






Public Health Situation Analysis (PHSA)

This is the fourth PHSA produced by WHO on the crisis in oPt since October 2023.

Typologies of emergency	Main health threats	WHO grade	Security level	INFORM risk (rank)
 Conflict	Trauma and injury	G3	Gaza: (Substantial-Level 4/5)	INFORM Risk 2024 for Palestine: 3.7/ 10 (Medium) Global Risk Ranking for Palestine in 2024: 78 out of 191 countries Hazard and exposure: 2.1 Vulnerability: 6.1 Lack of coping capacity: 4
 Food security	Malnutrition			
 Displacement	Non-communicable diseases (NCD)	West Bank: (Substantial-Level 4/5)		
 Epidemics	Mental Health			
 Nutrition	Communicable diseases (Respiratory Tract Infections (RTI), including COVID-19, acute diarrheal illness)			
	Maternal and neo-natal health			
	Acute Jaundice Syndrome			

SUMMARY OF CRISIS AND KEY FINDINGS

Although Gaza has suffered previous escalations, the current war stands out as unprecedented in the scale of death, destruction, and human suffering it has incurred, with repercussions that will echo for generations to come.¹

The still unfolding and intensifying military operations, along with the almost complete siege on Gaza, have created a catastrophic humanitarian situation.² Between 7 October 2023 and the afternoon of 30 April 2024, at least 34 568 Palestinians were killed in Gaza and 77 765 Palestinians were injured, according to MoH in Gaza.³ Since 7 October, 474 Palestinians including 116 children, have been killed in the West Bank, including East Jerusalem, and about 5 000 were injured.⁴ More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence.⁵

Now, the entire population of Gaza - 2.2 million people - is in urgent need of food, humanitarian assistance and protection. Among them, 1.7 million individuals have been displaced to make-shift shelters or overcrowded areas with limited access to necessities.⁶

Famine is imminent in Gaza as the recent IPC assessment reveals that half of its population, 1.1 million people, face catastrophic food insecurity.⁷ This represents the highest share of a population ever recorded globally.⁸ Among the 677 000 on the brink of famine are an estimated 15 000 pregnant women, heightening the risks for both mothers and new-borns.⁹ Children's acute malnutrition rates have doubled since January, with one in three under two suffering from malnutrition.¹⁰ Palestinians in Gaza now constituting some 80 per cent of all people facing famine worldwide.¹¹ Gaza's Health Ministry reported as of April 1, that 32 people, including 28 children, died of malnutrition and dehydration at hospitals in northern Gaza.¹²

The siege enforced on Gaza by Israel, including closed crossings and lack of essential resources like water and electricity, have been critical factors contributing to the unfolding humanitarian catastrophe.¹³ As of 1 May 2024, there are 12 of 36 hospitals which are partially functioning,¹⁴ while 70 per cent of primary health care centres not

functional (62 out of 88).¹⁵ The hospitals are operating at limited capacity and overwhelmed with patients, grappling with critical shortages of fuel, medicines, supplies, and medical staff.¹⁶

Gaza is undergoing unparalleled humanitarian crisis marked by relentless hostilities and mounting challenges in accessing critical aid and services. Despite ongoing humanitarian efforts, the situation is exacerbated by frequent aerial bombardments in densely populated urban zones, extensive military ground operations, risks posed by unexploded ordnance (UXO), pervasive insecurity, closures of key crossing points, restrictions on movement and access by Israeli authorities, and damage to infrastructure.¹⁷ The killing of seven aid workers of World Central Kitchen from multiple Israeli airstrikes on April 1, 2024, was not an isolated incident. At least 254 aid workers have been killed (248 nationals, 6 foreigners), including: 185 UN staff.¹⁸ This total includes the highest number of UN personnel killed in a conflict in the history of the organization.¹⁹

In March, the Government of Israel made clear its intention to expand military operations in Rafah irrespective of the UN Security Council's legally binding resolution demanding an immediate ceasefire. Humanitarian and human rights organizations have repeatedly warned that the planned Israeli ground incursion into Rafah promises to decimate life and life-saving assistance for the more than 1.3 million civilians, including at least 610 000 children, who are now in the direct line of fire.²⁰ There is nowhere safe for people to go in Gaza.²¹ IDPs would face a high risk of unexploded ordnance (UXOs) enroute to other areas, including Khan Younis and Deir al Balah, and aid workers would face the additional challenge of scaling up assistance when there are barely enough supplies to meet humanitarian needs under the current conditions.²²

In the West Bank, the post-7 October landscape has been characterized by heightened volatility. Concerns over excessive use of force are linked to the use of live ammunition, air and drone strikes, and off-shoulder missiles, including in densely populated urban areas and in refugee camps. Settler violence has been increasing across the West Bank and has exacerbated the coercive environment.²³

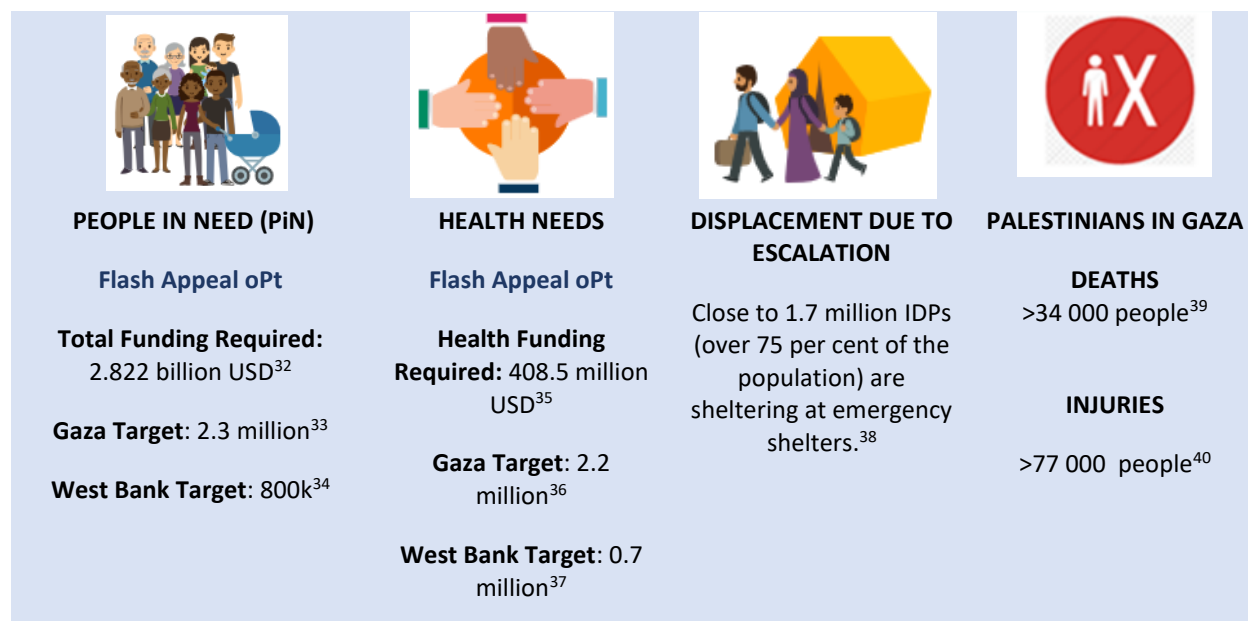
As of 15 April, 259 soldiers have been killed and 1571 soldiers have been injured in Gaza since the beginning of the ground operation, according to the Israeli military.²⁴ In addition, over 1200 Israelis and foreign nationals, including 33 children, have been killed in Israel, the vast majority on 7 October.²⁵ As of 15 April, Israeli authorities estimate that 133 Israelis and foreign nationals remain captive in Gaza, including fatalities whose bodies are withheld.²⁶

This most recent violence does not come in a vacuum.²⁷ Palestine has endured a protracted cycle of hunger, conflict, 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.²⁸ In 2022, UNRWA reported that 81 per cent of Palestine refugees in Gaza live below the national poverty line, with 33 per cent of families extremely poor. Gaza also faces high unemployment rates, with 44 per cent of the population unemployed in 2022.²⁹ The unprecedented impact of the current war on Gaza demands a transformative shift in addressing mounting immediate needs, reevaluating long-term systemic challenges to relief efforts, and confronting the root causes of the conflict by ending the occupation and upholding international law.³⁰



Figure 1- The Gaza Strip (OCHA, May 1, 2024)³¹

HUMANITARIAN PROFILE



Humanitarian Response To Date

- oPt Flash Appeal:** The occupied Palestinian territory (oPt) Flash Appeal calls for US\$2.822 billion for UN Agencies, INGO, and NGO partners to address the most urgent needs of more than three million people in the Gaza Strip (Gaza) and the West Bank, including East Jerusalem, covering a 9-month period from April through December 2024. This is the successor to the Flash Appeal for the Occupied Palestinian Territory (OPT) originally published on 12 October 2023.⁴¹ The \$2.822 billion requested represents only part of the \$4.089 billion that the UN and partners estimates is required to meet the needs of the 3.3 million people in need.⁴²
- Impact of conflict on civil society:** According to a March 2024 damage assessment report issued by the World Bank, EU and UN, the majority of the 980 NGOs registered in Gaza have ceased operations, disproportionately impacting vulnerable groups, including children, women, and persons with disabilities who relied heavily on services provided by the NGO sector.⁴³ Most civil society organisations in Gaza have lost their physical infrastructure, with their staff either dead, injured, or detained, while others have fled seeking security.⁴⁴ Furthermore, funding to many of these organisations has been either frozen or is under review by donors.⁴⁵ Limited access to fuel continues to pose major challenges to partner operations, especially local NGOs.⁴⁶

Attacks on Healthcare and Functionality: Between 7 October 2023 and 23 April 2024, there were a total of 443 attacks against healthcare in Gaza, with 723 people killed and 924 injured. There were 353 incidents impacting health facilities and 82 incidents impacting medical transport.⁴⁷ In the West Bank, there were 447 attacks against healthcare, with 12 people killed and 95 injured. The incidents included 52 impacting health facilities and 286 impacting medical transport.⁴⁸

The health system in Gaza is collapsing due to ongoing hostilities and access constraints, resulting in a growing number of hospitals that have been rendered out of service. As of 1 May 2024, there are 12 of 36 hospitals which are partially functioning,⁴⁹ while 70 per cent of primary health care centres not functional (62 out of 88).⁵⁰ The hospitals are operating at limited capacity and overwhelmed with patients, grappling with critical shortages of fuel, medicines, supplies, and medical staff.⁵¹ The 36 primary hospitals once catered to the needs of over 2 million

Gazans.⁵² Similarly, only eight UNRWA health centres continue to operate out of 24, where two have been temporarily set up due to growing displaced populations.⁵³

Food Security: Palestinians in Gaza now constituting some 80 per cent of all people facing famine worldwide.⁵⁴ Famine is imminent in Gaza as the recent IPC assessment reveals that half of its population, 1.1 million people, faces catastrophic food insecurity.⁵⁵ This represents the highest share of a population ever recorded globally.⁵⁶ Among the 677 000 on the brink of famine are an estimated 15 000 pregnant women, heightening the risks for both mothers and new-borns.⁵⁷ Children's acute malnutrition rates have doubled since January, with one in three under two suffering from malnutrition.⁵⁸ Before October 7, large amounts of humanitarian assistance reached the population. Before this crisis, there was enough food in Gaza to feed the population, malnutrition was a rare occurrence.⁵⁹

Starvation looms, particularly in the north where around 200 000 people are trapped.⁶⁰ Gaza's Health Ministry reported as of April 1, that 32 people, including 28 children, had died of malnutrition and dehydration at hospitals in northern Gaza.⁶¹ Earlier in March, WHO officials found "children dying of starvation" in northern Gaza's Kamal Adwan and al-Awda hospitals.⁶² Kamal Adwan Hospital is receiving about 15 malnourished children a day and is struggling to maintain services.⁶³

Oxfam said on April 3 that since January, people in northern Gaza have been forced to survive on an average of 245 calories a day, "less than a can of fava beans."⁶⁴ The Israeli government has known for nearly two decades exactly how many daily calories are needed to prevent malnutrition in Gaza, calculating this according to both age and gender within its *Food Consumption in the Gaza Strip - Red Line* document.⁶⁵ Oxfam report that the total food deliveries allowed into Gaza for the entire 2.2 million population - since last October - amounted to an average of just 41 per cent of the daily calories needed per person.⁶⁶

However, the humanitarian response thus far has been insufficient to avert a looming famine.⁶⁷ Several hurdles tied the hands of humanitarian actors to reach enclaved areas. Foremost among them are the staff and assets safety and security concerns, a shortage of crossing points, bureaucratic impediments, fuel scarcity, prolonged power outages, and telecommunication blackouts.⁶⁸ As a result, an average of 100 trucks were allowed to enter Gaza by December 2023, compared to a pre-conflict daily average of 500 trucks. As food systems collapse, families grapple with severe food shortages, with a staggering 90 percent of the population enduring entire days without food.⁶⁹ In February and March 2024, 40.5 per cent of all food missions were denied access. With Gaza on the brink of famine, immediate action is imperative to ensure safe and unhindered access for humanitarian organizations.⁷⁰

Moreover, the conflict in the Gaza Strip also had ripple effects in the West Bank, resulting in city closures, heightened checkpoint presence, revoked work permits for working in Israel and farmers barred from accessing their agricultural lands.⁷¹ These compounded challenges have negatively impacted livelihoods, the economy, and the food security of thousands of households in the West Bank.⁷²

Displacement in Gaza: Poor living conditions and scarce or no access to proper water, sanitation, and hygiene (WASH) facilities continue to fuel a high risk of disease outbreak.⁷³ Close to 1.7 million IDPs (over 75 per cent of the population) are sheltering at emergency shelters, which are UNRWA shelters or public shelters, at informal sites, or in the vicinity of UNRWA shelters and distribution sites and within host communities.⁷⁴ Obtaining an accurate figure of the total number of IDPs remains challenging.⁷⁵

UNRWA currently estimates that the population of Northern Gaza and Gaza City governorates is up to 300 000 people.⁷⁶ The ability of UNRWA to provide humanitarian support and updated data in these areas has been severely restricted. The ongoing hostilities, evacuation orders, and the constant need for safer locations have resulted in people being displaced multiple times.⁷⁷ Families are forced to move repeatedly in search of safety. Following intense Israeli bombardments and fighting in Khan Younis and the Middle Area in recent weeks, a significant number of displaced people have moved further south.⁷⁸

Airstrikes on Rafah and statements by Israeli officials about an imminent ground operation in the area have heightened concerns about the impact such an operation could have on more than half of Gaza's population who have been crammed into less than 20 per cent of the Gaza Strip.⁷⁹ On 26 March, UNICEF reported that Rafah is

“unrecognizable” due to congestion and widespread displacement and there is a “hellish disregard for basic human needs and dignity.”⁸⁰ Pre-war, Rafah was home to around 280 000 people, but it now has a population of approximately 1.7 or 1.8 million people.⁸¹ UN Agencies have reiterated warnings about the growing risk of disease across Gaza, but particularly in Rafah, as more civilians flee hostilities following Israeli evacuation orders.⁸² In January 2024, the Shelter Cluster reported that in Rafah, rental apartments cost over 800 per cent of the normal price due to lack of residential units in the south.⁸³

UNRWA estimates that in total at least 409 IDPs sheltering in UNRWA shelters have been killed and at least a further 1409 injured since the start of the war.⁸⁴ UNRWA is still verifying the number of casualties caused by incidents that impacted its installations, and notes that these figures do not include some reported casualties where the number of injuries could not be determined.⁸⁵

Overcrowding and shortages of basic supplies have triggered tensions among IDPs, alongside reported gender-based violence.⁸⁶ Overcrowding, lack of privacy and lack of access to basic services is increasing levels of anxiety, fear and grief amongst IDPs.⁸⁷ With tensions increasing, there are reports of violent disputes in UNRWA shelters.⁸⁸ In shelters across Gaza, long queues of exhausted women and children wait to use inadequate toilet facilities, pushing people to resort to other coping strategies, such as the use of buckets, or open defecation.⁸⁹ Only 120 out of 353 formal and informal IDP shelters now have access to medical points.⁹⁰

According to a damage assessment report issued on 29 March by the World Bank, EU and UN, 80 per cent of damages are concentrated in the Gaza, North Gaza, and Khan Younis governorates and more than 60 per cent of homes have been damaged or destroyed, accounting for 72 per cent (US\$ 13.29 billion) of total damages.⁹¹ It is estimated that over 500 000 people will have no home to return to, and that many more will be unable to return immediately, as the areas will first require significant explosive ordinance clearance, debris removal and infrastructure rehabilitation.⁹²

According to UNOSAT, about 90 per cent of the approximately 4 000 buildings located along Gaza’s eastern border have been destroyed or damaged.⁹³ This is compared with a 15 per cent damage level on 15 October 2023. Another UNOSAT analysis shows that the percentage of damaged crop fields, arable land and fallow land in the zone has also increased from 5.36 per cent in October 2023 to 33.13 per cent in February 2024.⁹⁴

Access to Water and Sanitation (WASH): The war has inflicted further devastation, crippled vital waste collection infrastructure and exacerbated an already dire situation. The destruction of waste collection vehicles, facilities, and medical waste treatment centres has left municipalities scrambling to cope with the escalating crisis.⁹⁵

In Gaza Strip in general, the number of vehicles for solid waste collection decreased from 112 to 73 between 2017 and 2022; the majority were old and insufficient in terms of quality and quantity to address the needs, with one collection vehicle serving 21 000 inhabitants and one collection worker serving 3343 inhabitants.⁹⁶ Even before the war, Gaza grappled with waste management issues, generating a staggering 1700 tons of waste daily with only two main landfills to absorb the quantity. It has been operating beyond its capacity for years, with frequent fires due to lack of resources, and growing concerns regarding the negative environmental, health and social impacts.⁹⁷ Around 57 per cent of water infrastructure has been destroyed or partially damaged.⁹⁸ The current water production capacity is estimated at below five per cent of the usual output, and progressively decreases every day.⁹⁹

Only one out of three water pipelines coming from Israel is operational at 70 per cent of its full capacity; two out of the three main desalination plants are partially functional, while the UAE’s small desalination plant is working at full capacity and only 34 water wells are operational. Combined with limited fuel supply and water trucking capacity, the unavailability of water testing kits and water treatment chemicals hampers water accessibility and water quality control.¹⁰⁰ The shortage of clean potable water, alongside water consumption from unsafe sources, remains a major concern.¹⁰¹ There has not been enough water for personal consumption and hygiene, with people having access to only two to three litres a day compared to the WHO emergency minimum of 7.5L per person per day.¹⁰²

A total of 81 per cent of households lack access to safe and clean water and in northern Gaza, with 75 per cent of solid waste dumped, with no controls or sanitation services. The streets are flooded with sewage water, conditions that are ripe for an explosion of deadly water-borne diseases.¹⁰³ Health partners, including WHO, have identified a range of disease outbreaks directly linked to inadequate sanitation conditions and the consumption of unsafe water. The prevalence of these diseases is anticipated to increase unless there is a provision of electricity or fuel to restore operations in water and sanitation facilities.¹⁰⁴

One toilet is available for every 850 people in Rafah, compared to the global standard of one toilet for a maximum of 20 people in a humanitarian emergency, according to UNICEF.¹⁰⁵ UNFPA also completed an assessment and found that there is only one toilet for every 341 people, with 80 per cent non-functional in displacement sites; less than a quarter offering safe and private latrine access; one shower available for every 1 292 persons in the only 39 per cent of sites with showers; and sanitary pads inaccessible to over two-thirds of women and girls, rising to nearly 90 per cent in makeshift shelters.¹⁰⁶ Furthermore, only half of displacement sites have separate showers for genders, majority without adequate lighting.¹⁰⁷

Gaza's 690 000 menstruating women and adolescent girls face urgent challenges due to a critical shortage of sanitary products and access to water and wash facilities.¹⁰⁸ Many are resorting to using rags as pads are unavailable, while clean water for hygiene is scarce. Close to three-quarters of these women and girls lack privacy for washing, with a similar number having no access to clean water.

Humanitarian Access: Humanitarian actors continue to face a number of access constraints in reaching people in need of assistance across Gaza.¹⁰⁹ In April 2024, 55 per cent (52 out of 94) of humanitarian aid missions to northern Gaza were facilitated by Israeli authorities, 27 per cent (25) were impeded, 10 per cent (9) were denied, and eight per cent (8) were cancelled due to logistical constraints.¹¹⁰ In addition, during the same period, out of 185 humanitarian aid missions to areas in southern Gaza that require coordination, 80 per cent (147) were facilitated by Israeli authorities, three per cent (6) were impeded, 10 per cent (19) were denied, and seven per cent (13) were cancelled due to logistical constraints.¹¹¹

In February and March 2024, following reports of imminent famine, 40.5 per cent of all food missions were denied.¹¹² In northern Gaza, food distribution by humanitarian actors reached only 16 per cent of the population.¹¹³ In Deir al Balah and Khan Younis, food assistance reached 45 per cent of the population, while in Rafah, where more than a million people are concentrated, only 30 per cent of the population was reached.¹¹⁴

According to WHO, between mid-October and the end of March, over half of its missions in Gaza have been denied, delayed, impeded, or postponed.¹¹⁵ On 5 April, a mission bound for Al Awda and Kamal Adwan hospitals in northern Gaza was aborted due to safety considerations, following delays and the detention of a supply truck driver for more than an hour, which did not allow for the completion of the mission before night-time.¹¹⁶ The mission aimed to deliver medical supplies and fuel, deploy emergency medical teams, and facilitate the referral of critical patients.¹¹⁷

Ensuring aid reaches Gaza at the necessary scale demands access to all entry points, particularly via land routes. Aid delivery by air and sea is not a substitute for land routes, which are faster, more cost-effective, and easier to monitor.¹¹⁸ Air drops pose significant challenges, including high costs, lack of monitoring, and potential danger. Ultimately, these methods cannot adequately address Gaza's health and food insecurity.¹¹⁹

Attacks on Humanitarian Workers: Israeli military operations and airstrikes have repeatedly affected medical facilities throughout Gaza and humanitarian facilities, resulting in casualties of medical staff, humanitarian personnel, and civilians, despite ongoing humanitarian notification and coordination mechanisms with Israeli authorities.¹²⁰ On 1 April, seven World Central Kitchen (WCK) staff members were killed due to multiple Israeli airstrikes on their convoy, as they were departing their warehouse in Deir al Balah after unloading more than 100 tons of humanitarian aid supplies brought to Gaza via the maritime route.¹²¹ UN humanitarian workers in Gaza suspended operations for at least 48 hours following the killing of the aid workers.¹²² At least 254 aid workers have been killed (248 nationals, 6 foreigners), including 185 UN staff.¹²³ This total includes the highest number of UN personnel killed in a conflict in the history of the organization.¹²⁴

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 per cent of the population recorded as refugees.¹²⁵ 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.¹²⁶ 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. Since early October, an estimated 37 mothers are killed daily, leaving families devastated and children vulnerable. Close to one million women and girls are forcibly displaced, facing exacerbated protection risks in overcrowded shelters lacking necessities and privacy.¹²⁷ Attacks on healthcare disproportionately impact the nearly 50 000 women and girls currently estimated to be pregnant and the over 5500 who will give birth in the next month. As a result of the context, pregnant women face higher risks of complications – up to and including death.¹²⁸ UN Women estimates that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance, and at least 10 000 children may have lost their fathers.¹²⁹ Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹³⁰ For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.¹³¹
- **Children:** Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹³² Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹³³ According to UNICEF, over 13 000 children have been reported killed in Gaza since 7 October.¹³⁴ 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.¹³⁵
- **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.¹³⁶
- **Persons with Disabilities (PwD):** In oPt, people with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.¹³⁷ Over 15 per cent of the IDPs are estimated to have disabilities.¹³⁸ Women and girls make up approximately 45 per cent of the population with disabilities.¹³⁹ 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.¹⁴⁰ 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.¹⁴¹
- **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 during this escalation.¹⁴² Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.¹⁴³ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹⁴⁴ Older people are also at particular risk of malnutrition, which increases mortality among those with acute or chronic illnesses. HelpAge International reported that even before October, 45 per cent of older people in Gaza were going to bed hungry at least once a week, with 6 percent hungry every night.¹⁴⁵
- **People suffering from mental health disorders:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹⁴⁶ In July 2021, 20 per cent of households in Gaza reported at least one child showing signs of psychosocial distress in the 30 days before data collection.¹⁴⁷ 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.¹⁴⁸

HEALTH STATUS AND THREATS

Population mortality: While recent data on mortality in oPt is limited, 2016 cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 31 per cent of deaths recorded (2016).¹⁴⁹ Cancer was the second leading cause of death, with 14 per cent of deaths; complications of diabetes came in the fourth rank with a proportion of 8 per cent.¹⁵⁰ Across oPt, the top three causes of neonatal mortality are prematurity, respiratory infections and congenital malformations, which constitute 61 per cent of neonatal mortality, and approximately 25 per cent of children under 5 that suffer from anaemia.¹⁵¹ Risks for boys of dying before they reach their fifth birthday are considerably higher than for girls (16.3 per 1 000 live births for boys, compared to 12 per 1 000 live births for girls).¹⁵² Infant mortality rates for children born in refugee camps are significantly higher than for their counterparts from urban and rural areas.¹⁵³

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

Vaccination coverage: Vaccination coverage for registered refugee children has been close to 100 per cent for more than a decade.¹⁵⁴ 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.¹⁵⁵ The COVID-19 response has generated significant investments in public health infrastructure and vaccines.¹⁵⁶

VACCINATION COVERAGE DATA ¹⁵⁷	Gaza Strip	West Bank	Year
DTP-containing vaccine, 1st dose	104.1 per cent	99.9 per cent	2022
DTP-containing vaccine, 3rd dose	102 per cent	95 per cent	2022
Polio, 3 rd dose	103 per cent	102 per cent	2022
Measles-containing vaccine, 1st dose	101.9 per cent	98.4 per cent	2022

COVID-19 Vaccination: As of October 2022, a total of 2 012 758 people (58.2 per cent of the target) across oPt were reached with the COVID-19 vaccine.¹⁵⁸ Of them, 1 776 973 people were vaccinated with two doses (51.4 per cent), while 336 967 received a third booster dose (9.7 per cent).¹⁵⁹ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82 per cent of the Gazan population (aged 12 years and older) had been vaccinated and 32.51 per cent were fully vaccinated.¹⁶⁰ Coverage was substantially higher in the West Bank, at 65.93 per cent and 61.82 per cent respectively.¹⁶¹ A 2021 survey found that 72 per cent of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁶²

OVERVIEW OF KEY DISEASE RISKS

GAZA: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		There are shortages of medical supplies essential for managing the injured. ¹⁶³ Pharmacies are closed and those that function have run out of medicines. ¹⁶⁴ People with open wounds and fractures caused by the conflict cannot receive timely treatment are highly susceptible to infection and unnecessary amputations ¹⁶⁵ Patients in need of timely and necessary transfusions, cannot receive them due to the unavailability of blood products in hospitals. ¹⁶⁶
Malnutrition		Gaza's Health Ministry reported as of April 1, that 32 people, including 28 children, had died of malnutrition and dehydration at hospitals in northern Gaza. ¹⁶⁷ Gaza's 346 000 children under the age of five are at the greatest risk of malnutrition as the already catastrophic situation rapidly deteriorates across the enclave. ¹⁶⁸ The situation is particularly severe in northern Gaza, where some 50 400 children under the age of five are acutely malnourished and 31 per cent of children under two suffer from severe wasting, according to the Nutrition Cluster. ¹⁶⁹
Acute respiratory infection (ARI) including COVID-19		As of 29 April 2024, there were 673 851 cases of acute respiratory infections. ¹⁷⁰ Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. In 2022, 81 975 cases of COVID-19 were reported in the Gaza strip with an incidence rate of 3784/100 000 population, resulting in over 400 deaths (fourth cause of death in Gaza). ¹⁷¹ As of October 2022, 58 per cent of the target across oPt were reached with the COVID-19 vaccine. ¹⁷²
Acute diarrheal illness (including acute watery diarrhoea (AWD), shigella and rotavirus)		As of 29 April 2024, there were 359 378 cases of diarrhoea (<5 years: 106 344). ¹⁷³ Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month. ¹⁷⁴ Before the escalation, the WASH situation was inadequate, with UNICEF reporting 1.36 million Palestinians were at risk of water-related diseases. ¹⁷⁵
Hypertension/ High blood pressure		As of January 22, 2024, there were 225 000 people with high blood pressure. ¹⁷⁶ Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ¹⁷⁷
Cardiovascular diseases		As of January 22, 2024, there were 45 000 patients living with cardiovascular disease. ¹⁷⁸ In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6 per cent of deaths recorded. ¹⁷⁹
Kidney Disease		As of January 22, 2024, there were 1 100 patients in need of kidney dialysis. ¹⁸⁰ Prior to 7 October, the Ministry of Health in Gaza was running kidney dialysis services at six centres, conducting about 13 000 dialysis sessions every month. ¹⁸¹ The Ministry of Health's supplies of kidney dialysis filters, cannulas, and blood transfer tubes are entirely depleted, with only a limited quantity remaining in the kidney dialysis departments. ¹⁸² Every month, 2 000 patients are referred from Gaza to hospitals outside the Strip – mostly in Jerusalem, the West Bank and Israel. ¹⁸³

Diabetes		As of January 22, 2024, there were 71 000 patients living with diabetes. ¹⁸⁴ Before the escalation, in 2022, diabetes was the most common NCD in Palestine. ¹⁸⁵ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ¹⁸⁶ Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8 per cent. ¹⁸⁷
Cancer		There are 2000 cancer patients diagnosed and requiring treatment in Gaza each year, including 122 children. ¹⁸⁸ Some 6 000 patients are still on the waiting list to be evacuated outside of Gaza for tertiary medical care. ¹⁸⁹ Before the escalation in 2016, cancer was the second leading cause of death in Palestine, with 14 per cent of deaths. ¹⁹⁰
Maternal and neo-natal health		Approximately 60 000 pregnant women in Gaza have little-to-no access to adequate prenatal health services. ¹⁹¹ Around 5000 women are due to give birth in the next month with more than 180 giving birth every day. Fifteen percent of them are likely to experience pregnancy or birth-related complications and need additional medical care that is not available. ¹⁹² A threefold increase in miscarriage rates among women in Gaza has been reported since October 7. ¹⁹³
Mental Health		About 485 000 people with mental health disorders continue to experience disruptions in their treatments. ¹⁹⁴ 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. ¹⁹⁵ Before the escalation, there were multiple barriers to accessing mental health services in Palestine, such as lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination. ¹⁹⁶
Cholera		Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present, especially as more aid workers enter the Strip (potential importation). Cholera can kill within hours if left untreated. ¹⁹⁷
Skin infections (including scabies)		As of 29 April 2024, there were 87 800 cases of scabies and lice. ¹⁹⁸ There were also 51 055 cases of skin rashes reported. ¹⁹⁹ The displaced population are having just one shower a week due to lack of sufficient water. ²⁰⁰ Scabies is considered a public health problem in Gaza, and there was a critical outbreak linked to escalation of conflict in Gaza in 2014. ²⁰¹
Measles		As of January 2024, there were 5 suspected cases of measles in Gaza, however, there are no diagnostic testing available for cases with rash and fever, to exclude measles. ²⁰² Notably, the vaccination rate is high in Gaza.
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		As of 29 April 2024, there were 43 150 cases of acute jaundice syndrome reported. ²⁰³ 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. ²⁰⁴ Due to limited laboratory capacity only a small number of patients (approximately 50) were able to be tested. Multiple reports of jaundice have been reported, with hepatitis been suspected for some time. ²⁰⁵ In Gaza, in 2022 there were 3.9 cases Hepatitis A/100,000 population in 2022. ²⁰⁶

Hepatitis E		Hepatitis E can be severe among pregnant women. Unlikely to have prior immunity. Risk is high.
Gender-Based Violence (GBV)		There are reports of increasing GBV since the escalation started on October 7, however the numbers or locations are not available. ²⁰⁷ 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. The absence of separate sanitation facilities, compounded by the lack of reliable electricity within shelters, deprives women and girls of safe spaces, rendering them more vulnerable to sexual violence. ²⁰⁸
Meningococcal disease		Numerous cases of meningitis have been reported, with 135 cases reported by the MoH as of January 10, 2024. ²⁰⁹ The escalation of conflict may increase the risk, especially if the population get displaced and living in crowded and precarious conditions
Chicken Pox		As of 29 April 2024, there were 7827 cases of chickenpox reported. ²¹⁰
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.
Mumps		The MoH reported 7/100,000 population cases in 2022.
Poliomyelitis (cVDPV2)		No updates on cases since October 7, 2023. Palestine has been polio-free for more than 25 years. In May 2022, there was polio detected in sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem.
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ²¹¹ In Gaza, according to the MoH Annual Report, in 2022 there were 146 known cases of Hepatitis B.
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. ²¹² In Gaza, in 2022 there were zero cases of Hepatitis C. ²¹³
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. ²¹⁴ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ²¹⁵ In 2022, two cases were registered in Gaza. ²¹⁶
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. ²¹⁷
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): Between 7 October 2023 and the afternoon of 30 April 2024, at least 34 568 Palestinians were killed in Gaza and 77 765 Palestinians were injured, according to MoH in Gaza.

Every day the war in Gaza continues, at the current rate, an average of 63 women are killed.²¹⁸ Four children are killed every hour in Gaza and women and children represent 70 per cent of the 7 000 individuals unaccounted for across Gaza.²¹⁹ Nearly 26 000 children – or just over two percent of Gaza’s child population - have been killed or injured in Gaza.²²⁰ More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence.²²¹ Furthermore, the risk of exposure to unexploded ordnance is at its “most dangerous stage,” warns UNMAS, with an increasing risk of more trauma and injury.²²²

In January it was reported that since 7 October, more than 1 000 children have had one or both legs amputated. This means that more than 10 children per day, on average, have lost one or both of their legs.²²³ Many of these operations on children were done without anaesthetic.²²⁴ Post operative care is limited and there are reports of patients going directly from the operating table to their homes, tents, or any available shelter they can find.²²⁵

Beyond crush injuries to the abdomen and chest, amputations to legs and arms and severe burns caused by bombardments on buildings and tents, and civilians being buried under the rubble, the MSF teams in Gaza have been witnessing cases of children with gunshot wounds caused by quadcopter drones and sniper fire.²²⁶ Health workers say they have received repeated large numbers of casualties with crushed limbs and burns from explosions and having to perform amputations without sufficient pain medication or anaesthesia.²²⁷ MSF have reported that many life-saving amputations might have been avoided and limbs saved with reconstructive surgery in Gaza if the health system were still functional in Gaza. Instead, due to the decimation of the health system, the extreme lack of resources and arbitrary constraints on the assistance allowed to enter Gaza, doctors have had to “choose between sedating a patient in order to intubate them and save their life or treating a seizure as the same medication is needed,” affirms the MSF Deputy Programme Director for the Middle East.²²⁸

The thousands of injured need various levels of trauma and emergency healthcare services including early rehabilitation.²²⁹ There is shortages of trauma and emergency care drugs, medical disposables, lab supplies and equipment which are in critical shortage, hindering case management.²³⁰ As reported during previous escalations in violence, increasing numbers of injuries affects not just the injured, but also puts a strain on the provision of regular healthcare in Gaza. To cope with the influx of trauma casualties, there has been a direct impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning.²³¹

Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment.²³² Episodes of conflict have compounded the barriers that people with disabilities face, which include lack of accessibility of public spaces and widespread stigma. Restrictions on the movement of people and goods have curbed access to assistive devices, health care, and electricity essential to many people with disabilities.²³³ Women and children with disabilities often lack access to disability-friendly and inclusive services. Factors impeding their access to health care include lack of adequate infrastructure; lack of specialized medical staff; lack of gender and age-responsive services; and the difficult economic situation for persons with disabilities.²³⁴ Over 90 per cent of families pay for services for children with disabilities and functional difficulties out of their own pocket.²³⁵

Furthermore, at least 28 physiotherapists were reported to have been killed in Gaza by 9th January 2024.²³⁶ Destruction and disruption of rehabilitation services has created significant challenges in providing rehabilitation for those with injuries, placing them at risk of preventable complications and disability.²³⁷ Challenges are compounded

by a lack of assistive devices, which can also limit the ability of those with injury or disability to easily evacuate or access humanitarian aid.²³⁸ Prosthetic services in Gaza are no longer operational, with at least one centre severely damaged meaning that those with new (and pre-existing) amputations can no longer receive prosthetic limbs.²³⁹

Malnutrition: At least 346 000 children under the age of five are at the greatest risk of malnutrition as the already catastrophic situation rapidly deteriorates.²⁴⁰ The situation is particularly severe in northern Gaza, where some 50 400 children under the age of five are acutely malnourished and 31 per cent of children under two suffer from severe wasting, according to the Nutrition Cluster.²⁴¹ In March, UNICEF reported that 1 in 3 children under 2 years of age - in the Northern Gaza Strip suffer from acute malnutrition, a figure that has more than doubled in the last two months. Dozens of children in the Northern Gaza Strip have reportedly died from malnutrition and dehydration in recent weeks.²⁴²

In southern Gaza, where aid is more accessible but still grossly inadequate, UN agencies in mid-February said that 5 percent of children under age of two were found to be acutely malnourished.²⁴³ The WHO reported that the number of children under age of five who are acutely malnourished has jumped from 0.8 percent before the hostilities in Gaza to between 12.4 and 16.5 percent in northern Gaza.²⁴⁴ According to a nutrition vulnerability analysis conducted in March by the Global Nutrition Cluster, 90 percent of children ages 6-23 months and pregnant and breastfeeding women across Gaza faced “severe food poverty,” eating two or fewer food groups each day.²⁴⁵

Gaza’s Health Ministry reported as of April 1, that 32 people, including 28 children, had died of malnutrition and dehydration at hospitals in northern Gaza.²⁴⁶ Earlier in March, WHO officials found “children dying of starvation” in northern Gaza’s Kamal Adwan and al-Awda hospitals.²⁴⁷ Kamal Adwan Hospital is receiving about 15 malnourished children a day and is struggling to maintain services.²⁴⁸

The lack of food coupled with insufficient intake of essential macro and micronutrients is especially concerning for vulnerable groups such as children, elderly, pregnant and breastfeeding women and girls.²⁴⁹ Gaza’s Health Ministry announced on March 8 that about 60 000 pregnant women in Gaza suffered from malnutrition, dehydration and inadequate health care. Poor nutrition during pregnancy harms both the baby and the mother, increasing the risk of miscarriages, foetal deaths, compromised immune system development, growth impacts, and maternal mortality.²⁵⁰ Extreme fear and stress, malnutrition, and complex living conditions due to the protracted hostilities have resulted in mothers being unable to breastfeed their new-born babies.²⁵¹

Children with pre-existing health conditions are particularly vulnerable to the devastating effects of malnutrition, which significantly weakens immunity. And starvation, even for survivors, leads to lasting harm, especially in children, causing stunted growth, cognitive issues, and developmental delays.²⁵² Once severe acute malnutrition takes hold, children often develop other conditions. The immune system of a severely malnourished child begins to shut down, making otherwise non-life-threatening conditions like diarrhoea, potentially lethal. Diarrhoea is currently rampant in Gaza due to mass displacement and unhygienic conditions exacerbated by the destruction of sanitation infrastructure, with even new-borns to six month –old babies suffering from diarrhoea.²⁵³

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70 per cent) and non-refugee (30 per cent) communities.²⁵⁴ The situation was of particular concern in Gaza, with 64.3 per cent of the population classified as moderately or severely food insecure.²⁵⁵ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²⁵⁶ Almost all of those households (93 per cent) are not eating enough iron rich foods, increasing the risk of anaemia.²⁵⁷ Only 14 per cent of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²⁵⁸

Approximately 39 per cent of children were exclusively breastfed in the first six months of life in 2015.²⁵⁹ 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.²⁶⁰ 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.²⁶¹

Acute respiratory infection (ARI) including COVID-19: As of 29 April 2024, there were 673 851 cases of acute respiratory infections.²⁶² Considering the high levels of displacement and overcrowding at shelters and hospitals,

incidences are likely to be rising rapidly. RTIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²⁶³ In oPt, infectious diseases cause less than 10 per cent of all deaths; respiratory diseases cause 70 per cent of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.²⁶⁴ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²⁶⁵ The highest incidence of RTIs has been recorded by the cold season (December-March).²⁶⁶

Despite the strict preventive health measures imposed by authorities, on 24 August 2020 it was confirmed that several COVID-19 cases were detected within Gaza.²⁶⁷ At that point, controlling the rapid spread of COVID-19 in the Gaza Strip was impossible, particularly considering the high population density, the restricted area of the Strip, and the scarce health resources.²⁶⁸ As of October 2022, the total number of people infected with COVID-19 and its variants in the Gaza Strip was 272 193, with 2004 confirmed deaths.²⁶⁹ In 2022, the incidence rate was 3784/100 000 population, which resulted in over 400 deaths.²⁷⁰ As of October 2022, a total of 2 012 758 people (58.2 per cent of the target) across oPt were reached with the COVID-19 vaccine.²⁷¹

Acute diarrheal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus): As of 2 April 2024, there were 345 768 cases of diarrhoea (<5 years: 105 635).²⁷² Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.²⁷³ People are also resorting to open defecation. This is a health crisis on the brink of explosion.²⁷⁴ Notably, 25 per cent of child morbidity cases in Gaza are caused by water-borne diseases.²⁷⁵ According to the MoH in Gaza, there were 4 cases of shigellosis in 2022. Considering the context there is likely to be an ongoing and upward trend of bloody diarrhea (which is potential shigella). While the disease is normally mild, there can be severe morbidity (toxic megacolon, sepsis etc.) which in this context may be more difficult to treat. The risk of spread is very high. Rotavirus is another risk and remains an important cause of morbidity and mortality in children. Across oPt, the vaccination rate for rotavirus is 93 per cent, however vaccination services have been severely disrupted in recent months.²⁷⁶

Non-Communicable Diseases (NCD): Initial health assessments by UNRWA's mobile medical teams in October 2023, found over 37 000 IDPs have non-communicable diseases.²⁷⁷ According to HelpAge, there are 350 000 people with chronic disease have no or extremely limited access to their medications and essential medical procedures such as dialysis.²⁷⁸

Since the start of the conflict, referrals abroad through Rafah have included 4373 patients who were approved for medical evacuation (47 per cent approval rate), out of which, 3 528 managed to successfully evacuate.²⁷⁹

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.²⁸⁰ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²⁸¹ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²⁸² Age-wise, 94.0 per cent of NCD patients are those aged 40 years and older. In terms of gender, 60 per cent of the patients were female and 40 per cent were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.²⁸³ There is a significant gap between access to treatment of NCDs in West Bank and in the Gaza Strip. Gaza lacks the most basic NCD treatment, such as cancer care, and as a result is much more dependent on patient referrals outside Gaza.²⁸⁴ More broadly, patients have expressed problems in accessing care for NCDs because of bureaucracy, the high patient volume, waiting periods and challenges with the referral system. This includes delays and restrictions in receiving permission from Israeli authorities and a lack of coordination with the referral facilities.²⁸⁵

Maternal and neonatal health conditions: IRC report that 37 mothers have been killed each day since October 7th, a rate of 2 mothers every hour.²⁸⁶ Approximately 60 000 pregnant women in Gaza have little-to-no access to adequate prenatal health services.²⁸⁷ Around 5000 women are due to give birth in the next month with more than 180 giving birth every day. Fifteen percent of them are likely to experience pregnancy or birth-related complications and need additional medical care that is not available.²⁸⁸ Health organizations have reported a threefold increase in

miscarriage rates among women in Gaza since October 7.²⁸⁹ Simultaneously, there is a surge in premature births and low birth weights due to multiple factors including stress, early labour/birth, and malnutrition.²⁹⁰

Pregnant women in the Gaza Strip are exposed to Israeli various military attacks without enjoying any protection and respect. They are under direct attacks, resulting in killings, injuries, toxic gas inhalations and causing serious psychological and physical harm amid heightened feelings of fear and anxiety and denying them special protection.²⁹¹ All of this combined will led to preventing births and have serious consequences on reproductive health, including a rise in pregnancy pains, miscarriages, stillbirths and premature births.²⁹²

Women's vulnerability varies with the circumstances; therefore, pregnant women are usually the most vulnerable, becoming the caretaker of their families because their husbands were killed, injured, arrested or etc.²⁹³ Women thereby have greater responsibilities towards their children and families, causing increased health risks and worsening pains in pregnancy or after birth.²⁹⁴

As of December, over 155 000 pregnant and breastfeeding women were at high risk of malnutrition- this number would have risen exponentially since then.²⁹⁵ UNFPA report that 95 per cent of pregnant and breastfeeding women have insufficient micronutrient intake, further elevating risks.²⁹⁶

Widespread malnutrition and severe hunger among pregnant women increase women's suffering while being constantly worried about their babies' survival and development.²⁹⁷ Given the limited access to necessary food supplies, pregnant women are enduring the worst levels of famine in favour of their children's food.²⁹⁸ Extreme fear and stress, malnutrition, and complex living conditions due to the protracted hostilities have resulted in mothers being unable to breastfeed their new-born babies.²⁹⁹

The situation is exacerbated by the shutdown of all but three maternity hospitals, with AlHelal Al-Emirati Maternity Hospital in Rafah overwhelmed by demand and struggling to cope with acute shortages of essential supplies and medications.³⁰⁰ Medical professionals are forced to make agonizing decisions as they endeavour to provide care under increasingly challenging conditions. Hospitals are discharging women shortly after childbirth, and caesareans are on the rise due to fear and uncertainty.³⁰¹

On March 28 2024, UNFPA described the Al-Emirati Maternity Hospital in Rafah as facing a significantly worsening situation, with 60-70 births being delivered every day in an overwhelmed facility, facing shortages of even basic supplies like gauzes and sutures, and pregnant women having to give birth on floors in the little birthing suite that only comprises five rooms.³⁰² The hospital's Incubator Care Unit currently serves some 70 babies, compared to a capacity of ten beds for ten babies prior to 7 October, warning that some babies might die due to the shortage of ventilators. Currently, three or four babies share the same incubator, and the unit faces a critical lack of milk, oxygen, and medications for new-born and premature babies.³⁰³

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.³⁰⁴ The overall MMR in both the WB and Gaza has improved, decreasing by around 48 per cent between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).³⁰⁵ However, the maternal mortality ratio increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2 per cent compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3 per cent of all deaths.³⁰⁶

In 2020, the most common direct causes reported in Gaza were bleeding (50 per cent) and sepsis (25 per cent).³⁰⁷ Most deaths (83.75) occurred inside hospitals, but 71 per cent of women were classified as having severe or critical clinical conditions when they arrived the health facility.³⁰⁸ Most deaths (78.4 per cent) were preventable, either by potential interventions during the preconception period, antenatal care and inside hospitals.³⁰⁹ Health care services are often overstretched due to the limited number of health care facilities, which in turn promotes the early discharge of mothers and their babies following birth (often within 2-3 hours).³¹⁰ This reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions.³¹¹ A 2019 study found that malnutrition is high among pregnant women (18 per cent) and mothers of young infants (14 per cent) putting at risk the life and growth of the unborn child.³¹² Access and steady availability of supplies are of concern.³¹³

UNICEF reported in 2015 that child and early marriage is associated with increased risks of complications to the mother and unborn child. This is of particular concern in Gaza, where the adolescent birth rate for people

aged 15-19 years is 66 per 1 000 live births, compared to 35 per 1 000 in the West Bank.³¹⁴ Close birth spacing and large numbers of births – which are common – are also associated with increased risks.³¹⁵

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.³¹⁶ 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.³¹⁷

Mental Health: About 485 000 people with mental health disorders continue to experience disruptions in their treatments.³¹⁸ 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.³¹⁹

Ongoing exposure to the horrors of war has exacerbated mental health needs for everyone, and children are navigating post-traumatic stress disorder, anxiety, and severe depression.³²⁰ The emergency exposed children to previously unseen levels of violence, fear, and displacement. The level of toxic stress under which the people in Gaza have been living is having a clear and significant impact on psychosocial wellbeing.³²¹

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.³²² In 2020, 198 797 adults (45 per cent women and 55 per cent men) were estimated to have moderate or severe mental health disorders, while 299 979 children (50 per cent girls and 50 per cent boys) were believed to experience severe, moderate or mild mental health disorders.³²³ Trauma stemming from violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.³²⁴ Self-reported signs of psychosocial distress or trauma continue to increase, especially in the Gaza Strip.³²⁵

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.³²⁶ The suicide rate is much higher among young men aged 18-30 who comprise about 75 per cent of all suicide deaths.³²⁷ A key contributing factor is the social pressure on men to provide for their families, a responsibility that many men are unable to fulfil due to the dire economic situation in Gaza where the unemployment rate was 45 per cent in 2022³²⁸.

Cholera: Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present, especially as more aid workers enter the Strip (potential importation). 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.³²⁹

Skin infections (including scabies): As of 29 April 2024, there were 87 800 cases of scabies and lice.³³⁰ There were also 51 055 cases of skin rashes reported.³³¹ The displaced population are having just one shower a week due to lack of sufficient water.³³² 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.³³³ 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.³³⁴ The incidence of the disease does not show any difference between males and females.³³⁵ 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.³³⁶

Measles: As of 10 January 2024, there were 5 suspected cases of measles in Gaza, however, there are no diagnostic testing available for cases with rash and fever, to exclude measles.³³⁷ As of February 10, 2020, 965 cumulative suspected cases of measles were reported from Gaza, including two deaths.³³⁸ In 2019, a total of 124 laboratory confirmed cases of measles, including two deaths, were reported in the Gaza Strip (case fatality ratio=1.6 per cent).³³⁹ Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97 per cent between 2009 and 2018, the continuous socio-economic decline

conflict and disruptions to services have challenged the health sector.³⁴⁰ Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing, with recent supply by UNICEF to most of the vaccines according to the routine immunization programme and resumption of vaccination through UNRWA health centres.

Typhoid: Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.³⁴¹“Notably between 1 and 6 percent of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.³⁴² In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.³⁴³

Acute Jaundice Syndrome (AJS) /Suspected hepatitis A: As of 29 April 2024, there were 43 150 cases of acute jaundice syndrome reported.³⁴⁴ 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.³⁴⁵ Due to limited laboratory capacity only a small number of patients (approximately 50) were able to be tested. Multiple reports of jaundice have been reported, with hepatitis been suspected for some time.³⁴⁶ 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 per cent of reported cases are likely asymptomatic. Diagnostic testing is limited for viral hepatitis due to the conflict.³⁴⁷ 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 2022.³⁴⁸

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

Meningococcal disease: Numerous cases of meningitis have been reported, with 135 cases reported by the MoH as of January 10th, 2024.³⁴⁹ However, 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.³⁵⁰

Chicken Pox: As of 29 April 2024, there were 7827 cases of chickenpox reported.³⁵¹

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.

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.³⁵² In Gaza, according to the MoH Annual Report, in 2022 there were 146 known cases of Hepatitis B.

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.³⁵³ In Gaza, in 2022 there were zero cases of Hepatitis C.³⁵⁴ 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.³⁵⁵

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.³⁵⁶ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.³⁵⁷ 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.³⁵⁸ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.³⁵⁹ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.³⁶⁰

Poliomyelitis (cVDPV2): Palestine has been polio-free for more than 25 years, thanks to a robust routine immunization programme and a strong culture of vaccine acceptance.³⁶¹ In May 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in sewage, a preventative vaccination campaign was launched to boost children’s immunity in the two areas deemed most at risk: Bethlehem and Jerusalem.³⁶² In March 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in an unvaccinated child from Jerusalem city, seven VDPV3 positive cases were confirmed, with immunization activities initiated in Jerusalem.³⁶³ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered ‘moderate’.³⁶⁴

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.³⁶⁵ Recent data on rabies cases is limited.

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.³⁶⁶ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.³⁶⁷ In 2022, two cases were registered in Gaza.³⁶⁸

WEST BANK: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		The Protection Cluster report chronic levels of killings and injuries in the West Bank. ³⁶⁹ With persistent and increased incidences of confrontations, there is an increased need for trauma and emergency services. ³⁷⁰ Rising hostilities creating operational challenges as patients also experience challenges accessing health service points. ³⁷¹ First responder capacities are overstretched due to increased casualties and there’s obstructed access for ambulances, health care workers, and patients. ³⁷²
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. ³⁷³ A 2022 survey found 12 per cent of households reported at least one member had showed signs of psychosocial distress or trauma. ³⁷⁴ Nablus reported the highest rates with 52 per cent of households self-reporting observing signs of psychological distress. ³⁷⁵ This is like a 2021 survey which found that 57 per cent of West Bank residents surveyed reported symptoms consistent with PTSD. ³⁷⁶ Before the escalation, there were multiple barriers to accessing mental health services in Palestine, such as lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination. ³⁷⁷ Information from partner HMIS and screenings is showing a 50 per cent 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. ³⁷⁸ 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. ³⁷⁹ Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ³⁸⁰ 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. ³⁸¹ More than 270 patients are in need of referral outside the West Bank for health care daily. While oncology and life-

		saving cases are being allowed, the permit application and approval rates for health care are reduced. ³⁸²
Protection risks (including GBV, Child Protection and ERW)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate. ³⁸³ A 2022 survey on violence, found 52 per cent 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. ³⁸⁴ There is a lack of access to high quality multi-sectoral services (including safe shelter, and adequate clinical management of rape (CMR) services). ³⁸⁵ There are increased deaths and injuries of children and men due to Explosive Remnants of War (ERW) contamination. ³⁸⁶ There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations. ³⁸⁷
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. ³⁸⁸ Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. ³⁸⁹ Movements between governorates and cities within the West Bank remains challenging, as ad hoc closures and restrictions are put in place by Israeli Authorities. ³⁹⁰ The overall MMR in the West Bank has improved, decreasing by around 48 per cent from 38 per 100 000 live births in 2009 to around 19.9 in 2019. ³⁹¹ But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ³⁹² 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 per cent) of the reported maternal deaths were deemed preventable. ³⁹³
Rehabilitation (injuries)		With 4650 people injured across the West Bank, East Jerusalem, and Israel since October 2023, the need for rehabilitation is significant. ³⁹⁴ Access to services outside the West Bank are limited, with the permit application and approval rates for health care reduced. ³⁹⁵
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 per cent decline since the recent escalation. ³⁹⁶ 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. ³⁹⁷ Women and girls in the West Bank face particular disadvantages, with more than 12 per cent 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. ³⁹⁸
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ³⁹⁹ As of October 2022, 58 per cent of the target across oPt were reached with the COVID-19 vaccine. ⁴⁰⁰
Acute Jaundice Syndrome (AJS)		No reports of increased cases.

/Suspected hepatitis A		
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.
Polio		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems. Palestine has been polio-free for more than 25 years. ⁴⁰¹ In May 2022, there was polio detected in sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem. ⁴⁰²
Acute Watery Diarrhoea (AWD)		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. ⁴⁰³
Rabies		Cases are unlikely to increase because of recent developments in the West Bank. No human cases have been reported in 2022. ⁴⁰⁴ 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.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

DETERMINANTS OF HEALTH

Socio-economic Impact of Conflict: As the war in Gaza approaches its seventh month, the poverty rate in the State of Palestine continues to escalate, reaching 58.4 percent, thrusting nearly 1.74 million additional people into poverty, as the Gross Domestic Product (GDP) sustains a staggering plunge by 26.9 percent—a loss of US\$7.1 billion from a 2023 no-war baseline. According to projections, in a scenario where the war continues for nine months, poverty is estimated to more than double (increasing to 60.7 percent, 2.25 times of pre-war levels), raising the number of additional people pushed into poverty to more than 1.86 million, while the decrease of GDP would reach 29 percent with total losses of US\$7.6 billion.⁴⁰⁵

Cost of Rebuilding Gaza: The estimated cost of direct damage to critical infrastructure in the Gaza Strip is about US\$ 18.5 billion, equivalent to 97 per cent of the 2022 GDP of the West Bank and Gaza Strip, according to an interim damage assessment report issued on 29 March by the World Bank, EU, and the UN.⁴⁰⁶ Describing the shock to Gaza's economy as “one of the largest observed in recent economic history,” the assessment report warns that most of the population has been pushed into multidimensional poverty.⁴⁰⁷ The ILO estimates that more than 200 000 jobs have been lost in Gaza, some 90 per cent of the pre-conflict workforce.⁴⁰⁸

Construction has typically been one of the most important industries in Gaza, but according to the ILO, activity in the sector is down some 96 per cent.⁴⁰⁹ Other key productive areas, including agriculture and the industrial and services sector, have also all but ceased.⁴¹⁰

Before the most recent escalation, poverty rates had risen significantly in Palestine over the past few years, particularly since 2020. There was significant regional disparity in income, with 53 per cent of the population in Gaza below the national poverty line in 2017, compared to 14 per cent in the West Bank.⁴¹¹ Restricted movement, trade and access to resources, especially in the Gaza Strip, compounded by water scarcity, elevated temperatures, desertification, and land and soil contamination, continue to prevent sustainable development and recovery.⁴¹² The lack of a political roadmap continues to negatively affect the economy. In 2021, the State of Palestine ranked 106 out of 191 countries on the Human Development Index.⁴¹³

Education: The continued absence of schooling in the Gaza Strip, where about 86 per cent of schools have been destroyed, damaged or likely damaged, is depriving children of opportunities for their social, emotional and cognitive development. With limited humanitarian aid and education supplies, over 625M000 children are also at risk of dropping out of school, rendering them vulnerable to exploitation, child labour, early marriage, and other forms of abuse.⁴¹⁴ At least 67 per cent of schools in Gaza needing either full reconstruction or major rehabilitation to be functional again. Also, 320 school buildings have been used as shelters by internally displaced persons (IDPs), out of these school buildings 188 were either found to be directly hit (90 schools) or damaged (98 schools).⁴¹⁵

Protection Risks

Gender Based Violence (GBV)

Gender-based violence (GBV) is rampant, with internally displaced women expressing acute vulnerability due to loss of protection amidst the increasing presence of Israeli Forces and separation from family support networks. GBV prevention and response services have collapsed, with safe houses forced to close and the GBV Sub-Cluster unable to provide comprehensive support due to displacement and destruction.⁴¹⁶ Despite the high caseload of women and girls in critical need of health and psychosocial services and dignity kits, partners continue to face logistical challenges preventing the scaling-up of support. Confidential places where case management activities may take place are also limited.⁴¹⁷

Physical and psychological violence are a concern in Palestine, driven by traditional patriarchal values, exposure to violence, and economic uncertainty. Data from 2019 found that in Gaza and West Bank, 52 per cent of married or ever married women had experienced at least one instance of psychological violence by their husbands in the past 12 months, while 18 per cent experienced physical violence and 7 per cent experienced sexual violence.⁴¹⁸ Only 1 per cent of women approached the police, as help-seeking behaviours can be attributed to fear of stigma, social exclusion, and retaliation, along with the lack of confidential and

compassionate service providers.⁴¹⁹ In the context of this crisis, households newly headed by women, due to injury or death of a male head of household, are particularly at risk of relying on negative coping mechanisms.⁴²⁰

Child Protection

According to UNICEF, over 13 000 children have been reported killed in Gaza since 7 October.⁴²¹ Since 7 October, more than 1 000 children have had one or both legs amputated.⁴²² Children are particularly vulnerable to the impact of explosive weapons – their bodies are thrown harder and further by the blasts.⁴²³

Pre-current escalation, it is estimated that 35 per cent of under 5-year-old children are 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.⁴²⁴ The ILO estimates that perhaps 25 per cent of the people killed in Gaza have been men of working age – generally, women do not work.⁴²⁵ This could mean more children in a future Gazan labour market raising concerns about exploitative child labour. The consequences of child labour and sexual exploitation extend into adulthood, affecting individuals' economic stability.⁴²⁶

UNICEF estimates at least 17,000 children in Gaza are orphaned or separated from their families, leaving them highly vulnerable and with increased risk of starvation and other protection concerns. The current humanitarian emergency both increases the likelihood of pre-existing forms of violence and presents new risks to children.⁴²⁷ Fuel shortages limit staff mobility, prevent the implementation of a comprehensive case management response, and endanger the safe operation of temporary shelters for unaccompanied children.⁴²⁸ Protracted denials of fuel requests have been severely impacting the provision of services.⁴²⁹

Mine Risks

The risk of exposure to unexploded ordnance is at its “most dangerous stage,” warns UNMAS.⁴³⁰ 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 per cent of ammunition potentially fails to function.⁴³¹

Due to recent escalations in violence, humanitarian agencies have initiated a mass media campaign to raise awareness about the risks of unexploded ordnance.⁴³² The escalation and cyclical nature of hostilities in the Gaza Strip in 2008, 2014, 2021, and in 2022 has been the primary source of explosive remnant of war (ERW) contamination in the Gaza strip.⁴³³ In 2021, Palestine reported 0.18km² of landmine contamination, of which 0.08km² was antipersonnel mines and 0.1km² was antivehicle mines.⁴³⁴ Sixteen confirmed minefields are located within the West Bank and an additional 65 minefields are located on the border with Jordan.⁴³⁵ No clearance was conducted in 2021 due to a lack of financial support.⁴³⁶

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.⁴³⁷

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).⁴³⁸ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.⁴³⁹ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.⁴⁴⁰ 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.⁴⁴¹ Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.⁴⁴² UNRWA also provide clinic and laboratory services, along with personalized maternal health and family planning, in all our health centres. Radiology services are available at 6 centres, and dental services at 21.⁴⁴³

Health care provision in Gaza is particularly challenging, with a multitude of restrictions, including access to specialized services, construction of facilities, importation of medical supplies, equipment and spare parts, and movement of patients and health staff.⁴⁴⁴ 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 per cent of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.⁴⁴⁵ In addition, 60 per cent 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.⁴⁴⁶

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.⁴⁴⁷ Approximately 45 per cent of total health care expenditure is through government systems and programmes, while household contributions account for around 39 per cent (most of this out-of-pocket expenditure at the point of service delivery).⁴⁴⁸

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.⁴⁴⁹ More than three fifths (63 per cent) of expenditure are for curative services, with a fifth (19 per cent) for medical goods (mostly pharmaceuticals).⁴⁵⁰ In July 2021, 23 per cent of households in Gaza reported facing access barriers for healthcare.⁴⁵¹

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. ⁴⁵³	Chronic shortages (approx. 45 per cent medications at zero stock before emergency) exacerbated by siege. ⁴⁵⁴	There are no fully functional hospitals in Gaza . ⁴⁵⁵ As of 1 May 2024, there are 12 of 36 hospitals which are partially functioning. ⁴⁵⁶ 70 per cent of primary health care centres are not functional (62 out of 88). ⁴⁵⁷	Attacks on Healthcare: Between 7 October 2023 and 23 April 2024, there were a total of 443 attacks against healthcare in Gaza. In the West Bank, there were 447 attacks against healthcare. ⁴⁵⁸

Gender inequality affects ability to access health information and services (including but not limited to sexual and reproductive health), particularly for women and girls – but also for men and boys. Specific groups of women in Palestine face additional barriers such as language, culture or stigma; gender-based violence and fear of violence; and stigma and discrimination.⁴⁵²

In crisis health system status

Hospitals continue to face serious shortages of electricity, medication, medical equipment, food, and personnel due to Israeli restrictions on aid entering and moving freely and safely around Gaza, significantly compromising the provision of essential care.⁴⁵⁹ This situation is exacerbated by substantial damage to hospital infrastructure and

facilities.⁴⁶⁰ Continuous airstrikes and military ground operations have also led to the evacuation of healthcare personnel and patients, and restricted their access to hospitals.⁴⁶¹

As of 1 May 2024, there are 12 of 36 hospitals which are partially functioning.⁴⁶² The 36 primary hospitals once catered to the needs of over 2 million Gazans.⁴⁶³ There are currently 6 field hospitals functional (4 in Rafah and 2 in Khan Younis), while 70 per cent of primary health care centres not functional, including NGO-supported hospitals (62 out of 88).⁴⁶⁴

According to the International Federation of the Red Cross and Red Crescent Societies (IFRC), the “health services in northern Gaza have been largely destroyed, and the southern Gaza Strip’s healthcare system is on the brink of collapse.”⁴⁶⁵ On 15 April, the MoH in Gaza issued an appeal to all relevant institutions to help establish field hospitals in Gaza city and North Gaza governorate. The dire situation across health facilities extends beyond northern Gaza, with a vacuum in healthcare provision created following the destruction of Nasser Medical Complex in southern Gaza, once the second-largest referral hospital in the Gaza Strip.⁴⁶⁶

On 1 April, Israel’s military has withdrawn from Gaza’s largest hospital, Al-Shifa, after a 14-day siege, that left widespread destruction and mass casualties.⁴⁶⁷ According to the WHO, 21 patients died during the siege due to the denial of access to medical care by Israeli forces. For two weeks, multiple attempts by humanitarian organisations to evacuate patients trapped inside were denied by the Israeli military. Dozens of bodies, many of which were dismembered, were found in the hospital’s grounds.⁴⁶⁸ During their siege, the Israeli military used the area around the hospital’s outpatient clinic as a space to detain and interrogate healthcare workers. Israeli forces killed hundreds of Palestinians around Shifa, including at least two doctors.⁴⁶⁹

The UN mission which assessed the extent of destruction at Al Shifa Hospital found most hospital buildings, including the emergency department, the surgical and maternity ward buildings, and the neonatal intensive care department were extensively damaged or burnt, along with most of the equipment, beds, incubators, the oxygen plant, and other assets.⁴⁷⁰ As a result, according to WHO, northern Gaza has been left without any CT scanning capabilities, significantly reduced laboratory capacity, and only one source for medical oxygen production.⁴⁷¹ Sixty of the 100 patients trapped in Shifa Hospital for two weeks were transferred to al-Ahli Hospital on 1 April.⁴⁷²

Shifa Hospital was the largest hospital in Gaza and one of the oldest Palestinian health institutions.⁴⁷³ The hospital can no longer accommodate any patients—leaving Gaza and the northern Gaza Strip without a single public hospital operating at the scale of Shifa.⁴⁷⁴

In northern Gaza, Kamal Adwan Hospital is struggling to maintain services, with a heavily damaged generator and amid a lack of water, food and sanitation.⁴⁷⁵ Now at least 350 000 Palestinians in the north are now served by as few as 200 hospital beds, with Kamal Adwan and al-Ahli hospitals operating at just 30 per cent and 70 per cent capacity, respectively, and lacking many of the specialist services that were available at Shifa. The WHO recommends a minimum of 2.3 hospital beds per 1000 people for a well-functioning healthcare system in normal circumstances.⁴⁷⁶

A UN warehouse and Nasser Hospital warehouse are among the buildings with significant damaged, including substantial amounts of medications and trauma supplies that had been provided as humanitarian assistance. The hostilities have also rendered Nasser, Al Amal and Al Khair hospital non-functional, with assessments necessary to evaluate if specialized medical devices, CT scanners, oxygen plants, generators and solar panels are able to function again.⁴⁷⁷

WHO report that Al Ahli was originally an 80-bed facility that now accommodates over 120 patients, with benches and pews serving as makeshift beds after the library and chapel have been repurposed as inpatient departments.⁴⁷⁸ WHO warned that the overstretched facility can only provide minimal services, and many patients who are in critical condition, including children and people with severe trauma injuries and amputations, need to be immediately evacuated to receive treatment.⁴⁷⁹ The hospital is in dire need of additional beds, essential medicines and supplies, and urgently requires an international emergency medical team to support surgeries.⁴⁸⁰

Health workers: In January 2024, only 30 per cent of Gaza's pre-conflict medics are still working.⁴⁸¹ Many of Gaza's 25 000 health professionals are among those uprooted, making it difficult for them to get to work.⁴⁸² With at least 310 medical staff reported killed,⁴⁸³ healthcare workers are overwhelmed by the caseload.⁴⁸⁴ The ongoing hostilities have displaced most of the medical professionals in Gaza.⁴⁸⁵ The mental impact on the frontline workers is dire.⁴⁸⁶ Furthermore, at least 28 physiotherapists were reported to have been killed in Gaza by 9th January 2024.⁴⁸⁷

Medical supplies and medicines: As of January 2024, only 26 per cent of the requested medical supplies needs have been met and only 120 out of 353 formal and informal IDP shelters have access to medical points.⁴⁸⁸ Pharmacies are running out of medicines.⁴⁸⁹ Of note, multiple planned missions (between 7 and 10 January) to deliver urgent medical supplies to the Central Drug Store in Gaza city, as well as planned missions to deliver fuel to water and sanitation facilities in Gaza city and the north, were denied.⁴⁹⁰ As a result, hospitals in northern Gaza remain without sufficient access to life-saving medical supplies and equipment.⁴⁹¹

Surveillance: Weak surveillance systems (e.g., sentinel, hospital-based surveillance) in oPt and countries in the region make the interpretation of data challenging. Syndromic surveillance has been set-up in MoH PHCs and UNRWA shelters and centres and attempts at strengthening the early warning, alert and response function is ongoing, including the piloting of EWARS in a box tool. The region is characterized by stretched staff capacity due to complex humanitarian crises, and emigration of trained staff.⁴⁹²

In the West Bank, despite the functional status of healthcare facilities across the West Bank, many challenges significantly hamper the delivery and accessibility of essential health services.⁴⁹³ The financial constraints facing the healthcare sector have led to reduced salaries for healthcare workers (HCWs), contributing to a decreased presence at health facilities. The health sector is grappling with significant stockouts of medicines due to suppliers not trusting the authorities will be able to pay.⁴⁹⁴ 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.⁴⁹⁵

HUMANITARIAN HEALTH RESPONSE

The occupied Palestinian territory (oPt) Flash Appeal calls for US\$2.822 billion for UN Agencies, INGO, and NGO partners to address the most urgent needs of more than three million people in the Gaza Strip (Gaza) and the West Bank, including East Jerusalem, covering a 9-month period from April through December 2024. This is the successor to the Flash Appeal for the Occupied Palestinian Territory (OPT) originally published on 12 October 2023.⁴⁹⁶ The \$2.822 billion requested represents only part of the \$4.089 billion that the UN and partners estimates is required to meet the needs of the 3.3 million people in need.⁴⁹⁷

The Health Cluster requires 408.5 million USD to target 2.2 million people in Gaza and 700 000 people in West Bank.⁴⁹⁸

As part of the Health Cluster partners' efforts to address healthcare needs in Gaza, six field hospitals have been established and as of 12 April, all are fully functioning.⁴⁹⁹ As more health facilities are targeted and destroyed, the more need for deployment of field hospitals to take on the caseload from the remaining hospitals. Challenges arise as more neighbourhoods come under attack, leading more communities to flee to health facilities and hospitals for safety and shelter. This influx of people occupies departments within the facilities and causes congestion in the healthcare facilities.⁵⁰⁰ In addition to the establishment of field hospitals, twenty Emergency Medical Teams (EMTs) have been deployed to support case management at primary and secondary levels of care in a collaboration with the MoH, WHO EMTs Initiative and Health Cluster partners.

There are 75 Health Cluster partners engaging in Gaza, as of 17 January 2024, including all UN agencies, donors, MSF, ICRC, IFRC and PRCS, however, only 35 are operational, including directly and indirectly implementing partners. 27 Health Cluster partners are implementing in Rafah governorate, that is hosting more than 1 million people. In the West Bank, there are currently 10 health cluster partners directly implementing across the 11 governorates.

According to a damage assessment report issued on 29 March by the World Bank, EU and UN, the majority of the 980 NGOs registered in Gaza have ceased operations, disproportionately impacting vulnerable groups, including children, women, and persons with disabilities who relied heavily on services provided by the NGO sector.⁵⁰¹

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 Early Warning Alert and Response System
	Need strong health status measures, to help direct resources where the greatest burden of mortality is.	Population Mortality Estimation
	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.	HeRAMS (WHO) which is already underway of implementation
Humanitarian health system performance	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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- ²⁰ Action Aid and other INGOs (3 April 2024) Time is running out for international action to protect civilians and prevent atrocity crimes in Rafah, as UN Security Council resolution is ignored
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