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Editorial

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Effects of the 2026 War on Iran's Health System

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The health system is a central component of a country's social and critical infrastructure. Its functioning depends on human resources, specialized equipment, physical infrastructure, financing arrangements, supply chains, and management structures. Unlike some public services that may be suspended briefly during a crisis, a substantial proportion of health services must be provided continuously and are essential to survival. Patients requiring dialysis, people with cancer or cardiovascular disease, insulin-dependent individuals, pregnant women, and patients in intensive care units are among the groups for whom disruptions to care can have serious consequences for health and survival.

During war, health systems face two concurrent pressures. A sudden increase in the number of injured people and patients requiring immediate care raises demand for emergency services, surgery, intensive care, and rehabilitation. At the same time, the conflict may reduce the capacity to provide these services by damaging health facilities and equipment, disrupting transport, and threatening staff safety. Increased demand and reduced service delivery capacity can therefore occur simultaneously.

The 2026 imposed war began when Iran's health system was already experiencing economic pressures and resource constraints due to the USA sanction. Indeed, economic sanctions can undermine health services by restricting international payments, financing, equipment imports, purchases of pharmaceutical raw materials, and cooperation with foreign suppliers. The consequences of war should therefore be examined in relation to pre-existing health system vulnerabilities. Without causal evidence, all problems observed after the outbreak of war cannot be attributed exclusively to military operations (1).

Deaths and injuries caused by military attacks are the most direct consequences of war for population health. Beyond their human toll, sudden increases in the number of injured people can sharply raise demand for emergency medical services, surgery, blood transfusions, intensive care, burn treatment, and rehabilitation.

WHO's report of 15 September 2026 continued to present 3,375 deaths and 33,806 injuries as the available cumulative figures in 2026 imposed war on Iran. The vulnerability of women and children is a significant dimension of the conflict's human consequences. According to Ministry of Health data reproduced in WHO's report, 216 children under 18 had been killed and 1,834 injured as of 30 March 2026. Of the children killed, 17 were under five years of age. At the same reporting point, 249 deaths and 4,419 injuries among women had been reported. The health

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implications of these figures extend beyond immediate mortality. Severe physical injuries in children may require prolonged treatment, reconstructive surgery, rehabilitation, and psychological care. Losing family members, experiencing the destruction of one's home, or witnessing violence may also lead to severe stress reactions and mental health problems.

Damage to health infrastructure is a major cause of reduced health system capacity during war. Health infrastructure encompasses more than hospital buildings: it includes networks of primary care facilities, laboratories, medicine storage facilities, emergency medical service stations, communication systems, and supporting equipment.

According to a WHO report published on the United Nations in Iran website on 12 May 2026, an estimated 49 hospitals, 229 health centers, and 78 facilities associated with pharmaceutical activities, laboratories, and medical storage had sustained damage between the start of the war and the preparation of the report. It also reported damage to 56 emergency medical service stations, the evacuation of nine hospitals, and the destruction of 47 ambulances and 10 support vehicles.

WHO's report of 2 April 2026 documented several specific examples of damage to Iran's health infrastructure (2). The report described substantial damage to Delaram Sina Psychiatric Hospital on 29 March and damage to the Tofigh Darou pharmaceutical complex in Tehran on 31 March. WHO also noted reports of extensive damage to the Pasteur Institute of Iran, which at the time housed units collaborating with WHO on vector-borne diseases and rabies research and reference activities. During the same period, explosions near WHO's office in Tehran caused material damage, including broken windows.

Human resources are a core component of health system functioning. Maintaining hospitals' treatment capacity depends not only on buildings and equipment but also on the availability of physicians, nurses, emergency medical personnel, laboratory technicians, and other staff.

According to WHO's report of 2 April, Iran's Ministry of Health had reported 24 deaths and 114 injuries among health workers as of 30 March. In WHO's report of 10 April, these figures had increased to 25 deaths and 118 injuries (3). The evidence assembled indicates that the 2026 war affected Iran's health system through at least four principal pathways.

First, extensive human casualties increased demand for emergency services, surgery, and care for physical injuries. The large number of injured people and the substantial volume of surgical care provided indicate the pressure placed on hospitals and health workers.

Second, physical damage to hospitals, health centers, emergency medical service stations, and pharmaceutical facilities reduced or threatened potential service delivery capacity. In some cases, this damage was accompanied by damage to electricity, water, and transport infrastructure, further complicating the functioning of parts of the health care network.

Third, disruptions to the production, importation, and distribution of medical products, together with price increases, made some medicines and equipment more difficult to obtain. The report of shortages of 32 essential medicines in September is among the most important pieces of official evidence concerning this situation. Nevertheless, the shortages reflected the interaction of several factors, including war, sanctions, financial difficulties, and transport disruptions.

Fourth, the indirect public health effects of war, including psychological distress, population displacement, damage to water facilities, and environmental hazards, extended the health crisis beyond the numbers of people killed and injured.

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