






Public Health Situation Analysis (PHSA)

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

Typologies of emergency	Main health threats	WHO grade	Security level (UNDSS) ¹	INFORM (2025) ²
 Conflict	Trauma and injury	G3	Gaza Strip: (Extreme- 6)	INFORM Risk: 5.9/ 10 (High)
 Food security	Malnutrition			
 Displacement	Acute respiratory infection (ARI) including COVID-19		West Bank: (Substantial- 4)	Global Risk Ranking: 25 out of 191 countries
 Epidemics	Acute diarrheal illness			
 Nutrition	Non-communicable diseases (NCD)			
	Mental health conditions			
	Maternal and neo-natal health			
	Poliomyelitis (cVDPV2)			

SUMMARY OF CRISIS AND KEY FINDINGS

More than a year after the most recent escalation began, Gaza is in ruins.³ Gaza is facing an unprecedented humanitarian catastrophe; over 45 000 people have been killed, with women and children accounting for 70% of fatalities. An additional 111 000 people have been injured, and nearly 1.9 million displaced multiple times, amid relentless bombardments.⁴

Israeli bombardment from the air, land and sea continues to be reported across the Gaza Strip, resulting in further civilian casualties, displacement, and destruction of civilian infrastructure.⁵ The month of October was dominated by the huge impact of the incursion on North Gaza, which started on 5 October and continues going into November.⁶ Access remains extremely challenging, and partners' ongoing attempts to deliver aid into these besieged areas continues to be largely prevented, leaving between 65 000 and 75 000 people without access to food, water, electricity or reliable healthcare, as mass casualty incidents continue.⁷

Some primary healthcare service points have moved south to Gaza Governorate with the population whilst others have closed leaving only the two hospitals as the main sources of healthcare services. The two hospitals are barely functioning due to severe shortages of medicines, medical supplies, fuel, food, water and other necessities. There is now an estimated over 355 000 people in Gaza governorate as there has been very little movement to the southern governorates.⁸ As of 3 December, around 80% of the Gaza Strip is under active Israeli-issued evacuation orders.⁹

On 8 November 2024, the Famine Review Committee (FRC) issued an alert about a strong likelihood that famine is imminent in areas within northern Gaza, due to the rapidly deteriorating security situation, severe restriction of food supply and access, continued attacks on WASH, health, and nutrition care facilities.¹⁰ It is believed that the reasonable worst-case scenario, that was outlined in the latest Integrated Food Security Phase Classification (IPC) analysis in October 2024, has been reached in northern Gaza¹¹.

In Gaza, many goods are on the brink of running out.¹² While humanitarian assistance has dwindled, it still serves as the main source of food for households in Gaza.¹³ The significant drop in the average daily truck

entries into Gaza to 58 in October 2024 marks the lowest level since November 2023. Nearly all the trucks during October were humanitarian¹⁴, with few commercial trucks crossing into Gaza due to a ban by Israel.¹⁵

Destruction of health infrastructure, attacks on hospitals and health workers and severe restrictions on the entrance of medical supplies into Gaza and within Gaza, have devastated Gaza's health, water and sanitation infrastructure, driving the current public health crisis in Gaza.¹⁶ The dire situation was recently highlighted by the detection of circulating variant poliovirus type 2 (cVDPV2) in Gaza, after 25 years of being polio-free. Humanitarian pauses across specific areas of the Gaza Strip have enabled the first round of the emergency polio vaccination campaign.¹⁷

Skin and respiratory infections, acute diarrheal illnesses and other viral diseases continue to rise across Gaza.¹⁸ Persistent fuel shortages continue to threaten humanitarian interventions, including health care provision, impacting the functionality of hospitals, PHCCs and ambulance services.¹⁹ Medical evacuation of patients outside of Gaza remains limited since 7 May. According to UNICEF, at the current rate of medical evacuations, it would take seven years to rescue 2500 children in urgent need of medical evacuation, and some children have died while waiting for approvals.²⁰

On 28 October, the Israeli Knesset adopted two laws that prohibit the Israeli authorities from having any contact with UNRWA and ban the agency from working in areas under Israeli sovereignty, which will enter into effect after three months.²¹ If implemented, these measures would likely prevent the delivery of UNRWA operations in the occupied Palestinian territory (oPt), including East Jerusalem, as mandated by the UN General Assembly to serve Palestine refugees, including 2.5 million registered in the oPt.²² In the West Bank, including East Jerusalem, UNRWA's absence would disrupt essential health, education, and social services, significantly impacting humanitarian conditions and potentially destabilizing the region. This disruption would collapse operations across 96 schools serving 47 000 students, three vocational training centres, 43 health centres, and halt cash assistance.²³

According to Israeli authorities, over 1200 Israelis and foreign nationals were killed inside Israel, and approximately 5400 reported injured. As of 12 November, there have been 373 reported fatalities and 2425 reported injuries of Israeli soldiers since the start of the ground operation in the Gaza Strip.²⁴

This most recent violence does not come in a vacuum.²⁵ 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.²⁶ In 2022, UNRWA reported that 81% of Palestine refugees in Gaza live below the national poverty line, with 33% of families extremely poor. Gaza also faces high unemployment rates, with 44% of the population unemployed in 2022.²⁷ 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.²⁸

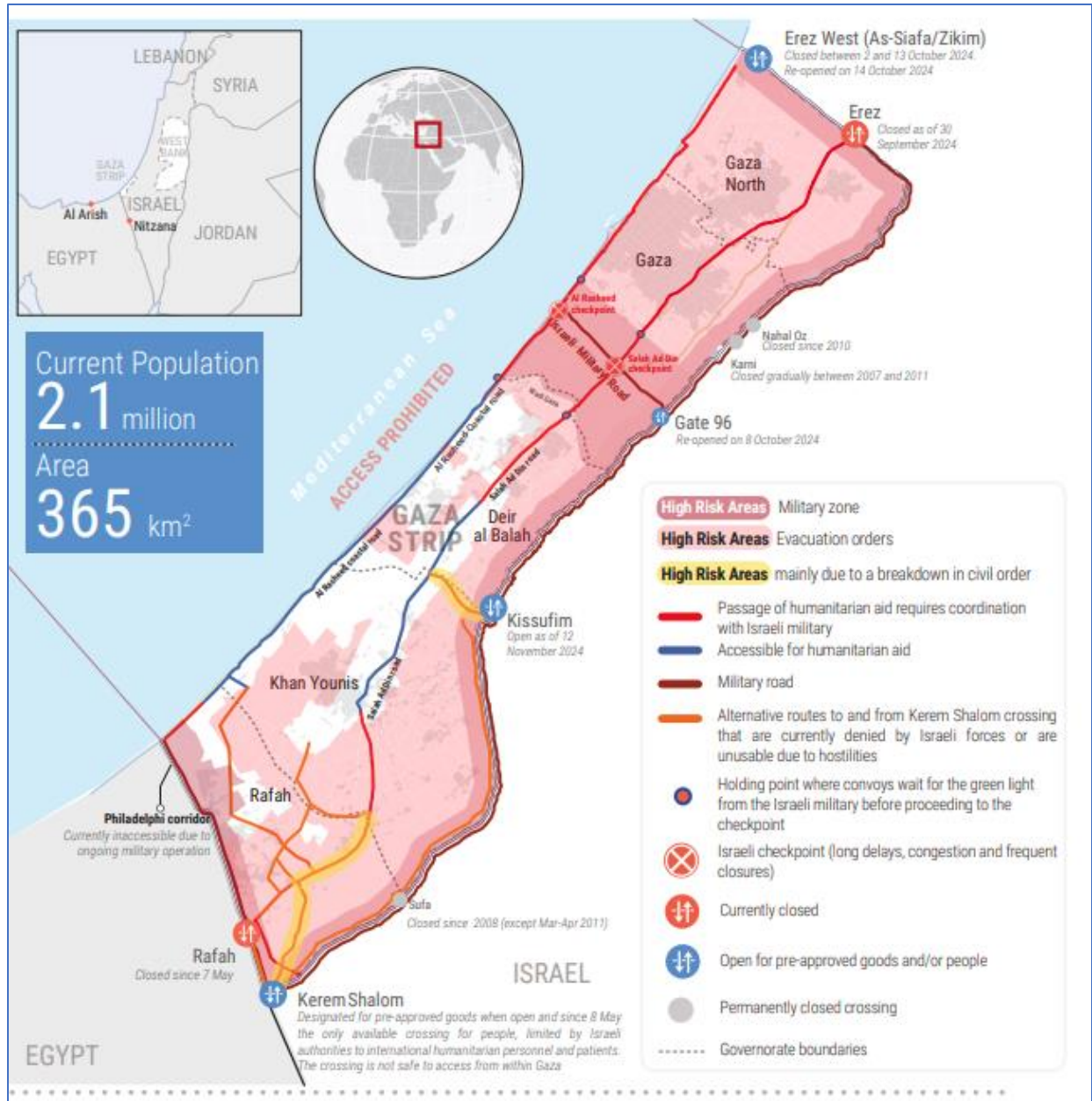






Figure 1- Humanitarian Access Map, Gaza Strip (OCHA, November 2024)²⁹

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT	PALESTINIANS IN GAZA
<p>Flash Appeal oPt</p> <p>Total Funding Required: US\$3.42 billion³⁰</p> <p>Gaza Target: 2.3 million people³¹</p> <p>West Bank Target: 800k people³²</p>	<p>Flash Appeal oPt</p> <p>Health Funding Required: US\$ 510 million³³</p> <p>Gaza Target: 2.2 million³⁴</p> <p>West Bank Target: 0.7 million³⁵</p>	<p>At least 1.9 million people (or nine in ten people) across Gaza are internally displaced, including people who have been repeatedly displaced (some, up to 10 times or more).³⁶</p>	<p>Over 45 000 people have been killed, and 111 000 people have been injured.³⁷</p>

Humanitarian Response To Date

oPt Flash Appeal 2023-2024: As of 26 November, Member States have disbursed about US\$2.37 billion out of the \$3.42 billion (69%) requested to meet the most critical needs of 2.3 million people in Gaza and 800 000 people in the West Bank, including East Jerusalem, between January and December 2024.³⁸

oPt Humanitarian Fund: During November 2024, the occupied Palestinian territory Humanitarian Fund (oPt HF) managed a total of 124 ongoing projects, totalling U\$91.8 million. These projects aimed to address urgent needs in the Gaza Strip (89%) and the West Bank (11%).³⁹

Healthcare and Medical Evacuations

As of 3 December 2024, 17 hospitals were partially functional in Gaza (3 in North Gaza, 7 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis). A total of 19 of 36 hospitals are out of service.⁴⁰ A total of 11 field hospitals are functional, including 5 fully and 6 partially (4 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah). A total of 37% of primary health care centres partially functional (50 out of 136).⁴¹ A total of 26% (7 out of 27) of UNRWA health centres are operational (source: UNRWA, as of 3 December).⁴²

Medical evacuations of critically ill and injured patients outside Gaza remain generally suspended since the closure of the Rafah crossing on 7 May, with few exceptions allowed in recent months. As of 3 December, it is estimated that 14 000 patients need medical evacuation abroad. In total, since the closure of Rafah Crossing on 7 May, 352 patients have been exceptionally evacuated outside Gaza.⁴³ A total of 39% (6 075 out of 15 600) of critical patients who submitted requests for medical evacuation have had their requests approved; these include 33% (5 138 out of 15 600) who were medically evacuated abroad as of 26 August 2024.⁴⁴ At the current rate of medical evacuations, it would take seven years to rescue 2500 children in urgent need of medical evacuation, and some children have died while waiting for approvals.⁴⁵

Displacement

Gaza: At least 1.9 million people (or nine in ten people) across the Gaza Strip are internally displaced, including people who have been repeatedly displaced (some, up to 10 times or more).⁴⁶ A total of 79% of Gaza has been under Israeli-issued evacuation orders, excluding those that have been revoked, as of 19 November 2024.⁴⁷

The month of October and November was dominated by the huge impact of the incursion on North Gaza, which started on 5 October and continues going into December. There are an estimated 100 000 people who have been displaced to Gaza governorate, leaving an estimated about 75 000 people remaining in North Gaza.⁴⁸

More than 14 months into the conflict, people have been forcibly displaced multiple times and over 60% of all buildings have been damaged or destroyed.⁴⁹ Families are crammed in overcrowded, damaged buildings and tent sites, with conditions being particularly dire at the Palestine Stadium Collective Centre, which saw an eight-fold increase in its population size (from 100 to 800 households) in November. The majority were initially displaced from Jabalya to Beit Lahiya before arriving in Gaza city.⁵⁰ As a result, 700 newly displaced households are living in tents in the football pitch, with up to 25 people sharing the same tent and men reportedly sleeping outside at night to leave space for women and children.⁵¹

Heavy rains hit the Gaza Strip on 25 November, marking the onset of the winter season and further worsening people's vulnerability amid limited response capacities.⁵² The heavy rains are estimated to affect over 1.6 million people living in makeshift shelters across the Gaza Strip, with thousands of displaced families living in tents along the coast in southwest Gaza being particularly affected by flooding and rising seawater.⁵³ According to preliminary assessments by humanitarian partners, about 7000 families residing along the shoreline were affected by recent rains, with thousands of tents flooded, belongings destroyed and shelters damaged.⁵⁴

According to the Shelter Cluster, so far only 23% of the needs to protect displaced people in the Gaza Strip from rain and cold weather have been met, leaving 945 000 people at risk of exposure this winter.⁵⁵ Winter in Gaza brings bitterly cold weather, that can fall to 6C.⁵⁶ Harsh winter temperatures compounded by heavy rains and rising sea tides are further exacerbating sewage accumulation, the spread of disease, and risk of collapse of damaged buildings where many families have sought refuge. Unlike last winter, when the majority of IDPs managed to find shelter with host families or in schools, hospitals and public buildings, hundreds of thousands of Palestinian families are surviving in small, overcrowded tents or makeshift shelters.⁵⁷ Across all sites, there is a critical lack of shelter materials and NFIs, particularly mattresses, blankets, winter clothes and shoes. Many newly displaced households fled without any belongings and are in urgent need of all essentials.⁵⁸

The Shelter Cluster is advocating to rapidly increase the entry of shelter items into Gaza to facilitate the provision of basic shelter protection to families living in deteriorating tents, makeshift shelters and damaged buildings. The Cluster also continue to advocate for the entry of other required items, in particular toolkits and framing materials that are used to construct shelters that are able to withstand water and wind loads, which until now have repeatedly been denied.⁵⁹

West Bank: Since 7 October 2023, nearly 1600 attacks by Israeli settlers against Palestinians have resulted in casualties, property damage or both. Moreover, 287 Palestinian households comprising 1682 people, including 816 children, have been displaced in Bedouin and herding communities across the West Bank, primarily citing attacks by Israeli settlers and access restrictions.⁶⁰ Since 7 October 2023, Israeli authorities destroyed, confiscated, sealed or forced the demolition of about 1800 Palestinian structures across the West Bank, including East Jerusalem, displacing more than 4630 Palestinians, including about 1950 children. These include about 2900 Palestinians, including over 1160 children, who were displaced due to the destruction of homes during operations by Israeli forces.⁶¹

Food Insecurity

Gaza: Famine thresholds may have already been crossed or will be soon in northern Gaza (8 November 2024).⁶² A total of 91% of the analysed population (1.95 million) is projected to face high levels of acute food insecurity classified in IPC Phase 3 (Crisis) or above, including: 876 000 people facing emergency levels of food insecurity (IPC Phase 4).⁶³ As of 1 September 2024, 68% of cropland, 52% of agricultural wells, and 44% of greenhouse area damaged, while 70% of the fishing fleet has been destroyed.⁶⁴

Across Gaza, currently available data for October 2024 indicate that humanitarian food assistance dropped by 50% compared to September and the total commercial and humanitarian entries are the lowest amount of food to have entered in a month since the start of the war in October 2023. Food supply is of greatest concern in northern Gaza, where no food (commercial or humanitarian) entered through the Erez gates from October 2 to 13, contributing to a substantial drop in food availability.⁶⁵

Food security in Gaza is collapsing, leaving people in a state of sheer desperation. On 29 November, two young girls and a woman were tragically killed in Deir al-Balah as crowds overwhelmed a bakery providing food assistance in a frantic struggle for scarce food supplies.⁶⁶ All bakeries have shut down due to lack of flour, and incidents of violence that have led to deaths and injuries.⁶⁷

North Gaza Governorate has been besieged for over 1.5 months (as of 2 December 2024). 1 Protection partners receiving calls from vulnerable people trapped in homes and shelters who have completely run out of food and water.⁶⁸

Military ground operations, UXO contamination and aerial bombardment of civilian infrastructure, farmland and dense urban areas have destroyed local food production and distribution systems.⁶⁹ Community kitchens are also in danger of shutting down due to no supply entering Gaza.⁷⁰

In October 2024, WFP found large proportions of the population were unable to reach markets (84% of respondents in North Gaza, 66% in Gaza City, and 60% in Khan Younis); no data were reported for Rafah; and all respondent households reported reduced access to food compared to the previous month.⁷¹ In the Gaza Strip, prices of many basic food items increased by more than 1000% compared to pre-conflict levels, with tomato prices rising significantly, by 8789% in the northern governorates (from NIS 3.6 to NIS 320), by NIS 1289. % in Deir al-Balah (from NIS 3.6 to NIS 50), and by 1219% in Khan Younis (from NIS 3.6 to NIS 48).⁷²

With famine imminent, humanitarian cash and voucher assistance activities are facing challenges as food production is disrupted and market is not functional amid cash liquidity challenges.⁷³

West Bank: 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.⁷⁴ These compounded challenges have negatively impacted livelihoods, the economy, and the food security of thousands of households in the West Bank.⁷⁵

Water, sanitation and hygiene (WASH)

Gaza: Water supply in the Gaza Strip continues to be limited and dependent on fuel supplies. Overall, gross water production reported by the Palestinian Water Authority (PWA) and the Coastal Municipalities Water Utility (CMWU) has dropped by 9% in November, and there is a high percentage of losses through the network due to damaged networks. Over the course of November, critical fuel shortages have resulted in a 43% decrease in water production by groundwater wells, while fuel deliveries to operate water and sanitation facilities in North Gaza governorate have remained blocked since 1 October 2024.⁷⁶

A total of 1 million people are at risk of sanitation-related threats, including rodents and pests (76%), solid waste (54%), sewage (46%), and human waste (34%).⁷⁷ At least 62% (1.4 million) of people receive less than the recommended 6 litres per person per day for drinking and cooking.⁷⁸ At least 47% of people receive less than the minimum recommended 15 litres per person per day for drinking, cooking, and basic hygiene.⁷⁹

Across all displacement sites, extremely poor environmental hygiene conditions are contributing to the spread of skin diseases, pediculosis, hepatitis A and B, gastroenteritis, and respiratory tract infections.⁸⁰ In most sites, sewage systems are nonfunctional, leading to overflows and posing public health risks. The lack of adequate toilet facilities further compounds sanitation conditions. While most sites have gender-segregated toilets, the availability of toilets varies considerably.⁸¹

For instance, at Musaab Bin Omeer Centre, up to 125 people are sharing one toilet while at Fahed al Ahmad, there are 20 gender-specific toilets serving about 220 households, or an average of 55 people sharing one toilet.⁸² Families also face inadequate access to hygiene products, such as soap, menstrual hygiene items and diapers, forcing them to endure substandard hygiene conditions that increase their vulnerability to communicable diseases.⁸³ At least 800 000 women and girls are lacking regular access to basic hygiene items, including sanitary pads, soap and shampoo.⁸⁴

West Bank: Raids on the West Bank have disrupted electricity and water services. Between 7 October 2023 and 9 September 2024, Israeli authorities demolished more than 300 agricultural structures, more than 100 WASH structures, and 200 livelihood structures.⁸⁵ Following a ten-day large-scale operation, 25 km (70%) of Jenin refugee camp's roads and the underlying water and sewage networks were bulldozed. As a result, since 28 August, water has been cut to about 35 000 camp residents who have also experienced sewage overflows.⁸⁶

Since 7 October 2023, it has been increasingly difficult for the Palestinian Authority (PA) to secure Israeli permits for infrastructure development aiming to ensure Palestinian access to essential services. Reports indicate a 98.5% rejection rate from the Israeli Civil Administration for WASH infrastructure permits for Palestinians in Area C (61% of the West Bank).⁸⁷ At the same time, water has become scarcer in the summer, and Israel has reduced water allocation to the southern West Bank cities of Hebron (Al-Khalil) and Bethlehem by approximately 35%. These affect livelihoods, hydration, and water supply for West Bank Palestinians.⁸⁸

[Humanitarian Access and Attacks on Humanitarian Workers](#)

Gaza: Ongoing hostilities and access constraints continue to severely hinder the delivery of life-saving aid across the Gaza Strip. Since the war began in October 2023, restrictions on the work of the UN and the humanitarian community have included impediments on access such as short-term or no visas from the Israeli Authorities to international personnel working in the occupied Palestinian territory. The Israeli parliament (Knesset) adopted two bills against UNRWA on 28 October 2024 with a 90-days' timeline for implementation.⁸⁹

According to OCHA, between 1 and 30 November, 1 935 humanitarian trucks were permitted to enter the Gaza Strip. This represents a daily average of only 65 humanitarian trucks, well below the pre-war average of 500 trucks per working day.⁹⁰

OCHA reported that, of the 578 humanitarian movements coordinated with Israeli authorities across Gaza from 1 to 30 November 2024, 204 were denied access, 93 impeded, 44 cancelled due to logistical and security challenges and only 237 facilitated. Out of the 132 aid movements needed to pass through the Israeli military controlled Al Rashid or Salah Ad Din checkpoints to reach areas north of Wadi Gaza between 1 and 30 November, 56 were denied, 32 were impeded, ten had to be cancelled and 34 were facilitated. Between 1 and 30 November, the UN attempted to reach besieged areas in North Gaza 53 times, 48 of which were outright denied. Five were initially approved, but then severely impeded on the ground.⁹¹

On 21 November, the Humanitarian Coordinator (HC) for the occupied Palestinian territory (oPt), Muhannad Hadi, warned that the humanitarian operation in the Gaza Strip could come to a standstill due to insecurity that has constrained the ability of humanitarian agencies to deliver critical aid supplies, including food, water, fuel and medical supplies to two million people.⁹² In 2024, UN trucks have been looted 75 times and armed people have broken into UN facilities on 34 occasions.⁹³ In November 2024, 90% of aid trucks – 98 of 109 – were looted at Kerem Shalom/Karem Abu Salem.⁹⁴

This year, 2024, has become the deadliest year for humanitarian workers.⁹⁵ Since October 2023, at least 337 aid workers, including 330 Palestinians and seven foreigners have been killed; this includes 251 UN staff (of whom 247 were UNRWA staff members), 33 Palestine Red Crescent Society (PRCS) staff and volunteers, and at least 53 other aid workers with national and international NGOs.⁹⁶

West Bank: Following 7 October, checkpoints, roadblocks, and other movement restrictions started increasing across the West Bank. On 7 November, Israeli forces reopened the Birzeit/Atara gate (Ramallah). However, the opening is limited to a few hours every day. This is the latest in a series of reopenings of Israeli checkpoints and gates in the Ramallah governorate which had been kept closed since 7 October 2023. Beit El/DCO checkpoint, which reopened on 3 June 2024, and An Nabi Salih checkpoint, which reopened on 27 October, similarly operate for a few hours every day, during which vehicles are checked intensively, and delays are caused. Access to and from Ramallah governorate has been severely restricted and has caused significant disruption to the movement of tens of thousands of Palestinians.⁹⁷

Vulnerable Groups in Gaza

Before the recent escalation, the total number of inhabitants in Gaza was estimated to be around two million, with more than 70% of the population recorded as refugees.⁹⁸ 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.⁹⁹ 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.¹⁰⁰
It is estimated that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance.¹⁰¹ Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹⁰²
For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.¹⁰³ Family separation has also led to mixed impacts on the role of women within their households. According to their anecdotal evidence, separation from their husbands has given some the role of decision-maker for the household, but expanded responsibility for daily tasks such as collecting firewood or waiting in long lines to receive aid has increased the daily burden on others.¹⁰⁴ A recent assessment found there are concerns that female headed households are left out of aid distributions.¹⁰⁵
- **Children:** Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹⁰⁶ Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹⁰⁷ 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.¹⁰⁸
- **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.¹⁰⁹ Men also report being more likely to face detention, severe mistreatment and even torture.¹¹⁰
- **Persons with Disabilities (PwD):** People with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.¹¹¹ Over 15% of the IDPs are estimated to have disabilities.¹¹² Women and girls make up approximately 45% of the population with disabilities.¹¹³ 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.¹¹⁴ 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.¹¹⁵ Recent assessments also found that the sick, injured, chronically ill (34%) and those living with disabilities (32%), are frequently considered to be missing out on assistance.¹¹⁶
- **Older People:** The older people in oPt rely primarily on traditional systems, whereby their families are their main source of upkeep, care and support. The physical and mental health of older people is negatively affected due to gaps in social protection and health services due to the conflict.¹¹⁷ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹¹⁸ Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines,

and personal belongings.¹¹⁹ Older people are also at particular risk of malnutrition, which increases mortality among those with acute or chronic illnesses. HelpAge International has reported that even before October 2023, 4% of older people in Gaza were going to bed hungry at least once a week, with 6% hungry every night.¹²⁰

- **People with Mental Health Conditions:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹²¹ In July 2021, 20% of households in Gaza reported at least one child showing signs of psychosocial distress in the 30 days before data collection.¹²² 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.¹²³

HEALTH STATUS AND THREATS

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

Population Mortality Before Current Escalation: Ischemic heart disease was the main cause of death in Palestine, accounting for 22.2% of all deaths, followed by cancer causing 14.3% of all deaths. In West Bank, statistics showed that COVID-19 dropped from the first cause of death in 2021 to the fifth rank, causing 8.3% of all deaths in West Bank. In Gaza, COVID-19 dropped from the second cause of death in 2021 to the fourth rank, causing 6.8% of all deaths in Gaza.¹²⁴

Cancer is the second cause of death in Palestine in 2022, with a mortality rate 42.6 per 100 000 population. In Gaza, the total reported cancer deaths were 914 deaths, which was 15.1% of all deaths in Gaza, with a mortality rate of 42.2 per 100 000 population.¹²⁵ The high percentage of deaths among males is since lung cancer is more prevalent among males. In 2022, 86% of the incident cases were among males, and lung cancer is the most common cause of death among cancer patients.¹²⁶

In Palestine, the mortality rate of diabetes complications was 26.6 deaths per 100 000 population. In Gaza, the mortality rate of diabetes complications was 8.9 per 100 000 population, and it was the 10th cause of death in Gaza Strip in 2022.¹²⁷ In West Bank, diabetes was the 3rd cause of death with mortality rate of 39.9 deaths per 100 000 population. Diabetic patients above 59 years old are representing 85% of deaths due to diabetic complications.¹²⁸

West Bank			Gaza Strip		
#	Cause of Death	%	#	Cause of Death	%
1	Ischemic heart diseases	25.3%	1	Ischemic heart diseases	17.8%
2	Malignant Neoplasm	13.8%	2	Malignant Neoplasm	15.1%
3	Diabetes Mellitus	12.8%	3	Cerebrovascular disease	11.6%
4	Cerebrovascular disease	10.5%	4	COVID-19	6.8%
5	COVID-19	8.3%	5	Unknown causes	5.8%
6	Injuries	5.6%	6	Disease of respiratory system	4.3%
7	Diseases in the perinatal period	5.5%	7	Congenital Malformations	3.9%
8	Hypertensive heart disease	5.2%	8	Hypertensive heart disease	3.8%
9	Congenital Malformations	4.8%	9	Diseases in the perinatal period	3.3%
10	Disease of the nervous system	2.8%	10	Diabetes Mellitus	3.2%

Figure 2 Major causes of death in Palestine in 2022, before current escalation (MoH, 2023)¹²⁹

Across oPt, the top three causes of neonatal mortality before the escalation were prematurity, respiratory infections and congenital malformations, which constitute 61% of neonatal mortality, and approximately 25% of children under 5 that suffer from anaemia.¹³⁰ Risks for boys of dying before they reach their fifth birthday were considerably higher than for girls (16.3 per 1 000 live births for boys, compared to 12 per 1 000 live births for girls).¹³¹ Infant mortality rates for children born in refugee camps was significantly higher than for their counterparts from urban and rural areas.¹³²

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% for more than a decade.¹³³ 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.¹³⁴ The COVID-19 response generated significant investments in public health infrastructure and vaccines.¹³⁵ However, routine vaccination has been interrupted with the escalation of violence. The impact of the vaccination system breakdown has become apparent with the reemergence of vaccine preventable diseases (VPDs), including with the recent outbreak of poliovirus type 2 (cVDPV2), after 25 years of being polio-free.¹³⁶

VACCINATION COVERAGE DATA	Year ¹³⁷	Gaza Strip	West Bank	Year ¹³⁸ estimates	oPt ¹³⁹
DTP-containing vaccine, 1st dose	2022	104.1 %	99.9 %	2023	88%
DTP-containing vaccine, 3rd dose	2022	102 %	95 %	2023	88%
Polio, 3 rd dose	2022	103 %	102 %	2023	89%
Measles-containing vaccine, 1st dose	2022	101.9 %	98.4 %	2023	89%

COVID-19 Vaccination: As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.¹⁴⁰ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹⁴¹ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82% of the Gazan population (aged 12 years and older) had been vaccinated and 32.51% were fully vaccinated.¹⁴² Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹⁴³ A 2021 survey found that 72% of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁴⁴

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury (including rehabilitation)		Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment. ¹⁴⁵ For rehabilitation, physiotherapy departments face shortages in supplies like AFOs, walkers, wheelchairs, crutch bandages, amputation bandages, and compression therapy materials. ¹⁴⁶ The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS. ¹⁴⁷ While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners. ¹⁴⁸
Malnutrition		There are clear signs of a rapidly worsening nutritional situation across Gaza, with two-thirds of the children admitted for outpatient treatment of acute malnutrition since the beginning of 2024 recorded in the past five months alone. ¹⁴⁹ Between 1 and 23 November, 3 410 children were admitted for outpatient treatment of acute malnutrition, and an average of 4700 children were admitted for outpatient treatment of acute malnutrition each month between July and October. This is a total of 22 210 cases, or 67% of the 32 817 cases admitted since the beginning of 2024. ¹⁵⁰
Acute respiratory infection (ARI) including COVID-19		Considering the elevated levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old. ¹⁵¹ 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). ¹⁵² As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ¹⁵³
Acute diarrheal illness (including acute watery diarrhoea (AWD), shigella and rotavirus)		Diarrhoea is the principal clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). ¹⁵⁴ Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month. ¹⁵⁵ People are also resorting to open defecation. ¹⁵⁶
Hypertension/ High blood pressure		There are more than 650 000 people with raised blood-pressure. ¹⁵⁷ Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ¹⁵⁸
Cardiovascular diseases		There are 45 000 patients living with cardiovascular disease. ¹⁵⁹ In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded. ¹⁶⁰
Kidney Disease		As of January 22, 2024, there were 1 100 patients in need of kidney dialysis. ¹⁶¹ 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. ¹⁶² According to MoH reports, there are 60 haemodialysis machines currently available across the Gaza Strip (compared to 182 prior to the war). ¹⁶³

Diabetes		There are at least 60 000 people with raised blood glucose. ¹⁶⁴ Before the escalation, in 2022, diabetes was the most common NCD in Palestine. ¹⁶⁵ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ¹⁶⁶ Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8% . ¹⁶⁷
Cancer		The MoH has reported the urgent need to evacuate 10 200 people suffering from cancer in Gaza, including 980 paediatric cases of whom 250 are in critical condition. ¹⁶⁸ A total of 41% of critical patients who submitted requests for medical evacuation were approved; these include 35% who were medically evacuated abroad as of 26 August. ¹⁶⁹ More than 2000 people are diagnosed with cancer each year, including 122 children. ¹⁷⁰
Maternal and neo-natal health		Some women in Gaza are self-inducing labour to avoid giving birth on the move while others are scared to seek vital prenatal care because of fears of bombing and some have lost their lives due to a lack of access to doctors. ¹⁷¹ An estimated 50 000 babies have been born in Gaza over nine months of conflict, with many women giving birth in traumatic, unhygienic and undignified conditions without access to basic services. ¹⁷²
Mental Health Conditions		About 485 000 people with mental health conditions continue to experience disruptions in their treatments. ¹⁷³ 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. ¹⁷⁴ UNICEF also reports 1 million children need mental health and psycho-social support. ¹⁷⁵
Cholera		Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present. Cholera can kill within hours if left untreated. ¹⁷⁶
Skin infections (including scabies and cutaneous leishmaniasis)		Skin diseases are high risk due to poor sanitation and hygiene conditions (e.g., lack of access to water and overcrowding) which promotes transmission via close personal contact and fomites – resulting in scabies and other skin diseases. ¹⁷⁷
Measles		As there are no diagnostic testing available for cases with rash and fever, to exclude measles.
Typhoid		No update on cases since October 7, 2023. Spread through contaminated food or water, those in Gaza are at risk of typhoid considering the dire living conditions.
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		To date, the cases have been mostly mild, with no severe cases reported at this time, and the adult population is largely immune as it used to be hyperendemic. However, more than 90% of reported cases are likely asymptomatic.
Hepatitis E		Hepatitis E can be severe among pregnant women. Unlikely to have prior immunity. Risk is high.
Protection Risks (including GBV)		There are reports of increasing GBV since the escalation started on 7 October 2023, however the numbers or locations are not available. ¹⁷⁸ 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. ¹⁷⁹
Poliomyelitis (cVDPV2)		The oPt had been polio-free for more than 25 years. ¹⁸⁰ During October 2024, the second round of the polio vaccination campaign was conducted in the southern governorates of Gaza with 94% coverage. The campaign for northern governorates of Gaza was delayed to first week of November due to the insecurity in North Gaza. ¹⁸¹
Meningococcal disease		There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population. ¹⁸²
Chicken Pox		As of 30 June 2024, there were 11 214 cases of chickenpox reported. ¹⁸³ More recent figures are not available.
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.
West Nile Fever (WNF)		Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging in the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years. ¹⁸⁴ At least 175 people have contracted the virus so far this year - a 400 % increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health. ¹⁸⁵
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East, ¹⁸⁶ globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually. ¹⁸⁷
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ¹⁸⁸ 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. ¹⁸⁹ In Gaza, in 2022 there were zero cases of Hepatitis C. ¹⁹⁰
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. ¹⁹¹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ¹⁹² In 2022, two cases were registered in Gaza. ¹⁹³
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. ¹⁹⁴
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.
<p>Red: <i>Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</i> Orange: <i>High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</i> Yellow: <i>Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</i> Green: <i>Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</i></p>		

Trauma and injury (including rehabilitation): Gaza is facing an unprecedented humanitarian catastrophe; over 45 000 people have been killed, with women and children accounting for 70% of fatalities. An additional 111 000 people have been injured. ¹⁹⁵

A July 2024 WHO analysis found that around 25% of all those injured are likely to have acute and ongoing rehabilitation needs, including patients with extremity injuries, amputations, head and spinal cord injuries and burns. ¹⁹⁶ A significant number of children have injuries requiring ongoing rehabilitation with a high likelihood of disability due to attacks on health and collapse of the health system, as well as low availability of treatment, medicines, therapeutic or rehabilitative care inside Gaza. ¹⁹⁷ These figures are increasing daily, and the current estimates are likely on the low end and may not capture children who have acquired hearing or visual impairments due to conflict-related injuries. ¹⁹⁸

The services for people with disability are severely constrained and assistive devices (including hearing aids and replacement batteries, crutches, and wheelchairs - many of which have been lost or broken during multiple rounds of forced displacement) have not been approved for entry to Gaza. If children with disabilities cannot receive the specialized care, services, assistive devices, and medications that they require they will suffer additional exclusion and be exposed to significant additional protection risks. ¹⁹⁹

Key challenges facing those providing trauma care include limited access for emergency medical services to the north and delayed entry of supplies through the Kerem Shalom and other portals. ²⁰⁰ For rehabilitation, all inpatient services and prosthetic services were rendered non-operational during the war, although positively, towards the end of 2024, local providers have succeeded in partially re-opening 2 inpatient rehabilitation centres and 1 prosthetics centre, and work on scaling up other services continues. Despite small successes, all rehabilitation services continue to experience critical shortages in supplies like AFOs, walkers, wheelchairs, crutch bandages, amputation bandages, and compression therapy materials. ²⁰¹ Reports indicate that at least 42 physiotherapists have been killed as of 7th October 2024. A shortage of prosthetist and orthotists is likely to hinder attempts to significantly scale up prosthetics provision in the country. ²⁰²

The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS. ²⁰³ UNMAS estimates that over 37 million tons of debris in the Gaza Strip contain about 800 000 tons of asbestos, other contaminants, and UXO, noting that at least 10 % of ammunition potentially fails to function. ²⁰⁴ While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners. ²⁰⁵ On 3 September, a Palestinian girl was reportedly critically injured by the explosion of an UXO in southwestern Khan Younis and succumbed to her wounds on 4 September. ²⁰⁶ Children and women are now increasingly searching through piles of rubbish for food scraps, often barefoot or without any gloves. This not only puts them at higher risk of disease or injury from any sharp edges or metal in the solid waste, but also exposes them to risks of explosive remnants of war. ²⁰⁷

More broadly, due to the lack of both cooking gas and firewood, families across all sites are forced to rely on plastic and cardboard as combustibles to cook, resulting in cases of burns, eye injuries and respiratory problems. ²⁰⁸

Civil unrest is also a risk facing the population, in light of an imminent famine. Community kitchens are also in danger of shutting down due to no supply entering Gaza. All bakeries have shut down due to lack of flour, and incidents of violence that have led to deaths and injuries.²⁰⁹

The diminishing food supplies and closure of bakeries have triggered physical violence at remaining bakeries and distribution points. As a result, most vulnerable community members including the elderly, persons living with disabilities or illness, children and women are less likely to access any remaining food supplies and face a higher risk of starvation.²¹⁰

Malnutrition: There are clear signs of a rapidly worsening nutritional situation across Gaza, with two-thirds of the children admitted for outpatient treatment of acute malnutrition since the beginning of 2024 recorded in the past five months alone.²¹¹ Alarming poor food diversity observed across the Gaza Strip, bread and pulses being the dominant foods consumed. Vegetable consumption dropped from six days per week pre-conflict to nearly zero in October 2024, while meat and eggs declined from three days per week to almost non-existent.²¹²

According to the Nutrition Cluster, between 1 and 23 November, 3 410 children were admitted for outpatient treatment of acute malnutrition, and an average of 4700 children were admitted for outpatient treatment of acute malnutrition each month between July and October. This is a total of 22 210 cases, or 67% of the 32 817 cases admitted since the beginning of 2024.²¹³

Moreover, between 10 and 31 October, the Nutrition Cluster has observed a significant increase in the admission of children suffering from Severe Acute Malnutrition (SAM) with nutritional edema, where patients show swelling caused by fluid retention in the tissues, which is an indicator of lack of protein in diets. Cases have surged from 10% before October to 74% of admitted cases in the two stabilization centres (SC) in the Deir al Balah governorate, highlighting a worsening in the nutritional situation and the urgent need to scale up interventions.²¹⁴

More broadly, as of 25 November 2024, 130 000 children aged under 10 were trapped for 50 days in areas in northern Gaza that are almost entirely inaccessible to aid workers and not receiving food or medical supplies despite warnings of famine.²¹⁵ Children living in North Gaza and Gaza governorates have been almost completely cut off from supplies of food, water, and medicine since 6 October 2024 when Israeli forces declared the area to be a closed military zone, with the independent Famine Review Committee (FRC) saying that famine is either imminent or likely already occurring in the area.²¹⁶

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.²¹⁷ 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.²¹⁸

Malnutrition rates are reported to be spiking, with over 550 000 women facing acute hunger and more than 15 000 pregnant women on the verge of famine.²¹⁹ Families across all displacement sites face limited access to nutritious food. Women consulted through focus group discussions also highlighted a critical lack of infant milk and nutrition supplements.²²⁰

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.²²¹ The situation was of particular concern in Gaza, with 64.3% of the population classified as moderately or severely food insecure.²²² A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²²³ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.²²⁴ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²²⁵

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.²²⁶ 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.²²⁷ 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.²²⁸

Acute respiratory infection (ARI) including COVID-19: Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²²⁹

MSF report treating infants with respiratory diseases at the Nasser hospital in south Gaza, where over 300 paediatric patients are treated every day. They also report overcrowding in the department, including children with acute pneumonia.²³⁰

As winter approaches, the urgency of establishing robust site management systems across Gaza cannot be overstated. Essential winterisation items, blankets, mattresses, and warm clothing, are in critically short supply, leaving both children and adults further exposed to the cold and at even more heightened risk of illnesses.²³¹ More broadly, due to the lack of both cooking gas and firewood, families across all sites are forced to rely on plastic and cardboard as combustibles to cook, resulting in cases of respiratory problems.²³²

In oPt, infectious diseases cause less than 10% of all deaths; respiratory diseases cause 70% of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.²³³ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²³⁴ The highest incidence of RTIs has been recorded by the cold season (December-March).²³⁵

Acute diarrheal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus): Filth flies are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis and many others.²³⁶

Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). Under the current conditions where waste management is challenging, fly populations will thrive and the burden of diarrhoeal disease will continue to be high – the same pathogens are also transmitted by fecal-oral and water contamination routes. Filth fly transmission is likely to constitute at least 25% of all disease transmission.²³⁷

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.²³⁸ People are also resorting to open defecation.²³⁹ Notably, 25% of child morbidity cases in Gaza are caused by water-borne diseases.²⁴⁰ 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%, however vaccination services have been severely disrupted in recent months.²⁴¹

Non-communicable diseases (NCD): Medical evacuations of critically ill and injured patients outside Gaza remain generally suspended since the closure of the Rafah crossing on 7 May, with few exceptions allowed in recent months.²⁴²

More than 1 200 people require haemodialysis treatment.²⁴³ According to MoH reports, there are 60 haemodialysis machines currently available across the Gaza Strip (compared to 182 prior to the war). Therefore, the provided services are severely decreased to two dialysis sessions of two hours per week, instead of three weekly sessions of three to four hours. This has a detrimental impact on the quality of life of these patients and could lead to fatal consequences.²⁴⁴

For those who are displaced, all sites have access to basic medical points- including some set up by volunteer nurses sheltering inside the camps themselves. However, there is a severe shortage of health supplies and medicine, including for chronic diseases.²⁴⁵

According to MoH in Gaza, as of 28 June 2024, over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres and about 70% of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients.²⁴⁶ More than 2000 people are diagnosed with cancer each year, including 122 children.²⁴⁷ As of June 2024, there are more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.²⁴⁸

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.²⁴⁹ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²⁵⁰ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²⁵¹ Age-wise, 94% of NCD patients are those aged 40 years and older. In terms of gender, 60% of the patients were female and 40% were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.²⁵²

According to recent assessments by UN Women, more than 162 000 women suffer from or are at risk of non-communicable diseases (NCDs) such as hypertension, diabetes mellitus, cardiovascular disease and cancer. Women, in particular older women, in Gaza have historically been at a higher risk of NCDs. There are over 30 841 women at risk of diabetes, 107 443 women at risk of hypertension, 18 583 women at risk of cardiovascular diseases, and 5201 women with cancer. Disruption in basic care for these diseases can result in long-term complications or death.²⁵³

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.²⁵⁴

Maternal and Neonatal Health Conditions: With weakened immune systems and at risk of waterborne diseases, pregnant and breastfeeding women must also survive alongside piles of rubbish and sewage and with barely any access to healthcare. In these dire circumstances, there are around 50 000 pregnant women in Gaza, with 4000 deliveries expected in the next month alone. Initial data indicate that in the last six months there has been a sharp rise in reported miscarriages.²⁵⁵

More than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted infections.²⁵⁶ Maternity services are provided at nine out of 17 partially functioning hospitals, and at four field hospitals (ICRC, IMC, UKMED, and Kuwait FHs).²⁵⁷

Key challenges facing those providing sexual and reproductive health (SRH) services include limited entry of essential SRH commodities and supplies, Infection control measures are difficult to maintain in SRH services due to resource limitations and preparedness gaps for winter floods expose vulnerabilities in the infrastructure of numerous health facilities.²⁵⁸

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.²⁵⁹ 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.²⁶⁰

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.²⁶¹ The overall MMR in both the WB and Gaza has improved, decreasing by around 48% between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).²⁶² However, the maternal mortality ratio

increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2% compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3% of all deaths.²⁶³

Mental health conditions: Since October 2023, the 2.1 million Palestinians living in Gaza have witnessed or experienced an unprecedented number of violent and traumatic events, including direct violence, repeated displacement, and the loss of loved ones, homes, and belongings.²⁶⁴ Such experiences have increased anxiety, depression, and other mental health and psychosocial problems. Extensive destruction of the healthcare system prevents even basic treatment of these conditions in the immediate and long term.²⁶⁵ About 485 000 people with mental health disorders continue to experience disruptions in their treatments.²⁶⁶ There is concern for an estimated 20 000 people in need of specialized mental health services, including mental health medication, who are in precarious situations with the disruption to mental health services.²⁶⁷

Almost 1.2 million children in Gaza need mental health and psychosocial support.²⁶⁸ Problems include depression in children as young as five, anxiety, regressive behaviours (e.g. bedwetting in children as old as 14), and suicidal thoughts. High numbers of unaccompanied and separated children are at particularly high risk of developing mental health and psychosocial problems.²⁶⁹ The level of toxic stress under which the people in Gaza have been living is having a clear and significant impact on psychosocial wellbeing.²⁷⁰

Around 75% of women stated they regularly feel depressed; 62% often cannot sleep; and 65% frequently feel nervous and have nightmares.²⁷¹ Many men are also impacted by mental health conditions, as they are unable to provide for or protect their families, damaging their sense of self and agency. Social norms and assumptions about masculine displays of emotion lead to under-recognition of men's mental health and psychosocial support needs.²⁷²

Older people and people with disabilities have lost access to essential healthcare, social support, and assistive devices, causing feelings of helplessness, isolation, and a higher risk of mental health and psychosocial problems.²⁷³

People with pre-existing mental health and psychosocial conditions have no access to consistent medication or treatment.²⁷⁴ Security is a basic minimal requirement for effective psychosocial support and treatment, but there is no safe place in Gaza.²⁷⁵ Without physical and emotional security, Gazans' mental health needs will continue to increase rapidly.²⁷⁶ Assessments conducted in Gaza recently found that everyone in Gaza is living in fear.²⁷⁷ For most people (81%), the fear of losing a loved one is the biggest, most pressing concern – almost double the number of those who fear most for their own safety (43%).²⁷⁸

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.²⁷⁹ In 2020, 198 797 adults were estimated to have moderate or severe mental health disorders, while 299 979 children (50% girls and 50% boys) were believed to experience severe, moderate or mild mental health disorders.²⁸⁰ Adverse events and violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.²⁸¹ Self-reported signs of psychosocial distress continue to increase, especially in the Gaza Strip.²⁸²

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.²⁸³ The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.²⁸⁴ 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% in 2022.²⁸⁵

Cholera: Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present. Cholera can kill within hours if left untreated, which in a humanitarian crisis like Gaza would have catastrophic results. Most of those infected have no or mild symptoms and can be successfully treated with oral rehydration solution.²⁸⁶ In regard to vector risks, filth flies, sandflies, mites, fleas and other ectoparasites are the main vector disease risks. Therefore, urgent action are required for

distribution of vector control tools, removal of vector breeding sites (solid waste management) and improved the water, sanitation and hygiene situation.

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

Skin rashes continue to impact Gazans forced multiple times from their homes and shelters.²⁸⁷ A paediatrician reported that every day 200 cases (of 300-400 patients presenting) are related to skin conditions.²⁸⁸ Due to the security challenges, the limited availability of detergents and the high prices of basic hygiene products and chlorine are particularly concerning given the widespread prevalence of skin conditions among the population.²⁸⁹ There were a total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes reported as of 30 June.²⁹⁰

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.²⁹¹ 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.²⁹² The incidence of the disease does not show any difference between males and females.²⁹³ 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.²⁹⁴

Measles: Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97% between 2009 and 2018, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector.²⁹⁵ Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing.

Typhoid: Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.²⁹⁶ Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.²⁹⁷ In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.²⁹⁸

Acute Jaundice Syndrome (AJS) /Suspected hepatitis A: To date, the cases have been mostly mild, with no severe cases reported at this time, and the adult population is largely immune as it used to be hyperendemic. However, more than 90% of reported cases are likely asymptomatic. The increase in acute jaundice syndrome and bloody and watery diarrhoea can be directly attributed to the unavailability of safe drinking water, poor and lack of sanitation facilities, posing a significant public health challenge.²⁹⁹ Diagnostic testing is limited for viral hepatitis due to the conflict.³⁰⁰ 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 2022.³⁰¹

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

Poliomyelitis (cVDPV2): There is an on-going urgent response to prevent the spread of polio after circulating variant poliovirus type 2 (cVDPV2) was detected in Gaza, after 25 years of being polio-free.³⁰² During October 2024, the second round of the polio vaccination campaign was conducted in the southern governorates of Gaza with 94% coverage. The campaign for northern governorates of Gaza was delayed to first week of November due to the insecurity in North Gaza.³⁰³ The preliminary coverage figures from Day 6 of the polio campaign (Day 2 of phase 2) suggest 90 716 children under 10 years old had been vaccinated with novel oral polio vaccine type 2 (nOPV2). A total of 70 722 children between 2 and 10-years old received Vitamin A.³⁰⁴

Meningococcal disease: There is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population.³⁰⁵

Chicken Pox: As of 30 June 2024, there were 11 214 cases of chickenpox reported.³⁰⁶ More recent figures are not available.

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.

West Nile Fever (WNF): Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years.³⁰⁷ By July 15, the number of patients diagnosed with virus jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June.³⁰⁸ On 22 August 2024, the International Health Regulations (IHR) National Focal Point (NFP) of oPt also reported the first death of WNV in Palestine, a 66-year-old female from Salfeet Governorate, West Bank.

Dengue Fever: Dengue virus (DENV) infection is widespread and its disease burden has increased in past decades. However, little is known about the epidemiology of dengue in the Middle East and North Africa (MENA).³⁰⁹ Globally, more dengue fever cases have been recorded so far in 2023 than in the last five years annually, as increasingly extreme weather events fuel the spread of the mosquito-borne illness.³¹⁰

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.³¹¹ 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.³¹² In Gaza, in 2022 there were zero cases of Hepatitis C.³¹³ 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.³¹⁴

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.³¹⁵ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.³¹⁶ In 2022, two cases were registered in Gaza.³¹⁷

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.³¹⁸ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.³¹⁹ 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.³²⁰ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.³²¹ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.³²²

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.³²³ Recent data on rabies cases is limited.

WEST BANK: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury (including rehabilitation)		As of 24 November 2024, 797 Palestinians have been killed and approx. 6450 have been injured in the West Bank. In October 2024, the humanitarian concerns in West Bank were a result of increased settler violence, demolitions, and restriction of movement. OCHA documented nearly 270 incidents perpetrated by Israeli settlers against Palestinians and their property in about 110 communities across the West Bank. Of the total number of incidents, more than half resulted in casualties or property damage affecting about 85 communities, with 59 Palestinians injured by Israeli settlers. ³²⁴ As of 21 November 2024, since 7 October 2023, a total of 166 Palestinian children have been killed by Israeli forces, up from 40 children killed during the first nine months of 2023. ³²⁵ Over 60% of these fatalities occurred in Jenin, Tulkarm, Tubas and Nablus governorates, areas that have witnessed intensified Israeli operations over the past year. Among them, 35 children were killed in airstrikes, during which Israeli forces employed lethal, war-like tactics, raising serious concerns about the excessive use of force. Additionally, 1132 children have been injured, with nearly half (48%) sustaining injuries from live ammunition. ³²⁶
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. ³²⁷ A 2022 survey found 12% of households reported at least one member had showed signs of psychosocial distress or trauma. ³²⁸ Nablus reported the highest rates with 52% of households self-reporting observing signs of psychological distress. ³²⁹ This is like a 2021 survey which found that 57% of West Bank residents surveyed reported symptoms consistent with post-traumatic stress disorder (PTSD). ³³⁰ 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. ³³¹ Information from partner HMIS and screenings is showing a 50% increase in need from January 2023 to January 2024.
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. ³³² 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. ³³³ Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ³³⁴ 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. ³³⁵
Protection risks (including GBV)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate. ³³⁶ A 2022 survey on violence, found 52% of married or previously married women in West Bank between the ages of 15 and 64 experienced violence by their husband in the 12 months preceding the survey. ³³⁷ There is a lack of access to high quality multi-sectoral services (including safe shelter, and adequate clinical management of rape (CMR) services). ³³⁸ There are increased deaths and injuries of children and men

		due to Explosive Remnants of War (ERW) contamination. ³³⁹ There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations. ³⁴⁰
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. ³⁴¹ The overall MMR in the West Bank has improved, decreasing by around 48% from 38 per 100 000 live births in 2009 to around 19.9 in 2019. ³⁴² But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ³⁴³ This reflects the negative impact of the pandemic on the number of maternal deaths. A study by the MoH found that a total of 22 maternal deaths were reported in the West Bank that year, indicating an MMR of 26.7 per 100 000 live births in the West Bank. The study also found that (68.2%) of the reported maternal deaths were deemed preventable. ³⁴⁴
Malnutrition		While food security is relatively stable, the economic impacts of the recent escalation may impact the nutrition status of the population. The World Bank reports the West Bank economy has experienced a 22% decline since the recent escalation. ³⁴⁵ 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. ³⁴⁶ Women and girls in the West Bank face particular disadvantages, with more than 12% of all households in the West Bank being female headed. The feminization of poverty is a common phenomenon in the oPt, with negative coping mechanisms leading to higher levels of food insecurity, and nutrition related conditions. ³⁴⁷
West Nile Fever (WNF)		On 22 August 2024, the first death of WNV in Palestine: a 66-year-old female from Salfeet Governorate, West Bank. Notably, there are cases in neighbouring Israel, where WNV fever has surged in Israel, with case numbers at their highest levels in nearly 25 years. ³⁴⁸ By July 15, the number of patients diagnosed with WNV jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June. ³⁴⁹ Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context.
Polio		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems. West Bank has been polio-free for more than 25 years. ³⁵⁰ However, considering the recent cases in Gaza, there is increased potential for an outbreak.
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ³⁵¹ As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ³⁵²
Acute Jaundice Syndrome (AJS) /Suspected hepatitis A		No reports of increased cases.

Meningococcal disease		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Measles		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems.
Acute Watery Diarrhoea (AWD)		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. ³⁵³
Rabies		Cases are unlikely to increase because of recent developments in the West Bank. No human cases have been reported in 2022. ³⁵⁴ 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. 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.</p>		

DETERMINANTS OF HEALTH

Protection Risks

Gender Based Violence (GBV): GBV is increasing, attributed to the ongoing hostilities, restricted humanitarian access, and the collapse of food systems. In addition to these factors, other contributing elements must be considered, such as inflated prices, which have significantly disempowered and increased the vulnerability of women and girls—particularly women and girls with disabilities, and female-headed households.³⁵⁵ The inability for men to meet the needs of their families, or even be able to protect them from the war coupled with the protracted nature of the conflict has a direct impact on levels of intimate partner violence.³⁵⁶

The denial of resources is further exacerbated by the breakdown of families due to forced displacement, pushing women and girls to seek refuge with other (host) families for survival (for themselves and their children), often leaving them last in line to access food or other resources. In terms of age breakdown, most reported cases of GBV as of November 2024 were women aged 18- 59, followed by girls aged 12-17.³⁵⁷

According to the September and October 2024 GBV Trends report, women and girls in Gaza are further exposed to deliberate deprivation through denial of access to resources including food. Six women and girls have been killed as violence broke out when they were waiting for bread at bakeries.³⁵⁸

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.³⁵⁹

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% 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% experienced physical violence and 7% experienced sexual violence.³⁶⁰ Only 1% 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.³⁶¹ 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.³⁶²

Child Protection: Children with disabilities are currently the highest caseload for child protection case management services, with over 12 000 cases reported between January and June 2024.³⁶³ It is estimated by UNICEF that there are currently 17 000 unaccompanied and separated children (UASC) in Gaza, because of children losing their parents, detentions and multiple forced displacements. With tents in very short supply, people are left without safe spaces.³⁶⁴ Pre-current escalation, it is estimated that 35% of under 5-year-old children were at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.³⁶⁵

Across the West Bank, increasing levels of settler violence and excessive use of force resulting in injuries and killing of children.³⁶⁶ There are arbitrary arrests, detentions and ill-treatment of children. Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour. These conditions are resulting in an increase in the cases of violence, abuse and neglect of children.³⁶⁷

Mine Risks: The situation in Gaza presents a complex and challenging landscape for Mine Action, characterized by a likely substantial contamination from various Explosive Ordnance (EO) sources.³⁶⁸ While no formal large-scale survey is yet able to go ahead, it is anticipated that the ongoing hostilities, which include airstrikes, shelling, and the use of rockets, has already and will continue to lead to widespread EO contamination posing significant risks to the civilian population and humanitarian actors. The inability to properly equip EOD technical field staff poses significant challenges to responding to the widespread explosive contamination.³⁶⁹ Delays in visa application processing for staff, and prohibitions on some items (such as satellite phones, VHF radios, hook and line kits and armoured vehicles) limit the number of technical field staff able to deploy safely.³⁷⁰

Education

Palestinian students have faced significant challenges in accessing quality and safe education for decades. However, the escalation of violence following the events of October 7th have exacerbated this education crisis to unprecedented levels. In Gaza, the war has nearly destroyed the education system.³⁷¹ As of November 2024, 658 000 students with no access to formal education, with 11 411 students and 711 educational staff killed and 17 335 students and 2491 teachers injured.³⁷² At least 87% of school buildings (493 out of 564) require either full reconstruction or major rehabilitation (as of 6 September 2024). A total of 35 university buildings were destroyed and 57 were damaged (source: MoE, as of 7 October 2024).³⁷³

Children in the West Bank, including East Jerusalem, have faced increasing violence and restrictions since October 7th too, worsening existing challenges and creating new barriers for all 782 000 students.³⁷⁴ As of November 2024, students are dropping out of schools in the Israeli-controlled H2 area of Hebron city due to intensified access restrictions. Humanitarian actors have assessed that there are about 13 065 students residing in H2 who have not attended school in-person between October 2023 and May 2024.³⁷⁵

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.³⁷⁶

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).³⁷⁷ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.³⁷⁸ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.³⁷⁹

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.³⁸⁰ Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.³⁸¹

Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45% of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.³⁸² In addition, 60% of the essential laboratory items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.³⁸³

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.³⁸⁴ Approximately 45% of total health care expenditure is through government systems and programmes, while household contributions account for around 39% (most of this out-of-pocket expenditure at the point of service delivery).³⁸⁵

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.³⁸⁶ More than 63% of expenditure is for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).³⁸⁷ In July 2021, 23% of households in Gaza reported facing access barriers for healthcare.³⁸⁸

Gaza: In crisis health system status

Minimum Healthcare Service Package (For use during the current ongoing crisis): As of November 2024, a comprehensive suite of services has been established across primary and secondary healthcare levels, prioritizing interventions that are both essential and feasible, with an emphasis on those yielding substantial health outcomes. Considering the ongoing emergency response, characterized by persistent insecurity, frequent population displacements, restricted access, logistical challenges in medical supply transport, limited bed availability, and increasing assaults on healthcare facilities, there will be an intensified focus on preventive services and a holistic approach to primary healthcare. Emphasis will be placed on collaboration with other sectors to implement a multi-sectoral strategy addressing social determinants of health. This approach aims to prevent complications, alleviate pressure on the constrained bed capacities within field hospitals for critical emergency services such as obstetric and gynaecological care, medical and paediatric emergencies, trauma care, orthopaedic and emergency surgeries, intensive care unit (ICU) services, and haemodialysis (where feasible) and help in standardizing services across the region.³⁸⁹

Health Facilities Functionality: As of 3 December 2024, 17 hospitals were partially functional in Gaza (3 in North Gaza, 7 in Gaza city, 3 in Deir al Balah, 4 in Khan Younis). A total of 19 of 36 hospitals are out of





service.³⁹⁰ A total of 11 field hospitals are functional, including 5 fully and 6 partially (4 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah). A total of 37% of primary health care centres partially functional (50 out of 136).³⁹¹ A total of 26% (7 out of 27) of UNRWA health centres are operational (source: UNRWA, as of 3 December).³⁹²

Kamal Adwan Hospital in North Gaza has continued to come under attack, with at least seven attacks recorded between 6 October and 21 November. On 21 November, a drone attack reportedly damaged the hospital's electricity generator and water tank and resulted in the injury of four hospital staff and two patient companions. On 23 November, the hospital, which is already facing a dire lack of food, drinking water, medical staff and supplies, was reportedly hit once again, resulting in the injury of its director. On the same day, the Israeli military coordinated the transfer of 17 patients and caregivers from Kamal Adwan to other hospitals in Gaza. According to the Health Cluster, as of 26 November, there are 55 patients in Kamal Adwan Hospital, including five in the intensive care unit.³⁹³

Medical supplies and medicines: For those who are displaced, all sites have access to basic medical points- including some set up by volunteer nurses sheltering inside the camps themselves. However, there is a severe shortage of health supplies and medicine, including for chronic diseases.³⁹⁸

Impact of Conflict on Healthcare Workers: Healthcare workers are exposed to frequent attacks on health facilities.³⁹⁹ As of November 2024, a total of 1047 health workers have been killed, including some also counted under aid workers above (source: MoH Gaza).⁴⁰⁰ In January 2024, it was reported that only 30% of Gaza's pre-conflict medics were still working.⁴⁰¹ Many of Gaza's 25 000 health professionals are among those uprooted, making it difficult for them to get to work.⁴⁰² The Gaza Health Ministry reported that Israeli forces have detained at least 310 Palestinian healthcare workers since October 7. An NGO documented 259 detentions of healthcare workers and collected 31 accounts describing torture and other abuses by Israeli authorities, including the use of stress positions, deprivation of adequate food and water, threats of sexual violence and rape, and degrading treatment.⁴⁰³

Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH): The ongoing hostilities in Gaza have severely impacted Infection Prevention and Control (IPC) and Water, Sanitation, and Hygiene (WASH) conditions, particularly within healthcare facilities. A baseline IPC and WASH assessment, conducted using a WHO tool tailored to Gaza's context, evaluated 10 healthcare facilities (HCFs) across the northern and southern regions, including secondary and primary care hospitals affiliated with the Ministry of Health (MOH), NGOs, and other partners.⁴⁰⁴ This assessment revealed significant gaps

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, facing repeated evacuation orders, are operating at limited capacity and overwhelmed with patients, grappling with critical shortages of fuel, medicines, supplies, and medical staff. ³⁹⁴	Over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres. ³⁹⁵	As of 3 December 2024, 17 hospitals were partially functional in Gaza . A total of 19 of 36 hospitals are out of service. ³⁹⁶	Between 7 October 2023 and 20 November 2024, there have been 584 attacks in Gaza (851 individuals killed) and 657 in West Bank (25 individuals killed). ³⁹⁷

in the implementation of fundamental IPC measures, such as hand hygiene, safe injection practices, environmental cleaning and disinfection, reprocessing of medical devices, waste management, patient screening, and isolation capacity of infected patients in addition to IPC specific measures for wound care.⁴⁰⁵ These gaps are critical to addressing the spread of waterborne diseases, vector-borne diseases, and surgical site infections caused by multi-drug-resistant organisms. Further risks identified include the unsafe disposal of healthcare wastes poses environmental infection risks to patients, health workers, and the public.⁴⁰⁶

The assessment also highlighted the urgent need to enhance IPC and WASH coordination within healthcare facilities through greater engagement of partners, alongside a focused effort on building IPC capacity, particularly in hospitals in northern Gaza.⁴⁰⁷ Additionally, the supply chain requires improvement, as there is a critical shortage of essential items such as cleaning agents, disinfectants, personal protective equipment (PPE), and materials for the proper reprocessing of medical devices.⁴⁰⁸

The Health Resources and Services Availability Monitoring System (HeRAMS) for the healthcare facilities in the Gaza Strip revealed in November that 71% of hospitals (out of 17 partially functioning hospitals) do not have sufficient improved water and 94% lack adequate sanitation facilities, and 100% without reliable power.⁴⁰⁹

Surveillance: The MoH has faced significant challenges in maintaining accurate and reliable casualty data, particularly in a landscape where infrastructure has been decimated, and the usual medical processes have been severely disrupted.⁴¹⁰ Before the recent escalation in hostilities, the Health Information Centre maintained a robust, real-time computer network that tracked deaths across hospitals in Gaza.⁴¹¹

This system, which had proven accurate during previous conflicts, was praised for its reliability, with figures that closely matched those later produced by the UN and the Israel Defence Forces (IDF). However, this system collapsed following Israeli raids on key hospitals in Gaza City last November, which destroyed critical data centres and severed vital connections to Gaza's civil registry. This breakdown forced the MoH to rely on outdated, manual methods for recording deaths, further complicating efforts to provide accurate casualty data amidst the chaos.⁴¹²

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 scaling up the rollout of EWARS in a box tool. The region is characterized by stretched staff capacity due to complex humanitarian crises, and emigration of trained staff.⁴¹³

[West Bank: In crisis health system status](#)

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.⁴¹⁴ 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.⁴¹⁵ 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.⁴¹⁶

Healthcare access, which was already limited in the West Bank, has worsened since 7 October 2023 because of movement restrictions, violence, and bureaucratic constraints. Access to health care across the West Bank has become increasingly challenging since 7 October 2023, particularly in refugee camps and Area C, due to intensified operations by Israeli forces and movement restrictions affecting essential health services.⁴¹⁷

As of 27 November 2024, there has been 650 attacks against healthcare, with 76% of attacks involving the obstruction of access to health care.⁴¹⁸ This includes closure of checkpoints and roads leading to different cities across the West Bank, in addition to a dramatic increase in checkpoints across the enclave.⁴¹⁹ There have also been reports of the complete closure of towns and refugee camps during military operations.

More broadly, a total of 55 725 patient permit applications were submitted between October 2023 until October 2024. This is a 43% decrease in patient permit applications, with only 56% of the patient applications approved.⁴²⁰

On 28 October, the Israeli Knesset adopted two laws that prohibit the Israeli authorities from having any contact with UNRWA and ban the agency from working in areas under Israeli sovereignty, which will enter into effect after three months.⁴²¹ In the West Bank, including East Jerusalem, UNRWA's absence would disrupt essential health, education, and social services, significantly impacting humanitarian conditions and potentially destabilizing the region. This disruption would collapse operations across 96 schools serving 47 000 students, three vocational training centres, 43 health centres, and halt cash assistance.⁴²²

Attacks Against Healthcare in Region

Between 7 October 2023 and 20 November 2024, there have been 584 attacks in Gaza (851 individuals killed) and 657 in West Bank (25 individuals killed).⁴²³ Figures for the region are also provided below:

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Israel	68	24	34	18	23
West Bank	657	25	121	119	460
Gaza	584	851	1253	438	145
Lebanon	160	241	295	45	104
Syria	36	24	126	31	6
Total	1505	1165	1829	651	738

HUMANITARIAN HEALTH RESPONSE

The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is US\$ 510 million and is targeting 2.9 million people in Gaza and West Bank.⁴²⁴ As of November 2024, the Health Cluster was 67% funded.⁴²⁵

The Health Cluster reported that 75 partners are currently operational across the oPt, reaching a weekly average of 400 000 people with various healthcare services and supplies.⁴²⁶ In total, 247 health service points, including 167 medical points, are currently operating throughout the Gaza Strip, providing essential health care services to the vulnerable population.⁴²⁷

As of 3 December, there were 17 EMTs supporting the local healthcare workforce, including 3 in Gaza city and 1 in North Gaza.⁴²⁸

As of October 2024, the Health Cluster report the priority needs as including:⁴²⁹

- Standardise and harmonise services across all healthcare service delivery outlets
- Update guidelines for the partners to help streamline services
- Improvement of quality of care through MOH and technical committees oversight
- Fast-track the quality assurance through consultancy to help form a baseline for follow up

- Map services provided to strengthen referral and reduce strain on secondary health care
- Improve efficiency of supplies through holistic management of supplies through in country pharmaceutical management system including supplies forecasting, tracking and redistribution

The Health Cluster also report the key challenges to providing healthcare as including:⁴³⁰

- Security remains a challenge as more facilities are affected by evacuation orders; security also affects access issues for the beneficiaries, and it also disrupts follow-up of patient care.
- The upcoming winter poses a public health risk, especially with infectious diseases
- Lack of comprehensive surveillance leads to frequent outbreaks and reduces the capacity to control infections on time
- The need to have an integrated response to ensure every determinant of health is addressed

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 (EWARS)
	Need strong health status measures, to help direct resources where the greatest burden of mortality is.	Population Mortality Estimation Revitalization of Civil Registration and Vital Statistics (CRVS) system
	Need first-hand evidence on the current health status and estimation of the burden of disease in the shelters. Used for prioritization among potential needs	Health Needs Assessment
	Prevalence of Moderate and Severe Acute Malnutrition	Anthropometric Measure through expansion of EWARS system to nutrition assessment
	Burden of trauma and disabilities	Shelter-based trauma survey
	Nutritional status	Nutrition assessments / Anthropometric measures
Health resources & services availability	Need a snapshot on the functionality of health facilities, accessibility and availability of services and helps identify the bottlenecks for non-functionality of services.	HeRAMS (WHO) which is already underway of implementation
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Data required regarding health needs of population, despite limitations of access and delivery due to conflict.	Support from UN, INGOs, NGOs, and local health authorities required

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