HEALTH CLUSTER
OCCUPIED PALESTINIAN TERRITORY

GAZA HEALTH CLUSTER BULLETIN NOVEMBER 2025

GAZA HUMANITARIAN RESPONSE
WHO GRADE: GRADE 3
NUMBER OF PEOPLE TARGETED: 2.1 MILLION

HIGHLIGHTS

- Following the October 2025 Ceasefire announcement and estimated 640,000 people returned to Gaza and north Gaza. Due to ongoing sporadic skirmishes, internal displacements continue to be reported
- Health Cluster partners, continue to scale up health response in the north by reactivating or reestablishing health service points (HSP). In November, partners added 27 HSP including 04 hospitals, 01 Field Hospital, 14 PHCCs 08 and 08 Medical Points were all in Gaza and North Gaza
- Due to shortage in essential medical commodities (55% stock of medicines, 71% for consumables), most of the facilities are unable to provide full services
- In November, about 1.3 million consultations were conducted, 71 patients evacuated. Of this 60% were trauma cases
- The most common morbidities remain AWD and ARI. However, NCD (Cancers and CVD) burden and risk of complication is a significant health concern amplified by lack of essential medicines for cancer, diabetes.
- No infectious disease outbreak detected. 04 reported suspected leptospirosis detected, no new cases afterwards. Incidence of GBS has declined nearly to a nadir.
- 1st round of catchup campaign reached 15624 children 1-3 years.

THE HEALTH CLUSTER

80	HEALTH CLUSTER PARTNERS - 44 INGOs - 30 NNGO

HEALTH SERVICE POINTS

111	MEDICAL POINTS
84	PRIMARY HEALTH CENTRES
10	FIELD HOSPITALS
08	HOSPITALS
14	CEmONC
01	BEmONC

HEALTH ACTION

1.3M	OPD CONSULTATIONS (40% MALE, 60% FEMALE)
98.7%	FACILITY-BASED BIRTHS % LIVE BIRTHS
1245	C/S
00	MATERNAL DEATHS
71	PATIENTS EVACUATED

FUNDING $USD

$596M	2025: Health Cluster Funding Appeal
33.1%	Funding Received
	Source: FTS

Situation Update

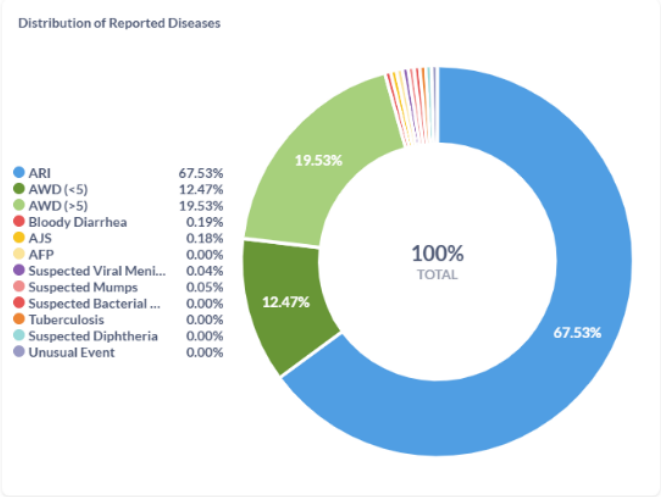
General Situation: Overall, the humanitarian situation in Gaza remains dire with about 2.1 million people still in need of humanitarian assistance for basic survival. Although the October 2025 ceasefire has brought some relief in fighting in some parts of the strip, military operations have continued in other parts leaving behind significant injuries and deaths of affected people and disruption of humanitarian operations[1]. By November 24, 2025, the Gaza MoH had reported 339 conflict related deaths and 871 injuries since the October 2025 ceasefire.

Operational Context: The ongoing military operations continue to exacerbate several operational constraints that has been numerously elaborated including continued restrictions to access program sites and severely limited entry of essential medical supplies, continuous looming threats of deregistration of INGOs. Partners continue to coordinate and negotiate for access to crucial facilities with mixed results. This month, partners continued to coordinate movements to Kamal Adwan hospital but without success while access to European Gaza Hospital was possible after about 04 failed attempts. Medical commodities still constitute a bulk of items that are desperately awaiting approval to get into the strip.

Population Movement: Since October 10, 2025, nearly 640,000 people moved northward from the southern settlements[2] with most of the movements occurring within the first week. In November, the scale of northern movement had significantly reduced but small internal displacements continue to happen. The health cluster partners continue to ensure access to health services for displaced people.

Public health risks, priorities, needs, and gaps

Common morbidity Most of the hospital visits are primary care visits associated with Acute Respiratory Tract Infections 68%and Acute Watery Diarrheal 13% accounting for most visits. There was no change in the morbidity pattern during this reporting period and no infectious disease outbreak detected.



Non-Communicable Disease: The disruption in health service delivery is furthering the disease burden and risks for poor outcomes. Currently, patients with cancer and cardiovascular diseases are most adversely affected.

Cancers: While 13000 cancer patients are estimated and 200 new cases clinical diagnosed every month, without advanced diagnostic and treatment capacity; these patients have a poor prognosis.

- By November 2025, only 26% of the required cancer medicines were available, chemotherapy only available at Al Nasser Medical Complex and Al Helou in Gaza city. There is no cancer radiotherapy service available- previously patients were referred to Westbank to access this service. Of the 2,993 patients evacuated for treatment outside Gaza to date, cancers were the 2nd most common reason (25%) after trauma at 28%. Cardiovascular disease and cancers alone accounted for more than 1/3 (33%) of all MedEvacs to date.

[1] https://www.ochaopt.org/content/humanitarian-situation-update-344-gaza-strip
[2] https://www.cccmcluster.org/sites/default/files/2025-11/Population%20Movement%20Monitoring%20-%20Flash%20Update%2023-%2029%20Nov.pdf

- *Diabetes Mellitus:* An estimated 71,000 people are living with diabetes in Gaza. Of these, 20% to 30 % require approximately 25,000 vials of insulin per month and related supplies, yet only a small fraction of these supplies are regularly available. This situation underscores the need to strengthen local health system capacity to respond to NCD burden and reduce further complication due to inadequate treatment.

Notifiable Disease trend and other unusual events

- *Notifiable diseases: Acute Flaccid Paralysis:* Disease surveillance data shows a stable trend for epidemic prone diseases such as cholera, diphtheria, measles, meningitis, tetanus, tuberculosis, and Acute Flaccid Paralysis (AFP). No reports suggestive of excessive incidence of these diseases.
- A total of 141 cases of Guillain Barre Syndrome (GBS) were reported as of W46, nine during November. Current GBS Case Fatality Rate is at 14.8% (21 deaths). Results from October and November 2025 Environment Surveillance were non-polio enteroviruses (NPEV), completing 07 months with no detected circulating Virus Derived Polio Virus 2 (cVDPV2)
- *Leptospirosis:* On November 15 (Epi week 46), four suspected cases of Leptospirosis[3]- a bacterial zoonotic disease- were detected (03-Khan Younis and 01 Gaza) and admitted for treatment in Intensive Care Unit. This event was closely associated with the onset of heavy rains and flash flood in some part of the Gaza. By Epi week 49, one case had recovered and discharged leaving 03 still under care. No new cases were detected no disease specific response measures was activated. The community is advised to continue with general health and hygiene promotion measures continue. WHO and partners continue to monitor the situation through established routine disease surveillance mechanisms

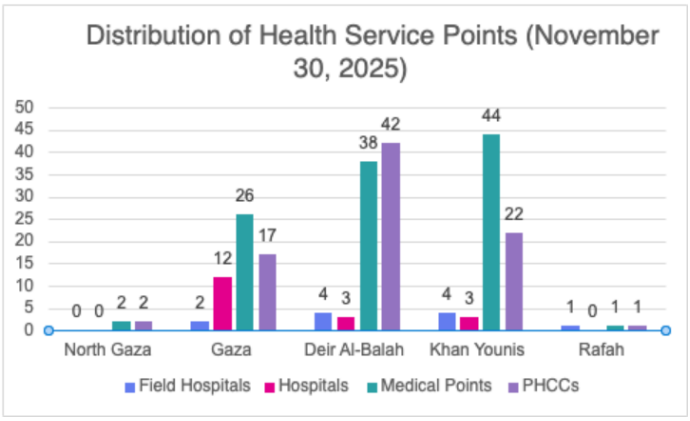
Essential Supplies: Health facilities continue to experience severe shortage of essential medical commodities (medicines, equipment, consumables, diagnostic laboratory/imaging supplies, etc) due to the restrictions on entry of humanitarian supplies but also additional restrictions for "dual use items". Unfortunately, a variety of essential health instruments and equipment fall in this category. For instance, at some health facilities, partners are reporting zero stock of sterile gauze, laparotomy sponge, supplies for emergency cardiac catheterization, external fixations to manage fractures. Overall, it is estimated that 55% of items on the essential drugs list, 71% of consumables on the essential list, and 99% orthopaedic supplies are stocked out[4].

Health Cluster Action

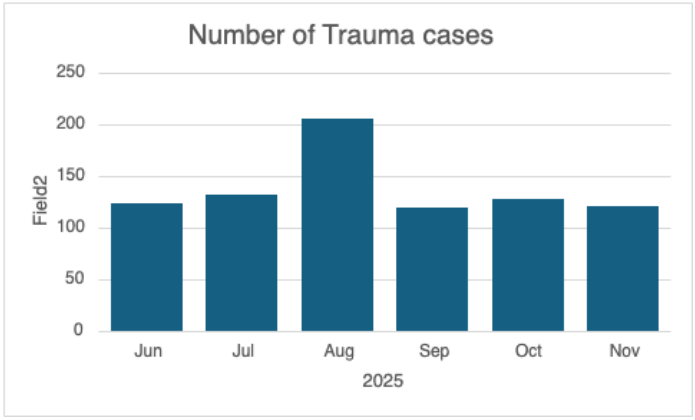
Health Service Delivery

Health Service and Geographic Coverage: Following the October 2025 ceasefire 400,000 people returned to Gaza and North Gaza where humanitarian assistance needed to be scaled up. By end of November 2025, more than 80 partners were delivering essential health services across the strip. Partners added 27 health service points on top of the 197 that existed prior to the ceasefire bringing the total number to 224.

[3] https://www.who.int/emergencies/outbreak-toolkit/disease-outbreak-toolboxes/leptospirosis-outbreak-toolbox
[4] https://www.ochaopt.org/content/humanitarian-situation-update-340-gaza-strip



Scaling up health service coverage: Of the newly activated health service points, 04 hospitals, 01 Field Hospital, 14 PHCCs 08 and 08 Medical Points were all in Gaza and North Gaza in response to the health care needs of the people returning. In terms of physical distribution, the existing facilities provide a significant geographic coverage above the standards of 01 PHCC for about 30,000 people and 01 hospital per 250,000-300,000 people. However, most of the facilities (50% of hospitals, 38% of all health service points) are only partially functional- providing sub-optimal package of services- owing to lack of staff, supplies, basic amenities, infrastructural damages leaving most patients without the complete medical treatment for various medical conditions.



General services: During November, there were 1.3 million (Male 40%, 60% Female) Outpatient Consultations reported across the functional HSPs. After a drastic increase in the reported trauma cases in August (206,000), there was a decline to an average of 123,000 cases per month in September through November. In November 71 (59% M, 41% F) patients were evacuated, 60% were due trauma alone.

*Sexual and Reproductive Health: SRH partners conducted a t*otal of 6058 Births. Of the births, 98.7% were at the health facilities, 20.5% were through C/S.

EPI/Catch-up Vaccination Campaign: Health Cluster partners conducted a 10-day catch up vaccination campaign targeting children 1-3 years who had not received any vaccine and vaccine defaulters to bring their vaccination status up to date. This round of the campaign, conducted through about 150 health facilities reached 15,624 children (<1% zero dose, 29% defaulters, 70% on schedule). The second round is tentatively scheduled for Dec 2025.

Humanitarian-Development Nexus: The WHO-led Nexus Technical Working Group, co-chaired by the MoH is now established under the health cluster. Simultaneously, the Gaza MoH has recently released its 2025-2027 Early Recovery Plan that essential outlines the roadmap and priorities to restoring the Gaza health system during this period.

Health Cluster Governance: To strengthen a collective decision making and participation in the leadership and governance of the health cluster, work is underway to establish a Strategic Advisory Group (SAG) that will include equitable representation of all members (UN, INGO, NNGOs)

Advocacy: In the November visit by the Humanitarian Coordination to Gaza, the health cluster reiterated the operational threats and impact that deregistration of INGOs would have on delivery of health humanitarian response in Gaza. Additionally, the health cluster underscored the need to address the barriers related to “No contact Policy” for better coordination. Besides, the recurrent challenges of medical commodities supplies were discussed.

Health Cluster Partners updates

Palestinian Medical Relief Society: In Gaza, PMRS runs 03 health facilities (01 mobile clinic, 02 diabetic-foot dressing teams) that provide integrated NCD services. PMRS is also finalizing preparations to open a new main center for NCD and rehabilitation services, offering expanded diagnostic, laboratory, and specialist support for patients with complex chronic conditions. In November, 7,658 patients received NCD care; 47% were hypertension and cardiovascular cases, 34% diabetes, and 19% presented with both conditions. Major services include ECG, echocardiography, ultrasound, a range of laboratory tests, and follow-up for complications. Key challenges remain medical commodities, movement restrictions, and disrupted follow-up due to displacement. Other services include basic oncology support pain relief, tumour-marker testing. PMRS continues to scale up NCD services, prioritizing the most vulnerable and ensuring continuity of care in hard-to-reach communities.

Palestinian Red Crescent Society: The cardiac catheterization unit at Al-Quds Hospital in Gaza City, established in December 2017, was equipped with advanced technology to manage high-risk cases and served 4,495 patients before the recent conflict forced its closure. With other cardiac catheterization centres in Gaza Strip out of service due to the conflict, restoring this unit became a critical priority. Thanks to WHO's support, the centre was rebuilt and resumed operations on August 30, 2025. Since reopening, it has treated 105 patients, averaging 10 cases daily. However, severe shortages of essential supplies, particularly stents and balloons, pose a serious threat to sustaining services. Continued support is urgently needed to ensure uninterrupted cardiac care for vulnerable patients.



Médecins Sans Frontières-France: MSF France delivers specialized wound care, physiotherapy, and mental health services for trauma, orthopedic, plastic surgery, and burn patients in Gaza City and Khan Younis. In Gaza City, the OPD treats about 50 new cases and 150 follow-ups daily, five days a week, including advanced wound care and physiotherapy under sedation for complex injuries. Plastic and orthopedic consultations run four days weekly, with referrals to functioning northern facilities for advanced surgeries. A partnership with Al Ahli Hospital strengthens wound care and physiotherapy capacity, while a Mobile Team serves around 200 patients per day. In Nasser Medical Complex, Khan Younis, despite shortages of critical items like external fixation kits and electric dermatomes, 90 IPD beds plus 4 HDU beds allow treatment of severe burns and trauma cases. A fully functional OPD provides multidisciplinary care, including mental health, physiotherapy, and occupational therapy, for 100+ patients daily. Water trucking, reverse osmosis plants, and a tuktuk-powered generator improve access to safe water for returnees in the North, Dar El Balah, Khan Younis, and Rafah (Al Mawasi).

UNICEF: UNICEF is restoring essential health services across Gaza, focusing on maternal and child health, immunization, and emergency care. In November, 91,103 people, including 65,638 children, accessed primary healthcare, while 7,232 women received antenatal care and 1,358 newborns benefited from Level 2 special care supported by UNICEF.

To strengthen service delivery, 7 primary healthcare facilities and 12 medical points were operationalized, alongside 13 new immunization sites, bringing the total supported by UNICEF to 33 facilities, with plans to reach 51 by 2026. Cold chain capacity improved with equipment delivered to 31 facilities, including 10 solar fridges and 4 deep freezers, while damaged units were replaced in 7 sites. Ten mobile health and nutrition teams were deployed, and a 65 kVA generator now powers Sheikh Ridwan Primary Health Care Center, serving 5,000 people daily. Infrastructure support included 177 tents, 500 tarpaulins, and 340 washing basins, while winterization efforts distributed 22,133 infant kits, 73,263 kits for older children, and 160,000 blankets. Hygiene support reached families with 97,896 diapers, 10,800 hygiene kits, and 108,900 sanitary pads. Essential supplies for 10 hospitals benefited 347,800 people, and critical NICU/PICU equipment was delivered to 17 hospitals to ensure continuity of neonatal and maternal care.



UNRWA: UNRWA remains the largest provider of primary health care in Gaza, delivering over 10.5 million consultations by doctors and more than 5 million by other health staff since October 2023. Services include vaccinations, maternal care, NCD management, mental health and psychosocial support, laboratory and dental care, physiotherapy, and wound management. To respond to rising medical needs, overcrowded shelters, and the collapse of public health services, UNRWA operates eight Primary Health Care Centres, 32 medical points, and over 100 emergency medical teams. In October–November 2025, four medical points and one health center in Mawasi Rafah were reopened to expand coverage. Over 280,000 consultations were delivered in November. Challenges persist, including shortages of 50% of essential medicines, limited dressing supplies, laboratory constraints, staff shortages, and access limitations. UNRWA plans to reinforce medical teams, reopen additional facilities where feasible, and strengthen disease surveillance to meet escalating health needs.

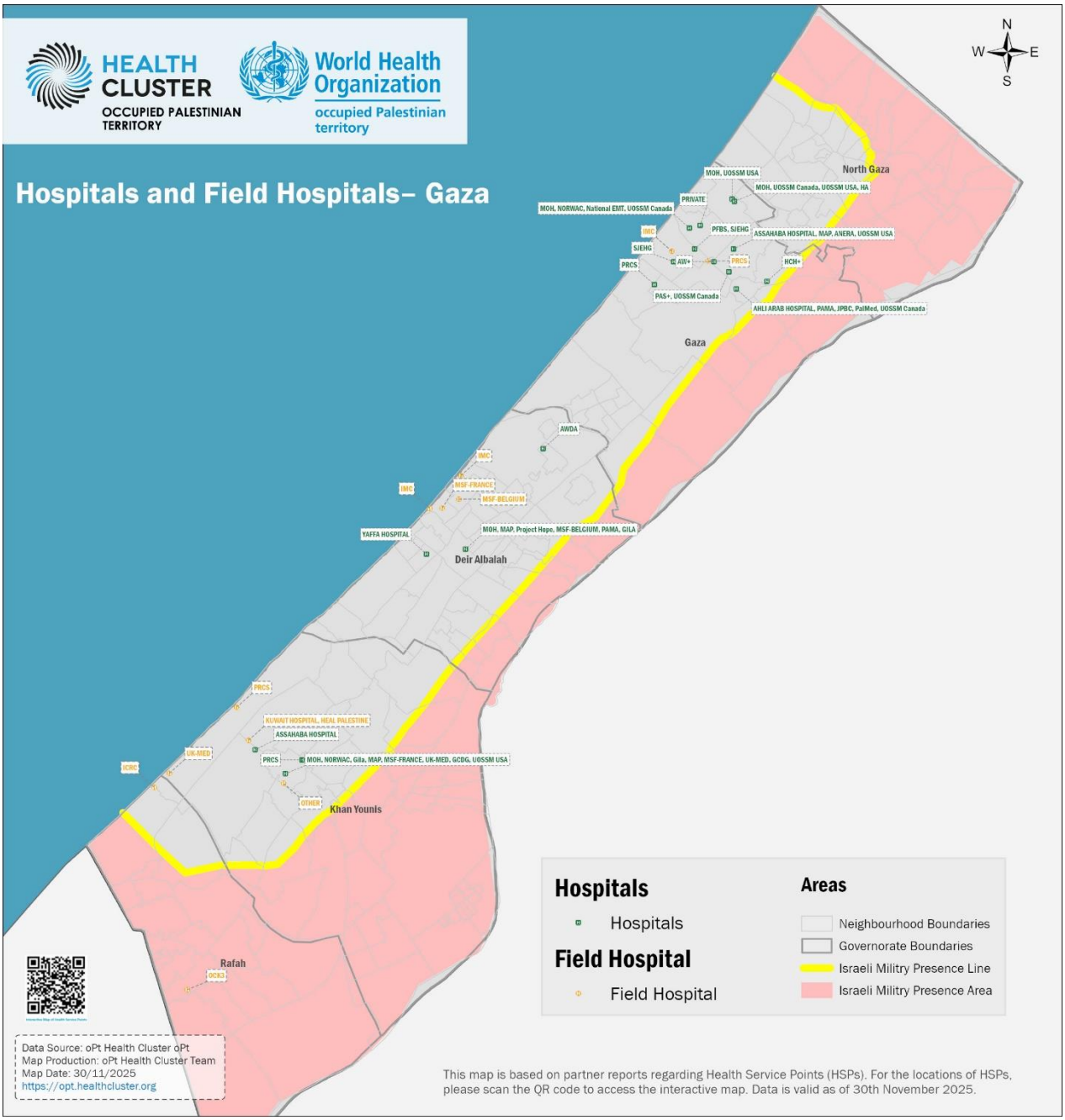
UNFPA: The destruction of health facilities in Gaza and North Gaza has severely limited access to lifesaving SRHR services, with no standing health facility buildings remaining functional in North Gaza. Following the ceasefire announcement and gradual population return, UNFPA, through its SRH partners, supported the reopening and scale-up of SRHR services to restore minimum care. Seventeen high-performance tents were deployed to enable service delivery in the absence of fixed facilities. UNFPA also provided 4,517 Postpartum Kits, 900 MHM kits, IARHK, and essential SRH commodities to reach over 3,400 individuals. Ninety fully equipped midwifery kits were supplied to strengthen emergency obstetric and neonatal care. These efforts are enabling women and girls to access critical SRHR and life-saving maternal services. However, access remains constrained by widespread infrastructure damage and debris. Fear among communities, including concerns about unexploded ordnance, continues to limit movement. Transportation challenges, particularly at night, further restrict access to services. The absence of permanent health facilities in North Gaza remains a major challenge. Service coverage is still insufficient to meet growing needs. Continued coordination with partners is essential to expand coverage and restore comprehensive SRHR services across Gaza.

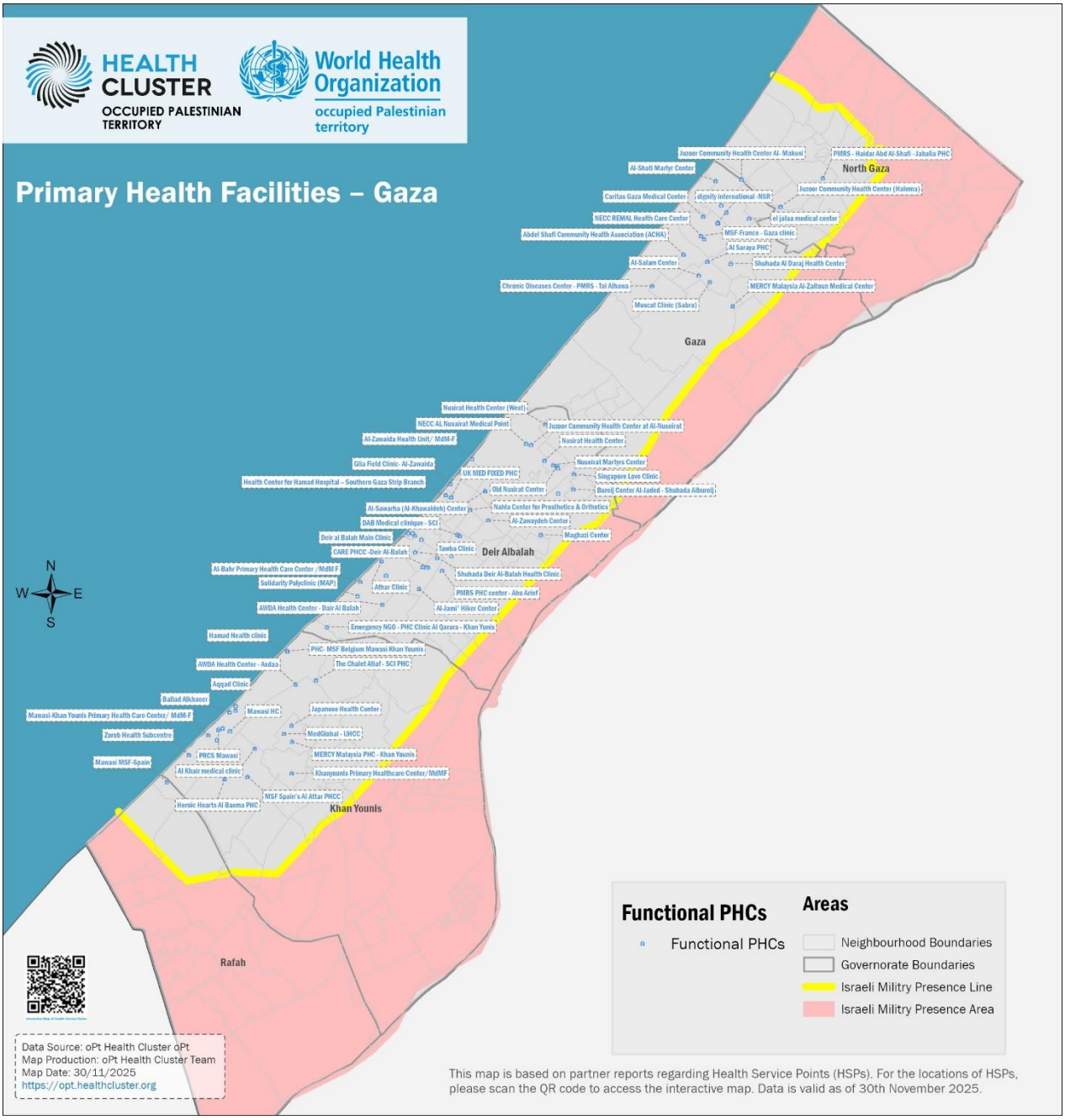


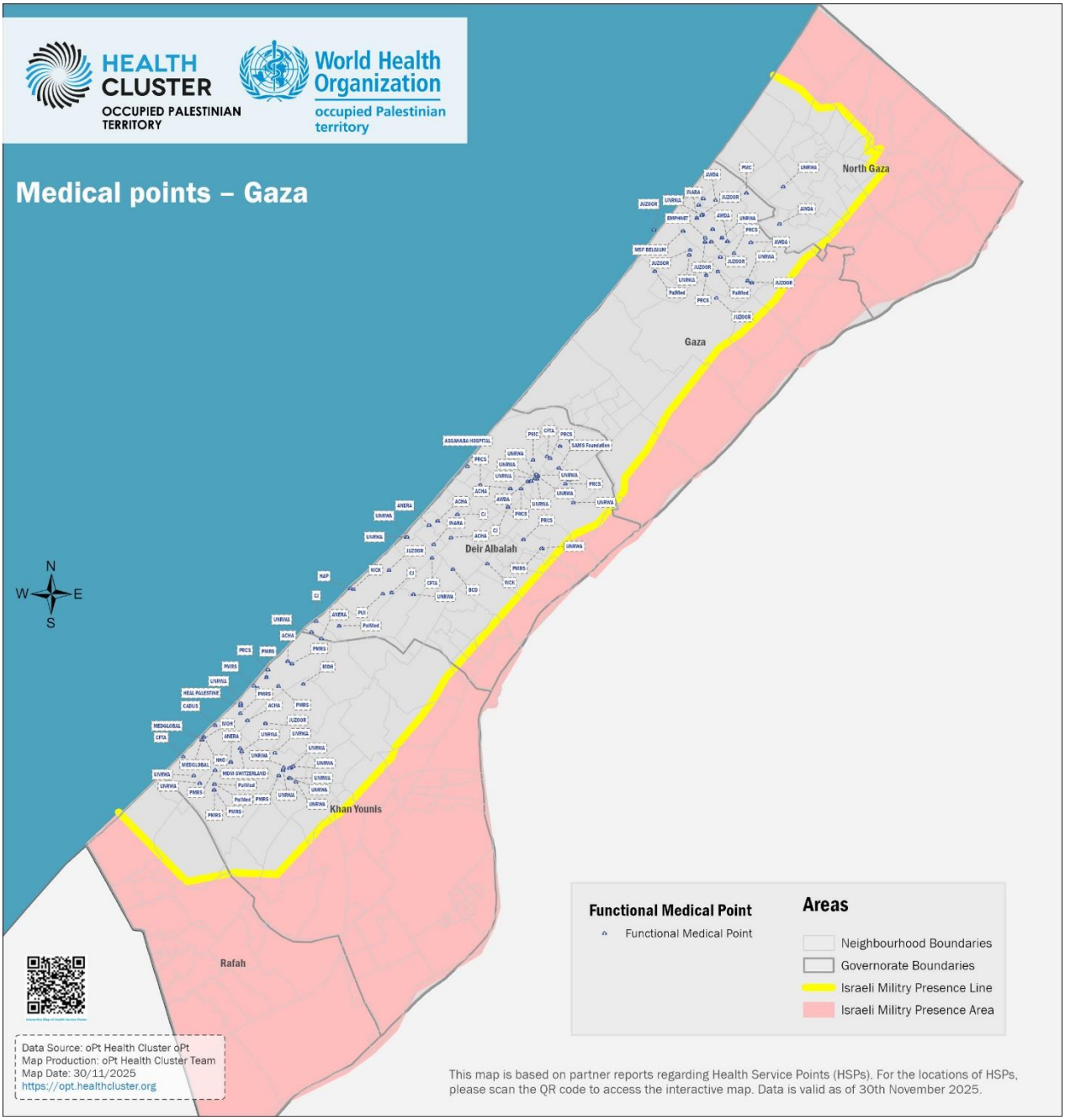
IMC: Post-ceasefire, International Medical Corps scaled up access to specialized secondary healthcare to address the urgent needs of the population and returnees by opening its third field hospital in Gaza City in November, increasing total bed capacity across its three facilities to 435. The Gaza City field hospital includes a 200-bed inpatient department providing surgical, medical, pediatric, neonatal, and maternal care, with the capacity to conduct up to 45 deliveries per day. Services are supported by a Level II NICU with eight incubators, a 20-bed pediatric inpatient unit, a 10-bed Stabilization Centre, a 16-bed ICU and high-dependency unit, and three operating theatres. The facility also delivers integrated primary health care services, including a dedicated NCD clinic, physiotherapy, mental health, and protection service. In November, IMC's three field hospitals provided 27,166 OPD and ER consultations, supported 548 deliveries, and performed 824 surgeries, including 29 surgeries conducted within the first two days of operations at the Gaza City field hospital, such as removal of external fixators, insertion of orthopedic pins, debridement, and appendectomies.

Other resources

- Health Facility Map as of November 30




HEALTH CLUSTER
OCCUPIED PALESTINIAN TERRITORY
World Health Organization
occupied Palestinian territory
Primary Health Facilities – Gaza
North Gaza
Gaza
Deir Albalah
Khan Younis
Rafah
Juzoor Community Health Center Al- Makusi
PMRS - Haidar Abd Al-Shafi - Jabalia PHC
Al-Shati Martyr Center
Juzoor Community Health Center (Halema)
Caritas Gaza Medical Center
dignity international -NSR
NECC REMAL Health Care Center
el jalaa medical center
Abdel Shafi Community Health Association (ACHA)
MSF-France - Gaza clinic
Al Saraya PHC
Al-Salam Center
Shuhada Al Daraj Health Center
Chronic Diseases Center - PMRS - Tal Alhawa
MERCY Malaysia Al-Zaitoun Medical Center
Muscat Clinic (Sabra)
Nusirat Health Center (West)
NECC AL Nusairat Medical Point
Juzoor Community Health Center at Al-Nuseirat
Al-Zawaida Health Unit/ MdM-F
Nusirat Health Center
Gila Field Clinic- Al-Zawaida
Nuseirat Martyrs Center
UK MED FIXED PHC
Singapore Love Clinic
Health Center for Hamad Hospital - Southern Gaza Strip Branch
Old Nusirat Center
Bureij Center Al-Jadod - Shuhada Alburoj
Al-Sawarha (Al-Khawaldeh) Center
Nahla Center for Prosthetics & Orthotics
DAB Medical clinique - SCI
Al-Zawaydeh Center
Deir al Balah Main Clinic
Maghazi Center
CARE PHCC -Deir Al-Balah
Tawba Clinic
Al-Bahr Primary Health Care Center / MdM F
Shuhada Deir Al-Balah Health Clinic
Solidarity Polyclinic (MAP)
Athar Clinic
PIMRS PHC center - Abu Arief
AWDA Health Center - Dair Al Balah
Al-Jami' Hiker Center
Emergency NGO - PHC Clinic Al Qarara - Khan Yunis
Hamad Health clinic
PHC- MSF Belgium Mawasi Khan Younis
AWDA Health Center - Aadaa
The Chalet Altaf - SCI PHC
Aqqad Clinic
Ballad Alkhaeer
Mawasi HC
Japanese Health Center
Mawasi-Khan Younis Primary Health Care Center/ MdM-F
Zorob Health Subcentre
MedGlobal - UHCC
PRCS Mawasi
MERCY Malaysia PHC - Khan Younis
Mawasi MSF-Spain
Al Khair medical clinic
Khanyounis Primary Healthcare Center/MdMF
MSF Spain's Al Attar PHCC
Heroic Hearts Al Basma PHC
N
W
E
S
Functional PHCs
Functional PHCs
Areas
Neighbourhood Boundaries
Governorate Boundaries
Israeli Militry Presence Line
Israeli Militry Presence Area
Data Source: oPt Health Cluster oPt
Map Production: oPt Health Cluster Team
Map Date: 30/11/2025
https://opt.healthcluster.org
This map is based on partner reports regarding Health Service Points (HSPs). For the locations of HSPs, please scan the QR code to access the interactive map. Data is valid as of 30th November 2025.



- Link to the Health Cluster Dashboard
- Link to Health Cluster Information System

Contact:
For inquiries, contact the Gaza WHO Health Cluster Team at emacopsehealthcluster@who.int