






Hostilities in the occupied Palestinian territory (oPt)

Date: 10 September 2025

Public Health Situation Analysis (PHSA)

This is the tenth 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	Maternal and neo-natal health			
	Mental Health Conditions			
	Guillain-Barré Syndrome (GBS)			
	Poliomyelitis (cVDPV2)			

SUMMARY OF CRISIS AND KEY FINDINGS

Starvation and malnutrition in Gaza are at the highest levels ever since the conflict began almost two years ago. Deliberate blocking and delay of large-scale food, health, and humanitarian aid has cost many lives.³

Malnutrition is on a dangerous trajectory in the Gaza Strip, marked by a spike in deaths in July.⁴ As of 5 September 2025, 361 Palestinians have died due to malnutrition, including 130 children.⁵ As of 15 August 2025, Famine (IPC Phase 5)—with reasonable evidence—is confirmed in Gaza Governorate. After 22 months of relentless conflict, over half a million people in the Gaza Strip are facing catastrophic conditions characterised by starvation, destitution and death. Another 1.07 million people (54%) are in Emergency (IPC Phase 4), and 396 000 people (20%) are in Crisis (IPC Phase 3).⁶

More broadly, since 7 October 2023, as reported by MoH, the number of casualties include 63 746 fatalities and 161 245 injuries.⁷ As of 5 September 2025, there have been 2 339 reported fatalities among aid seekers near militarized distribution sites and along convoy routes since 27 May.⁸

Ongoing attacks and resource shortages have severely weakened the health system – damaging or destroying 94% of hospitals, overwhelming remaining partially functional ones, and disrupting essential health service delivery. The Health Cluster reports that hospitals are overwhelmed by mass casualty incidents, with an average of eight incidents per day.⁹ Al-Shifa and Al-Ahli hospitals, in Gaza city, are operating at nearly 300% over capacity, with a constant influx of complex trauma injuries.¹⁰ Every hospital is overrun.¹¹ If the Israeli-announced offensive on Gaza city goes ahead, the Gaza Strip could lose half of its hospital bed capacity.¹² On 20 July, the WHO's main warehouse in Deir Al-Balah was destroyed due to attacks, amid MoH reports that 52% of essential drugs and 68% of medical disposables are at zero stock.¹³

In the West Bank, escalating settler violence, with the acquiescence, support, and in some cases participation, of Israeli security forces, has worsened the coercive environment in the occupied West Bank,

resulting in several Palestinian casualties and the forcible displacement of Palestinian communities in the last month.¹⁴

According to Israeli forces and official Israeli sources cited in the media, more than 1655 Israelis and foreign nationals have been killed, the majority on 7 October 2023 and its immediate aftermath. As of 27 August, it is estimated that 50 Israelis and foreign nationals remain captive in Gaza, including hostages who have been declared dead and whose bodies are being withheld.¹⁵

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.¹⁶ 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.¹⁷

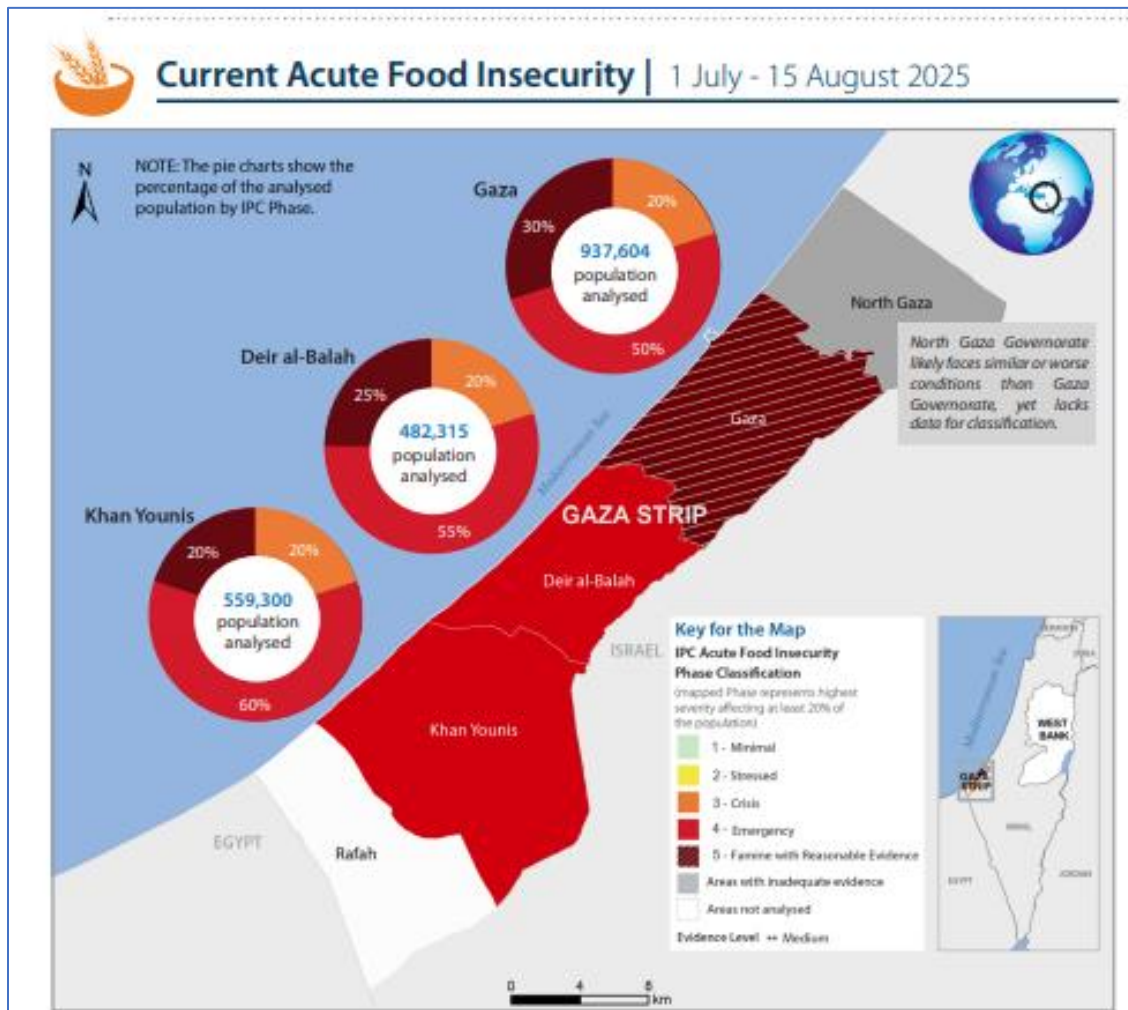
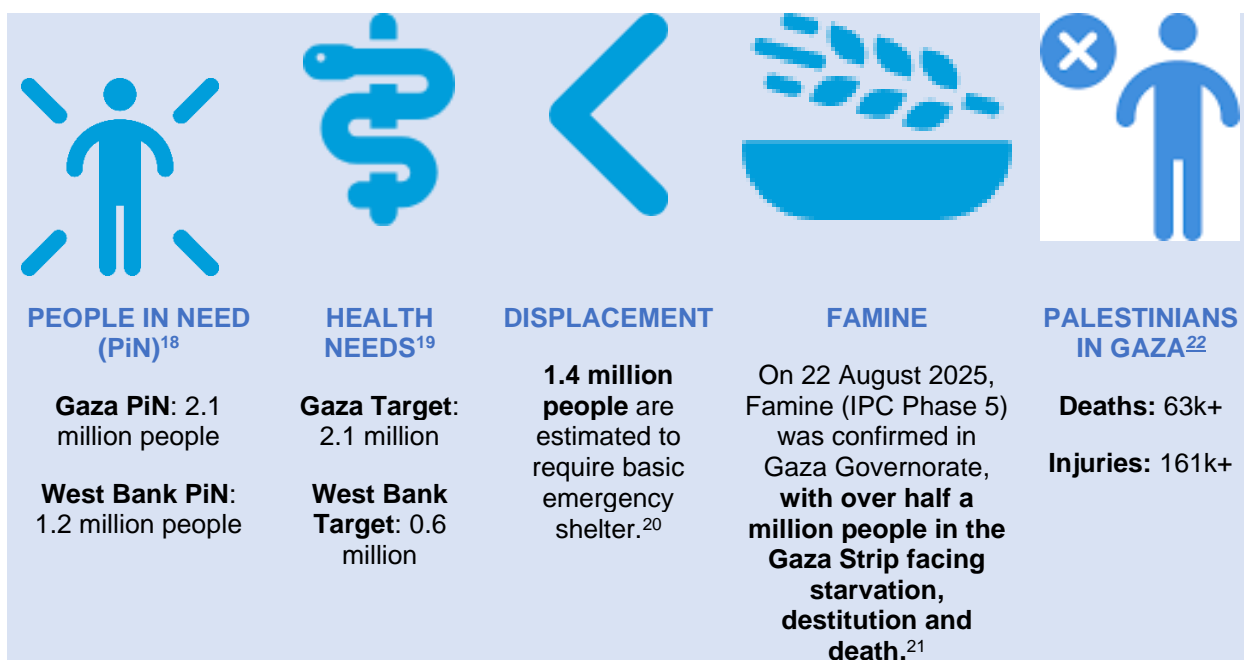


Figure 1 IPC: Current Acute Food Insecurity (2025)¹

HUMANITARIAN PROFILE



Humanitarian Response to Date

2025 Flash Appeal for the Occupied Palestinian Territory (oPt): As of 26 August 2025, Member States have disbursed 23% out of the \$4 billion 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.²³ Nearly 88% of the requested funds are for humanitarian response in Gaza, with just over 12% for the West Bank.²⁴

oPt Humanitarian Fund (oPt HF): During July 2025, the oPt HF managed 111 ongoing projects, totalling \$65.2 million, to address urgent needs in the Gaza Strip (87%) and the West Bank (13%).²⁵

Food Insecurity: Famine Confirmed in Gaza

Gaza: On 22 August, the IPC confirmed that famine is currently occurring in Gaza governorate and is projected to expand to Deir al Balah and Khan Younis governorates. Conditions in North Gaza are estimated to be as severe – or worse – than in Gaza city. However, limited data prevented an IPC classification, highlighting the urgent need for access to assess and assist. Rafah was not analysed, given indications that it is largely depopulated.²⁶

Analysing a population of 1.98 million people in Gaza, Deir al Balah and Khan Younis governorates, the IPC projected that, by the end of September 2025, more than 640 000 people will face catastrophic levels of food insecurity – classified as IPC Phase 5 – across the Gaza Strip. An additional 1.14 million people in the Gaza Strip will be in emergency (IPC Phase 4), and a further 198 000 people in crisis (IPC Phase 3) conditions.²⁷ Families survive on minimal staples, with almost no dietary diversity. This is not just a food crisis — it is a nutrition emergency, potentially causing long-term irreversible damage.²⁸

The situation of Gaza's market deteriorated sharply during the second half of July, reaching its worst point since the start of the escalation; prices soared to unprecedented levels, and almost all essential food items disappeared from the markets. Wheat flour prices decreased with the entry of aid trucks, stabilizing at 45-55 NIS per kilogramme during the fourth week of July.²⁹ However, prices remain highly volatile, with fluctuations occurring even within a single day, reflecting unstable availability and dysfunctional markets.³⁰

The proportion of households relying on humanitarian aid as their main food source has declined due to limited aid entry, while markets remain unreliable due to shortages and soaring prices. Cash withdrawal fees remain very high at 45% of the transferred amount during second half of July. Limited cash supply and market liquidity, along with scarce commodities, increase reliance on physical cash often accessed with liquidity fees, as suppliers are increasingly reluctant to accept digital payments.³¹

Military ground operations, UXO contamination and aerial bombardment of civilian infrastructure, farmland and dense urban areas have destroyed local food production and distribution systems.³² The latest satellite imagery shows that 86% of cropland in the Gaza Strip has been damaged while most of the remaining cropland is inaccessible, leaving only 1.5% of Gaza's cropland currently accessible and not damaged.³³

West Bank: As of October 2024, the number of acutely food-insecure people had nearly doubled compared to pre-October 2023.³⁴ West Bank Palestinian farmers have been repeatedly attacked, intimidated and threatened. These acts go beyond the resulting harm to the affected individuals and adversely affect the food security of the wider community. The damaging, destruction, and uprooting of olive trees and theft of olives were reported in at least 215 incidents. Like the violent attacks on and threats against farmers, these incidents were most frequent in October 2024.³⁵

Healthcare and Medical Evacuations

Hospitals across Gaza continue to face extreme challenges that are hampering their ability to provide adequate health care to patients across Gaza. According to WHO, Al-Shifa and Al-Ahli hospitals, in Gaza city, are operating at nearly 300 per cent over capacity, with a constant influx of complex trauma injuries.³⁶

A total of 50% (18 out of 36) of hospitals partially functional (1 in North Gaza, 11 in Gaza city, 3 in Deir al Balah, 3 in Khan Younis and none in Rafah).³⁷ A total of 62% (10 out of 16) of field hospitals partially functional, including (1 in Gaza, 4 in Deir al Balah, 4 in Khan Younis, 1 in Rafah and none in North Gaza). A total of 40% (69 out of 174) of primary health care centres partially functional. As of 31 August, there were 30 Emergency Medical Teams (EMTs) deployed by 17 international and two national organizations³⁸

According to WHO, more than 15 800 critical patients in Gaza remain in urgent need of specialized medical care that they cannot receive in Gaza. Medical evacuation outside Gaza dropped by nearly 90% from 29 patients/day during the ceasefire to just 3 patients/day afterward.³⁹ Between 1 February and 31 July 2025, 2101 patients and 3 263 companions have been evacuated outside Gaza.⁴⁰ Trauma and oncology are the top medical conditions among those evacuated.⁴¹ Most patients were referred to Egypt, United Arab Emirates, and Qatar.⁴²

Displacement

Gaza: Repeated and prolonged displacement continues to affect tens of thousands of Palestinians, including protection staff and service providers who are themselves now living within displacement zones, mainly in densely populated and underserved locations.⁴³ People are confined to ever-shrinking spaces, with over 86% of the Gaza Strip now within the Israeli-militarized zone, under displacement orders, or where these overlap.⁴⁴ Further expansion of military operations will make these conditions even worse.⁴⁵ Gaza City has now been officially declared a combat zone, with strikes impacting homes, shelters, and makeshift clinics. Around 15 000 residents have fled south so far, as many are unable to move due to health, safety, or financial barriers.⁴⁶

Since the beginning of August, six displacement orders have been issued by Israeli forces, including most recently on 26 August when dropped leaflets showed parts of two neighbourhoods of Gaza governorate marked for displacement (Ash Sheikh Radwan and Ad Daraj), part of which had already been included in orders issued over the past three months.⁴⁷

A total of 1.4 million people are estimated to require basic emergency shelter – needs that are expected to drastically increase due to ongoing bombardments and Israeli military calls on people in northern Gaza,

including Gaza city, to evacuate and move southward.⁴⁸ Many sites are unable to accommodate additional families. Many families are living in worn-out tents or makeshift structures made from plastic sheets and blankets, offering little protection.⁴⁹ Many tents are deteriorating and unsuitable for winter as most of the shelters have been in use for six months to a year and are visibly worn due to prolonged sun exposure and frequent displacement. Some shelters are erected on rubble or partially burned structures, posing safety risks.⁵⁰

The latest satellite imagery indicates a significant increase in the destruction of buildings throughout the Gaza Strip as of 8 July 2025, with more than 20 000 buildings newly assessed as destroyed, severely damaged or moderately damaged compared with the April 2025 analysis.⁵¹ UNOSAT report about 78% of the total structures in the Gaza Strip are damaged.⁵² The governorates of Khan Yunis and Rafah have experienced the highest rise in damage compared to the 4 April 2025 analysis. Overall, the highest number of damaged buildings (all types) are in Gaza, Rafah and Khan Younis cities, Jabalya and Beit Lahiya – these five localities together account for about 60% of all damaged structures.⁵³

West Bank: Since 7 October 2023, there has been a sharp increase in displacement of Palestinian families due to the destruction of homes by Israeli authorities.⁵⁴ Home demolitions are one of the key drivers of the displacement of over 38 000 Palestinians across the West Bank since October 2023. However, about 75% of those displaced - more than 29 000 people - were forced to flee due to large-scale Israeli military raids in the northern West Bank, including thousands of children. This is part of a long-standing, systematic policy to annex parts of the West Bank. Israeli authorities are using demolitions, land seizures and legal changes to force Palestinians from their homes and expand settlements.⁵⁵

Analysis of data on demolitions showed 607 children were among over 1200 people displaced in the first half of 2025 in the West Bank including East Jerusalem. This was up from 542 during the same period in 2024 and 328 in the first half of 2023.⁵⁶ Displaced families have sought shelter in nearby cities, towns and villages, with over half renting temporary accommodation, 30% staying with relatives and 20% taking refuge in public shelters or seeking other temporary accommodation options.⁵⁷

Humanitarian Access and Attacks on Aid Workers

Gaza: Despite the announced tactical pause in military activity by Israeli authorities in three areas of Gaza (Al-Mawasi, Deir al Balah and Gaza city) since 27 July, there has been no effective improvement in security conditions. As a result, humanitarian transport operations across Gaza continue to face challenges and most convoys have been looted before reaching their intended destinations.⁵⁸

On 13 August 2025, more than 100 organisations called for increased access, as most major international NGOs have been unable to deliver a single truck of lifesaving supplies since 2 March.⁵⁹ Pre-clearance through the UN2720 Mechanism and Israeli customs clearance are required, resulting in only eight organizations being able to dispatch humanitarian aid to Gaza through the UN-coordinated manifest.⁶⁰ Convoys are consistently delayed many hours before receiving final permissions to move into Gaza – with large crowds of hungry people gathering along known routes to intercept aid trucks.⁶¹

After 22 months of fighting, the social fabric of Gaza is collapsing as the fear of starvation intensifies. Public order has broken down and violence erupts as civilians seek food aid. WFP report that the most vulnerable citizens are unable to access food aid because organized food distributions are impossible, bakeries remain closed and the few hot meals kitchens still functioning are unable to offer an adequate meal.⁶²

Shooting and shelling of Palestinians by the Israeli military have continued along the routes of food convoys and in the vicinity of the Gaza Humanitarian Foundation (GHF) sites, despite the Israeli army's announcement on 27 July that it would pause military actions in western areas from Gaza City to Al Mawasi during certain hours "to improve humanitarian responses".⁶³

The United Nations warns that the fuel shortage in Gaza has reached critical levels in July 2025.⁶⁴ While limited quantities of fuel have been entering Gaza over the past week, fuel supplies remain critically limited and unpredictable, significantly undermining the ability of humanitarian partners to deliver and sustain lifesaving services, particularly those related to water production and distribution.⁶⁵

Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance.⁶⁶ Last year, 2024, was the deadliest year for humanitarian workers.⁶⁷ Since the conflict escalation on 7 October 2023, at least 531 aid workers have been killed and 126 injured in Gaza (some in the line of duty).⁶⁸ Food insecurity is affecting everyone in Gaza; staff exhaustion and hunger are acute, with frontline staff and service providers reporting being dizzy from not eating enough, directly impacting their capacity to provide quality care. Both staff and community members are experiencing rising psychological distress, and there are urgent requests for additional support for service providers.⁶⁹

West Bank: Communities across the West Bank in Palestine have suffered the fallout of the Gaza war. Israeli forces impose severe restrictions on people's movements, meaning they can often not leave their neighbourhoods even to seek—or deliver—health care.⁷⁰ 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.⁷¹

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.⁷²

Humanitarian partners are ALSO concerned that the plan would further disrupt the territorial contiguity of the Occupied Palestinian Territory by cutting off Palestinians in the northern and central West Bank from the south, further disconnect East Jerusalem from the rest of the West Bank, heighten the risk of forced displacement of 18 Palestinian Bedouin communities of over 3500 people residing in the area, and have a devastating humanitarian impact on them and other Palestinians across the West Bank.⁷³

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.⁷⁴ 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.⁷⁵ A summary of the key vulnerable groups is below:

- **Women and Girls:** The UN has called the events in Gaza a “femi-genocide”, saying the scale and nature of the crimes inflicted on Palestinian women and girls by Israeli forces are so extreme that existing concepts in legal and criminal frameworks can no longer adequately describe or capture them.⁷⁶ According to estimates, women and girls account for 67% of the Palestinians killed by 9 July 2025.⁷⁷
Its estimated that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance.⁷⁸ Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.⁷⁹ For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.⁸⁰ Family separation has also led to mixed impacts on the role of women within their households.⁸¹
- **Children:** At least 50 000 children been reported killed or injured since October 2023.⁸² Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required Humanitarian assistance.⁸³ Malnutrition among children is accelerating at a catastrophic pace.⁸⁴ Confirmed reports indicate horrific levels of killing, maiming, and widespread violence against children. Countless children have lost parents, siblings, and extended family members, leaving them in profound grief and with extreme psychological trauma that will affect their lives for years to come.⁸⁵
- **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.⁸⁶ Men also report being more likely to face detention, severe mistreatment and even torture.⁸⁷

- **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.⁸⁸ 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.⁸⁹ 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.⁹⁰
- **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.⁹¹ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.⁹² Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.⁹³ 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.⁹⁴
- **People with Mental Health Conditions:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.⁹⁵ 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.⁹⁶ 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.⁹⁷

HEALTH STATUS AND THREATS

Given the situation of the collapsing health system in Gaza, there is little visibility regarding up-to-date 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.⁹⁸

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.⁹⁹ 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.¹⁰⁰

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 2022.¹⁰¹ 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.¹⁰²

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) ¹⁰³

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.¹⁰⁴ 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).¹⁰⁵ Infant mortality rates for children born in refugee camps was significantly higher than for their counterparts from urban and rural areas.¹⁰⁶

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: Since 7 October 2023, as reported by MoH, the number of casualties include 63 746 fatalities and 161 245 injuries.¹⁰⁷ As of 5 September 2025, there have been 2 339 reported fatalities among aid seekers near militarized distribution sites and along convoy routes since 27 May.¹⁰⁸ Since the 7 of October 2023 (until August 2025), on average 91 people are being killed and 200 people injured in Gaza. It is estimated that every 52 minutes a child is killed.¹⁰⁹

As of 5 September 2025, 361 Palestinians have died due to malnutrition, including 130 children.¹¹⁰ As these are only the verified deaths, the actual number is likely higher.¹¹¹ Dying of starvation is slow and painful.¹¹²

Vaccination coverage before the current escalation: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.¹¹³ 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.¹¹⁴ The COVID-19 response generated significant investments in public health infrastructure and vaccines.¹¹⁵

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.¹¹⁶

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 Polio Technical Committee 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 still currently pending due to ongoing displacement orders, movement restrictions, and denial of vaccine and essential supply entry into Gaza.¹¹⁷

VACCINATION COVERAGE DATA	Year ¹¹⁸	Gaza Strip	West Bank	Year ¹¹⁹ estimates	oPt ¹²⁰
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 7 October 2023, are currently unknown.

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.¹²¹ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹²² 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.¹²³ Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹²⁴ 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-19.¹²⁵

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and Injury (including rehabilitation)		According to records of the UN Human Rights Office (OHCHR), since the establishment of a militarized distribution system in the Gaza Strip on 27 May and as of 26 August, at least 2014 people seeking aid – mostly young men and boys – were killed in Gaza – 1074 near militarized distribution sites and 940 along convoy supply routes. ¹²⁶ As of 28 August 2025, reports were received that a number of individuals who visited aid distribution sites in Rafah have been forcibly disappeared. Aerial bombardment and daily gunfire at and around the crowded facilities have resulted in mass casualties. ¹²⁷ The Health Cluster also reported that hospitals are overwhelmed by mass casualty incidents, with up to eight incidents a day. ¹²⁸
Malnutrition		Malnutrition among children is accelerating at a catastrophic pace. ¹²⁹ The crisis remains entirely preventable. Deliberate blocking and delay of large-scale food, health, and humanitarian aid has cost many lives. ¹³⁰ As of 15 August 2025, Famine (IPC Phase 5)—with reasonable evidence—is confirmed in Gaza Governorate. ¹³¹ As of 5 September 2025, 361 Palestinians have died due to malnutrition, including 130 children. ¹³²
Acute Diarrhoeal Illness (including acute watery diarrhoea (AWD), shigella and rotavirus)		Acute Watery Diarrhea remained one of the most reported conditions, 37% of total reported morbidity in week 34 (27 August 2025). ¹³³ Multiple UN and NGO updates document shortages and restricted entry of chlorination supplies—including chlorine tablets—into Gaza, which undermines both household water treatment and system-level disinfection (wells, trucking, desalination). Directly compromises drinking-water safety and correlates with surges in diarrheal disease. ¹³⁴
Hypertension/ High Blood Pressure		There are more than 650 000 people with raised blood-pressure. ¹³⁵ Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ¹³⁶
Cardiovascular Diseases		There are 45 000 patients living with cardiovascular disease. ¹³⁷ In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded. ¹³⁸
Kidney Disease		According to MoH, there are currently 700 dialysis patients across Gaza. ¹³⁹ Haemodialysis services are overstretched, with 32 machines serving 234 patients at Shifa Hospital alone. ¹⁴⁰
Diabetes		There are at least 60 000 people with raised blood glucose. ¹⁴¹ Before the escalation, in 2022, diabetes was the most common NCD in Palestine. ¹⁴² The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ¹⁴³ Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8%. ¹⁴⁴
Cancer		The MoH estimates that around 14 800 people require urgent treatment abroad. ¹⁴⁵ Trauma and oncology are the top medical conditions among those evacuated. ¹⁴⁶ Gaza's only specialized cancer hospital was destroyed in March 2025. ¹⁴⁷

Maternal and Neo-natal Health		In the first half of 2025, 17 000 births were recorded, marking a significant decrease from the 29 000 births reported during the corresponding period in 2022. ¹⁴⁸ This represents a decline of over 41% in the birth rate within just three years. At least 20 newborns died within 24 hours of birth. A total of 33% of babies (5560) were born prematurely, underweight or required admission to neonatal intensive care. ¹⁴⁹
Mental Health Conditions		About 485 000 people with mental health conditions continue to experience disruptions in their treatments. ¹⁵⁰ 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. ¹⁵¹ UNICEF also reports 1 million children need mental health and psycho-social support. ¹⁵² No inpatient mental health services are available. ¹⁵³
Guillain-Barré Syndrome (GBS)		A concerning surge in Guillain-Barré Syndrome (GBS) was reported in July. As of 27 August, there were 10 deaths (CFR 10.6%) reported. Between June and 25 August 2025, a total of 94 GBS cases were reported, with a noticeable surge in July accounting for 47 cases (50%). Khan Younis accounts for 55.3% of cases, Gaza City accounts 39.4%, and Deir Al Balah 5.3%. Only 2 cases had a preceding history of surgery. ¹⁵⁴
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. ¹⁵⁵ Around 90% of children under 10 in the Gaza Strip have received a dose of the polio vaccine following the first round of an emergency vaccination campaign conducted by partners in early September 2024. ¹⁵⁶
Cholera		While epidemic cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks. ¹⁵⁷ Catch up vaccination campaigns are planned but displacement orders are impeding progress.
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. Acute Respiratory Infections account for 62% of total reported morbidity as of week 34 (27 August 2025). ARI morbidity has been steadily increasing, likely driven by exposure to smoke from fires and biomass-fuel combustion, which irritates the airways and lungs, weakens respiratory defenses, and increases susceptibility to respiratory infections. ¹⁵⁸ As of August 31, there are suspected cases of COVID-19, although testing is not currently available.
Tuberculosis (TB)		Even though Gaza is a low pulmonary 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. ¹⁵⁹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ¹⁶⁰ Between November 2024 and January 2025, five new cases were identified.
Skin Infections (including scabies and cutaneous leishmaniasis)		Skin infections such as scabies and bullous impetigo are also on the rise. ¹⁶¹ As of August 2024, more than 150 000 people in Gaza were reported to have contracted skin diseases since the start of Israel's military offensive in October 2023. ¹⁶² Media reports states that children in Gaza are being badly disfigured by painful but easily treatable skin conditions (such as skin ulcers and scabies) because of a near-total lack of basic sanitation. ¹⁶³

Measles		Measles is among the most highly infectious diseases known and is symptomatic in nearly 100% of exposed, non-immune individuals. High population density, inadequate shelter, poor sanitation, and undernutrition are all major risk factors for infection, severity, and death, and all are features of the deplorable conditions for those people living in Gaza. ¹⁶⁴
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. ¹⁶⁵ 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. ¹⁶⁶
Heat Related Illnesses		With summer temperatures exceeding 38°C (100 °F), conflict has heightened the population's vulnerability to heat-related health risks, compounded by a combination of environmental, individual, and conflict-induced factors. ¹⁶⁷ Gaza's population structure intensifies vulnerability: approximately 47% of the population are under 15 years old, 3.0% are elderly, and 2.5% are pregnant women. These groups are biologically more susceptible to heat-related stress due to reduced thermoregulatory capacity, including limited ability to sweat or adjust behaviour to avoid heat. ¹⁶⁸
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		Between October 2023 and October 2024, there were 40 000 suspected cases of hepatitis A in Gaza (compared with around 85 in the same period before the conflict erupted). ¹⁶⁹ 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. ¹⁷⁰
Meningococcal Disease		In August 2025 a total of 119 meningitis cases were reported, bringing the total for 2025 to 1043 cases (82% under the age of 1 year). No deaths were reported. Most of the reported cases were from Khan Younis (47%), along 41% from Gaza City, and 12% from Deir Al Balah. There is a need for re-assessment of treatment protocols. ¹⁷¹ The destruction of WHO's main medical warehouse in Deir al Balah has led to a critical shortage of antibiotics, which are essential for the treatment of meningitis. ¹⁷²
Chicken Pox		Endemic in childhood, as of 30 June 2024, there were 11 214 cases of chickenpox reported. ¹⁷³ 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. ¹⁷⁴ 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. ¹⁷⁵
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East, ¹⁷⁶ globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually. ¹⁷⁷
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ¹⁷⁸ 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. ¹⁷⁹ In Gaza, in 2022 there were zero cases of Hepatitis C. ¹⁸⁰ 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. ¹⁸¹
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.
<p>Red: <i>Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</i> Orange: <i>High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</i> Yellow: <i>Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</i> Green: <i>Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</i></p>		

Trauma and injury (including rehabilitation)

Over the past week, Israeli forces have continued to carry out heavy bombardment from the air, land and sea across the Gaza Strip, alongside continued ground operations. Detonation and demolition of residential buildings also continued to be reported, particularly in Gaza and Khan Younis governorates. Rocket fire by Palestinian armed groups into Israel and fighting with Israeli forces have also taken place.¹⁸²

Since 7 October 2023, as reported by MoH, the number of casualties include 63 746 fatalities and 161 245 injuries.¹⁸³ As of 28 August 2025, reports were received that a number of individuals who visited aid distribution sites in Rafah have been forcibly disappeared. Aerial bombardment and daily gunfire at and around the crowded facilities have resulted in mass casualties.¹⁸⁴

Since the 7 of October 2023 (until August 2025), on average 91 people are being killed and 200 people injured in Gaza. It is estimated that every 52 minutes a child is killed.¹⁸⁵ Injuries surged dramatically, with nearly 14 000 in July compared to approximately 6100 in May.¹

On 4 August, the MoH in Gaza published a list of its records of 60 199 Palestinian fatalities in the Gaza Strip between 7 October 2023 and 31 July 2025, out of the total number of reported fatalities (see above).¹⁸⁶ According to the list, 18 430 children (31%), 9735 women (16%), 27 605 men (46%) and 4429 elderly persons (7%) have been killed.¹⁸⁷

In southern Gaza, MSF report that between 7 June and 24 July 2025, their teams treated 71 children for gunshot wounds, including children who were shot in the chest while reaching for food or crushed and suffocated in stampedes.¹⁸⁸ Faced with no alternatives to find food, starved families frequently send teenage boys into this lethal environment, as they are often the only males in the household physically able to make the journey.¹⁸⁹

An MSF analysis of the gunshot wounds among patients arriving at the Al-Mawasi clinic found that 11% of the gunshot injuries were to the head and neck, while 19% were to areas covering the chest, abdomen, and back.¹⁹⁰ By contrast, people arriving from the Khan Younis Distribution Centre were far more likely to arrive with gunshot wounds to the lower limbs. The distinct patterns and anatomical precision of these injuries strongly suggests the intentional targeting of people within and around the distribution sites, rather than accidental or indiscriminate fire.¹⁹¹

MSF analysis flagged a very high wound infection rate of more than 18% among patients seeking care for the first time. This is a result of unhygienic living conditions for people who have been forcibly displaced multiple times. Highlighting the lack of protection of civilians, MSF said that 29.6% of all medical consultations for wounds were for children under 15 years of age, and 32% of the consultations were for women.¹⁹²

Injuries treated with external fixators tend to show primary and/or secondary wound infections due to the lack of appropriate hygiene, living conditions and shortage of medical consumables such as disinfectants, dressings and the possibility to do community outreach and home-based care follow up. The risk of disabilities thereof and from other causes is increasing and puts people living with disability at a greater disadvantage to reach life-saving assistance in addition to delays in development and physical ability.

Blood and blood product shortages continue, as hospitals struggle with managing multiple mass casualty incidents daily.¹⁹³ The Health Cluster also reported that hospitals are overwhelmed by mass casualty incidents, with up to eight incidents per day.¹⁹⁴ More broadly, regarding rehabilitation, only two inpatient rehabilitation hospitals remain, both at full capacity, with patients waiting over 11 months for admission.¹⁹⁵

Malnutrition

As of 5 September 2025, 361 Palestinians have died due to malnutrition, including 130 children.¹⁹⁶ The mortality risk due to severe malnutrition is increasing due to the risk of single or double infections, e.g. enteric infections (campylobacter, shigella etc). Double intestinal infections have been confirmed in at least 4 tested stool samples/individuals.

Through June 2026, at least 132 000 children under five are expected to suffer from acute malnutrition – double the IPC estimate from May 2025. This includes over 41 000 severe cases of children at heightened risk of death, up from 14 100 cases estimated in May. Nearly 55 500 malnourished pregnant and breastfeeding women will also require urgent nutrition response by mid-2025, triple the IPC estimate of 17 000 in May.¹⁹⁷

Since January, about 44 000 admissions of children for the treatment of acute malnutrition have been reported, according to the Nutrition Cluster.¹⁹⁸ All beds in operational SAM stabilization centres for managing cases with medical complications are fully occupied. Overall, the volume of nutrition supplies entering Gaza remains insufficient to prevent further deterioration in the nutritional situation.¹⁹⁹ Health workers are exhausted, and the breakdown of water and sanitation systems is accelerating the spread of disease, driving a dangerous cycle of illness and death.²⁰⁰

According to Save the Children, 61% of pregnant women and new mothers screened at its two primary health-care clinics in Khan Younis and Deir al Balah in the first two weeks of August were found to be malnourished, nearly seven times higher than the nine per cent recorded in the first two weeks of March, before aid and goods were almost entirely cut off.²⁰¹ It is not only hunger that is killing people, but also the

desperate search for food. Families are being forced to risk their lives for a handful of food, often under dangerous and chaotic conditions.²⁰²

Furthermore, post-operative patients and pregnant women are suffering from anaemia and severe deficiencies in essential vitamins and minerals, increasing the risk of premature birth and low birth weight. In addition, elderly patients, as well as those with kidney failure and stroke, require special dietary regimens that are currently unavailable. The absence of animal protein, fresh vegetables, and fruits is exacerbating the health crisis, while reliance on canned food is insufficient and delays recovery.²⁰³

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.²⁰⁴ The situation was of particular concern in Gaza, with 64.3% of the population classified as moderately or severely food insecure.²⁰⁵ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²⁰⁶ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.²⁰⁷ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²⁰⁸

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.²⁰⁹ 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.²¹⁰ 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.²¹¹

Acute diarrhoeal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus)

Acute Watery Diarrhea remained one of the most reported conditions, 37% of total reported morbidity in week 34 (27 August 2025).²¹² Infectious disease threats persist, driven by overcrowding, poor WASH conditions, and malnutrition-related weakened immunity. Multiple UN and NGO updates document shortages and restricted entry of chlorination supplies—including chlorine tablets—into Gaza, which undermines both household water treatment and system-level disinfection (wells, trucking, desalination). Directly compromises drinking-water safety and correlates with surges in diarrheal disease.²¹³

Bloody diarrhea is primarily reported from Khan Younis governorate, particularly in Al-Mawasi area, where large numbers of displaced individuals are living in overcrowded shelters under poor sanitary conditions and water scarcity.²¹⁴

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.²¹⁵ Notably, 25% of child morbidity cases in Gaza were caused by water-borne diseases.²¹⁶

Non-communicable diseases (NCD)

The MoH estimates that around 14 800 people require urgent treatment abroad.²¹⁷ Trauma and oncology are the top medical conditions among those evacuated.²¹⁸ Gaza's only specialized cancer hospital was destroyed in March 2025.²¹⁹ More than 2000 people are diagnosed with cancer each year, including 122 children.²²⁰

As of June 2024, there were more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.²²¹ According to MoH, there are currently 700 dialysis patients across Gaza.²²² In February 2025, according to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023.²²³ Haemodialysis services are overstretched, with 32 machines serving 234 patients at Shifa Hospital alone.²²⁴

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.²²⁵ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²²⁶ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²²⁷ 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.²²⁸

Maternal and Neonatal Health Conditions

In the first half of 2025, 17 000 births were recorded, marking a significant decrease from the 29,000 births reported during the corresponding period in 2022.²²⁹ This represents a decline of over 41% in the birth rate within just three years. At least 20 newborns died within 24 hours of birth. A total of 33% of babies (5560) were born prematurely, underweight or required admission to neonatal intensive care.²³⁰

As of 10 August 2025, the deaths of 93 pregnant women have been validated, with 19 dying from direct maternal causes (e.g. haemorrhage, sepsis, eclampsia, sepsis, bacterial meningitis, aspirational pneumonia) and 74 dying from indirect maternal causes (war-related injuries)

More than four in 10 (43%) pregnant and breastfeeding women seeking treatment at Save the Children's clinics in Gaza in July were malnourished, with mothers asking for stocks of infant formula to ensure their babies can be fed if they die.²³¹ Of the 747 women Save the Children screened during the first half of July, 323 (43%) were malnourished, impacting their ability to feed their newborns, which was almost three times as many as in March when the Government of Israel reimposed a total siege on Gaza.²³²

Ard El Insan, in Deir al Balah reported that 44% of screened pregnant and breastfeeding mothers suffered from severe malnutrition and urgently needed to be referred for medical treatment, up from 35% in May. Infants remain the most vulnerable due to a critical shortage of baby formula, with no suitable alternatives currently available.²³³

Since April, staff at Save the Children's two primary healthcare centres operating in Gaza have reported monthly increases in the number of pregnant and breastfeeding women found to be malnourished, with food, water and fuel almost entirely unavailable. Poor nutrition and malnutrition during pregnancy can cause anaemia, pre-eclampsia, haemorrhage and death in mothers, lead to stillbirth, low birthweight, stunted growth and developmental delays for children. Malnourished mothers unable to breastfeed are reportedly giving their babies bottles of water or water mixed with ground chickpeas or tahini. Infant formula has not been allowed to enter Gaza due to the Israeli government-imposed siege on supplies.²³⁴

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.²³⁵ 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).²³⁶ 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.²³⁷

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.²³⁸ About 485 000 people with mental health disorders continue to experience disruptions in their treatments.²³⁹ 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.²⁴⁰ Almost 1.2 million children in Gaza need mental health and psychosocial support.²⁴¹ No inpatient mental health services are available, and access to psychosocial support remains severely limited.²⁴²

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.²⁴³ Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.²⁴⁴ The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.²⁴⁵ 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.²⁴⁶ During the four-month reporting period, a total of 43 female survivors were known to have committed suicide.²⁴⁷

Guillain-Barré Syndrome (GBS)

A concerning surge in Guillain-Barré Syndrome (GBS) was reported in July. As of 27 August, there were 10 deaths (CFR 10.6%) reported. Between June and 25 August 2025, a total of 94 GBS cases were reported, with a noticeable surge in July accounting for 47 cases (50%). Khan Younis accounts for 55.3% of cases, Gaza City accounts 39.4%, and Deir Al Balah 5.3%. Only 2 cases had a preceding history of surgery.²⁴⁸ According to WHO, there is currently no available stock of Intravenous Immunoglobulin (IVIG), nor plasmapheresis filters, the primary medication for the treatment for GBS. According to WHO, 30% of GBS patients require Intensive Care Unit admission.²⁴⁹ There are no treatment options for suspect GBS cases now.

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.²⁵⁰ Around 90% of children under 10 in the Gaza Strip have received a dose of the polio vaccine following the first round of an emergency vaccination campaign conducted by partners in early September 2024.²⁵¹ 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.²⁵²

Cholera

While epidemic cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks.²⁵³ Catch up vaccination campaigns are planned but displacement orders are impeding progress.

Acute respiratory infection (ARI) including COVID-19

Acute Respiratory Infections account for 62% of total reported morbidity as of week 34 (27 August 2025). ARI morbidity has been steadily increasing, likely driven by exposure to smoke from fires and biomass-fuel combustion, which irritates the airways and lungs, weakens respiratory defenses, and increases susceptibility to respiratory infections.²⁵⁴ As of August 31, there are suspected cases of COVID-19, although testing is not currently available.

ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²⁵⁵ Before the conflict, infectious diseases caused less than 10% of all deaths; while respiratory diseases caused 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.²⁵⁶ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²⁵⁷ The highest incidence of RTIs has been recorded by the cold season (December-March).²⁵⁸

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.²⁵⁹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.²⁶⁰ Between November 2024 and January 2025, five new cases were identified

Skin infections (including scabies and cutaneous leishmaniasis)

Skin infections such as scabies and bullous impetigo are also on the rise.²⁶¹ As of August 2024, more than 150 000 people in Gaza were reported to have contracted skin diseases since the start of Israel's military offensive in October 2023.²⁶² Media reports states that children in Gaza are being badly disfigured by painful but easily treatable skin conditions (such as skin ulcers and scabies) because of a near-total lack of basic sanitation.²⁶³

In the Gaza Strip, where health care facilities are overstretched and living conditions are unsanitary, the lack of access to soap and basic hygiene items makes it difficult for families to protect themselves against communicable diseases. The scarcity of basic hygiene supplies, especially in crowded shelters, also contributes to increased stress and anxiety among families.²⁶⁴

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.²⁶⁵ 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.²⁶⁶

Measles

Measles is among the most highly infectious diseases known and is symptomatic in nearly 100% of exposed, non-immune individuals. High population density, inadequate shelter, poor sanitation, and undernutrition are all major risk factors for infection, severity, and death, and all are features of the deplorable conditions for those people living in Gaza. The imminent arrival of cooler temperatures later in the year will add to the urgency to vaccinate against this disease, which can cause the death of up to 15% of those infected.²⁶⁷

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 socio-economic decline conflict and disruptions to services have challenged the health sector.²⁶⁸

Typhoid

Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.²⁶⁹ Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.²⁷⁰ In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.²⁷¹ 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*.

Heat Related Illnesses

With summer temperatures exceeding 38°C (100 °F), conflict has heightened the population's vulnerability to heat-related health risks, compounded by a combination of environmental, individual, and conflict-induced factors.²⁷² Gaza's population structure intensifies vulnerability: approximately 47% of the population are under 15 years old, 3.0% are elderly, and 2.5% are pregnant women. These groups are biologically more susceptible to heat-related stress due to reduced thermoregulatory capacity, including limited ability to sweat or adjust behaviour to avoid heat.²⁷³

Access to clean water, a critical defence against heat stress, is severely limited. Electricity infrastructure has been decimated, severely limiting access to cooling methods, such as fans or refrigeration. Power outages, combined with restricted access to fuel and functional electrical systems, have rendered basic heat-cooling strategies ineffective.²⁷⁴

Over 90% of Gaza's residents are displaced, sheltering in overcrowded tents or damaged buildings lacking insulation, ventilation, and sun protection. These conditions are especially dangerous during extreme heat.²⁷⁵

Acute Jaundice Syndrome (AJS) /Suspected hepatitis A

Between October 2023 and October 2024, there were 40 000 suspected cases of hepatitis A in Gaza (compared with around 85 in the same period before the conflict erupted).²⁷⁶ 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. Diagnostic testing is limited for viral hepatitis due to the conflict.²⁷⁷ 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 2022.²⁷⁸

Meningococcal disease

In August 2025 a total of 119 meningitis cases were reported, bringing the total for 2025 to 1043 cases (82% under the age of 1 year). No deaths were reported. Most of the reported cases were from Khan

Younis (47%), along 41% from Gaza City, and 12% from Deir Al Balah. There is a need for re-assessment of treatment protocols.²⁷⁹

The destruction of WHO's main medical warehouse in Deir al Balah has led to a critical shortage of antibiotics, which are essential for the treatment of meningitis. Limited isolation measures have been implemented, including the separation of the external department at Al Khair Hospital from the Nasser Medical Complex and the establishment of isolation tents at Al Aqsa Hospital to safely manage suspected cases.²⁸⁰

Chicken Pox

As of 30 June 2024, there were 11 214 cases of chickenpox reported.²⁸¹ 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.²⁸² 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.²⁸³ 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).²⁸⁴ 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.²⁸⁵

Hepatitis B

When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.²⁸⁶ 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.²⁸⁷ In Gaza, in 2022 there were zero cases of Hepatitis C.²⁸⁸ 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.²⁸⁹ 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.²⁹⁰ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of

HIV and associated risks.²⁹¹ 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. ²⁹² The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.²⁹³ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.²⁹⁴

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.²⁹⁵ 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 and 1 September 2025, at least 2787 Palestinians, including 122 women and 541 children, were injured in the West Bank, the majority (2287) by Israeli forces, 494 by settlers, and six where it remains unknown if they were injured by Israeli forces or settlers. ²⁹⁶ Nablus governorate saw the highest number of injuries caused by Israeli forces (882), followed by Ramallah governorate (446). This represents a 39% increase in overall injuries and a two-fold increase in injuries by Israeli settlers compared with the same period in 2024. ²⁹⁷ More than 80% of 168 Palestinians killed by Israeli forces in the West Bank so far in 2025 were killed in the northern West Bank, including 60 in Jenin governorate. ²⁹⁸
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. ²⁹⁹ Some villages have had up to 85% of their homes demolished, impacting the physical and mental health of the population. ³⁰⁰ A 2022 survey found 12% of households reported at least one member had showed signs of psychosocial distress or trauma. ³⁰¹
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. ³⁰² 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. ³⁰³ Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ³⁰⁴ 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. ³⁰⁵
Protection risks (including GBV)		On 3 August, the Protection Cluster reported that the West Bank, including East Jerusalem, is facing a sharp rise in child protection risks, driven by settler violence, Israeli forces' operations, detention, and forced displacement. ³⁰⁶ The forced displacement of more than 32 000 people has significantly escalated risks for children, particularly in the northern governorates like Jenin and Tulkarm, where they are increasingly affected by psychological distress and an inability to access education. ³⁰⁷ In these areas, families are resorting to harmful coping mechanisms such as child labour, early marriage, and school dropout. Children are increasingly affected by psychological distress, including symptoms of anxiety, Post

		Traumatic Stress Disorder (PTSD), depression, and withdrawal, especially among boys aged 7–12 years. ³⁰⁸
Maternal and Neonatal Health		In the West Bank, violence, movement restrictions, and attacks on health facilities have left more than 230 000 women and girls with little to no access to reproductive health services. ³⁰⁹ 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. ³¹⁰ But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ³¹¹
Malnutrition		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. ³¹² As of October 2024, the number of acutely food-insecure people had nearly doubled compared to pre-October 2023. ³¹³
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. ³¹⁴
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. Israeli settlers have again disrupted the water supply of about 100 000 Palestinians across 20 villages in Ramallah by damaging water infrastructure. ³¹⁵
Rabies		Cases are reportedly increasing, with the MoH reporting one child has died.
Guillain-Barré Syndrome (GBS)		No reported cases to date. However, there is a concerning surge in Guillain-Barré Syndrome (GBS) reported in Gaza in July 2025. ³¹⁶
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. ³¹⁷
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ³¹⁸ As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ³¹⁹
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. ³²⁰ 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. ³²¹
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.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>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): One million women and girls in Gaza are facing mass starvation, violence and abuse. Malnutrition is soaring and essential services have long collapsed, forcing women and girls to adopt increasingly dangerous survival strategies.³²²

In southern Gaza, the situation is especially dire since there is no longer a safe shelter for GBV survivors, following the issuance of a displacement order on 20 July that forced the relocation of services to Gaza city, and most staff addressing GBV have themselves been displaced who, like the rest of the population, have been suffering from hunger, insecurity and poor living conditions that have constrained their capacity to provide support.³²³

Women-led organizations inside Gaza describe how women are boiling discarded food scraps to feed their children, and risking being killed when searching for food and water. Women and girls have run out of basic supplies, which are critical to preserving their health, safety and basic dignity. More than 28 000 women and girls have been killed, most of them mothers leaving children and elderly behind with no protection or caretakers.³²⁴

Access constraints and severe fuel shortages are severely limiting the mobility of child protection case workers and psychosocial support (PSS) facilitators, restricting their ability to reach children and families in need. As a result, many cases remain unmonitored and unreported, placing children in even more life-threatening situations.³²⁵

Child Protection: Child protection partners are receiving a high volume of complex cases involving children affected by a range of vulnerabilities, including violence, family separation, disabilities, and conflict-related injuries.³²⁶ Highlighting the lack of protection of civilians, MSF said that 29.6% of all medical consultations for wounds were for children under 15 years of age, and 32% of the consultations were for women.³²⁷

Since the end of the ceasefire in March 2025, 134 safe spaces have been forced to shut down, rendered non-operational or became inaccessible, leaving only 88 safe spaces currently functional for partners to offer case management, mental health and psychosocial support and group activities. This has led to severe overcrowding in the remaining functional spaces, reducing privacy, duration and effectiveness.³²⁸

On 3 August, the Protection Cluster reported that the West Bank, including East Jerusalem, is facing a sharp rise in child protection risks, driven by settler violence, Israeli forces' operations, detention, and forced displacement.³²⁹ The Children are increasingly affected by psychological distress, including symptoms of

anxiety, Post Traumatic Stress Disorder (PTSD), depression, and withdrawal, especially among boys aged 7–12 years.³³⁰ Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour.³³¹ Between January and May 2025, 28 Palestinian children were killed – 71% by live ammunition and 25% in airstrikes – mostly in Jenin, Nablus, and Tubas. One child also died in Israeli detention.³³²

Mine Risks: The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS.³³³ UNMAS has recorded a sharp increase in reports of EO victims.³³⁴ Following the escalation of hostilities on 18 March, most Mine Action (MA) activities have been suspended due to the deteriorating security situation.³³⁵ Many Palestinians are also forced to seek refuge in damaged buildings and are therefore exposed to the dangers of EO.³³⁶ 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.³³⁷

Water, sanitation and hygiene (WASH)

Gaza: A total of 81% of public WASH facilities and assets (567 out of 696) are within the Israeli-militarized zone or under displacement orders since 18 March (as of 1 August). A total of 96% of households have experienced water insecurity and 90% of key informants reported worsening levels of drinking water security in July 2025. A total of 89% of the WASH sector assets have been either destroyed or partially damaged (February 2025).³³⁸

In July, approximately 852 000 litres of diesel were available for WASH partners – covering only 62% of the 1.36 million litres required for critical interventions and just 41% of the 2.10 million litres needed to maintain all emergency WASH operations.³³⁹ This severe shortfall has had a direct and widespread impact on water availability across Gaza, restricting both production and delivery capacity. For example, production from groundwater wells has dropped by 70% compared with the ceasefire period when fuel was more readily available.³⁴⁰

West Bank: 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.³⁴¹ As the summer heat wave persists, many Palestinian communities across the West Bank are facing extreme water shortages, driven mainly by a substantial reduction in the water supply from Israeli pipelines in some areas, insufficient rainfall, lack of permits to build water infrastructure or demolitions thereof, and settler violence.³⁴²

Analysis carried out by the Cluster at the beginning of 2025 showed that 52 communities across the West Bank faced access obstacles to reach water resources and that long-distance trips to collect water take on average just under an hour. In addition, 73 communities do not have an official water network and are forced to rely on water trucking as a main source of water. These shortages are due to heatwaves and low rainfall, a lack of permission by Israeli authorities to build water lines for Palestinian communities in Area C, access obstacles and settler violence.³⁴³

Education

According to the brief, learning losses in Gaza have created gaps in foundational literacy and numeracy, impeding transition to higher education levels.³⁴⁴ As of August 2025, 658 000 school-aged children and 87,000 tertiary students are left without access to formal learning spaces (source: IRDNA, issued in February 2025). More than 16 385 school students and 725 educational staff killed and 24 400 students and 3080 teachers injured.³⁴⁵

According to a new assessment by the Education Cluster, which relies on satellite imagery collected on 8 July 2025, nearly 91.8% of school buildings in the Gaza Strip (518 out of 564) were directly hit or damaged and are estimated to require either full reconstruction or major rehabilitation work to be functional again.³⁴⁶

The ongoing Israeli operation in the northern West Bank has severely disrupted access to education.³⁴⁷ Some 84 schools across the West Bank face pending demolition orders, 54 of which are under the threat of full demolition, while 30 are subject to partial demolition orders. These schools serve 12 855 students.³⁴⁸

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Attacks Against Healthcare in Gaza and the West Bank

Between 7 October 2023 and 17 August 2025, there have been 788 attacks in Gaza (959 individuals killed) and 884 in West Bank (36 individuals killed).³⁴⁹ Figures for the region are also provided below:

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Gaza	788	959	1527	651	210
West Bank	884	36	172	204	605
Israel	81	25	80	27	25
Total	1753	1020	1779	882	840

In July 2025, WHO condemned in the strongest terms the attacks on a building housing WHO staff in Deir al Balah in Gaza, the mistreatment of those sheltering there, and the destruction of its main warehouse.³⁵⁰ Following intensified hostilities in Deir al Balah, the WHO staff residence was attacked three times. Staff and their families, including children, were exposed to grave danger and traumatized after airstrikes caused a fire and significant damage.³⁵¹

Israeli military entered the premises, forcing women and children to evacuate on foot toward Al-Mawasi amid active conflict. Male staff and family members were handcuffed, stripped, interrogated on the spot, and screened at gunpoint. Two WHO staff and two family members were detained and later released.³⁵²

On 25 August, Nasser Medical Complex in central Khan Younis was hit by two strikes carried out by Israeli forces, killing 22 Palestinians, including two who died of their wounds on 27 August according to MoH. Among the fatalities were one female photojournalist, four male journalists, a Palestinian Civil Defence (PCD) driver, a doctor and three other medical staff. Over 30 people were reportedly injured.³⁵³

Gaza: In crisis health system status

Access

Access to healthcare is deeply affected by displacement orders and “no-go zones”. Since 18 March, the Israeli military have issued 63 displacement orders.³⁵⁴ A total of 88 % of the Gaza Strip is within Israeli militarized zones, under displacement orders or where these overlap.³⁵⁵ Between 11 and 20 July, multiple displacement orders in Gaza have severely impacted health services, including four hospitals, nine PHCs, and 11 medical points are located within designated displacement areas. The displacement orders have impacted 296 health service facilities, with 123 service points within the displacement area.³⁵⁶

Functionality

A total of 50% (18 out of 36) of hospitals partially functional (1 in North Gaza, 11 in Gaza city, 3 in Deir al Balah, 3 in Khan Younis and none in Rafah).³⁵⁷ A total of 62% (10 out of 16) of field hospitals partially functional, including (1 in Gaza, 4 in Deir al Balah, 4 in Khan Younis, 1 in Rafah and none in North Gaza). A total of 39% (66 out of 170) of primary health care centres partially functional. As of 27 July, there were 30 Emergency Medical Teams (EMTs) deployed by 20 international and one national organization.³⁵⁸

The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in May 2025 that 24% of the Health Service Units Delivery Units (HSDUs) were intact, 55% were at least

partially functioning, and 20% were damaged (of a total of 100 HSDUs). The 3 primary causes for building damage were insecurity (99%) and lack of maintenance (20%).³⁵⁹ Furthermore, the primary causes of functionality constraints were insecurity (62%) and lack of supplies (46%).³⁶⁰

Hospitals across Gaza continue to face extreme challenges that are hampering their ability to provide adequate health care to patients across Gaza. According to WHO, Al-Shifa and Al-Ahli hospitals, in Gaza city, are operating at nearly 300% over capacity, with a constant influx of complex trauma injuries.³⁶¹ Every hospital is overrun.³⁶² Surgical waiting lists are so long that patients often die before we have the chance to operate.³⁶³

According to WHO, the total hospital bed capacity in the Gaza Strip is currently at 2085 beds, including 1547 inpatient beds, 68 intensive care units (ICUs), and 92 incubators, and the 11 hospitals still partially functional in Gaza city represent 49% (1022) of total hospital beds, 47% (722) of inpatient beds, and 51% (35) of all ICU beds in the Gaza Strip. In other words, if the Israeli-announced offensive on Gaza city goes ahead, the Gaza Strip could lose half of its hospital bed capacity.³⁶⁴

MoH added that this has forced hospitals to place patients on floors and in hallways due to the lack of available bed space. The Health Cluster also reported that specialized rehabilitation facilities, including Hamad Hospital, Al Amal Hospital, and Al Wafaa Hospital, are overwhelmed with trauma injuries (complex polytrauma) and GBS cases.³⁶⁵

Waiting lists have reached up to one year, despite reduced admission durations. Furthermore, patients with non-escalation-related disabilities are being neglected and are not receiving the necessary care.³⁶⁶ Only two inpatient rehabilitation hospitals remain, both at full capacity, with patients waiting over 11 months for admission.³⁶⁷

On 31 July, Al Aqsa Hospital stated that it is facing an increasingly critical humanitarian and health crisis amid the growing number of casualties and urgent medical needs. Hundreds of injured people are arriving at the hospital, overwhelming the facility's capacity.³⁶⁸ The emergency department is unable to accommodate the rising number of critical injuries, and all inpatient wards are fully occupied. Operating rooms have ceased functioning due to the lack of available inpatient beds, with some patients left inside operating theatres because there is no space to move them.³⁶⁹

Similarly, the head of the Kuwaiti Specialized Field Hospital in Al Mawasi, in Khan Younis, reported that the hospital receives hundreds of critical injuries of people seeking food daily, adding immense pressure on overstretched medical teams amid the near-total collapse of the health system.³⁷⁰ The wound care unit has halted operations due to a complete lack of essential medical supplies. The operational capacity of the hospital has been exceeded, and it can no longer absorb the rising number of casualties amid the lack of supplies. The head of the hospital urgently called on people to avoid going to the militarized distribution points to preserve life.³⁷¹

The MSF-supported Al Zawaida Field Hospital in Deir Al-Balah is now operating over capacity, with no space for new patients. Within three weeks, the field hospital increased its bed capacity from 70 to 115 beds, but this still doesn't come close to meeting the massive medical needs.³⁷²

Medical Supplies and Medicines





The Health Cluster report that there are inadequate medicine and medical supplies including vaccines for routine immunization due to the current humanitarian aid restrictions.³⁷³ On 20 July, the WHO's main warehouse in Deir Al-Balah was destroyed due to attacks, amid MoH reports that 52% of essential drugs and 68% of medical disposables are at zero stock.³⁷⁴

There is an urgent need for blood and blood products and supplies for blood transfusions. (4500 blood units required per month). There is also an urgent need for ambulance spare parts and oil and assistive products (AP) across Gaza. There is also an extreme shortages of ICU equipment, operating theater

machines, and needed supplies. Hospitals are in dire need of food for patients and healthcare workers.³⁷⁵

Hospitals are overwhelmed by mass casualty incidents, with up to eight incidents per day.³⁷⁶ Most trauma cases require major surgeries for limb and abdominal injuries, yet there is no stock of external fixators—a frame that sits outside the body and stabilizes fractured bones while they heal—and we are running out of other supplies, including blood and critical antibiotics.³⁷⁷

Delays and impediments of humanitarian movements continue to be reported. The UN warned that the fuel shortage in Gaza has reached critical levels in July 2025.³⁷⁸ While limited quantities of fuel have been entering Gaza, fuel supplies remain critically limited and unpredictable, significantly undermining the ability of humanitarian partners to deliver and sustain lifesaving services, particularly those related to water production and distribution.³⁷⁹

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
			
A total of 88 % of the Gaza Strip is within Israeli militarized zones, under displacement orders or where these overlap. ³⁸⁰	MoH reports that 52% of essential drugs and 68% of medical disposables are at zero stock. ³⁸¹	A total of 50% (18 out of 36) of hospitals partially functional (1 in North Gaza, 11 in Gaza city, 3 in Deir al Balah, 3 in Khan Younis and none in Rafah). ³⁸²	Between 7 October 2023 and 8 August 2025, there have been 746 attacks in Gaza (926 individuals killed) and 863 in West Bank (31 individuals killed). ³⁸³

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.³⁸⁴ At least 1580 health workers have been killed, including some also counted under aid workers above (source: MoH, as of 25 May 2025). Furthermore, 136 Civil Defence staff were killed while on duty (source: PCD).³⁸⁵

Food insecurity is affecting everyone in Gaza; staff exhaustion and hunger are acute, with frontline staff and service providers reporting being dizzy from not eating enough, directly impacting their capacity to provide quality care. Both staff and community members are experiencing rising psychological distress, and there are urgent requests for additional support for service providers.³⁸⁶

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.³⁸⁷

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.³⁸⁸

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.³⁸⁹ 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.³⁹⁰

West Bank: In crisis health system status

Out of a total of 480 primary health care (PHC) facilities, only 59 (12%) are fully functional, comprising 41 operated by UNRWA, 15 supported by NGOs, two run by the Ministry of Health (MoH), and one privately owned. The remaining 418 PHCs (87%) are partially functional, all of which are MoH facilities. In the secondary health care sector, 42 of 60 hospitals with inpatient capacity (70%) are fully operational, while 18 (30%) are only partially functional. Additionally, there are eight emergency centres, of which just one is fully functional, and 235 mobile clinics, with 177 operating at full capacity.

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.³⁹¹ 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.³⁹²

Movement restrictions continue to hinder the movement of ambulances and health care workers, impeding access to essential health care services.³⁹³ Persistent lack of electricity and water at health facilities in Jenin, Tulkarm, Tubas, and Qalqiliya, continue disrupting operations and compromising the cold chain.³⁹⁴ 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.³⁹⁵

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.³⁹⁶

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.³⁹⁷ As of 10 September 2025, the Health Cluster had only received 14% of the required funding under the Escalation of Hostilities in the oPt Flash Appeal 2025.³⁹⁸

As of 30 August, 86 Health Cluster partners were active in Gaza, with 55 directly supporting 229 of the 236 still partially functioning health facilities across the Strip, including 18 hospitals, 10 field hospitals, 68 primary healthcare centres (PHCs), and 117 medical points. On average, over 359 600 health activities are implemented per week since 1 January 2025.

As of 30 August, 35 Health Cluster partners were active in The West Bank, with 15 directly supporting 374 of the 855 functioning health Hospitals, Primary Health Care Centres, Medical points, Mobile clinics and ambulance services across the West Bank. On average, over 32 900 health activities are implemented per week since 1 January 2025.

On 13 August, over 100 international NGOs raised the alarm over increasing obstructions by Israeli authorities on the delivery of humanitarian aid to Gaza.³⁹⁹ Despite claims by Israeli authorities that there is no limit on humanitarian aid entering Gaza, most major international NGOs have been unable to deliver a single truck of lifesaving supplies since 2 March.⁴⁰⁰ This obstruction is tied to a new registration process introduced by Israeli authorities for international NGOs. Failing to comply could force organizations to halt operations in Gaza and the West Bank, including East Jerusalem, and remove all international staff within 60 days.⁴⁰¹

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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