arabic** and **English**.



This document is published by Insecurity Insight. The contents are the responsibility of Insecurity Insight. The analysis and opinions expressed in this report belong solely to the publisher, Insecurity Insight. Insecurity Insight is a Humanitarian to Humanitarian (H2H) organisation committed to the Humanitarian Principles.

The incidents reported in this briefing are neither comprehensive nor independently verified, but instead provide a snapshot of how explosive weapons have affected the delivery of aid, education, food and water, and health care across Iran, Lebanon, and the wider Middle East. Data is continuously updated and numbers may change if new information is made publicly available. Subscribe to our [Middle East](#) mailing list.

Suggested citation: Insecurity Insight. 2026. The Greater Middle East Conflict: The Conflict Impact on Emergency Services, 28 February-15 April 2026, May 2026. Switzerland: Insecurity Insight. <https://bit.ly/2MEConflictMay2026>