World Health Organization

HEALTH CLUSTER

Hostilities in the occupied Palestinian territory (oPt)

Date: 25 February 2025

Public Health Situation Analysis (PHSA)

This is the eighth 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 Food security Displacement Epidemics Nutrition	Trauma and injury Acute respiratory infection (ARI) including COVID-19 Acute diarrhoeal illness Non-communicable diseases (NCD) Mental health conditions Maternal and neo-natal health Poliomyelitis (cVDPV2) Malnutrition	G3	**Gaza Strip:** (Substantial- 4) **West Bank:** (Substantial - 4)	**INFORM Risk:** 5.9/ 10 (High) **Global Risk Ranking:** 25 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

On 19 January 2025, a ceasefire and hostage/prisoner release deal in Gaza came into effect. The first phase of the deal is being implemented over 42 days and includes requirements for increased humanitarian aid entering Gaza (600 trucks per day, including 50 fuel trucks, including 300 for the north), exchange of hostages and prisoners between the two sides, lifting of restrictions on population movement across the strip, humanitarian access to all areas, a start to the rehabilitation of critical infrastructure, and daily medical evacuations through the Rafah crossing (50 patients and up to 3 companions per patient daily).[3]

Between 7 October 2023 and 22 February 2025, according to the Ministry of Health (MoH) in Gaza, as stated by OCHA, at least 48 339 Palestinians have reportedly been killed in Gaza and 111 753 have been injured. While the entry of humanitarian supplies, including health supplies, has improved dramatically during the first phase of the ceasefire, restrictions on the entry of certain medical and humanitarian supplies continue to delay or hinder efforts to restore essential health services. Health facilities have begun to restore services but remain overwhelmed and unable to meet the growing demand for care.[4]

The health status of the population continues to deteriorate due to repeated displacements and ongoing population movement, poor or overcrowded shelter, ongoing food insecurity, and severe damage to water and sanitation infrastructure.[5] More than 42 million tons of debris has been generated, containing buried human remains, unexploded ordinance (UXO), asbestos, and other hazardous substances will pose additional threats as recovery efforts begin.[6]

In the West Bank, the humanitarian situation is deteriorating rapidly.[7] Since the start of the Israeli military operation "*Iron Wall*" on 21 January 2025, at least 40 000 Palestinians in the northern West Bank have been forcibly displaced.[8] Ongoing Israeli military operations, airstrikes, and closures have led to extensive damage and disruptions, including to electricity and water supplies, across the West Bank, particularly in and around the densely populated refugee camps of Jenin, Tulkarm, and Tubas.[9]

Frequent attacks on health facilities, ambulances, and personnel, coupled with restrictions on medical permits, have left many communities without access to essential health interventions.[10] Only 61% of

facilities in conflict-affected governorates—primarily Hebron, Nablus, Ramallah, Jenin, and Bethlehem—remain fully operational, further hindering access to critical healthcare services.[11] As of February 2025, military operations have caused damage to health points (13 non-functioning) and other critical infrastructure, leading to water contamination with sewage and water shortages in some areas.[12]

Between 7 October 2023 – 14 February 2025, MoH has reported 912 deaths and 7467 injuries across the West Bank. Since January 2025, 76 deaths, including 38 in Jenin, were recorded.[13] As military operations continue in the northern West Bank, casualty numbers are expected to rise, with children potentially making up 25% of the total. This will place a significant strain on trauma care services.

In Gaza, no attacks on health have been recorded since the ceasefire took effect on 19 January 2025.[14] However, in the West Bank, during 2025, WHO verified 44 attacks on health in the West Bank, resulting in injuries to eight health workers on duty. Movement restrictions have created additional physical barriers, hindering the movement of ambulances and health care workers, impeding access to health services.[15] Between 7 October 2023 and 24 February 2025, there have been 670 attacks in Gaza (886 individuals killed) and 739 in West Bank (25 individuals killed).[16]

As of 25 February, it is estimated that 63 Israelis and foreign nationals remain captive in Gaza, including hostages who have been declared dead and whose bodies are being withheld in Gaza.[17] Between 7 October 2023 and 25 February 2025, more than 1607 Israelis and foreign nationals were killed, the majority on 7 October 2023 and its immediate aftermath.[18]

On 18 February, the World Bank and partners published a report assessing damages, losses and needs in the Gaza Strip and the West Bank. According to the assessment, reconstruction and recovery needs in Gaza are estimated to require around US$53 billion. The impact on lifeline infrastructure such as health, water and transport are estimated at over 15% of the total damages.[19]

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.[20] 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.[21]



Figure 1- Humanitarian Access Map, Gaza Strip (OCHA, February 2025) [22]

HUMANITARIAN PROFILE



PEOPLE IN NEED (PiN) 2025[23]

Gaza PiN: 2.1 million people

West Bank PiN: 1.2 million people



HEALTH NEEDS 2025[24]

Gaza Target: 2.1 million

West Bank Target: 0.6 million



DISPLACEMENT

Before the ceasefire, **1.9 million people** were internally displaced.[25]



PALESTINIANS IN GAZA

Over **48 000 people have been killed, and more than 111 000 people** have been injured. [26]

Humanitarian Response to Date

2025 Flash Appeal for the Occupied Palestinian Territory (oPt): As of 18 February 2025, Member States have disbursed approximately US$146.6 million out of the $4.07 billion (3.6%) requested to meet the most critical humanitarian needs of three million out of 3.3 million people identified as requiring assistance. Nearly 90% of the requested funds are for humanitarian response in Gaza, with just over 10% for the West Bank.[27]

oPt Humanitarian Fund (oPt HF): Moreover, during January 2025, the oPt Humanitarian Fund (oPt HF) managed 101 ongoing projects, totalling $72.4 million, to address urgent needs in the Gaza Strip (86%) and the West Bank (14%). Of these projects, 55 are being implemented by international non-governmental organizations (INGOs), 33 by national NGOs and 13 by UN agencies. Notably, 41 out of the 68 projects implemented by INGOs or the UN are being implemented in collaboration with national NGOs.[28]

Healthcare and Medical Evacuations

A total of 50% (18 out of 35) of hospitals are partially functional (1 in North Gaza, 10 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis).[29] A total of 11 field hospitals are functional, including 6 fully and 5 partially (4 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah).[30] A total of 40% (57 out of 142) of primary health care centres are functional, including 8 fully and 49 partially.[31] A total of 27% (7 out of 26) of UNRWA health centres are functional. There are a total of 24 EMTs are deployed across the Gaza Strip, providing 439 in-patient beds. EMTs have conducted over 2.47 million consultations since October 2023. Three EMTs currently functioning in northern Gaza (one national and two international). [32]

According to WHO, about 1900 hospital beds are now available at partially functional hospitals and field hospitals across the Gaza Strip to cover the needs of over two million people, compared with 3500 beds that were available prior to the escalation of hostilities, and about 30000 people are suffering from serious life-changing injuries that require continuous rehabilitation unavailable in the Strip.[33]

Health Cluster partners are continuing to scale up support to health facilities across Gaza to restore essential services and boost capacity. Since the ceasefire, 17 new primary healthcare centres (PHCs) have been established, increasing the number of fully or partially functional PHCs to 62, while 83 PHCs remain non-functional. Of these, one PHC is now functional in North Gaza, 13 in Gaza, 26 in Deir al Balah, 19 in Khan Younis and three in Rafah. In addition, 11 medical points and seven mobile clinics have been newly established.[34]

Between 12 000 and 14 000 people, including close to 5000 children, remain in urgent need of medical evacuation.[35] Medical evacuations outside Gaza remain critical as the health system in Gaza continues to

face significant challenges in delivering life-saving care to thousands of patients, including due to shortages of essential medical equipment.[36]

Since the opening of the Rafah crossing on 1 February 2025, as of 25 February 2025, 888 patients, accompanied by 1366 companions, have been evacuated from Gaza to Egypt for continued treatment under the ceasefire agreement. An average of 45 patients have been evacuated per day, compared to fewer than 2 per day before the ceasefire. However, this remains well below the pre-7 October 2023 average of 100 daily referrals outside Gaza, underscoring the significant unmet need for specialized care in the Gaza Strip.

Displacement

Gaza: Before the ceasefire began in January 2025, at least 1.9 million people (90% of the population) were displaced across the Gaza Strip.[37] Many have been displaced repeatedly, some 10 times or more.[38] Since the start of the ceasefire, new population movements have been reported, with people trying to return to whatever is left of their homes.[39] As of the 7 February, more than 500 000 people have made their way so far to northern Gaza since 28 January, following IDF withdrawal from the Netzarim corridor area.[40] These mass population movements occurred withing the first 30 days of the ceasefire agreement and have since stabilised.

Most homes (92%) have been either severely damaged or destroyed.[41] With a large majority of residential buildings damaged or destroyed, some 1.13 million people are in makeshift shelters or tents that do not provide adequate protection.[42] Many Palestinians are also forced to seek refuge in damaged buildings and are therefore exposed to the dangers of explosive remnants of war (ERW).[43]

Identifying safe and accessible sites for returnees remains a major constraint due to widespread damage, rubble and the need for clearance of explosive remnants of war, and inadequate access to essential services, further complicating site selection and preparation. While technical capacity is available, severe funding shortages remain a key challenge. Additionally, facilitating the entry of construction materials, particularly cement, is critical for preparing the foundations of mobile shelters and enabling light repairs to homes.[44]

With winter well underway, exposure to poor weather during February as been particularly acute with wind, rain and low temperatures. Nearly a million displaced Palestinians remain in immediate need of assistance to protect themselves from harsh weather conditions, with families resorting to sewing old rice sacks for basic cover.[45] Between 24 and 25 February, six newborns reportedly died from severe cold weather in Gaza city and Khan Younis.[46] Further unconfirmed deaths have also been reported during February.

Women and girls face heightened risks of gender-based violence and must contend with limited access to privacy, security and basic hygiene facilities and menstrual products, and medical care is woefully insufficient for the estimated 4000 pregnant women giving birth each month.[47]

West Bank: On 10 February, UNRWA reported that operations have displaced over 40 000 Palestine refugees from Jenin, Tulkarm, Nur Shams, and El Far'a refugee camps, with several thousand residents displaced during the operation by Palestinian forces in and around Jenin and others displaced in the aftermath of the ongoing Israeli forces' operation.[48] Thousands of residents continue to flee the four refugee camps, which are collectively home to more than 76 000 Palestine refugees. Jenin refugee camp is almost completely empty.[49]

The majority of internally displaced people are currently staying in rented accommodation. However, displaced families are increasingly unable to afford the prohibitively high rent costs. About 100 families are currently staying in six public shelters in Tulkarm and about 65 families are staying in two public shelters in Jenin, with plans underway to set up two public shelters at two schools in Jenin to address the rising need.[50]

Furthermore, over 3.3 kilometres of sewage networks and 21.4 kilometres of water pipelines have been severely damaged in Jenin alone, cutting off access to clean water and sanitation for thousands, and heightening the risk of waterborne diseases and other public health concerns.[51] As of February 2025, military operations have caused damage to health points (13 non-functioning) and other critical infrastructure, leading to water contamination with sewage and water shortages in some areas.[52]

Food Insecurity

Gaza: In February 2025, WFP reported that the ceasefire in Gaza has allowed it to bring in more than double the monthly average of food it delivered prior to the ceasefire being in place. This has enabled the agency to provide full food rations, restock and reopen bakeries, and reach families across the entire Gaza Strip. There are 25 bakeries now operational in the north, middle and south areas, which are producing more than 150 000 bread bundles per day – five times more bread than prior to the ceasefire.[53] WFP is now distributing food in the North Gaza governorate, which had been cut off for 80 days between October and December 2024.[54]

Before the ceasefire, a total of 91% of the analysed population (1.95 million) is projected to face high levels of acute food insecurity classified in IPC Phase 3 (Crisis) or above, including: 876 000 people facing emergency levels of food insecurity (IPC Phase 4) and 345 000 people facing catastrophic levels of food insecurity (IPC Phase 5).[55]

Military ground operations, UXO contamination and aerial bombardment of civilian infrastructure, farmland and dense urban areas have destroyed local food production and distribution systems.[56] As of 1 September 2024, 68% of cropland, 52% of agricultural wells, and 44% of greenhouse area damaged, while 70% of the fishing fleet has been destroyed.[57] A total of 95% (~15 000) of Gaza's cattle have died, with nearly all calves slaughtered, 43% (<25 000) sheep, 37% (~3 000) goats, and 1% (34,000) birds remain alive.[58]

The cost of food products is decreasing but only incrementally. Eggs, for example, are down 50% on December's prices but up to 1200% higher than before the war. Similarly, wheat flour prices are up to 400% higher despite a steep fall in the past month.[59]

Restrictions on the entry of most agricultural inputs, except for some seeds and animal feed, are hampering the resumption of agricultural activities, including the reactivation of vegetable and fruit production and support for small-scale home, community and school gardening. With the influx of thousands of internally displaced people into northern Gaza, there is a need to ensure that enough cooking gas regularly reaches the area.[60]

West Bank: In West Bank, access restrictions to farmland have placed the livelihoods of thousands of farmers at risk, with 2800 dunums of greenhouses and 10 000 dunums of open fields in Tammun directly affected.[61] Livestock are also under threat due to severe disruptions in the supply chain and limited access to essential resources, further exacerbating food insecurity and livelihood losses.[62]
Herding communities in the northern Jordan Valley are also facing increasing restrictions on their ability to access grazing lands, which have further undermined their livelihoods. Over the past two years, Bedouin and herding communities, which rely on livestock grazing as their primary source of income, have suffered from a severe reduction in already limited available pastureland.[63]

Water, sanitation and hygiene (WASH)

Gaza: The destruction and humanitarian, social and economic consequences resulting from military operations in Gaza have been devastating. Recent analysis by the United Nations suggests that the conflict has set back human development in Gaza by as much as 69 years.[64]

The water systems have nearly collapsed, with the massive destruction of distribution networks and the destruction of 84.6% of key water, sanitation and hygiene facilities; the energy sector, sewage and wastewater management, and solid waste mechanisms have collapsed owing to extensive damage, inaccessibility and a lack of critical operating resources.[65]

There are currently more than 1500 water points across the Gaza Strip, compared with 750-850 points operational prior to the ceasefire.[66] These points are supplying 17 000 cubic metres of drinking and domestic water per day, serving 1.1 million people. In total, between 2 and 15 February, WASH Cluster partners trucked about 8200 cubic metres of water to 1532 locations across Gaza. However, water production and supply remain at about a quarter of water supply prior to October 2023.[67]

From January 25 to 31, 2025, Gaza's daily water production averaged 97 167 m3, including 43 151 m3 of drinking water from desalination plants and Mekorot supply lines, with 51 016 m3 from groundwater wells.[68] A total of 113 572 m3 of water produced and supplied on average per day between 1 and 7 February, over a quarter of water supply prior to October 2023, and subject to a 70% rate of water losses through damaged networks.[69]

Massive destruction of water and sanitation infrastructure, particularly in northern Gaza and Rafah, have resulted in a high reliance on water trucking, with partners pumping water from wells that remain operational on a rotational basis to help improve equity in distribution.[70] There are currently few operational water points in most areas of North Gaza, especially Jabalya refugee camp, with most people relying on a few private water wells. The old Kamal water well is supporting approximately 30 000 people, with very long queueing times.[71] A field assessment revealed that 70% of WASH facilities in North Gaza were damaged, limiting water to just three litres per person per day. [72] In Gaza City, over 90% of the seawater desalination plant was destroyed, causing a severe water shortage.[73]

Currently, more than 1 million people are at risk of sanitation-related threats, including rodents and pests (76%), solid waste (54%), sewage (46%), and human waste (34%). A total of 62% (1.4 million) of people receive less than the recommended 6 litres per person per day for drinking and cooking.[74] A total of 47% of people receive less than the minimum recommended 15 litres per person per day for drinking, cooking, and basic hygiene. [75]

From January 1st to February 12th, the results of the water quality monitoring system, led by WHO, indicated that only 33.1% of samples comply with the Free Residual Chlorine (FRC) standards, highlighting the critical need to increase chlorine distribution to water facilities in Gaza. The chlorine shortage is adversely impacting water quality, particularly microbiological indicators, with 8.7% of samples showing microbiological contamination. [76] More broadly, humanitarian organizations have been blocked from delivering critical water-related materials and other humanitarian aid to Gaza. Water and sanitation infrastructure, including four out of six wastewater facilities, was damaged or deliberately destroyed, and repairs were prevented by blocking imports of nearly all water-related materials. [77]

More than 50 million tons of debris have been generated in Gaza because of the conflict, within which human remains are buried alongside unexploded ordnance, asbestos and other hazardous substances.[78] Damage to essential electricity infrastructure coupled with stringent limitations imposed by Israel on the import of fuel and gas has resulted in a broad energy crisis, with the main power plant ceasing to function, and resulting in a near total blackout since 11 October 2023.[79]

Across all displacement sites, extremely poor environmental hygiene conditions are contributing to the spread of skin diseases, pediculosis, hepatitis A and B, gastroenteritis, and respiratory tract infections.[80] In most sites, sewage systems are nonfunctional, leading to overflows and posing public health risks. The lack of adequate toilet facilities further compounds sanitation conditions. While most sites have gender-segregated toilets, the availability of toilets varies considerably.[81] At least 800 000 women and girls lack access to essential hygiene products, and overcrowded areas with limited private space and safe WASH facilities expose them to gender-based violence risks. [82]

An analysis by the Site Management Working Group (Nov 4–Dec 16) found that 51% of displacement sites lacked sufficient drinking water access.[83] Most water sources were trucked water (56%) and desalination purchases (29%). Regarding sanitation, 61% used family latrines, and 26% used communal ones. Additionally, 63% lacked sufficient hygiene items.[84]

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.[85]

Military operations have caused severe damage to WASH infrastructure, affecting tens of thousands of residents. In Jenin governorate, over 3.3 kilometres of sewage networks and 21.4 kilometres of water pipelines have been severely damaged, primarily within Jenin refugee camp and surrounding areas. The Jenin Municipality reported that over 5000 metres of damaged roads have further impacted the water and sewage networks, leaving about 5000 water connections unconnected to the system.[86] Water trucking has been provided to some disconnected areas, but service restoration remains a major challenge. In Tulkarm Governorate, heavy damage has been recorded in Tulkarm and Nur Shams refugee camps, where 8.4 kilometres of sewage and stormwater networks and 15 kilometres of water pipelines have been severely damaged. The destruction has disrupted access to safe water for approximately 27 000 people, with at least 7 000 still not connected to the water system despite urgent municipal efforts to restore services.[87] In Tubas governorate, a WASH assessment conducted in Tammun and El Fara'a refugee camp identified over four kilometres of damaged water and sanitation infrastructure, affecting around 10 000 people. Damage to these essential services, combined with the ongoing displacement crisis, has heightened the risk of waterborne diseases and other public health concerns, particularly in areas where residents have limited access to clean water and adequate sanitation.[88]

Humanitarian Access

Gaza: Overall, the surge in the daily entry of supplies into Gaza since the ceasefire came into force on 19 January and improved access conditions have enabled humanitarian partners to meaningfully expand their operational presence, including in areas that were previously hard or impossible to access, such as Rafah, Gaza and North Gaza governorates.[89] Mine action partners are accompanying humanitarian convoys to ensure their safety from explosive ordnances (EO).[90]

The UN is mobilising on average 600 trucks a day and distributing aid to people in urgent need. This is presenting operational challenges, including due to reduced warehousing capacity and destroyed infrastructure. The UN will continue to advocate for an increase of commercial sector activity, to reduce the dependency of people on humanitarian handouts.[91]

Satellite imagery analysis by UNOSAT showed that the number of damaged and destroyed buildings within the one-kilometre-wide border area sharply increased from 15% to 90% of about 4000 structures between mid-October 2023 and end of February 2024. The area, nonetheless, encompasses facilities that are critical for humanitarian operations, including water wells, sewage pumping stations, wastewater treatment plants, and the main Sufa landfill which is located 800 metres from the eastern border of Gaza in Khan Younis governorate.[92]

Since the ceasefire took effect, coordination with Israeli authorities for humanitarian aid missions is no longer required except for entering the buffer zones. However, access impediments are hindering the ability of aid actors to conduct repairs and restore the functionality of key facilities in the buffer zones. For example, the continued denial of access by the Israeli authorities to the Sufa landfill has prevented the safe transfer of solid waste from about 30 temporary dumpsites, half of which are already full, and numerous ad-hoc sites, aggravating public health risks.[93]

The Palestinian Authority (PA) is unable to pay the full salaries of public sector employees. Most PA schools, health facilities, and government offices are only operating 2.5 days per week and struggle to offer even a minimum level of services. The progressive tightening of restrictions on movement and trade have reduced income, increased unemployment, and generated a heavy reliance on humanitarian and development aid.[94]

West Bank: Rising violence and population movement restrictions are severely impacting the West Bank, with increased military checkpoints (over 900) and attacks on Palestinian villages.[95] In January 2025, access restrictions and movement-related incidents in the Israeli- controlled H2 area of Hebron continued to intensify, reinforcing the systematic movement restrictions imposed by Israeli forces, especially after 7 October 2023.[96]

In case of medical emergency, restrictions of movement can have deadly consequences. Access to healthcare in this context has been severely impeded by the obstruction and targeting of ambulance movements and the escalation of violent military raids resulting in injuries, fatalities and the destruction of vital civilian infrastructure, including roads, healthcare, water pipelines and electrical systems, particularly in Tulkarem and Jenin refugee camps. In remote areas and outskirts of cities like Jenin or Nablus, the situation is especially dire, as patients with chronic conditions, such as those who need regular dialysis treatment, are forced to stay home due to the untenable obstacles to reaching healthcare.[97]

Attacks on Healthcare and Humanitarian Workers

Gaza is the most dangerous place in the world to be an aid worker and the most challenging to deliver humanitarian assistance.[98] UN personnel face heightened risks, including shootings, assaults, and psychological trauma, severely impacting staff morale and operational capacity.[99] Last year, 2024, was the deadliest year for humanitarian workers.[100] In oPt, at least 384 aid workers were killed (377 nationals, 7 foreigners), some in the line of duty.[101] This represents about 36% of UN aid workers killed globally since 1997, and by far the most in this short period of time.[102] At least 1060 health workers have also been killed, including some also counted under aid workers.[103]

In Gaza, no attacks on health have been recorded since the ceasefire took effect on 19 January 2025.[104] However, in the West Bank, during 2025, WHO verified 44 attacks on health in the West Bank, resulting in injuries to eight health workers on duty. Movement restrictions have created additional physical barriers, hindering the movement of ambulances and health care workers, impeding access to health services.[105]Between 7 October 2023 and 24 February 2025, there have been 670 attacks in Gaza (886 individuals killed) and 739 in West Bank (25 individuals killed).[106]

Furthermore, at least 172 health care staff were detained or arrested while on duty, along with 25 patients receiving care. Some 20% of attacks involved the search of health facilities, transport, or personnel. Most attacks (77%) entailed the obstruction of health care delivery.[107]

West Bank: Following 7 October, checkpoints, roadblocks, and other movement restrictions started increasing across the West Bank.[108] Aid actors report that access to health care is precarious in areas where the military operations are ongoing. Access to the Jenin Governmental Hospital and Ibn Sina Hospital in Jenin remains extremely limited, with ambulances searched and delayed at the hospitals' entrances.[109]

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.[110] There are several groups in Palestine facing multidimensional, intersecting and overlapping vulnerabilities. These include women and girls, children and youth, the elderly, people with disabilities, LGBT+ persons, marginalized groups, and refugees.[111] A summary of the key vulnerable groups is below:

- **Women and Girls:** While everyone in Gaza is impacted by conflict, hostilities and violence exacerbate gender-specific risks and vulnerabilities. Its estimated that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance.[112] Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.[113] For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.[114] Family separation has also led to mixed impacts on the role of women within their households.[115]

Children: Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.[116] Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.[117] At least 17 000 children are orphaned or separated from their families, and all the child survivors in Gaza will carry life-long scars of physical and emotional trauma. [118]

- **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.[119] Men also report being more likely to face detention, severe mistreatment and even torture.[120]
- **Persons with Disabilities (PwD):** People with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.[121] Over 15% of the IDPs are estimated to have disabilities.[122] Women and girls make up approximately 45% of the population with disabilities.[123] Most shelters are not adequately equipped for persons with disabilities. Shelters lack the required medical mattresses and beds, causing ulcers and other medical issues that cannot be treated in unsterilized conditions.[124] Others who have been injured face the risk of long-term disability due to the lack of supplies to treat even minor injuries or fractures.[125] 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.[126]
- **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.[127] The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.[128] Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.[129] 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. [130]
- **People with Mental Health Conditions**: Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.[131] 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.[132] 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.[133]

HEALTH STATUS AND THREATS

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

Population Mortality Before Current Escalation: Ischemic heart disease was the main cause of death in Palestine, accounting for 22.2% of all deaths, followed by cancer causing 14.3% of all deaths. In West Bank, statistics showed that COVID-19 dropped from the first cause of death in 2021 to the fifth rank, causing 8.3% of all deaths in West Bank. In Gaza, COVID-19 dropped from the second cause of death in 2021 to the fourth rank, causing 6.8% of all deaths in Gaza.[134]

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.[135] 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.[136]

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.[137] 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.[138]

West Bank		
#	Cause of Death	%
1	Ischemic heart diseases	25.3%
2	Malignant Neoplasm	13.8%
3	Diabetes Mellitus	12.8%
4	Cerebrovascular disease	10.5%
5	COVID-19	8.3%
6	Injuries	5.6%
7	Diseases in the perinatal period	5.5%
8	Hypertensive heart disease	5.2%
9	Congenital Malformations	4.8%
10	Disease of the nervous system	2.8%

Gaza Strip		
#	Cause of Death	%
1	Ischemic heart diseases	17.8%
2	Malignant Neoplasm	15.1%
3	Cerebrovascular disease	11.6%
4	COVID-19	6.8%
5	Unknown causes	5.8%
6	Disease of respiratory system	4.3%
7	Congenital Malformations	3.9%
8	Hypertensive heart disease	3.8%
9	Diseases in the perinatal period	3.3%
10	Diabetes Mellitus	3.2%

Figure 2 Major causes of death in Palestine in 2022, before current escalation (MoH, 2023) [139]

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.[140] 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).[141] Infant mortality rates for children born in refugee camps was significantly higher than for their counterparts from urban and rural areas.[142]

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

Population Mortality During Current Escalation: Without working vital records and a devastated health system, little information is known on mortality numbers and causes. According to the Lancet, between October 7, 2023 and June 30 2024, modelling estimates there were 64 260 deaths (95% CI 55 298–78 525) due to traumatic injury during the study period.[143] This suggests that Palestinian MoH under-reported mortality by 41%.[144]

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

Vaccination coverage before the current escalation: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.[145] 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.[146] The COVID-19 response generated significant investments in public health infrastructure and vaccines.[147] 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.[148]

VACCINATION COVERAGE DATA	Year [149]	Gaza Strip	West Bank	Year [150] estimates	oPt[151]
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 Vaccination coverage for the age cohort set to receive routine immunizations after 7th October 2023, are currently unknown. Following the detection of cVDPV2 in 2024 in Gaza – in an unvaccinated 10-month-old child and environmental sampling, as part of outbreak response efforts, a two-round polio vaccination campaign in September and October 2024. During the first round, 559 161 children below ten years of age were vaccinated with nOPV2; as part of the second round, 556 774 children received nOPV2. Vitamin A was offered to 448 425 children between two and ten years during the second round, to boost their overall immunity.

As of February 2025, the emergency polio outbreak response in the Gaza Strip is continuing, with a mass vaccination campaign.[152] The novel oral polio vaccine type 2 (nOPV2) will be administered in a third round of vaccination to over 591 000 children under 10 years of age. This campaign follows the recent detection of poliovirus in wastewater samples in Gaza during December 2024 and January 2025, signalling ongoing circulation in the environment and children placed at continued risk.[153]

COVID-19 Vaccination Before Current Escalations: As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.[154] Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).[155] Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82% of the Gazan population (aged 12 years and older) had been vaccinated and 32.51% were fully vaccinated.[156] Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.[157] A 2021 survey found that 72% of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.[158]

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma and injury (including rehabilitation)		Medical care for acute trauma and injury cases are still required, including those needing basic and advanced surgical care, and postoperative rehabilitation. With more than 111 000 injuries reported to date in Gaza alone, an estimated 25% of these require rehabilitation.[159] The risk of exposure to unexploded ordnance (UXO) is at its most dangerous stage, according to UNMAS.[160]

		While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners.[161]
Acute respiratory infection (ARI) including COVID-19		Considering the elevated levels of displacement and overcrowding at shelters and hospitals, incidences are likely to continue at a high rate. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.[162] Overall ARIs remain the most reported priority disease or condition.
Acute diarrhoeal illness (including acute watery diarrhoea (AWD), shigella and rotavirus)		Diarrhoea is the principal clinical symptom common to most mechanically transmitted pathogens (excluding myiasis).[163] Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.[164] During the current escalation it has remained the 2nd most reportable priority condition, with overcrowding, decreased sanitation, including people resorting to open defecation.[165]
Hypertension/ High blood pressure		There are more than 650 000 people with raised blood-pressure.[166] Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024.[167]
Cardiovascular diseases		There are 45 000 patients living with cardiovascular disease.[168] In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded.[169]
Kidney Disease		According to MoH, there are currently 700 dialysis patients across Gaza. Despite significantly high levels of need, there are at present only 102 haemodialysis machines across Gaza, compared with 182 prior to the escalation of hostilities in October 2023. Ten of the currently available machines were brought into Gaza by UNDP following the ceasefire and placed in Al Aqsa Hospital and Az Zawayda field hospital in Deir al Balah governorate.[170] According to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023.[171]
Diabetes		There are at least 60 000 people with raised blood glucose.[172] Before the escalation, in 2022, diabetes was the most common NCD in Palestine.[173] The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.[174] Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8%.[175]
Cancer		In February 2025, WHO reported that hundreds of children need to be evacuated to neighbouring countries to receive lifesaving treatment.[176] More than 2000 people are diagnosed with cancer each year, including 122 children.[177] Despite the increased evacuations seen during phase 1 of the ceasefire, large numbers of patients with cancer still require evacuation for medical care.
Maternal and neo-natal health		Some women in Gaza are self-inducing labour to avoid giving birth on the move while others are scared to seek vital prenatal care because of fears of bombing, and some have lost their lives due to a lack of access to doctors.[178] An estimated 50 000 babies have been born in Gaza over nine months of conflict, with many women giving birth in traumatic, unhygienic and undignified conditions without access to basic services.[179]

Mental Health Conditions		About 485 000 people with mental health conditions continue to experience disruptions in their treatments. [180] 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.[181] UNICEF also reports 1 million children need mental health and psycho-social support.[182]
Malnutrition		While food availability has improved significantly, this remains highly uncertain with threats of a cessation of humanitarian aid if the ceasefire ends. Continued cases of malnutrition and required stabilisation services are being observed. [183] The massive movement of IDPs has led to a decline in the screening and enrolment of children in nutrition programmes, with 83 000 children screened in January, compared with 130 000 in December. [184]
Cholera		Considering people in Gaza have limited access to clean water and functioning sewerage, while no cholera has been detected in Gaza, the risk of cholera importation from surrounding countries is present. Cholera can kill within hours if left untreated.[185]
Skin infections (including scabies and cutaneous leishmaniasis)		Skin diseases are high risk due to poor sanitation and hygiene conditions (e.g., lack of access to water and overcrowding) which promotes transmission via close personal contact and fomites – resulting in scabies and other skin diseases.[186]
Measles		As there are no diagnostic testing available for cases with rash and fever, to exclude measles.
Typhoid		No update on cases since October 7, 2023. Spread through contaminated food or water, those in Gaza are at risk of typhoid considering the dire living conditions.
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		To date, the cases have been mostly mild, with no severe cases reported at this time, and the adult population is largely immune as it used to be hyperendemic. However, more than 90% of reported cases are likely asymptomatic.
Hepatitis E		Hepatitis E can be severe among pregnant women. Unlikely to have prior immunity. Risk is high.
Protection Risks (including GBV)		There are reports of increasing GBV since the escalation started on 7 October 2023, however the numbers or locations are not available.[187] The ongoing crisis continues to expose women and girls to heightened risks of sexual and gender-based violence, infections, early marriages, early and unintended pregnancies and miscarriages.[188] Key findings from the GBV 2024 trend analysis highlight that emotional abuse remains the most frequently reported form of GBV, exacerbated by displacement, poverty, and resource scarcity. Cases of sexual exploitation and abuse (SEA) and rape continue to be underreported, largely due to fear and stigma, yet they remain a critical concern.[189]
Poliomyelitis (cVDPV2)		The oPt had been polio-free for more than 25 years.[190] From 22-26 February 2025, the emergency polio outbreak response in the Gaza Strip is continuing, with a mass vaccination in a third campaign round.[191] This campaign follows the continued detection of poliovirus in wastewater samples in Gaza, signalling ongoing circulation in the environment putting children at risk.[192]
Meningococcal disease		There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population.[193]

Chicken Pox		Endemic in Childhood, as of 30 June 2024, there were 11 214 cases of chickenpox reported.[194] More recent figures are not available. However, large clinically diagnosed outbreaks have been documented amongst children and adults in overcrowded shelters.
Diphtheria		Although the Gaza Strip has maintained a high administrative coverage for Diphtheria, the current overcrowding, poor hygiene and sanitary living conditions can facilitate the spread if introduced.
Mumps		The MoH reported 7/100 000 population cases in 2022. Cases typically occur during the winter months.
West Nile Fever (WNF)		Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging in the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years.[195] At least 175 people have contracted the virus so far this year - a 400 % increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health.[196]
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East,[197] globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually.[198]
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.[199] 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.[200] In Gaza, in 2022 there were zero cases of Hepatitis C.[201] Lack of screening tests for dialysis and blood transfusion present a possible risk.
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.[202] A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.[203] Between November 2024 and January 2025, five new cases were identified.
HIV/AIDS		No updates on cases since October 7, 2023. The overall burden of HIV/AIDS as reported by the MoH is low; however, there is likely under detection and under reporting due to the social and cultural barriers that impede assessment of and response to HIV vulnerability in groups at high risk. [204]
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.

*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): The speed and scale of the killing and destruction in the Gaza Strip are unlike anything seen in recent history. Since the ceasefire in Gaza on 19th January 2025, violence in the West Bank has sharply escalated.[205]

Medical assistance for acute trauma and injury cases are urgently required, including those needing basic and advanced surgical care, and postoperative rehabilitation. With more than 111 000 injuries reported to date, an estimated 25% of these require rehabilitation.[206]

In Rafah governorate, where all three hospitals remain non-functional, PRCS has resumed operations at its primary health-care clinic and UNRWA opened a new physiotherapy unit at Muawiya Health Centre and recruited six new physiotherapists to enhance services.[207]

The risk of exposure to unexploded ordnance (UXO) is at its "most dangerous stage," warns UNMAS.[208] UNMAS has recorded a sharp increase in reports of EO victims.[209] Notwithstanding limited data, between 1 January and 17 February 2025, UNMAS documented the killing of two people and the injury of 38 others by EO, comprising one woman, 22 men, two girls and 13 boys. Khan Younis governorate accounted for about 37% of verified injury reports.[210]

UNMAS estimates that over 37 million tons of debris in the Gaza Strip contain about 800 000 tons of asbestos, other contaminants, and UXO, noting that at least 10% of ammunition potentially fails to function.[211] While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners.[212] Children and women are now increasingly searching through piles of rubbish for food scraps, often barefoot or without any gloves. This not only puts them at higher risk of disease or injury from any sharp edges or metal in the solid waste, but also exposes them to risks of explosive remnants of war.[213]

Malnutrition: In February 2025, WFP reported that the ceasefire in Gaza has allowed it to bring in more than double the monthly average of food it delivered prior to the ceasefire being in place. This has enabled the agency to provide full food rations, restock and reopen bakeries, and reach families across the entire Gaza Strip.[214]

Before the ceasefire, the risk of famine remains high, according to projections from the latest Integrated Food Security Phase Classification (IPC) food insecurity classification more than 90% of Gaza's population will likely experience high levels of acute food insecurity, with 344 800 people at risk of experiencing catastrophic levels of hunger (IPC 5).[215]

Nutrition Cluster partners have scaled up the screening of children under 5 years of age and pregnant and breastfeeding women (PBW), noting that their vulnerability to malnutrition remains high.[216] Between December 2024 and February 2025, 42 new sites offering malnutrition screening services have opened, bringing the total number of nutrition sites to 204, up from 162 in December 2024.[217] The massive movement of IDPs has led to a decline in the screening and enrolment of children in nutrition programmes, with 83 000 children screened in January, compared with 130 000 in December.[218]

Since January 2025, the Nutrition Cluster has reported screening 83 106 children aged 6-59 months for malnutrition. Of these, 2518 (3%) were admitted to the Community Management of Acute Malnutrition (CMAM) Programme for malnutrition treatment, including 394 (0.5) with SAM, and 2124 (2.6%) with moderate acute malnutrition (MAM).[219]As of February 2025, 501 patients admitted due to severe acute malnutrition with complications.[220]

Over 96% of children aged 6-23 months and women are not meeting their nutrient requirements due to lack of minimum diet diversity.[221] A total of 290 000 children under five and 150 000 pregnant and breastfeeding women require feeding and micronutrient supplements. More than 60 000 children are estimated to require treatment for acute malnutrition in 2025.[222]

While acute malnutrition was almost non-existent in Gaza before the escalation of hostilities, lack of access to nutritious food and essential services over 15 months, including health care, water, sanitation and hygiene, has led to the spread of acute malnutrition, particularly among children under two years and PWB where 90% are estimated to have experienced severe food poverty, consuming two or fewer food groups per day and mainly foods of low nutritional value such as bread and pulses.[223]

Notwithstanding limited screening data from northern Gaza to date, since 1 January, 2,369 children have been admitted for outpatient treatment of acute malnutrition.[224] This includes 1966 children diagnosed with moderate acute malnutrition and 403 children diagnosed with severe acute malnutrition.[225]

As for maternal malnutrition, 13 285 women were screened in January, with data showing an average malnutrition rate of 10-15% of screened women. Malnutrition data is based on mid-upper arm circumference measurements (MUAC) used as a proxy for the global acute malnutrition rate (GAM). While MUAC tends to underestimate the GAM, compared with weight for height measurements, these have not been feasible in Gaza until now, the cluster reports, adding that planning is underway to undertake a nutrition SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey in Gaza.[226]

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.[227] The situation was of particular concern in Gaza, with 64.3% of the population classified as moderately or severely food insecure.[228] A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.[229] Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.[230] Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.[231]

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015. [232] 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.[233] 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.[234]

Acute respiratory infection (ARI) including COVID-19: Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.[235] In 2024, ARIs where the most reported priority condition representing ~80% of all reports. Currently, the lack of diagnostic testing means that causative agents cannot be identified. MSF report treating infants with respiratory diseases at the Nasser hospital in south Gaza, where over 300 paediatric patients are treated every day. They also report overcrowding in the department, including children with acute pneumonia.[236]

In oPt, infectious diseases cause less than 10% of all deaths; respiratory diseases cause 70% of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.[237] The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.[238] The highest incidence of RTIs has been recorded by the cold season (December-March).[239]

Acute diarrhoeal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus): Acute diarrheal illness is the 2nd most reported priority condition, in 2025 accounting for ~20% of all reported risks. Currently, the lack of diagnostic testing means that causative agents cannot be identified.

In addition to people resorting to open defecation, the lack of access to clean water and basic hygiene that allow for the spread of faecal-oral transmissible diseases, Filth files are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis and many others.[240] Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). Under the current conditions where waste management is challenging, fly populations will thrive and the burden of diarrhoeal disease will continue to be high – the same pathogens are also transmitted by faecal-oral and water contamination routes. Filth fly transmission is likely to constitute at least 25% of all disease transmission.[241]

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.[242] Notably, 25% of child morbidity cases in Gaza were caused by water-borne diseases.[243]

Non-communicable diseases (NCD): According to MoH in Gaza, as of 28 June 2024, over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres.[244] More than 2000 people are diagnosed with cancer each year, including 122 children.[245] As of June 2024, there are more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.[246]

Anera report that many new patients have developed non-communicable diseases at an unusually young age, due to war-related stress, severely limited access to nutritious and calorically adequate food, and the consumption of salty or contaminated drinking water.[247]

In February 2025, WHO reported that hundreds of children need to be evacuated to neighbouring countries to receive lifesaving treatment. Yet, of the 405 children with cancer referred to paediatric facilities outside Gaza following the escalation of hostilities in October 2023, only 10 were approved with a companion and in some cases, children died before receiving approval.[248] Although breast cancer is the most common type of cancer among women in Gaza, accounting for about 20% of all registered cancer cases, the survival rate in Gaza does not exceed 65%, due to severe shortages of necessary medicines and treatments. In the Gaza Strip, more than 366 new cases of breast cancer are diagnosed annually, based on 2022 data, prior to the halt in diagnosis of new cases during the escalation of hostilities. [249]

According to MoH, there are currently 700 dialysis patients across Gaza. Despite significantly high levels of need, there are at present only 102 haemodialysis machines across Gaza, compared with 182 prior to the escalation of hostilities in October 2023. Ten of the currently available machines were brought into Gaza by UNDP following the ceasefire and placed in Al Aqsa Hospital and Az Zawayda field hospital in Deir al Balah governorate.[250]In northern Gaza, there are only 27 machines, serving about 250 patients, up from 60 patients prior to the ceasefire given the return of hundreds of thousands of people to northern Gaza since 27 January.[251]

These equipment shortages are exacerbated by zero stock levels of kidney medications and consumables at MoH warehouses, the destruction of six out of seven dialysis centres, and reduced treatment sessions—generally two two-hour sessions instead of the required three four-hour sessions per week, resulting in detrimental consequences for the health of dialysis patients.[252] For those who are displaced, all sites have access to basic medical points- including some set up by volunteer nurses sheltering inside the camps themselves. However, there is a severe shortage of health supplies and medicine, including for chronic diseases. [253] In February 2025, according to the MoH approximately 40% of patients requiring haemodialysis have died since October 2023.[254]

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.[255] In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).[256] The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.[257] 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.[258]

Maternal and Neonatal Health Conditions: Emergency obstetric and newborn care services are now available at 12 health facilities, including one in North Gaza where such services were resumed on 31 January at Al Awda Hospital in Jabalya. The other 11 facilities include three in Gaza city, three in Deir al Balah, four in Khan Younis, and one in Rafah.

Despite intensive efforts, UNFPA warns that health-care facilities remain severely understaffed and overstretched in meeting growing needs, particularly in northern Gaza and Rafah, where the restoration and expansion of maternal and reproductive health capacities remain a priority.[259]

With weakened immune systems and at risk of waterborne diseases, pregnant and breastfeeding women must also survive alongside piles of rubbish and sewage and with barely any access to healthcare. In these dire circumstances, there are around 50 000 pregnant women in Gaza, with 4000 deliveries expected in the next month alone. Initial data indicate that in the last six months there has been a sharp rise in reported miscarriages.[260]

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.[261] Maternity services are provided at nine out of 17 partially functioning hospitals, and at four field hospitals (ICRC, IMC, UK-MED, and Kuwait FHs).[262]

Key challenges facing those providing sexual and reproductive health (SRH) services include limited entry of essential SRH commodities and supplies, Infection control measures are difficult to maintain in SRH services due to resource limitations and preparedness gaps for winter floods expose vulnerabilities in the infrastructure of numerous health facilities. [263]

Women and girls in shelters are reporting a severe lack of menstrual hygiene products, cases of sexually transmitted diseases and urinary tract infections with little to no medical treatment available in the severely overcrowded shelters. Contraception is in very short supply, and there are reports that women are sharing contraceptive pills.[264] Women with intrauterine contraceptive devices (IUDs) are experiencing bleeding and infections due to the unhygienic conditions in the shelters- posing long term risks to women's reproductive health, including severe bleeding.[265]

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.[266] 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).[267] 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.[268]

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.[269] About 485 000 people with mental health disorders continue to experience disruptions in their treatments.[270] 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.[271]

Widespread psychological distress, particularly among children who have been exposed to continuous violence, bereavement, extreme insecurity and the lack of essentials for survival, has led to increased cases of trauma, anxiety and post-traumatic stress disorder, which are further exacerbated by the collapse of mental health services.[272]

Almost 1.2 million children in Gaza need mental health and psychosocial support.[273] Thousands of children have been orphaned by the conflict or left with no surviving family members, rendering them even more vulnerable due to the absence of vital care and support. The social fragmentation caused by the conflict,

coupled with the depletion of essential resources, have also increased tensions within displaced communities and between those seeking aid and those providing it. These deep social fractures will have long-term consequences for the recovery of Gaza.[274] Additionally, as of 7 October 2024, the MoH noted that 35 055 children had lost one or both parents over the past year.[275]

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.[276] Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.[277] The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.[278]

Cholera: While epidemic cholera is not currently found in Gaza, multiple surrounding countries have experienced recent or ongoing cholera outbreaks. With the risk of importation from surrounding countries and considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present. Cholera can kill within hours if left untreated, which in a humanitarian crisis like Gaza would have catastrophic results. Most of those infected have no or mild symptoms and can be successfully treated with oral rehydration solution.[279] Monitoring and entry restrictions of individuals coming from countries where cholera is endemic or epidemic should be taken into consideration. In regard to vector risks, filth flies, sandflies, mites, fleas and other ectoparasites are the main vector disease risks. Therefore, urgent action are required for distribution of vector control tools, removal of vector breeding sites (solid waste management) and improved the water, sanitation and hygiene situation.

Skin infections (including scabies and cutaneous leishmaniasis): There are several reports of treatment-resistant skin lesions, suspected as cutaneous leishmaniasis. Risk of vector-borne diseases is expected to increase with the warmer temperatures. Sandflies, which are the principal vectors of cutaneous leishmaniasis, are endemic across the region, including oPt and Israel.

Skin rashes continue to impact Gazans forced multiple times from their homes and shelters.[280] A paediatrician reported that every day 200 cases (of 300-400 patients presenting) are related to skin conditions.[281] Due to the security challenges, the limited availability of detergents and the high prices of basic hygiene products and chlorine are particularly concerning given the widespread prevalence of skin conditions among the population.[282] There were a total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes reported as of 30 June.[283]

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.[284] 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.[285] The incidence of the disease does not show any difference between males and females.[286] However, during the 2014 outbreak, displaced children in the shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies.[287]

Measles: Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97% between 2009 and 2018, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector.[288] Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing. As there are no diagnostic testing available for cases with rash and fever, to exclude measles.

Typhoid: Typhoid is a life-threatening infection caused by the bacterium Salmonella Typhi.[289] Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.[290] In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.[291] There is currently no diagnostic testing available.

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

jaundice syndrome and bloody and watery diarrhoea can be directly attributed to the unavailability of safe drinking water, poor and lack of sanitation facilities, posing a significant public health challenge.[292] Diagnostic testing is limited for viral hepatitis due to the conflict.[293] Access to water and to safe sanitation facilities is essential for women and girls managing their menstrual hygiene. In Gaza, in 2022 there were 3.9 cases Hepatitis A/100 000 population in 2022.[294] In the summer of 2024, a large Gaza wide outbreak of AJS occurred where Hepatitis A was the suspect causative agent. However, no testing is or was available at that time.

Hepatitis E: Hepatitis E can be severe among pregnant women. Unlikely to have prior immunity.

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

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.[295] During October 2024, the second round of the polio vaccination campaign was conducted in the southern governorates of Gaza with 94% coverage. The campaign for northern governorates of Gaza was delayed to first week of November due to the insecurity in North Gaza.[296] The preliminary coverage figures from Day 6 of the polio campaign (Day 2 of phase 2) suggest 90 716 children under 10 years old had been vaccinated with novel oral polio vaccine type 2 (nOPV2). A total of 70 722 children between 2 and 10-years old received Vitamin A.[297]

In January 2025, 24 out of 28 environmental samples collected from Khan Younis and Deir Al-Balah tested positive for circulating vaccine-derived poliovirus type 2 (cVDPV2). A polio vaccination campaign is scheduled for 22–26 February 2025, targeting over 591 000 children under 10 years of age across the Gaza Strip with the novel Oral Polio Vaccine type 2 (nOPV2).[298]

Meningococcal disease: There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population.[299]

Chicken Pox: As of 30 June 2024, there were 11 214 cases of chickenpox reported. [300] More recent figures are not available. However, large outbreaks have been clinically diagnosed in multiple settings of overcrowded shelters.

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

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

West Nile Fever (WNF): Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years.[301] By July 15, the number of patients diagnosed with virus jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June.[302] On 22 August 2024, the International Health Regulations (IHR) National Focal Point (NFP) of oPt also reported the first death of WNV in Palestine, a 66-year-old female from Salfeet Governorate, West Bank.

Dengue Fever: Dengue virus (DENV) infection is widespread and its disease burden has increased in past decades. However, little is known about the epidemiology of dengue in the Middle East and North Africa (MENA).[303] Globally, more dengue fever cases have been recorded so far in 2023 than in the last five years annually, as increasingly extreme weather events fuel the spread of the mosquito-borne illness.[304]

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.[305] 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.[306] In Gaza, in 2022 there were zero cases of Hepatitis C.[307] 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.[308] Concern is present as there is a lack of testing capacity for both dialysis and blood transfusion.

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.[309] A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.[310] Between November 2024 and January 2025, five new cases were identified

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. [311] The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.[312] 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. [313] The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.[314] Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.[315]

Rabies: Rabid dogs are commonly found in Israel, the West Bank and Gaza. Children are most likely to be bitten or scratched by a dog or other animals.[316] Recent data on rabies cases is limited.

WEST BANK: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	**Level of risk*** **	**Rationale**
Trauma and injury (including rehabilitation)		Increasing injuries due to acute trauma are being reported from the West Bank, and while mass casualty events are not yet being observed, lack of access to urgent care poses significant threat to patients. The Israeli Forces began carrying out large-scale operations in the occupied West Bank in mid-2023. Since then, repeated and destructive operations have included the use of air strikes, armoured bulldozers, and controlled detonations. There have been 38 airstrikes in 2025 alone.[317] There has been a 20-fold increase in the number of Palestinian children killed by airstrikes in the West Bank in recent years, according to OCHA, with only one child killed in the 18 years between 2005 and 7 October 2023 by airstrikes.[318] Since 7th October 2023, a total of 912 Palestinians have been killed and approximately 7467 Palestinians have been injured in the West Bank. This represents 46% of total fatalities since 2008.[319]
Mental Health		Psychosocial distress and deterioration in mental well-being is associated with the political situation, insecurity and violence, including threats of home demolitions, arrests, night raids and settler violence. [320] A 2022 survey found 12% of households reported at least one member had showed signs of psychosocial distress or trauma. [321] Nablus reported the

		highest rates with 52% of households self-reporting observing signs of psychological distress.[322] This is like a 2021 survey which found that 57% of West Bank residents surveyed reported symptoms consistent with post-traumatic stress disorder (PTSD).[323] Information from partner HMIS and screenings is showing a 50% increase in need from January 2023 to January 2024.
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. [324] 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.[325] Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas.[326] 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.[327]
Protection risks (including GBV)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate.[328] A 2022 survey on violence, found 52% of married or previously married women in West Bank between the ages of 15 and 64 experienced violence by their husband in the 12 months preceding the survey.[329] There is a lack of access to high quality multi-sectoral services (including safe shelter, and adequate clinical management of rape (CMR) services). [330] There are increased deaths and injuries of children and men due to Explosive Remnants of War (ERW) contamination.[331] There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations.[332]
Maternal and Neonatal Health		Insecurity, movement restrictions, and attacks on health care limit access to sexual and reproductive health services (SRH) services in the West Bank and distribution of SRH medicines and supplies.[333] 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.[334] But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births.[335] This reflects the negative impact of the pandemic on the number of maternal deaths. A study by the MoH found that a total of 22 maternal deaths were reported in the West Bank that year, indicating an MMR of 26.7 per 100 000 live births in the West Bank. The study also found that (68.2%) of the reported maternal deaths were deemed preventable.[336]
Malnutrition		While food security is relatively stable, the economic impacts of the recent escalation may impact the nutrition status of the population. The World Bank reports the West Bank economy has experienced a 22% decline since the recent escalation.[337] The malnutrition situation is driven by poverty, lack of food access, and poor dietary habits. Other challenges include lack of availability/affordability of macro/micronutrient-rich food and obesity.[338] Women and girls in the West Bank face particular disadvantages, with more than 12% of all households in the West Bank being female headed. The feminization of poverty is a common phenomenon in the oPt, with negative coping mechanisms leading to higher levels of food insecurity, and nutrition related conditions.[339]
West Nile Fever (WNF)		On 22 August 2024, the first death of WNV in Palestine: a 66-year-old female from Salfeet Governorate, West Bank. Notably, there are cases in neighbouring Israel, where WNV fever has surged in Israel, with case numbers at their highest levels in nearly 25 years.[340] By July 15, the number of patients diagnosed with WNV jumped to 440, with a total of 32

		people dying from the virus since the outbreak began in June.[341] Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context.
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.[342] However, considering the recent cases in Gaza, there is increased potential for an outbreak.
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death.[343] As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine.[344]
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		No reports of increased cases.
Meningococcal disease		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Measles		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Acute Watery Diarrhoea (AWD)		Over 3.3 kilometres of sewage networks and 21.4 kilometres of water pipelines have been severely damaged in Jenin alone, cutting off access to clean water and sanitation for thousands, and heightening the risk of waterborne diseases.[345] No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Skin infections (including scabies)		While scabies is considered a public health risk in Palestine, skin infections are not a significant risk in West Bank now as there is not displacement and overcrowding.
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.[346]
Rabies		Cases are unlikely to increase because of recent developments in the West Bank. No human cases have been reported in 2022.[347] Cases are unlikely to increase because of recent developments in the West Bank.
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

Gender Based Violence (GBV): With 92% of homes in Gaza damaged or destroyed, people across Gaza are exposed to heightened risks.[348] Among others, the critical shortage of adequate shelter and shelter materials has forced multiple families to cohabit in single tents, creating unsafe and undignified living conditions, especially for women and girls. Additionally, it forced some children to live on their own, even when relatives are willing to provide care.[349] The Gaza Protection Monitoring System (PMS) revealed that 70% of respondents expressed severe concerns about shelter safety. Risks of physical violence and exposure to the elements are heightened for those in substandard housing.[350]
Key findings from the GBV 2024 trend analysis highlight that emotional abuse remains the most frequently reported form of GBV, exacerbated by displacement, poverty, and resource scarcity. Cases of sexual exploitation and abuse (SEA) and rape continue to be underreported, largely due to fear and stigma, yet they remain a critical concern.[351]

Child Protection: Children with disabilities are currently the highest caseload for child protection case management services, with over 12 000 cases reported between January and June 2024.[352] It is estimated by UNICEF that there are currently 17 000 unaccompanied and separated children (UASC) in Gaza, because of children losing their parents, detentions and multiple forced displacements. With tents in very short supply, people are left without safe spaces.[353] Pre-current escalation, it is estimated that 35% of under 5-year-old children were at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.[354]

Across the West Bank, increasing levels of settler violence and excessive use of force resulting in injuries and killing of children.[355] There are arbitrary arrests, detentions and ill-treatment of children. Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour. These conditions are resulting in an increase in the cases of violence, abuse and neglect of children.[356]

Mine Risks: Many Palestinians are also forced to seek refuge in damaged buildings and are therefore exposed to the dangers of explosive remnants of war (ERW).[357] The situation in Gaza presents a complex and challenging landscape for Mine Action, characterized by a likely substantial contamination from various Explosive Ordnance (EO) sources.[358] 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.[359]

Humanitarian mine action (MA) actors are unable to conduct life-saving disposal operations, due to the lack of necessary equipment. The needed equipment is classified as “dual-use”—goods that are considered useable for either civilian or military purposes— and are subject to entry restrictions by Israeli authorities. As a result, contaminated sites remain inaccessible and pose an imminent threat to the community.[360] Notwithstanding limited data, between 1 January and 17 February 2025, UNMAS documented the killing of two people and the injury of 38 others by EO. [361]

Economic Impact of Conflict

The war has severely disrupted the market environment in the Gaza Strip, affecting private sector capabilities, market access, and financial services, including liquidity.[362] Coupled with an official blockade of the commercial sector, this has led to the unavailability of priority food and non-food items, and price distortions. The dysfunctional market has exacerbated power imbalances, allowing for practices such as market dominance and stockpiling, which have led to fluctuations and sharp increases in prices.[363]

The economic impact of the conflict is already more severe than any previously recorded economic downturn in the oPt. [364] The extensive damage to Gaza's capital stock, combined with declining productivity, and the labour market impact of casualties, injuries and displacement are expected to have resulted in an 83% contraction of the economy of Gaza in 2024.[365]

In the oPt, poverty is projected to have risen to 74.3% in 2024, up from 38.8% at the end of 2023. Unemployment in Gaza is reaching 80%. The economic cost of the damage is almost twice the real GDP of the oPt before October 2023. The consequences of this shock are expected to exert a prolonged and substantial burden on economic activities for several years to come.[366]

Education

As of February 2025, a total of 88% of schools in Gaza have been destroyed or damaged.[367] The destruction of or damage to virtually all of Gaza's schools has halted education for hundreds of thousands of children, potentially for years to come, raising concerns about a "lost generation" deprived of learning opportunities.[368]

Access to education for hundreds of thousands of Palestinian children in the West Bank was severely undermined by access restrictions, home demolitions, settler violence and Israeli forces' operations in 2024. In 2024, the Palestinian Ministry of Education recorded 2274 incidents of violence targeting the education system, with 109 schools attacked or vandalized; incidents include cases of armed settlers entering schools, detention of students or school staff, and harassment of students on their way to school.[369] As a result, some 806 000 students have had their access to education restricted in the West Bank, including East Jerusalem.[370]

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

Years of socioeconomic decline, conflict and closure have left the health sector across Gaza lacking adequate physical infrastructure and training opportunities. Facilities are overstretched, and service is frequently interrupted by power cuts. These challenges further threaten the health of the population, which is already at increasing risk.[371]

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).[372] For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.[373] Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.[374]

Service coverage as measured by the Universal Healthcare Coverage (UHC) service coverage index is 64 and has remained essentially unchanged over the past two decades, indicating that people still have trouble accessing essential health services.[375] Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza. [376]

Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45% of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.[377] In addition, 60% of the essential laboratory items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.[378]

The range of specialized health services in Gaza is limited and there are large gaps in capacities to deliver proper services and to cover their cost. This leaves most of the Gaza population who need specialized health services unable to access proper and timely treatment.[379] Approximately 45% of total health care

expenditure is through government systems and programmes, while household contributions account for around 39% (most of this out-of-pocket expenditure at the point of service delivery).[380]

There is relatively high out-of-pocket spending by Palestinians due to gaps in public health care coverage and the relative unaffordability of private insurance.[381] More than 63% of expenditure is for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).[382] In July 2021, 23% of households in Gaza reported facing access barriers for healthcare.[383]

Gaza: In crisis health system status

A recent assessment estimates around US$19.1 billion of economic and social losses were incurred due to the conflict to date. The sectors with the highest estimated losses are health with US$6.3 billion. Given that the economic and social impact of the conflict will continue to be felt until substantial recovery is made, these losses include loss estimates projected in line with sector specific recovery calendars.[384]

Minimum Healthcare Service Package (For use during the current ongoing crisis): As of November 2024, a comprehensive suite of services has been established across primary and secondary healthcare levels, prioritizing interventions that are both essential and feasible, with an emphasis on those yielding substantial health outcomes. Considering the ongoing emergency response, characterized by persistent insecurity, frequent population displacements, restricted access, logistical challenges in medical supply transport, limited bed availability, and increasing assaults on healthcare facilities, there will be an intensified focus on preventive services and a holistic approach to primary healthcare. Emphasis will be placed on collaboration with other sectors to implement a multi-sectoral strategy addressing social determinants of health. This approach aims to prevent complications, alleviate pressure on the constrained bed capacities within field hospitals for critical emergency services such as obstetric and gynaecological care, medical and paediatric emergencies, trauma care, orthopaedic and emergency surgeries, intensive care unit (ICU) services, and haemodialysis (where feasible) and help in standardizing services across the region.[385]

Health Facilities Functionality: A total of 51% (18 out of 35) of hospitals are partially functional (1 in North Gaza, 10 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis).[386] A total of 11 field hospitals are functional, including 6 fully and 5 partially (4 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah).[387] A total of 40% (57 out of 142) of primary health care centres functional, including 8 fully and 49 partially.[388] A total of 27% (7 out of 26) of UNRWA health centres functional. There are 24 EMTs operational, including 21 in southern Gaza, two in Gaza governorate, and one in North Gaza.[389]

The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in December 2024 that 48% of the HSDUs (Health Service Units Delivery Units) were at least partially functioning. The 3 primary causes for building damage, as reported by 40 partially damaged and 12 fully damaged HSDUs, notably insecurity (98%), lack of maintenance (19%), and industrial accidents (8%).[390] Furthermore, the 3 primacy causes of functionality constraints reported by 26 partially functioning and 27 non-functional HSDUs include insecurity (70%), lack of equipment (45%) and damages to the facility (36%).[391]

Medical supplies and medicines: The capacity to handle acute trauma cases is severely strained, with limited resources for both surgical interventions and postoperative care. There are widespread shortages of medical supplies, including essential medications, surgical tools, basic infection prevention supplies, diagnostic equipment, and electricity and fuel, all of which significantly hamper the ability to provide adequate care.[392]

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.[397] At least 1060 health workers have also been killed, including some also counted under aid workers.[398]

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.[399] 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.[400] 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.[401]

Surveillance: The MoH has faced significant challenges in maintaining accurate and reliable casualty data, particularly in a landscape where infrastructure has been decimated, and the usual medical processes have been severely disrupted.[402] Before the recent escalation in hostilities, the Health Information Centre maintained a robust, real-time computer network that tracked deaths across hospitals in Gaza.[403]

This system, which had proven accurate during previous conflicts, was praised for its reliability, with figures that closely matched those later produced by the UN and the Israel Defence Forces (IDF). However, this system collapsed following Israeli raids on key hospitals in Gaza City November 2023, which destroyed critical data centres and severed vital connections to Gaza's civil registry. This breakdown forced the MoH to rely on outdated, manual methods for recording deaths, further complicating efforts to provide accurate casualty data amidst the chaos.[404] The use of the WHO EWARS has recently been put in place to unify chaotic disease reporting. The adoption has been slow but a functional surveillance system has begun to emerge using syndromic based case definitions.

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS

Key information on disruption of key health system components

ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Hospitals are operating at **limited capacity and overwhelmed** with patients, grappling with critical shortages of fuel, medicines, supplies, and medical staff.[393]	Over **70% of essential medicines are missing** at Gaza's hospitals and primary healthcare centres.[394]	A total of **51% (18 out of 35) of hospitals are partially functional** (1 in North Gaza, 10 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis).[395]	Between 7 October 2023 and 24 February 2025, there have been **670 attacks in Gaza (886 individuals killed) and 739 in West Bank** (25 individuals killed).[396]

Access: The Health Resources and Services Availability Monitoring System (HeRAMS) in the Gaza Strip revealed in December 2024 that the 3 primary causes for accessibility constraints as reported by 20 partially accessible HSDUs, including insecurity (75%), other physical barriers (75%), and financial barriers (15%).[405]

West Bank: In crisis health system status

The repeated pattern of militarized operations, violence, and demolitions has increased through 2024, particularly in northern regions and refugee camps. Destructive operations have intensified, some at a scale not witnessed in the last two decades and involving the use of lethal war-like tactics.[406]

Healthcare access, which was already limited in the West Bank, has worsened since 7 October 2023 because of movement restrictions, violence, and bureaucratic constraints. Access to health care across the West Bank has become increasingly challenging since 7 October 2023, particularly in refugee camps and Area C, due to intensified operations by Israeli forces and movement restrictions affecting essential health services.[407]

Since mid-January, Israeli forces have intensified access restrictions across the West Bank, severely impeding Palestinians' access to markets, workplaces, emergency services, as well as health and educational facilities.[408] At least 20 new gates have been installed at the entrances of towns and villages, alongside new roadblocks, earth mounds, and trench fences, further restricting movement on secondary access routes.[409]

First responders including health and social workers could face difficulties reaching the wounded and health facilities could be overwhelmed with the patients able to reach them. East Jerusalem has the only functional paediatric haemodialysis centre serving the entire West Bank. Meanwhile, adult haemodialysis appointments have dropped by over 25% due to restricted access.

As of February 2025, military operations have caused damage to health points (13 non-functioning) and other critical infrastructure, leading to water contamination with sewage and water shortages in some areas.[410] Due to the impact of the fiscal crisis, in 2024 there was a deterioration in access to primary and secondary healthcare services, with primary healthcare facilities operating only two days per week and hospitals functioning at 70% capacity.[411]

In February 2025, Jenin Hospital has also suffered extensive damage, including 100 shattered windows, requiring urgent repairs. Moreover, Palestine Red Crescent Society (PRCS) ambulances are facing daily challenges due to checkpoint restrictions, highlighting the urgent need for negotiated safe passage for medical teams. Movement restrictions have also hindered the ability of health workers to reach their workplaces. Severe shortages of essential medicines have been reported, particularly for people suffering from chronic illnesses, further compounding the crisis.[412]

The health sector is grappling with significant stockouts of medicines due to suppliers not trusting the authorities will be able to pay.[413] Shortages of essential medicines and medical disposables with reports indicating zero stocks as high as 50%.[414] For ordinary people, access to medicines is further exacerbated by increasing prices for essential medications. These economic barriers place a considerable strain on both healthcare facilities and patients.[415]

On 28 October, the Israeli Knesset adopted two laws that prohibit the Israeli authorities from having any contact with UNRWA and ban the agency from working in areas under Israeli sovereignty, which will enter into effect after three months.[416] In the West Bank, including East Jerusalem, UNRWA's absence would disrupt essential health, education, and social services, significantly impacting humanitarian conditions and potentially destabilizing the region. This disruption would collapse operations across 96 schools serving 47 000 students, three vocational training centres, 43 health centres, and halt cash assistance.[417]

Attacks Against Healthcare in Region

In Gaza, no attacks on health have been recorded since the ceasefire took effect on 19 January 2025.[418] However, in the West Bank, during 2025, WHO verified 44 attacks on health in the West Bank, resulting in injuries to eight health workers on duty. Movement restrictions have created additional physical barriers, hindering the movement of ambulances and health care workers, impeding access to health services.[419]

Between 7 October 2023 and 24 February 2025, there have been 670 attacks in Gaza (886 individuals killed) and 739 in West Bank (25 individuals killed).[420] Figures for the region are also provided below:

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Gaza	670	886*	1355	438	170
West Bank	739	25	121	119	460
Israel	72	25	38	20	24
Lebanon	162	241	296	45	104
Syria	102	25	135	78	12
Total	**1745**	**1202**	**1945**	**700**	**770**

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. The Health Cluster has 75 partners are currently operational across the oPt, reaching a weekly average of 400 000 people with various healthcare services and supplies.[421]

As of February 2025, challenges facing humanitarian health partners include:[422]

- In Gaza, large-scale displacement and movements of people seeking to return their homes have created a need for partners to relocate health service points to locations where people are resettling. The limited entry of critical humanitarian supplies, including generators, spare parts, and medical equipment due to their dual-use status remains a major challenge, impacting the ability of partners to scale up interventions including to restore services.
- In the West Bank including East Jerusalem, displacements and limited access to affected population as a result of increased military operations (specifically in North West Bank) and movement restrictions is heavily affecting implementation of response activities.
- While UNRWA continues to provide services, the ongoing uncertainty regarding the ability of the agency to continue its operations in oPt is a major concern because of the impact this would have on the ability of humanitarian actors to sustain primary health care delivery and other interventions across different sectors.

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	**Recommended tools/guidance for primary data collection**
Health status & threats for affected population	Need to show where the outbreak-prone disease burden is, to allow rapid targeted outbreak response and disease-control activities	Expansion of Early Warning Alert and Response System (EWARS)
	Need strong health status measures, to help direct resources where the greatest burden of mortality is.	Population Mortality Estimation Revitalization of Civil Registration and Vital Statistics (CRVS) system
	Need first-hand evidence on the current health status and estimation of the burden of disease in the shelters. Used for prioritization among potential needs	Health Needs Assessment
	Prevalence of Moderate and Severe Acute Malnutrition	Anthropometric Measure through expansion of EWARS system to nutrition assessment
	Burden of trauma and disabilities	Shelter-based trauma survey
	Nutritional status	Nutrition assessments / Anthropometric measures
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
	Data required regarding health needs of population, despite limitations of access and delivery due to conflict.	Support from UN, INGOs, NGOs, and local health authorities required

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