






Hostilities in the occupied Palestinian territory (oPt)

Date: 19 May 2025

Public Health Situation Analysis (PHSA)

This is the ninth PHSA produced by WHO on the crisis in oPt since October 2023.

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) ¹	INFORM (2025) ²
 Conflict	Trauma and injury (including rehabilitation)	G3	Gaza Strip: (High- Level 5)	INFORM Risk: 6.4/ 10 (High)
 Nutrition	Malnutrition		West Bank: (Substantial- Level 4)	Global Risk Ranking: 21 out of 191 countries
 Food security	Acute diarrhoeal illness			
 Displacement	Non-Communicable Diseases (NCD)			
 Epidemics	Cardiovascular diseases			
	Kidney Disease			
	Maternal and neo-natal health			
	Mental Health Conditions			

SUMMARY OF CRISIS AND KEY FINDINGS

The Gaza Strip is now likely facing the worst humanitarian crisis in the 18 months since the escalation of hostilities in October 2023.³

Since 18 March 2025, Israeli forces have escalated bombardment from the air, land and sea across the Gaza Strip and expanded ground operations. This has resulted in hundreds of casualties, destruction of civilian infrastructure, and large-scale displacement.⁴ Between 7 October 2023 and 14 May 2025, the MoH in Gaza reported that at least 52 928 Palestinians were killed and 119 846 Palestinians injured.⁵

Humanitarian operations have been hindered by a combination of expanded military activity, the Israeli government's blockade on the entry of humanitarian aid and commercial supplies since 2 March, killing of aid workers and attacks on their premises, and severe movement restrictions within Gaza.⁶ It is estimated that around 436 000 people (87 000 families) have been displaced yet again since the breakdown of the ceasefire.⁷ Attacks on tents sheltering IDPs across the Gaza Strip continue to be reported.⁸

According to the IPC Acute Food Insecurity and Malnutrition Analysis released on 12 May, all 2.1 million people in Gaza (100% of the population) face prolonged food shortages, with one in five people—nearly half a million—facing starvation.⁹ Three quarters of Gaza's population are at "Emergency" or "Catastrophic" levels of food deprivation, the two worst levels on IPC's five-point scale. Famine has not yet been declared, but people are starving and disease is spreading fast.¹⁰

For weeks now, Israeli authorities have blocked all supplies from entering Gaza, no matter how vital to people's survival.¹¹ On 25 April, the World Food Programme (WFP) reported that its food stocks in Gaza have been depleted. WFP additionally highlighted the impact of deteriorating nutrition on vulnerable groups, including children under pregnant and breastfeeding women, and the elderly, warning that the situation has again reached "a breaking point."¹²

Hundreds of truckloads with life-saving supplies are waiting to enter Gaza.¹³ The Health Cluster reports as of 25 April 2025, there were US\$ 2.8 million in medical supplies, including medicines, kits, medical equipment and vaccinations (equivalent to 4408 metric tonnes).¹⁴ No WHO trucks crossed into Gaza since the aid blockade on 2 March 2025, while 31 waiting to cross at Al Arish (as of 16 May 2025).¹⁵ The Ministry of Health has warned of a complete collapse of healthcare services if urgent pharmaceutical supplies continue to be denied entry.¹⁶

The deterioration of the water, sanitation and hygiene situation is also acute. Disruption to water systems—including the closure of water pipelines and destruction of critical sewage trucks—has created an unacceptably high risk of waterborne diseases.¹⁷ In the past month, over 75% of households have reported deteriorating access to water – they don't have enough water to drink, are unable to wash their hands when needed, and often forced to choose between showering, cleaning, and cooking.¹⁸

The health status of the population continues to deteriorate due to repeated displacements and ongoing population movement, poor or overcrowded shelter, ongoing food insecurity, and severe damage to water and sanitation infrastructure.¹⁹ More than 42 million tons of debris has been generated, containing buried human remains, unexploded ordinance (UXO), asbestos, and other hazardous substances will pose additional threats as recovery efforts begin.²⁰

Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance.²¹ On 23 March, 15 humanitarian workers were killed when they came under fire from Israeli forces.²² On 19 March, two UN guesthouses were hit by an explosion in Deir al-Balah (Gaza middle areas), killing one UNOPS team member and injuring six more UN staff, some of whom sustained life-altering injuries.²³

In the West Bank, the humanitarian situation is deteriorating rapidly.²⁴ Since the start of the Israeli military operation "*Iron Wall*" on 21 January 2025, at least 40 000 Palestinians in the northern West Bank have been forcibly displaced.²⁵ Ongoing Israeli military operations, airstrikes, and closures have led to extensive damage and disruptions, including to electricity and water supplies, across the West Bank, particularly in and around the densely populated refugee camps of Jenin, Tulkarm, and Tubas.²⁶ Humanitarian needs in the West Bank are surging amid rising economic hardship, blocked access to services, and growing displacement.²⁷ Between 1 January 2024 and 30 March 2025, 600 Palestinian have been killed in the West Bank (including 109 children), along with 4161 injured (including 827 children).²⁸

Between 7 October 2023 and 7 May 2025, according to Israeli forces and official Israeli sources cited in the media, more than 1612 Israelis and foreign nationals were killed, the majority on 7 October 2023 and its immediate aftermath.²⁹ This includes 412 soldiers killed, in addition to 2643 soldiers injured, in Gaza or along the border in Israel since the beginning of the ground operation in October 2023.³⁰ These include five soldiers killed and 59 injured since the re-escalation of hostilities on 18 March 2025. As of 7 May, it is estimated that 59 Israelis and foreign nationals remain captive in Gaza, including hostages who have been declared dead and whose bodies are being withheld.³¹

More broadly, oPt has endured a protracted cycle of conflict, hunger and despair for over five decades. In 2023, this cycle reached unprecedented new peaks as tensions escalated in the occupied Gaza Strip and the West Bank on 7 October, resulting in civilian fatalities, widespread destruction, massive displacement, rising food prices and a declining currency.³² The unprecedented impact of the current war on Gaza demands a transformative shift in addressing mounting immediate needs, reevaluating long-term systemic challenges to relief efforts, and confronting the root causes of the conflict by ending the occupation and upholding international law.³³

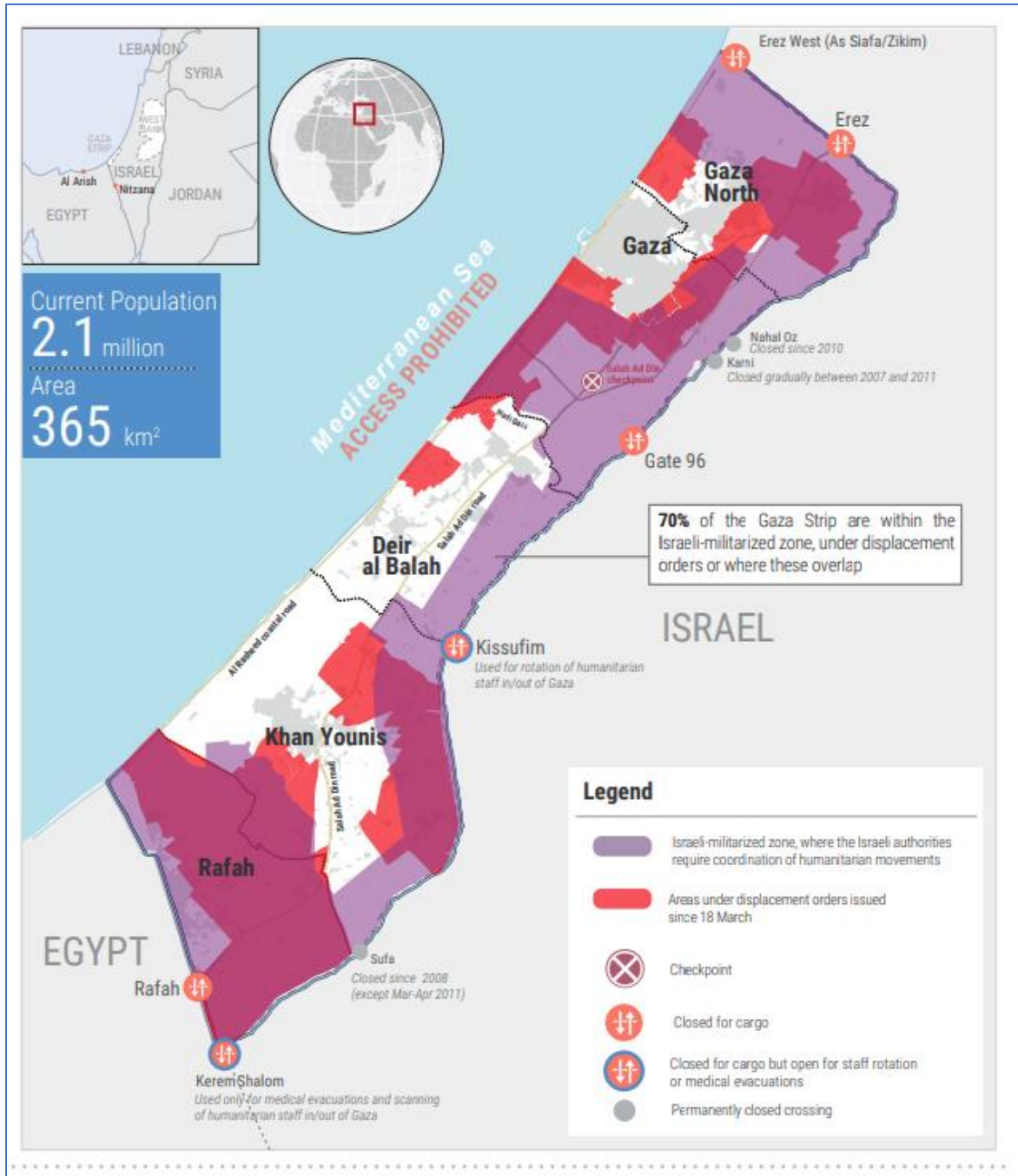
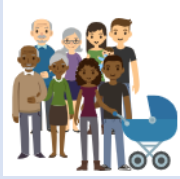





Figure 1- Humanitarian Access Map, Gaza Strip (OCHA, 7 May 2025)³⁴

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN) 2025³⁵	HEALTH NEEDS 2025³⁶	DISPLACEMENT	PALESTINIANS IN GAZA
Gaza PiN: 2.1 million people	Gaza Target: 2.1 million	Around 436 000 people have been displaced yet again since the breakdown of the ceasefire. ³⁷	Over 52 000 people have been killed, and more than 119 000 people have been injured. ³⁸
West Bank PiN: 1.2 million people	West Bank Target: 0.6 million		

Humanitarian Response to Date

- **2025 Flash Appeal for the Occupied Palestinian Territory (oPt):** As of 29 April 2025, Member States have disbursed approximately US\$ 599.0 million out of the \$4.07 billion (15%) requested to meet the most critical humanitarian needs of three million out of 3.3 million people identified as requiring assistance in Gaza and the West Bank, including East Jerusalem, in 2025, under the 2025 Flash Appeal.³⁹ Nearly 88% of the requested funds are for humanitarian response in Gaza, with just over 12% for the West Bank.⁴⁰
- **oPt Humanitarian Fund (oPt HF):** During March 2025, the oPt HF managed 110 ongoing projects, totalling \$67.6 million, to address urgent needs in the Gaza Strip (89%) and the West Bank (11%).⁴¹

Healthcare and Medical Evacuations

A total of 61% (22 out of 36) of hospitals partially functional (4 in North Gaza, 11 in Gaza city, 2 in Deir al Balah, 3 in Khan Younis).⁴² A total of 8 field hospitals functional, including 5 fully and 3 partially (1 in Gaza, 2 in Deir al Balah, 3 in Khan Younis, and 2 in Rafah).⁴³ A total of 48% (74 out of 155) of primary health care centres functional including ten fully and 64 partially.⁴⁴ With 8 out of 27 UNRWA health centres functional, there are 22 EMTs, including 6 in Gaza city, 7 in Deir al Balah, 8 in Khan Younis, 1 in Rafah, as of 12 of May.⁴⁵ Since 18 March, Israeli authorities have increased the denial rate of EMT personnel, particularly affecting specialized doctors.⁴⁶

An estimated 25 000 individuals need lifesaving care in Gaza.⁴⁷ However, with the renewal of the war and the reclosure of Rafah crossing, Israel is blocking tens of thousands of the sick and severely injured patients from leaving Gaza, while also preventing those who have already fled from returning to what remains of their homes.⁴⁸

A total of 285 people (133 patients and 132 caregivers) were allowed to exit Gaza for medical purposes since 22 of April 2025 through Kerem Shalom, for treatment in the UAE, EU and Jordan. In comparison, between 1 February and 17 March 2025, during the ceasefire, 1702 patients were evacuated to receive medical treatment abroad. Since October 2023, over 7230 patients have been evacuated from Gaza, but more than 10 500 patients, including over 4000 children, remain in urgent need of medical evacuation.⁴⁹

Medical evacuations outside Gaza remain critical as the health system in Gaza continues to face significant challenges in delivering life-saving care to thousands of patients, including due to shortages of essential medical equipment.⁵⁰ From the destruction of the Rafah crossing in May 2024 until the ceasefire on January 19, only 450 patients were evacuated. Although the ceasefire enabled the evacuation of additional patients, the number was significantly lower than what had been promised in the agreement.⁵¹

The intensification of hostilities and attacks on health care continue.⁵² For example, on 22 April, the gate of the Kuwaiti Field Hospital in Khan Younis was hit, resulting in the death of one staff member and destruction of four ambulances. On 23 April, attacks on Al Durrah Paediatric Hospital in Gaza city resulted in damage to the intensive care unit (ICU) department and the hospital's solar panels, which are critical amid the ongoing electricity and fuel crisis.⁵³ Since 18 March, Israeli authorities have increased the denial rate of EMT personnel, particularly affecting specialized doctors.⁵⁴

The full blockade has had a detrimental impact on the availability of essential medicines, critical blood units, medical consumables and vaccines, hampering the delivery of lifesaving health services. Overall, 37% of essential medicines, 60% of medical consumables, and 42% of vaccines are currently out of stock. For instance, 87% of the medical consumable items required for orthopaedic surgeries and 99% of medicines used for cardiac catheterization are currently out of stock.⁵⁵ The rota vaccine for children has been fully depleted. A critical shortage of medical equipment is also hampering support for maternal and newborn care. Moreover, spare parts for urgent repairs of ambulances and generators are lacking, along with fuel (benzene) shortages to run ambulances.⁵⁶

Displacement

Gaza: Around 436 000 people (87 000 families) have been displaced yet again since the breakdown of the ceasefire.⁵⁷ The Shelter Cluster estimates that nearly half of the people who returned to their areas of origin during the ceasefire were displaced again over the past two months. In most cases, people were unable to carry their belongings. As a result, and despite aid deliveries, unmet shelter needs persist throughout the Gaza Strip, with about 1.8 million people estimated to require emergency shelter assistance and essential household items.⁵⁸

People have been confined to ever-shrinking spaces, with 71% of the Gaza Strip now within Israeli-militarized zones or were placed under displacement orders since 18 March.⁵⁹ Attacks on tents sheltering IDPs across the Gaza Strip continue to be reported. Between 18 March and 27 April, there were 259 attacks on residential buildings and 99 on IDP tents.⁶⁰ Most of the attacks resulted in fatalities, including of women and children. Among the strikes on IDP tents, 40 reportedly took place in Al Mawasi area, in Khan Younis, where the Israeli army repeatedly directed civilians to seek refuge.⁶¹

Overall, between 18 March and 25 April, the Israeli military issued at least 22 displacement orders, placing about 144.3 square kilometres, or 39.5% of the Gaza Strip, under displacement orders. In addition to areas placed under displacement orders, the Israeli authorities have requested the UN to coordinate movements to the “no-go” zone along Gaza’s perimeter and along Wadi Gaza where Israeli forces have re-deployed since 20 March, which makes up about 50% of the Gaza Strip.⁶² In total, since 18 March, about 70% of the Gaza Strip has been placed under displacement orders, within the “no-go” zone or both.⁶³ By governorate, 100% of Rafah is a no-go zone or a displacement area, followed by 84% of North Gaza, 78% of Gaza, 51% of Khan Younis and 41% of Deir al Balah.⁶⁴

Before the ceasefire began in January 2025, at least 1.9 million people (90% of the population) were displaced across the Gaza Strip.⁶⁵ Many have been displaced repeatedly, some 10 times or more.⁶⁶ Most homes (92%) have been either severely damaged or destroyed.⁶⁷ Many Palestinians are also forced to seek refuge in damaged buildings or in makeshift shelters and are therefore exposed to the dangers of explosive remnants of war (ERW).⁶⁸

West Bank: Since the start of 2025, over 40 000 people have been displaced in the West Bank, mostly from refugee camps.⁶⁹ Israeli Forces’ large-scale operation that started in Jenin camp and other areas in the north on 21 January 2025 is ongoing, making it by far the single longest Israeli Forces’ operation in the West Bank since the second intifada in the early 2000s and causing the largest population displacement since the 1967 war.⁷⁰

Demolitions and displacement continue in Tulkarm city and Nur Shams camp. On 11 May, three residential structures in Nur Shams refugee camp were reportedly demolished using explosive devices.⁷¹

Israeli forces prevented the rehabilitation of the Nablus-Tulkarm Road, near Nur Shams refugee camp, and blocked the road using tires and earth mounds. These measures, combined with the ongoing military presence, risk further preventing the return of displaced residents, with Jenin and Tulkarm refugee camps currently remaining largely empty.⁷²

These attacks contributed to the displacement of 38 Palestinian households comprising 223 people, including 113 children, primarily from Palestinian Bedouin and herding communities, citing settler violence and access restrictions as key drivers.⁷³ In parallel, 431 Palestinian structures were demolished, confiscated, or sealed by Israeli authorities during the first quarter of 2025, displacing 554 Palestinians, including 263 children, compared with 421 structures demolished and 813 people displaced in the last quarter of 2024. Of the total, 335 structures were demolished by Israeli authorities in Area C and 55 in East Jerusalem, for lacking Israeli-issued building permits, which are nearly impossible to obtain, displacing a total of 390 Palestinians, including 221 children.⁷⁴

Furthermore, over 3.3 kilometres of sewage networks and 21.4 kilometres of water pipelines have been severely damaged in Jenin alone, cutting off access to clean water and sanitation for thousands, and heightening the risk of waterborne diseases and other public health concerns.⁷⁵ As of February 2025, military operations have caused damage to health points (13 non-functioning) and other critical infrastructure, leading to water contamination with sewage and water shortages in some areas.⁷⁶

Food Insecurity

Gaza: The entire population is facing high levels of acute food insecurity, with half a million people (one in five) facing starvation. From 11 May to the end of September 2025, the whole territory is classified in Emergency (IPC Phase 4), with the entire population expected to face Crisis or worse acute food insecurity (IPC Phase 3 or above).⁷⁷

This includes 470 000 people (22% of the population) in Catastrophe (IPC Phase 5), over a million people (54%) in Emergency (IPC Phase 4) and the remaining half million (24%) in Crisis (IPC Phase 3). This marks a significant deterioration compared to the previous IPC analysis (released in October 2024) and the already dire conditions detected between 1 April - 10 May 2025.⁷⁸

During this time, 1.95 million people (93%) were classified in Crisis or worse (IPC Phase 3 or above), including 244 000 people (12%) in IPC Phase 5 (Catastrophe) and 925 000 (44%) in IPC Phase 4 (Emergency). Between 1 April and 10 May, acute malnutrition (AMN) was at Alert and Serious levels (IPC AMN Phase 2 and 3).⁷⁹

However, experience has shown that acute malnutrition can worsen rapidly, and latest data indicate a deteriorating trend that is expected to persist. Consequently, acute malnutrition in North Gaza, Gaza and Rafah governorates will likely reach Critical levels (IPC AMN Phase 4) between 11 May and end of September. Between mid-January and mid-March 2025, the ceasefire allowed a temporary alleviation of acute food insecurity and malnutrition conditions in parts of the Gaza Strip.⁸⁰

However, the ongoing blockade imposed in early March reversed the situation. Since 18 March, the escalating conflict has displaced over 430 000 people, further disrupted access to humanitarian assistance, markets, health, water and sanitation services, and caused additional damage to remaining essential infrastructure.⁸¹

On 25 April, the World Food Programme (WFP) reported that its food stocks in Gaza have been depleted, as the agency delivered its last remaining supplies to kitchens preparing hot meals. WFP additionally highlighted the impact of deteriorating nutrition on vulnerable groups, including children under pregnant and breastfeeding women, and the elderly, warning that the situation has again reached “a breaking point.”⁸²

All 25 UN-supported bakeries had closed as of 31 March, as stocks and cooking fuel ran out, while food parcel distribution halted as of the first week of April. As an emergency measure, partners conducted a one-

off food distribution of contingency items, reaching 700 000 people across the Gaza Strip – except in Rafah governorate, which is inaccessible – with priority given to newly displaced and large families.⁸³

There are reports that a bag of flour cost \$300 in Deir Al Balah, while in the north the price is reportedly as high as \$500.⁸⁴ Food prices in April rose by an average of 50% compared to March, and by up to 1400% higher than during the ceasefire.⁸⁵ Markets are operating at below 40% capacity, with shops displaying empty shelves. Commodities are scarce and expensive. Access to essential foods like meat, eggs, dairy, and fresh produce is very limited. A total of 95% of households report cash shortages.⁸⁶

Latest data show many households resorting to extreme coping strategies. A third reported collecting garbage to sell for food, while a quarter indicated that no valuable garbage remains. Observations reveal that social order is breaking down.⁸⁷

Military ground operations, UXO contamination and aerial bombardment of civilian infrastructure, farmland and dense urban areas have destroyed local food production and distribution systems.⁸⁸ As of 30 April 2025, 82% of croplands, 55% of on-farm irrigation systems and 78% of greenhouses were damaged, A total of 72% of the fishing fleet has been destroyed, along with 95% (~15,000) of Gaza's cattle have died, with nearly all calves slaughtered, and 68% of agricultural wells damaged.⁸⁹

During the ceasefire, which began on 19 January, the delivery of vital assistance to Gaza improved, with monitoring finding increased dietary diversity, particularly for children and pregnant women. The increased consumption of fruits, vegetables, eggs, and dairy products, along with better access to supplementary feeding programmes, contributed to improvements in acute malnutrition rates.⁹⁰

West Bank: In the West Bank, escalating instability and economic downturn in 2024 have deepened food insecurity. At least 700 000 people needed food assistance in 2024, a 17% increase from the start of the year and a 99% increase compared with the period prior 7 October 2023.⁹¹

Food consumption remained below target levels, with 40% of WFP-supported households maintaining borderline and poor food consumption, and an increase in negative coping strategies was observed, with 67% of households adopting crisis or emergency measures (up from 46% in 2023).⁹² As of March 2024, food prices in the West Bank have increased significantly. Compared to March 2024, 1kg of bananas are now 94% more expensive, sheep meat is 18% more expensive and apples are 12% more expensive.⁹³

Water, sanitation and hygiene (WASH)

Gaza: Since October 2023, Israeli attacks have destroyed approximately 70% of Gaza's water infrastructure, including desalination plants, pipelines, and water wells, effectively dismantling Gaza's capacity to supply its population with clean water.⁹⁴ Furthermore, approximately 180 kilometres of water networks have been fully or partially destroyed. The scale and precision of this destruction reflect a systematic campaign aimed at obliterating the civilian infrastructure necessary for the survival of Gaza's population.⁹⁵

As of 30 April, 91% of households have experienced water insecurity between 24 February and 10 March 2025.⁹⁶ A total of 78% of the population is at risk of sanitation-related threats from rodents and pests, 42% from solid waste, 26% from sewage, and 46% from excreta or sewage release.⁹⁷ Approximately 65% of people in Gaza receive less than 6 litres per person per day for drinking and cooking (minimum emergency standard for OPT), while 35% of people in Gaza receive less than 15 litres per person per day for drinking, cooking, and basic hygiene (minimum emergency standard for OPT).⁹⁸

Across all displacement sites, extremely poor environmental hygiene conditions are contributing to the spread of skin diseases, pediculosis, hepatitis A and B, gastroenteritis, and respiratory tract infections.⁹⁹ In most sites, sewage systems are nonfunctional, leading to overflows and posing public health risks. The lack of adequate toilet facilities further compounds sanitation conditions.¹⁰⁰

Alongside urgent sanitation conditions, key protection concerns include lack of lighting, no locks, poor gender segregation, and fear of sexual harassment, particularly affecting the privacy and safety of girls and women.¹⁰¹ At least 800 000 women and girls lack access to essential hygiene products, and overcrowded areas with limited private space and safe WASH facilities expose them to gender-based violence risks.¹⁰²

Recent bombardment by Israeli forces in Gaza city, North Gaza and Khan Younis destroyed critical equipment for waste removal, sewage maintenance, and water supply, further limiting waste removal, maintenance of sewage infrastructure, and water services. Before the escalation of hostilities in October 2023, Gaza's sewage service networks covered most areas, and there were four functional treatment plants and over 20 pumping stations.¹⁰³

In parallel, WASH personnel and sanitation workers in Gaza are operating under increasingly dangerous conditions, while restricted access to critical sites is preventing timely repairs and desludging efforts. With no access to personal protective equipment, these workers are further exposed to severe public health risks as they respond to growing sanitation challenges.¹⁰⁴

The blockade and movement restrictions have also reduced the ability of WASH partners to maintain and repair facilities or restore the functionality of damaged water and sewage infrastructure.¹⁰⁵ This is compounded by the near depletion of stocks of critical chemicals, such as chlorine, which is necessary for water disinfection to decrease the risk of water-borne diseases. Market supplies of pesticides have been depleted, and UNRWA's supply is also expected to run out soon, leaving no effective alternative method to control the proliferation of pests and rodents once these supplies are exhausted. With hundreds of thousands of tons of trash accumulating, there are increasing concerns about the risk of disease outbreaks.¹⁰⁶

The ongoing fuel crisis in Gaza, driven by the full blockade and severe movement restrictions—with fuel being inaccessible or located in hard-to-reach areas—is critically disrupting essential services across all sectors. Humanitarian partners are forced to tightly ration fuel, resulting in reduced water production, limited solid waste collection, and sewage pumped only in the most hazardous situations.¹⁰⁷

During the ceasefire which started on 19 January, water availability slightly exceeded humanitarian standards, 60% of the water was unsuitable for drinking, as it was brackish.¹⁰⁸

West Bank: The nature and scope of the damage in both settings reflect a broader pattern of settler vandalism targeting essential service infrastructure.¹⁰⁹ Since the beginning of 2025, at least 13% of settler-related incidents that led to property damage and were documented by OCHA across the West Bank (62 out of 464 incidents) have targeted water-related structures used for domestic and agricultural purposes. Most of these incidents (46) occurred in Palestinian villages and towns, while 16 were in herding and Bedouin communities.¹¹⁰

In the West Bank, widespread damage to homes and infrastructure has been reported in conjunction with ongoing military operations, including the destruction of water and sanitation systems in the four refugee camps most affected. This has led to the contamination of clean water with sewage, posing a significant health risk.¹¹¹

Access to water sanitation and hygiene remains precarious in areas affected by Israeli operations. On 3 April, Israeli military bulldozers damaged an 800-metre segment of a road in the Iktaba neighbourhood, in Tulkarm city. According to Tulkarm Municipality, the bulldozing of the road damaged water and sewage networks, causing disconnections; the municipality managed to rehabilitate the networks the following day. In Jenin city, at least 15 000 people still depend on water trucking to have access to water.¹¹²

Humanitarian Access

Gaza: For over two months, Israeli authorities have made a deliberate decision to block all supplies to Gaza, bringing to a near-standstill humanitarian efforts to protect and assist civilians through the provision

of commodities.¹¹³ Since 2 March, Israel has blocked humanitarian aid into Gaza, and humanitarian organisations have since reported food rotting in storage and medicine expiring as aid permits are denied.¹¹⁴

Hundreds of truckloads with life-saving supplies are waiting to enter Gaza.¹¹⁵ The Health Cluster reports as of 25 April 2025, there were US\$ 2.8 million in medical supplies, including medicines, kits, medical equipment and vaccinations (equivalent to 4408 metric tonnes).¹¹⁶ No WHO trucks crossed into Gaza since the aid blockade on 2 March 2025, while 31 waiting to cross at Al Arish (as of 7 May 2025).¹¹⁷

A new humanitarian access survey of 43 international and Palestinian aid organizations working in Gaza found nearly all of them – 95%– have had to suspend or dramatically cut services since the escalation of hostilities on 18 March, with widespread bombing making it extremely dangerous to move around and the aid blockade by the Israeli authorities preventing all aid and goods from entering Gaza since 2 March.¹¹⁸ Since 18 March 2025 out of 361 missions requiring facilitation from CLA, only 32% were fully facilitated, the rest being denied or impeded.

On 27 March, the remaining UNRWA international staff left the Gaza Strip. All UNRWA international staff are now banned from entering the Gaza Strip.¹¹⁹ This follows the passage of two laws by Israel's parliament, the Knesset, on 28 October 2024¹²⁰, which aim to 2 The legislation came into effect on 29 January 2025. Page 5 of 12 prohibit UNRWA's operations in the occupied Palestinian territory and bar any contact between UNRWA and Israeli officials. Meanwhile, around 12 000 local, Palestinian UNRWA personnel in Gaza continue to provide services and assistance to an entire population in need, while spearheading the collective humanitarian response.¹²⁰ According to the Health Cluster, UNRWA remains one of the largest health actors operating in the Gaza Strip.¹²¹

Over nine weeks into the full aid blockade imposed on people in Gaza, some 15 UN entities and 200 non-governmental organizations have rejected proposals by Israeli officials to dismantle the existing aid distribution system run by the United Nations and its humanitarian partners.¹²² On 6 May, 55 international and local organisations operating in Israel and the OPT issued a statement, urgently calling on the international community to oppose Israeli registration measures that threaten to shut down humanitarian operations and undermine international law.¹²³

West Bank: Rising violence and population movement restrictions are severely impacting the West Bank, with increased military checkpoints (over 900) and attacks on Palestinian villages.¹²⁴ In case of medical emergency, restrictions of movement can have deadly consequences. Access to healthcare in this context has been severely impeded by the obstruction and targeting of ambulance movements and the escalation of violent military raids resulting in injuries, fatalities and the destruction of vital civilian infrastructure, including roads, healthcare, water pipelines and electrical systems, particularly in Tulkarem and Jenin refugee camps. In remote areas and outskirts of cities like Jenin or Nablus, the situation is especially dire, as patients with chronic conditions, such as those who need regular dialysis treatment, are forced to stay home due to the untenable obstacles to reaching healthcare.¹²⁵

Attacks on Healthcare and Humanitarian Workers

Gaza: Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance.¹²⁶ Last year, 2024, was the deadliest year for humanitarian workers.¹²⁷ Since 7 October 2023, at least 430 aid workers, including 305 UN staff, have been killed. This includes 151 female and 276 male aid workers, as of the end of April 2025. Moreover, MoH has reported that more than 1400 healthcare workers have been killed.¹²⁸

On 23 March, clearly identified humanitarian workers had been despatched to collect injured people in the Rafah area. They came under fire from Israeli forces who were advancing in the area. A week-long rescue operation ended on Sunday 30 March with the recovery of the bodies of 15 humanitarian colleagues: eight from the Palestine Red Crescent Society (PRCS), six from the Palestinian Civil Defence (PCD) and the UNRWA worker. The body of one more PRCS worker is still missing at the site.¹²⁹

On 16 April, the premises of the International Committee of the Red Cross (ICRC) in Gaza were struck and damaged by an explosive. Noting that this was the second such incident in three weeks.¹³⁰

On 19 March, two UN guesthouses were hit by an explosion in Deir al-Balah (Gaza middle areas), killing one UNOPS team member and injuring six more UN staff, some of whom sustained life-altering injuries.¹³¹

West Bank: Following 7 October, checkpoints, roadblocks, and other movement restrictions started increasing across the West Bank.¹³² Aid actors report that access to health care is precarious in areas where the military operations are ongoing. Access to the Jenin Governmental Hospital and Ibn Sina Hospital in Jenin remains extremely limited, with ambulances searched and delayed at the hospitals' entrances.¹³³

Vulnerable Groups in Gaza

Before the recent escalation, the total number of inhabitants in Gaza was estimated to be around two million, with more than 70% of the population recorded as refugees.¹³⁴ There are several groups in Palestine facing multidimensional, intersecting and overlapping vulnerabilities. These include women and girls, children and youth, the elderly, people with disabilities, LGBT+ persons, marginalized groups, and refugees.¹³⁵ A summary of the key vulnerable groups is below:

- **Women and Girls:** While everyone in Gaza is impacted by conflict, hostilities and violence exacerbate gender-specific risks and vulnerabilities. It is estimated that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance.¹³⁶ Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹³⁷ For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.¹³⁸ Family separation has also led to mixed impacts on the role of women within their households.¹³⁹
- **Children:** As of March 2025, more than 93% of the children in Gaza – about 930 000 children – are at critical risk of famine.¹⁴⁰ Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹⁴¹ Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹⁴² At least 17 000 children are orphaned or separated from their families, and all the child survivors in Gaza will carry life-long scars of physical and emotional trauma.¹⁴³
- **Men:** Civilian men are more vulnerable to loss of life and injuries due to their engagement in the public sphere, including participation in the provision of first response services.¹⁴⁴ Men also report being more likely to face detention, severe mistreatment and even torture.¹⁴⁵
- **Persons with Disabilities (PwD):** The widespread destruction of homes and critical infrastructure has resulted in an estimated 50 million tons of debris, severely impeding the movement of people and exposing PwD to heightened risk during displacement.¹⁴⁶ PwD face compounded challenges due to the lack of structured support systems and assistive devices, further restricting their access to essential services and the limited lifesaving humanitarian aid available in the Gaza Strip.¹⁴⁷ Recent assessments also found that the sick, injured, chronically ill (34%) and those living with disabilities (32%), are frequently considered to be missing out on assistance.¹⁴⁸
- **Older People:** The older people in oPt rely primarily on traditional systems, whereby their families are their main source of upkeep, care and support. The physical and mental health of older people is negatively affected due to gaps in social protection and health services due to the conflict.¹⁴⁹ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹⁵⁰ Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.¹⁵¹ Older people are also at particular risk of malnutrition, which increases mortality among those with acute or chronic illnesses. HelpAge International has reported that even before October 2023, 4% of older people in Gaza were going to bed hungry at least once a week, with 6% hungry every night.¹⁵²
- **People with Mental Health Conditions:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹⁵³ In July 2021, 20% of households in Gaza reported at least

one child showing signs of psychosocial distress in the 30 days before data collection.¹⁵⁴ Currently, there is concern for an estimated 20 000 people in need of specialized mental health services, including mental health drugs, who are in precarious situations with the disruption to mental health services.¹⁵⁵

HEALTH STATUS AND THREATS

Given the situation of the collapsing health system in Gaza, there is little visibility regarding recent information on the status of population mortality. The information provided below pre-dates the current escalation which began in October 2023.

Population Mortality Before Current Escalation: Ischemic heart disease was the main cause of death in Palestine, accounting for 22.2% of all deaths, followed by cancer causing 14.3% of all deaths. In West Bank, statistics showed that COVID-19 dropped from the first cause of death in 2021 to the fifth rank, causing 8.3% of all deaths in West Bank. In Gaza, COVID-19 dropped from the second cause of death in 2021 to the fourth rank, causing 6.8% of all deaths in Gaza.¹⁵⁶

Cancer is the second cause of death in Palestine in 2022, with a mortality rate 42.6 per 100 000 population. In Gaza, the total reported cancer deaths were 914 deaths, which was 15.1% of all deaths in Gaza, with a mortality rate of 42.2 per 100 000 population.¹⁵⁷ The high percentage of deaths among males is since lung cancer is more prevalent among males. In 2022, 86% of the incident cases were among males, and lung cancer is the most common cause of death among cancer patients.¹⁵⁸

In Palestine, the mortality rate of diabetes complications was 26.6 deaths per 100 000 population. In Gaza, the mortality rate of diabetes complications was 8.9 per 100 000 population, and it was the 10th cause of death in Gaza Strip in 2022.¹⁵⁹ In West Bank, diabetes was the 3rd cause of death with mortality rate of 39.9 deaths per 100 000 population. Diabetic patients above 59 years old are representing 85% of deaths due to diabetic complications.¹⁶⁰

West Bank			Gaza Strip		
#	Cause of Death	%	#	Cause of Death	%
1	Ischemic heart diseases	25.3%	1	Ischemic heart diseases	17.8%
2	Malignant Neoplasm	13.8%	2	Malignant Neoplasm	15.1%
3	Diabetes Mellitus	12.8%	3	Cerebrovascular disease	11.6%
4	Cerebrovascular disease	10.5%	4	COVID-19	6.8%
5	COVID-19	8.3%	5	Unknown causes	5.8%
6	Injuries	5.6%	6	Disease of respiratory system	4.3%
7	Diseases in the perinatal period	5.5%	7	Congenital Malformations	3.9%
8	Hypertensive heart disease	5.2%	8	Hypertensive heart disease	3.8%
9	Congenital Malformations	4.8%	9	Diseases in the perinatal period	3.3%
10	Disease of the nervous system	2.8%	10	Diabetes Mellitus	3.2%

Figure 2 Major causes of death in Palestine in 2022, before current escalation (MoH, 2023)¹⁶¹

Across oPt, the top three causes of neonatal mortality before the escalation were prematurity, respiratory infections and congenital malformations, which constitute 61% of neonatal mortality, and approximately 25% of children under 5 that suffer from anaemia.¹⁶² Risks for boys of dying before they reach their fifth

birthday were considerably higher than for girls (16.3 per 1 000 live births for boys, compared to 12 per 1 000 live births for girls).¹⁶³ Infant mortality rates for children born in refugee camps was significantly higher than for their counterparts from urban and rural areas.¹⁶⁴

MORTALITY INDICATORS	Gaza Strip	West Bank	Year	Source
Life expectancy at birth	73.9	n/a	2022	PCBS
Crude mortality (per 1,000 people)	2.8	2.8	2022	MoH
Infant mortality rate (deaths < 1 year per 1000 births)	10.8	10.1	2019	MoH
Child mortality rate (deaths < 5 years per 1000 births)	13.9	11.8	2021	MoH
Maternal mortality ratio (per 100 000 live births)	17.4	25.1	2022	MoH

Population Mortality During Current Escalation: Without working vital records and a devastated health system, little information is known on mortality numbers and causes. According to the Lancet, between October 7, 2023 and June 30 2024, modelling estimates there were 64 260 deaths (95% CI 55 298–78 525) due to traumatic injury during the study period.¹⁶⁵ This suggests that Palestinian MoH under-reported mortality by 41%.¹⁶⁶

Furthermore, in January 2025, at least one documented death along with 10 hospitalizations were attributed to ingestion of a deadly Tetrodotoxin from the Rabbit Fish. Previously banned from being fished and sold, with no one to enforce said ban, Rabbit Fish have been consumed by Gazans during this period.

Vaccination coverage before the current escalation: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.¹⁶⁷ Child vaccination has seen substantial investments in recent years, particularly through a vaccine forecast for 2020–2022 developed in cooperation with the United Nations to secure needed vaccines.¹⁶⁸ The COVID-19 response generated significant investments in public health infrastructure and vaccines.¹⁶⁹

However, routine vaccination has been interrupted with the escalation of violence. The impact of the vaccination system breakdown has become apparent with the reemergence of vaccine preventable diseases (VPDs), including with the recent outbreak of poliovirus type 2 (cVDPV2), after 25 years of being polio-free.¹⁷⁰

Most recently, the full blockade has also had a detrimental impact on the provision of health services, including for children. Children are now unable to get their routine vaccinations, reported UNICEF. Moreover, the Health Cluster reported that the fourth round of the polio vaccination campaign targeting over 600 000 children, which was scheduled to take place in early April, is currently pending due to ongoing displacement orders, movement restrictions, and depletion of vaccines.¹⁷¹

VACCINATION COVERAGE DATA	Year ¹⁷²	Gaza Strip	West Bank	Year ¹⁷³ estimates	oPt ¹⁷⁴
DTP-containing vaccine, 1st dose	2022	104.1 %	99.9 %	2023	88%
DTP-containing vaccine, 3rd dose	2022	102 %	95 %	2023	88%
Polio, 3 rd dose	2022	103 %	102 %	2023	89%
Measles-containing vaccine, 1st dose	2022	101.9 %	98.4 %	2023	89%

Vaccination Coverage During Current Escalation Vaccination coverage for the age cohort set to receive routine immunizations after 7th October 2023, are currently unknown. Following the detection of cVDPV2 in 2024 in Gaza – in an unvaccinated 10-month-old child and environmental sampling, as part of outbreak response efforts, a two-round polio vaccination campaign in September and October 2024. During the first round, 559 161 children below ten years of age were vaccinated with nOPV2; as part of the second round, 556 774 children received nOPV2. Vitamin A was offered to 448 425 children between two and ten years during the second round, to boost their overall immunity.

As of February 2025, the emergency polio outbreak response in the Gaza Strip is continuing, with a mass vaccination campaign.¹⁷⁵ The novel oral polio vaccine type 2 (nOPV2) will be administered in a third round of vaccination to over 591 000 children under 10 years of age. This campaign follows the recent detection of poliovirus in wastewater samples in Gaza during December 2024 and January 2025, signalling ongoing circulation in the environment and children placed at continued risk.¹⁷⁶

COVID-19 Vaccination Before Current Escalations: As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.¹⁷⁷ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹⁷⁸ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82% of the Gazan population (aged 12 years and older) had been vaccinated and 32.51% were fully vaccinated.¹⁷⁹ Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹⁸⁰ A 2021 survey found that 72% of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁸¹

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury (including rehabilitation)		Many people have extensive burns covering large portions of their bodies – some people have as much as 40% of their body surface burned. Patients suffering burns from bomb explosions and improvised cooking methods are left with few options for care. ¹⁸² With more than 118 000 injuries reported to date in Gaza alone, an estimated 25% of these require rehabilitation. ¹⁸³ Moreover, as the trauma prevalence changes over time with the conflict intensity, there is a concurrent need for reconstruction and follow up for patients injured during the acute past phases, in addition to immediate management of new casualties. The risk of exposure to unexploded ordnance (UXO) is at its most dangerous stage, according to UNMAS. ¹⁸⁴
Malnutrition		MSF medical teams in Gaza City have seen a 32% increase in the number of patients presenting with malnutrition over the past two weeks. ¹⁸⁵ With basic resources nearly depleted due to the siege imposed by the Israeli authorities nearly two months ago, nutrition conditions in the Gaza Strip continue deteriorating. OCHA reports that, based on information collected by the Nutrition Cluster, 92% of children aged 6-23 months and pregnant and breastfeeding women are not meeting their nutrient requirements. ¹⁸⁶ More than 60 000 children are estimated to require treatment for acute malnutrition in 2025. ¹⁸⁷ More than 9000 children have been admitted for treatment of acute malnutrition since the beginning of 2025. ¹⁸⁸
Acute diarrhoeal illness (including acute watery)		Acute watery diarrhoea now accounts for 1 in every 4 cases of disease recorded in Gaza. Most of these cases are among children under five, for whom it is life-threatening. ¹⁸⁹ Before the escalation in

diarrhoea (AWD), shigella and rotavirus)		hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month. ¹⁹⁰ During the current escalation it has remained the 2nd most reportable priority condition, with overcrowding, decreased sanitation, including people resorting to open defecation. ¹⁹¹
Hypertension/ High blood pressure		There are more than 650 000 people with raised blood-pressure. ¹⁹² Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ¹⁹³
Cardiovascular diseases		There are 45 000 patients living with cardiovascular disease. ¹⁹⁴ In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded. ¹⁹⁵
Kidney Disease		According to MoH, there are currently 700 dialysis patients across Gaza. Despite significantly high levels of need, there are at present only 102 haemodialysis machines across Gaza, compared with 182 prior to the escalation of hostilities in October 2023. Ten of the currently available machines were brought into Gaza by UNDP following the ceasefire and placed in Al Aqsa Hospital and Az Zawayda field hospital in Deir al Balah governorate. ¹⁹⁶ According to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023. ¹⁹⁷
Diabetes		There are at least 60 000 people with raised blood glucose. ¹⁹⁸ Before the escalation, in 2022, diabetes was the most common NCD in Palestine. ¹⁹⁹ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ²⁰⁰ Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8%. ²⁰¹
Cancer		In February 2025, WHO reported that hundreds of children need to be evacuated to neighbouring countries to receive lifesaving treatment. ²⁰² More than 2000 people are diagnosed with cancer each year, including 122 children. ²⁰³ Despite the increased evacuations seen during phase 1 of the ceasefire, large numbers of patients with cancer still require evacuation for medical care.
Maternal and neo-natal health		Pregnant women and newborns in Gaza are facing higher than normal rates of complications, driven by widespread malnutrition compounded by the ongoing aid blockade, according to data from health facilities and partners. ²⁰⁴ Around 520 babies – one in five – born since the latest aid blockade was imposed on 2 March, have required advanced medical care that is increasingly scarce. Between 10 and 20% of all pregnant mothers in Gaza are malnourished, according to the latest nutrition assessments. ²⁰⁵ More than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted infections. ²⁰⁶
Mental Health Conditions		About 485 000 people with mental health conditions continue to experience disruptions in their treatments. ²⁰⁷ There is concern for an estimated 20 000 people in need of specialized mental health services, including mental health drugs, who are in precarious situations with the disruption to mental health services. ²⁰⁸ UNICEF also reports 1 million children need mental health and psycho-social support. ²⁰⁹

Poliomyelitis (cVDPV2)		There is an on-going urgent response to prevent the spread of polio after circulating variant poliovirus type 2 (cVDPV2) was detected in Gaza, after 25 years of being polio-free. ²¹⁰ The fourth round of the polio vaccination campaign targeting 602 795 children, which was scheduled to take place in early April, is currently pending due to ongoing displacement orders, movement restrictions, and depletion of vaccines. ²¹¹ The ongoing blockade on polio vaccines has left 602 000 children in Gaza at serious risk of permanent paralysis and lifelong disability. ²¹²
Cholera		Considering people in Gaza have limited access to clean water and functioning sewerage, while no cholera has been detected in Gaza, the risk of cholera importation from surrounding countries is present. Cholera can kill within hours if left untreated. ²¹³
Acute respiratory infection (ARI) including COVID-19		Considering the elevated levels of displacement and overcrowding at shelters and hospitals, incidences are likely to continue at a high rate. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old. ²¹⁴ Overall ARIs remain the most reported priority disease or condition.
Tuberculosis (TB)		Even though Gaza is a low pulmonary tuberculosis (TB) burden region, it is well known that TB is primarily a socioeconomic problem associated with overcrowding, poor hygiene, a lack of fresh water, and limited access to healthcare. ²¹⁵ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ²¹⁶ Between November 2024 and January 2025, five new cases were identified.
Skin infections (including scabies and cutaneous leishmaniasis)		As of April 2025, there have been reports of skin diseases among IDPs at some displacement sites in Al Mawasi area in western Khan Younis. With limited access to water and sanitation services, there are concerns that these cases may worsen and potentially spread to other displacement sites. ²¹⁷
Measles		As there are no diagnostic testing available for cases with rash and fever, to exclude measles.
Typhoid		No update on cases since October 7, 2023. Spread through contaminated food or water, those in Gaza are at risk of typhoid considering the dire living conditions.
Hepatitis E		Hepatitis E can be severe among pregnant women. Unlikely to have prior immunity. Risk is high.
Protection Risks (including GBV)		There are reports of increasing GBV since the escalation started on 7 October 2023, however the numbers or locations are not available. ²¹⁸ The ongoing crisis continues to expose women and girls to heightened risks of sexual and gender-based violence, infections, early marriages, early and unintended pregnancies and miscarriages. ²¹⁹ Cases of sexual exploitation and abuse (SEA) and rape continue to be underreported, largely due to fear and stigma, yet they remain a critical concern. ²²⁰
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		To date, the cases have been mostly mild, with no severe cases reported at this time, and the adult population is largely immune as it used to be hyperendemic. However, more than 90% of reported cases are likely asymptomatic.
Meningococcal disease		There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population. ²²¹

Chicken Pox		Endemic in Childhood, as of 30 June 2024, there were 11 214 cases of chickenpox reported. ²²² More recent figures are not available. However, large clinically diagnosed outbreaks have been documented amongst children and adults in overcrowded shelters.
Diphtheria		Although the Gaza Strip has maintained a high administrative coverage for Diphtheria, the current overcrowding, poor hygiene and sanitary living conditions can facilitate the spread if introduced.
Mumps		The MoH reported 7/100 000 population cases in 2022. Cases typically occur during the winter months.
West Nile Fever (WNF)		Diagnosis of WNF is a challenge, as patients often present with influenza-like symptoms. Confirmation is required by PCR, which is challenging in the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years. ²²³ At least 175 people have contracted the virus so far this year - a 400 % increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health. ²²⁴
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East, ²²⁵ globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually. ²²⁶
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ²²⁷ In Gaza, according to the MoH Annual Report, in 2022 there were 146 known cases of Hepatitis B. Lack of screening tests for dialysis and blood transfusion present a possible risk.
Hepatitis C		While cases of hepatitis C have also been confirmed in various areas of the Gaza Strip, knowledge of the severity of its spread and precise number of infections is hindered by the inability to conduct necessary medical tests in local hospitals and need to send samples abroad. ²²⁸ In Gaza, in 2022 there were zero cases of Hepatitis C. ²²⁹ Lack of screening tests for dialysis and blood transfusion present a possible risk.
HIV/AIDS		No updates on cases since October 7, 2023. The overall burden of HIV/AIDS as reported by the MoH is low; however, there is likely under detection and under reporting due to the social and cultural barriers that impede assessment of and response to HIV vulnerability in groups at high risk. ²³⁰
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

Trauma and injury (including rehabilitation): Between 7 October 2023 and 30 April 2025, the MoH in Gaza reported that at least 52 400 Palestinians were killed and 118 014 Palestinians injured. This includes

2 308 people killed and 5973 injured since the escalation of hostilities on 18 March 2025, according to MoH.²³¹ Over 180 children were reported killed on 18 March, marking “one of the largest single-day child death toll in the last year” according to UNICEF.²³²

Many people have extensive burns covering large portions of their bodies – some people have as much as 40% of their body surface burned. Patients suffering burns from bomb explosions and improvised cooking methods are left with few options for care.²³³ Since May 2024, MSF teams working in Nasser hospital have provided over 1000 surgical operations to burn patients, 70% of which have been children, most under the age of five. Many of these children were burned by bomb blasts and others by boiling water or fuel used for cooking or heating in makeshift shelters.²³⁴ In April, at the MSF-run clinic in Gaza City, MSF teams saw an average of over 100 patients with burns and injuries each day, many of whom have to endure excruciating pain with limited or no relief.²³⁵

The rehabilitation sector in the Gaza Strip is under immense strain due to the ongoing humanitarian crisis, which has resulted in mass displacement, destruction of health infrastructure, and a surge in traumatic injuries.²³⁶ At least a quarter (25%) of people injured in Gaza require sustained rehabilitation support, while only a fraction of services remain operational.²³⁷

More than 2000 people are currently living with spinal cord injuries and traumatic brain injuries, conditions that require long-term, specialized rehabilitation services, while there are an estimated 15 000 cases of extremity injuries, the dominant form of injury, according to the abovementioned assessment report, which could drive up the number of persons with disabilities in the Gaza Strip to over 80 000.²³⁸ More than 2000 individuals across Gaza are currently living with spinal cord injuries (SCI) and traumatic brain injuries (TBI), conditions that require long-term, specialized rehabilitation services.²³⁹

More than 4 000 of these people have undergone amputations since 7 October 2023, including over 920 children.²⁴⁰ There is an ongoing shortage of assistive devices across Gaza, where over 150 000 people are estimated to need them. Lack of timely and appropriate assistive devices increases the risk of complications for people with life-changing injuries, particularly given limited limb reconstructive surgeries.²⁴¹ The lack of physiotherapy and rehabilitation services for over 18 months has exacerbated patients’ suffering, particularly in an environment of extreme hardship and prolonged delays in inpatient physiotherapy care. It’s worth mentioning that 83% of people with disabilities have lost their assistive devices during displacement.²⁴² This dire situation underscores the urgent need for sustained support and intervention to improve patient outcomes through inpatient and outpatient physiotherapy services. In parallel, surgical revision for trauma patients that have been submitted to limb saving and lifesaving operations is increasing as the conflict is intensified and new trauma patients are prioritised. The same applies for patients in need of elective surgical operations, who are deprioritised because of the resource limitations.

The total rehabilitation bed capacity across the entire Gaza Strip is only 95 beds, which is grossly insufficient to meet the current scale of need.²⁴³ Specialized rehabilitation hospitals such as Al-Wafaa, Hamad, and Al-Amal are overwhelmed. Waiting lists exceed 218 patients, and hospital stays are being shortened to make room for new admissions.²⁴⁴ However, one in every three rehabilitation beds is now occupied by pressure sore cases, a direct result of delayed discharges and a lack of viable community-based care options. The absence of appropriate home environments and support systems forces hospitals to retain patients beyond optimal rehabilitation timelines, reducing their capacity to serve others.²⁴⁵

When patients are discharged, they are often released into uninhabitable conditions tents, makeshift shelters, or damaged buildings, without access to sanitation, electricity, or family support. Many have lost their homes, loved ones, or have been trapped under rubble for extended periods, compounding their physical injuries with deep psychological trauma.²⁴⁶ These harsh living environments not only contribute to a rapid deterioration in health, but also prevent access to outpatient rehabilitation services, interrupting the continuity of care that is essential for recovery.²⁴⁷

As a result, patients face a high risk of medical complications and permanent disability. The situation is even more dire for children with disabilities and unaccompanied minors, many of whom urgently require protection and mental health support.²⁴⁸ Critically, there are many gaps in the formal coordination system

linking rehabilitation providers, nor is there a regularly updated service mapping mechanism to track capacity, coverage, and gaps. This absence of structured referrals and real-time data further delays care, duplicates efforts, and prevents strategic resource allocation.²⁴⁹

Furthermore, the MoH in Gaza has issued urgent warnings about a catastrophic collapse in the healthcare system, particularly affecting eye care services. Approximately 1500 people have lost their eyesight due to war-related injuries, and another 4000 are at imminent risk of blindness due to severe shortages of essential medicines and surgical equipment.²⁵⁰

The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS.²⁵¹ UNMAS has recorded a sharp increase in reports of EO victims.²⁵² Following the escalation of hostilities on 18 March, most Mine Action (MA) activities have been suspended due to the deteriorating security situation.²⁵³ Between January 2025 and 22 April, MA partners reported 21 incidents involving unexploded ordnance (UXO), resulting in three fatalities and 45 injuries, including two children killed and 20 children injured. Meanwhile, MA partners continue to carry out risk education sessions where possible, with over 11 500 sessions conducted in the first three months of 2025, reaching over 209 000 people.²⁵⁴

Malnutrition: Since the aid blockade began on 2 March 2025, 57 children have reportedly died from the effects of malnutrition, according to the Ministry of Health. This number is likely an underestimate and is likely to increase. If the situation persists, nearly 71 000 children under the age of five are expected to be acutely malnourished over the next eleven months.²⁵⁵ MSF medical teams in Gaza City have seen a 32% increase in the number of patients presenting with malnutrition over the past two weeks.²⁵⁶

With basic resources nearly depleted due to the siege imposed by the Israeli authorities nearly two months ago, nutrition conditions in the Gaza Strip continue deteriorating. OCHA reports that, based on information collected by the Nutrition Cluster, 92% of children aged 6-23 months and pregnant and breastfeeding women are not meeting their nutrient requirements.²⁵⁷ Around 290 000 children under five and 150 000 pregnant and breastfeeding women require feeding and micronutrient supplements.²⁵⁸ More than 16 000 pregnant and breastfeeding women are estimated to require treatment for acute malnutrition in 2025.²⁵⁹

More than 60 000 children are estimated to require treatment for acute malnutrition in 2025.²⁶⁰ More than 9000 children have been admitted for treatment of acute malnutrition since the beginning of 2025. Hundreds more children in desperate need of treatment are not able to access it due to the insecurity and displacement.²⁶¹

The nutritional situation of children in Gaza continues to rapidly deteriorate, with no entry of specialized nutrition supplies and limited or no possibility for humanitarians to deliver nutrition and other services. In April, Nutrition Cluster partners screened close to 60 000 children and identified 2500 cases of acute malnutrition, including 169 with severe acute malnutrition.²⁶² Compared to February 2025, the proportion of children identified with acute malnutrition out of those screened almost doubled, indicating the dire situation.²⁶³

Since the beginning of the year, admissions to SAM stabilization centres (SC) remain well below expected levels (76 admissions to SAM SCs as of March 2025), based on projected annual caseloads. Based on Nutrition Cluster estimates and the IPC analysis from October 2024, at least 1200 children were expected to develop life-threatening complications linked to SAM. This number will be revised upward in the current IPC due to increasing access barriers and the continuing blockade on aid. Without timely treatment, these children face an extremely high risk of death. This is also compounded by seasonal risks, particularly Acute Watery Diarrhoea (AWD), which are expected to further worsen nutritional outcomes due to lack of supplies and deteriorating WASH infrastructure.

In Gaza, 3 out of 4 SAM SCs in Gaza are currently operational, all integrated within existing hospitals, with a total bed capacity of 26. The SAM centre in the Indonesian hospital in North Gaza is non-functional due to evacuation orders and access restrictions. Access to treatment remains one of the most critical challenges, and there is a significant gap in service capacity relative to the growing needs. The defaulter

rate is currently 18%, meaning nearly one in five children do not complete their treatment—largely due to displacement and insecurity.

People in Gaza are trapped in a dangerous cycle where malnutrition and disease fuel each other, turning everyday illness into a potential death sentence, particularly for children. Malnutrition weakens the bodies, making it harder to heal from injuries and fight off common communicable diseases like diarrhoea, pneumonia, and measles. In turn, these infections increase the body's requirement for nutrition, while reducing nutrient intake and absorption, resulting in worsening malnutrition. With health care out of reach, vaccine coverage plummeting, access to clean water and sanitation severely limited, and increased child protection concerns, the risk of severe illness and death grows, especially for children suffering from severe acute malnutrition, who urgently need treatment to survive.²⁶⁴

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.²⁶⁵ The situation was of particular concern in Gaza, with 64.3% of the population classified as moderately or severely food insecure.²⁶⁶ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²⁶⁷ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.²⁶⁸ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²⁶⁹

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.²⁷⁰ The lack of growth in exclusive breastfeeding over the past years is due to, among other reasons, aggressive marketing of breast milk substitutes and a lack of clarity regarding optimal infant feeding practices.²⁷¹ The relatively high levels of bottle-fed children is also a concern, particularly for children in Gaza who are exposed to contaminated and unsafe drinking water.²⁷²

Acute diarrhoeal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus): Acute watery diarrhoea now accounts for 1 in every 4 cases of disease recorded in Gaza. Most of these cases are among children under five, for whom it is life-threatening.²⁷³ Overall, newly reported 14-day cases (17 Feb – 2 Mar 2025) showed a declining trend for acute watery diarrhoea (-7%; > 5842 cases), and bloody diarrhoea (-58%; >15 cases).²⁷⁴ Acute diarrhoeal illness is the 2nd most reported priority condition in 2025 accounting for ~20% of all reported risks. Currently, the lack of diagnostic testing means that causative agents cannot be identified.

In addition to people resorting to open defecation, the lack of access to clean water and basic hygiene that allow for the spread of faecal-oral transmissible diseases, Filth flies are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis and many others.²⁷⁵ Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). Under the current conditions where waste management is challenging, fly populations will thrive and the burden of diarrhoeal disease will continue to be high – the same pathogens are also transmitted by faecal-oral and water contamination routes. Filth fly transmission is likely to constitute at least 25% of all disease transmission.²⁷⁶

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.²⁷⁷ Notably, 25% of child morbidity cases in Gaza were caused by water-borne diseases.²⁷⁸

Non-communicable diseases (NCD): According to MoH in Gaza, as of 28 June 2024, over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres.²⁷⁹ More than 2000 people are diagnosed with cancer each year, including 122 children.²⁸⁰ As of June 2024, there are more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.²⁸¹

Anera report that many new patients have developed non-communicable diseases at an unusually young age, due to war-related stress, severely limited access to nutritious and calorically adequate food, and the consumption of salty or contaminated drinking water.²⁸²

In February 2025, WHO reported that hundreds of children need to be evacuated to neighbouring countries to receive lifesaving treatment. Yet, of the 405 children with cancer referred to paediatric facilities outside Gaza following the escalation of hostilities in October 2023, only 10 were approved with a companion and in some cases, children died before receiving approval.²⁸³ Although breast cancer is the most common type of cancer among women in Gaza, accounting for about 20% of all registered cancer cases, the survival rate in Gaza does not exceed 65%, due to severe shortages of necessary medicines and treatments. In the Gaza Strip, more than 366 new cases of breast cancer are diagnosed annually, based on 2022 data, prior to the halt in diagnosis of new cases during the escalation of hostilities.²⁸⁴

According to MoH, there are currently 700 dialysis patients across Gaza. Despite significantly high levels of need, there are at present only 102 haemodialysis machines across Gaza, compared with 182 prior to the escalation of hostilities in October 2023. Ten of the currently available machines were brought into Gaza by UNDP following the ceasefire and placed in Al Aqsa Hospital and Az Zawayda field hospital in Deir al Balah governorate.²⁸⁵ In northern Gaza, there are only 27 machines, serving about 250 patients, up from 60 patients prior to the ceasefire given the return of hundreds of thousands of people to northern Gaza since 27 January.²⁸⁶

These equipment shortages are exacerbated by zero stock levels of kidney medications and consumables at MoH warehouses, the destruction of six out of seven dialysis centres, and reduced treatment sessions—generally two two-hour sessions instead of the required three four-hour sessions per week, resulting in detrimental consequences for the health of dialysis patients.²⁸⁷ For those who are displaced, all sites have access to basic medical points— including some set up by volunteer nurses sheltering inside the camps themselves. However, there is a severe shortage of health supplies and medicine, including for chronic diseases.²⁸⁸ In February 2025, according to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023.²⁸⁹

Palestine has undergone a rapid epidemiological transition, with NCDs now forming the major burden of disease in terms of morbidity and mortality. It is estimated that approximately two-thirds of elderly Palestinians suffering from NCDs.²⁹⁰ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²⁹¹ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²⁹² Age-wise, 94% of NCD patients are those aged 40 years and older. In terms of gender, 60% of the patients were female and 40% were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.²⁹³

Maternal and Neonatal Health Conditions: The ongoing aid blockade on Gaza is severely undermining access to essential health care for women and girls, as supplies run dry and hospitals once again come under attack. This marks the longest suspension of aid to Gaza since 7 October 2023.²⁹⁴

Pregnant women and newborns in Gaza are facing higher than normal rates of complications, driven by widespread malnutrition compounded by the ongoing aid blockade, according to data from health facilities and partners.²⁹⁵ Around 520 babies – one in five – born since the latest aid blockade was imposed on 2 March, have required advanced medical care that is increasingly scarce. Between 10 and 20% of all pregnant mothers in Gaza are malnourished, according to the latest nutrition assessments.²⁹⁶

With weakened immune systems and at risk of waterborne diseases, pregnant and breastfeeding women must also survive alongside piles of rubbish and sewage and with barely any access to healthcare. In these dire circumstances, there are around 50 000 pregnant women in Gaza, with 4000 deliveries expected in the next month alone. Initial data indicate that in the last six months there has been a sharp rise in reported miscarriages.²⁹⁷ More than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted infections.²⁹⁸

Women and girls in shelters are reporting a severe lack of menstrual hygiene products, cases of sexually transmitted diseases and urinary tract infections with little to no medical treatment available in the severely overcrowded shelters. Contraception is in very short supply, and there are reports that women are sharing contraceptive pills.²⁹⁹ Women with intrauterine contraceptive devices (IUDs) are

experiencing bleeding and infections due to the unhygienic conditions in the shelters - posing long term risks to women's reproductive health, including severe bleeding.³⁰⁰

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.³⁰¹ The overall MMR in both the WB and Gaza has improved, decreasing by around 48% between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).³⁰² However, the maternal mortality ratio increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2% compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3% of all deaths.³⁰³

Mental Health Conditions: Since October 2023, the 2.1 million Palestinians living in Gaza have witnessed or experienced an unprecedented number of violent and traumatic events, including direct violence, repeated displacement, and the loss of loved ones, homes, and belongings.³⁰⁴ About 485 000 people with mental health disorders continue to experience disruptions in their treatments.³⁰⁵ There is concern for an estimated 20 000 people in need of specialized mental health services, including mental health medication, who are in precarious situations with the disruption to mental health services.³⁰⁶

Almost 1.2 million children in Gaza need mental health and psychosocial support.³⁰⁷ As of May 2025, a total of 20 child friendly spaces in the “no-go” zones and areas slated for displacement have been forced to suspend activities between 18 March and 30 April. Combined with the displacement of many staff of aid organizations providing services, this has disrupted the provision of basic psychosocial support, explosive ordnance risk education, and case management for children at heightened risk of harm.³⁰⁸ Monitoring by UNRWA protection teams between 4 and 17 April showed that deteriorating mental health among children, increased child labor, and increased exposure to violence and neglect in displacement shelters are among the key protection risks facing children.³⁰⁹ According to the Education Cluster, shrinking education services deprive children not only of learning but also of access to mental health and psychosocial support as well as emotional learning and recreational activities.³¹⁰

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.³¹¹ Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.³¹² The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.³¹³ According to the latest Gender-Based Violence (GBV) snapshot, suicidal ideation is observed among GBV survivors, who often experience grave psychological impacts resulting from the violence they have experienced.³¹⁴ During the four-month reporting period, a total of 43 female survivors were known to have committed suicide.³¹⁵

Poliomyelitis (cVDPV2): There is an on-going urgent response to prevent the spread of polio after circulating variant poliovirus type 2 (cVDPV2) was detected in Gaza, after 25 years of being polio-free.³¹⁶

The fourth round of the polio vaccination campaign targeting 602 795 children, which was scheduled to take place in early April, is currently pending due to ongoing displacement orders, movement restrictions, and depletion of vaccines.³¹⁷ This has serious public health implications. Service delivery at 13 routine immunization health service delivery points has been interrupted due to displacement orders.³¹⁸ The ongoing blockade on polio vaccines has left 602 000 children in Gaza at serious risk of permanent paralysis and lifelong disability.³¹⁹

Overcrowding, warmer weather, the near-collapse of the health system, limited access to clean water and sanitation facilities, and increased vulnerabilities, such as injuries and weakened immunity, are contributing to the spread of vaccine-preventable and skin diseases.³²⁰

Cholera: While epidemic cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks. With the risk of importation from surrounding countries and considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present. Cholera can kill within hours if left untreated, which in a humanitarian crisis like Gaza would have catastrophic results. Most of those infected have no or mild symptoms and can be successfully treated with oral rehydration solution.³²¹ Monitoring and entry restrictions of individuals coming from countries where cholera is endemic or epidemic should be taken into consideration. In regard to vector

risks, filth flies, sandflies, mites, fleas and other ectoparasites are the main vector disease risks. Therefore, urgent action are required for distribution of vector control tools, removal of vector breeding sites (solid waste management) and improved the water, sanitation and hygiene situation.

Acute respiratory infection (ARI) including COVID-19: Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.³²² Overall, newly reported 14-day cases (17 Feb – 2 Mar 2025) showed a declining trend for acute respiratory infections (- 14%; >25 000 cases).³²³

In 2024, ARIs were the most reported priority condition representing ~80% of all reports. Currently, the lack of diagnostic testing means that causative agents cannot be identified. MSF report treating infants with respiratory diseases at the Nasser hospital in south Gaza, where over 300 paediatric patients are treated every day. They also report overcrowding in the department, including children with acute pneumonia.³²⁴

In oPt, infectious diseases cause less than 10% of all deaths; respiratory diseases cause 70% of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.³²⁵ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.³²⁶ The highest incidence of RTIs has been recorded by the cold season (December-March).³²⁷

Tuberculosis (TB): Even though Gaza is a low pulmonary tuberculosis (TB) burden region, it is well known that TB is primarily a socioeconomic problem associated with overcrowding, poor hygiene, a lack of fresh water, and limited access to healthcare.³²⁸ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.³²⁹ Between November 2024 and January 2025, five new cases were identified

Skin infections (including scabies and cutaneous leishmaniasis): As of April 2025, there have been reports of skin diseases among IDPs at some displacement sites in Al Mawasi area in western Khan Younis. With limited access to water and sanitation services, there are concerns that these cases may worsen and potentially spread to other displacement sites.³³⁰

Parasite infection, including fleas and mites, pose a significant public health risk, as they can be transmitted to people, especially in overcrowded conditions. This further exacerbates the ongoing health crisis, which is compounded by lack of hygiene supplies and veterinary kits for treatment.³³¹ In April 2025, UNRWA significantly expanded cleaning activities at about 50 displacement sites. These activities included spraying to control insects and pests, running environmental and health awareness campaigns, and engaging with communities to address the spread of insects, fleas, rodents, solid waste and sewage.³³²

Scabies is considered a public health problem in Palestine, and the disease is prevalent in all age groups and socioeconomic levels, and is distributed unevenly across all regions in the country.³³³ As of 2021, there were three scabies outbreaks in Palestine in the previous 12 years, with the critical outbreak being linked to the 2015 war in Gaza, where people were forced to leave their homes for safer but overcrowded places.³³⁴ The incidence of the disease does not show any difference between males and females.³³⁵ However, during the 2014 outbreak, displaced children in the shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies.³³⁶

Measles: Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97% between 2009 and 2018, the continuous socioeconomic decline conflict and disruptions to services have challenged the health sector.³³⁷

Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing. As there are no diagnostic testing available for cases with rash and fever, to exclude measles. Overcrowding, warmer weather, the near-collapse of the health system, limited access to clean water and

sanitation facilities, and increased vulnerabilities, such as injuries and weakened immunity, are contributing to the spread of vaccine-preventable and skin diseases.³³⁸

Typhoid: Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.³³⁹ Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.³⁴⁰ In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.³⁴¹ There is currently no diagnostic testing available.

Hepatitis E: Hepatitis E can be severe among pregnant women, who are unlikely to have prior immunity.

Protection Risks (including GBV): Protection risks are detailed in the section *Determinants of Health*.

Acute Jaundice Syndrome (AJS) /Suspected hepatitis A: To date, the cases have been mostly mild, with no severe cases reported at this time, and the adult population is largely immune as it used to be hyperendemic. However, more than 90% of reported cases are likely asymptomatic.

Overall, newly reported 14-day cases (17 Feb – 2 Mar 2025) showed an increase of 35% for acute jaundice syndrome cases (> 35 cases) compared to the previous 14-day period.³⁴² The increase in acute jaundice syndrome and bloody and watery diarrhoea can be directly attributed to the unavailability of safe drinking water, poor and lack of sanitation facilities, posing a significant public health challenge.³⁴³

Diagnostic testing is limited for viral hepatitis due to the conflict.³⁴⁴ Access to water and to safe sanitation facilities is essential for women and girls managing their menstrual hygiene. In Gaza, in 2022 there were 3.9 cases Hepatitis A/100 000 population in 2022.³⁴⁵ In the summer of 2024, a large Gaza wide outbreak of AJS occurred where Hepatitis A was the suspect causative agent. However, no testing is or was available at that time.

Meningococcal disease: There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population.³⁴⁶

Chicken Pox: As of 30 June 2024, there were 11 214 cases of chickenpox reported.³⁴⁷ More recent figures are not available. However, large outbreaks have been clinically diagnosed in multiple settings of overcrowded shelters.

Diphtheria: Although the Gaza Strip has maintained a high administrative coverage for Diphtheria, however the current overcrowding, poor hygiene and sanitary living conditions and disruption to health services including routine vaccination can facilitate the spread of Diphtheria, especially in settings with limited access to clean water and sanitation. There were no cases reported in 2022.

Mumps: The MoH reported 7/100,000 population cases in 2022. Mumps cases peak in the winter months, There is currently no diagnostic testing available.

West Nile Fever (WNF): Diagnosis of WNF is a challenge, as patients often present with influenza-like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years.³⁴⁸ By July 15, the number of patients diagnosed with virus jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June.³⁴⁹ On 22 August 2024, the International Health Regulations (IHR) National Focal Point (NFP) of oPt also reported the first death of WNV in Palestine, a 66-year-old female from Salfeet Governorate, West Bank.

Dengue Fever: Dengue virus (DENV) infection is widespread and its disease burden has increased in past decades. However, little is known about the epidemiology of dengue in the Middle East and North Africa

(MENA).³⁵⁰ Globally, more dengue fever cases have been recorded so far in 2023 than in the last five years annually, as increasingly extreme weather events fuel the spread of the mosquito-borne illness.³⁵¹

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.³⁵² In Gaza, according to the MoH Annual Report, in 2022 there were 146 known cases of Hepatitis B. Concern is present as there is a lack of testing capacity for both dialysis and blood transfusion.

Hepatitis C: While cases of hepatitis C have also been confirmed in various areas of the Gaza Strip, knowledge of the severity of its spread and precise number of infections is hindered by the inability to conduct necessary medical tests in local hospitals and need to send samples abroad.³⁵³ In Gaza, in 2022 there were zero cases of Hepatitis C.³⁵⁴ Access to water and to safe sanitation facilities is essential for women and girls managing their menstrual hygiene. When those needs are unmet it can lead to serious infections.³⁵⁵ Concern is present as there is a lack of testing capacity for both dialysis and blood transfusion.

HIV/AIDS: Analysis based on Palestinian Ministry of Health records reveals a cumulative case load of only 98 reported instances of HIV infection between 1988 and 2017, with male youth disproportionately affected.³⁵⁶ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.³⁵⁷ A major challenge lies in overcoming the social and cultural barriers that impede assessment of and response to HIV vulnerability in groups at high risk.³⁵⁸ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.³⁵⁹ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.³⁶⁰

Rabies: Rabid dogs are commonly found in Israel, the West Bank and Gaza. Children are most likely to be bitten or scratched by a dog or other animals.³⁶¹ Recent data on rabies cases is limited.

WEST BANK: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury (including rehabilitation)		Between 1 January 2024 and 30 March 2025, 600 Palestinian have been killed in the West Bank (including 109 children), along with 4161 injured (including 827 children). ³⁶² Seven Israelis, including members of Israeli forces, were killed by Palestinians in the West Bank so far in 2025. Israeli forces continue to impose access restrictions and conduct raids in and around the northern West Bank cities as part of their ongoing operations. ³⁶³ On 25 April, OHCHR released a statement on the deteriorating human rights and humanitarian situation, noting that settler violence and operations conducted by Israeli forces continue to kill or injure Palestinians and are resulting in the forced displacement of Palestinians in many areas. ³⁶⁴ Settler violence resulting in casualties and property damage remained high, with 356 incidents documented in the first quarter of 2025, compared with 439 incidents in the previous quarter. ³⁶⁵
Mental Health		Psychosocial distress and deterioration in mental well-being is associated with the political situation, insecurity and violence, including threats of home demolitions, arrests, night raids and settler violence. ³⁶⁶ A 2022 survey found 12% of households reported at least one member had showed signs of psychosocial distress or trauma. ³⁶⁷ Nablus reported the highest rates with 52% of households self-reporting observing signs of psychological distress. ³⁶⁸ This is like a 2021 survey which found that 57%

		of West Bank residents surveyed reported symptoms consistent with post-traumatic stress disorder (PTSD). ³⁶⁹
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. ³⁷⁰ It is evident that most cases of exposure to war-related trauma were associated with at least one traumatic stress-related symptom, which could be further a risk factor for NCDs. ³⁷¹ Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ³⁷² Furthermore, access is a challenge for 300 000 Palestinians that live in small dispersed communities in 'Area C' as it is under direct Israeli control. ³⁷³
Protection risks (including GBV)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate. ³⁷⁴ A 2022 survey on violence, found 52% of married or previously married women in West Bank between the ages of 15 and 64 experienced violence by their husband in the 12 months preceding the survey. ³⁷⁵ There is a lack of access to high quality multi-sectoral services (including safe shelter, and adequate clinical management of rape (CMR) services). ³⁷⁶ There are increased deaths and injuries of children and men due to Explosive Remnants of War (ERW) contamination. ³⁷⁷ There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations. ³⁷⁸
Maternal and Neonatal Health		Insecurity, movement restrictions, and attacks on health care limit access to sexual and reproductive health services (SRH) services in the West Bank and distribution of SRH medicines and supplies. ³⁷⁹ The overall MMR in the West Bank has improved, decreasing by around 48% from 38 per 100 000 live births in 2009 to around 19.9 in 2019. ³⁸⁰ But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ³⁸¹ This reflects the negative impact of the pandemic on the number of maternal deaths. A study by the MoH found that a total of 22 maternal deaths were reported in the West Bank that year, indicating an MMR of 26.7 per 100 000 live births in the West Bank. The study also found that (68.2%) of the reported maternal deaths were deemed preventable. ³⁸²
Malnutrition		In the West Bank, escalating instability and economic downturn in 2024 have deepened food insecurity. At least 700 000 people needed food assistance in 2024, a 17% increase from the start of the year and a 99% increase compared with the period prior 7 October 2023. ³⁸³ Food consumption remained below target levels, with 40% of WFP-supported households maintaining borderline and poor food consumption, and an increase in negative coping strategies was observed, with 67% of households adopting crisis or emergency measures (up from 46% in 2023). ³⁸⁴
West Nile Fever (WNV)		On 22 August 2024, the first death of WNV in Palestine: a 66-year-old female from Salfeet Governorate, West Bank. Notably, there are cases in neighbouring Israel, where WNV fever has surged in Israel, with case numbers at their highest levels in nearly 25 years. ³⁸⁵
Skin infections (including scabies)		Skin infections are an increasing risk in West Bank now as there is displacement and overcrowding from Jenin and Tulkarem refugee camp.

Rabies		Cases are reportedly increasing, with the MoH reporting one child has died.
Polio		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems. West Bank has been polio-free for more than 25 years. ³⁸⁶
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ³⁸⁷ As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ³⁸⁸
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		No reports of increased cases.
Meningococcal disease		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Measles		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Acute Watery Diarrhoea (AWD)		Over 3.3 kilometres of sewage networks and 21.4 kilometres of water pipelines have been severely damaged in Jenin alone, cutting off access to clean water and sanitation for thousands, and heightening the risk of waterborne diseases. ³⁸⁹ No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
HIV/AIDS		The overall burden of HIV/AIDS as reported by the MoH is low and unlikely to change due to the current developments in the West Bank.
Typhoid		No reports of increased cases. There are 13 cases per 100 000 populations from the West Bank. ³⁹⁰
Hepatitis		Cases are unlikely to increase because of recent developments in the West Bank.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

DETERMINANTS OF HEALTH

Protection Risks

Gender Based Violence (GBV): The current crisis is deepening existing gender inequalities and disproportionately affecting those with intersecting vulnerabilities – such as women heads of households, adolescent girls, older women, caregivers, and those with disabilities or chronic health conditions. ³⁹¹

According to the latest Gender-Based Violence (GBV) snapshot, the risk of GBV in Gaza has escalated between December 2024 and March 2025. As access to food, water, shelter, and medical care continues to deteriorate, the resulting environment of extreme deprivation and fear has increased GBV risks.³⁹² Since the start of the escalation on 18 March 2025, three Women and Girls Safe Spaces (WGSS) in Gaza have been forced to close while 14 WGSS located in Gaza, Deir al Balah and Khan Younis remain operational as of 30 April, with only remote support for complex cases available in North Gaza and Rafah.³⁹³ Key findings from the GBV 2024 trend analysis highlight that emotional abuse remains the most frequently reported form of GBV, exacerbated by displacement, poverty, and resource scarcity. Cases of sexual exploitation and abuse (SEA) and rape continue to be underreported, largely due to fear and stigma, yet they remain a critical concern.³⁹⁴

Child Protection: Over 180 children were reported killed on 18 March, marking “one of the largest single-day child death toll in the last year” according to UNICEF.³⁹⁵ It is estimated by UNICEF that there are currently 17 000 unaccompanied and separated children (UASC) in Gaza, because of children losing their parents, detentions and multiple forced displacements. With tents in very short supply, people are left without safe spaces.³⁹⁶ Pre-current escalation, it is estimated that 35% of under 5-year-old children were at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.³⁹⁷

Across the West Bank, increasing levels of settler violence and excessive use of force resulting in injuries and killing of children.³⁹⁸ There are arbitrary arrests, detentions and ill-treatment of children. Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour. These conditions are resulting in an increase in the cases of violence, abuse and neglect of children.³⁹⁹

Mine Risks: The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS.⁴⁰⁰ UNMAS has recorded a sharp increase in reports of EO victims.⁴⁰¹ Following the escalation of hostilities on 18 March, most Mine Action (MA) activities have been suspended due to the deteriorating security situation.⁴⁰² Many Palestinians are also forced to seek refuge in damaged buildings and are therefore exposed to the dangers of EO.⁴⁰³ While no formal large-scale survey is yet able to go ahead, it is anticipated that the ongoing hostilities, which include airstrikes, shelling, and the use of rockets, has already and will continue to lead to widespread EO contamination posing significant risks to the civilian population and humanitarian actors.⁴⁰⁴

Economic Impact of Conflict

The conflict has plunged the Palestinian economy into its deepest contraction in over a generation, with Gaza experiencing near-total economic paralysis and the West Bank facing a deep recession. In 2024, Gross Domestic Product (GDP) is estimated to have shrunk by 27%— the most severe decline in three decades—surpassing the Second Intifada, the 2014 Gaza war, and the COVID-19 recession.⁴⁰⁵

The Gaza economy has crumbled, with GDP contracting by 83% on annual basis, while the West Bank experienced a 17% contraction due to intensified movement restrictions, loss of access to the Israeli labor market, and heightened fiscal instability.⁴⁰⁶

Although a ceasefire was briefly in place in early 2025, its non-renewal in March led to the resumption of conflict, which risks further exacerbating economic development and humanitarian challenges. Unemployment in Gaza has soared to 80%, while in the West Bank, it has doubled to 29% by the end of 2024.⁴⁰⁷ The Palestinian workforce has historically been characterized by limited job opportunities within the territories and more favourable employment prospects in the adjacent Israeli labor market. The recession in the Palestinian economy and the loss of permits and access to jobs in Israel for Palestinian commuters have left many households without a stable source of income.⁴⁰⁸

Poverty across the Palestinian territories rose from 29% in 2023 to nearly 40% by late 2024. In Gaza, nearly all households currently live in poverty, relying on aid for food, basic supplies, and fuel.⁴⁰⁹ The ceasefire briefly improved conditions between January and March 2025, enabling UN and non-governmental

agencies to deliver food and other basic goods to 1.2 million people. When the ceasefire ended and border crossings closed, aid deliveries were halted, deepening food insecurity. In the West Bank, short-term poverty rose from 12% pre-conflict to 28% by end-2024.⁴¹⁰

Education

According to the brief, learning losses in Gaza have created gaps in foundational literacy and numeracy, impeding transition to higher education levels. These learning losses are cumulative, compounded by a history of intermittent disruptions, resulting in at least 17 months of lost schooling.⁴¹¹ As of 30 April 2025, 658 000 school-aged children and 87 000 tertiary students have been left without access to formal learning spaces.⁴¹² To date, 13 677 school students and 663 educational staff killed and 21, 897 students and 2825 teachers have been injured.⁴¹³ Nearly 88.5% of schools (499 out of 564) will require full reconstruction or major rehabilitation (as of 25 February 2025). A total of 57 university buildings have been destroyed.⁴¹⁴

The ongoing Israeli operation in the northern West Bank has severely disrupted access to education. Ten UNRWA schools, serving over 4400 students, remain closed; these include four schools in Jenin refugee camp which have been closed since early December during the Palestinian forces' operation, four schools in Tulkarm refugee camp, and two in Nur Shams refugee camp. As of 25 March, there are 40 government schools, including 32 in Tulkarm and eight in Jenin, that have been implementing remote learning modalities.⁴¹⁵

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

Years of socioeconomic decline, conflict and closure have left the health sector across Gaza lacking adequate physical infrastructure and training opportunities. Facilities are overstretched, and service is frequently interrupted by power cuts. These challenges further threaten the health of the population, which is already at increasing risk.⁴¹⁶

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).⁴¹⁷ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.⁴¹⁸ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.⁴¹⁹

Service coverage as measured by the Universal Healthcare Coverage (UHC) service coverage index is 64 and has remained essentially unchanged over the past two decades, indicating that people still have trouble accessing essential health services.⁴²⁰ Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.⁴²¹

Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45% of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.⁴²² In addition, 60% of the essential laboratory items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.⁴²³

The range of specialized health services in Gaza is limited and there are large gaps in capacities to deliver proper services and to cover their cost. This leaves most of the Gaza population who need specialized health services unable to access proper and timely treatment.⁴²⁴ Approximately 45% of total health care expenditure is through government systems and programmes, while household contributions account for around 39% (most of this out-of-pocket expenditure at the point of service delivery).⁴²⁵

There is relatively high out-of-pocket spending by Palestinians due to gaps in public health care coverage and the relative unaffordability of private insurance.⁴²⁶ More than 63% of expenditure is for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).⁴²⁷ In July 2021, 23% of households in Gaza reported facing access barriers for healthcare.⁴²⁸

Attacks Against Healthcare

Between 7 October 2023 and 14 May 2025, there have been 691 attacks in Gaza (912 individuals killed) and 803 in West Bank (29 individuals killed).⁴²⁹ Figures for the region are also provided below:

Location	Total attacks	Total killed	Total injured	# incidents# impacting health facilities	# incidents# impacting medical transport
Gaza	691	912*	1380	569	184
West Bank	803	29	155	194	543
Israel	72	25	38	20	24
Lebanon	163	241	296	46	105
Syria	111	63	136	85	14
Total	1840	1270	2005	914	870

In Gaza, the intensification of hostilities and attacks on health care continue.⁴³⁰ Hospitals continue to come under attack. On 13 May, an Israeli airstrike targeted one of the buildings of Nasser medical complex. According to the Ministry of Health, two people were killed and 12 were injured. This is the second attack on the same building in 7 weeks.⁴³¹ On the same day, Israeli forces targeted the European Gaza Hospital with a series of airstrikes, hitting the internal yards and the hospital's surroundings. Nineteen people, were reportedly killed and more than 40 were injured, including four journalists. Following the attack, MSF operating at the hospital had to suspend the outpatient consultations and reduce the number of MSF staff in the facility.⁴³²

In West Bank, between 1 January and 30 April 2025, there were 108 attacks against healthcare in the West Bank, including 138 fatalities and 1434 injuries.⁴³³ There were 73 incidents which impacted health transport and 9 which impacted health facilities. During this period, there were 67 incidents of use of force against healthcare and 83 obstructions to healthcare delivery.⁴³⁴ There were also 30 arrests/detention of health personnel or patients and an overall decline in patient permit approval rate.⁴³⁵

Gaza: In crisis health system status

Functionality: A total of 61% (22 out of 36) of hospitals partially functional (4 in North Gaza, 11 in Gaza city, 2 in Deir al Balah, 3 in Khan Younis).⁴³⁶ A total of 8 field hospitals functional, including 5 fully and 3 partially (1 in Gaza, 2 in Deir al Balah, 3 in Khan Younis, and 2 in Rafah).⁴³⁷ A total of 48% (74 out of 155) of primary health care centres functional including ten fully and 64 partially.⁴³⁸ With 8 out of 27 UNRWA health centres functional, there are 22 EMTs, including 6 in Gaza city, 7 in Deir al Balah, 8 in Khan Younis, 1 in Rafah, as of 12 of May.⁴³⁹ Since 18 March, Israeli authorities have increased the denial rate of EMT personnel, particularly affecting specialized doctors.⁴⁴⁰

The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in March 2025 that 27% of the Health Service Units Delivery Units (HSDUs) were intact, 53% were at least partially functioning, and 18% were damaged (of a total of 99 HSDUs). The 3 primary causes for building

damage were insecurity (99%), lack of maintenance (18%), and industrial accidents (8%).⁴⁴¹ Furthermore, the 3 primary causes of functionality constraints were lack of equipment (55%), insecurity (52%) and lack of supplies (48%).⁴⁴²

OCHA reported that the fuel crisis is ongoing in the Gaza Strip – with fuel being scarce and often inaccessible. This is forcing humanitarian actors to ration fuel allocation, therefore disrupting the provision of essential services across all sectors.⁴⁴³ Furthermore, the Palestinian Civil Defence (PCD) reported, on 28 April, that eight out of its 12 emergency vehicles in the southern governorates are now out of service due to fuel depletion. This leaves only four vehicles operational, limiting emergency response capacity and putting the lives of hundreds of thousands of people at serious risk.⁴⁴⁴

The full blockade has also had a detrimental impact on the provision of health services, including for children. Children are now unable to get their routine vaccinations, reported UNICEF. Moreover, the Health Cluster reported that the fourth round of the polio vaccination campaign targeting over 600 000 children, which was scheduled to take place in early April, is currently pending due to ongoing displacement orders, movement restrictions, and depletion of vaccines.⁴⁴⁵ As of May 2025 87 Outpatient Therapeutic Programme (OTP) sites remain operational, as of 14 May — a 25% decrease compared to February.⁴⁴⁶

Access: Access to healthcare is deeply affected by displacement orders and “no-go zones”. Overall, between 18 March and 25 April, the Israeli military issued at least 22 displacement orders, placing about 144.3 square kilometres, or 39.5% of the Gaza Strip, under displacement orders. In total, since 18 March, about 70% of the Gaza Strip has been placed under displacement orders, within the “no-go” zone or both.⁴⁴⁷ By governorate, 100% of Rafah is a no-go zone or a displacement area, followed by 84% of North Gaza, 78% of Gaza, 51% of Khan Younis and 41% of Deir al Balah.⁴⁴⁸

The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in March 2025 that the 3 primary causes for accessibility constraints were insecurity (77%), other physical barriers (73%), and financial barriers (14%).⁴⁴⁹





Medical supplies and medicines: The blockade of supplies since 2 March has further deteriorated healthcare access for affected communities and professionals' ability to provide healthcare.⁴⁵⁰ The Ministry of Health has requested blood donations, field hospitals, operation rooms, and medicine, with the recent air strikes increasing the number of people injured and in urgent need of care.⁴⁵¹

The full blockade has had a detrimental impact on the availability of essential medicines, critical blood units, medical consumables and vaccines, hampering the delivery of lifesaving health services. For instance, 87% of the medical consumable items required for orthopaedic surgeries and 99% of medicines used for cardiac catheterization are currently out of stock.⁴⁵²

Since 2 March 2025, entry of critical medical supplies and fuel required to keep health facilities operational has remained suspended, leaving stocks at dangerously low levels. The Ministry of Health (MoH) reports that 37% of essential medicines are at zero stock, with major gaps in primary care (40%), maternal and child health (51%), cancer treatment (54%), mental health (24%), and emergency and surgical services (23%). Additionally, 59% of essential disposables are expected to run out within weeks, severely affecting surgeries, dialysis, and intensive care.⁴⁵³

UNRWA medical services are critically under-resourced, around one third (31%) of essential supplies are already out of stock and another third (33%) are projected to run out in under two months.⁴⁵⁴ The rota vaccine for children has been fully depleted. A critical shortage of medical equipment is also hampering support for maternal and newborn care. Moreover, spare parts for urgent repairs of ambulances and generators are lacking, along with fuel (benzene) shortages to run ambulances.⁴⁵⁵

Throughout the ceasefire, Israel did not allow the entrance of generators and related oil and spare parts to sustain electricity at health facilities; spare parts for ambulances; medical oxygen plants, oxygen equipment and supplies; defibrillators, ventilators, electrocardiogram machines, and patient monitors; radiology

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Hospitals are operating at limited capacity and overwhelmed with patients, grappling with critical shortages of fuel, medicines, supplies, and medical staff. ⁴⁵⁷	Shortages of essential medicines and medical disposables with reports indicating zero stocks as high as 50% . ⁴⁵⁸	A total of 51% (18 out of 35) of hospitals are partially functional (1 in North Gaza, 10 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis). ⁴⁵⁹	Between 7 October 2023 and 14 May 2025, there have been 691 attacks in Gaza (912 individuals killed) and 803 in West Bank (29 individuals killed) . ⁴⁶⁰

equipment such as x-rays, magnetic resonance imaging machines, and computed tomography scanners, among other essential health equipment and medicine.⁴⁵⁶ The lack of such equipment affects access to secondary healthcare, disease detection, and the treatment of chronically ill patients, aggravating the development of their disease and increasing their risk of death.⁴⁶¹

Impact of Conflict on Healthcare Workers: Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance. UN personnel face heightened risks, including shootings, assaults, and psychological trauma, severely impacting staff morale and operational capacity.⁴⁶² Since 7 October 2023, MoH has reported that more than 1400 healthcare workers have been killed.⁴⁶³ On 4 May, a volunteer pharmacist with the Palestine Children's Relief Fund was killed along with her entire family in Gaza city. On 7 May, another health professional (midwife) working for Al Awda Health and Community Association was killed, along with her family, when their house was struck in North Gaza.⁴⁶⁴

Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH): The ongoing hostilities in Gaza have severely impacted Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH) conditions, particularly within healthcare facilities. A baseline IPC and WASH assessment, conducted using a WHO tool tailored to Gaza's context, evaluated 10 healthcare facilities (HCFs) across the northern and southern regions, including secondary and primary care hospitals affiliated with the Ministry of Health (MOH), NGOs, and other partners.⁴⁶⁵ This assessment revealed significant gaps in the implementation of fundamental IPC measures, such as hand hygiene, safe injection practices, environmental cleaning and disinfection, reprocessing of medical devices, waste management, patient screening, and isolation capacity of infected patients in addition to IPC specific measures for wound care.⁴⁶⁶ These gaps are critical to addressing the spread of waterborne diseases, vector-borne diseases, and surgical site infections caused by multi-drug-resistant organisms. Further risks identified include the unsafe disposal of healthcare wastes poses environmental infection risks to patients, health workers, and the public.⁴⁶⁷

Surveillance: Disease surveillance and outbreak response efforts continue to be disrupted, evidenced by the indefinite suspension of a planned polio vaccination campaign, despite ongoing detection of the virus in environmental samples.⁴⁶⁸

The MoH has faced significant challenges in maintaining accurate and reliable casualty data, particularly in a landscape where infrastructure has been decimated, and the usual medical processes have been severely disrupted.⁴⁶⁹ Before the recent escalation in hostilities, the Health Information Centre maintained a robust, real-time computer network that tracked deaths across hospitals in Gaza.⁴⁷⁰

This system, which had proven accurate during previous conflicts, was praised for its reliability, with figures that closely matched those later produced by the UN and the Israel Defence Forces (IDF). However, this system collapsed following Israeli raids on key hospitals in Gaza City November 2023, which destroyed critical data centres and severed vital connections to Gaza's civil registry. This breakdown forced the MoH to rely on outdated, manual methods for recording deaths, further complicating efforts to provide accurate casualty data amidst the chaos.⁴⁷¹ The use of the WHO EWARS has recently been put in place to unify chaotic disease reporting. The adoption has been slow but a functional surveillance system has begun to emerge using syndromic based case definitions.

West Bank: In crisis health system status

The repeated pattern of militarized operations, violence, and demolitions has increased through 2024 and, particularly in northern regions and refugee camps. Destructive operations have intensified, some at a scale not witnessed in the last two decades and involving the use of lethal war-like tactics.⁴⁷²

Closures and enforced shutdowns of health facilities have severely disrupted healthcare services, restricting patients' access to critical care. Militarized searches of these facilities have endangered staff safety and further hindered the delivery of essential medical services.⁴⁷³ Ongoing operations have caused damage to health service points (23 non-functioning) and other critical infrastructure, leading to water contamination with sewage and water shortages in some areas. UNRWA health centres in Jenin, Tulkarm, and Nur Shams refugee camps remain closed.⁴⁷⁴

Moreover, many health facilities have been damaged or destroyed, leaving them either inoperable or significantly impaired, disrupting the continuity of care. Instances of physical aggression and detention targeting healthcare workers or retention of ambulances have further obstructed their ability to provide essential care, especially to the elderly and persons with disabilities.⁴⁷⁵

The impact of violence on the healthcare system is felt at every level, from physical accessibility issues caused by road blockage or the military occupation of health centres, particularly affecting persons with disabilities, to challenges related to medical supplies, the salaries of healthcare workers and their access to the health facilities, and the financial means required for assistive devices for those in need.⁴⁷⁶

Movement restrictions continue to hinder the movement of ambulances and health care workers, impeding access to essential health care services.⁴⁷⁷ Persistent lack of electricity and water at health facilities in Jenin, Tulkarm, Tubas, and Qalqiliya, continue disrupting operations and compromising the cold chain.⁴⁷⁸ The Health Cluster and partners have identified urgent needs, including maintaining power supply at primary health care centres (PHCs) to protect the cold chain, providing medical supplies and staffing for operational health facilities, and mapping laboratory capacity.⁴⁷⁹

The health sector is grappling with significant stockouts of medicines due to suppliers not trusting the authorities will be able to pay.⁴⁸⁰ Shortages of essential medicines and medical disposables with reports indicating zero stocks as high as 50%.⁴⁸¹ For ordinary people, access to medicines is further exacerbated by increasing prices for essential medications. These economic barriers place a considerable strain on both healthcare facilities and patients.⁴⁸²

Minimum Healthcare Service Package (For use during the current ongoing crisis): As of November 2024, a comprehensive suite of services has been established across primary and secondary healthcare levels, prioritizing interventions that are both essential and feasible, with an emphasis on those yielding substantial health outcomes. Considering the ongoing emergency response, characterized by persistent insecurity, frequent population displacements, restricted access, logistical challenges in medical supply transport, limited bed availability, and increasing assaults on healthcare facilities, there will be an intensified focus on preventive services and a holistic approach to primary healthcare. Emphasis will be placed on collaboration with other sectors to implement a multi-sectoral strategy addressing social determinants of health. This approach aims to prevent complications, alleviate pressure on the constrained bed capacities within field hospitals for critical emergency services such as obstetric and gynaecological care, medical and

paediatric emergencies, trauma care, orthopaedic and emergency surgeries, intensive care unit (ICU) services, and haemodialysis (where feasible) and help in standardizing services across the region.⁴⁸³

HUMANITARIAN HEALTH RESPONSE

The UN and partners estimate that at least US\$4.07 billion is required to address the humanitarian needs of 3.3 million people in Gaza and the West Bank, including East Jerusalem. Of this, the Health Cluster requires US\$ 596.1 million to target 2.7 million people, including 2.1 million people in Gaza and 600 000 people in West Bank.⁴⁸⁴ As of 9 May 2025, the Health Cluster had only received US\$ 33.9 million in funding (6% of the US\$ 596.1 million required).

Since the onset of the aid blockade, no WHO trucks have entered Gaza, with 31 trucks still queued at Al Arish. The Ministry of Health has warned of a complete collapse of healthcare services if urgent pharmaceutical supplies continue to be denied entry.⁴⁸⁵

As of May 2025, there are 69 active partners operational within the Health Cluster in Gaza, with 26 active partners in West Bank. In Gaza, the Health Cluster partners highlight various challenges responding to health needs in Gaza, as of May 2025. These include:

- Inadequate medicine and medical supplies including vaccines for routine immunization due to the current humanitarian aid restrictions. Currently, Rotavirus vaccines remain out of stock.
- The fourth round of the cVDPV2 outbreak SIA is pending due to displacement orders, movement restrictions, and the Karem Abu-saleem blockade.
- Intra-Gaza movement is impossible due to the movement restrictions
- Urgent need for blood and blood products and supplies for blood transfusions. 4 500 blood units required per month
- Ambulance spare parts and oil – pre-hospital care, hospitals and primary health care centres
- Shortage of assistive products (AP) across Gaza, with an estimated need of 150 000.
- Inadequate essential services contribute to increased disease trends.
- Medevac operations have been halted since the collapse of the ceasefire
- Extreme shortages of ICU equipment, operating theater machines, and needed supplies.
- Hospitals are in dire need of food for patients and healthcare workers
- A high rate of denials, exceeding 60% for submitted EMT, particularly for specialized doctors

In the West Bank, Health Cluster partners highlight various challenges responding to health needs:

- Limitations to availability and accessibility of comprehensive primary health care services and critical secondary health care services for both the displaced and host populations through existing health facilities.
- Out of 184 health service points in Jenin, Tulkarm, and Tubas, only 28% are fully operational, 64% partially operational, and 8% not operational. Three UNRWA health centers in Jenin, Tulkarm and Nur Shams Refugee Camps remain closed.
- Safe, unobstructed passage for ambulances and medical personnel is needed for patient transfer.
- 64 WHO-verified attacks on health by February 2025 impacted 43 ambulances and 7 health facilities, with 95% occurring in northern West Bank (Jenin, Tulkarm, Nablus, Tubas).
- Shortages of essential medicines, medical consumable items, medical equipment especially for trauma and emergency medical services, non-communicable diseases, and laboratory services.
- Mental health and psychosocial support services (MHPSS).
- Access for women and girls to sexual and reproductive health, as well as pregnant women.
- Vaccine stock outs

The ongoing blockade has critically disrupted fuel supplies into Gaza, threatening the operation of essential services. In response to the deepening crisis, the Humanitarian Country Team (HCT) has taken the difficult decision to prioritize the limited available fuel for the health, WASH, and telecommunications sectors, while

rationing allocations for all other humanitarian organizations. Despite these efforts, access to existing fuel stocks inside Gaza remains severely restricted. Most denied missions in the southern areas were attempts to retrieve fuel or humanitarian cargo from Rafah and Kerem Shalom, where large quantities remain stranded in zones under Israeli military control or affected by displacement orders (7 out of 45 missions to retrieve fuel in the Gaza Strip were facilitate). Without immediate and sustained fuel access, even prioritized life-saving sectors risk grinding to a halt.⁴⁸⁶

Israeli authorities propose to shut down the UN-led aid distribution system and deliver aid under conditions set by the military.⁴⁸⁷ On 6 May 2025, 55 organisations operating in Israel and the occupied Palestinian territory (oPt) called for urgent action from the international community against new Israeli registration rules for international NGOs. For over a year and a half, humanitarian organisations have continued operating despite unprecedented constraints. The new registration rules now threaten to shut this work down.⁴⁸⁸

Regarding the funding outlook, the Trump administration's recent actions on foreign aid are dramatically shifting the global health funding landscape and triggering a health financing crisis in many countries. The US is the largest global health funder, providing an estimated \$12.4 billion each year.⁴⁸⁹ The US also funded around 47% of the global humanitarian appeal across the world in 2024.⁴⁹⁰

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Need to show where the outbreak-prone disease burden is, to allow rapid targeted outbreak response and disease-control activities	Expansion of Early Warning Alert and Response System (EWARS)
	Need strong health status measures, to help direct resources where the greatest burden of mortality is.	Population Mortality Estimation Revitalization of Civil Registration and Vital Statistics (CRVS) system
	Need first-hand evidence on the current health status and estimation of the burden of disease in the shelters. Used for prioritization among potential needs	Health Needs Assessment
	Prevalence of Moderate and Severe Acute Malnutrition	Anthropometric Measure through expansion of EWARS system to nutrition assessment
	Burden of trauma and disabilities	Shelter-based trauma survey
Health resources & services availability	Need a snapshot on the functionality of health facilities, accessibility and availability of services and helps identify the bottlenecks for non-functionality of services.	Expansion of HeRAMS (WHO)
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey

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