

OCCUPIED PALESTINIAN TERRITORY

People in need - Health¹

2.9 MILLION

People targeted - Health¹

2.4 MILLION

Funding requirement

US\$ 333.2 MILLION

¹ Figures represent health-specific People in Need and People Targeted figures drawn from the Flash Appeal 2026.



CONTEXT

Humanitarian and health conditions in the occupied Palestinian territory (oPt) have severely deteriorated since October 2023, with more than 2.9 million people now requiring humanitarian health assistance.

Two years of conflict have devastated the Gaza Strip. Although the ceasefire announced on 10 October 2025 has reduced traumatic injuries and created some opportunities for health sector rehabilitation, bureaucratic impediments and access restrictions continue to hinder humanitarian operations and needs still exceed the capacity of the current response and health system. As of December 2025, over 71 000 people have been killed and more than 171 000 people have been injured, of whom 25% have suffered life-changing injuries. Nearly the entire population of 2.1 million people has been repeatedly displaced, with the majority now confined to less than half of the Gaza Strip.

The Gaza Strip's health system has been systematically degraded by sustained attacks, with all 36 hospitals and the majority of primary health care centres damaged. Since October 2023, over 930 attacks on health have been recorded. Currently, only half of all hospitals are partially functional, with many operating beyond capacity. Just 48% of primary health care centres remain operational. An estimated 81% of all structures across the Gaza Strip have been damaged or destroyed.

Famine was declared in parts of the Gaza Strip in August 2025, with 421 malnutrition-related deaths reported during the year. While the latest Integrated Food Security Phase Classification (IPC) analysis confirms that no areas are currently classified as experiencing famine and the ceasefire has improved food deliveries, progress remains fragile. An estimated 1.6 million people are expected to face high levels of acute food insecurity in the Gaza Strip until mid-April 2026.

The risk of disease outbreaks remains high due to inadequate housing, poor water and sanitation conditions, overcrowding and limited access to health services. The massive scale of injuries, including over 5000 amputations, continues to strain surgical and rehabilitation services. More than 18 500 injured and chronically ill patients currently require medical treatment that is not available in the Gaza Strip due to the lack of specialized services and are awaiting medical evacuation. Non-communicable diseases, which represented the largest burden of disease before October 2023, have gone underdiagnosed and undertreated due to limitations in available diagnostics and treatments. The mental health toll of the conflict is profound, with an estimated one million people in need of mental health and psychosocial support.

According to the Ministry of Health, 51% of essential medicines are currently at zero stock in the Gaza Strip. While the volume of medical supplies entering the Gaza Strip has improved since the ceasefire, extensive clearance procedures, including restrictions on items considered dual-use, continue to delay the delivery of critical medical equipment. The delivery of an appropriately scaled health response depends on a conducive operating environment, including timely entry of supplies and equipment at scale, an easing of dual-use categorization and the removal of bureaucratic impediments and access restrictions.

The situation in the West Bank remains deeply concerning. Violence, including settler attacks, demolitions and evictions, have increased, alongside displacement linked to militarized operations, particularly in the northern West Bank. Between October 2023 and December 2025, more than 1100 Palestinians were killed and over 920 attacks on health care were recorded. Increasing access restrictions continue to fragment Palestinian territory and hinder the movement of patients and ambulances. One in five households reports that, at least once since October 2023, their children were unable to access needed health care or medicines. The long-standing fiscal crisis facing the Palestinian Authority continues to affect service delivery, with disruptions to health worker salaries, stock-outs of essential medicines and primary care, outpatient specialty clinics and hospitals operating at reduced capacity. Currently, 63% of primary health care centres are partially functional, opening an average of one day per week, down from six days prior to 2023. Mental health and psychosocial needs are acute, particularly among children and youth.



A WHO staff member prepares a patient for medical evacuation at the Palestine Red Crescent Society field hospital in the Gaza Strip.
Photo credit: WHO

WHO'S STRATEGIC OBJECTIVES

- 1. Maintain lifesaving and life-sustaining essential health services:** Ensure continuous access to critical, life-saving health care, including emergency and trauma care, maternal and child health services, communicable and noncommunicable disease management, mental health and rehabilitation services as well as essential medicines, supplies and functional referral pathways, to meet the urgent health needs of crisis-affected populations.
- 2. Strengthen public health intelligence, early warning and prevention and control of communicable diseases:** Enhance surveillance and diagnostic capacity for early outbreak detection and response. Strengthen Infection Prevention and Control (IPC) measures, ensure the availability of medical supplies and improve water, sanitation and hygiene (WASH) facilities to mitigate the spread of communicable diseases.
- 3. Health emergency coordination:** Lead and strengthen Health Cluster coordination to ensure a unified and efficient response. Provide clear public health guidance, advocate for priority interventions and expand emergency medical support, including through the deployment of Emergency Medical Teams (EMTs).
- 4. Early recovery, rehabilitation and reconstruction:** Support the transition from emergency response to recovery by restoring and rehabilitating health facilities and integrating risk-reduction measures into reconstruction efforts. Collaborate with governance structures, donors and the private sector to develop a sustainable health sector recovery framework that promotes long-term resilience and development.

WHO's support has been critical in restoring essential health services at a hospital that was once left in ruins. Establishing a new emergency room was the first milestone in reviving services, followed by expanding care through regular medical supply deliveries, health-worker training and the deployment of a national emergency medical team to manage the influx of patients. WHO is now supporting the addition of a 120-bed extension to meet rising needs and has installed a new desalination plant to expand hemodialysis services.

Dr Mohammed Abu Salmiya, Director, Al-Shifa Hospital



A WHO rehabilitation specialist with a child injured during the conflict in the Gaza Strip.
Photo credit: WHO

WHO'S CHANGING ROLE AND APPROACH: DELIVERING UNDER THE HUMANITARIAN RESET

WHO will continue the rapid scale-up of prioritized lifesaving humanitarian assistance across the occupied Palestinian territory (oPt). At the same time, in line with the humanitarian reset, WHO is advancing its hybrid approach that combines emergency response with health sector strengthening, rehabilitation and early recovery, alongside the continuity of essential services. This dual focus ensures that urgent health needs are met while enhancing the resilience and sustainability of the health system.

The ceasefire announced in the Gaza Strip on 10 October 2025, together with the launch of Phase Two of President Trump's 20-point plan, including the establishment of a transitional technocratic Palestinian administration, marks an important step forward for the humanitarian and health response. Building on improved access, WHO will scale up efforts to support the rehabilitation and rebuilding of the health system, restoring essential services that are currently unavailable and improving access to care.

WHO has supported the development of health sector recovery plans and will continue to provide technical leadership to guide and support recovery and rehabilitation efforts.

Across the oPt, WHO will continue to strengthen national capacities and work closely with the Ministry of Health and partners to enhance readiness to respond to ongoing and emerging health threats. Collaboration with United Nations agencies, national and international NGOs and other health partners will remain central to maintaining health care delivery, particularly where other actors face access or operational constraints. Coordination with health partners will remain at the heart of WHO's response.



Many medical staff were killed or displaced, leaving a severe shortage of trained health workers to care for pregnant and postpartum women. WHO's training on antenatal and postnatal guidelines helped rebuild capacity within the Ministry of Health and equipped health workers to adapt when essential tests and equipment were unavailable, ensuring women continued to receive the care they needed.

Kholoud Hamad, Director, Maternal and Child Health Department, Ministry of Health



A health worker at Nasser Hospital in south Gaza participates in a WHO-supported early essential newborn care training.
Photo credit: WHO

WHO 2026 RESPONSE STRATEGY

In 2026, WHO's core focus remains on delivering life-saving assistance to minimize preventable loss of life and morbidity across the oPt. There will be a particular emphasis on scaling up support for the rehabilitation and early recovery of the health sector in the Gaza Strip, capitalizing on improvements in access conditions.

WHO will continue to work closely with the Ministry of Health and partners to provide technical leadership and ensure that health sector recovery and rehabilitation are evidence-based. WHO will provide operational coordination and policy support to strengthen emergency preparedness, restore and revitalize essential services, rebuild surveillance and health information systems and reinforce governance and preparedness capacities.

Strong partnerships remain central to WHO's approach. As Health Cluster lead, WHO continues to coordinate United Nations agencies, international and national NGOs, Emergency Medical Teams, civil society organizations and other relevant actors to ensure a coherent and effective health response. Collaboration with donors, development partners, local organizations and the private sector will support resource mobilization, continuity of services and progress toward recovery, while ongoing community engagement will ensure that interventions are accessible, context-appropriate and responsive to evolving needs.

OPERATIONAL PRESENCE

The WHO office in the occupied Palestinian territory operates from East Jerusalem, with teams based in the West Bank and the Gaza Strip. Approximately 158 staff support the response, including 68 staff in East Jerusalem and the West Bank and 90 staff in the Gaza Strip. This presence enables operational support for emergency response and early recovery, alongside the provision of public health advice to health authorities and partners.

WHO addresses both pre-existing and crisis-exacerbated health needs by strengthening health systems, emergency preparedness and response and public health resilience. Technical expertise includes emergency and trauma care, communicable and noncommunicable diseases, public health intelligence and outbreak response, reproductive, maternal, child health and nutrition and mental health. Operations teams provide logistics, procurement, security and administrative support despite access constraints and security risks, enabling the continuation of lifesaving activities. Specialists in resource mobilization, grant management and monitoring and evaluation ensure the effective and accountable use of resources to meet urgent humanitarian needs, while supporting health system recovery and building longer-term resilience.

Established in January 2009, the Health Cluster coordinates the humanitarian health response across the Gaza Strip and the West Bank, including East Jerusalem. Led by WHO and co-chaired by the Palestinian Ministry of Health, the Cluster comprises 98 active partners, including 54 international NGOs, 37 national NGOs, five United Nations agencies, one external partner and one national authority. Joint prioritization, planning and performance monitoring enhance the effectiveness, coverage and timeliness of lifesaving health services for the Palestinian population.



A WHO staff member receives medical supplies for the Gaza Strip at the Kerem Shalom crossing.
Photo credit: WHO



WHO medical supplies arrive
Al-Shifa Hospital.
Photo credit: WHO

KEY ACTIVITIES FOR 2026

1. Maintain lifesaving and life-sustaining essential health services:

- Ensure the continuity of essential services across pre-hospital, primary, secondary and tertiary facilities, including emergency and trauma care, rehabilitation, communicable and non-communicable disease management, maternal and child health, nutrition and mental health and psychosocial support.
- Procure, deliver and preposition critical medicines, consumables, equipment and fuel to sustain service delivery, including pre-hospital and ambulance care.
- Strengthen internal referral pathways and expand medical evacuations.

2. Strengthen public health intelligence, early warning and prevention and control of communicable diseases:

- Enhance integrated disease surveillance, laboratory capacity and public health monitoring.
- Improve infection prevention and control, as well as WASH conditions in health facilities.
- Conduct regular assessments and support outbreak preparedness and response.

3. Health emergency coordination:

- Lead the coordination of Health Cluster partners, EMTs and multisectoral mechanisms.
- Strengthen the Public Health Emergency Operations Centre (PHEOC) to improve rapid response.
- Advocate for public health priorities and maintain consistent communication with stakeholders.

4. Early recovery, rehabilitation and reconstruction:

- Rehabilitate damaged health facilities and re-establish supply chains for health commodities.
- Support the restoration of the health workforce and health information systems.



WHO and partners conduct a trauma emergency response drill for community volunteers in Hebron, West Bank. Photo credit: WHO

KEY ACHIVEMENTS FOR 2025

1. Maintaining lifesaving and life-sustaining essential health services:

- WHO supported 51 partners across 32 health facilities in the Gaza Strip with essential medicines, medical supplies and equipment worth over US \$90 million.
- WHO completed over 175 field missions (out of 299 planned) in the Gaza Strip in 2025, bringing the total since October 2023 to 278 completed missions (of 569 planned).
- WHO supported systematic medical evacuations from the Gaza Strip, evacuating over 10 700 patients to over 30 countries for advanced treatment since October 2023.
- WHO supplied 10.7 million litres of fuel to health facilities, ambulance providers and partners across the Gaza Strip in 2025, bringing the total to over 19.2 million litres since October 2023.
- WHO supported the treatment of over 1000 children with severe acute malnutrition at stabilization centres in the Gaza Strip.
- WHO supported the prepositioning of emergency and trauma care supplies at seven key hospitals in the West Bank, along with mass-casualty management kits. Nearly 1000 emergency medical bags were provided to community volunteers trained by WHO and partners for managing life-threatening bleeding.
- WHO provided hostile environment surgical training to 60 surgeons, as well as primary care training to over 200 health workers in the West Bank.
- WHO trained nearly 1500 health workers on mental and psychosocial support, gender-based violence, reproductive, maternal, newborn, child and adolescent health, noncommunicable disease management and other priority areas across the Gaza Strip and West Bank.
- WHO supported health service delivery and health finance reform prioritized by the Palestinian Authority.

2. Strengthening public health intelligence, early warning and prevention and control of communicable diseases:

- Over 600 000 children under 10 years of age were protected from polio through three rounds of supplementary immunization in the Gaza Strip, while thousands of children received routine immunizations through catch-up campaigns.
- WHO deployed the Early Warning Alert and Response System, which is actively monitoring 13 communicable diseases across 279 reporting locations in the Gaza Strip.
- Health resources, service availability and accessibility were monitored at 754 health service delivery units across the Gaza Strip and the West Bank – mapping service gaps and enabling a targeted health response by WHO and partners.

3. Health emergency coordination:

- WHO coordinated more than 98 partners (including 54 international and 37 national NGOs), delivering quality lifesaving services to three million people at over 1100 health service points across oPt.
- WHO coordinated and deployed 57 national and international Emergency Medical Teams (EMTs) in the Gaza Strip, delivering over 3.5 million consultations, nearly 51 000 surgeries and treatment for 179 000 trauma cases.

4. Early recovery, rehabilitation and reconstruction:

- WHO supported the full rehabilitation of five health facilities and three hospital warehouses in the Gaza Strip.
- WHO supported the construction and completion of a field hospital at Nasser Hospital in the Gaza Strip.
- WHO completed the installation of 12 WASH facilities in healthcare facilities in the Gaza Strip.
- WHO led the Rapid Damage and Needs Assessment for the health sector.
- WHO supported health authorities to develop health sector recovery plans.

IMPACT IN 2025

GAZA PATIENTS BEAR THE BRUNT OF TWO YEARS OF CONFLICT



A health worker supports a child during the medical evacuation of patients from the Gaza Strip.
Photo credit: WHO

Five-month-old Qusai was born in the Gaza Strip during the recent conflict, and from his first days of life, his health was fragile. “I knew something was wrong almost immediately,” his mother, Ayesha*, says. “Every breath felt heavy. I watched his chest rise and fall and wondered how such a tiny body could be carrying so much.”

Just one week after his birth, a doctor noticed a wheezing sound in Qusai’s chest. Further examinations at Nasser Hospital confirmed multiple serious congenital heart conditions, including a hole in his heart and a blockage in the pulmonary artery. Doctors explained that he would need complex open-heart surgery — care that was not available in the Gaza Strip.

Ayesha’s pregnancy with Qusai had already been marked by fear and uncertainty. Reaching a hospital for her caesarean section was difficult amidst bombardment and lack of safe access to health facilities. She worried about the availability of adequate health care and whether her baby would survive the birth. After surgery, she returned to a tent with fresh stitches, limited nutrition and little protection from the cold.

As Qusai grew, his condition worsened. He struggled to breathe, and his lips and limbs often turned blue from lack of oxygen. Feeding became difficult, and he could not tolerate pollution or cold air. “I watched my baby fight for every breath,” Ayesha says. “That kind of fear stays with you.”

In October 2025, with WHO’s support, Qusai was evacuated to Ireland, where he is now receiving specialized cardiac care. For the first time, he is beginning to recover and experience moments of childhood. Qusai is one of over 10 700 patients WHO has supported to evacuate from the Gaza Strip for specialized treatment in over 30 countries.

Two years of conflict have severely degraded Gaza’s health system. Currently, only half of all hospitals are partially functional, and specialized medical care is largely unavailable, leaving 18 500 people, including 4 000 children, without access to lifesaving treatment. With the ceasefire improving access and security, it is critical that WHO is supported to rapidly scale up health care in Gaza. This includes rehabilitating damaged health facilities and expanding services to reduce the need for medical evacuation. Achieving this will require expedited clearance procedures and the removal of access restrictions on the entry of essential medical supplies and equipment.

In parallel, WHO calls for the urgent reopening of the medical referral route to the West Bank, including East Jerusalem, which remains the most time and cost-effective pathway for patients to access specialized care. In the interim, WHO urges more countries to demonstrate solidarity by accepting patients from Gaza, to save lives and reduce preventable morbidity and loss of life.

*The mother’s name has been changed to protect confidentiality.

FOR MORE INFORMATION

Dr. Reinilde VAN DE WEERDT | Representative | WHO occupied Palestinian territory | vanr@who.int

Dr. Egmond EVERS | Health Emergencies Team Lead | WHO occupied Palestinian territory | Everse@who.int

Dr. Shannon BARKLEY | Health System Team Lead | WHO occupied Palestinian territory | barkleys@who.int



Five-month-old Qusai with his mother before medical evacuation from the Gaza Strip to Ireland.
Photo credit: WHO



A patient at a field hospital in the Gaza Strip is transported to an ambulance in preparation for medical evacuation abroad.
 Photo credit: WHO

WHO'S 2026 FUNDING REQUIREMENTS

MIDDLE EAST ESCALATION OF VIOLENCE FUNDING REQUIREMENT BY RESPONSE PILLAR	FUNDING REQUIREMENTS (US\$ M)
Collaborative surveillance	8.08
Laboratory systems, diagnostics and testing	2.85
Surveillance, case investigation and contact tracing	5.23
Community protection	4.04
Risk communication and community engagement	1.21
Travel, trade and points of entry	0.73
Vaccination	2.10
Safe and scalable care	279.66
Case management and therapeutics	3.41
Essential health systems and services	272.14
IPC within health care settings	4.10
Access to countermeasures	31.63
Operational support and logistics	31.63
Emergency leadership	9.80
Lead, coordinate, plan and monitor acute response ops	8.33
PSEAH in acute emergency response operations	0.23
Risk and readiness assessments	1.25
Total	333.21