






Hostilities in the occupied Palestinian territory (oPt)

Date: 14 October 2023

Public Health Situation Analysis (PHSA)

Initiated by: Country Office Regional Office HQ

Typologies of emergency	Main health threats	WHO grade	Security level	INFORM risk (rank)
 Conflict	Trauma and injury	G2	Gaza: (Substantial-Level 4/5)	INFORM Risk 2023 for Palestine: 4.7/ 10 (Medium)
 Food security	Non-communicable diseases (NCD)			
 Displacement	Mental Health			Global Risk Ranking for Palestine in 2023: 47 out of 191 countries
 Epidemics	Respiratory Tract Infections (RTI), including COVID-19			
 Nutrition	Maternal and neo-natal health			
	Cholera and Acute Watery Diarrhoea (AWD)			

SUMMARY OF CRISIS AND KEY FINDINGS

In the early hours of 7 October 2023, Palestinian militants launched *al-Aqsa Deluge*, a multi-pronged attack on Israel, including Israeli border towns ringing the Gaza Strip and beyond.¹ By mid-morning the same day, Israeli aircrafts had launched strikes on hundreds of targets in Gaza Strip.² The next day, Israel's security cabinet approved a formal declaration of war for the first time in half a century.³

As of October 13, 2023, at least 1 799 Palestinians have been killed, including 583 children and 351 women, and 7388 injured.⁴ At least 1 300 Israeli and foreign nationals, were killed in Israel.⁵ At least 3 391 people in Israel have been injured, the vast majority on 7 October. Between 100 and 150 Israelis, including Israeli forces and civilians, including women, children, elderly and foreign nationals have been captured and forcibly taken into Gaza, according to Israeli sources.⁶

Mass displacement is continuing across the Gaza Strip, with 423 378 people now internally displaced (October 13 2023).⁷ UNRWA is hosting around 64% of them in 102 premises, some of which are designated emergency shelters.⁸ Additionally, 26 984 IDPs have taken refuge at 29 PA schools.⁹ It is estimated that over 153 004 IDPs are with relatives and neighbours, as well as in other public facilities.¹⁰ The number of IDPs represents the highest number of people displaced since the 50-day escalation of hostilities in 2014, which was the deadliest escalation recorded in Gaza since 1967.¹¹ About 3 000 Palestinians in Gaza are still displaced following previous escalations.¹² Mass displacement has also taken place in southern Israel, where dozens of small communities have been evacuated.¹³

Israeli missiles have struck health facilities inside Gaza, as well as multi-storied residential towers.¹⁴ According to the Gaza Ministry of Public Works, 752 residential and non-residential buildings, comprising of 2 835 housing units, have been destroyed.¹⁵ Another 1 791 housing units have been damaged beyond repair and rendered uninhabitable.¹⁶ Additional buildings struck and damaged include at least 90 education facilities, including 20 UNRWA schools, two of which were used as IDP shelters and 70 Palestinian Authority (PA) schools.¹⁷

The human toll is certain to rise further as the fighting continues.¹⁸ On 9 October 2023, Israeli Defence Minister Yoav Gallant announced that Israel would allow “no electricity, no food, no fuel” into Gaza, promising a “full siege”.¹⁹ Since 7 October 2023, the Israeli authorities ceased supplying electricity to the Gaza Strip.²⁰ As of October 12 2023, there is a full electricity black out,²¹ which means that there is not enough power to operate water wells, desalination and purification plants, and to sustain sanitation services across the entire Gaza Strip.²² In some areas, sewage and solid waste are now accumulating in the streets, posing a health hazard.²³ Water supply from Israel was also cut and as of 12 October, most residents in the Gaza Strip no longer have access to drinking water from service providers or domestic water through pipelines.²⁴

The humanitarian situation in Gaza was extremely dire before these hostilities, and now it will only deteriorate exponentially.²⁵ Without fuel or electricity, the internet has been disrupted.²⁶ Furthermore, there has been a surge in fresh vegetable prices in local markets due to limited supplies resulting from restricted farm access, exacerbating food security concerns.²⁷ Health facilities are overwhelmed, medical stocks are in short supply and access to hospitals and medical care is being hindered by the ongoing hostilities and damaged roads.²⁸ The thousands of injured need various levels of trauma and emergency healthcare services including early rehabilitation.²⁹ There is shortages of trauma and emergency care drugs, medical disposables, lab supplies and equipment which are in critical shortage, hindering case management.³⁰ There is a shortage of blood at hospital blood banks in the Gaza Strip. In the last 24 hours (as of October 12, 2023), there have been 15 admissions to ICUs and 106 surgeries, at hospitals in Gaza, which are already at capacity.³¹ Restrictions on movement are severely obstructing WHO and partners’ ability to replenish dwindling stocks.³² There is an urgent need for fuel supplies at key hospitals and for ambulance services to support their capacity to continue providing life-saving services to the injured.³³

According to WHO, 18 healthcare facilities and 20 ambulances were hit by airstrikes³⁴, while in total there has been 76 attacks on healthcare.³⁵ Only 37% of Ministry of Health primary care facilities are operational,³⁶ and those which are operating are facing severe shortages of medical supplies, damage from airstrikes, and extended electricity outages.³⁷ As of October 10, 2023, 15 out of 22 UNRWA Health Centres across the Gaza Strip are providing primary healthcare services from 9:00 to 12:00 to patients with urgent referred appointments received through the free-toll hotline.³⁸ Only 125 health staff (13.5 % of UNRWAs health staff) are rotating at the health centres. The community is appealing to UNRWA to extend the services due to high demand for services.³⁹ All deliveries have been diverted to private facilities contracted by UNRWA to preserve MoH hospitals for the emergency response.⁴⁰

Humanitarian needs across the oPt continue to rise, the response to which is impeded by a current lack of access.⁴¹ Erez and Kerem Shalom crossings remain closed due to the hostilities.⁴² The Rafah crossing with Egypt, has remained closed for the movement of people and goods since October 10, 2023.⁴³ Those in need have limited access to basic emergency information (ambulances, police, and civil defence) and there are widespread closure service providers due to security concerns. There are safety risks and hazards which are disrupting the capacity of emergency responders to mobilize.⁴⁴

This most recent violence does not come in a vacuum.⁴⁵ This crisis is exacerbated by chronic protection concerns and humanitarian needs which will continue in the absence of a sustainable political solution and opportunities for further development.⁴⁶ In 2022, UNRWA reported that 81% of Palestine refugees in the Gaza Strip live below the national poverty line, with 33% of families extremely poor. The Gaza Strip also faces high unemployment rates, with 44% of the population unemployed in 2022.⁴⁷

While focus has primarily been on Gaza, the situation in the West Bank remains tense with 33 fatalities, including five children, in the West Bank since the start of the hostilities between Gaza and Israel.⁴⁸ Extensive closures have been imposed around West Bank cities and are severely impacting access to essential services.⁴⁹

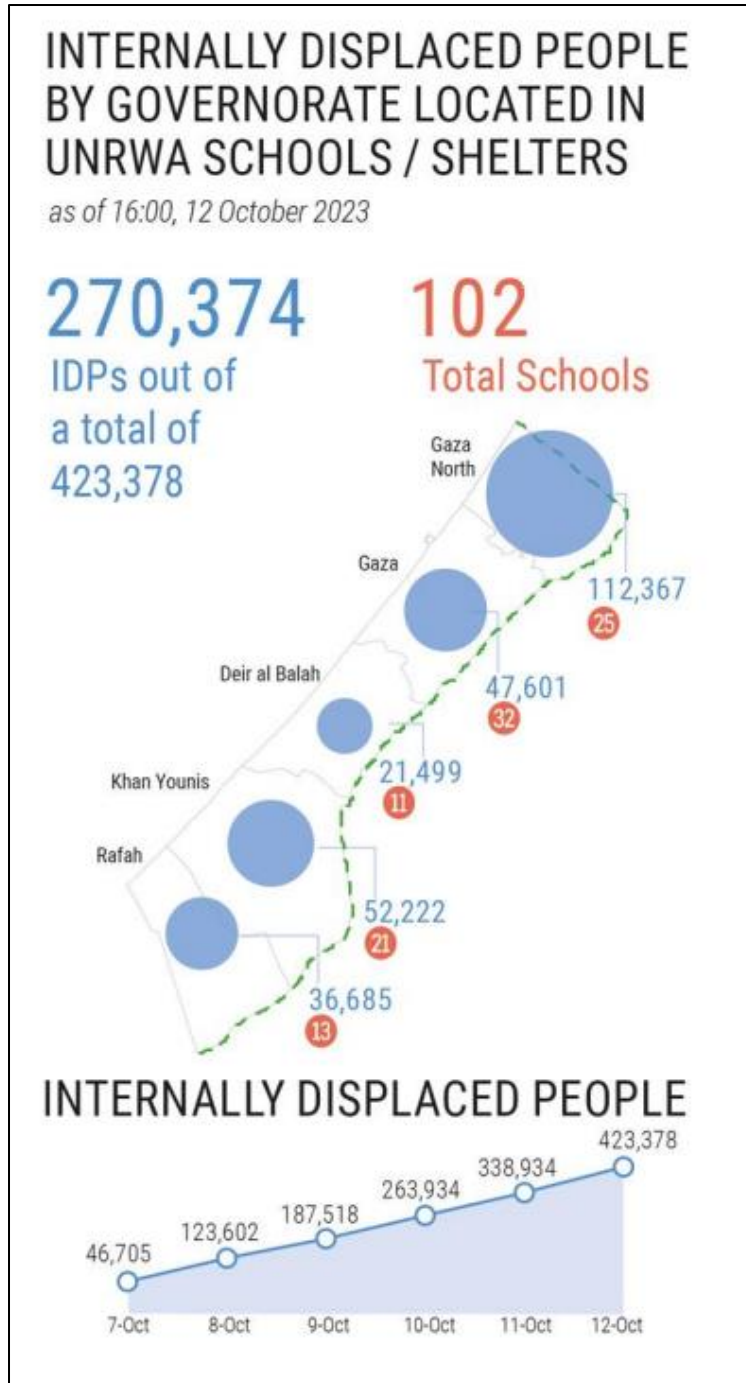






Figure 1- Internally Displaced People (IDPs) by governorate located in UNRWA Schools/ Shelters (13th October 2023)⁵⁰

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT DUE TO ESCALATION⁵⁵	FATALITIES⁵⁶
HUMANITARIAN RESPONSE PLAN 2023⁵¹	HUMANITARIAN RESPONSE PLAN 2023⁵³	IDPs: 423 378 people	Gaza: 1417
Gaza Target: 1.15 million	oPt PiN:1.6 million		West Bank: 33
West Bank Target: 450 000	oPt Target: 1.1 million		Israel: 1300
oPt FLASH APPEAL 2023⁵²	oPt FLASH APPEAL 2023⁵⁴		INJURIES⁵⁷
oPt Target: 1.3 million	oPt Target: 600 000		Gaza: 6268
			West Bank: 500
			Israel: 3391

The OPT Flash Appeal: On October 13, 2023, OCHA called for approximately US\$ 294 million for 100 humanitarian partners to address the most urgent needs of 1 260 000 million people in Gaza and the occupied West Bank.⁵⁸ The oPt hosts a substantial presence of national and international organisations, with 35 national NGOs, 29 international NGOs and 13 UN agencies present.⁵⁹

Humanitarian Response Plan (HRP) 2023: In 2023, UN Agencies and humanitarian partners estimated that 2.1 million Palestinians across the oPt require humanitarian assistance, representing 58% of Gaza Strip residents and 25% of West Bank residents.⁶⁰ Compared to 2022, the severity of needs in oPt increased 20% by 2023.⁶¹ In Gaza, the situation is more pronounced, with 29% of households falling into the two highest tiers of severity, compared with 10% in 2022.⁶² For 2023, humanitarian organizations aimed to assist 1.6 million people of the most vulnerable people in meeting their basic needs, provide essential protection support and serve as a critical stabilizing force. To do this, the 2023 HRP requires US\$ 502 million (73% for Gaza), to implement 209 projects.⁶³

Vulnerable Groups: The total number of inhabitants in the Gaza Strip is estimated to be around two million, with more than 70% of the population recorded as refugees.⁶⁴ 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.⁶⁵ A summary of the key vulnerable groups are below:

- Female headed households:** While all Palestinians in Gaza are impacted by conflict, hostilities and violence exacerbate gender-specific risks and vulnerabilities. For example, civilian men are more vulnerable to loss of life and injuries due to their larger engagement in the public sphere, including participation in the provision of first response services.⁶⁶ During a 2021 escalation of violence, female-headed households reported a higher rate of displacement (88%) than male-headed households (77%).⁶⁷ In 2019, 11% of households in Palestine were officially headed by women, although an unknown number of households are effectively headed by female breadwinners due to men being physically or economically absent.⁶⁸ A study in 2019 found that female-headed households resorted more often to reducing non-food expenditures in order to prioritise food.⁶⁹

- **Children:** Before the recent escalation in violence, UNICEF reported that 930 000 children in oPt required humanitarian assistance. As a result of the recent escalation, children are facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.⁷⁰
- **Persons with Disabilities (PWD):** In oPt, people with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.⁷¹ According to the 2017 Census, there were about 9 000 persons with disabilities in Palestine – 2.1% of the total population. Women and girls make up approximately 45% of the population with disabilities. Among persons with disabilities, 35.3% have a mobility disability, 21.7% a vision disability, 14.9% a communication disability, 14.7% a hearing disability, and 13.3% a remembering and concentration disability.⁷²
- **Elderly:** The elderly 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 the elderly is negatively affected because of limited or no support systems, gaps in social protection and health services, and exposure to discrimination, conflict, violence and abuse.⁷³

Food insecurity: In 2021 and 2022, heightened conflict, economic stagnation, rising food and fuel prices and lingering effects of the COVID-19 pandemic; posed serious challenges to the food security of hundreds of thousands of Palestinians.⁷⁴ In April 2023, with the rise in food prices significantly reducing purchasing power, WFP estimated that 1.8 million Palestinians were food insecure.⁷⁵ In the Gaza Strip, the situation is especially concerning, with 64% of the population assessed as moderately or severely food insecure.⁷⁶

In Gaza, nearly half a million people (112 759 families) have not been able to get their food rations this week since UNRWA food distribution centres are closed.⁷⁷ WFP has called on establishing safe humanitarian corridors to facilitate aid deliveries to address the critical situation. Pending the replenishment of food stocks through the opening of humanitarian corridors, WFP aims to distribute food to 300 000 people in host communities in Gaza (as of October 10, 2023).⁷⁸ OCHA report that monitoring of shops shows a deficit in supplies of main food items, including a 54% decrease in wheat flour, 73% decrease in eggs, and 38% decrease in vegetables.⁷⁹ 60% of shops interviewed report the price of eggs has increased, while 30% of shops reported their wheat flour stocks will only last one week.⁸⁰

With the escalation in recent days, strawberry and tomato farmers are at risk of losing their entire seasonal production due to access restrictions. Inaccessibility to olive trees could lead to losing olives and oil.⁸¹ Closure of Kerem Shalom crossing means that no fodder enters Gaza, endangering the livelihoods of over 10,000 producers and the provision of animal protein to Gaza.⁸² Strikes and movement restrictions make accessing food difficult. Lack of access and electricity cuts will affect refrigeration, irrigation, incubation, and other machinery that will affect agriculture, poultry, cattle, fish, and other products.⁸³

Humanitarian Access: Lack of access is preventing the delivery of life-saving assistance to the Gaza Strip, which will worsen the crisis and increase deaths. Movement restrictions, the barring of imports, shortages of electricity, fuel, water and other essential materials have all constrained every sector of the humanitarian response.⁸⁴ Movement restrictions across the West Bank has disrupted mobile clinics, UNRWA and some MoH health facilities.⁸⁵ Both healthcare workers and patients cannot move due to insecurity or movement restrictions.⁸⁶ The Beit Hanoun hospital is also inaccessible due to damage to surrounding areas.⁸⁷ An estimated 130 referral patients and their companions from the Gaza Strip are unable to cross Beit Hanoun (Erez) checkpoint to reach scheduled medical appointments each day.⁸⁸

More broadly, since 2007, the Israeli blockade of the Gaza Strip and the military occupation of the West Bank has constrained the access of people in need to humanitarian aid.⁸⁹ Travel in and out of both areas require the approval of Israeli authorities, who often deny travelling permits for those seeking critical medical assistance.⁹⁰

Attacks on Humanitarian Workers: Since 7 October, WHO has documented 76 attacks that resulted in 11 fatalities and 16 injuries among healthcare staff and have affected 19 healthcare facilities and 20 ambulances.⁹¹ The International Federation of Red Cross and Red Crescent Societies (IFRC) reported the deaths of 5 members of their network in two incidents on October 11, 2023.⁹² Ambulances were hit killing Palestine Red Crescent paramedics

who were helping those in need.⁹³ As of October 11 2023, UNRWA reported that 11 of its staff members have been killed, while 30 students its schools died and a further eight injured.⁹⁴ On October 9, 2023, the building housing the UN agency for Palestine refugees (UNRWA) headquarters in Gaza City sustained considerable damage because of airstrikes nearby.⁹⁵ UNRWA did not record any casualties among its staff during this incident.⁹⁶

HEALTH STATUS AND THREATS

Population mortality: While recent data on mortality in oPt is limited, in 2016, cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 31% of deaths recorded.⁹⁷ Cancer was the second leading cause of death, with 14% of deaths; complications of diabetes came in the fourth rank with a proportion of 8%.⁹⁸

MORTALITY INDICATORS		YEAR	SOURCE
Life expectancy at birth (Gaza strip)	73.9 Gaza Strip (74.3 oPt)	2022	PCBS
Crude mortality (per 1,000 people)	2.8 Gaza Strip (3.0 oPt)	2022	MoH
Infant mortality rate (deaths < 1 year per 1000 births)	10.8 Gaza Strip (10.4 oPt)	2019	MoH
Child mortality rate (deaths < 5 years per 1000 births)	13.9 in Gaza Strip (12.7 oPt)	2021	MoH
Maternal mortality ratio (per 100,000 live births)	17.4 Gaza Strip (21.9 oPt)	2022	MoH

Vaccination coverage: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.⁹⁹ 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.¹⁰⁰ The COVID-19 response has generated significant investments in public health infrastructure and vaccines.¹⁰¹

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

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.¹⁰³ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹⁰⁴ 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.¹⁰⁵ Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹⁰⁶

KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		As of October 13, 2023, at least 1 417 Palestinians have been killed, including 447 children and 248 women, and 6 268 injured. ¹⁰⁷ Hospitals are fully occupied and lacking essential medicines and supplies without clear mechanisms for replenishment due to the lack of a humanitarian corridor. Prepositioned stocks have already been consumed meaning treatment capacity for casualties will decrease and mortality will increase.
Non-communicable diseases (NCD)		It is estimated that approximately two-thirds of elderly Palestinians suffer from NCDs. ¹⁰⁸ NCDs are the main burden of disease for the population (as measured by both morbidity and mortality) in 2022. The main NCDs are cardiovascular diseases, cancers, strokes and diabetes. ¹⁰⁹ Gaza lacks advanced treatment for oncology, and as a result are dependent on patient referrals outside Gaza. ¹¹⁰ Anticipated disruptions to access to health services and supply chain will lead to interruptions in chronic management and increase in acute exacerbations. Currently 1034 patients in the Gaza Strip are dependent on hemodialysis. ¹¹¹
Mental Health		Mental health issues in Palestine are driven by a series of factors including recurrent escalations of hostilities. ¹¹² In 2020, almost 200 000 adults (45% women and 55% men) were estimated to have moderate or severe mental health disorders, while almost 300 000 children (50% girls and 50% boys) were believed to experience severe, moderate or mild mental health disorders. ¹¹³ There are 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. ¹¹⁴
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ¹¹⁵ 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). ¹¹⁶ As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ¹¹⁷ With high numbers of displaced and mobile people in overcrowded shelters, transmission will be increased and substantial number of people will be infected with RTIs.
Maternal and neo-natal health		Gaza is home to 50 000 pregnant women who are struggling to access essential health services as healthcare workers, hospitals and clinics come under attack. ¹¹⁸ Some 5 500 of these women are due to give birth in the coming month. ¹¹⁹ Since the imposition of closures in the West Bank there have been cases reported to UNFPA of women having to give birth at checkpoints. ¹²⁰ The reported maternal mortality rate in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births. ¹²¹
Cholera and Acute Watery Diarrhoea (AWD)		There are no recent reported cases of cholera in Gaza Strip. However, there have been outbreaks in the region. In 2022, the first cholera outbreak in over 10 years was reported in Lebanon and Syria. ¹²² The disruption of water and sanitation systems can increase the risk of cholera

		transmission, should the bacteria be present or introduced. ¹²³ Since the start of hostilities, one desalination plant serving over 1.1 million people were damaged by airstrikes in Gaza. ¹²⁴ All solid waste collection and transfer to landfills remains on hold. ¹²⁵
Malnutrition		As a result of the escalation, in Gaza, nearly half a million people (112 759 families) have not been able to get their food rations this week since UNRWA food distribution centres are closed ¹²⁶ This is concerning considering 64.3% of the population in Gaza is classified as moderately or severely food insecure. ¹²⁷ The level of severe acute malnutrition (SAM) rose from 1.8% of children under five in 2014 to 2.4% in 2019/20 which is almost one in 25 children. ¹²⁸ The increase in GAM is particularly apparent in children aged one to two years old. For children aged 12–17 months the rate increased to over one in ten children, from 7.8% to 10.5%. For children aged 18–23 months the rates rose from 8.2% to 12.4%. ¹²⁹ The West Bank continues to have higher SAM rates than Gaza, with over one in 36 children under five (2.8%) having SAM as compared to 1.8% in Gaza. While iron deficiency anemia continues to be a risk (23.6%) among pregnant women and children. ¹³⁰ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption. ¹³¹ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food. ¹³²
Skin infections (including scabies)		Scabies is considered a public health problem in Palestine, and there was a critical outbreak linked to escalation of conflict in Gaza in 2014. ¹³³ During that outbreak, displaced children in shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies. ¹³⁴ With inadequate WASH facilities in shelters for the displaced, outbreaks are likely to occur.
Meningococcal disease		Meningococcal disease is endemic in the Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population. ¹³⁵ The escalation of conflict may increase the risk, especially if the population get displaced and living in crowded and precarious conditions
Measles		In 2019 and 2020 an outbreak was reported in Gaza. Although the Gaza Strip has maintained an overall high administrative coverage for measles, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector. ¹³⁶ The recent escalations will also interrupt routine vaccinations and disease surveillance systems.
Polio		Palestine has been polio-free for more than 25 years. ¹³⁷ In May 2022, there was polio detected in sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem. ¹³⁸ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered ‘moderate’. ¹³⁹
HIV/AIDS		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. ¹⁴⁰ The displacement of people through

		conflict or disaster is associated with disruption of care and treatment for people already living with HIV. ¹⁴¹
Typhoid		In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank. ¹⁴²
Rabies		No human cases have been reported in 2022. ¹⁴³
Hepatitis		In the Gaza Strip, in 2022 there were 3.9 cases Hepatitis A/100,000 population in 2022, zero cases of Hepatitis B (6.7/100,000 population carrier) and 2.5/100,000 population Hepatitis C. ¹⁴⁴ Causes of viral hepatitis are most probably related to poor hygienic conditions inside some camps. ¹⁴⁵
<p>***[Select cell and fill with the colour]</p> <p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

OVERVIEW OF KEY DISEASE RISKS

Trauma and Injuries: As of October 13, 2023, at least 1 417 Palestinians have been killed, including 447 children and 248 women, and 6 268 injured.¹⁴⁶ The thousands of injured need various levels of trauma and emergency healthcare services including early rehabilitation.¹⁴⁷ There is shortages of trauma and emergency care drugs, medical disposables, lab supplies and equipment which are in critical shortage, hindering case management.¹⁴⁸

As reported during previous escalations in violence, increasing numbers of injuries affects not just the injured, but also puts a strain on the provision of regular healthcare in Gaza. To cope with the influx of trauma casualties, there has been a direct impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning.¹⁴⁹

Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment.¹⁵⁰ Episodes of conflict have compounded the barriers that people with disabilities face, which include lack of accessibility of public spaces and widespread stigma. Restrictions on the movement of people and goods have curbed access to assistive devices, health care, and electricity essential to many people with disabilities.¹⁵¹ Women and children with disabilities often lack access to disability-friendly and inclusive services. Factors impeding their access to health care include lack of adequate infrastructure; lack of specialized medical staff; lack of gender and age-responsive services; and the difficult economic situation for persons with disabilities.¹⁵² Over 90% of families pay for services for children with disabilities and functional difficulties out of their own pocket.¹⁵³

Non-Communicable Diseases (NCD): 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.¹⁵⁴ In 2016, cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded; cancer was the second leading cause of death, with 14.0% of deaths; complications of diabetes came in the fourth rank with a proportion of 8.0%.¹⁵⁵ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).¹⁵⁶ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.¹⁵⁷ Age-wise, 94.0% 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.¹⁵⁸ There is a significant gap between access to treatment of NCDs in West Bank and in the Gaza Strip. Gaza lacks the most basic NCD treatment, such as cancer care, and as a result is much more dependent on patient referrals outside Gaza.¹⁵⁹

Mental health: Mental health issues in Palestine are driven by a series of factors including recurrent escalations of hostilities and living under occupation.¹⁶⁰ In 2020, 198 797 adults (45% women and 55% men) 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.¹⁶¹ Trauma stemming from violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.¹⁶²

Before the recent escalation, in 2022 a total of 934 000 children in the Gaza Strip were already in need of Mental Health and Psychosocial Support Services (MHPSS).¹⁶³ Self-reported signs of psychosocial distress or trauma continue to increase, especially in the Gaza Strip.¹⁶⁴ Recent reports of children being killed and injured in airstrikes have exacerbated fears of an unprecedented psychological toll.¹⁶⁵ A 2021 study found that girls face increasing restrictions on their mobility, leaving them with limited opportunities for leisure or exercise, socializing with peers or seeking health services and information.¹⁶⁶ Adolescent boys in Gaza do not face the same restrictions, but given the multiple political, economic and familial stressors, they are at high risk of substance abuse including smoking and involvement in peer violence.¹⁶⁷ There are 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.¹⁶⁸

Respiratory Tract Infections, including COVID-19: Respiratory tract infections (RTIs) are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.¹⁶⁹ In Palestine, 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.¹⁷⁰ In Palestine, the seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.¹⁷¹ The highest incidence of RTIs has been recorded by the cold season (December-March).¹⁷²

Despite the strict preventive health measures imposed by the Palestinian Ministry of Health (MOH), on 24 August 2020 it was confirmed that several COVID-19 cases were detected within Gaza's community.¹⁷³ At that point, controlling the rapid spread of COVID-19 in the Gaza Strip was impossible, particularly considering the high population density, the restricted area of the Strip, and the scarce health resources.¹⁷⁴ As of October 2022, the total number of people infected with COVID-19 and its variants in the Gaza Strip was 272 193, with 2004 confirmed deaths.¹⁷⁵ 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 (the fourth cause of death in Gaza).¹⁷⁶ 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.¹⁷⁷

Cholera and Acute Watery Diarrhoea (AWD): There are no recent reported cases of cholera in Gaza Strip. However, there have been outbreaks in the region. Weak surveillance systems (e.g., sentinel, hospital-based surveillance) in many countries of the region make the interpretation of data challenging. The region is characterized by stretched staff capacity due to complex humanitarian crises, and emigration of trained staff. In 2022, the first cholera outbreak in over 10 years was reported in Lebanon and Syria.¹⁷⁸

The Ministry of Public Health of Lebanon in October 2022 reported two laboratory culture-confirmed cholera cases reported from the northern part of the country. As of 13 October, a total of 18 cases have been confirmed, including two probable deaths. This represents the first cholera outbreak in Lebanon since 1993.¹⁷⁹

Notably, 25% of child morbidity cases in Gaza are caused by water-borne diseases.¹⁸⁰ The consequences of a humanitarian crisis – such as disruption of water and sanitation systems, or the displacement of populations to overcrowded camps with inadequate access to clean water and sanitation – can increase the risk of cholera transmission, should the bacteria be present or introduced.¹⁸¹

Malnutrition: In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.¹⁸² The situation was of particular concern in the Gaza Strip, with 64.3% of the population classified as moderately or severely food insecure.¹⁸³ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.¹⁸⁴ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.¹⁸⁵ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.¹⁸⁶

The prevalence rates of all micronutrient deficiencies tended to be higher in the Gaza Strip than in the West Bank across all vulnerable groups, pregnant women, lactating women, and children between the ages of 6 and 59 months.¹⁸⁷ Although the prevalence of undernutrition (stunting and wasting) is low nationally, the prevalence of stunting among children under five is 23% in some Bedouin communities.¹⁸⁸ In contrast, overweight is a widespread problem, with a prevalence of 8.2% among children under five.¹⁸⁹

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.¹⁹⁰ 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.¹⁹¹ 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.¹⁹²

Tuberculosis (TB): Even though the Gaza Strip 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, which is the typical case in the Gaza Strip.¹⁹³ A 2023 study showed that the incidence rate of TB in the Gaza Strip is 3.5 per 100 000 population in the Gaza strip.¹⁹⁴ In 2022, two cases were registered in Gaza.¹⁹⁵

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.¹⁹⁶ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.¹⁹⁷ 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.¹⁹⁸ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.¹⁹⁹ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.²⁰⁰

Maternal and neo-natal health: Gaza is home to 50 000 pregnant women who are struggling to access essential health services as healthcare workers, hospitals and clinics come under attack.²⁰¹ Some 5 500 of these women are due to give birth in the coming month (455 deliver every day).²⁰² Since the imposition of closures in the West Bank there have been cases reported to UNFPA of women having to birth at checkpoints.²⁰³

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.²⁰⁴ 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).²⁰⁵ 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.²⁰⁶

In 2020, the most common direct causes reported in Gaza were bleeding (50%) and sepsis (25%).²⁰⁷ Most deaths (83.75) occurred inside hospitals, but 71% of women were classified as having severe or critical clinical conditions when they arrived the health facility.²⁰⁸ Most deaths (78.4%) were preventable, either by potential interventions during the preconception period, antenatal care and inside hospitals.²⁰⁹ Health care services are often overstretched due to the limited number of health care facilities, which in turn promotes the early discharge of mothers and their babies following birth (often within 2-3 hours).²¹⁰ This reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions.²¹¹ A 2019 study found that malnutrition is high among pregnant women (18%) and mothers of young infants (14%) putting at risk the life and growth of the unborn child.²¹² Access and steady availability of supplies are of concern.²¹³

UNICEF reported in 2015 that child and early marriage is associated with increased risks of complications to the mother and unborn child. This is of particular concern in Gaza, where the adolescent birth rate for people aged 15-19 years is 66 per 1 000 live births, compared to 35 per 1 000 in the West Bank.²¹⁴ Close birth spacing and large numbers of births – which are common - are also associated with increased risks.²¹⁵

Across oPt, the top three causes of neonatal mortality are prematurity, respiratory infections and congenital malformations, which constitute 61% of neonatal mortality, and approximately 25% of children under 5 that suffer from anaemia.²¹⁶ Risks for boys of dying before they reach their fifth birthday are considerably higher than for girls (16.3 per 1 000 live births for boys, compared to 12 per 1 000 live births for girls).²¹⁷ Infant mortality rates for children born in refugee camps are significantly higher than for their counterparts from urban and rural areas.²¹⁸

Measles: As of Feb 10, 2020, 965 cumulative suspected cases of measles were reported from Gaza, including two deaths.²¹⁹ In 2019, a total of 124 laboratory confirmed cases of measles, including two deaths, were reported in the Gaza Strip (case fatality ratio=1.6%).²²⁰ 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.²²¹

Skin infections, including scabies: 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.²²² As of 2021, there were three scabies outbreaks in Palestine in previous 12 years, with the critical outbreak being linked to war on the Gaza Strip in 2014, where people were forced to leave their homes for safer but overcrowded places.²²³ The incidence of the disease does not show any difference between males and females.²²⁴ 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.²²⁵

Meningococcal Disease: Bacterial meningitis is still the leading cause of high morbidity and mortality among the children.²²⁶ In Palestine its considered an endemic disease with contributing factors including the high population density and humidity in the Gaza Strip. Diagnosis is a challenge for health facilities in Gaza because of limited diagnostic tools.²²⁷

Poliomyelitis (cVDPV2): Palestine has been polio-free for more than 25 years, thanks to a robust routine immunization programme and a strong culture of vaccine acceptance.²²⁸ In May 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in sewage, a preventative vaccination campaign was launched to boost children's immunity in the two areas deemed most at risk: Bethlehem and Jerusalem.²²⁹ In March 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in an unvaccinated child from Jerusalem city, seven VDPV3 positive cases were confirmed, with immunization activities initiated in Jerusalem.²³⁰ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered 'moderate'.²³¹

Rabies: Rabid dogs are commonly found in Israel, including the West Bank and Gaza. Children are most likely to be bitten or scratched by a dog or other animals.²³² Recent data on rabies cases is limited.

Hepatitis: In the Gaza Strip, in 2022 there were 3.9 cases Hepatitis A/100,000 population in 2022, zero cases of Hepatitis B (6.7/100,000 population carrier) and 2.5/100,000 population Hepatitis C.²³³ Causes of viral hepatitis are often related to poor hygienic conditions inside some camps.²³⁴

Typhoid Fever: In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.²³⁵

DETERMINANTS OF HEALTH

Economic Challenges: Poverty rates have risen significantly in Palestine over the past few years, particularly since 2020. There was significant regional disparity in income, with 53% of the population in Gaza below the national poverty line in 2017, compared to 14% in the West Bank. Unemployment is entrenched and growing, with the most vulnerable individuals being those who cannot work, including persons with disabilities, elderly persons, or those who for several reasons face challenges in obtaining work (notably youth and women).²³⁶ Restricted movement,

trade and access to resources, especially in the Gaza Strip, compounded by water scarcity, elevated temperatures, desertification, and land and soil contamination, continue to prevent sustainable development and recovery.²³⁷ The lack of a political roadmap continues to negatively affect the economy. In 2021, the State of Palestine ranked 106 out of 191 countries on the Human Development Index.²³⁸

Water, Sanitation and Hygiene (WASH): Since the start of hostilities, six water wells, three water pumping stations, one water reservoir, and one desalination plant serving over 1.1 million people were damaged by airstrikes.²³⁹ UNICEF reports some have already begun drinking seawater, which is highly saline and contaminated with sewage from the discharge of over 120,000 cubic meters of untreated wastewater daily.²⁴⁰

All solid waste collection and transfer to landfills remains on hold.²⁴¹ Solid-waste management in Palestine was a crucial issue before recent escalations. Challenges include the lack of adequate comprehensive legislation, an efficient data collection and management system, equipment, and modern infrastructure, as well as restrictions imposed by the Israeli occupation on access to land and resources.²⁴²

Before the escalation, the WASH situation was also inadequate. Palestinians face political constraints and economic barriers to access water resources, severely impacting various aspects of life including health and the economy.²⁴³ In early 2023, UNICEF reported that insufficient safely managed water supply to households, poor sanitation, limited public WASH services, and risk of flooding expose 1.36 million Palestinians to water-related diseases risks.²⁴⁴ UNRWA have also previously reported that over 90% of the water in Gaza has been deemed unfit for human consumption.²⁴⁵ Only 4% of households have access to safely managed water in Gaza.²⁴⁶

Education: According to the education cluster, at least 88 education facilities have been struck since the escalation began on October 7, 2023.²⁴⁷ This figure includes 18 UNRWA schools, two of which were used as emergency shelters for IDPs, and 70 Palestinian Authority (PA) schools, one of which was destroyed.²⁴⁸ All schools across Gaza are closed, disrupting children's access to critical education, affecting more than 1 400 000 children.²⁴⁹

Protection Risks

- **Gender Based Violence (GBV):** 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.²⁵⁰ 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.²⁵¹ In the context of the conflict escalation, 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.²⁵²
- **Child Protection:** It is estimated that 35% of under 5-year old children are at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.²⁵³ Negative coping strategies impacting children in the Gaza Strip include dropping out of school, early marriage and child exploitation.²⁵⁴ During previous escalations of violence, deaths and injuries among breadwinners contributed to increased child labour.²⁵⁵ Harmful practices committed against women and girls, including child, early and forced marriage, continue, although child marriage declined from 24% in 2014 to 13% in 2019/2020.²⁵⁶ Femicide and so-called "honour killings" occur in both the West Bank and the Gaza Strip.²⁵⁷
- **Mine Action:** The escalation and cyclical nature of hostilities in the Gaza Strip in 2008, 2014, 2021, and in 2022 has been the primary source of explosive remnant of war (ERW) contamination in the Gaza strip.²⁵⁸ In 2021, Palestine reported 0.18km² of landmine contamination, of which 0.08km² was antipersonnel mines and 0.1km² was antivehicle mines.²⁵⁹ Sixteen confirmed minefields are located within the West Bank and an additional 65 minefields are located on the border with Jordan.²⁶⁰ No clearance was conducted in 2021 due to a lack of financial support.²⁶¹

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 the Gaza Strip 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.²⁶²

There are four main health providers in Gaza (UNRWA, Health NGOs, Palestinian health ministry/ies, and the private sector).²⁶³ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.²⁶⁴ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.²⁶⁵

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.²⁶⁶

Through 22 centres, UNRWA provides health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.²⁶⁷ UNRWA also provide clinic and laboratory services, along with personalized maternal health and family planning, in all our health centres. Radiology services are available at 6 centres, and dental services at 21.²⁶⁸

Health care provision in the Gaza Strip is particularly challenging, with a multitude of restrictions, including access to specialized services, construction of facilities, importation of medical supplies, equipment and spare parts, and movement of patients and health staff.²⁶⁹ 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 2022.²⁷⁰ 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.²⁷¹

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.²⁷² 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).²⁷³

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.²⁷⁴ More than three fifths (63%) of expenditure are for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).²⁷⁵

Gender inequality affects ability to access health information and services (including but not limited to sexual and reproductive health), particularly for women and girls – but also for men and boys. Specific groups of women in Palestine face additional barriers such as language, culture or stigma; gender-based violence and fear of violence; and stigma and discrimination.²⁷⁶

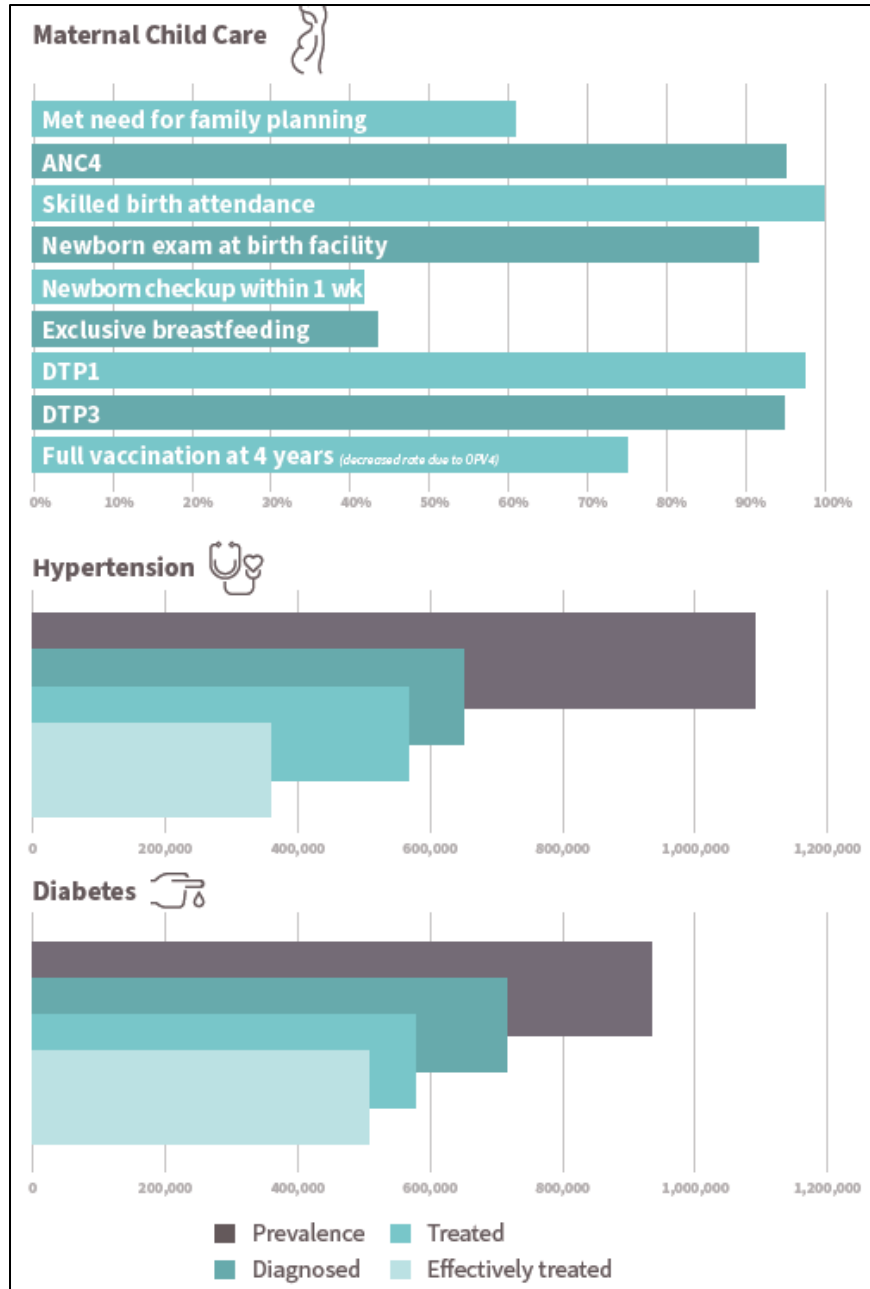


Figure 2 Coverage and effective coverage of select health services in occupied Palestinian territory (2019-2022)²⁷⁷

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS

Key information on disruption of key health system components

ACCESS TO HEALTHCARE



Six of the seven main hospitals in Gaza are at a breaking point and only partially functioning.²⁷⁸ (One hospital, Beit Hanoun closed due to damage.) At least 40% primary care facilities no longer functioning or repurposed for trauma response.

DISRUPTION TO SUPPLY CHAIN



Chronic shortages (approx. 45% medications at zero stock before emergency) exacerbated by siege.²⁷⁹

DAMAGE TO HEALTH FACILITIES



According to WHO, 18 healthcare facilities and 20 ambulances were hit by airstrikes.²⁸⁰

ATTACKS AGAINST HEALTH



WHO has documented 76 attacks on health care in the occupied Palestinian territory since 7 October. *More details are in the narrative below.*²⁸¹

In crisis health system status: Gaza health system including hospital capacity (bed density, medication and consumables supply shortages and shortages of subspecialty physicians) limits the ability to deal with this massive trauma and injury influx. The doctors in Gaza have not been able to leave Gaza to get training and it proved difficult to get doctors into Gaza due to visa limitations to enter Gaza for foreign nationalities.

Hospitals are overwhelmed with the influx of trauma patients.²⁸² There are shortages of some medical supplies essential for managing the injured.²⁸³ They are overstretched and healthcare workers overwhelmed by the caseload.²⁸⁴ Insecurity is hindering access to essential healthcare services for the population as healthcare workers and patients are unable to reach healthcare facilities, including pregnant women of which about 455 deliver every day.²⁸⁵ There is increased demand for fuel for ambulances.²⁸⁶

More than 4 800 patients in Gaza require access to lifesaving or life-sustaining healthcare on a daily basis- which is dependent on a constant supply of electricity.²⁸⁷ At least 300 of these patients are connected to lifesaving medical equipment such as ventilators, dialysis machines, incubators and aesthetic equipment.²⁸⁸

WHO has documented 76 attacks on health care in the occupied Palestinian territory since 7 October²⁸⁹:

- 34 attacks in the Gaza Strip have resulted in 11 fatalities of health care workers on duty, 16 injuries, and affected 19 health care facilities and 20 ambulances.
- The Gaza Emergency Operation Centre, supported by WHO, has sustained heavy damages.
- 42 attacks on health care in the West Bank affecting 42 ambulances and including 28 attacks involving obstruction to delivery of health care; 20 involving physical violence towards health teams; 11 involving detention of health staff and ambulances; and seven involving militarised search of health assets.

HUMANITARIAN HEALTH RESPONSE

Before recent escalations, UNRWA report that there is 1.2 million people accessing UNRWA health services.²⁹⁰ In 2023, humanitarian organizations aim to assist 1.6 million of the most vulnerable people in meeting their basic needs. This includes 1.1 million people (55% female) who need health services (from 1.6 million people in need).²⁹¹ To support this target, the Health Cluster requires US\$ 46.2 million for 24 partners to implement 40 projects.²⁹² Those targeted by the Cluster include 288 871 men, 405 190 women, 201 973 boys and 209 948 girls.

As of October 13 2023, as part of the OCHA led inter-cluster Flash Appeal, the Health Cluster is seeking US\$ 23.1 million to support 600 000 people with health services through 27 implementing partners.²⁹³ Priorities will include trauma and emergency care, limb reconstruction, and rehabilitation services.²⁹⁴ The funding will also support maintaining access to essential health services including mental health and psychosocial support, management of non-communicable diseases, major childhood illnesses and causes of neonatal and maternal morbidity and mortality through ensuring the availability of effective support and referral mechanisms to neonates, children under five years, pregnant and lactating women.²⁹⁵

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Ongoing surveillance for infectious disease	Early Warning Alert and Response Network (EWARN)
Health resources & services availability	Updated information on health service functioning	HeRAMS (WHO)
Humanitarian health system performance	Data required regarding health needs of population, despite limitations of access and delivery due to current escalation in violence.	Support from UN, INGOs, NGOs, and local health authorities required

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