






Public Health Situation Analysis (PHSA)

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

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

SUMMARY OF CRISIS AND KEY FINDINGS

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

Between 7 October 2023 and 17 July 2024, at least 38 794 Palestinians were killed and 89 364 were injured, according to MoH in Gaza.² More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence.³ Between 7 October 2023 and 15 July 2024, 554 Palestinians were killed in the West Bank, including East Jerusalem.⁴ More than 800 children have been reported injured.⁵

The United Nations and its partners further estimate that the number of people internally displaced within Gaza has risen from 1.7 to 1.9 million people.⁶ In other words, approximately nine out of ten people in Gaza are now estimated to be internally displaced, many multiple times.⁷ In early July 2024, chaos and panic spread in southern Gaza where an estimated 250 000 people are being impacted by new Israeli military evacuation orders from Khan Younis in Gaza.⁸

These renewed hostilities and repeated displacement continue to erode people's ability to cope and access humanitarian assistance; and increase the overall fragility of communities.⁹ The latest Integrated Food Security Phase Classification (IPC) report on Gaza reports that 96 per cent of the population are facing acute food insecurity at crisis levels or higher, with almost half a million people in catastrophic conditions.¹⁰ In December 2023, the IPC report indicated that 2 in 10 Gazans were one step away from famine; in March 2024, the figures revealed that 5 in 10 were malnourished.¹¹

According to the Ministry of Health in Gaza, at least 34 people, most of whom are children, have already died from severe malnutrition.¹² Save the Children medical staff have reported about 40 cases of children with severe and life-threatening malnutrition at one of its clinics in just five weeks.¹³ At least 557 000 women in Gaza are facing severe

food insecurity and the situation remains concerning for mothers and adult women.¹⁴ With an exodus from Gaza City's eastern Shujaiya district, UNRWA reported in June 2024 that people are eating tree leaves or only have flour to survive on.¹⁵

As of 15 July 2024, of the 16 partially functional hospitals (of 36 hospitals), 12 are partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.¹⁶ There are 8 field hospitals, including 4 fully functional and 4 partially functional.¹⁷

The conflict also continues to cause widespread damage to assets and infrastructure that are critical for survival. By the end of May, around 60 per cent of all buildings, including dwellings, shops and infrastructure, such as hospitals and schools; and nearly 70 per cent of WASH facilities across the Gaza Strip were damaged or destroyed.¹⁸ The war has inflicted further devastation, crippled vital waste collection infrastructure and exacerbated an already dire situation.¹⁹ The ongoing constraints on the entry of sufficient fuel supplies continue to severely reduce people's access to WASH services.²⁰ This is significantly contributing to the spread of diseases, highlighting concerning spikes in the number of adults and children suffering from waterborne diseases such as hepatitis A, diarrhoea, skin conditions and others.²¹

Gaza is undergoing unparalleled humanitarian crisis marked by relentless hostilities and mounting challenges in accessing critical aid and services. Despite ongoing humanitarian efforts, the situation is exacerbated by frequent aerial bombardments in densely populated urban zones, extensive military ground operations, risks posed by unexploded ordnance (UXO), pervasive insecurity, closures of key crossing points, restrictions on movement and access by Israeli authorities, and damage to infrastructure.²² As of 3 July 2024, at least 274 aid workers were reported killed (267 nationals, 7 foreigners), including 197 UN staff.²³ This is the highest number of UN personnel killed in a conflict in the history of the organization.²⁴

The West Bank has experienced a significant surge in violence, marking a 65 per cent increase compared to the same period in 2023.²⁵ Concerns over excessive use of force are linked to the use of live ammunition, air and drone strikes, and off-shoulder missiles, including in densely populated urban areas and in refugee camps. Settler violence has been increasing across the West Bank and has exacerbated the coercive environment.²⁶ Since 7 October, at least 521 Palestinians have been killed in the occupied West Bank, including East Jerusalem. In the same period, 137 Palestinian children and two Israeli children were killed in conflict related violence. More than 800 children are reported injured.²⁷

Between 7 October 2023 and 15 July 2024, according to the Israeli military and official Israeli sources cited in the media, over 1526 Israelis and foreign nationals were killed, the majority on 7 October and its immediate aftermath and including 326 Israeli soldiers killed in Gaza or along the border in Israel since the beginning of the ground operation.²⁸ In addition, 2128 soldiers were reported injured since the beginning of the ground operation. As of 15 July, it is estimated that 120 Israelis and foreign nationals remain captive in Gaza, including fatalities whose bodies are withheld.²⁹

This most recent violence does not come in a vacuum.³⁰ 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.³¹ In 2022, UNRWA reported that 81 per cent of Palestine refugees in Gaza live below the national poverty line, with 33 per cent of families extremely poor. Gaza also faces high unemployment rates, with 44 per cent of the population unemployed in 2022.³² 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.³³

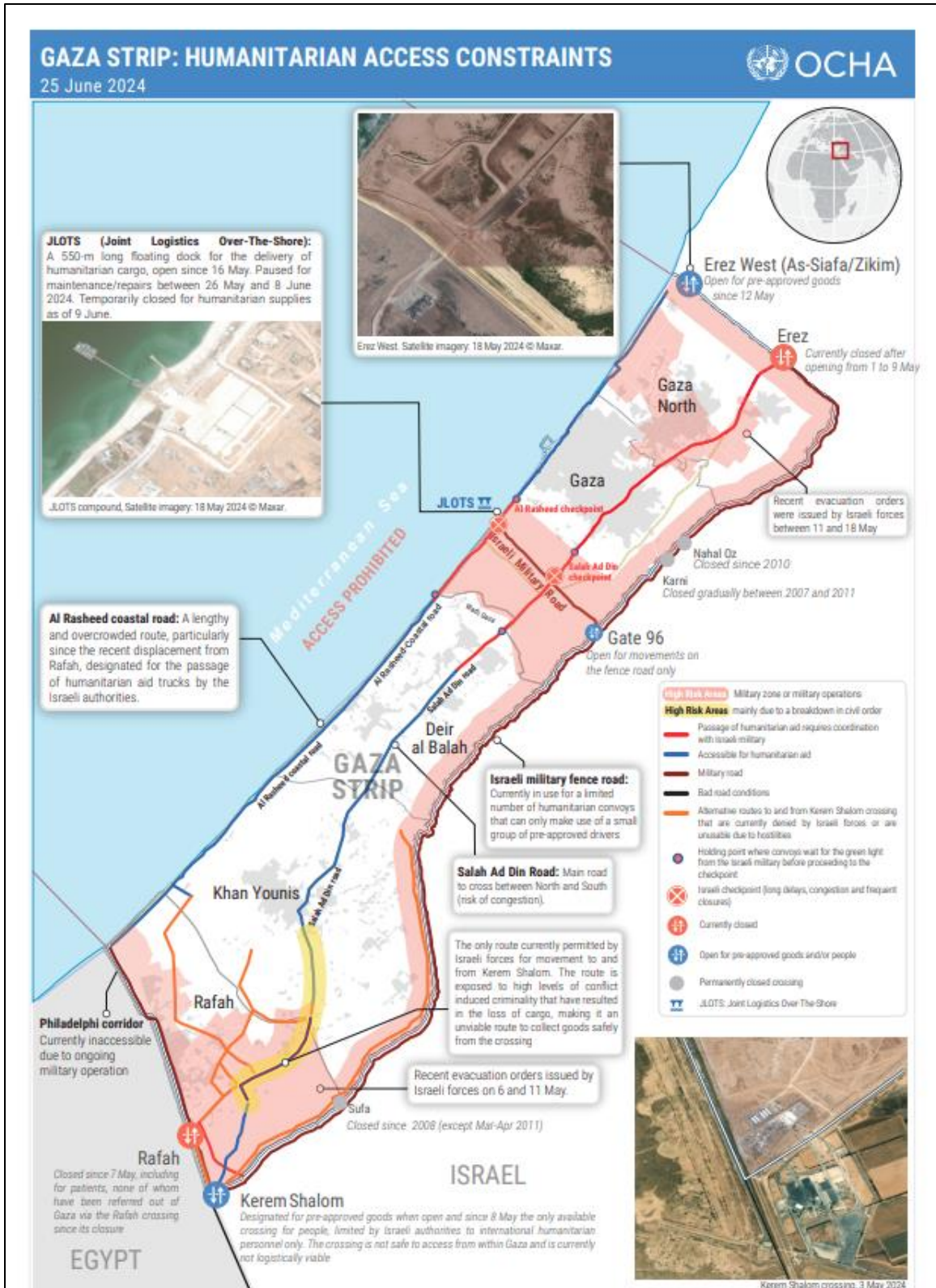
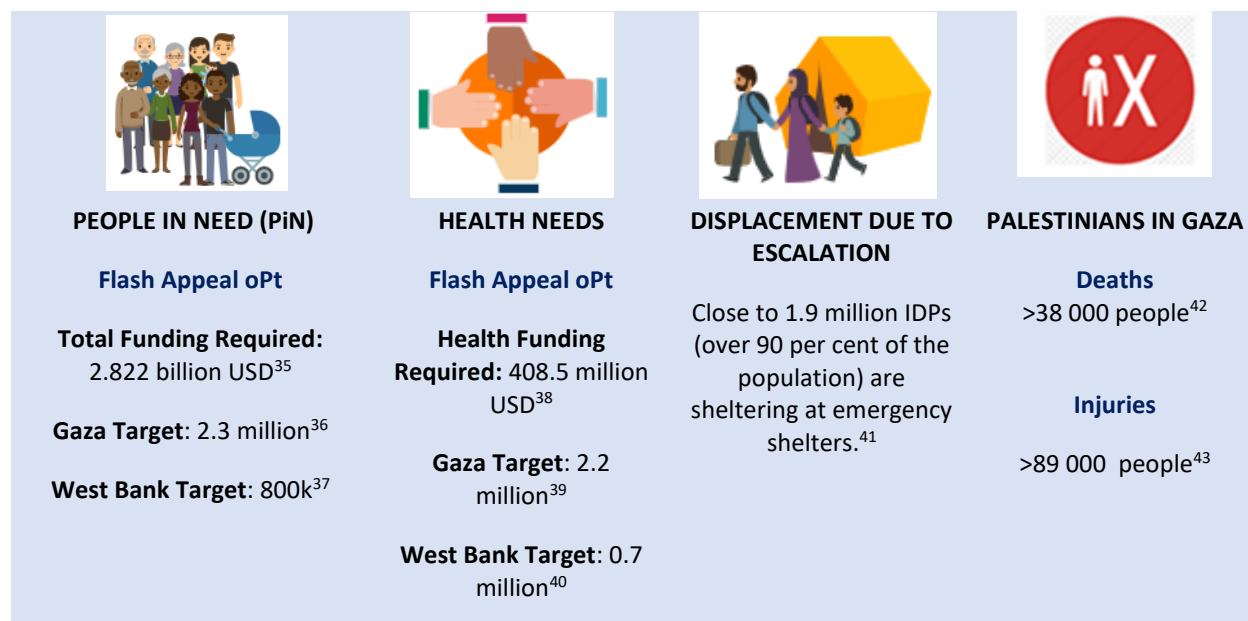


Figure 1- The Gaza Strip (OCHA, May 1, 2024)³⁴

HUMANITARIAN PROFILE



Humanitarian Response To Date

- **Escalation of Hostilities in the OPT Flash Appeal 2023-2024:** This is the successor to the Flash Appeal for the Occupied Palestinian Territory (OPT) originally published on 12 October 2023.⁴⁴ The oPt Flash Appeal calls for \$ 3.42 billion. As of 3 July, US\$1.22 billion has been disbursed out of \$3.42 billion (36 per cent) 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 2024.⁴⁵
- **Occupied Palestinian Territory Humanitarian Fund:** The oPt HF has 109 ongoing projects, for a total of \$78.9 million, addressing urgent needs in the Gaza Strip (86 per cent) and West Bank (14 per cent). Of these projects, 69 projects are being implemented by international non-governmental organizations (INGOs), 26 by national NGOs and 14 by UN agencies.

Attacks on Healthcare and Functionality

Between 7 October 2023 and 18 July 2024, there have been 486 attacks in Gaza (746 individuals killed) and 574 in West Bank (23 individuals killed).⁴⁶ There have also been 68 attacks on healthcare in Israel (24 killed) and 13 attacks in Lebanon (18 killed).⁴⁷ Every single hospital in Gaza has been affected, and no hospital remains fully functioning in Gaza. Nineteen hospitals are currently completely out of service, and the healthcare system is now close to collapse.⁴⁸

As of 15 July 2024, of the 16 partially functional hospitals (of 36 hospitals), 12 are partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.⁴⁹ There are 8 field hospitals, including 4 fully functional and 4 partially functional.⁵⁰ Only 43% of primary health care centres are partially functional (45 out of 103).⁵¹ Only 31% (8 out of 26) of UNRWA health centres are operational (as of 27 June).⁵² There are 16 Emergency Medical Teams (EMTs) deployed, including two in northern Gaza.⁵³

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.⁵⁴ Since October, 4 913 patients (35% of 13 877 requested cases) have been evacuated since October.⁵⁵ War injuries and cancer were the most common causes of evacuation requests and approvals.⁵⁶ The highest approval rate was for children (62% for children (6-18 years), while the lowest approval rate was for adult males (19 – 60 years).⁵⁷ Around 2150 patients are unable to leave Gaza since 7 May 2024 due to closure of the Rafah Crossing.⁵⁸

Displacement

Gaza: While previously the projected population of the Gaza Strip was 2.3 million, as of July 2024, the UN estimates that about 2.1 million people remain in the Strip and will be using this updated number for programmatic purposes.⁵⁹ According to the Border Authority, about 110 000 Palestinians have exited Gaza through Egypt, and more than 38 000 have been killed in the hostilities, according to MoH.⁶⁰

The United Nations and its partners further estimate that the number of people internally displaced within Gaza has risen from 1.7 to 1.9 million people.⁶¹ In other words, approximately nine out of ten people in Gaza are now estimated to be internally displaced, many multiple times. Mass displacement has been predominantly driven by evacuation orders issued by the Israeli military, extensive destruction of both private and public infrastructure, restricted access to essential services, and the persistent fear of ongoing hostilities.⁶²

In the second largest evacuation order since October 2023, on 1 July, the Israeli military ordered residents of 71 residential blocs in eastern Khan Younis and Rafah to immediately evacuate westwards to what the military defines as a "humanitarian zone" in Al Mawasi.⁶³ It is one of the most densely populated displacement areas in the world, with a dire lack of sufficient food, water, medical services, or shelter.⁶⁴ The evacuation area encompasses vital service facilities, including 92 schools, four medical points, two primary health centres, 14 hot meal kitchens for internally displaced persons (IDPs), a major landfill, one sewage treatment facility and one hospital (see more details below).⁶⁵

IDPs moved toward western Khan Younis and Deir Al Balah, which are already overcrowded and lack basic services, critical infrastructure, shelter materials and spaces to accommodate the new influx of IDPs.⁶⁶ Ongoing military assaults have created an incredibly unsafe environment for aid organisations, meaning barely any assistance is reaching those in need.⁶⁷ In Deir Al-Balah, Norwegian Refugee Council (NRC) report the population density is very, very high. The tents, that are meant for temporary use only, are 3x4 in size and host more than 15 people, even 20 in some cases.⁶⁸ NRC have also reported the near-total breakdown of law and order leading to community disputes.⁶⁹

Of the approximately 84 000 people currently displaced, some 10 600 have found shelter in a total of 27 locations including UNRWA schools, where pop-up health points are available and under increasing pressure to cope with demand. Others are staying in government schools, buildings and open areas.⁷⁰ UNRWA have reported that Gazans fleeing the southern city have had to erect shelters at the water's edge because displacement camps are already packed at the coast.⁷¹

Furthermore, ongoing heavy fighting in northern Gaza has now forced an estimated 84 000 people to flee eastern Gaza City in a matter of days, while also cutting off access to a key aid distribution hub.⁷² The exodus from Gaza City's eastern Shujaiya district follows days of reported intense bombardment by the Israeli military.⁷³ Pregnant women and persons with disabilities are among the most vulnerable as they cannot easily move during forced displacements, as well as huge concern for thousands of unaccompanied and separated children.⁷⁴

Between October 7 2024 and 28 June 2024, there were 449 incidents impacting both UNRWA premises, and the people inside them (some with multiple incidents impacting the same location), including at least 72 incidents of military use and/or interference at UNRWA premises.⁷⁵ A total of 188 different UNRWA installations have been impacted. UNRWA estimates that in total at least 520 IDPs sheltering in UNRWA shelters have been killed and at least a further 1595 injured since the start of the war.⁷⁶ UNRWA is still verifying the number of casualties caused by incidents that impacted its installations, and notes that these figures do not include some reported casualties where the number of injuries could not be determined.⁷⁷

The conflict also continues to cause widespread damage to assets and infrastructure that are critical for survival. By the end of May, around 60 percent of all buildings, including dwellings, shops and infrastructure, such as hospitals and schools; and nearly 70 percent of WASH facilities across the Gaza Strip were damaged or destroyed.⁷⁸ Assets and infrastructure necessary for food production and distribution have also been severely affected by the conflict.

By the end of May, 57 percent of agricultural land had been destroyed or severely damaged, limiting the food system's functionality.⁷⁹ The humanitarian space in the Gaza Strip continues to shrink and the ability to safely deliver assistance to populations is dwindling. The recent trajectory is negative and highly unstable.⁸⁰

West Bank: Nearly 3500 Palestinians including more than 1600 children have been displaced, mainly in Area C and East Jerusalem, due to settler violence and intimidation, home demolitions, and destruction of residences during militarized law enforcement operations.⁸¹ There has been a concurrent risk of violence by increasingly militarised settlers against Palestinians in the West Bank, including attacks on civilians and civil property.⁸² Over the past nine months, settler attacks have reached a daily average of four attacks per day, compared to two attacks per day during the same period last year.⁸³ At least 10 people, including two children, have been killed during these attacks, and at least 234 have been injured, including 20 children.⁸⁴

Between 7 October 2023 and 24 June 2024, Israeli authorities and security forces demolished, confiscated, or ordered the owners to demolish over 1 010 Palestinian structures in Area C and East Jerusalem. Nearly 40% (377) of these were homes, and around 25% (212) were agricultural structures. Many were demolished during Israeli military operations, particularly in refugee camps and near Tulkarem and Jenin.⁸⁵ There is a lack of recent detailed information on the destination and shelter conditions of displaced families and communities.⁸⁶

Heightened violence and displacement, along with increased movement restrictions, have also prevented Palestinian access to livelihoods and essential services across the West Bank.⁸⁷ Israel has imposed additional economic and bureaucratic constraints, including a current ban on West Bank workers from entering Israel and the intermittent freezing of tax revenue, compounding livelihood losses. All these trends have aggravated shelter, livelihood, WASH, protection, and other humanitarian needs, which an under-resourced humanitarian response is struggling to address.⁸⁸

Food Security

The latest Integrated Food Security Phase Classification (IPC) report on Gaza published on 25 June reports that 96 per cent of the population are facing acute food insecurity at crisis levels or higher, with almost half a million people in catastrophic conditions.⁸⁹ In December 2023, the IPC report indicated that 2 in 10 Gazans were one step away from famine; in March 2024, the figures revealed that 5 in 10 were.⁹⁰ Now, everyone in Gaza is at risk.⁹¹

Moreover, a high risk of famine persists in the Gaza Strip as long as hostilities continue and humanitarian access remains restricted, according to this latest update.⁹² The IPC analysis finds that about 96 per cent of the population of the Gaza strip are likely to face crisis or worse levels of acute food insecurity (IPC Phase 3 or above) between 16 June and 30 September, including 33 per cent (745 000 people) projected to face emergency levels of acute food insecurity (IPC Phase 4) and 22 per cent (495 000 people) projected to face catastrophic levels of acute food insecurity (IPC Phase 5).⁹³

Moreover, in contrast to the February projections that famine would likely occur in northern Gaza by the end of May, available evidence does not suggest that famine is currently occurring in the northern governorates, where food deliveries and nutrition services increased in March and April, however diversity in diet has not improved, which puts vulnerable populations, pregnant and lactating women and children at risk.⁹⁴ In the southern governorates, the situation deteriorated following renewed hostilities in early May. Over one million people have been displaced since the start of the Rafah offensive on 6 May following attacks by air and sea across the territory and expansion into Deir al Balah, notably in Nuseirat Refugee Camp.⁹⁵

The availability of basic food staples is extremely limited, and severe price inflation has created economic barriers that prevent people from accessing what little food that is available.⁹⁶ In Deir Al-Balah, NRC report that living costs are soaring beyond comprehension. Some items have increased at least 15-fold in cost. Basic items such as hygiene items have disappeared from the market because of a severe drop in aid and commercial trucks arriving.⁹⁷

Across the Gaza Strip, the latest data show that, on a regular basis, more than half of the population does not have any food to eat in the house, and over 20 per cent go entire days and nights without eating. To buy food, more than half of the households were forced to exchange their clothes for money and one third resorted to picking up trash to sell.⁹⁸

As of 21 June, 12 out of 17 bakeries supported by humanitarian partners across the Gaza Strip were operational, six of them in Deir Al Balah, four in Gaza city and two in Jabalya. On 22 June, an additional bakery in Deir Al Balah resumed partial functionality after being forced to close due to lack of cooking gas. Five bakeries in Rafah remain closed due to ongoing hostilities.⁹⁹ The lack of sufficient fuel continues to hamper the scale up of essential services and operations. A shortage of cooking gas, combined with the absence of a public power supply, is hindering the ability to keep community kitchens and bakeries running and to ensure proper food preparation and nutrition in affected communities. Use of unsafe alternatives for cooking, such as trash and plastic, is increasing protection risks and environmental hazards¹⁰⁰

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.¹⁰¹ These compounded challenges have negatively impacted livelihoods, the economy, and the food security of thousands of households in the West Bank.¹⁰²

Access to Water and Sanitation (WASH)

According to the WASH Cluster, between 15 and 23 June, only 25 900 litres of fuel were received, an average of about 3200 litres of fuel per day, which is less than five per cent of the estimated daily requirement of 70 000 litres to operate critical WASH services that remain accessible.¹⁰³ The scarcity of fuel has forced water service providers to undertake significant rationing in operating municipal groundwater wells and the two water desalination plants that remain functional, resulting in further reductions in water production. For example, water production from groundwater wells, which historically accounted for 80 per cent of Gaza's water supply, has recently dropped to about six per cent of pre-war groundwater production capacity (~250 000 cubic metres per day).¹⁰⁴

On 4 July, the Emergency Committee of Khan Younis Municipality warned that fuel shortages have halted the operation of wastewater systems and aggravated sewage overflow into populated areas in southern Gaza, heightening health and environmental risks.¹⁰⁵ As of 9 June, the WASH Cluster estimates that around **330 400 tons** of solid waste have so far accumulated in or near populated areas across the Gaza Strip. Five out of six solid waste management facilities in Gaza are damaged. For each square meter in the Gaza Strip, there is now over **107 kg** of debris.

In Gaza Strip in general, the number of vehicles for solid waste collection decreased from 112 to 73 between 2017 and 2022; the majority were old and insufficient in terms of quality and quantity to address the needs, with one collection vehicle serving 21 000 inhabitants and one collection worker serving 3343 inhabitants.¹⁰⁶ Even before the war, Gaza grappled with waste management issues.¹⁰⁷ The prevalence of these diseases is anticipated to increase unless there is a provision of electricity or fuel to restore operations in water and sanitation facilities.¹⁰⁸

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.

More than 540 000 girls and women are of reproductive age and need access to appropriate items to support hygiene, health, dignity, and well-being.¹⁰⁹

Humanitarian Access

Gaza: Ongoing hostilities and access constraints continue to severely hinder the delivery of life-saving aid across the Gaza Strip. Between 1 and 4 July, out of 13 planned humanitarian assistance missions coordinated with the Israeli authorities to northern Gaza, one (eight per cent) was facilitated, nine (69 per cent) were impeded, one (eight per cent) was denied access, and two (15 per cent) were cancelled due to logistical, operational, or security reasons. In

addition, out of 55 coordinated humanitarian assistance movements in southern Gaza, 43 (78 per cent) were facilitated by the Israeli authorities, six (11 per cent) were impeded, one (two per cent) was denied access, and five (nine per cent) were cancelled.¹¹⁰

On 15 July 2024, 14 INGOs released a statement detailing the deterioration of access for humanitarian supplies into Gaza, the restriction of movement of humanitarian staff and supplies within the Gaza Strip, and the worsening safety and security of humanitarian workers and healthcare workers.¹¹¹ Humanitarian missions to northern Gaza continued to face extensive delays, inconsistent procedures, sub-optimal deconfliction mechanism and bottlenecks; although there are two checkpoints where Israeli forces control movements between northern and southern Gaza, missions are funnelled through a single checkpoint on any given day and the checkpoint on Salah Ad Din Road has been closed since 27 June.¹¹²

Aid convoys continue to be forced to wait long hours at holding points in exposed locations before being allowed to move towards the checkpoint, posing safety and security risks for humanitarian personnel. Movements to and from Kerem Shalom Crossing also continue to be hampered by security risks, most recently following the issuance of an evacuation order for areas in eastern Khan Younis that encompass parts of Salah Ad Din Road, a crucial artery for the passage of humanitarian goods and personnel¹¹³. Moreover, the reduced humanitarian access is compounded by additional factors, including insecurity, damaged roads and recently increasing signs of breakdown of law and order.¹¹⁴

Ensuring aid reaches Gaza at the necessary scale demands access to all entry points, particularly via land routes. Aid delivery by air and sea is not a substitute for land routes, which are faster, more cost-effective, and easier to monitor.¹¹⁵ Air drops pose significant challenges, including high costs, lack of monitoring, and potential danger. Ultimately, these methods cannot adequately address Gaza's health and food¹¹⁶

Delivery of medicines and medical supplies has been faced with many challenges since the closure of Rafah crossing, with further restrictions on entry of closed trucks via the Kerem Shalom crossing. Closed trucks, including refrigerated trucks, are crucial for temperature-controlled drugs.

As of 3 July 2024, at least 274 aid workers killed (267 nationals, 7 foreigners), including: 197 UN staff, 33 PRCS staff and volunteers, including 19 while on duty.¹¹⁷ At least 44 other aid workers have also been killed.¹¹⁸ A reported 500 health workers have also been killed, including at least 15 also counted under aid workers above along with 75 Civil Defence staff killed while on duty and 153 journalists and media workers killed.¹¹⁹

West Bank: Following 7 October, checkpoints, roadblocks, and other movement restrictions started increasing across the West Bank. On 3 June 2024, OCHA documented at least 790 obstacles to movement across the West Bank. This represents a 22% increase (145) from the 645 documented in August 2023.¹²⁰ One researcher estimated that, since 7 October, the use of main roads, mostly by civilians, throughout the West Bank has fallen to only 15% of what it used to be because of clashes, checkpoints, and other movement restrictions.¹²¹ Israeli authorities also implement curfews in response to security incidents, stranding Palestinian residents in their homes or villages for varying periods.¹²²

Water and Sanitation (WASH)

Gaza: The lack of fuel is seriously constraining the WASH response across the Strip and negatively affecting water production, network repairs, sewage pumping and treatment, and water trucking services. For example: Water production from groundwater wells has shrunk by over 50 per cent, from 35,000 to 15,000 cubic metres per day, and could shrink further in the absence of additional fuel. The two operational water desalination plants are producing only 2,000 to 2,500 cubic metres per day due to limited fuel quantities that can only enable membrane flushing. Unless fuel stocks are replenished, the membranes risk becoming permanently unusable, resulting in major water production losses. The limited entry of spare parts and other supplies into Gaza continues to delay repairs of important equipment, particularly generators. Current generators have been operating daily for eight months, and there is a critical need for spare parts and consumables. At present, spare parts are being purchased from markets,

when available, or retrieved from bomb-damaged water production points, which are unsafe and unsustainable methods for maintaining the generators.¹²³

West Bank: Raids on the West Bank have disrupted electricity and water services. 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.¹²⁴

IDF operations frequently cause damage to infrastructure, including WASH infrastructure, affecting Palestinian access to water. For example, IDF operations in Jenin refugee camp from 21–23 May 2024 destroyed two houses and damaged around 1300m of water and sewage networks, leaving 23 600 people (80% of camp inhabitants) without water and power until 26 May.¹²⁵ Nearly 12000 (40%) did not have water until 29 May. Water has been scarce across the West Bank but is still available; however, because of Israeli forces bulldozing road sections damage resulted in water cut-off that lasted over ten hours. The cut-off affected drinking water access for about 30% of the population of Kafr Dan (7,500 persons) within Jenin governorate.¹²⁶

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).¹²⁷

Vulnerable Groups in Gaza

Before the recent escalation, the total number of inhabitants in Gaza was estimated to be around two million, with more than 70 per cent of the population recorded as refugees.¹²⁸ 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.¹²⁹ 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.¹³⁰ Attacks on healthcare disproportionately impact the nearly 50 000 women and girls currently estimated to be pregnant and the over 5500 who will give birth in the next month. As a result of the context, pregnant women face higher risks of complications – up to and including death.¹³¹ UN Women estimates that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance, and at least 10 000 children may have lost their fathers.¹³² Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹³³ For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.¹³⁴
- **Children:** Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹³⁵ Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹³⁶ 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.¹³⁷
- **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.¹³⁸
- **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.¹³⁹ Over 15 per cent of the IDPs are estimated to have disabilities.¹⁴⁰ Women and girls make up approximately 45 per cent of the population with disabilities.¹⁴¹ 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.¹⁴² 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.¹⁴³

- **Older People:** The older people in oPt rely primarily on traditional systems, whereby their families are their main source of upkeep, care and support. The physical and mental health of older people is negatively affected due to gaps in social protection and health services during this escalation.¹⁴⁴ Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.¹⁴⁵ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹⁴⁶ Older people are also at particular risk of malnutrition, which increases mortality among those with acute or chronic illnesses. HelpAge International reported that even before October, 45 per cent of older people in Gaza were going to bed hungry at least once a week, with 6 percent hungry every night.¹⁴⁷
- **People suffering from mental health disorders:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹⁴⁸ In July 2021, 20 per cent of households in Gaza reported at least one child showing signs of psychosocial distress in the 30 days before data collection.¹⁴⁹ 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.¹⁵⁰

HEALTH STATUS AND T HEALTH STATUS AND THREATS

Population mortality: While recent data on mortality in oPt is limited, cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 31 per cent of deaths recorded (2016).¹⁵¹ Cancer was the second leading cause of death, with 14 per cent of deaths; complications of diabetes came in the fourth rank with a proportion of 8 percent.¹⁵² Across oPt, the top three causes of neonatal mortality are prematurity, respiratory infections and congenital malformations, which constitute 61 per cent of neonatal mortality, and approximately 25 per cent of children under 5 that suffer from anaemia.¹⁵³ 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).¹⁵⁴ Infant mortality rates for children born in refugee camps are significantly higher than for their counterparts from urban and rural areas.¹⁵⁵

MORTALITY INDICATORS	Gaza Strip	West Bank	Year	Source
Life expectancy at birth	73.9	n/a	2022	PCBS
Crude mortality (per 1,000 people)	2.8	2.8	2022	MoH
Infant mortality rate (deaths < 1 year per 1000 births)	10.8	10.1	2019	MoH
Child mortality rate (deaths < 5 years per 1000 births)	13.9	11.8	2021	MoH
Maternal mortality ratio (per 100,000 live births)	17.4	25.1	2022	MoH

Vaccination coverage: Vaccination coverage for registered refugee children has been close to 100 per cent for more than a decade.¹⁵⁶ 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.¹⁵⁷ The COVID-19 response has generated significant investments in public health infrastructure and vaccines.¹⁵⁸

VACCINATION COVERAGE DATA ¹⁵⁹	Gaza Strip	West Bank	Year
DTP-containing vaccine, 1st dose	104.1 per cent	99.9 per cent	2022
DTP-containing vaccine, 3rd dose	102 per cent	95 per cent	2022
Polio, 3 rd dose	103 per cent	102 per cent	2022

Measles-containing vaccine, 1st dose	101.9 per cent	98.4 per cent	2022
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COVID-19 Vaccination: As of October 2022, a total of 2 012 758 people (58.2 per cent of the target) across oPt were reached with the COVID-19 vaccine.¹⁶⁰ Of them, 1 776 973 people were vaccinated with two doses (51.4 per cent), while 336 967 received a third booster dose (9.7 per cent).¹⁶¹ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82 per cent of the Gazan population (aged 12 years and older) had been vaccinated and 32.51 per cent were fully vaccinated.¹⁶² Coverage was substantially higher in the West Bank, at 65.93 per cent and 61.82 per cent respectively.¹⁶³ A 2021 survey found that 72 per cent of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁶⁴

OVERVIEW OF KEY DISEASE RISKS

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury		Between 7 October 2023 and 17 July 2024, at least 38 794 Palestinians were killed and 89 364 were injured, according to MoH in Gaza. ¹⁶⁵ More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence. ¹⁶⁶ In January 2024, it was reported that since 7 October, more than 1 000 children have had one or both legs amputated. This means that more than 10 children per day, on average, have lost one or both of their legs. ¹⁶⁷ Many of these operations on children were done without anaesthetic. ¹⁶⁸ Post operative care is limited and there are reports of patients going directly from the operating table to their homes, tents, or any available shelter they can find. ¹⁶⁹
Malnutrition		According to the Ministry of Health in Gaza, at least 34 people, most of whom are children, have already died from severe malnutrition. ¹⁷⁰ A total of 108 patients have been admitted due to severe acute malnutrition. ¹⁷¹ Save the Children medical staff have reported about 40 cases of children with severe and life-threatening malnutrition at one of its clinics in just five weeks. ¹⁷² At least 557 000 women in Gaza are facing severe food insecurity and the situation remains concerning for mothers and adult women. ¹⁷³ With an exodus from Gaza City's eastern Shujaiya district, UNRWA reports that people are eating tree leaves or only have flour to survive on. ¹⁷⁴
Acute respiratory infection (ARI) including COVID-19		A total of 974 253 cases reported as of 30 June. ¹⁷⁵ Considering the elevated levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. RTIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old. ¹⁷⁶ 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). ¹⁷⁷ As of October 2022, 58 per cent of the target across oPt were reached with the COVID-19 vaccine. ¹⁷⁸
Acute diarrheal illness (including acute watery diarrhoea)		A total of 562 753 cases of diarrhea <5 years: 122 338 as of 30 June. ¹⁷⁹ Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). ¹⁸⁰ Before the

(AWD), shigella and rotavirus)		escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month. ¹⁸¹ People are also resorting to open defecation. ¹⁸²
Hypertension/ High blood pressure		As of June 2024, there are more than 650 000 people with raised blood pressure. ¹⁸³ Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ¹⁸⁴
Cardiovascular diseases		As of January 22, 2024, there were 45 000 patients living with cardiovascular disease. ¹⁸⁵ In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6 per cent of deaths recorded. ¹⁸⁶
Kidney Disease		As of January 22, 2024, there were 1 100 patients in need of kidney dialysis. ¹⁸⁷ 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. ¹⁸⁸ According to MoH in Gaza, as of 28 June 2024, over 70 per cent of essential medicines are missing at Gaza’s hospitals and primary healthcare centres and about 70 per cent of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients. ¹⁸⁹
Diabetes		As of January 2024, there were 71 000 patients living with diabetes. ¹⁹⁰ Before the escalation, in 2022, diabetes was the most common NCD in Palestine. ¹⁹¹ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ¹⁹² Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8 per cent. ¹⁹³
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. ¹⁹⁴ Since October, 4 913 patients (35% of 13 877 requested cases) have been evacuated since October. ¹⁹⁵ War injuries and cancer were the most common causes of evacuation requests and approvals. ¹⁹⁶ More than 2000 people are diagnosed with cancer each year, including 122 children. ¹⁹⁷
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. ¹⁹⁸ 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. ¹⁹⁹ In June 2024, only three of Gaza’s 36 hospitals were capable of providing assistance to the estimated 180 women giving birth across the territory every day – around 15% of whom suffer complications requiring significant care. ²⁰⁰
Mental Health		About 485 000 people with mental health disorders continue to experience disruptions in their treatments. ²⁰¹ 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. ²⁰² UNICEF also reports 1 million children need mental health and psycho-social support. ²⁰³
Cholera		Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present, especially as more aid workers enter the Strip (potential importation). Cholera can kill within hours if left untreated. ²⁰⁴

Skin infections (including scabies)		A total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes (30 June). ²⁰⁵ In June 2024, INGOs highlighted the risk of diseases such as scabies 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. ²⁰⁶
Measles		There are 16 suspected cases of measles in Gaza, however, 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		A total of 104 766 cases of acute jaundice syndrome (presumed to be Hep A) as of 30 June. ²⁰⁷ 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.
Gender-Based Violence (GBV)		There are reports of increasing GBV since the escalation started on October 7, however the numbers or locations are not available. ²⁰⁸ 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. ²⁰⁹
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.
Poliomyelitis (cVDPV2)		Palestine has been polio-free for more than 25 years. On 16 July 2024, Vaccine-derived poliovirus type 2 (VDPV2) was detected in six out of seven environmental samples collected at the end of June from sewage pumping stations. In 2022, routine vaccination coverage in oPt stood at 95% and above, however, in the last 9 months, routine vaccination has been disrupted, putting thousands of children under five years old at risk of contracting polio and other vaccine-preventable diseases.
Meningococcal disease		A total of 300 suspected cases were reported as of 2 May. However, there is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population. ²¹⁰
Chicken Pox		As of 30 June 2024, there were 11 214 cases of chickenpox reported. ²¹¹
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		Diagnosis of West Nile Fever 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 West Nile fever has surged in Israel, with case numbers at their highest levels in nearly 25 years. ²¹² At least 175 people have contracted the virus so far this year - a 400 per cent increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health. ²¹³
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East, ²¹⁴ globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually. ²¹⁵
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ²¹⁶ 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. ²¹⁷ In Gaza, in 2022 there were zero cases of Hepatitis C. ²¹⁸
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. ²¹⁹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ²²⁰ In 2022, two cases were registered in Gaza. ²²¹
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. ²²²
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022.
<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>		

Trauma and injury (including rehabilitation): Between 7 October 2023 and 17 July 2024, at least 38 794 Palestinians were killed and 89 364 were injured, according to MoH in Gaza.²²³ More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence.²²⁴ Ground operations continued with high intensity attacks in Jabaliya City and camp, Zaytoun area and Beit Hanoun and displaced around 100 000 people, over a third of the remaining population in the northern governorates.²²⁵

In January 2024, it was reported that since 7 October, more than 1 000 children have had one or both legs amputated. This means that more than 10 children per day, on average, have lost one or both of their legs.²²⁶ Many of these operations on children were done without anaesthetic.²²⁷ Post operative care is limited and there are reports of patients going directly from the operating table to their homes, tents, or any available shelter they can find.²²⁸

Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment.²²⁹ 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.²³⁰ 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.²³¹ Over 90 per cent of families pay for services for children with disabilities and functional difficulties out of their own pocket.²³²

Furthermore, at least 28 physiotherapists were reported to have been killed in Gaza by 9th January 2024, although the figure is now likely higher.²³³ In June 2024, MSF marked the sixth killing of an MSF staff member in Gaza since 7 October 2023, a physiotherapist killed on his way to work.²³⁴ Destruction and disruption of rehabilitation services has created significant challenges in providing rehabilitation for those with injuries, placing them at risk of preventable complications and disability.²³⁵ Challenges are compounded by a lack of assistive devices, which can also limit the ability of those with injury or disability to easily evacuate or access humanitarian aid.²³⁶ Prosthetic services in Gaza are no longer operational, with at least one centre severely damaged meaning that those with new (and pre-existing) amputations can no longer receive prosthetic limbs.²³⁷

Malnutrition: Since mid-January, 117 209 children aged 6-59 months have been screened for malnutrition, including 11 903 children screened so far in June. Of the total, 8 505 have been diagnosed with acute malnutrition and have been receiving treatment in line with the simplified protocols; these include 6 634 children diagnosed with Moderate Acute Malnutrition, and 1874 with severe acute malnutrition (SAM).²³⁸

According to the Ministry of Health in Gaza, at least 34 people, most of whom are children, have already died from severe malnutrition.²³⁹ Save the Children medical staff have reported about 40 cases of children with severe and life-threatening malnutrition at one of its clinics in just five weeks, with children and adults presenting with symptoms including extremely low weight, fatigue, low blood pressure and other illnesses associated with hunger.²⁴⁰ At least 557000 women in Gaza are facing severe food insecurity and the situation remains concerning for mothers and adult women, who often prioritize feeding others and report greater difficulty in accessing food compared to men.²⁴¹ With an exodus from Gaza City's eastern Shujaiya district, UNRWA reports that people are eating tree leaves or only have flour to survive on.²⁴²

Nutrition Cluster partners have observed trends like those in the IPC analysis through the Nutrition Vulnerability Analysis (NVA) published on 25 June, based on data collected in southern and northern Gaza between 1 April and 24 May 2024. The analysis finds that improved humanitarian access in April contributed to limited improvements in food security indicators and the diets of children (aged 6–23 months). Yet, the analysis points to a deterioration in dietary diversity among children aged 6 to 23 months and pregnant and breastfeeding women in May compared with April.²⁴³

In southern Gaza, PDM results showed a deterioration in dietary diversity among children aged 6 to 23 months, with 99 per cent eating from four or fewer food groups in May, compared with 96 per cent in April. Although with a limited sample, data covering northern Gaza revealed similar trends. Across the Gaza Strip, 93 per cent of children aged 6 to 23 months had eaten two or fewer food groups in the 24 hours preceding the survey, while among pregnant and breastfeeding women, 96 per cent had eaten two or fewer food groups.²⁴⁴

Furthermore, 85 per cent of parents reported that their children had gone without eating for a whole day due to lack of money or other resources, while almost 100 per cent of households reported having to skip meals or eat less food to secure their child's diet.²⁴⁵ The absence of minimum dietary diversity – which entails the consumption of at least five out of eight defined food groups for children aged 6–23 months and at least five out of 10 defined food groups for women—can seriously jeopardize both women's health and child development.²⁴⁶

Access constraints continue to hamper the early detection of children and women requiring nutrition services and the scale-up of operational presence to provide needed support. In northern Gaza, limited access continues to prevent the establishment of new nutrition services.²⁴⁷ Difficulties persist in identifying adequate space to establish nutrition sites and warehouses for nutrition commodities in Deir al Balah and Khan Younis.²⁴⁸

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.²⁴⁹ 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.²⁵⁰

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70 per cent) and non-refugee (30 per cent) communities.²⁵¹ The situation was of particular concern in Gaza, with 64.3 per cent of the population classified as moderately or severely food insecure.²⁵² A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²⁵³ Almost all of those households (93 per cent) are not eating enough iron rich foods, increasing the risk of anaemia.²⁵⁴ Only 14 per cent of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²⁵⁵

Approximately 39 per cent of children were exclusively breastfed in the first six months of life in 2015.²⁵⁶ 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.²⁵⁷ 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.²⁵⁸

Acute respiratory infection (ARI) including COVID-19: A total of 974 253 cases reported as of 30 June 2024.²⁵⁹ Following decreasing trends in ARI, there has been an increase in cases reported from Week 25 to Week 26 by about 3500 cases.²⁶⁰ Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. RTIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²⁶¹ In oPt, infectious diseases cause less than 10 per cent of all deaths; respiratory diseases cause 70 per cent of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.²⁶² The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²⁶³ The highest incidence of RTIs has been recorded by the cold season (December-March).²⁶⁴

Despite the strict preventive health measures imposed by authorities, on 24 August 2020 it was confirmed that several COVID-19 cases were detected within Gaza.²⁶⁵ 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.²⁶⁶ 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.²⁶⁷ In 2022, the incidence rate was 3784/100 000 population, which resulted in over 400 deaths.²⁶⁸ As of October 2022, a total of 2 012 758 people (58.2 per cent of the target) across oPt were reached with the COVID-19 vaccine.²⁶⁹

Acute diarrheal illness (including acute watery diarrhoea (AWD), shigella, and rotavirus): A total of 562 753 cases of diarrhea <5 years: 122 338 as of 30 June.²⁷⁰ The weekly trends of AWD have remained stable over the last four weeks (14000 -15000 cases), with an increase of 18000 cases reported in Week 26.²⁷¹ After weeks of decreasing trends in Bloody Diarrhoea, the number of reported cases increased by almost 500 cases from Week 25 to Week 26.²⁷²

Filth flies are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis and many others.²⁷³ 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.²⁷⁴

Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.²⁷⁵ People are also resorting to open defecation.²⁷⁶ Notably, 25 per cent of child morbidity cases in Gaza are caused by water-borne diseases.²⁷⁷ According to the MoH in Gaza, there were 4 cases of shigellosis in 2022. Considering the context there is likely to be an ongoing and upward trend of bloody diarrhea (which is potential shigella). While the disease is normally mild, there can be severe morbidity (toxic megacolon, sepsis etc.) which in this context may be more difficult to treat. The risk of spread is very high. Rotavirus is another risk and remains an important cause of morbidity and mortality in children. Across oPt, the vaccination rate for rotavirus is 93 per cent, however vaccination services have been severely disrupted in recent months.²⁷⁸

Non-Communicable Diseases (NCD): 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.²⁷⁹ Since October, 4 913 patients (35% of 13 877 requested cases) have been evacuated since October.²⁸⁰ War injuries and cancer were the most common causes of evacuation requests and approvals.²⁸¹ The highest approval rate was for children (62% for children (6-18 years), while the lowest approval rate was for adult males (19 – 60 years).²⁸² Around 2150 patients unable to leave Gaza since 7 May 2024 due to closure of the Rafah Crossing.²⁸³

With more than 1 200 people require haemodialysis treatment, nearly half (593 patients) are relying on only 24 dialysis machines at Al Aqsa Hospital in Deir al Balah, and there are only 17 dialysis machines available in the North Gaza and Gaza governorates, according to MoH.²⁸⁴ Due to shortages of equipment and medications, dialysis patients are now receiving treatment only twice a week, with each session lasting less than one hour and a half, which is far below the frequency and length of treatment required, underscored the Ministry.²⁸⁵

According to MoH in Gaza, as of 28 June 2024, over 70 per cent of essential medicines are missing at Gaza's hospitals and primary healthcare centres and about 70 per cent of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients.²⁸⁶ More than 2000 people are diagnosed with cancer each year, including 122 children.²⁸⁷ As of June 2024, there are more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.²⁸⁸

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.²⁸⁹ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²⁹⁰ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²⁹¹ Age-wise, 94.0 per cent of NCD patients are those aged 40 years and older. In terms of gender, 60 per cent of the patients were female and 40 per cent were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.²⁹² 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.²⁹³ 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.²⁹⁴

Maternal and neonatal health conditions: 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.²⁹⁵ 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.²⁹⁶

In June 2024, only three of Gaza's 36 hospitals were capable of aiding the estimated 180 women giving birth across the territory every day – around 15% of whom suffer complications requiring significant care.²⁹⁷ UNFPA also reports that anecdotal information suggests that some emergency deliveries are taking place in tents without medical support.²⁹⁸ Water scarcity and limited maternal health medicines are also exposing pregnant and breastfeeding

women (PBW) to various risks, as doctors continue to report rising numbers of preterm and low-birth weight babies, which are common indicators of severe malnourishment compounded by stress, fear and exhaustion.²⁹⁹

In April 2024, health organizations have reported a threefold increase in miscarriage rates among women in Gaza since October 7.³⁰⁰ Women are facing significant challenges throughout their pregnancies, including a lack of food and clean water, frequent displacement, the traumatic loss of loved ones, and the fear of injury or death.³⁰¹

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.³⁰² The overall MMR in both the WB and Gaza has improved, decreasing by around 48 per cent between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).³⁰³ However, the maternal mortality ratio increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2 per cent compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3 per cent of all deaths.³⁰⁴

In 2020, the most common direct causes reported in Gaza were bleeding (50 per cent) and sepsis (25 per cent).³⁰⁵ Most deaths (83.75) occurred inside hospitals, but 71 per cent of women were classified as having severe or critical clinical conditions when they arrived the health facility.³⁰⁶ Most deaths (78.4 per cent) were preventable, either by potential interventions during the preconception period, antenatal care and inside hospitals.³⁰⁷ 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).³⁰⁸ This reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions.³⁰⁹ A 2019 study found that malnutrition is high among pregnant women (18 per cent) and mothers of young infants (14 per cent) putting at risk the life and growth of the unborn child.³¹⁰ Access and steady availability of supplies are of concern.³¹¹

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.³¹² Close birth spacing and large numbers of births – which are common – are also associated with increased risks.³¹³

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.³¹⁴ 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.³¹⁵

Mental Health: About 485 000 people with mental health disorders continue to experience disruptions in their treatments.³¹⁶ 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.³¹⁷ UNICEF also reports 1 million children need mental health and psycho-social support.³¹⁸ Children in Gaza have become susceptible to a wide spectrum of mental health issues that doctors are observing in Gaza are increasingly showing symptoms of depression, anxiety and acute stress, with many expressing a “desire to die instead of living this horror.”³¹⁹ The level of toxic stress under which the people in Gaza have been living is having a clear and significant impact on psychosocial wellbeing.³²⁰

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.³²¹ In 2020, 198 797 adults (45 per cent women and 55 per cent men) were estimated to have moderate or severe mental health disorders, while 299 979 children (50 per cent girls and 50 per cent boys) were believed to experience severe, moderate or mild mental health disorders.³²² Trauma stemming from violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.³²³ Self-reported signs of psychosocial distress or trauma continue to increase, especially in the Gaza Strip.³²⁴

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.³²⁵ The suicide rate is much higher among young men aged 18-30 who comprise about 75 per cent of all suicide deaths.³²⁶ A key contributing factor is the social pressure on men to provide for their families, a responsibility

that many men are unable to fulfil due to the dire economic situation in Gaza where the unemployment rate was 45 per cent in 2022.³²⁷

Cholera: Considering people in Gaza have limited access to clean water and functioning sewerage, the risk of cholera is present, especially as more aid workers enter the Strip (potential importation). Cholera can kill within hours if left untreated, which in a humanitarian crisis like Gaza would have catastrophic results. Most of those infected have no or mild symptoms and can be successfully treated with oral rehydration solution.³²⁸

Skin infections (including scabies): A total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes (30 June).³²⁹ In June 2024, INGOs highlighted the risk of diseases such as scabies 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.³³⁰ Furthermore, there is a high number of dead donkeys and other animals, which act as vessels for fleas, mites, parasites.³³¹ Such risks also increase the risk of cutaneous leishmaniasis, which causes ulcerative skin lesions.³³²

Scabies is considered a public health problem in Palestine, and the disease is prevalent in all age groups and socioeconomic levels, and is distributed unevenly across all regions in the country.³³³ As of 2021, there were three scabies outbreaks in Palestine in the previous 12 years, with the critical outbreak being linked to the 2015 war in Gaza, where people were forced to leave their homes for safer but overcrowded places.³³⁴ The incidence of the disease does not show any difference between males and females.³³⁵ However, during the 2014 outbreak, displaced children in the shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies.³³⁶

Measles: There are 16 suspected cases of measles in Gaza, however, there are no diagnostic testing available for cases with rash and fever, to exclude measles. As of February 10, 2020, 965 cumulative suspected cases of measles were reported from Gaza, including two deaths.³³⁷ In 2019, a total of 124 laboratory confirmed cases of measles, including two deaths, were reported in the Gaza Strip (case fatality ratio=1.6 per cent).³³⁸ Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97 per cent between 2009 and 2018, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector.³³⁹ Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing, with recent supply by UNICEF to most of the vaccines according to the routine immunization programme and resumption of vaccination through UNRWA health centres.

Typhoid: Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.³⁴⁰ “Notably between 1 and 6 percent of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.”³⁴¹ In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.³⁴²

Acute Jaundice Syndrome (AJS) /Suspected hepatitis A: A total of 104 766 cases of acute jaundice syndrome (presumed to be Hep A) as of 30 June.³⁴³ Weekly trends of AJS have remained somewhat stable over the last four weeks and have increased by 1 500 cases from Week 25 to Week 26.³⁴⁴

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.³⁴⁵ Diagnostic testing is limited for viral hepatitis due to the conflict.³⁴⁶ 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 2022.³⁴⁷

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

Meningococcal disease: A total of 300 suspected cases were reported as of 2 May. However, there is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population.³⁴⁸

Chicken Pox: As of 30 June 2024, there were 11 214 cases of chickenpox reported.³⁴⁹

Diphtheria: Although the Gaza Strip has maintained a high administrative coverage for Diphtheria, however the current overcrowding, poor hygiene and sanitary living conditions and disruption to health services including routine vaccination can facilitate the spread of Diphtheria, especially in settings with limited access to clean water and sanitation. There were no cases reported in 2022.

Mumps: The MoH reported 7/100,000 population cases in 2022.

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.³⁵⁰ 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.³⁵¹ In Gaza, in 2022 there were zero cases of Hepatitis C.³⁵² 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.³⁵³

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.³⁵⁴ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.³⁵⁵ 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.³⁵⁶ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.³⁵⁷ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.³⁵⁸

Polio **Poliovirus (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.³⁵⁹ On 16 July 2024, Vaccine-derived poliovirus type 2 (VDPV2) was detected in six out of seven environmental samples collected at the end of June from sewage pumping stations. In 2022, routine vaccination coverage in oPt stood at 95% and above, however, in the last 9 months, routine vaccination has been disrupted, putting thousands of children under five years old at risk of contracting polio and other vaccine-preventable diseases.

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.³⁶⁰ 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.³⁶¹ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered 'moderate'.³⁶²

West Nile Fever: Diagnosis of West Nile Fever 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 West Nile fever has surged in Israel, with case numbers at their highest levels in nearly 25 years.³⁶³ At least 175 people have contracted the virus so far this year - a 400 per cent increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health.³⁶⁴

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).³⁶⁵ 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.³⁶⁶

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.³⁶⁷ Recent data on rabies cases is limited.

Tuberculosis (TB): Even though Gaza is a low pulmonary tuberculosis (TB) burden region, it is well known that TB is primarily a socioeconomic problem associated with overcrowding, poor hygiene, a lack of fresh water, and limited access to healthcare.³⁶⁸ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.³⁶⁹ In 2022, two cases were registered in Gaza.³⁷⁰

WEST BANK: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		Between 7 October 2023 and 15 July 2024, 554 Palestinians were killed in the West Bank, including East Jerusalem. ³⁷¹ More than 800 children have been reported injured. ³⁷² There has been a concurrent risk of violence by increasingly militarised settlers against Palestinians in the West Bank, including attacks on civilians and civil property. ³⁷³ Over the past nine months, settler attacks have reached a daily average of four attacks per day, compared to two attacks per day during the same period last year. ³⁷⁴ At least 10 people, including two children, have been killed during these attacks, and at least 234 have been injured, including 20 children. ³⁷⁵
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. ³⁷⁶ A 2022 survey found 12 per cent of households reported at least one member had showed signs of psychosocial distress or trauma. ³⁷⁷ Nablus reported the highest rates with 52 per cent of households self-reporting observing signs of psychological distress. ³⁷⁸ This is like a 2021 survey which found that 57 per cent of West Bank residents surveyed reported symptoms consistent with PTSD. ³⁷⁹ 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. ³⁸⁰ Information from partner HMIS and screenings is showing a 50 per cent increase in need from January 2023 to January 2024.
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. ³⁸¹ 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. ³⁸² Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ³⁸³ 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. ³⁸⁴ More than 270 patients are in need of referral outside the West Bank for health care daily. While oncology and life-saving cases are being allowed, the permit application and approval rates for health care are reduced. ³⁸⁵
Protection risks (including GBV, Child Protection and ERW)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate. ³⁸⁶ A 2022 survey on violence, found 52 per cent of married or previously married women in West Bank between the ages of 15 and 64 experienced violence by their husband in the 12 months preceding the survey. ³⁸⁷ There is a lack of access to high quality multi-sectoral services (including safe

		shelter, and adequate clinical management of rape (CMR) services). ³⁸⁸ There are increased deaths and injuries of children and men due to Explosive Remnants of War (ERW) contamination. ³⁸⁹ There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations. ³⁹⁰
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. ³⁹¹ Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. ³⁹² Movements between governorates and cities within the West Bank remains challenging, as ad hoc closures and restrictions are put in place by Israeli Authorities. ³⁹³ The overall MMR in the West Bank has improved, decreasing by around 48 per cent from 38 per 100 000 live births in 2009 to around 19.9 in 2019. ³⁹⁴ But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ³⁹⁵ This reflects the negative impact of the pandemic on the number of maternal deaths. A study by the MoH found that a total of 22 maternal deaths were reported in the West Bank that year, indicating an MMR of 26.7 per 100 000 live births in the West Bank. The study also found that (68.2 per cent) of the reported maternal deaths were deemed preventable. ³⁹⁶
Rehabilitation (injuries)		With 4650 people injured across the West Bank, East Jerusalem, and Israel since October 2023, the need for rehabilitation is significant. ³⁹⁷ Access to services outside the West Bank are limited, with the permit application and approval rates for health care reduced. ³⁹⁸
Malnutrition		While food security is relatively stable, the economic impacts of the recent escalation may impact the nutrition status of the population. The World Bank reports the West Bank economy has experienced a 22 per cent decline since the recent escalation. ³⁹⁹ 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. ⁴⁰⁰ Women and girls in the West Bank face particular disadvantages, with more than 12 per cent of all households in the West Bank being female headed. The feminization of poverty is a common phenomenon in the oPt, with negative coping mechanisms leading to higher levels of food insecurity, and nutrition related conditions. ⁴⁰¹
West Nile Fever		Media sources report the first case of West Nile fever in the West Bank in the governorate of Jenin, according to the Palestinian Health Ministry. ⁴⁰² Notably, there are cases in neighbouring Israel, where West Nile fever has surged in Israel, with case numbers at their highest levels in nearly 25 years. ⁴⁰³ At least 175 people have contracted the virus so far this year - a 400 per cent increase from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health. ⁴⁰⁴ Diagnosis of West Nile Fever 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. Palestine has been polio-free for more than 25 years. ⁴⁰⁵ In May 2022, there was polio detected in

		sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem. ⁴⁰⁶
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ⁴⁰⁷ As of October 2022, 58 per cent of the target across oPt were reached with the COVID-19 vaccine. ⁴⁰⁸
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. ⁴⁰⁹
Rabies		Cases are unlikely to increase because of recent developments in the West Bank. No human cases have been reported in 2022. ⁴¹⁰ Cases are unlikely to increase because of recent developments in the West Bank.
Hepatitis		Cases are unlikely to increase because of recent developments in the West Bank.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

DETERMINANTS OF HEALTH

Socio-economic Impact of Conflict

- **Gaza:** As the war in Gaza approaches its seventh month, the poverty rate in the State of Palestine continues to escalate, reaching 58.4 percent, thrusting nearly 1.74 million additional people into poverty, as the Gross Domestic Product (GDP) sustains a staggering plunge by 26.9 percent—a loss of US\$7.1 billion from a 2023 no-war baseline. According to projections, in a scenario where the war continues for nine months, poverty is estimated to more than double (increasing to 60.7 percent, 2.25 times of pre-war levels), raising the number of additional people pushed into poverty to more than 1.86 million, while the decrease of GDP would reach 29 percent with total losses of US\$7.6 billion.⁴¹¹
- **West Bank:** The Israeli authorities have been increasingly implementing legal and bureaucratic measures constraining access to land, work, and services for West Bank Palestinians since 7 October 2023. Israel controls 61% of the West Bank (Area C) under Oslo accords, requiring Israel to guarantee the economic and social policies.⁴¹² Violence and insecurity, property destruction and demolitions, and movement restrictions increasingly impede Palestinian access to livelihoods.⁴¹³

Protection Risks

Gender Based Violence (GBV): Gender-based violence (GBV) is rampant, with internally displaced women expressing acute vulnerability due to loss of protection amidst the increasing presence of Israeli Forces and separation from family support networks. GBV prevention and response services have collapsed, with safe houses forced to close and the GBV Sub-Cluster unable to provide comprehensive support due to displacement and destruction.⁴¹⁴ 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.⁴¹⁵

Physical and psychological violence are a concern in Palestine, driven by traditional patriarchal values, exposure to violence, and economic uncertainty. Data from 2019 found that in Gaza and West Bank, 52 per cent of married or ever married women had experienced at least one instance of psychological violence by their husbands in the past 12 months, while 18 per cent experienced physical violence and 7 per cent experienced sexual violence.⁴¹⁶ Only 1 per cent of women approached the police, as help-seeking behaviours can be attributed to fear of stigma, social exclusion, and retaliation, along with the lack of confidential and compassionate service providers.⁴¹⁷ 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.⁴¹⁸

Child Protection: As of June 2024, Save the Children estimates approximately 21 000 children are missing in Gaza. This includes 17000 unaccompanied and separated children, and 4000 children buried under the rubble.⁴¹⁹ According to UNICEF, in April 2024, over 13 000 children have been reported killed in Gaza since 7 October.⁴²⁰ Since 7 October, more than 1 000 children have had one or both legs amputated.⁴²¹ Children are particularly vulnerable to the impact of explosive weapons – their bodies are thrown harder and further by the blasts.⁴²²

Pre-current escalation, it is estimated that 35 per cent of under 5-year-old children are at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.⁴²³ The ILO estimates that perhaps 25 per cent of the people killed in Gaza have been men of working age – generally, women do not work.⁴²⁴ This could mean more children in a future Gazan labour market raising concerns about exploitative child labour. The consequences of child labour and sexual exploitation extend into adulthood, affecting individuals' economic stability.⁴²⁵

As of April 2024, UNICEF estimates at least 17 000 children in Gaza are orphaned or separated from their families, leaving them highly vulnerable and with increased risk of starvation and other protection concerns. The current humanitarian emergency both increases the likelihood of pre-existing forms of violence and presents new risks to children.⁴²⁶ Fuel shortages limit staff mobility, prevent the implementation of a comprehensive case management

response, and endanger the safe operation of temporary shelters for unaccompanied children.⁴²⁷ Protracted denials of fuel requests have been severely impacting the provision of services.⁴²⁸

Mine Risks: The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS.⁴²⁹ UNMAS estimates that over 37 million tons of debris in the Gaza Strip contain about 800 000 tons of asbestos, other contaminants, and UXO, noting that at least 10 per cent of ammunition potentially fails to function.⁴³⁰ Internally displaced people, returnees to previously bombarded areas and children are at higher risk of exposure to UXOs. Several incidents have been reported, including on 29 June 2024, a 9-year-old girl was killed by a UXO in Khan Younis.⁴³¹

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

Education in Gaza

With limited humanitarian aid and education supplies, over 625 000 children are also at risk of dropping out of school, rendering them vulnerable to exploitation, child labour, early marriage, and other forms of abuse.⁴³⁷ As of July 2024, 7 993 students and 391 educational staff have been killed.⁴³⁸ At least 67 per cent of schools in Gaza needing either full reconstruction or major rehabilitation to be functional again.⁴³⁹ A total of 69% of school buildings used as IDP shelters (238 out of 345) were directly hit or damaged (as of 3 May).⁴⁴⁰

Limited capacity continues to hamper the scaling up of the Education Cluster response; while many national NGOs are supporting the Cluster response, they lack the required resources, including funds and supplies, to increase the provision of recreational and psychosocial support activities.⁴⁴¹ The continued absence of schooling in the Gaza Strip, where about 86 per cent of schools have been destroyed, damaged or likely damaged, is depriving children of opportunities for their social, emotional and cognitive development.

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.⁴⁴²

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).⁴⁴³ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.⁴⁴⁴ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.⁴⁴⁵ 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.⁴⁴⁶ Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.⁴⁴⁷ 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 21.⁴⁴⁸

Health care provision in Gaza is particularly challenging, with a multitude of restrictions, including access to specialized services, construction of facilities, importation of medical supplies, equipment and spare parts, and movement of patients and health staff.⁴⁴⁹ Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45 per cent of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.⁴⁵⁰ In addition, 60 per cent of the essential laboratory

items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.⁴⁵¹

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.⁴⁵² Approximately 45 per cent of total health care expenditure is through government systems and programmes, while household contributions account for around 39 per cent (most of this out-of-pocket expenditure at the point of service delivery).⁴⁵³

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.⁴⁵⁴ More than three fifths (63 per cent) of expenditure are for curative services, with a fifth (19 per cent) for medical goods (mostly pharmaceuticals).⁴⁵⁵ In July 2021, 23 per cent of households in Gaza reported facing access barriers for healthcare.⁴⁵⁶

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.⁴⁵⁷

In crisis health system status

Gaza

Lack of fuel is increasingly hampering live-saving health services and the operation of vital water and sanitation infrastructure, humanitarian actors report.⁴⁵⁸ As of 15 July 2024, of the 16 partially functional hospitals (of 36 hospitals), 12 are partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.⁴⁵⁹ There are 8 field hospitals, including 4 fully functional and 4 partially functional.⁴⁶⁰ Only 43% of primary health care centres are partially functional (45 out of 103).⁴⁶¹ There are 16 Emergency Medical Teams (EMTs) deployed, including two in northern Gaza.⁴⁶² According to the Health Cluster, cumulative bed capacity at the six partially functional hospitals in southern Gaza – including three in Deir al Balah and three in Khan Younis – now stands at 1334 beds.⁴⁶³

On 2 July 2024, when the Israeli authorities clarified that the 1 July evacuation order did not apply to the European Gaza Hospital (EGH), the hospital was completely empty by the evening of 2 July, with all 320 patients and medical personnel having left (the majority to Nasser Medical Complex).⁴⁶⁴ The EGH already suffered from a severe lack of basic supplies to care for patients, such as soap and antiseptics.⁴⁶⁵ The evacuation of the EGH, a 650-bed health facility, has further reduced available hospital bed capacity in southern Gaza, where the majority of Gaza's population is currently concentrated.⁴⁶⁶

WHO have highlighted how the lack of fuel deliveries has significantly compromised care in the enclave.⁴⁶⁷ Power blackouts at neonatal, dialysis, and intensive care units are already placing lives at risk and injured people are dying because ambulances are facing delays due to shortages of fuel.⁴⁶⁸ The UN and partners are being forced to make impossible choices and triage among the most critical needs, with limited fuel supplies now being directed to key hospitals, such as Nasser Medical Complex, Al Amal Hospital and Kuwaiti Field Hospital in Khan Younis, as well as to 21 Palestine Red Crescent Society (PRCS) ambulances.⁴⁶⁹





The Nasser Medical Complex in Khan Younis is now fully functional with a 450-bed capacity. The complex includes emergency, medical and paediatric departments, a laboratory, an intensive care unit (ICU), a new-born unit, and provides maternal, kidney dialysis, radiological and rehabilitation/physiotherapy services. A stabilization centre for the treatment of Severe Acute Malnutrition (SAM) cases is also operational.⁴⁷⁴

Health workers: As of 25 June, 500 healthcare workers have been killed in Gaza since October 2023.⁴⁷⁵ This equates to an average of two healthcare workers killed every day, with one in every 40 healthcare workers, or 2.5% of Gaza’s healthcare workforce, now dead. More healthcare workers have been killed in Gaza since October than were reported killed in all conflicts globally in 2021 and 2022 combined.⁴⁷⁶ Hundreds of health workers have been detained by the Israeli military, with two reportedly dying in military detention.⁴⁷⁷ In January 2024, only 30 per cent of Gaza’s pre-conflict medics were still working.⁴⁷⁸ Many of Gaza’s 25 000 health professionals are among those uprooted, making it difficult for them to get to work.⁴⁷⁹ The mental impact on the frontline workers is dire.⁴⁸⁰

Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) in healthcare facilities: The ongoing hostilities have led to a critical state of the IPC and WASH situation in Gaza, particularly in healthcare facilities. There is a shortage of essential supplies, including cleaning agents, disinfectants, personal protective equipment, and supplies used for proper reprocessing of medical devices. These conditions have hindered the ability of healthcare workers to implement robust IPC and WASH interventions including screening, triage and isolation capacities to prevent the spread of waterborne diseases, vector bone diseases and surgical site infections with multi-drug resistant organisms. There are also reports that healthcare wastes are not being treated safely, creating environmental infection risks to patients, health workers, and the public.

Medical supplies and medicines: According to MoH in Gaza, as of 28 June 2024, over 70 per cent of essential medicines are missing at Gaza’s hospitals and primary healthcare centres and about 70 per cent of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients.⁴⁸¹

MSF also report their teams have been unable to bring any medical supplies into Gaza since the end of April. The closure of the Rafah border crossing, along with hostilities and bureaucratic impediments, have dramatically congested the flow of humanitarian aid through the Kerem Shalom entry point.⁴⁸² In January 2024, only 26 per cent of the requested medical supplies needs have been met and only 120 out of 353 formal and informal IDP shelters have access to medical points.⁴⁸³

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. ⁴⁷⁰	Over 70 per cent of essential medicines are missing at Gaza’s hospitals and primary healthcare centres. ⁴⁷¹	As of 15 July 2024, of the 16 partially functional hospitals (of 36 hospitals), 12 are partially accessible due to insecurity or physical barriers. ⁴⁷²	Between 7 October 2023 and 18 July 2024, there have been 486 attacks in Gaza (746 individuals killed) and 574 in West Bank (23 individuals killed) . ⁴⁷³

Surveillance: Weak surveillance systems (e.g., sentinel, hospital-based surveillance) in oPt and countries in the region make the interpretation of data challenging. Syndromic surveillance has been set-up in MoH PHCs and UNRWA shelters and centres and attempts at strengthening the early warning, alert and response function is ongoing, including the piloting of EWARS in a box tool. The region is characterized by stretched staff capacity due to complex humanitarian crises, and emigration of trained staff.⁴⁸⁴

West Bank

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.⁴⁸⁵ 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.⁴⁸⁶ 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.⁴⁸⁷

Healthcare access, which was already limited in the West Bank, has worsened since 7 October 2023 because of movement restrictions, violence, and bureaucratic constraints. Since 7 October, medical and paramedical staff have repeatedly faced attacks and harassment, and armoured vehicles or cement and dirt mounds have blocked roads, hindering access to ambulances.⁴⁸⁸ Khalil Suleiman hospital in Jenin camp and Thabet hospital in Tulkarem are sometimes inaccessible because of roadblocks, checkpoints, and other obstacles, forcing many injured and sick people to stay home rather than seek care. Fighting has also damaged or destroyed healthcare facilities. For example, during military operations on 21 May 2024, the IDF entered, used, and damaged a UNRWA health facility in Jenin camp.⁴⁸⁹

Waiting for hours at the checkpoints, which often are crowded and lack toilets and other basic amenities, can be particularly difficult for people with disabilities and illnesses and women.⁴⁹⁰ Many people need medical attention for pregnancy or chronic diseases, and the poor sanitation conditions have increased urinary tract infections for women, redoubling their need to use toilets.⁴⁹¹

Attacks Against Healthcare

Between 7 October 2023 and 18 July 2024, there have been 486 attacks in Gaza (746 individuals killed) and 574 in West Bank (23 individuals killed).⁴⁹² There have also been 68 attacks on healthcare in Israel (24 killed) and 13 attacks in Lebanon (18 killed).⁴⁹³

Location	Total attacks	Total killed	Total injured	# Incidents impacting health facilities	# Incidents impacting medical transport
Gaza	486	746	967	396	89
West Bank	517	23	100	101	292
Israel	68	24	34	18	23
Lebanon	13	18	22	8	7
Total	1074	810	1123	523	411

HUMANITARIAN HEALTH RESPONSE

The oPt Flash Appeal calls for US\$ 3.42 billion. As of 3 July, US\$1.22 billion has been disbursed out of US\$3.42 billion (36 per cent) 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 2024.⁴⁹⁴

The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is US\$ 408.5 million and is targeting 2.9 million people in Gaza and West Bank.⁴⁹⁵ As of July 4, the Health Cluster was 37% funded. The Health Cluster is the third most funded sector, after Food Security and Multi-purpose Cash Assistance.⁴⁹⁶

As of 15 June 2024, of the 16 partially functional hospitals (of 36 hospitals), 12 are partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.⁴⁹⁷ There are 8 field hospitals, including 4 fully functional and 4 partially functional.⁴⁹⁸ Only 43% of primary health care centres are partially functional (45 out of 103).⁴⁹⁹ There are 16 Emergency Medical Teams (EMTs) deployed, including two in northern Gaza.⁵⁰⁰ In total, 139 health service posts, including 98 medical points and 41 primary healthcare centres, have been set up or supported by Health Cluster partners.⁵⁰¹

As of 3 July 2024, at least 274 aid workers killed (267 nationals, 7 foreigners), including: 197 UN staff, 33 PRCS staff and volunteers, including 19 while on duty.⁵⁰² At least 44 other aid workers have also been killed.⁵⁰³ A reported 500 health workers have also been killed, including at least 15 also counted under aid workers above along with 75 Civil Defence staff killed while on duty and 153 journalists and media workers killed.⁵⁰⁴

There are 85 Health Cluster partners engaging in Gaza, as of 11 July 2024, including all UN agencies, donors, MSF, ICRC, IFRC and PRCS, with 51 directly implementing partners. In the West Bank, there are currently 21 health cluster partners directly implementing across the 11 governorates.

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Need to show where the outbreak-prone disease burden is, to allow rapid targeted outbreak response and disease-control activities	Expansion Early Warning Alert and Response System
	Need strong health status measures, to help direct resources where the greatest burden of mortality is.	Population Mortality Estimation
	Need first-hand evidence on the current health status and estimation of the burden of disease in the shelters. Used for prioritization among potential needs	Health Needs Assessment
	Prevalence of Moderate and Severe Acute Malnutrition	Anthropometric Measure through expansion of EWARS system to nutrition assessment
	Burden of trauma and disabilities	Shelter-based trauma survey
	Nutritional status	Nutrition assessments / Anthropometric measures

Health resources & services availability	Need a snapshot on the functionality of health facilities, accessibility and availability of services and helps identify the bottlenecks for non-functionality of services.	HeRAMS (WHO) which is already underway of implementation
Humanitarian health system performance	Data required regarding health needs of population, despite limitations of access and delivery due to conflict.	Support from UN, INGOs, NGOs, and local health authorities required

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