World Health Organization

HEALTH CLUSTER

Hostilities in the occupied Palestinian territory (oPt)

Date: 11 November 2025

Public Health Situation Analysis (PHSA)

This is the eleventh 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 Nutrition Food security Displacement Epidemics	Trauma and Injury (including rehabilitation) Malnutrition Acute Diarrhoeal Illness Acute Respiratory Infections Tuberculosis Noncommunicable Diseases Cardiovascular Diseases Maternal and Neo-natal Health Mental Health Conditions Poliomyelitis (cVDPV2) Anti-Microbial Resistance (AMR)	G3	**Gaza Strip:** (High- Level 5) **West Bank:** (Substantial- Level 4)	**INFORM Risk:** 6.4/ 10 (High) **Global Risk Ranking:** 21 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

The fragile Gaza ceasefire announced on 9 October 2025 marked a momentous but precarious juncture in the ongoing conflict.[3] The ceasefire remains in place but is fragile, and violations from both sides continue.[4]

When the ceasefire was agreed in mid-October, the UN Relief Chief Tom Fletcher outlined a 60-day plan to deliver vital aid to people in Gaza, stressing that full implementation requires more crossings, rapid and unimpeded access, sustained fuel entry, restored infrastructure, protection of aid workers, and adequate funding.[5]

While humanitarian aid has begun to flow into Gaza offering a measure of relief, uncertainty persists. Meanwhile, the Rafah Crossing as well as other crossings in the north remain closed, limiting efforts to alleviate Gaza's humanitarian crisis.[6]

According to the Ministry of Health (MoH) in Gaza, the casualty toll among Palestinians since 7 October 2023, as reported by MoH, is 67 938 fatalities and 170 169 injuries.[7] Following the announcement of the ceasefire, large-scale population movements have been observed across Gaza as families attempt to return home after months of displacement. Over 533 000 people have moved from south to north since 10 October.[8] Most people in Gaza reside in inadequate shelters that fail to meet basic emergency standards, leaving them exposed to harsh winter conditions.[9] The UN Satellite Centre reported that as of 23 September, the extent of damage in Gaza City encompassed approximately 83% of all structures.[10]

Médecins Sans Frontières (MSF) report diseases directly linked to poor living condition (such as skin infections, eye infections, aches and pains) account for 70% of all outpatient consultations in health care centres in southern Gaza.[11] According to Early Warning, Alert and Response System (EWARS) reporting,

acute watery diarrhoea and acute respiratory infections are 17.5% of all consultations in Gaza as of October 2025.[12]

Ongoing attacks and resource shortages have severely weakened the health system. Every hospital is overrun.[13] A total of 50% (18 out of 36) of hospitals are functional, all partially.[14] Many health facilities have been shut down in Gaza City and in the North, leaving hundreds of thousands of people with limited access to lifesaving medical services.

As of 15 August 2025, Famine (IPC Phase 5)—with reasonable evidence—was confirmed in Gaza Governorate. Access constraints severely limit the quantity of aid that agencies can bring in to stabilize the markets and address people's needs. Anticipation of food inflows upon the ceasefire drove food prices down. However, liquidity constraints persist, with cash withdrawal fees still between 20-24%.[15]

While attention has been fixed on Gaza, violence and restrictions in the West Bank have intensified. Military operations in Jenin, Nur Shams, and Tulkarm refugee camps have displaced over 30 000 people, yet humanitarian groups remain barred from assessing the full scale of destruction.[16]

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.[17] The unprecedented impact of the current war on Gaza demands a transformative shift in addressing mounting immediate needs, revaluating long-term systemic challenges to relief efforts, and confronting the root causes of the conflict by ending the occupation and upholding international law.[18]

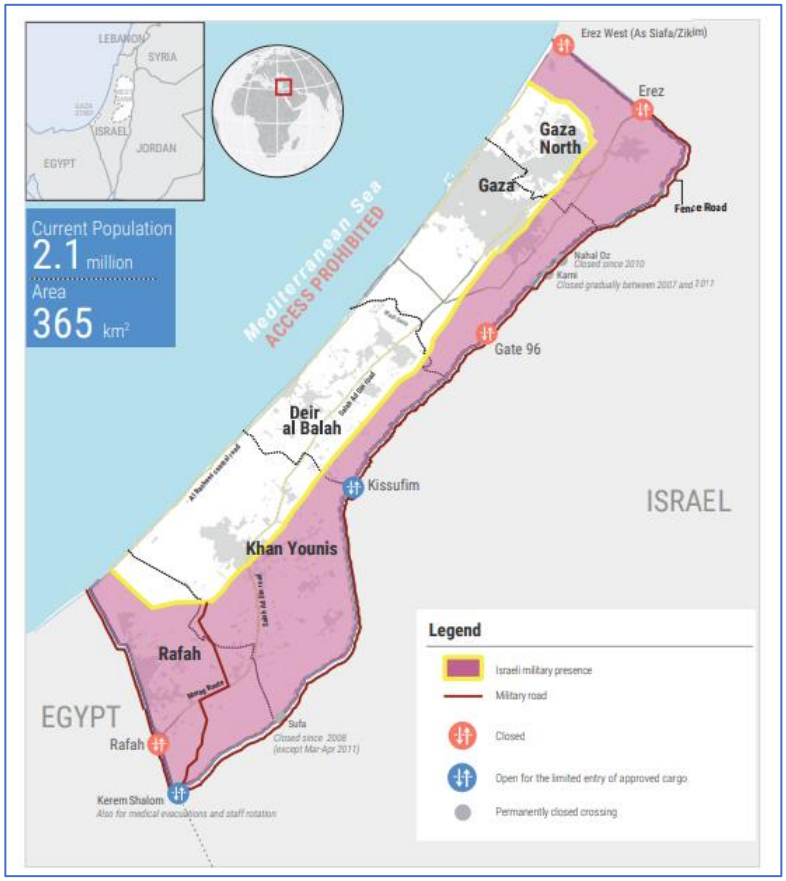


Figure 1- Map Military Presence in Gaza (OCHA, 15 Oct 2025)

HUMANITARIAN PROFILE

PEOPLE IN NEED (PiN)[19]

Gaza PiN: 2.1 million people

West Bank PiN: 1.2 million people

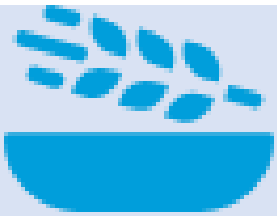
HEALTH NEEDS[20]

Gaza Target: 2.1 million

West Bank Target: 0.6 million

DISPLACEMENT[21]

Over 533 000 people have moved from south to north since 10 October.



FAMINE[22]

On 22 August 2025, Famine (IPC Phase 5) was confirmed in Gaza Governorate, **with over half a million people in the Gaza Strip facing starvation, destitution and death.**

PALESTINIANS IN GAZA[23]

Deaths: 67k+

Injuries: 170k+

Humanitarian Response to Date

60-day Intersectoral Plan: On 9 October, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Tom Fletcher, outlined a 60-day inter-sectoral plan to deliver vital aid to people in Gaza, noting that supplies and staff are in place. The plan entails reaching 2.1 million people with food assistance and 500 000 with nutrition support through in-kind rations, cash assistance, and livelihood restoration. It aims to revive Gaza's health system, with 79 health cluster partners providing life-saving health activities, delivering essential medical supplies, supporting evacuations, and expanding emergency, maternal, and mental health care.[24]

CERF Allocation: In a statement on 13 October, the Spokesperson for the UN Secretary-General welcomed the continued implementation of the ceasefire and the release of Israeli hostages and Palestinians detainees. With the ceasefire in effect, he noted that the UN and its partners are rapidly scaling up operations and reaching people in areas that had been cut off for months.[25] As part of this, the UN is releasing $11 million from its Central Emergency Response Fund (CERF) to meet urgent needs before winter – a move that underscores both the expanding humanitarian effort and the funding shortfall threatening to stall it.[26]

2025 Flash Appeal for the Occupied Palestinian Territory (oPt): As of 22 October 2025, Member States have disbursed approximately US$1.3 billion out of the $4 billion (32%) 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 for the oPt.[27] Nearly 88% of the requested funds are for humanitarian responses in Gaza, with just over 12% for the West Bank. During September 2025, the oPt Humanitarian Fund managed 95 ongoing projects, totalling $57.1 million, to address urgent needs in the Gaza Strip (87%) and the West Bank (13%). Of these projects, 43 are being implemented by INGOs, 38 by national NGOs and 14 by UN agencies. Notably, 32 out of the 57 projects implemented by INGOs or the UN are being implemented in collaboration with national NGOs.[28]

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.[29] A new update of the IPC has already been initiated.

By mid-October 2025, food consumption in Gaza showed a slight improvement due to humanitarian and commercial trucks. However, it remains below pre-conflict levels. Households primarily consumed cereals and pulses. Meat, eggs, vegetables and fruits were being consumed very rarely. With the ceasefire announcement, the prices of most food items decreased compared to September and the first week of October. More price decreases were expected but prices remained higher than February 2025 (ceasefire) and pre-conflict level. Anticipation of food inflows upon the ceasefire drove food prices down. However, liquidity constraints persist, with cash withdrawal fees still between 20-24%.[30]

International NGO partners continue to face registration challenges, limiting their ability to operate at scale and restricting the entry of essential food items.[31]Access constraints severely limit the quantity of aid that WFP and other agencies can bring in to stabilize the markets and address people's needs. In general, the quantity of nutritious food aid entering Gaza is still insufficient to address the severe hunger conditions.[32]

Military ground operations, UXO contamination and aerial bombardment of civilian infrastructure, farmland and dense urban areas have destroyed local food production and distribution systems.[33] 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.[34] Despite the continued scale of damage, the analysis also indicates that 37% of the damaged cropland in the Gaza Strip is now physically accessible for rehabilitation and cultivation.[35]

Resuming agricultural activities, including the revival of vegetable and fruit cultivation, small-scale animal rearing at the household level, restocking livestock, and supporting non-agriculture livelihoods through conditional assistance (either cash-based or in-kind), is key to enhance diet diversity and narrow food gaps in Gaza.[36]

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.[37] The situation was of particular concern in Gaza, with 64.3% of the population classified as moderately or severely food insecure.[38] A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.[39] Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.[40] Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.[41]

West Bank: As of October 2024, the number of acutely food-insecure people had nearly doubled compared to pre-October 2023.[42] 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.[43]

Healthcare and Medical Evacuations

A total of 50% (18 out of 36) of hospitals are functional, all partially, including: 12 in Gaza city, 3 in Deir al Balah, 3 in Khan Younis and none in North Gaza and Rafah. A total of 63% (10 out of 16) of field hospitals functional, all partially, including: 1 in Gaza, 4 in Deir al Balah, 4 in Khan Younis, 1 in Rafah and none in North Gaza.[44]

A total of 40% (76 out of 189) of primary health care centres are functional, all partially. There are 35 Emergency Medical Teams (EMTs) deployed by 20 international and two national organizations, as of 31 October.[45] Over 16 500 critical patients, including over 3800 children, require medical evacuation abroad.[46] Between 1 January and 5 November 2025, 2 570 patients and 4 529 companions have been evacuated outside Gaza.[47] Since October 2023, over 8002 patients have been evacuated outside Gaza, including

5550 children.[48] Trauma and oncology are the top medical conditions among those evacuated.[49] Most patients were referred to Egypt, United Arab Emirates, and Qatar.[50]

Displacement

Gaza: Over 533 000 people have moved from south to north since 10 October.[51] An additional 110,860 movements were recorded from the western parts of Khan Younis towards the eastern areas of the governorate. This represents a notable shift from previous months of continuous southward displacement.[52]

As of 21 October, around one million people are residing in about 800 displacement sites across the Gaza Strip, noting that these figures fluctuate daily as people move in response to changing conditions. [53]

Insecurity, movement restrictions, and damaged infrastructure continued to limit access to populations in displacement sites in Gaza city. Partners reported difficulty reaching areas near active conflict zones or heavily damaged neighbourhoods, resulting in gaps in site-level data and hindering response planning. Despite efforts to maintain remote engagement through focal points, the lack of physical access remained a major barrier to assessing needs and delivering timely assistance.[54]

Limited space in Deir al Balah and Khan Younis forced displaced families to reside in increasingly unsafe conditions. The lack of alternative spaces and restrictions on bringing in site improvement materials further constrained Site Management efforts to address risks and improve living conditions.[55]

Most people in Gaza reside in inadequate shelters that fail to meet basic emergency standards, leaving them exposed to harsh winter conditions.[56] A site monitoring visit on 14 September found that out of the total population residing in sites where focal points were contacted approximately 6% (13 586 individuals) were identified as having specific vulnerabilities. These include people with injuries requiring treatment, chronic illnesses, pregnant and lactating women, female-headed households, unaccompanied children, and child-headed households. The most commonly reported vulnerability was chronic illness, affecting 2% of the population in sites covered through Focal Points (5075 individuals), with the highest proportion observed in Deir Al-Balah (3%, or 4035 individuals), followed by Khan Younis (2%, or 1020 individuals).[57]

Its reported that 78% of all structures are destroyed or damaged (source: UNOSAT, as of 8 July 2025). A total of 88% of the 48 987 assessed establishments in the commerce and industry sector in Gaza have been damaged or destroyed, including 22% damaged and 66% destroyed (source: IRDNA, issued in February 2025). A total of 77% of the total road network has been damaged (including destroyed, affected roads and roads restricted by obstacles), across the Gaza Strip (source: UNOSAT, as of 8 July 2025) [58]

Based on satellite imagery collected on 8 July 2025, that widespread destruction across the Gaza Strip has generated more than 61 million tons of debris.[59] This is equivalent to about 169 kilogrammes of debris for every square metre. Debris removal is critical in this period following the ceasefire as it enables the reopening of blocked roads, facilitates the movement of people and goods, reduces potential hazards, and supports the resumption of essential services and the delivery of humanitarian aid.[60]

West Bank: Over 3000 Palestinians have been displaced in the West Bank since 7 October 2023, citing settler attacks and access restrictions.[61] The annual olive harvest is a key economic, social and cultural event for Palestinians. Over the past five Olive Harvest seasons (2020–2024), settler-related attacks against Palestinians have steadily increased, despite differing contextual factors, including COVID-19 restrictions in 2020 and widespread denials of access to agricultural lands near settlements or behind the Barrier in 2023.[62]

Across the West Bank in October 2025, Palestinians are facing forced mass displacement by Israeli forces and settlers. In one community in Masafer Yatta, more than 85% of homes have been reduced to rubble. In Khallet Athaba, a village with a population of about 100 people in Masafer Yatta in Hebron governorate, Palestinian families are enduring daily harassment, intimidation, and violent attacks from Israeli settlers, often under the protection of the Israeli forces.[63]

The destruction has left the majority of residents without adequate shelter, water, or electricity. The community continues to resist displacement despite the scale of destruction. Families who have lost their houses have moved into caves, only to face settlers entering and attacking them inside. One resident described the constant expansion of settlements nearby, with caravans appearing closer to the village each day.[64]

Since 7 October 2023, there has been a sharp increase in displacement of Palestinian families due to the destruction of homes by Israeli authorities.[65] 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.[66]

Extreme Exposure to Climate Events

Nearly 1.9 million people in Gaza, over 70% of the population, are now confined to areas with extreme exposure to climate hazards and no functioning infrastructure.[67] The 2025–2026 winter season is forecast to bring 450–500 mm of rain, strong winds, and coastal surges to an environment where sewage ponds are already overflowing, half a million tons of waste (including hazardous medical waste) lie uncollected, and fragile tents are pitched on bare, flood-prone ground.[68]

Vulnerability has risen from 60% before October 2023 to over 90% today, leaving the vast majority of Gaza's displaced exposed to multi-hazard risks: flooding, disease outbreaks, hazardous contamination, wind damage, and sea-level rise. This convergence of conflict-driven displacement and escalating climate threats creates a compound humanitarian emergency. Without urgent, climate-sensitive interventions, early warning systems, safer shelter siting, drainage clearance, and adapted aid delivery, the winter ahead may trigger widespread preventable suffering and public health crises.[69]

Through 2025, shelter conditions in Gaza have sharply deteriorated.[70] Repeated displacements, combined with limited transport capacity, have forced families into overcrowded, unsafe shelters or damaged buildings that fail to meet basic emergency standards, lacking protection from the weather elements and access to services. Based on Shelter Cluster's broad estimations, 1.5 million people in Gaza are in need of shelter materials and 1.5 million individuals of need of household items (September 2025).[71] With winter approaching, the window for large-scale shelter assistance is closing fast. Immediate and consistent approvals and access are critical to enable a life-saving winterization response.[72]

Humanitarian Access and Attacks on Aid Workers

Gaza: Access remains severely restricted, with only the Kissufim and KS crossings open and no entry permitted into northern Gaza, from the upstream side. While conditions inside Gaza have slightly improved, looting and insecurity incidents continue to affect the safe delivery of aid.[73]

No food convoys have entered northern Gaza through the crossings since 12 September, highlighting the urgent need to resume large-scale deliveries directly into the north.[74] Many of the roads in Gaza are blocked, damaged or destroyed, making them unusable for transporting aid. The damage to infrastructure has severely impacted warehousing and storage capacity, with more than 50% destroyed.[75]

The UN and its partners continue to face physical and bureaucratic impediments preventing them from providing lifesaving assistance at scale in the Gaza Strip. Complex authorization and inspection procedures, limited clearance capacity at various crossings, often unpredictable rejection of entry of pre-cleared cargo types, and denials or impediments to humanitarian movements by Israeli authorities hinder operations. The closure of Zikim crossing since 12 September by the Israeli authorities has resulted in the humanitarian community losing direct access to channel aid into northern Gaza. Inside Gaza, humanitarian cargo faces looting – including by armed groups.[76]

Through the UN 2720 mechanism and via UN Logistics Cluster coordination, only 15 humanitarian partners are currently authorized by Israeli authorities to bring into Gaza aid trucks carrying food, hygiene, shelter and health supplies. Although the Israeli military has withdrawn from parts of Gaza, coordination of movement continues to be required in other areas of Gaza. Between 7 and 12 October, out of 94 attempts to coordinate planned movements with Israeli authorities across the Gaza Strip, 50 (53%) were facilitated, 18 (19%) were impeded, 19 (20%) were denied, and seven (7%) were withdrawn by organizers for logistical, operational, or security reasons.[77]

Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance.[78] Last year, 2024, was the deadliest year for humanitarian workers.[79] OCHA report that an average of four aid workers have been killed each week in the Gaza Strip so far in 2025. At least 575 aid workers killed since October 2023 (567 nationals, 8 foreigners; incl. at least 187 women and 388 men), some in the line of duty.[80] 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.[81]

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.[82]
With the 2025 olive harvest season which began in the West Bank on 9 October, Israeli settler violence targeting Palestinian communities and agriculture continued unabated, with attacks and harassment reported across the West Bank. Movement restrictions were tightened across the West Bank by Israeli forces, including the deployment of mobile checkpoints, the closure of road gates, and the erection of cement blocks and other obstacles.[83]

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.[84] There are many 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.[85] A summary of the key vulnerable groups is below.

Women and Girls: Over one million women and girls require food aid, and nearly a quarter million need urgent nutrition support. This ceasefire is our window to deliver fast, to stop famine where it has begun and prevent it where it looms. Most women in Gaza have been displaced at least four times during the war. The ceasefire is their first chance to stop running, to find safety, to rebuild. But winter is coming, and too many still have no shelter.[86]

In Gaza, one in seven families is now led by a woman.[87] Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.[88] For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.[89] Family separation has also led to mixed impacts on the role of women within their households.[90]

Children: As populations move post-ceasefire, families are also facing multi-day delays and travelling along overcrowded and arduous displacement routes, often increasing the risk of family separation. This is especially the case for children under ten.[91] Before the recent escalation in violence, UNICEF reported that one million children in oPt required Humanitarian assistance.[92] Malnutrition among children is accelerating at a catastrophic pace.[93] 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.[94]

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.[95] Men also report being more likely to face detention, severe mistreatment and even torture.[96]

Persons with Disabilities (PwD): Based on satellite imagery collected on 8 July 2025, that widespread destruction across the Gaza Strip has generated more than 61 million tons of debris.[97] High levels of debris carry a specific risk for people with disabilities, creating a significant impediment for those with mobility issues to access services and humanitarian aid and for outreach services to be provided.[98] 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.[99]

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.[100] The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.[101] Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.[102] 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.[103]

People with Mental Health Conditions: Two years of hostilities have more than doubled the need for mental health care in the Gaza Strip, from around 485 000 to over one million people.[104] Over 80% of displaced people report anxiety, despair, and helplessness, while vulnerable groups face heightened psychological risks due to the loss of social networks, disruption of routines, and lack of specialized care.[105] 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.[106] 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.[107]

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.[108]

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.[109] 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.[110]

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.[111] 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.[112]

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) [113]

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.[114] 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).[115] Infant mortality rates for children born in refugee camps was significantly higher than for their counterparts from urban and rural areas.[116]

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.[117] 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.[118] 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.[119]

As of 5 September 2025, 361 Palestinians have died due to malnutrition, including 130 children.[120] As these are only the verified deaths, the actual number is likely higher.[121] Dying of starvation is slow and painful.[122]

Vaccination coverage before the current escalation: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.[123] 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.[124] The COVID-19 response generated significant investments in public health infrastructure and vaccines.[125]

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.[126]

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. [127]

VACCINATION COVERAGE DATA	Year [128]	Gaza Strip	West Bank	Year [129] estimates	oPt[130]
DTP-containing vaccine, 1st dose	2022	104.1 %	99.9 %	2023	88%
DTP-containing vaccine, 3rd dose	2022	102 %	95 %	2023	88%
Polio, 3rd dose	2022	103 %	102 %	2023	89%
Measles-containing vaccine, 1st dose	2022	101.9 %	98.4 %	2023	89%

Vaccination Coverage During Current Escalation: On 6 November 2025, it was announced that UNICEF, UNRWA, WHO and partners, in collaboration with the Ministry of Health, would launch an integrated catch-up campaign for routine immunization, nutrition, and growth monitoring in the Gaza Strip to reach 44 000 children cut off from essential life-saving services by two years of conflict.[131] The campaign will be implemented in three rounds to reach children with three doses of Pentavalent, Polio, Rota & Pneumococcal Conjugate Vaccine and two dose of Measles, Mumps, Rubella vaccine. The first round of the campaign will take place from 9 to 18 November.[132]

It is estimated that 1 in 5 children under three years of age are either zero-dose or have missed vaccinations because of the conflict, putting them at risk of vaccine-preventable disease outbreaks. The catch-up campaign aims to provide these children with routine childhood vaccines that protect against measles, mumps, and rubella, diphtheria, tetanus, pertussis, hepatitis B, tuberculosis, polio, rotavirus and pneumonia.[133]

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma and Injury (including rehabilitation)		WHO estimates that nearly 42 000 people in the Gaza Strip have sustained potentially life-changing injuries, or 25% of more than 167 000 people who have suffered conflict-related injuries as of 24 September 2025. [134] The widespread presence of explosive ordnance (EO) continues to pose life-threatening risks to people across Gaza. Since 7 October 2023, 147 EO-related incidents have been recorded, resulting in 324 fatalities, including 91 children.[135]
Malnutrition		Malnutrition among children is accelerating at a catastrophic pace.[136] As of 15 August 2025, Famine (IPC Phase 5)—with reasonable evidence—is confirmed in Gaza Governorate. [137] Blanket supplementary feeding programmes, which are critical in preventing malnutrition, have met less than 5% of their target since July 2025, due to severe access constraints and border restrictions that have reduced the flow of nutrition supplies. [138]
Acute Diarrhoeal Illness (including acute watery diarrhoea (AWD), shigella and rotavirus)		The population of Gaza is exposed to extreme climate hazards and extremely limited functioning WASH infrastructure.[139] The 2025–2026 winter season is forecast to bring 450–500 mm of rain, strong winds, and coastal surges to an environment where sewage ponds are already overflowing, half a million tons of waste (including hazardous medical waste) lie uncollected, and fragile tents are pitched on bare, flood-prone ground.[140] Handwashing with soap is the most effective interventions to reduce diarrhoea - 49% of people in Gaza access less than the minimum emergency standard of water per day, 63% of families have no access to soap.[141]
Acute Respiratory Infections (ARI)		Acute respiratory infections are the most common reportable disease.[142] Poor living conditions and overcrowding, which facilitate the spread of airborne respiratory infections. Vaccinations for seasonal infections (Influenza, COVID) are currently not available in Gaza.
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.[143] In 2022, 13 cases were reported in Gaza and in 2023, 8 cases were reported. Between November 2024 and October 2025, 11 new cases were identified.
Hypertension/ High Blood Pressure		There are more than 650 000 people with raised blood-pressure.[144] Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024.[145]
Cardiovascular Diseases		There are 45 000 patients living with cardiovascular disease.[146] In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded.[147]
Kidney Disease		According to MoH, there are currently 700 dialysis patients across Gaza. [148] Haemodialysis services are overstretched, with 32 machines serving 234 patients at Shifa Hospital alone.[149]
Diabetes		There are at least 60 000 people with raised blood glucose.[150] Before the escalation, in 2022, diabetes was the most common NCD in Palestine.[151] The significant risk factors for NCDs among the

		Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.[152] Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8%.[153]
Cancer		The MoH estimates that around 14 800 people require urgent treatment abroad.[154] Trauma and oncology are the top medical conditions among those evacuated.[155] Gaza's only specialized cancer hospital was destroyed in March 2025.[156]
Maternal and Neo-natal Health		Currently in Gaza, more than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted infections.[157] Approximately 50 000 women are pregnant, with 5500 women due to give birth within the next month (approximately 180 per day), including 1400 who will likely require Caesarean sections.[158] Only 15 health facilities in Gaza are currently able to provide obstetric and newborn care, four of which are in Gaza city, and all are overwhelmed with patients and shortages of beds and critical supplies.[159]
Mental Health Conditions		Two years of hostilities have more than doubled the need for mental health care in the Gaza Strip, from around 485 000 to over one million people.[160] Over 80% of displaced people report anxiety, despair, and helplessness, while vulnerable groups face heightened psychological risks due to the loss of social networks, disruption of routines, and lack of specialized care.[161] UNICEF also reports 1 million children need mental health and psycho-social support.[162] No inpatient mental health services are available.[163]
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.[164] Around 90% of children under 10 in the Gaza Strip have received a dose of the polio vaccine following the three rounds of an emergency vaccination campaign conducted by partners in early September, November 2024 and February 2025.[165]
Anti-Microbial Resistance (AMR)		In war-affected regions, where healthcare systems are already compromised, AMR presents a greater threat.[166] Significant gaps in the regulation of antibiotic prescription, dispensation, and consumption have been reported in Gaza.[167]
Cholera		While an outbreak of cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks.[168] With the poor WASH situation and the potential for a large increase in international movement of aid workers, IDF soldiers, international contractors, international peacekeeping troops, and Gazans returning from abroad with the start of a ceasefire- Gaza is at high risk of importation and if there is an introduction, a large outbreak is almost certain.
Skin Infections (including scabies and cutaneous leishmaniasis)		Skin infections such as scabies and bullous impetigo are also on the rise.[169] A total of 64% of households experience infestations of lice and mites, while 57% are affected by skin conditions such as rashes and scabies due to poor hygiene and overcrowding.[170] 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 and shortage of treatments.[171]

Measles		No confirmed cases of measles have been reported in Gaza between October 2023 and October 2025. As the current coverage rate of immunizations for those under the age of 3 is currently unknown and there have been documented disruptions to the EPI program, the risk of non-immune sub-populations is high. In addition, the risk of importation of measles from international movement is also high.
Typhoid		No update on cases since October 7, 2023, however this may be due to a lack of diagnostic capacity. Spread through contaminated food or water, those in Gaza are at risk of typhoid considering the dire living conditions.
Protection Risks (including GBV)		Caseloads increased sharply, with two hundred one unaccompanied and separated children identified in recent weeks, alongside rising early marriage, family separation, conflict-related injuries and widespread psychosocial distress that exceeded partner capacity.[172] Food insecurity drove negative coping strategies, including child marriage. [173]
Guillain-Barré Syndrome (GBS)		The severe overcrowding as a result of destruction and displacement across the Gaza Strip, combined with the collapse of water and sanitation systems has led to a surge in infectious diseases, which are known triggers for GBS. GBS is usually a rare occurrence, requiring specialist medical care. In 2025, 130 cases have been reported (3-6x the global incidence). [174] However, in recent weeks, there is a downward trend in the number of cases.[175]
Cold Weather-Related Risks		During the winter of 2024/2025 there were at least 8 documented hypothermia deaths (7 children) resulting from exposure due to lack of adequate shelter, clothing, and cold weather supplies. With 1.5 million people in need of emergency shelter and basic household items, there is risk of exposure deaths this winter especially among the most vulnerable (infants).[176]
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		In 2025, there were over 3 000 cases of Acute Jaundice Syndrome (suspect hepatitis A) in Gaza. In 2022 there were 3.9 cases Hepatitis A/100 000 population in 2022.
Meningococcal Disease		A total of 1375 suspected meningitis cases have been reported since May, with a noticeable decline in trend over the past four EPI weeks. Of these, 74% were probable viral meningitis, while 26% were probable bacterial meningitis. The surveillance team is following up with hospital focal points to determine the outcomes of bacterial meningitis cases.[177]
Chicken Pox		Endemic in childhood, as of 30 June 2024, there were 11 214 cases of chickenpox reported.[178] More recent figures are not available. However, large clinically diagnosed outbreaks have been documented amongst children and adults in overcrowded shelters.
Mumps		Mumps is endemic in Gaza, with over 590 suspect cases being reported since October 2023. [179] There has been a lack of confirmatory testing available during the conflict. The MoH reported 7/100 000 population cases in 2022. Cases typically occur during the winter months.
West Nile Fever (WNF)		WNF will be less of a risk to vulnerable populations during winter months as mosquitoes are less active in cooler weather.

Dengue Fever		Dengue fever will be less of a risk to vulnerable populations during winter months as mosquitoes are less active in cooler weather.
Hepatitis E		To date, there have been no suspected cases of Hepatitis E.
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.[180] 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.[181] In Gaza, in 2022 there were zero cases of Hepatitis C.[182] Lack of screening tests for dialysis and blood transfusion present a possible risk.
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.
HIV/AIDS		No updates on cases since October 7, 2023. The overall burden of HIV/AIDS as reported by the MoH is low. [183] Lack of screening tests for dialysis and blood transfusion present a possible risk.
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.
Heat Related Illnesses		For the coming three months, there is limited risk of heat related illnesses due to the winter season.
*Red: **Very high risk**. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: **High risk**. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: **Moderate risk.** Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: **Low risk.** Will probably not result in excess mortality/morbidity in the upcoming months.*		

Trauma and injury (including rehabilitation)

According to MoH in Gaza, between 7 October 2023 and 7 October 2025, the breakdown of those killed include children (30%), women (16%), elderly people (7%), and men (47%). Moreover, according to MoH, injuries include children (26%), women (14%), elderly people (7%), and men (53%).[184]

In a statement on 15 October, the UN human rights office (OHCHR) highlighted ongoing risks to civilians in the Gaza Strip, including due to unlawful conduct by Palestinian armed groups, intensification of internal armed clashes, extrajudicial executions, and the killing of civilians around Israeli military redeployment lines.[185]

In one incident on 13 October, OHCHR reported that published video footage apparently showed the public summary execution of eight blindfolded and handcuffed men from the same family in Gaza city. Moreover, since 10 October, OHCHR has recorded 15 Palestinians killed in cases where they were reportedly in close proximity to, or crossed the “withdrawal line,” noting that the Israeli military maintains control of more than 50% of the Gaza Strip, including almost all of Rafah and large parts of Khan Younis, Beit Lahiya, Beit Hanoun, as well as parts of Gaza city.[186]

The widespread presence of explosive ordnance (EO) continues to pose life-threatening risks to people across Gaza. Since 7 October 2023, 147 EO-related incidents have been recorded, resulting in 324 fatalities, including 91 children. Based on trends observed during the 42-day ceasefire earlier this year, this figure is expected to increase further as people return to damaged buildings and previously inaccessible areas.[187]

Based on satellite imagery collected on 8 July 2025, that widespread destruction across the Gaza Strip has generated more than 61 million tons of debris.[188] Debris and rubble removal is complicated by explosive ordnance contamination and asbestos, which require attention to facilitate the dignified management and documentation of the many thousands of bodies estimated to be buried under the rubble, the Gaza Debris Management Working Group highlights.[189]

On 2 October, WHO released a report highlighting the urgent demand for trauma and rehabilitation-related services in the Gaza Strip. WHO estimates that nearly 42 000 people in the Gaza Strip have sustained potentially life-changing injuries, or 25% of more than 167 000 people who have suffered conflict-related injuries as of 24 September 2025.[190]

Although age disaggregated data remains limited, the report indicates that about a quarter of those with potentially life-changing injuries are children. Of the total number of life-changing injuries, more than 22 000 are extremity injuries, more than 5 000 are amputations, 3300 are major burns, over 2000 are spinal cord injuries, and more than 1300 are traumatic brain injuries.[191] The report describes a rehabilitation system under immense strain, without sufficient specialized staff, equipment or supplies and unable to deal with the current demands.[192]

Malnutrition

Famine (IPC Phase 5) has been confirmed in Gaza governorate. All of Gaza (100% of the analysed 1.98 million people) in Gaza, Deir al Balah and Khan Younis governorates were projected to face crisis or worse levels of acute food insecurity between 16 August and 30 September 2025, as follows: 641 000 in Catastrophe (IPC Phase 5), 1.14 million in Emergency (IPC Phase 4); and 198 000 in Crisis (IPC Phase 3).[193] A new IPC analysis for Gaza is underway.

An estimated 132 000 cases of children aged 6 to 59 months and 55 500 pregnant and breastfeeding women are projected to suffer from acute malnutrition through June 2026, including 41 000 severe cases of children. A total of 25 000 infants are at risk of acute malnutrition and require urgent nutrition support between 1 July 2025 and 30 June 2026.[194]

Since January 2025, the monthly average of malnutrition screening steadily increased from 33% of all children under five to 73% in June, before dropping again to 36% in August. During the same period, 43% of about 50 000 admissions of children into malnutrition management programmes were reported in Gaza governorate; of these 50 000 admissions, 40 000 were cases of moderate acute malnutrition (MAM) and 10,000 were cases of severe acute malnutrition (SAM). Among the severe cases, 5% (about 500 cases) required inpatient care.[195]

Screening and detection of malnutrition was severely disrupted during September as partners were forced to suspend or relocate their services from Gaza city due to the Israeli military offensive and forced displacement orders. Mass displacement of people from northern to southern Gaza also put at risk the continuity of treatment for outpatient cases, risking compromising the recovery of children under treatment. Partners responded to these challenges by increasing the number of service points in the south and using mobile phones and SMS to link individual cases to their nearest treatment sites as they arrive in the south.[196]

More than 90% of children under two years consume fewer than two food groups per day, with high-protein foods and micronutrient-rich items extremely scarce (as of September 2025). Approximately 290 000 children between six months and five years and 150 000 pregnant and breastfeeding women require feeding and micronutrient supplements (monthly caseload, January-December 2025). [197]

Blanket supplementary feeding programmes, which are critical in preventing malnutrition, have met less than 5% of their target since July 2025, due to severe access constraints and border restrictions that have reduced the flow of nutrition supplies.[198] Partners remain unable to increase the number of stabilisation centre due to lack of beds, other essential equipment, and limited supplies, including shortage of F-100 therapeutic milk. The quantity of malnutrition prevention supplies was equally insufficient to cover all needs.[199]

More broadly, before the recent escalation in hostilities, approximately 39% of children were exclusively breastfed in the first six months of life in 2015.[200] 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.[201] 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.[202]

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

Acute Watery Diarrhea remained the second most reported condition, accounting for 31% of reportable disease consultations in 2025. These are most likely driven by factors such as population displacement, the absence of food safety monitoring in community kitchens, poor WASH conditions, and malnutrition leading to weakened immunity.[203]

The population of Gaza is exposed to extreme climate hazards and extremely limited functioning WASH infrastructure.[204] The 2025–2026 winter season is forecast to bring 450–500 mm of rain, strong winds, and coastal surges to an environment where sewage ponds are already overflowing, half a million tons of waste (including hazardous medical waste) lie uncollected, and fragile tents are pitched on bare, flood-prone ground.[205] Handwashing with soap is the most effective interventions to reduce diarrhoea - 49% of people in Gaza access less than the minimum emergency standard of water per day, 63% of families have no access to soap.[206]

Bloody diarrhea and acute jaundice syndrome (AJS) show mild fluctuations in morbidity rates amongst reportable disease consultations, but bloody diarrhea remains stable and AJS has an overall declining trend: from 0.25% & 3.04% respectively in July 2025 to 0.26% & 0.18% in September 2025. Ongoing displacement, access constraints, and disruptions to health services in Gaza are likely influencing both health-seeking behaviors and case reporting rather than a true reduction in disease transmission and could also be partially influenced by seasonal patterns.[207]

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.[208] Notably, 25% of child morbidity cases in Gaza were caused by water-borne diseases.[209] In September 2025, the average was 5 000 cases per week.

Acute respiratory infection (ARI) including COVID-19

Acute respiratory infections are the most common reportable disease.[210] ARI is the most reported conditions, accounting for 68% of reportable disease consultations in 2025. This is most likely driven by factors such as population displacement, poor WASH conditions, and malnutrition leading to weakened immunity.[211] With most people in Gaza now residing in a range of inadequate shelter types that fail to meet basic emergency standards, including makeshift tents and partially or heavily damaged buildings, or in the open air, the Shelter Cluster notes that these offer minimal protection and heighten people's vulnerability to extreme weather events, increasing their exposure to health and safety risks.[212]

Despite sustained advocacy efforts, cooking gas has not entered Gaza for almost seven months and is now unavailable in local markets. Firewood has also become increasingly unaffordable. Many people are reduced to using waste and scrap wood as alternative cooking sources, exacerbating health and environmental risks.[213] Last winter, people resorted to coping mechanisms such as using clay ovens, metal stoves, or burning wood, cloth, and even trash to cook and get warm. Lacking safe energy options, people are increasingly likely to resort to these unsafe practices this winter.[214]

Vaccinations for seasonal infections (Influenza, COVID) are currently not available in Gaza.

Tuberculosis (TB)

Even though Gaza is a low pulmonary tuberculosis (TB) burden region, it is well known that TB is primarily a socioeconomic problem associated with overcrowding, poor hygiene, a lack of fresh water, and limited access to healthcare.[215] In 2022, 13 cases were reported in Gaza and in 2023, 8 cases were reported. Between November 2024 and October 2025, 11 new cases were identified.

Noncommunicable diseases (NCD)

The MoH estimates that around 14 800 people require urgent treatment abroad.[216] Trauma and oncology are the top medical conditions among those evacuated.[217] Gaza's only specialized cancer hospital was destroyed in March 2025.[218] More than two thousand people are diagnosed with cancer each year, including 122 children.[219]

As of June 2024, there were more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.[220] According to MoH, there are currently 700 dialysis patients across Gaza.[221] In February 2025, according to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023.[222] Haemodialysis services are overstretched, with 32 machines serving 234 patients at Shifa Hospital alone.[223]

Cancer patients in the Gaza Strip continue to face extreme difficulties in accessing adequate care. The only hospital specialized in treating cancer patients in Gaza was the Turkish-Palestinian Friendship Hospital, which became non-operational in November 2023 after its fuel supply was depleted and it sustained heavy damage. The situation has further deteriorated following the closure in mid-May 2024 of the European Gaza Hospital, which was the main referral centre for oncology patients in the southern governorates. According to the MoH in Gaza, there are over 11 000 cancer patients in the Gaza Strip.[224]

According to WHO data, only 564 cancer patients, including 215 men, 207 women and 142 children, were evacuated abroad for medical care since January 2025. Dr. Mohammad Abu Nada, Medical Director at the Gaza Cancer Center, told Al-Mezan Center that over 70% of cancer medications are currently out of stock and that interruptions in treatment worsen patients' conditions and reduce their chances of recovery.[225]

On 1 October, the Palestinian Ministry of Health stated that breast cancer accounts for about 30% of all cancers among women in the Gaza Strip, with an incidence rate of 29 cases per 100 000 women. On 1 October, MoH in Gaza stressed that women in Gaza have been deprived of access to early detection protocols and comprehensive programmes for the prevention, diagnosis, and treatment of breast cancer for the second consecutive year.[226] A number of women urgently require radiotherapy, which is unavailable inside the Gaza Strip. .[227]

A survey conducted in 2022 on more than 9 000 students aged 13-15 from UNRWA schools across Jordan, Syria, Lebanon, the occupied West Bank, and the Gaza Strip found that a proportion of students reported using tobacco or e-cigarettes, with boys generally more likely to do so than girls. Patterns varied by region, with the lowest rates recorded in the Gaza Strip and the highest in the occupied West Bank.[228]

More broadly, 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.[229] In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).[230] The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.[231] 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.[232]

Maternal and Neonatal Health Conditions

Currently in Gaza, more than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted

infections.[233] Approximately 50 000 women are pregnant, with 5500 women due to give birth within the next month (approximately 180 per day), including 1400 who will likely require Caesarean sections.[234]

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.[235] This represents a decline of over 41% in the birth rate within just three years.[236] The Ministry of Health report that miscarriages have quadrupled. These are direct consequences of the conflict, lack of access to contraception and abortion, and absence of pregnancy follow-up.[237]

Only 15 health facilities in Gaza are currently able to provide obstetric and newborn care, four of which are in Gaza city, and all are overwhelmed with patients and shortages of beds and critical supplies.[238] Medicine, sanitary items, surgical equipment and health workers are all running out as few places have been spared the onslaught. Every week in Gaza at least 15 women deliver babies outside a health facility, without a skilled birth attendant, risking the lives of both mother and newborn.[239]

Doctors of the World report that 85% of pregnant women are at risk of complications. Overall, their teams observed an increase in curative consultations and a decrease in preventive consultations, such as prenatal check-ups. This trend was most pronounced in areas most affected by attacks, particularly in the north of the enclave. During the truce from January to March 2025, infections dropped by 50% and prenatal consultations increased — unmistakable evidence that these suffering are entirely caused by the blockade and the war. [240]

An estimated 55 000 pregnant and breastfeeding women are suffering from acute malnutrition in Gaza, fuelling catastrophic birth outcomes for mothers and newborns. One in three pregnancies is elevated risk, and premature and low-birth-weight infants now account for 60 to 70% of newborns, compared with 20% before October 2023.[241]

On 5 October, Dr. Ahmed Al Farra, Director of the Children's and Maternity Centre at Nasser Medical Complex, in Khan Younis, described the overwhelming burden on the health system, particularly following the influx of IDPs into southern Gaza, noting that the situation is catastrophic. He said that three newborns are now sharing a single incubator and warned that if even one of the infants has sepsis or a bloodstream infection, it could quickly spread and risk the lives of the other infants.[242]

Between May 2024 and August 2025, Doctors of the World reported that of 22 747 sexual and reproductive health consultations conducted at Doctors of the World health centres in Gaza, 36% were for genital infections linked to lack of water and hygiene, and the prohibitive cost of menstrual products (at least $15 for a basic pack of pads). Some women reported having to use scraps of old cloth as protection. A total of 84% of women affected by infections had been displaced at least once since the start of the war.[243]

Twenty-four months of war in Gaza has affected over 129 000 infants and young children who continue to face extreme risks to their survival and well-being. The long-lasting effects of heavy shelling, displacement, food insecurity, destruction of health infrastructure, poor sanitation, and overcrowded shelters have severely disrupted feeding practices and maternal care.[244]

More broadly, the reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.[245] 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).[246] 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.[247]

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.[248] Two years of hostilities have more than doubled the need for mental health care in the Gaza Strip, from around 485 000 to over one million people.[249] Over 80%

of displaced people report anxiety, despair, and helplessness, while vulnerable groups face heightened psychological risks due to the loss of social networks, disruption of routines, and lack of specialized care.[250]

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.[251] Almost 1.2 million children in Gaza need mental health and psychosocial support.[252] No inpatient mental health services are available, and access to psychosocial support remains severely limited.[253]

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.[254] Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.[255] The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.[256] 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.[257] During the four-month reporting period, a total of 43 female survivors were known to have committed suicide.[258]

There is limited availability of specialized MHPSS providers at the clinical level resulted in prolonged waiting times for children and caregivers in need of advanced care.[259] There are rising child protection case management caseloads linked to growing displacement have overstretched staff capacity and impacted the quality of follow-up. Fuel shortages inhibited mobility and outreach, while repeated displacement and returns disrupted ongoing programming. Overcrowded shelters leave minimal space safe for psychosocial or child protection activities. [260]

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.[261] Around 90% of children under 10 in the Gaza Strip have received a dose of the polio vaccine following the three rounds of an emergency vaccination campaign conducted by partners in early September, November 2024 and February 2025.[262]

Three new AFP cases were reported in W41, bringing the total to 54 cases for 2025. Stool samples were collected and awaiting shipment for laboratory testing. October ES samples were collected from Deir Al-Balah (Al-Bassa & Al-Berka), Khan Younis.[263] No cVDPV2 has been detected in ES samples in the past 6 months of enhanced surveillance.

Anti-Microbial Resistance (AMR)

In war-affected regions, where healthcare systems are already compromised, AMR presents a greater threat. Significant gaps in the regulation of antibiotic prescription, dispensation, and consumption have been reported in Gaza.[264]

Cholera

While epidemic cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks.[265] With the poor WASH situation and the potential for a large increase in international movement of aid workers, IDF soldiers, international contractors, international peacekeeping troops, and Gazans returning from abroad with the start of a ceasefire- Gaza is at high risk of importation and if there is an introduction event a large outbreak is almost certain.

Skin infections (including scabies and cutaneous leishmaniasis)

Skin infections such as scabies and bullous impetigo have remained high throughout the conflict.[266] 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 and treatment availability.[267] A total of 64% of households experience infestations of lice and mites, while 57% are affected by skin conditions such as rashes and scabies due to poor hygiene and overcrowding.[268]

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.[269]

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.[270] 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.[271]

Measles

No confirmed cases of measles have been reported in Gaza between October 2023 and October 2025. 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.

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.[272] As the current coverage rate of immunizations for those under the age of 3 is currently unknown and there have been documented disruptions to the EPI program, the risk of non-immune sub-populations is high. In addition, the risk of importation of measles from international movement is also high.

Typhoid

Typhoid is a life-threatening infection caused by the bacterium Salmonella Typhi.[273] Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.[274] In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.[275] There is currently no diagnostic testing available.

Protection Risks (including GBV)

Protection risks are detailed in the section *Determinants of Health*.

Guillain-Barré Syndrome (GBS)

In 2025, 130 cases have been reported (3-6x the global incidence) but there is a downward trend in cases since August. The emergence of this usually rare neurological disorder has placed an immense strain on a devastated healthcare system, leading to preventable deaths and lifelong disability.[276]GBS often follows a gastrointestinal or respiratory infection. The severe overcrowding as a result of destruction and displacement across the Gaza Strip, combined with the collapse of water and sanitation systems has led to a surge in infectious diseases, which are known triggers for GBS.

A total of 130 suspected GBS cases reported to date (24 October 2025). This includes 20 deaths (CFR 15.3%). Gastrointestinal infections were identified in 50% of cases, suggesting poor WASH conditions as a contributing factor.[277] This surge is not only unusually large, but is also unusually severe.[278] There are two main treatments for GBS infections and relapse – Intravenous Immunoglobulin (IVIG) and plasmapheresis. During June and July, the available stock of IV-IG and plasmapheresis filters was completely depleted by the sudden surge in cases. This led to a critical shortage of both treatment modalities, with stock levels reaching almost zero throughout August. This significantly impacted patient care, and only one GBS case out of 40 received IV-IG. By mid-September, the WHO successfully coordinated the delivery of sufficient plasmapheresis filters for the treatment of 49 patients. IVIG is currently available with additional stock currently in procurement process.

Cold Weather-Related Risks

During the winter of 2024/2025 there were at least 8 documented hypothermia deaths (7 children) resulting from exposure due to lack of adequate shelter, clothing, and cold weather supplies. With 1.5 million people

in need of emergency shelter and basic household items, there is risk of exposure deaths this winter especially among the most vulnerable (infants).[279]

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).[280] 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 aid constraints.[281] In 2025, there were over 3 000 cases of Acute Jaundice Syndrome (suspect hepatitis A) in Gaza. In Gaza, in 2022 there were 3.9 cases Hepatitis A/100 000 population in 2022.

Meningococcal disease

A total of 1375 suspected meningitis cases have been reported since May, with a noticeable decline in trend over the past four EPI weeks. Of these, 74% were probable viral meningitis, while 26% were probable bacterial meningitis. The surveillance team is following up with hospital focal points to determine the outcomes of bacterial meningitis cases.[282]

Chicken Pox

As of 30 June 2024, there were 11 214 cases of chickenpox reported.[283] More recent figures are not available. However, large outbreaks have been clinically diagnosed in multiple settings of overcrowded shelters.

Mumps

Mumps is endemic in Gaza, with over 590 suspect cases being reported since October 2023.[284] 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)

WNF will be less of a risk to vulnerable populations during winter months as mosquitoes are less active in cooler weather.

Dengue Fever

Dengue fever will be less of a risk to vulnerable populations during winter months as mosquitoes are less active in cooler weather.

Hepatitis E

To date, there have been no suspected cases of Hepatitis E.

Hepatitis B

When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.[285] 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.[286] In Gaza, in 2022 there were zero cases of Hepatitis C.[287] 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.[288] Concern is present as there is a lack of testing capacity for both dialysis and blood transfusion.

Diphtheria

Gaza 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.

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.[289] The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.[290] 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. [291] The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.[292] Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.[293] Lack of screening tests for dialysis and blood transfusion present a possible risk.

Rabies

No updates on cases since October 7, 2023. No human cases have been reported in 2022. Rabid dogs have been commonly found in Israel, the West Bank and Gaza. Children are most likely to be bitten or scratched by a dog or other animals.[294] Recent data on rabies cases is limited.

Heat Related Illnesses

For the coming three months, there is limited risk of heat related illnesses due to the winter season. However, summer temperatures exceeded 38°C (100 °F), compounding a combination of environmental, individual, and conflict-induced factor.[295]

WEST BANK: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma and injury (including rehabilitation)		Since 7 October 2023 in the West Bank, including East Jerusalem, the total number of Palestinian killed by ISF and settlers is 1001. One in five of the victims is a child including 206 boys and 7 girls. The number also includes twenty women and at least 7 persons with disabilities. The figure represents 43% of all Palestinians killed in the occupied West Bank in the past 20 years. According to the UN Human Rights Office in the Occupied Palestinian Territory, among the 968 Palestinians killed by ISF, almost half (449) were unarmed.[296] So far in 2025, more than 3200 Palestinians have been injured in the West Bank, including East Jerusalem, representing an increase of about 28% compared with the same period in 2024, when over 2500 such injuries were recorded.[297]
Anti-Microbial Resistance (AMR)		Hospital-acquired infections and antibiotic resistance are increasingly common, posing serious public health risks in the West Bank.[298] A 2024 study reported many first-hand experiences of limited treatment options and poor patient outcomes due to resistant organisms.[299]
Mental Health Conditions		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. [300] Some villages have had up to 85% of their homes demolished, impacting the physical and mental health of the population.[301] A 2022 survey found 12% of households reported at least one member had showed signs of psychosocial distress or trauma. [302]
Noncommunicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. [303] 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.[304] Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas.[305] 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.[306]
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.[307] 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. [308] 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.[309]

Maternal and Neonatal Health Risks		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.[310] 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.[311] But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births.[312]
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.[313] As of October 2024, the number of acutely food-insecure people had nearly doubled compared to pre-October 2023. [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 twenty villages in Ramallah by damaging water infrastructure.[315]
Rabies		There have been six confirmed cases of rabies in animals have been recorded since the beginning of 2025, with dog bites rising to over a thousand in the West Bank governorates. Two human rabies infections have been recorded, one of which was fatal in a child.
Guillain-Barré Syndrome (GBS)		No reported cases to date in West Bank.
West Nile Fever (WNF)		WNF will be less of a risk to vulnerable populations during winter months as mosquitoes are less active in cooler weather.
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. [316]
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death.[317] As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine.[318]
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. There is a shortage of the Measles, Mumps, and Rubella (MMR) vaccine in the West Bank (both MoH and UNRWA stocks). This critical supply gap significantly elevates the risk of a major measles outbreak among vulnerable populations.[319]
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.
Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.		

DETERMINANTS OF HEALTH

Protection Risks

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]

Reported incidents of gender-based violence (GBV) in Gaza city rose by 26% between July and August, with increases across physical, sexual, emotional and economic violence, including sexual exploitation and domestic violence. The renewed offensive in Gaza city contributed to the collapse of referral systems for gender-based violence in the area, leaving women and girls without safe access to life-saving protection and support services.[323]

Protection services in northern and central Gaza operated at minimal capacity due to the destruction of infrastructure and displacement of personnel. The absence of functioning facilities for women, girls, and children increased the risks of family separation, child labour, exploitation, and GBV, particularly among newly displaced households.[324]

For two years now, children under the age of 18, about half of the population in the Gaza Strip, continue to be highly affected by the hostilities and extreme levels of deprivation.[325]This has left thousands of children maimed and an entire generation traumatized. Like other people in Gaza, they have endured cyclical shocks of displacement and family separation, and many have been killed in strikes while sheltering in makeshift tents, in their homes or in schools-turned shelters.[326]

Caseloads increased sharply, with two hundred one unaccompanied and separated children identified in recent weeks, alongside rising early marriage, family separation, conflict-related injuries and widespread psychosocial distress that exceeded partner capacity.[327] Food insecurity drove negative coping strategies, including child marriage. [328] A recent community-level survey, conducted in mid-August found 43% of surveyed people reported sending their children out to work and look for food, an alarming increase compared with 13% in 2024.[329]

There are rising child protection case management caseloads linked to growing displacement have overstretched staff capacity and impacted the quality of follow-up. Fuel shortages inhibited mobility and outreach, while repeated displacement and returns disrupted ongoing programming. Overcrowded shelters leave minimal space safe for psychosocial or child protection activities. [330]

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.[331] 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.[332] Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour.[333] 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.[334]

The risk of exposure to unexploded ordnance (UXO) is at its "most dangerous stage," warns UNMAS.[335] UNMAS has recorded a sharp increase in reports of EO victims.[336] Following the escalation of hostilities on 18 March, most Mine Action (MA) activities have been suspended due to the deteriorating security situation.[337] Many Palestinians are also forced to seek refuge in damaged buildings and are therefore exposed to the dangers of EO.[338] 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.[339]

Water, Sanitation and Hygiene (WASH)

Gaza: Displacement towards the western part of Gaza city has created severe challenges for water trucking and solid waste collection. Congestion and traffic jams are limiting operations and reducing the ability to conduct multiple trips.[340] Since 10 October, water, sanitation and hygiene (WASH) partners have continued and reprogrammed water delivery operations across the Gaza Strip. In Gaza governorate, 15 partners are currently delivering about 2980 cubic metres of water per day across 351 collection points.[341]

A total of 89% of the WASH sector assets have been either destroyed or damaged (source: IRDNA, issued in February 2025). At least 49% of people in Gaza access less than the minimum emergency standard of 6 litres of drinking water per day, for drinking and cooking. A total of 28% access less than the minimum emergency standard of 9 litres of domestic water per day, for hygiene and cleaning.[342]

The Sheikh Radwan lagoon is critically full and is contaminated with wastewater and sewage. A rapid assessment indicates that the storm water tunnel has collapsed, and the pump station has suffered significant damage and requires repair, with a technical assessment ongoing. Repairing the pump station and the drainage system are now an urgent priority before the winter season and require relevant materials and equipment such as pumps, generators, spare parts and pipes to enter Gaza.[343]

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.[344] 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.[345]

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.[346]

Education

Following the ceasefire, Education Cluster partners have begun to scale up non-formal education in temporary learning spaces (TLS) across the Gaza Strip. These efforts are designed to ensure continuity of learning by providing additional safe areas, as most schools have been damaged or continue to host displaced families.[347]

More broadly, learning losses in Gaza have created gaps in foundational literacy and numeracy, impeding transition to higher education levels. [348] At least 658 000 school-aged children and 87 000 tertiary students are left without access to formal learning spaces (source: IRDNA, issued in February 2025). At least 18 512 school students and 791 educational staff killed and more than 27 000 students and 3 251 teachers are injured (source: MoE, as of 14 October 2025).[349]
Nearly 91.8% of schools (518 out of 564) will require full reconstruction or major rehabilitation to be functional again (as of 8 July 2025). More than 63 university buildings destroyed (source: MoE, as of 12 August 2025). Approximately 2308 educational facilities, ranging from kindergartens to universities, have been destroyed (source: IRDNA, issued in February 2025).[350]

The ongoing Israeli operation in the northern West Bank has severely disrupted access to education.[351] Some 84 schools across the West Bank face pending demolition orders, fifty-four of which are under the threat of full demolition, while 30 are subject to partial demolition orders. These schools serve 12 855 students.[352]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Attacks Against Healthcare in Gaza and the West Bank

Between 7 October 2023 and 24 September 2025, there have been 837 attacks in Gaza (991 individuals killed) and 909 in West Bank (37 individuals killed).[353] Figures for the region are also provided below:

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Gaza	837	991	1650	687	211
West Bank	909	37	175	214	618
Israel	81	25	80	27	25
Total	**1827**	**1053**	**1805**	**928**	**854**

Gaza: In crisis health system status

Access

Access to health services continues to shrink, as destruction and closure of facilities in evacuated areas reduce care options. The suspension of disease-prevention programmes has left vulnerable populations, especially children, exposed to infectious disease outbreaks.[354]Additionally, access to safe water and sanitation is critically compromised due to fuel shortages, damaged infrastructure, and nonfunctional sewage systems, resulting in raw or poorly treated wastewater flooding communities which heightens the risk of waterborne diseases.[355]

Additionally, with the influx of movement into southern Gaza, the strain on health services in the area has been overwhelming. According to the Health Cluster, the number of outpatient daily consultations in September has increased by 15% across health facilities in southern Gaza, following large-scale displacement to the south, compared with July 2025.[356]

Medical evacuation of patients from Gaza remains a pressing issue. Between 1 February and 31 July 2025, 2101 patients and 3 263 companions have been evacuated outside Gaza.[357] Trauma and oncology are the top medical conditions among those evacuated.[358] Most patients were referred to Egypt, United Arab Emirates, and Qatar.[359] According to WHO, more than 16 500 critical patients in Gaza remain in urgent need of specialized medical care that they cannot receive in Gaza.[360] Prior to October 2023, between 50 and 100 patients were exiting the Gaza Strip daily for medical treatment, according to WHO.[361]

Functionality

There are no fully functional hospitals in Gaza. A total of 50% (18 out of 36) of hospitals are functional, all partially, including: 12 in Gaza city, 3 in Deir al Balah, 3 in Khan Younis and none in North Gaza and Rafah. A total of 63% (10 out of 16) of field hospitals functional, all partially, including: 1 in Gaza, 4 in Deir al Balah, 4 in Khan Younis, 1 in Rafah and none in North Gaza.[362]

Health partners have been seeking to expand service provision in southern Gaza. For example, Hamad Hospital for Rehabilitation and Prosthetics, originally located in the north, has relocated to Deir al Balah in the south and has re-established prioritized rehabilitation and hearing services. Furthermore, Saint John Hospital, which similarly relocated from the north, has salvaged part of its equipment and began providing primary-level eye care services on 30 September.[363]

Less than one third of rehabilitation services are providing any services and none are fully functional due to long-standing restrictions imposed by Israel on the entry of essential supplies, including many assistive devices. Protection partners note that the lack of assistive devices (such as wheelchairs, walkers, hearing aids, glasses, crutches, prosthetic limbs, and toilet chairs) can lead to significant loss of independence and can create a cascade of protection concerns including a heightened risk of neglect, exploitation and abuse, reduced access to critical information including on the evolving security situation, and significant barriers to accessing humanitarian aid and essential services.[364]

On 5 October, Dr. Ahmed Al Farra, Director of the Children's and Maternity Centre at Nasser Medical Complex, in Khan Younis, described the overwhelming burden on the health system, particularly following the influx of IDPs into southern Gaza, noting that the situation is catastrophic. He said that three newborns are now sharing a single incubator and warned that if even one of the infants has sepsis or a bloodstream infection, it could quickly spread and risk the lives of the other infants.[365]

On 26 September, MSF reported the escalating attacks from Israeli forces have created an unacceptable level of risk for staff, forcing them to suspend lifesaving medical activities in Gaza city.[366] With the start of the ceasefire on October 10, MSF has partially resumed its activities in Gaza City.[367]

On 24 September, the Palestine Medical Relief Society (PMRS) main medical centre and administration building in Tal al Hawa were struck and destroyed. PMRS reported that the attack was the fourth on their clinics in a two-week period. Health care facilities are also being damaged due to their proximity to locations that are under bombardment, leading to a loss of functionality and access to key medical equipment.[368]

On 22 September, the Palestinian NGOs Network (PNGO) reported that an Israeli airstrike destroyed Ash Shawa building, in As Samer area of Gaza city, which also housed key humanitarian facilities, including a primary health-care centre of the Palestinian Medical Relief Society (PMRS), a training and community centre of the Gaza Community Mental Health Programme (GCMHP), and the offices of several other civil society organizations. [369] In addition, on 24 September, PMRS reported that their main headquarters in Tal al Hawa in Gaza city was hit. According to PMRS, this attack has rendered all PMRS health facilities in Gaza non-operational.[370]

Since 1 September, four hospitals in North Gaza and Gaza governorates were forced to shut down, bringing the total number of functioning hospitals in Gaza to only 14, including eight in Gaza city, three in Deir al Balah and three in Khan Younis. None of them, however, is functioning at full capacity.[371]
The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in September 2025 that 21% of the Health Service Units Delivery Units (HSDUs) were intact, 50% were at least partially functioning, and 28% were damaged (of a total of 128 HSDUs). The 2 primary causes for building damage were insecurity (99%) and lack of maintenance (13%).[372] Furthermore, the primacy causes of functionality constraints were insecurity (62%) and lack of supplies (42%).[373]

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
			
Bed occupancy in MoH hospitals exceed capacity. Approx 2107 inpatient beds for **2.1 million people.**[374]	Around 55% of essential medicines, 66% of essential consumables, and 68% of laboratory reagents and supplies were at **zero-stock** by end of September 2025.[375]	A total of **50% (18 out of 36) of hospitals** are functional, all partially.[376]	Between 7 October 2023 and 24 September 2025, there have been **837 attacks in Gaza (991 individuals killed)** and 909 in West Bank (37 individuals killed).[377]

Medical Supplies and Medicines

Chronic shortages of essential medical equipment, medicines and consumables, including gauze, external fixators, and insulin pose a severe challenge to continued health service delivery. According to the Ministry of Health, around 55% of essential medicines, 66% of essential consumables, and 68% of laboratory reagents and supplies were at zero-stock by end of September 2025.[378]

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.[379]

Since October 2023, at least 1722 healthcare workers have been killed, an average of more than two killed every day.[380] Since March 2025, that toll has risen to an average of three per day. These devastating statistics equate to the loss of 70 healthcare professionals per month. More than 300 healthcare workers have been detained by Israel, some have been tortured and many more injured.[381] In the first year of escalation of hostilities, WHO reported that at least 42 physiotherapists and occupational therapists were killed, with the current figure unknown.[382]

The surviving healthcare workers are exhausted, traumatised, malnourished and displaced from their homes. They are struggling to cope with the influx of patients and mass casualties as hospitals continue to be attacked and forced to close.[383] Food insecurity in particular 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.[384]

Surveillance

The total number of consultations showing decline over the previous weeks. Reporting from health facilities has significantly declined, particularly in Gaza Governorate. In addition, with Community-Based Surveillance sites currently inactive, there is a major gap in surveillance and outbreak data collection.[385]

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.[386]

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.[387] 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.[388]

West Bank: In crisis health system status

According to WHO, as of early September, only 42% of health facilities in the West Bank were fully functional, with functionality dropping to 36-39% in Hebron, Nablus, and Ramallah governorates, where several health facilities sustained damage during Israeli forces' operations.[389] Ambulances continue to face obstructions, delays, and, in some cases, physical assaults by settlers or soldiers. In response to these challenges, WHO and partners have expanded training and preparedness initiatives.[390]

One in three of over 55 800 patient permit applications submitted to Israeli authorities between January and September 2025 to access medical treatment in East Jerusalem and Israel was denied or delayed beyond the day of the appointment. In total, 55 853 Palestinians applied for patient permits during this period, with 34% of applications either denied or remaining pending. Most applicants were adults (74%), with Al Makassed Hospital in East Jerusalem receiving 57% of approved patients. Although the overall approval rate for patient referrals has gradually improved in 2025, it remains significantly lower than levels recorded prior to October 2023.[391]

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.[392]

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. Furthermore, 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 9 October, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Tom Fletcher, outlined a 60-day plan to deliver vital aid to people in Gaza, noting that supplies and staff are in place.[393]

The plan entails reaching 2.1 million people with food assistance and 500 000 with nutrition support through in-kind rations, cash assistance, and livelihood restoration. It aims to revive Gaza's health system, delivering essential medical supplies, supporting evacuations, and expanding emergency, maternal, and mental health care. He additionally stressed that the UN cannot operate effectively without its partners, noting that facilitation of NGO access is crucial, including through ensuring that NGOs are not de-registered.[394]

On 14 October, a joint mission led by the World Health Organization (WHO) and its partners, including the UN Children's Fund (UNICEF), the UN Mine Action Service (UNMAS), and MoH was conducted to reallocate intensive care unit equipment, mechanical ventilators, incubators and anti-cancer medications

from the European Gaza Hospital in Khan Younis, which remains non-functional, to Nasser Medical Complex, also in Khan Younis. According to the Health Cluster, the priority is currently to reallocate functional equipment and supplies to already functional health facilities, where they are critically needed.[395]

With the initiation of the first phase of the ceasefire in Gaza, humanitarian needs remain dire. In the current situation, it is crucial to scale up humanitarian aid in a coordinated manner while ensuring the start of early recovery and reconstruction. WHO published a 60 day ceasefire plan on 17 October 2025, available here

This document summarizes WHO's key planning assumptions, strategic priorities and selected activities. The activities fall within the scope of the overall *WHO operational response and early recovery plan for the occupied Palestinian territory: 2025* and the *One-UN multi-sectoral Gaza Ceasefire Humanitarian Response Plan Summary: 60 days* of 13 October 2025.

On 6 November 2025, it was announced that UNICEF, UNRWA, WHO and partners, in collaboration with the Ministry of Health, would launch an integrated catch-up campaign for routine immunization, nutrition, and growth monitoring in the Gaza Strip to reach 44 000 children cut off from essential life-saving services by two years of conflict.[396]

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 Continued 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 ongoing 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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