oPt Emergency Situation Update

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World Health Organization
occupied Palestinian territory

Gaza Strip Overview As of 31 Aug 2026

Source: Ministry of Health.

73 462 Fatalities

174 509 Injuries

Health Facility Functionality and Access

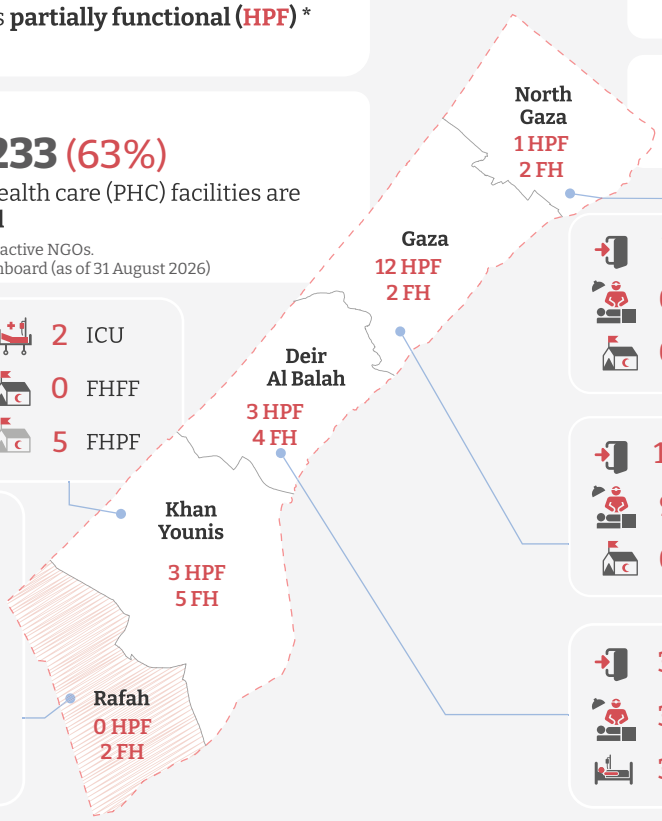
19/36 (53%)
Hospitals **partially functional (HPF)** *

146/233 (63%)
Primary health care (PHC) facilities are **functional**

§ The number of PHCCs includes active NGOs.
Source: oPt Unified Health Dashboard (as of 31 August 2026)

15 Field hospitals **partially functional (FHPF)**

0 Field hospitals **fully functional (FHFF)**



3	Accessible	2	ICU
2	Surgeries	0	FHFF
2	Inpatient	5	FHPF

1	Accessible	1	Inpatient
0	Surgeries	0	ICU
0	FHFF	2	FHPF

12	Accessible	9	Inpatient
9	Surgeries	4	ICU
0	FHFF	2	FHPF

0	Accessible		
0	Surgeries		
0	Inpatient		
0	ICU		
0	FHFF		
2	FHPF		

3	Accessible	1	ICU
3	Surgeries	0	FHFF
3	Inpatient	4	FHPF

The above disaggregation of accessibility and availability of inpatient, surgery and ICU services covers hospitals only, and does not apply to field hospitals.
Source: Health Resources and Services Availability Monitoring System (HeRAMS).

he hospital's current capacity stands at 3210, including 2253 inpatient beds, 104 ICU beds, 343 maternity beds, 384 ER beds, and 126 incubators.

1003 Health Attacks As of 31 Aug 2026 Source: SSA.

1007 People killed in attacks

817 Attacks impacted facilities
Including **36** Hospitals damaged

1705 People injured in attacks

386 Ambulances affected

* Partially functional facility: When a health facility is unable to fully provide some or all of the services as normal, or there is an interruption in any of the services provided at the facility, due to various reasons.

Malnutrition

804 Patients admitted due to severe acute malnutrition with complications

Source: WHO (Jan - Aug 2026)

Medical evacuation

13 285 Patients have been evacuated since October 2023

Source: MoH. As of 31 Aug 2026

Long term conditions

>2000 People diagnosed with cancer each year, including 122 children

>1100 Patients in need of kidney dialysis to maintain life§

>71 000 People with raised blood glucose

45 000 Patients living with cardiovascular disease

>225 000 People with raised blood pressure*

1M People with mental health disorders*

§ Source: MoH (2024 estimates)

Reproductive, Maternal, Newborn and Child Health

~ 50 000 Women are pregnant

~ 5500 Women are due to give birth including

~ 1400 Require Cesarean section
~ 180 Deliveries / day

Source: MoH.

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.

Situation Update

July-August 2026

Since escalation of hostilities in October 2023, health conditions have remained critical across the occupied Palestinian territory.

Gaza Strip - Health updates

Casualties (killed and injured)

- As of 31 August 2026, the Ministry of Health (MoH) reported at least 1320 Palestinians killed and 4548 injured since the ceasefire announced in October 2025. Since October 2023, the cumulative toll reported by the MoH reached more than 73 462 people killed and 174 509 injured.
- An estimated one quarter of those injured have potentially life-changing injuries requiring long-term or lifelong rehabilitation. From January to May 2026, multidisciplinary teams assessed approximately 3000 patients at three MoH hospitals and identified 793 major and 352 minor limb-reconstruction cases.

Communicable disease burden

- Between July and August 2026, EWARS-recorded medical consultations increased by 99 053 (7.8%), from 1 265 147 across 222 of 224 active reporting locations to 1 364 200 across 224 of 225 locations. Reportable communicable diseases decreased by 914 (0.3%), from 264 080 to 263 166, and their share of consultations declined from 20.87% to 19.29%.
- Acute respiratory infections remained the leading reported condition, increasing by 11 959 cases (10.2%), from 117 322

to 129 281. Acute watery diarrhoea decreased by 5 608 cases (9.4%), from 59 354 to 53 746, although this may reflect changes in care-seeking or reporting rather than improved WASH conditions. Skin diseases declined by 7 397 cases (8.5%), from 86 589 to 79 192, but remained a substantial burden; impetigo and ectoparasitic infections continued to rise in high-burden areas, while chickenpox declined markedly.

- Among water samples tested, microbiological contamination remained high and broadly stable between July and August. Faecal coliforms were detected in 17.6% and 17.9% of samples, respectively, while E. coli was detected in 5.7% and 6.1%, respectively. Free residual chlorine (FRC) non-compliance also remained critically high, at 74.8% in July and 73.7% in August, indicating widespread gaps in chlorination and reduced protection against microbiological contamination and recontamination.
- Suspected mumps increased by 41 cases (28.1%), from 146 to 187. Bacterial meningitis increased by nine cases (40.9%), from 22 to 31, with one related death in August, while viral meningitis rose by 30 cases (25.2%), from 119 to 149. Although consistent with expected seasonal patterns, these increases required continued investigation, timely specimen collection and laboratory classification.
- One laboratory-confirmed tuberculosis case was reported each month, bringing the 2026 cumulative total to six by the end of August. One acute flaccid paralysis case was reported in August, bringing the cumulative total to 21.

Malnutrition

- The latest IPC analysis classified all analysed governorates in IPC Acute Malnutrition Phase 1 from mid-April to June 2026, but projected deterioration to Phase 2 during July-December 2026 (driven by anticipated reductions in humanitarian assistance, continued displacement, volatile humanitarian and commercial access, and severely constrained livelihoods).
- An estimated 1.2 million people (59%) faced IPC Acute Food Insecurity Phase 3 or above, projected to increase to 1.4 million (67%) during July-December, including 212 000 people in Phase 4. From May 2026 to April 2027, 74 200 children aged 6-59 months were projected to suffer acute malnutrition, including 11 432 with severe acute malnutrition (SAM), alongside 24 600 pregnant and breastfeeding women requiring urgent nutrition support.
- From January through July, 1 033 641 children were screened and 20 662 (2%) admitted for treatment; 13.17% had SAM. Among 827 712 pregnant and breastfeeding women screened, 6.6% enrolled for acute malnutrition management.
- As of August 2026, six stabilization centres remained operational, providing a total inpatient bed capacity of 62 beds. During 2026, 682 children with complicated SAM required inpatient care, 23% of whom were younger than six months. Eight malnutrition-related deaths were confirmed among children aged 0-59 months.

NCDs

- Essential NCD service delivery remained constrained by shortages of medicines, diagnostic supplies and equipment, while access restrictions further limited patients' ability to obtain care. At the primary health care level, these constraints continued to disrupt screening, diagnosis and follow-up for diabetes, hypertension and other chronic conditions.
- Specialized cardiology interventions, oncology and histopathology services remained constrained by shortages of specialized supplies and human resources.

Mental Health

- Mental health and psychosocial needs remained extremely high, while inpatient and outpatient services and specialized personnel remained limited.
- UNICEF estimates that nearly all children in Gaza – approximately one million – require mental health and psychosocial support (MHPSS).

Health system status

- Gaza's health system remained severely constrained. All 36 hospitals and most primary health care facilities sustained damage, while 53% of hospitals remain only partially functional. The MoH reports that 47% of essential medicines were out of stock, severely disrupting key health services.
- The share of Health Cluster partners' health service points (HSPs) reported as functional rose from 34% before the ceasefire to 43%. Most HSPs, however, remained only partially functional and faced access constraints.
- Fuel needs continued to rise. Joint Health Cluster and WHO assessments of seven facilities identified an additional requirement of approximately 2490 litres per day.
- Laboratory services remained severely disrupted. Restricted approvals for laboratory supplies and diagnostic-specimen shipments, damaged equipment and limited access continued to affect surveillance and diagnostic capacity.
- Damage to infrastructure, including the main data centre in key health facilities, severely compromised Gaza's health information system. This undermined routine data collection, disease surveillance, medical records, and timely decisions on life-saving care.
- The latest Gaza Rapid Damage and Needs Assessment (RDNA) estimated health sector recovery and reconstruction needs at US$10.03 billion, including US$2.6 billion for immediate and medium-term priorities over the first 18 months.

Response

A. A. Essential health service delivery

- Health logistics and supplies
  - Between 1 July and 20 August, WHO delivered 3365 pallets of medical supplies, consumables and equipment (including three armoured vehicles) to Gaza on 170 trucks through Jerusalem, the West Bank, Cairo and Jordan. From 11 to 17 August, seven charter flights transported 150 metric tonnes of supplies, valued at US$ 1.8 million, from Dubai to Al Arish. Eighteen international shipments entered Gaza, while 14 remained under customs clearance.
  - Of 101 requests covering medical supplies, health commodities, equipment and other health-related items submitted through the UN 2720 Mechanism, 71 were approved, 24 remained pending and six were rejected. However, approvals did not guarantee entry, and new restrictions at Kerem Shalom further delayed the collection of health cargo.
- NCD
  - WHO supplied anticancer medicines, cardiac catheterization materials and 20 000 haemodialysis prefilled syringes benefiting 677 patients with end-stage renal failure. Emergency procurement of insulin syringes and bicarbonate was initiated.
  - WHO and the NCD Committee approved training for 500 MoH and partner health professionals on the NCD package over four months. Training was completed for 25 Project HOPE health professionals.
- MHPSS
  - Renovation of the MoH inpatient mental health unit and installation of a temporary outpatient mental health unit at the Ophthalmic Hospital commenced in August.
  - WHO continued to support the Stress Management and Self-Care Programme for 80 PRCS rehabilitation staff and the WHO-5 Well-Being Index programme for 180 UNRWA sexual and reproductive health staff.
  - WHO supported the Gaza MHPSS Technical Working Group in providing capacity-building on self-care and MHPSS-sensitive reporting for nearly 30 journalists, and community-based mhGAP training for approximately 25 community workers.
- Trauma care and rehabilitation
  - The Limb Reconstruction Centre at Nasser Medical Complex has operated since 1 June, prioritizing major reconstruction cases. Renovation of its original unit neared completion, while specialized supplies remained in the pipeline.
  - The Assistive Products Tracker recorded 40 000 entries from 20 partners, preventing 97% duplication and expanding to hearing, communication and prosthetic devices. WHO received approximately 4 000 assistive products for distribution.
  - A physiotherapy department was completed at Al-Aqsa Hospital, and rehabilitation services resumed at three facilities. Fifty-one professionals from 14 facilities completed trauma-informed physiotherapy training.
- Medical evacuation
  - By 20 August, 13 183 patients and 16 331 companions had been medically evacuated from Gaza; WHO facilitated 51% of the total. Rafah Crossing operated three times per week, while medical evacuations through Kerem Shalom remained infrequent at one to three movements per month.
- SRMNCH
  - WHO, UNICEF and Action Against Hunger continued updating the national maternal and child nutrition protocol, with emphasis on pregnant and lactating women, infants under six months, and infant and young child feeding.
  - Engineering assessments of baby-friendly corners and mother-and-baby areas were completed at Hammad, Japanese, Nuseirat and Deir Al-Balah UNRWA clinics; Rantissi Pediatric, Al-Quds and Al-Amal hospitals; and IMC and Asda primary health care centres.
  - Technical specifications for essential newborn care supplies were being finalized. A consultancy was also under tender to strengthen the Baby-Friendly Hospital Initiative through updated protocols, training, breastfeeding counselling, supervision and monitoring. These activities aim to improve breastfeeding practices and maternal and child health outcomes.

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

WHO sustained disease surveillance, public health intelligence, and outbreak preparedness and response across Gaza through the following activities:

- The Joint Public Health Committee coordinated multisectoral assessments and responses to skin and waterborne diseases, bringing together surveillance, rapid response, WASH, and risk communication and community engagement partners.

- WHO continued to support water-quality surveillance across Gaza. In July and August, 1992 samples were tested for free residual chlorine, faecal coliforms, E. coli, total dissolved solids and pH. Findings triggered corrective measures at 78 locations, including health facilities, desalination plants, water trucks, IDP centres, municipal networks and households.
- In response to increased suspected mumps cases, a line list was established and specimen collection and referral strengthened. One of 26 samples tested positive, with no epidemiological clusters identified.
- WHO strengthened laboratory capacity by providing the MoH with 10 blood centrifuges and accessories, and the Public Health Laboratory with two incubators, two water baths and one microscope. Additional equipment and consumables were supplied to the MoH, IMC and PRCS.
- WHO and IOM distributed 1399 environmental cleaning kits to 12 referral hospitals and 73 PHC facilities and medical points operated by six partners. WHO also provided four referral hospitals with a two-and-a-half-month supply of glutaraldehyde disinfectant and continued distributing IPC supplies for hand hygiene, personal protective equipment, instrument reprocessing, water quality and environmental cleaning.
- An IPC Hospital Observation Tool was piloted at Nasser Medical Complex to identify compliance and training gaps ahead of wider roll-out. Preparations continued for the IPC Assessment Framework and WASH-FIT training of trainers.
- Through the Solid Waste Management Task Force, WHO supported revisions to emergency medical-waste protocols, including alternative disposal methods for pharmaceutical and placental waste.

C. C. Health emergency coordination

- WHO continues to lead the emergency health response in Gaza through the Health Cluster, coordinating partners, identifying gaps and aligning operational priorities
    - During the reporting period, the Health Cluster coordinated service delivery and monitored access and operational risks. Two field hospitals became operational in North Gaza, while the proportion of functional partner service points increased from 34% before the ceasefire to 45%, although most remained only partially functional.
    - Winter preparedness continued amid growing fuel needs, funding constraints and shortages of engine oil and spare parts, which disrupted essential services. WHO and the Health Cluster advocated through OCHA, the Inter-Cluster Coordination Group and UNOPS for the entry of bulk engine oil supplies.
- Through the EMT Coordination Cell (EMTCC), WHO coordinates the deployment, tasking, rotation and monitoring of emergency medical teams;
    - As of August, 31 emergency medical teams (with approximately 70 international and 310 national personnel) were active in Gaza. Around 67% were specialized care teams, increasingly embedded in MoH facilities.
    - During the reporting period, emergency medical teams provided over 1.4 million consultations spanning emergency, surgical, primary and specialized care. Three rehabilitation teams were deployed, including at Al-Shifa Hospital.

      Access and rotation restrictions continued to affect international deployments, with 116 personnel denied entry.
- WHO continues to support the mainstreaming of PSEA across the health response, with emphasis on risk mitigation, safeguarding, safe reporting and survivor-centred referral pathways.
    - WHO and partners supported training for 45 MoH clinic managers, 20 EMT personnel, 40 MoH, UNICEF and EMPHNET field workers, and 20 MoH health educators on GBV, clinical management of rape, PSEAH, safe community engagement and survivor-centred referral. Three NGO-run hospitals signed the PSEA Network's standard operating procedures, and 15 journalists received orientation.
    - Partner visits identified protection gaps and informed risk-mitigation measures. Ten GBV survivors and 20 children requiring protection services were referred to specialized providers.

WHO Recommendations

- **Uphold the ceasefire.**
- **Ensure the humanitarian health response can be scaled-up through increased entry of medical supplies**
- **in a timely manner and in sufficient quantities, as well as removal of restrictions on the flow of supplies**
- **and equipment.**
- **Expand humanitarian corridors and ensure safe passage to allow delivery of humanitarian aid and per**
- **sonnel within Gaza and the West Bank, including those considered dual-use.**
- **Active protection of civilians and health care, preserving the function of remaining health facilities.**
- **Reopen the medical referral route to the West Bank, including East Jerusalem**

Funding

In 2026, WHO appealed for US$ 333.2M to sustain life-saving health services and support progress towards early recovery.

Funding available: US$ 123.3M (US$ 45.5M received in 2026 and US$ 77.8M carried over from prior years

Funding gap: US$ 209.9M (63%)



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