WHO occupied Palestinian Territory

60 Day Ceasefire Plan for Gaza

October 2025

World Health Organization
occupied Palestinian territory

PURPOSE AND SCOPE

With the initiation of the first phase of the ceasefire, humanitarian needs remain dire. In the current situation, it is crucial to scale up humanitarian aid in a coordinated manner while ensuring the start of early recovery and reconstruction. This document summarizes WHO's key planning assumptions, strategic priorities and selected activities. The activities fall within the scope of the overall 2025 WHO operational response and early recovery plan for the occupied Palestinian territory and the One-UN multi-sectoral Gaza Ceasefire Humanitarian Response Plan Summary 60 days (13 October 2025).

ASSUMPTIONS

This plan is developed under the following assumptions:

- Continuation of ceasefire and improvement of the law-and-order situation.
- Improved access for UN with access/registration issues for INGOs remaining.
- Gradual emergence of a clear and functional governance structure.
- Improved flexibility of entry of medical supplies and equipment, including dual use items.
- Free movement in Gaza Strip Zone 1.
- Sustained opening of the Rafah Crossing and other corridors for persons, including medical evacuation and adequate numbers of medical evacuation offers from receiving countries.
- Public health risks largely in line with WHO's 10th Public Health Situation Analysis for Gaza (Sept 2025 – ceasefire update ongoing).

STRATEGIC PRIORITIES AND KEY ACTIVITIES

WHO will scale up the provision of humanitarian aid and initiation of early recovery efforts, in collaboration with partners and stakeholders.

A. Maintain and expand life-saving essential health services

- Provide essential medicines, medical supplies and equipment for primary and secondary health services (including Reproductive Maternal, Newborn, Child and Adolescent Health; Nutrition; Noncommunicable Disease; Trauma) ensuring appropriate standards in line with the WHO Priority Medicines List for Gaza.
- Scale up the processing, clearance and entry of medical supplies and equipment to the Gaza Strip safely for WHO and partner organizations who require support.
- Scale-up of medical evacuations up to 50 patients per day plus companions, in line with the previous ceasefire (currently over 15 000 patients are on the priority list).
- Re-establish and support utilities and support services at hospital level, e.g. oxygen plants, electricity/fuel and generators, mobile storage units.
- Support the medical referral system, including spare parts for ambulances, ICU units for special transfers, and coordination between facilities.
- Scale up of rehabilitation services at all levels of health care, including limb reconstruction services and provision of assistive devices.
- Scale up of mental health and psychosocial support services at all levels of health care, up to specialized clinical care.
- Continue and expand WHO's existing full support to 3 field hospitals.
- Intensify technical support to health service delivery across the health sector through assessments, monitoring, and capacity building.
- Ensure preparedness and health facility readiness for the possibility of a new escalation.

B. Public health intelligence, early warning, and prevention and control of communicable disease

- Expansion and strengthening of surveillance for communicable diseases through the provision of surveillance equipment, expansion of Early Warning Alert and Response System, introducing linkages with laboratory and WASH data, and capacity building for Rapid Response Teams.
- Re-establish the Gaza Central Public Health Building, including rehabilitation of laboratory infrastructure, provision of essential equipment, and staffing capacity.
- Provide hospital laboratories with essential diagnostic and antimicrobial resistance equipment and testing supplies.
- Support the availability of safe blood, including entry of blood into the Gaza Strip, restarting local donations, and safety testing.
- Implement the catch-up campaign for immunization to target 40 000 children under the age of 3 that are

missing doses or zero-dose for immunizations.
- Provide infection prevention and control support including establishment of isolation capacity, supplies, and capacity building.
- Continue water quality testing and support to WASH in health facilities.
- Undertake modelling exercises to estimate excess mortality, in collaboration with academic and local partners.

C. Health emergency coordination



- Health Cluster coordination and support to over 88 health partners to scale up humanitarian support to essential health services for the population of Gaza.
- Emergency Medical Teams (EMTs) scale up from approximately 30 deployed teams to approximately 40 deployed teams to support Gaza's health system.
- Strengthen the Humanitarian-Development-Peace Nexus through the establishment and leadership of a dedicated technical working group under the Health Cluster to enable coordination between humanitarian and recovery efforts in health.
- Ensure Prevention of Sexual Exploitation and Abuse (PSEA) technical advice and support to partners.
- Coordinate the European Gaza Hospital (EGH) committee under the Health Cluster to operationalize the resumption of services (phase one to restore minimum functionality – two weeks, phase two towards partial functionality – two months).

D. Early recovery, rehabilitation and reconstruction

WHO will focus its early recovery planning around the priorities and activities outlined below. It is important to note that implementation of these activities will extend beyond the initial 60-day period. However, WHO will require initial resources to prepare, plan and launch the early recovery efforts.



- Primary health care (PHC) services
  - Rehabilitation of 10 primary health care centres (Level III and IV).
  - Rehabilitation and restoration/expansion of 3 primary health care services with pre-fabricated structures, equipment and medical supplies, and operational costs.
- Secondary/tertiary health services
  - Two field-hospitals - expand bed capacities for the hospitals (e.g. Al Wafaa Rehabilitation Hospital, Al Shifa Hospital).
  - Two pre-fabricated modular clinics - ensure continuity of services during the reconstruction of hospitals.
  - Early rehabilitation/expansion of 3 selected general hospitals (e.g. Al Shifa Hospital in Gaza City; Al Aqsa Hospital in Middle Area; EGH Hospital in Khan Younis or Indonesian Hospital in North Gaza).
- Support the coordination of health sector recovery and recovery planning
  - Engage with emerging governance structure, Interim Rapid Damage and Needs Assessment (IRNDA) up-date and plan/prepare for the implementation of early recovery priorities.
  - Health system design: Support the development of a strategic framework for rebuilding a resilient, equitable, and integrated health facility network across the Gaza Strip (rationalized, health needs-based, and cost-effective reconstruction).
- Facilitating early recovery
  - Strengthen and increase the number of health workforce: with salary/incentive payments and deployment of specialized EMTs with surge and training capacities (physical rehabilitation and noncommunicable diseases advanced services).
  - Supply chain management, forecasting, warehousing facilities (2 warehouses for medical supplies, decentralized North/South).

REQUIREMENT



Pillar	USD
A. Maintain and expand life-saving essential health services	19,500,000
B. Public health intelligence, early warning, and prevention and control of communicable disease	5,500,000
C. Health emergency coordination (including Health Cluster and EMT co-ordination)	1,000,000
D. Early recovery, rehabilitation and reconstruction	19,000,000
Total	**45,000,000**

Note: Operations costs are integrated in pillars A-D.