






Public Health Situation Analysis (PHSA)

This is the sixth 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: (Extreme- Level 6)	INFORM Risk 2024 for Palestine: 3.7/ 10 (Medium)
 Food security	Malnutrition			
 Displacement	Acute respiratory infection (ARI) including COVID-19	G3	West Bank: (Substantial- Level 4/5)	Global Risk Ranking for Palestine in 2024: 78 out of 191 countries
 Epidemics	Acute diarrheal illness			
 Nutrition	Non-communicable diseases (NCD)			
	Mental health conditions			
	Maternal and neo-natal health			
	Poliomyelitis (cVDPV2)			

SUMMARY OF CRISIS AND KEY FINDINGS

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 18 September 2024, more than 41 000 Palestinians were killed and 95 000 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

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.⁴ Despite ongoing 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, increasingly frequent evacuation orders, restrictions on movement and access by Israeli authorities, and damage to infrastructure.⁵

At least 1.9 million people (or nine in ten people) across the Gaza Strip are internally displaced, including people who have been repeatedly displaced (some, up to 10 times or more).⁶ The population is increasingly forced to concentrate within the Israeli-designated zone in Al Mawasi, which spans roughly 11% of Gaza's total area.⁷ The severe overcrowding, with a density of 30 000 to 34 000 individuals per square kilometre has exacerbated the dire shortage of essential resources.⁸

These on-going hostilities and repeated displacement continue to erode people's ability to cope and access humanitarian assistance; and increase the overall fragility of communities.⁹ In southern Gaza, FEWS NET assesses Emergency! (IPC Phase 4!) outcomes are currently ongoing amid rapid shifts in raid and clearing operations, evacuation orders, and population displacement.¹⁰ A total of 165 patients have been admitted due to severe acute malnutrition with complications.¹¹ Since January to 9 August 2024, around 237 000

children were screened for acute malnutrition: 14 692 were admitted for treatment due to malnutrition, including 1.3% with SAM and 4.8% with moderate acute malnutrition (MAM).¹² Despite the dire situation, humanitarian food assistance deliveries declined further in July 2024 and were among the lowest levels observed since October 2023.¹³

Between 7 October 2023 and 19 September 2024, there have been 492 attacks against healthcare in Gaza (747 individuals killed) and 520 in West Bank (23 individuals killed).¹⁴ Every single hospital in Gaza has been affected, and no hospital remains fully functioning in Gaza and the healthcare system is now close to collapse.¹⁵ As of 11 September 2023, there are 17 hospitals partially functional (3 in North Gaza, 7 in Gaza, 3 in Deir al Balah, 4 in Khan Younis) and 19 out of 36 hospitals out of service.¹⁶ Medical evacuations of critically ill and injured patients outside Gaza remain generally suspended since the closure of the Rafah crossing on 7 May, with few exceptions allowed in recent months. An estimated 12 000 patients have been unable to leave and receive urgently needed medical care abroad since then.¹⁷

The war has inflicted further devastation, crippled vital waste collection infrastructure and exacerbated an already dire situation.¹⁸ The ongoing constraints on the entry of sufficient fuel supplies continue to severely reduce people's access to WASH services.¹⁹ 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.²⁰

Destruction of health infrastructure, attacks on hospitals and health workers and severe restrictions on the entrance of medical supplies, have devastated Gaza's health, water and sanitation infrastructure, driving the current public health crisis in Gaza.²¹ The dire situation was recently highlighted by the detection of circulating variant poliovirus type 2 (cVDPV2) in Gaza, after 25 years of being polio-free. Humanitarian pauses across specific areas of the Gaza Strip have enabled the first round of the emergency polio vaccination campaign.²²

On 28 August, Israeli forces launched a full-scale military operation against areas in the West Bank.²³ Systematic aerial and ground attacks on Jenin, Nablus, Tulkarem and Tubas governorates, particularly targeting refugee camps, have intensified in the past few months.²⁴ Between 7 October 2023 and 31 July, 772 Palestinians were killed in the West Bank, including East Jerusalem.²⁵ The recent incursions on the West Bank are the most intense since 2002 and are part of a wider pattern of violence that has sharply deteriorated since the start of the war in Gaza.²⁶

In the Jenin municipality, approximately 70% of the road networks were destroyed, severely affecting the underlying infrastructure for water, sewage, and internet services.²⁷ It is estimated that 20 km of essential water, sewage, electricity, and communication networks have been bulldozed. All residents of Jenin RC are experiencing water cut-offs, while approximately 80% of Jenin City is facing similar conditions.²⁸

Between 7 October 2023 and 6 September 2024, according to the Israeli military and official Israeli sources cited in the media, more than 1540 Israelis and foreign nationals were killed, the majority on 7 October and its immediate aftermath.²⁹ The figure includes 340 soldiers killed in Gaza or along the border in Israel since the beginning of the ground operation. In addition, 2270 Israeli soldiers were reported injured since the beginning of the ground operation.³⁰

This most recent violence does not come in a vacuum.³¹ 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.³² In 2022, UNRWA reported that 81% of Palestine refugees in Gaza live below the national poverty line, with 33% of families extremely poor. Gaza also faces high unemployment rates, with 44% of the population unemployed in 2022.³³ 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.³⁴

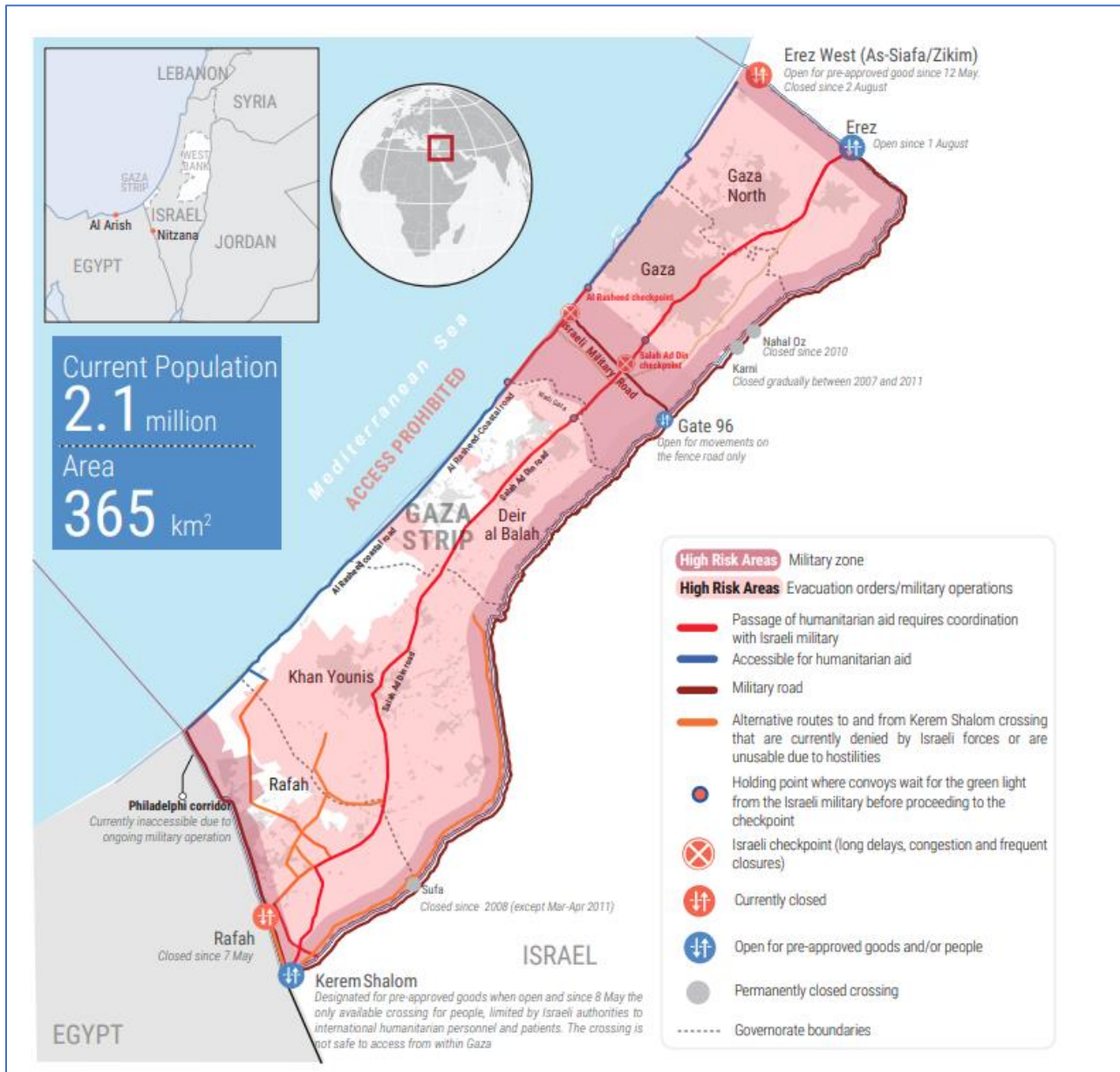






Figure 1- Humanitarian Access Map, Gaza Strip (OCHA, August 2024)³⁵

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT	PALESTINIANS IN GAZA
Flash Appeal oPt	Flash Appeal oPt	At least 1.9 million people (or nine in ten people) across Gaza are internally displaced, including people who have been repeatedly displaced (some, up to 10 times or more). ⁴²	Deaths
Total Funding Required: US\$3.42 billion ³⁶	Health Funding Required: US\$ 510 million ³⁹		>41 000 people ⁴³
Gaza Target: 2.3 million people ³⁷	Gaza Target: 2.2 million ⁴⁰		Injuries
West Bank Target: 800k people ³⁸	West Bank Target: 0.7 million ⁴¹		>95 000 people ⁴⁴

Humanitarian Response To Date

oPt Flash Appeal 2023-2024: This is the successor to the Flash Appeal for the Occupied Palestinian Territory (oPt) originally published on 12 October 2023.⁴⁵ The oPt Flash Appeal calls for US\$3.42 billion. As of 5 September, Member States have disbursed approximately US\$1.60 billion out of the US\$3.42 billion (48%) 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 2024.⁴⁶ As of July 2024, the UN estimates that about 2.1 million people remain in the Gaza Strip, and this updated number is now used for programmatic purposes.⁴⁷

oPt Humanitarian Fund: During August 2024, the occupied Palestinian territory Humanitarian Fund (oPt HF) managed a total of 93 ongoing projects, totalling US\$79.7 million.⁴⁸ These projects aimed to address urgent needs in the Gaza Strip (89%) and the West Bank (11%). Of these projects, 52 projects are being implemented by international non-governmental organizations, 29 by national NGOs and 12 by UN agencies. Notably, 32 out of the 64 projects implemented by INGOs or the UN are being implemented in collaboration with national NGOs.⁴⁹

Perceptions of Aid Fairness: Recent assessments in Gaza by Ground Truth Solutions found that aid distributions are described as unsafe, with mentions of theft and looting.⁵⁰ Only a little over half of people assessed reported feeling respected in the process. People also voiced concerns about corruption and favouritism, with only 18% reporting that they think aid provision in Gaza is fair.⁵¹ Women-headed households, children with no surviving family, sick, injured and chronically ill persons, and those living with disabilities were most mentioned as those missing out.⁵² The context in Gaza poses such deep challenges that it has proven impossible to uphold these standards.⁵³ Theft and looting of aid entering Gaza adds to the violence from the combats.⁵⁴

Furthermore, the assessment found that everyone assessed has either provided or received support from others in their community, most commonly by providing food and water, sharing information and helping with daily tasks.⁵⁵ Many say this has been more effective than international aid. These efforts continue, but as the conflict drags on and resources became even scarcer, some people say they are pushed to prioritise their needs and those of their families over solidarity with their extended communities.⁵⁶

Healthcare and Medical Evacuations

Between 7 October 2023 and 8 September 2024, there have been 492 attacks in Gaza (747 individuals killed) and 520 in West Bank (23 individuals killed).⁵⁷ Every single hospital in Gaza has been affected, and no hospital remains fully functioning in Gaza and the healthcare system is now close to collapse.⁵⁸

As of 11 September 2023, there are 17 hospitals partially functional (3 in North Gaza, 7 in Gaza, 3 in Deir al Balah, 4 in Khan Younis) and 19 out of 36 hospitals out of service.⁵⁹ A total of 9 field hospitals are functional, including 4 fully and 5 partially (2 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah). A total of 43% of primary health care centres are partially functional (57 out of 132). A total of 37% (10 out of 27) of UNRWA health centres are operational, with 15 Emergency Medical Teams (EMTs) deployed, including three in northern Gaza.⁶⁰

Medical evacuations of critically ill and injured patients outside Gaza remain generally suspended since the closure of the Rafah crossing on 7 May, with few exceptions allowed in recent months.⁶¹ A total of 41% (5968 out of 14,469) of critical patients who submitted requests for medical evacuation were approved; these include 35% (5033 out of 14 469) who were medically evacuated abroad as of 26 August.⁶² As of 12 September, it is estimated that 12 000 patients have not been evacuated since the closure of Rafah Crossing on 7 May. On five occasions, 221 patients along with 292 companions have been exceptionally evacuated via Kerem Shalom Crossing.⁶³ The Health Cluster has warned that, without a systematic mechanism for the medical evacuation of severely sick and injured patients outside Gaza, the waiting list “keeps growing while the clinical conditions of many of them continue to deteriorate.”⁶⁴

Increasing Hostilities in the West Bank

On 28 August, Israeli forces launched a full-scale military operation against areas in the West Bank.⁶⁵ Systematic aerial and ground attacks on Jenin, Nablus, Tulkarem and Tubas governorates, particularly targeting refugee camps, have intensified in the past few months.⁶⁶ The recent incursions on the West Bank are the most intense since 2002 and are part of a wider pattern of violence that has sharply deteriorated since the start of the war in Gaza.⁶⁷

Between 7 October 2023 and 31 July, 772 Palestinians were killed in the West Bank, including East Jerusalem.⁶⁸ Of them, 146 Palestinians have been killed and 54 injured in 55 airstrikes.⁶⁹ By contrast, six Palestinians were killed in airstrikes in 2023 (up till October) and none in the preceding 3 years.⁷⁰ A total of 14 632 Palestinians have been injured in West Bank since January 2023, including 2167 children.⁷¹ During the same time period, there have been 41 Israeli fatalities in the West Bank, including 8 children and 13 members of Israeli forces.⁷²

A UN independent expert warned that Israel's intensification of its military assault against the northern West Bank marks a dangerous escalation of grave violence and human rights violations. Increasing military operations are causing heavy death tolls and widespread destruction to the West Bank's urban areas.⁷³ The Israeli incursions, have also caused wide-scale damage to road infrastructure, electricity networks and water supplies, seriously hampering medical activities in Jenin and Tulkarm cities.⁷⁴ MSF medical teams have been forced to suspend their activities in both Tulkarm and Jenin cities since the start of the recent incursions. In Jenin and Tulkarm, ambulances and health workers have been repeatedly attacked, seriously compromising medical activities.⁷⁵

As a result of the hostilities, the Palestine Red Crescent Society (PRCS) expressed its deep concern about the shrinking of humanitarian space in the north of the West Bank, particularly in Jenin. There are reports that on-going hostilities have impeded PRCS medical missions' access to casualties and patients, with PRCS ambulances targeted by open fire, leading to the injury of 2 EMTs and a volunteer doctor while on duty. PRCS teams have been prevented from transporting various casualties, patients and elderly suffering from chronic diseases, and women in labour.⁷⁶

Displacement and Evacuation Orders

Gaza: At least 1.9 million people (or nine in ten people) across the Gaza Strip are internally displaced, including people who have been repeatedly displaced (some, up to 10 times or more).⁷⁷ Out of the 1.9 million people displaced in Gaza, 1.7 million are directed to an area of 48 km² (population density: 35 416/km²).⁷⁸ The population is increasingly forced to concentrate within the Israeli-designated zone in Al Mawasi, which spans to only about 41 square kilometre or roughly 11 % of Gaza's total area.⁷⁹ The area is lacking critical infrastructure and basic services, while aid provision is limited due to access and security issues.⁸⁰

Currently, over 88% of the Gaza Strip is under evacuation orders, forcing hundreds of thousands to be displaced. There have been over 40 orders issued since 1 January 2024.⁸¹ During August alone, the Israeli forces have issued 16 evacuation orders – on average, once every two days – forcing as many as 250 000 people to move yet again.⁸²

The scale of devastation is nearly incomprehensible, with an estimated 59% of buildings damaged or destroyed, including over 215 000 homes.⁸³ In addition, as of 15 February 2024, more than 300 home barns, 100 agricultural warehouses, 46 farm storage facilities, seven agricultural suppliers, 119 animal shelters, and over 500 farms have been damaged.⁸⁴ With regards to land and agriculture, as of May 2024, 57% of all cropland has been damaged and 1049 agricultural wells have been impaired.⁸⁵ With regards to water and sanitation, as of 15 July, 69% of infrastructure has been destroyed, severely or moderately damaged.⁸⁶

A recent assessment found that since October 2023, 95% of the people assessed have been forcibly displaced and 50% of them have been displaced four times or more.⁸⁷ Three-quarters (77%) of those we spoke with do not feel safe where they have found themselves, as Israel launches attacks on previously cited “safe zones,” often informal tented settlements. This feeling is even stronger among men, who feel more likely to face detention, severe mistreatment and even torture.⁸⁸ Living in a tent not only means a physical incapacity to find protection from attacks, but also a prolonged lack of security, living with fewer possessions and an inability to safeguard one's few remaining valuables.⁸⁹

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.⁹⁰ 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.⁹¹ 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.⁹² At least 10 people, including two children, have been killed during these attacks, and at least 234 have been injured, including 20 children.⁹³

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.⁹⁴ There is a lack of recent detailed information on the destination and shelter conditions of displaced families and communities.⁹⁵

Heightened violence and displacement, along with increased movement restrictions, have also prevented Palestinian access to livelihoods and essential services across the West Bank.⁹⁶ 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.⁹⁷

Food Insecurity

Gaza: In southern Gaza, FEWS NET assesses Emergency! (IPC Phase 4!) outcomes are likely ongoing amid rapid shifts in raid and clearing operations, evacuation orders, and population displacement.⁹⁸

Humanitarian food assistance deliveries declined further in July and are among the lowest levels observed since October 2023; however, distribution reports suggest humanitarian agencies managed to deliver food parcels biweekly to 25-45% of the 1.8 million people sheltering in Deir Al-Balah and Khan Younis in June and in the first half of July, in addition to providing hot meals to 30-40% of the population daily.⁹⁹

Households' financial access to available market supply remains highly constrained by a scarcity of income-generating activities.¹⁰⁰

The lack of entry of commercial supplies into northern Gaza for more than three months has resulted in a severe absence of protein sources such as meat and poultry, with only a few types of vegetables available at unaffordable prices.¹⁰¹ The shortage of animal feed and essential veterinary materials in the Strip affects animal health and welfare. This hinders local production of fresh nutritious food like meat and dairy products, which are key to a healthy and nutritious diet, especially for children.¹⁰²

The lack of entry of seeds, fertilizers and other livestock and crop production inputs is a key obstacle hampering the restoration of local food production in Gaza. There is an urgent need to strengthen advocacy for, and implementation of, a dual-track approach to food assistance and emergency livelihood interventions. Agricultural activities, including small-scale gardening that is critical to enhance dietary diversity, remain largely suspended. The implications of missing the upcoming agricultural season will devastate people's livelihoods.¹⁰³

West Bank: Moreover, the conflict in the Gaza Strip also had ripple effects in the West Bank, resulting in city closures, heightened checkpoint presence, revoked work permits for working in Israel and farmers barred from accessing their agricultural lands.¹⁰⁴ These compounded challenges have negatively impacted livelihoods, the economy, and the food security of thousands of households in the West Bank.¹⁰⁵

Water, sanitation and hygiene (WASH)

Gaza: WASH services and responses are severely hampered by the ongoing destruction of water and sanitation facilities, restricted access, and limitations on the entry of essential resources and items. The approaching rainy season will exacerbate these challenges.¹⁰⁶ The Council for Northern Gaza Municipalities and the Municipality of Gaza City have reported the destruction of 97 water wells, 13 major sewage pumps, 57 generators used for wells, 204 waste collection vehicles and 560 000¹⁰⁷ metres of water and sewage lines since October 2023.¹⁰⁸

As winter sets in, extensive damage to rainwater and sewage networks is likely to result in severe flooding, particularly in Jabalyia Camp and Beit Lahia where humanitarian needs are already acute. The WASH Cluster has highlighted the near impossible conditions partners are operating under, including access challenges that disrupt the transfer of essential items.¹⁰⁹ The evacuation orders also significantly restricted access to WASH facilities, especially water wells, which sustained considerable damage, leading to decrease of the overall water production across the Gaza Strip.¹¹⁰

The water supply in Deir al Balah has decreased by at least 75%¹¹¹ due to the shutdown of pumps and desalination plants located within evacuation zones. A severe chlorine shortage for water disinfection, with reserves expected to last only one more month, is fuelling disease, skin infections, hepatitis A and now polio.¹¹²

A recent assessment conducted in Gaza found that every person interviewed said they wanted to escape the constant pollution and dust.¹¹³ People talked constantly of the need for clean water and the stress of trying to live with dirty water. They worry about its health implications for their families, as their days are often completely taken up by the quest to try to replenish potable water supplies.¹¹⁴ The assessment also

revealed that more than 49% of households are drinking unhealthy / polluted water, and over 70% of households are postponing showering due to lack of water / cleaning supplies.¹¹⁵

Recently there has been a staggering increase in the cost of basic hygiene items. In July, the price of soap increased 1177 % and shampoo has increased 490% across the Strip, compared to July 2023.¹¹⁶ The lack of affordable hygiene items, combined with limited access to clean water and sanitation facilities, poses a growing risk of severe health impacts. This is especially true for families who have been displaced, as they face extreme difficulties maintaining basic hygiene in overcrowded shelters and displacement sites. These conditions are all likely to deteriorate further during the winter.¹¹⁷

Fuel accessibility issues are also severely impacting operations. In July, the fuel received by the WASH sector covered only 35% of the essential critical needs of fuel to operate the WASH facilities.¹¹⁸ Fuel stations required for solid waste management are inaccessible, as are previously deconflicted temporary solid waste dumping sites.¹¹⁹ Throughout Gaza, 395 000 tons of accumulated tons of solid waste are piling up in streets, between tents in displaced tented areas, and next to the rubble in back alleys.¹²⁰ The collapse of solid waste management since the war began is worsening the public health crisis.¹²¹ 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.¹²²

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.¹²³

West Bank: Raids on the West Bank have disrupted electricity and water services. Between 7 October 2023 and 9 September 2024, Israeli authorities demolished more than 300 agricultural structures, more than 100 WASH structures, and 200 livelihood structures.¹²⁴ Following a ten-day large-scale operation, 25 km (70%) of Jenin refugee camp's roads and the underlying water and sewage networks were bulldozed. As a result, since 28 August, water has been cut to about 35 000 camp residents who have also experienced sewage overflows.¹²⁵

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).¹²⁶

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.¹²⁷

Humanitarian Access and Attacks on Humanitarians

Gaza: Ongoing hostilities and access constraints continue to severely hinder the delivery of life-saving aid across the Gaza Strip. On 27th August 2024, a total of 30 INGOs publicly expressed severe concern over the imminent collapse of the humanitarian response in Gaza, which would leave millions of civilians without aid.¹²⁸ Apart from the damaged roads, aid workers grapple daily with slow authorizations and frequent refusals when they ask for permission to move. Looting and problems of public order are also frequent, especially when convoys must wait for hours at holding points.¹²⁹

With over 88% of the Gaza Strip under evacuation orders, this has severely impacted humanitarian operations, causing massive disruptions in assistance.¹³⁰ The multiple Israeli-issued evacuation orders have forced around 70 kitchens to either suspend cooked meal provision or relocate.¹³¹ In August more than 1 million people did not receive any food rations in southern and central Gaza. Continuous displacement is disrupting access to nutrition sites and distribution cycles, hindering the humanitarian partners' ability to maintain consistent service delivery.¹³² As winter approaches, the situation is expected to worsen, complicating the delivery of critical assistance to flood-prone shelters and areas at risk of disease outbreaks.¹³³

The closure of Rafah Crossing, the security situation around Karem Shalom, and the break in law and order inside Gaza Strip, have led to an estimated decrease of 56% in humanitarian aid cargo compared to April 2024.¹³⁴ According to OCHA, between 1 and 31 August 2024, an average of only 69 humanitarian trucks entered the Gaza Strip per day.¹³⁵ This is well below the pre-crisis average of 500 trucks per working day.¹³⁶

In August 2024, UN and its NGO partners conducted 598 coordinated humanitarian movements across the Gaza Strip: 395 in the south and 203 in the north. Of these, only 250 were facilitated, 99 impeded and 176 denied. In total, 46 per cent of humanitarian movements have been either denied or impeded in August, making it the most challenging month for humanitarian access since January 2024.¹³⁷

To date, 294 aid workers have been killed in Gaza, the majority of whom were UN employees, including 212 of UNRWA's — the highest number of UN aid workers killed in history.¹³⁸ Since 1 January 2024, UN partners in Gaza have recorded 16 incidents in which UN vehicles have been hit.¹³⁹ On 30 August, Anera reported that an Israeli airstrike killed four Palestinians at the front of its aid convoy carrying food and fuel to the Emirati Red Crescent Hospital.¹⁴⁰ This follows an incident in which a World Food Programme (WFP) convoy was directly fired upon on 28 August resulting in the temporary suspension of staff movements.¹⁴¹ Despite being clearly marked and receiving multiple clearances by Israeli authorities to approach, the vehicle was directly struck by gunfire. None of the employees onboard were physically harmed.¹⁴² The incident is a stark reminder of the rapidly and ever shrinking humanitarian space in the Gaza Strip.¹⁴³

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 2023.¹⁴⁴ 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.¹⁴⁵ Israeli authorities also implement curfews in response to security incidents, stranding Palestinian residents in their homes or villages for varying periods.¹⁴⁶

Vulnerable Groups in Gaza

Before the recent escalation, the total number of inhabitants in Gaza was estimated to be around two million, with more than 70 % of the population recorded as refugees.¹⁴⁷ 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.¹⁴⁸ 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.¹⁴⁹

Its estimated that at least 3000 women may have become widows and heads of households, in urgent need of protection and food assistance.¹⁵⁰ Widows face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹⁵¹

For families with elderly relatives or family members with disabilities who simply cannot move, it is women who disproportionately stay behind as caregivers.¹⁵² Family separation has also led to mixed impacts on the role of women within their households. According to their anecdotal evidence, separation from their husbands has given some the role of decision-maker for the household, but expanded responsibility for daily tasks such as collecting firewood or waiting in long lines to receive aid has increased the daily burden on others.¹⁵³ A recent assessment found there are concerns that female headed households are left out of aid distributions.¹⁵⁴

Finally, women and girls are disproportionately affected by the deteriorating health crisis in Gaza—over 5000 female cancer patients are unable to access treatment; twenty-five percent of

women reported skin infections, twice as many as men; and they account for most hepatitis A and gastrointestinal diseases.¹⁵⁵

- **Children:** Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹⁵⁶ Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹⁵⁷ 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.¹⁵⁸
- **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.¹⁵⁹ Men also report being more likely to face detention, severe mistreatment and even torture.¹⁶⁰
- **Persons with Disabilities (PwD):** People with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.¹⁶¹ Over 15% of the IDPs are estimated to have disabilities.¹⁶² Women and girls make up approximately 45% of the population with disabilities.¹⁶³ 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.¹⁶⁴ 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.¹⁶⁵ Recent assessments also found that the sick, injured, chronically ill (34%) and those living with disabilities (32%), are frequently considered to be missing out on assistance.¹⁶⁶
- **Older People:** The older people in oPt rely primarily on traditional systems, whereby their families are their main source of upkeep, care and support. The physical and mental health of older people is negatively affected due to gaps in social protection and health services due to the conflict.¹⁶⁷ The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹⁶⁸ Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.¹⁶⁹ Older people are also at particular risk of malnutrition, which increases mortality among those with acute or chronic illnesses. HelpAge International has reported that even before October 2023, 4% of older people in Gaza were going to bed hungry at least once a week, with 6% hungry every night.¹⁷⁰
- **People with Mental Health Conditions:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹⁷¹ In July 2021, 20% of households in Gaza reported at least one child showing signs of psychosocial distress in the 30 days before data collection.¹⁷² 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.¹⁷³

HEALTH STATUS AND THREATS

Population mortality: Ischemic heart disease was the main cause of death in Palestine, accounting for 22.2% of all deaths, followed by cancer causing 14.3% of all deaths. In West Bank, statistics showed that COVID-19 dropped from the first cause of death in 2021 to the fifth rank, causing 8.3% of all deaths in West Bank. In Gaza, COVID-19 dropped from the second cause of death in 2021 to the fourth rank, causing 6.8% of all deaths in Gaza.¹⁷⁴

Cancer is the second cause of death in Palestine in 2022, with a mortality rate 42.6 per 100 000 population. In Gaza, the total reported cancer deaths were 914 deaths, which was 15.1% of all deaths in Gaza, with a mortality rate of 42.2 per 100 000 population.¹⁷⁵ The high percentage of deaths among males is since lung cancer is more prevalent among males. In 2022, 86% of the incident cases were among males, and lung cancer is the most common cause of death among cancer patients.¹⁷⁶

In Palestine, the mortality rate of diabetes complications was 26.6 deaths per 100 000 population. In Gaza, the mortality rate of diabetes complications was 8.9 per 100 000 population, and it was the 10th cause of death in Gaza Strip in 2022.¹⁷⁷ In West Bank, diabetes was the 3rd cause of death with mortality rate of 39.9 deaths per 100 000 population. Diabetic patients above 59 years old are representing 85% of deaths due to diabetic complications.¹⁷⁸

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

Figure 2 Major causes of death in Palestine in 2022 (MoH, 2023)¹⁷⁹

Across oPt, the top three causes of neonatal mortality are prematurity, respiratory infections and congenital malformations, which constitute 61% of neonatal mortality, and approximately 25% of children under 5 that suffer from anaemia.¹⁸⁰ 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).¹⁸¹ Infant mortality rates for children born in refugee camps are significantly higher than for their counterparts from urban and rural areas.¹⁸²

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

Vaccination coverage: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.¹⁸³ 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.¹⁸⁴ The COVID-19 response generated significant investments in public health infrastructure and vaccines.¹⁸⁵ However, routine vaccination has been interrupted with the escalation of violence. The impact of the vaccination system breakdown has become apparent with the reemergence of vaccine preventable diseases (VPDs), including with the recent outbreak of poliovirus type 2 (cVDPV2), after 25 years of being polio-free.¹⁸⁶

VACCINATION COVERAGE DATA	Year ¹⁸⁷	Gaza Strip	West Bank	Year ¹⁸⁸ estimates	oPt ¹⁸⁹
DTP-containing vaccine, 1st dose	2022	104.1 %	99.9 %	2023	88%

DTP-containing vaccine, 3rd dose	2022	102 %	95 %	2023	88%
Polio, 3 rd dose	2022	103 %	102 %	2023	89%
Measles-containing vaccine, 1st dose	2022	101.9 %	98.4 %	2023	89%

COVID-19 Vaccination: As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.¹⁹⁰ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹⁹¹ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82 % of the Gazan population (aged 12 years and older) had been vaccinated and 32.51% were fully vaccinated.¹⁹² Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹⁹³ A 2021 survey found that 72% of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁹⁴

OVERVIEW OF KEY DISEASE RISKS

GAZA: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury (including rehabilitation)		Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment. ¹⁹⁵ 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. ¹⁹⁶ The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS. ¹⁹⁷ While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners. ¹⁹⁸
Malnutrition		A total of 165 patients have been admitted due to severe acute malnutrition with complications. ¹⁹⁹ Since January to 9 August 2024, around 237 000 children were screened for acute malnutrition: 14 692 were admitted for treatment due to malnutrition, including 1.3% with SAM and 4.8% with moderate acute malnutrition (MAM). ²⁰⁰ At least 557 000 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. ²⁰¹
Acute respiratory infection (ARI) including COVID-19		A total of 974 253 cases reported as of 30 June. ²⁰² Considering the elevated levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old. ²⁰³ 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). ²⁰⁴ As of October 2022, 58 % of the target across oPt were reached with the COVID-19 vaccine. ²⁰⁵
Acute diarrheal illness (including acute watery)		A total of 562 753 cases of diarrhea <5 years: 122 338 as of 30 June. ²⁰⁶ Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens (excluding myiasis). ²⁰⁷ Before the

diarrhoea (AWD), shigella and rotavirus)		escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month. ²⁰⁸ People are also resorting to open defecation. ²⁰⁹
Hypertension/ High blood pressure		As of June 2024, there are more than 650 000 people with raised blood-pressure. ²¹⁰ Services for management of chronic conditions has been deeply impacted, with no fully functional hospitals in Gaza as of February 7, 2024. ²¹¹
Cardiovascular diseases		As of August 2024, there were 45 000 patients living with cardiovascular disease. ²¹² In 2016, cardiovascular diseases were the first leading cause of death among Palestinians, accounting for 30.6 % of deaths recorded. ²¹³
Kidney Disease		As of January 22, 2024, there were 1 100 patients in need of kidney dialysis. ²¹⁴ 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. ²¹⁵ According to MoH reports, there are 60 haemodialysis machines currently available across the Gaza Strip (compared to 182 prior to the war). ²¹⁶
Diabetes		As of August 2024, there are at least 60 000 people with raised blood glucose. ²¹⁷ Before the escalation, in 2022, diabetes was the most common NCD in Palestine.. ²¹⁸ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking. ²¹⁹ Before the escalation in 2016, complications of diabetes were the fourth most common cause of death in Palestine, with a proportion of 8% . ²²⁰
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. ²²¹ A total of 41% of critical patients who submitted requests for medical evacuation were approved; these include 35% who were medically evacuated abroad as of 26 August. ²²² As of 12 September, it is estimated that 12 000 patients have not been evacuated since the closure of Rafah Crossing on 7 May. ²²³ War injuries and cancer were the most common causes of evacuation requests and approvals. ²²⁴ More than 2000 people are diagnosed with cancer each year, including 122 children. ²²⁵
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. ²²⁶ 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. ²²⁷ Maternity services are provided at eight out of 16 partially functioning hospitals, and at four field hospitals (ICRC, IMC, UKMED, and Kuwait FHs). ²²⁸
Mental Health Conditions		About 485 000 people with mental health disorders continue to experience disruptions in their treatments. ²²⁹ 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. ²³⁰ UNICEF also reports 1 million children need mental health and psycho-social support. ²³¹
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. ²³²

Skin infections (including scabies and cutaneous leishmaniasis)		A total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes (30 June). ²³³ 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. ²³⁴
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. ²³⁵ 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. ²³⁶ 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. ²³⁷
Poliomyelitis (cVDPV2)		The oPt had been polio-free for more than 25 years. A 10-month-old unvaccinated child from Deir al-Balah, Gaza, has been confirmed to have polio. The child, who developed paralysis in the lower left leg, is currently in a stable condition. ²³⁸ The first round of a polio vaccination campaign commenced in southern Gaza in September 2024, where over 559 161 children under the age of 10 years. were vaccinated as of 20 September 2024. ²³⁹
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. ²⁴⁰
Chicken Pox		As of 30 June 2024, there were 11 214 cases of chickenpox reported. ²⁴¹
Diphtheria		Although the Gaza Strip has maintained a high administrative coverage for Diphtheria, the current overcrowding, poor hygiene and sanitary living conditions can facilitate the spread.
Mumps		The MoH reported 7/100,000 population cases in 2022.
West Nile Fever (WNF)		Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years. ²⁴² At least 175 people have contracted the virus so far this year - a 400 % increase

		from the same period in 2023 - and eleven have died, according to Israel's Ministry of Health. ²⁴³
Dengue Fever		While little is known about the epidemiology of dengue in the Middle East, ²⁴⁴ globally more dengue fever cases have been recorded so far in 2023 than in the last five years annually. ²⁴⁵
Hepatitis B		When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B. ²⁴⁶ 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. ²⁴⁷ In Gaza, in 2022 there were zero cases of Hepatitis C. ²⁴⁸
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. ²⁴⁹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population. ²⁵⁰ In 2022, two cases were registered in Gaza. ²⁵¹
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. ²⁵²
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. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

Trauma and injury (including rehabilitation): Between 7 October 2023 and 18 September 2024, more than 41 000 Palestinians were killed and 9 000 were injured, according to MoH in Gaza.²⁵³ More than 10 000 people are estimated to be missing under rubble in Gaza, according to the Palestinian Civil Defence.²⁵⁴ While high fatality figures are reported from Gaza, researchers believe that indirect deaths can range from three to 15 times the number of direct deaths.²⁵⁵

The risk of exposure to unexploded ordnance (UXO) is at its “most dangerous stage,” warns UNMAS.²⁵⁶ UNMAS estimates that over 37 million tons of debris in the Gaza Strip contain about 800 000 tons of asbestos, other contaminants, and UXO, noting that at least 10 % of ammunition potentially fails to function.²⁵⁷ While the exact number of UXO related casualties is unknown, there have been cases of people who died due to the explosion of UXO, according to humanitarian partners.²⁵⁸ On 3 September, a Palestinian girl was reportedly critically injured by the explosion of an UXO in southwestern Khan Younis and succumbed to her wounds on 4 September.²⁵⁹ Internally displaced people, returnees to previously bombarded areas and children are at higher risk of exposure to UXO accidents.²⁶⁰

Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment.²⁶¹ 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.²⁶² 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.²⁶³ Over 90% of families pay for services for children with disabilities and functional difficulties out of their own pocket.²⁶⁴

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.²⁶⁵ Many of these operations on children were done without anaesthetic.²⁶⁶ 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.²⁶⁷ 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.²⁶⁸ 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.²⁶⁹

Furthermore, at least 28 physiotherapists were reported to have been killed in Gaza by 9th January 2024, although the figure is now likely higher.²⁷⁰ 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.²⁷¹ 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.²⁷²

Malnutrition: A total of 165 patients have been admitted due to severe acute malnutrition with complications.²⁷³ Since January to 9 August 2024, around 237 000 children were screened for acute malnutrition, with 14 692 were admitted for treatment due to malnutrition, including 1.3% with SAM and 4.8% with moderate acute malnutrition (MAM).²⁷⁴

Data collected in July suggest global acute malnutrition levels remain atypically high and concerning but have not approached the Famine (IPC Phase 5) threshold.²⁷⁵ While data collected in May suggested just 1% of screened children were acutely malnourished, data collected in July yielded prevalences ranging from 7 to 13% in Gaza City.²⁷⁶

At least 557 000 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.²⁷⁷

Furthermore, 85% 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 % of households reported having to skip meals or eat less food to secure their child's diet.²⁷⁸ 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.²⁷⁹

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.²⁸⁰ 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.²⁸¹

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.²⁸² The situation was of particular concern in Gaza, with 64.3% of the

population classified as moderately or severely food insecure.²⁸³ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.²⁸⁴ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.²⁸⁵ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.²⁸⁶

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.²⁸⁷ 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.²⁸⁸ 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.²⁸⁹

Acute respiratory infection (ARI) including COVID-19: A total of 974 253 cases reported as of 30 June 2024.²⁹⁰ Following decreasing trends in ARI, there has been an increase in cases reported from Week 25 to Week 26 by about 3500 cases.²⁹¹ Considering the high levels of displacement and overcrowding at shelters and hospitals, incidences are likely to be rising rapidly. ARIs are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²⁹² In oPt, infectious diseases cause less than 10 % of all deaths; respiratory diseases cause 70 % of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.²⁹³ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²⁹⁴ The highest incidence of RTIs has been recorded by the cold season (December-March).²⁹⁵

As of September 2024, it is anticipated that the energy crisis will further worsen in upcoming months as winter and the rainy season approach. Protracted shortages of cooking energy continue to force displaced families to burn wood from waste, which hinders proper food preparation and nutrition intake, exacerbates health and protection risks, and causes environmental hazards.²⁹⁶

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.²⁹⁷ 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.²⁹⁸ 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.²⁹⁹ In 2022, the incidence rate was 3784/100 000 population, which resulted in over 400 deaths.³⁰⁰ As of October 2022, a total of 2 012 758 people (58.2 % of the target) across oPt were reached with the COVID-19 vaccine.³⁰¹

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.³⁰² 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 26.³⁰³ After weeks of decreasing trends in Bloody Diarrhoea, the number of reported cases increased by almost 500 cases from Week 25 to Week 26.³⁰⁴

Filth flies are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis and many others.³⁰⁵ 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.³⁰⁶ Before the escalation in hostilities, an average of 2 000 cases of diarrhoea in children under five were recorded per month.³⁰⁷ People are also resorting to open defecation.³⁰⁸

Notably, 25 % of child morbidity cases in Gaza are caused by water-borne diseases.³⁰⁹ According to the MoH in Gaza, there were 4 cases of shigellosis in 2022. Considering the context there is likely to be an ongoing and upward trend of bloody diarrhea (which is potential shigella). While the disease is normally mild, there can be severe morbidity (toxic megacolon, sepsis etc.) which in this context may be more difficult to treat. The risk of spread is very high. Rotavirus is another risk and remains an important cause of

morbidity and mortality in children. Across oPt, the vaccination rate for rotavirus is 93 %, however vaccination services have been severely disrupted in recent months.³¹⁰

Non-communicable diseases (NCD): Medical evacuations of critically ill and injured patients outside Gaza remain generally suspended since the closure of the Rafah crossing on 7 May, with few exceptions allowed in recent months. As of 12 September, it is estimated that 12 000 patients have not been evacuated since the closure of Rafah Crossing on 7 May. On five occasions, 221 patients along with 292 companions have been exceptionally evacuated via Kerem Shalom Crossing.³¹¹

With more than 1 200 people require haemodialysis treatment.³¹² According to MoH reports, there are 60 haemodialysis machines currently available across the Gaza Strip (compared to 182 prior to the war). Therefore, the provided services are severely decreased to two dialysis sessions of two hours per week, instead of three weekly sessions of three to four hours. This has a detrimental impact on the quality of life of these patients and could lead to fatal consequences.³¹³

According to MoH in Gaza, as of 28 June 2024, over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres and about 70% of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients.³¹⁴ More than 2000 people are diagnosed with cancer each year, including 122 children.³¹⁵ As of June 2024, there are more than 650 000 people with raised blood pressure and 45 000 with cardiovascular disease.³¹⁶

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.³¹⁷ In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).³¹⁸ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.³¹⁹ Age-wise, 94% of NCD patients are those aged 40 years and older. In terms of gender, 60% of the patients were female and 40% were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.³²⁰

According to recent assessments by UN Women, more than 162 000 women suffer from or are at risk of non-communicable diseases (NCDs) such as hypertension, diabetes mellitus, cardiovascular disease and cancer. Women, in particular older women, in Gaza have historically been at a higher risk of NCDs. There are over 30 841 women at risk of diabetes, 107 443 women at risk of hypertension, 18 583 women at risk of cardiovascular diseases, and 5201 women with cancer. Disruption in basic care for these diseases can result in long-term complications or death.³²¹

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.³²²

Maternal and neonatal health conditions: The continuous displacement has had a devastating impact on maternal health services in Gaza. More than half a million are women of reproductive age live in Gaza, of whom an estimated 50 000 are pregnant.³²³ 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.³²⁴

Multiple evacuation orders have led to the closure of one safe space for women and girls that provided critical protection and support to those at risk of gender-based violence. Security issues have disrupted these deliveries and fuel supplies, which are essential for maintaining these services.³²⁵ As a result, functioning hospitals are overwhelmed with more patients and must manage with limited resources.³²⁶ Maternity services are provided at eight out of 16 partially functioning hospitals, and at four field hospitals (ICRC, IMC, UKMED, and Kuwait FHs).³²⁷

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.³²⁸ An estimated 155 000 pregnant and breastfeeding women confront obstacles to antenatal and postnatal care. Some 69 per cent had experienced complications such as urinary tract infections, anaemia, pre-term labour and hypertensive disorders.³²⁹

In April 2024, health organizations have reported a threefold increase in miscarriage rates among women in Gaza since October 7.³³⁰ 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.³³¹

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.³³² 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.³³³

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.³³⁴ The overall MMR in both the WB and Gaza has improved, decreasing by around 48 % between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).³³⁵ However, the maternal mortality ratio increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2% compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3% of all deaths.³³⁶

In 2020, the most common direct causes reported in Gaza were bleeding (50%) and sepsis (25%).³³⁷ Most deaths (83.75) occurred inside hospitals, but 71% of women were classified as having severe or critical clinical conditions when they arrived the health facility.³³⁸ Most deaths (78.4%) were preventable, either by potential interventions during the preconception period, antenatal care and inside hospitals.³³⁹ 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).³⁴⁰ This reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions.³⁴¹ A 2019 study found that malnutrition is high among pregnant women (18 %) and mothers of young infants (14%) putting at risk the life and growth of the unborn child.³⁴² Access and steady availability of supplies are of concern.³⁴³

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.³⁴⁴ Close birth spacing and large numbers of births – which are common – are also associated with increased risks.³⁴⁵

Mental health conditions: Since October 2023, the 2.1 million Palestinians living in Gaza have witnessed or experienced an unprecedented number of violent and traumatic events, including direct violence, repeated displacement, and the loss of loved ones, homes, and belongings.³⁴⁶ Such experiences have increased anxiety, depression, and other mental health and psychosocial problems. Extensive destruction of the healthcare system prevents even basic treatment of these conditions in the immediate and long term.³⁴⁷ About 485 000 people with mental health disorders continue to experience disruptions in their treatments.³⁴⁸ 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.³⁴⁹

Almost 1.2 million children in Gaza need mental health and psycho-social support.³⁵⁰ Problems include depression in children as young as five, anxiety, regressive behaviours (e.g. bedwetting in children as old as 14), and suicidal thoughts. High numbers of unaccompanied and separated children are at particularly high risk of developing mental health and psychosocial problems.³⁵¹ The level of toxic stress under which the people in Gaza have been living is having a clear and significant impact on psychosocial wellbeing.³⁵²

Around 75% of women stated they regularly feel depressed; 62% often cannot sleep; and 65% frequently feel nervous and have nightmares.³⁵³ Many men are also impacted by mental health conditions, as they are unable to provide for or protect their families, damaging their sense of self and agency. Social norms and assumptions about masculine displays of emotion lead to under-recognition of men's mental health and psycho-social support needs.³⁵⁴

Older people and people with disabilities have lost access to essential healthcare, social support, and assistive devices, causing feelings of helplessness, isolation, and a higher risk of mental health and psychosocial problems.³⁵⁵

People with pre-existing mental health and psychosocial conditions have no access to consistent medication or treatment.³⁵⁶ Security is a basic minimal requirement for effective psychosocial support and treatment, but there is no safe place in Gaza.³⁵⁷ Without physical and emotional security, Gazans' mental health needs will continue to increase rapidly.³⁵⁸ Assessments conducted in Gaza recently found that everyone in Gaza is living in fear.³⁵⁹ For most people (81%), the fear of losing a loved one is the biggest, most pressing concern – almost double the number of those who fear most for their own safety (43%).³⁶⁰

Mental health issues in oPt are driven by a series of factors including recurrent escalations of hostilities and living under occupation.³⁶¹ In 2020, 198 797 adults (4 % women and 55% men) were estimated to have moderate or severe mental health disorders, while 299 979 children (50% girls and 50% boys) were believed to experience severe, moderate or mild mental health disorders.³⁶² Trauma stemming from violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.³⁶³ Self-reported signs of psychosocial distress or trauma continue to increase, especially in the Gaza Strip.³⁶⁴

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.³⁶⁵ The suicide rate is much higher among young men aged 18-30 who comprise about 75 % of all suicide deaths.³⁶⁶ A key contributing factor is the social pressure on men to provide for their families, a responsibility that many men are unable to fulfil due to the dire economic situation in Gaza where the unemployment rate was 45 % in 2022.³⁶⁷

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.³⁶⁸

In regard to vector risks, filth flies, sandflies, mites, fleas and other ectoparasites are the main vector disease risks. Therefore, urgent action are required for distribution of vector control tools, removal of vector breeding sites (solid waste management) and improved the water, sanitation and hygiene situation.

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

Skin rashes continue to impact Gazans forced multiple times from their homes and shelters.³⁶⁹ A paediatrician reported that every day 200 cases (of 300-400 patients presenting) are related to skin conditions.³⁷⁰ Due to the security challenges, the limited availability of detergents and the high prices of basic hygiene products and chlorine are particularly concerning given the widespread prevalence of skin conditions among the population.³⁷¹ There were a total of 103 385 cases of scabies and lice, and 65 368 cases of skin rashes reported as of 30 June.³⁷²

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.³⁷³ Furthermore, there is a high number of dead donkeys and other animals, which act as vessels for fleas, mites, parasites.³⁷⁴ Such risks also increase the risk of cutaneous leishmaniasis, which causes ulcerative skin lesions.³⁷⁵

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.³⁷⁶ 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.³⁷⁷ The incidence of the disease does not show any difference between males and females.³⁷⁸ 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.³⁷⁹

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.³⁸⁰ 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 %).³⁸¹

Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97 % between 2009 and 2018, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector.³⁸² Routine vaccination has been interrupted with the escalation of violence, however, attempts at restoring it are ongoing.

Typhoid: Typhoid is a life-threatening infection caused by the bacterium *Salmonella Typhi*.³⁸³ Notably between 1 and 6% of people infected with the strain become chronic, asymptomatic carriers, which is huge threat to public health.³⁸⁴ In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.³⁸⁵

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.³⁸⁶ 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 26.³⁸⁷

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.³⁸⁸ Diagnostic testing is limited for viral hepatitis due to the conflict.³⁸⁹ 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 2022.³⁹⁰

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

Poliomyelitis (cVDPV2): There is an on-going urgent response to prevent the spread of polio after circulating variant poliovirus type 2 (cVDPV2) was detected in Gaza, after 25 years of being polio-free.³⁹¹ cVDPV2 has been detected in six environmental samples – or wastewater – collected from central Gaza in June 2024. Gaza has reported four cases of children with acute flaccid paralysis (AFP), including one case of confirmed polio in a child who tested positive for circulating variant poliovirus type 2 (cVDPV2). Two of the reported cases tested negative for poliovirus. Laboratory results are pending on samples from the fourth AFP case.³⁹²

A 10-month-old unvaccinated child from Deir al-Balah, Gaza, has been confirmed to have polio. The child, who developed paralysis in the lower left leg, is currently in a stable condition.³⁹³

The Polio Vaccination Campaign in Gaza, organized by WHO, UNICEF, UNRWA, and the Palestinian Ministry of Health (MOH), with the support of 40 Health Cluster partners, completed its first round despite challenging conditions.³⁹⁴ The campaign, which also involved 2180 health and outreach workers, vaccinated 559 161 children under the age of 10 years.³⁹⁵ Considering Gaza's volatile environment, door-to-door campaigns were not feasible. Instead, vaccinations were conducted in health facilities and through mobile outreach and transit teams. These teams were strategically deployed to ensure access to as many children as possible, even in conflict-affected areas.³⁹⁶

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.³⁹⁷ 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.³⁹⁸

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.³⁹⁹

Chicken Pox: As of 30 June 2024, there were 11 214 cases of chickenpox reported.⁴⁰⁰

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

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

West Nile Fever (WNF): Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context. Notably, there are cases in neighbouring Israel, where WNF has surged in Israel, with case numbers at their highest levels in nearly 25 years.⁴⁰¹ By July 15, the number of patients diagnosed with virus jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June.⁴⁰² On 22 August 2024, the International Health Regulations (IHR) National Focal Point (NFP) of oPt also reported the first death of WNV in Palestine, a 66-year-old female from Salfeet Governorate, West Bank.

Dengue Fever: Dengue virus (DENV) infection is widespread and its disease burden has increased in past decades. However, little is known about the epidemiology of dengue in the Middle East and North Africa (MENA).⁴⁰³ 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.⁴⁰⁴

Hepatitis B: When medical needs are unmet for viral hepatitis, it can lead to serious infections, including hepatitis B.⁴⁰⁵ 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.⁴⁰⁶ In Gaza, in 2022 there were zero cases of Hepatitis C.⁴⁰⁷ 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.⁴⁰⁸

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.⁴⁰⁹ A 2023 study showed that the incidence rate of TB in Gaza was 3.5 per 100 000 population.⁴¹⁰ In 2022, two cases were registered in Gaza.⁴¹¹

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.⁴¹² The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.⁴¹³ 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.⁴¹⁴ The forcible displacement of people through conflict or disaster is associated with disruption of care and

treatment for people already living with HIV.⁴¹⁵ Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.⁴¹⁶

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.⁴¹⁷ Recent data on rabies cases is limited.

WEST BANK: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk***	Rationale
Trauma and injury		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. ⁴¹⁸ Between 7 October 2023 and 31 July, 772 Palestinians were killed in the West Bank, including East Jerusalem. ⁴¹⁹ Of them, 146 Palestinians have been killed and 54 injured in 55 airstrikes. ⁴²⁰ By contrast, six Palestinians were killed in airstrikes in 2023 (up till October) and none in the preceding 3 years. ⁴²¹ A total of 14 632 Palestinians have been injured in West Bank since January 2023, including 2167 children. ⁴²²
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. ⁴²³ A 2022 survey found 12 % of households reported at least one member had showed signs of psychosocial distress or trauma. ⁴²⁴ Nablus reported the highest rates with 52 % of households self-reporting observing signs of psychological distress. ⁴²⁵ This is like a 2021 survey which found that 57 % of West Bank residents surveyed reported symptoms consistent with post-traumatic stress disorder (PTSD). ⁴²⁶ 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. ⁴²⁷ Information from partner HMIS and screenings is showing a 50 % increase in need from January 2023 to January 2024.
Non-communicable diseases (NCD)		There is a high burden of non-communicable/ chronic diseases such as cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases. ⁴²⁸ 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. ⁴²⁹ Maintaining essential services provided by mobile health clinics, vital for community healthcare access, is increasingly challenging due to factors like checkpoints and restricted areas. ⁴³⁰ 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. ⁴³¹ 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. ⁴³²
Protection risks (including GBV, Child Protection and ERW)		Violence against women, particularly by intimate partners, remains at an alarmingly high rate. ⁴³³ A 2022 survey on violence, found 52 % of married or previously married women in West Bank between the ages of 15 and 64 experienced violence by their husband in the 12 months preceding the survey. ⁴³⁴ There is a lack of access to high quality multi-sectoral services (including safe shelter, and adequate clinical management of rape (CMR)

		services). ⁴³⁵ There are increased deaths and injuries of children and men due to Explosive Remnants of War (ERW) contamination. ⁴³⁶ There is a lack of resilience-based coping mechanisms of affected communities to prepare and protect themselves during escalations. ⁴³⁷
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. ⁴³⁸ Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. ⁴³⁹ Movements between governorates and cities within the West Bank remains challenging, as ad hoc closures and restrictions are put in place by Israeli Authorities. ⁴⁴⁰ The overall MMR in the West Bank has improved, decreasing by around 48 % from 38 per 100 000 live births in 2009 to around 19.9 in 2019. ⁴⁴¹ But in 2020 and 2021 there was a noticeable increase in MMR to 28.5 a 100 000 live births. ⁴⁴² This reflects the negative impact of the pandemic on the number of maternal deaths. A study by the MoH found that a total of 22 maternal deaths were reported in the West Bank that year, indicating an MMR of 26.7 per 100 000 live births in the West Bank. The study also found that (68.2 %) of the reported maternal deaths were deemed preventable. ⁴⁴³
Rehabilitation (injuries)		With 4650 people injured across the West Bank, East Jerusalem, and Israel since October 2023, the need for rehabilitation is significant. ⁴⁴⁴ Access to services outside the West Bank are limited, with the permit application and approval rates for health care reduced. ⁴⁴⁵
Malnutrition		While food security is relatively stable, the economic impacts of the recent escalation may impact the nutrition status of the population. The World Bank reports the West Bank economy has experienced a 22 % decline since the recent escalation. ⁴⁴⁶ 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. ⁴⁴⁷ Women and girls in the West Bank face particular disadvantages, with more than 12 % of all households in the West Bank being female headed. The feminization of poverty is a common phenomenon in the oPt, with negative coping mechanisms leading to higher levels of food insecurity, and nutrition related conditions. ⁴⁴⁸
West Nile Fever (WNF)		On 22 August 2024, the first death of WNV in Palestine: a 66-year-old female from Salfeet Governorate, West Bank. Notably, there are cases in neighbouring Israel, where WNV fever has surged in Israel, with case numbers at their highest levels in nearly 25 years. ⁴⁴⁹ By July 15, the number of patients diagnosed with WNV jumped to 440, with a total of 32 people dying from the virus since the outbreak began in June. ⁴⁵⁰ Diagnosis of WNF is a challenge, as patients often present with influenza like symptoms. Confirmation is required by PCR, which is challenging the current context.
Polio		No reports of increased cases. The recent escalation has not yet interrupted routine vaccinations and disease surveillance systems. West Bank has been polio-free for more than 25 years. ⁴⁵¹ However, considering the recent cases in Gaza, there is increased potential for an outbreak.

Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ⁴⁵² As of October 2022, 58 % of the target across oPt were reached with the COVID-19 vaccine. ⁴⁵³
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. ⁴⁵⁴
Rabies		Cases are unlikely to increase because of recent developments in the West Bank. No human cases have been reported in 2022. ⁴⁵⁵ Cases are unlikely to increase because of recent developments in the West Bank.
Hepatitis		Cases are unlikely to increase because of recent developments in the West Bank.
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month. Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months. Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months. Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

DETERMINANTS OF HEALTH

Socio-economic Impact of Conflict

As the war in Gaza approaches its seventh month, the poverty rate in the State of Palestine continues to escalate, reaching 58.4%, thrusting nearly 1.74 million additional people into poverty.⁴⁵⁶ A recent report by the UN Trade and Development (UNCTAD) found the economic impact has been more devastating than in previous escalations (2008, 2012, 2014, and 2021), marked by soaring inflation, rising unemployment in Gaza, and plummeting incomes that have left Palestinians in dire poverty.⁴⁵⁷

By early 2024, between 80 to 96 per cent of Gaza's agricultural assets were destroyed, crippling food production and exacerbating food insecurity. The private sector has also suffered, with 82 per cent of businesses damaged or destroyed.⁴⁵⁸

Gaza's GDP dropped by 81 per cent in the last quarter of 2023, resulting in a 22 per cent annual contraction, and by mid-2024, the economy had shrunk to less than one-sixth of its 2022 size. Two-thirds of pre-October jobs (201 000) were lost by January 2024, further worsening the economic and humanitarian crisis.⁴⁵⁹

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.⁴⁶⁰ Violence and insecurity, property destruction and demolitions, and movement restrictions increasingly impede Palestinian access to livelihoods.⁴⁶¹

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.⁴⁶² 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.⁴⁶³

Physical and psychological violence are a concern in Palestine, driven by traditional patriarchal values, exposure to violence, and economic uncertainty. Data from 2019 found that in Gaza and West Bank, 52 % of married or ever married women had experienced at least one instance of psychological violence by their husbands in the past 12 months, while 18 % experienced physical violence and 7 % experienced sexual violence.⁴⁶⁴ Only 1 % of women approached the police, as help-seeking behaviours can be attributed to fear of stigma, social exclusion, and retaliation, along with the lack of confidential and compassionate service providers.⁴⁶⁵ 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.⁴⁶⁶

Child Protection: As of June 2024, Save the Children estimates approximately 21 000 children are missing in Gaza.⁴⁶⁷ The number of unaccompanied and separated children in Gaza has likely increased to 3-5 % of the overall displaced population according to a recent assessment by International Rescue Committee (IRC).⁴⁶⁸ Doctors reported to the IRC that children without surviving family members are being found in hospitals, essentially living there alone due to the lack of alternative care arrangements. IRC indicated that, since October, 41 % of families in Gaza were caring for children who were not their own, and a UN survey in April 2024 estimates that this rate is more than eight times higher than in other emergency situations, where the figures range between three and five %.⁴⁶⁹

Despite the care provided by community members, the grave conditions and the lack of resources are heightening fears of child neglect, particularly amid recent displacements, as families may be forced to prioritize their own children over others, due to limited space and resources.⁴⁷⁰

Pre-current escalation, it is estimated that 35 % of under 5-year-old children are at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.⁴⁷¹

The ILO estimates that perhaps 25 % of the people killed in Gaza have been men of working age – generally, women do not work.⁴⁷² People's coping ability decreases with each new displacement and the more times a person has been forced to flee, the more negative their coping strategies become. A recent assessment found that a quarter of those assessed said they had been forced to send their children to work.⁴⁷³ The consequences of child labour and sexual exploitation extend into adulthood, affecting individuals' economic stability.⁴⁷⁴

Across the West Bank, increasing levels of settler violence and excessive use of force resulting in injuries and killing of children.⁴⁷⁵ There are arbitrary arrests, detentions and ill-treatment of children. Linked to this, there are increasing levels of children dropping out of school and the prevalence of the most hazardous forms of child labour. These conditions are resulting in an increase in the cases of violence, abuse and neglect of children.⁴⁷⁶

Mine Risks: Despite ongoing efforts by humanitarian partners to conduct in-person and digital Explosive Ordnance Risk Education (EORE) campaigns, educational material as well as minimum standard Explosive Ordnance Disposal (EOD) equipment are refused entry into Gaza by Israeli authorities, therefore limiting the capacity of the mine action response.⁴⁷⁷

In a survey conducted in July and August, 89 % of respondents had not received EORE awareness material in their community and 72 % did not know where to report the discovery of EO or an incident where someone is affected by one.⁴⁷⁸ Despite continuous efforts by the cluster to raise awareness, the lack of material and multiple Israeli-issued evacuation orders have forced them to temporarily suspend their in-person EORE sessions following the evacuation orders in Deir al Balah and Khan Younis. The restrictions on humanitarian partners to assist with mine-action related programmes will increase the risk to people's lives.⁴⁷⁹

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.⁴⁸⁰ In 2021, Palestine reported 0.18km² of landmine contamination, of which 0.08km² was antipersonnel mines and 0.1km² was antivehicle mines.⁴⁸¹ Sixteen confirmed minefields are located within the West Bank and an additional 65 minefields are located on the border with Jordan.⁴⁸² No clearance was conducted in 2021 due to a lack of financial support.⁴⁸³

Education

Palestinian students have faced significant challenges in accessing quality and safe education for decades. However, the escalation of violence following the events of October 7th have exacerbated this education crisis to unprecedented levels. In Gaza, the war has nearly destroyed the education system.⁴⁸⁴ As of 27 August, 9 839 students and 411 educational staff had been killed, while more than 15 394 students and 2,411 teachers had been injured since 7 October. Repeated evacuation orders issued by the Israeli military are severely hampering the response.⁴⁸⁵ A total of 69% of school buildings used as IDP shelters (238 out of 345) were directly hit or damaged (as of 3 May).⁴⁸⁶

Children in the West Bank, including East Jerusalem, have faced increasing violence and restrictions since October 7th too, worsening existing challenges and creating new barriers for all 782 000 students.⁴⁸⁷

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.⁴⁸⁸

There are four main health providers in Gaza (UNRWA, Palestinian health ministry, Health NGOs, and the private sector).⁴⁸⁹ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.⁴⁹⁰ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.⁴⁹¹

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.⁴⁹² Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.⁴⁹³

Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45% of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.⁴⁹⁴ In addition, 60% of the essential laboratory items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.⁴⁹⁵

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.⁴⁹⁶ Approximately 45% of total health care expenditure is through government systems and programmes, while household contributions account for around 39% (most of this out-of-pocket expenditure at the point of service delivery).⁴⁹⁷

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.⁴⁹⁸ More than 63% of expenditure is for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).⁴⁹⁹ In July 2021, 23% of households in Gaza reported facing access barriers for healthcare.⁵⁰⁰

Gaza: In crisis health system status

Health Facilities Functionality: As of 11 September 2023, there are 17 hospitals partially functional (3 in North Gaza, 7 in Gaza, 3 in Deir al Balah, 4 in Khan Younis) and 19 out of 36 hospitals out of service.⁵⁰¹ A total of 9 field hospitals are functional, including 4 fully and 5 partially (2 in Deir al Balah, 5 in Khan Younis, and 2 in Rafah). A total of 43% of primary health care centres are partially functional (57 out of 132). A total of 37% (10 out of 27) of UNRWA health centres are operational, with 15 EMTs deployed, including three in northern Gaza.⁵⁰²

A recent assessment in June and July 2024 found that people rely on an ever-dwindling number of local healthcare centres to look after themselves and their families (34%). Health is a frequent concern for people and almost half the people we spoke to mentioned that injury or illness hinder their capacity to cope.⁵⁰³





Following the partial resumption of operations at the European Gaza Hospital in Khan Younis on 25 August, 17 out of Gaza's 36 hospitals are now functional – all of them partially; three in North Gaza, seven in Gaza, four in Khan Younis and three in Deir al Balah.⁵⁰⁴ While the Al Aqsa Hospital in Deir al Balah remains open,

almost all patients and the hundreds of IDPs seeking sanctuary there fled, after an evacuation order was issued on 25 August, to areas nearby and hostilities intensified.⁵⁰⁵

On 1 September, the Ministry of Health in Gaza announced the completion of the new Emergency Department at the Al Shifa Hospital in northern Gaza.⁵⁰⁶ With a capacity of 70 beds, the new department includes a triage section with three resuscitation rooms, two operating theatres, a sterilization room, as well as a laboratory, a blood bank and a radiology section with basic X-ray and ultrasound capabilities.⁵⁰⁷ The Al Shifa Medical Complex was the largest hospital in Gaza and was destroyed during a two-week long Israeli military siege that began on 18 March. The Health Cluster also reports that a haemodialysis unit comprising 18 dialysis machines has been established at the Az Zawaida Field Hospital in Deir al Balah, after the facility had been hastily opened in late August by Médecins Sans Frontières (MSF), jointly with the MoH, to provide urgent care to patients who had to evacuate Al Aqsa Hospital.⁵⁰⁸

Impact of Evacuation Orders: Evacuation orders and hostilities near hospitals and medical points continue to place these vital facilities at risk of becoming non-functional due to insecurity and lack of safe access for patients, ambulances, and health partners to resupply them.⁵⁰⁹ In July alone, evacuation orders made an additional 10 hospitals, 16 primary health centres and 4 medical points inaccessible to people who desperately need these services.⁵¹⁰

On 26 August, Médecins Sans Frontières (MSF) reported that many people had chosen to flee from the Al Aqsa Hospital, prompted by the proximity to the latest area designated for evacuation in Deir al Balah and an explosion that occurred 250 metres from the hospital. From around 650 patients, only 100 now remain in the hospital.⁵¹¹

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
			
<p>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.⁵¹²</p>	<p>Over 70 % of essential medicines are missing at Gaza's hospitals and primary healthcare centres.⁵¹³</p>	<p>As of 11 September 2024, 17 hospitals partially functional and 19 out of 36 hospitals out of service.⁵¹⁴</p>	<p>Between 7 October 2023 and 8 September 2024, there have been 492 attacks in Gaza (747 individuals killed) and 520 in West Bank (23 individuals killed).⁵¹⁵</p>

Impact of Fuel Shortages: Lack of fuel is increasingly hampering live-saving health services and the operation of vital water and sanitation infrastructure.⁵¹⁶ WHO have highlighted how the lack of fuel deliveries has significantly compromised care in the enclave.⁵¹⁷ 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.⁵¹⁸

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.⁵¹⁹ Fuel shortages may force Al Awda Hospital to suspend maternity services and daily surgeries, including C-sections. The Al Helou International Hospital is also facing considerable operational limitations.⁵²⁰ Delivering fuel and medical supplies to health facilities is extremely challenging in the context of repeated evacuation orders.⁵²¹

Medical supplies and medicines: In September 2024, ICRC reported shortages of consumables and equipment continue to force the medical teams to conserve available resources (e.g., sterile gauzes) or resort to in-house production (e.g., crutches and walkers for physical rehabilitation sessions).⁵²² According to MoH in Gaza, as of 28 June 2024, over 70% of essential medicines are missing at Gaza's hospitals and primary healthcare centres and about 70% of health infrastructure has been destroyed, disproportionately affecting cancer and kidney patients.⁵²³ The MoH reports 83% of health supplies have been exhausted from stockpiles, forcing hospitals and health-care facilities to suspend services such as heart surgeries, cardiac catheterization, and joint replacements.⁵²⁴ 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.⁵²⁵

Impact of Conflict on Healthcare Workers: Healthcare workers are exposed to frequent attacks on health facilities, which have killed 880 healthcare workers since 7 October (as of 2nd September 2024).⁵²⁶ More healthcare workers have been killed in Gaza since October than were reported killed in all conflicts globally in 2021 and 2022 combined.⁵²⁷ In January 2024, only 30% of Gaza's pre-conflict medics were still working.⁵²⁸ Many of Gaza's 25 000 health professionals are among those uprooted, making it difficult for them to get to work.⁵²⁹

The Gaza Health Ministry reported that Israeli forces have detained at least 310 Palestinian healthcare workers since October 7. An NGO documented 259 detentions of healthcare workers and collected 31 accounts describing torture and other abuses by Israeli authorities, including the use of stress positions, deprivation of adequate food and water, threats of sexual violence and rape, and degrading treatment.⁵³⁰

Constant fighting and a complete lack of resources force healthcare workers to make decisions and perform tasks that pose significant emotional and ethical challenges.⁵³¹ Such challenges include rationing limited medications and medical supplies by deprioritising patients in need; operating on patients without anaesthesia; leaving patients behind when evacuating health facilities under attack; and choosing between assisting patients and healthcare workers' own families. In response, many healthcare workers have developed symptoms of anxiety, burnout, guilt, insomnia, depression, intrusive thoughts, and nightmares.⁵³² The death of coworkers and high probability of attack creates feelings of both grief and fear, as going to work means they are likely to experience further violence.⁵³³

The effects of PTSD may persist and worsen over time: a 2016 survey of around 245 healthcare workers who worked in Gaza during the 2014 military escalation, which caused far fewer deaths and injuries than the current conflict, found that 90% continued to exhibit high levels of PTSD two years after the war. Of those affected, 87% had not received any counselling or support after the war ended.⁵³⁴

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

with the Ministry of Health (MOH), NGOs, and other partners.⁵³⁵ This assessment revealed significant gaps in the implementation of fundamental IPC measures, such as hand hygiene, safe injection practices, environmental cleaning and disinfection, reprocessing of medical devices, waste management, patient screening, and isolation capacity of infected patients in addition to IPC specific measures for wound care.⁵³⁶ These gaps are critical to addressing the spread of waterborne diseases, vector-borne diseases, and surgical site infections caused by multi-drug-resistant organisms. Further risks identified include the unsafe disposal of healthcare wastes poses environmental infection risks to patients, health workers, and the public.⁵³⁷

The assessment also highlighted the urgent need to enhance IPC and WASH coordination within healthcare facilities through greater engagement of partners, alongside a focused effort on building IPC capacity, particularly in hospitals in northern Gaza.⁵³⁸ Additionally, the supply chain requires improvement, as there is a critical shortage of essential items such as cleaning agents, disinfectants, personal protective equipment (PPE), and materials for the proper reprocessing of medical devices.⁵³⁹

The Health Resources and Services Availability Monitoring System (HeRAMS) for the healthcare facilities in the Gaza Strip revealed in July that 81% of hospitals (out of 16 partially functioning hospitals) do not have neither sufficient improved water nor sufficient functioning sanitation facilities, and 100% of the hospitals do not have sufficient reliable power available.

Surveillance: The MoH has faced significant challenges in maintaining accurate and reliable casualty data, particularly in a landscape where infrastructure has been decimated, and the usual medical processes have been severely disrupted.⁵⁴⁰ Before the recent escalation in hostilities, the Health Information Centre maintained a robust, real-time computer network that tracked deaths across hospitals in Gaza.⁵⁴¹

This system, which had proven accurate during previous conflicts, was praised for its reliability, with figures that closely matched those later produced by the UN and the Israel Defence Forces (IDF). However, this system collapsed following Israeli raids on key hospitals in Gaza City last November, which destroyed critical data centres and severed vital connections to Gaza's civil registry. This breakdown forced the MoH to rely on outdated, manual methods for recording deaths, further complicating efforts to provide accurate casualty data amidst the chaos.⁵⁴²

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.⁵⁴³

West Bank: In crisis health system status

In the West Bank, despite the functional status of healthcare facilities across the West Bank, many challenges significantly hamper the delivery and accessibility of essential health services.⁵⁴⁴ 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.⁵⁴⁵ 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.⁵⁴⁶

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.⁵⁴⁷ 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.⁵⁴⁸

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.⁵⁴⁹ 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.⁵⁵⁰

Fighting has also damaged or destroyed healthcare facilities.⁵⁵¹ Following a ten-day large-scale operation by the Israeli forces in August and September 2024, healthcare facilities in the northern West Bank have been affected by the severe damage to WASH infrastructure. In the city of Tulkarem, damage to water systems has been affecting health facilities since 28 August 2024, where Israeli bulldozers demolished infrastructure and water networks. In Jenin City, water has been cut off, including Jenin public hospital. According to medical staff, water was cut off around seven times between 28 August and 5 September.⁵⁵²

Attacks Against Healthcare in Region

Between 7 October 2023 and September 2024, there have been 492 attacks in Gaza (747 individuals killed) and 520 in West Bank (23 individuals killed).⁵⁵³ There have also been 68 attacks on healthcare in Israel (24 killed) and 22 attacks in Lebanon (23 killed).⁵⁵⁴

Location	Total attacks	Total killed	Total injured	# incidents impacting health facilities	# incidents impacting medical transport
Gaza	492	747	969	433	91
West Bank	520	23	100	101	324
Israel	68	24	34	18	23
Lebanon	22	23	34	9	11
Total	1102	817	1137	561	449

HUMANITARIAN HEALTH RESPONSE

The oPt Flash Appeal calls for US\$3.42 billion. As of 5 September, Member States have disbursed approximately US\$1.60 billion out of the US\$3.42 billion (48 %) 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 2024.⁵⁵⁵

The inter-cluster Flash Appeal has been revised and the funding requirement for humanitarian health response is US\$ 510 million and is targeting 2.9 million people in Gaza and West Bank.⁵⁵⁶ As of September 2024, the Health Cluster was 40% funded.⁵⁵⁷

The Health Cluster reported that 72 partners are currently operational across the oPt, including 66 in Gaza Strip and 25 in the West Bank, reaching a weekly average of 386 400 people with various healthcare services and supplies.⁵⁵⁸ As of 1 September, there were 15 EMTs supporting the local healthcare workforce, including three in northern Gaza.⁵⁵⁹ Health partners continue to face challenges in accessing health facilities in northern Gaza, which are now at risk of becoming non-functional due to severe fuel and supply shortages. Persistent obstacles hampering the entry of humanitarian trucks through the Kerem Shalom Crossing are causing shortages of medical supplies throughout the Gaza Strip.⁵⁶⁰

Between 7 October 2023 and 30 July 2024, there have been 500 attacks in Gaza (747 individuals killed and 970 injured).⁵⁶¹ Every single hospital in Gaza has been affected, and no hospital remains fully functioning in Gaza and the healthcare system is now close to collapse.⁵⁶² As of August 2024, of the 16 partially functional hospitals, 12 were partially accessible due to insecurity or physical barriers, such as damage to both patient and ambulance entrances, and surrounding roads.⁵⁶³ As of 31 August, 80 medical points and 10 (out of 271) UNRWA health centres were operational.⁵⁶⁴

To date, 294 aid workers have been killed in Gaza, the majority of whom were UN employees, including 212 of UNRWA's — the highest number of UN aid workers killed in history.⁵⁶⁵ 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.⁵⁶⁶

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	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Data required regarding health needs of population, despite limitations of access and delivery due to conflict.	Support from UN, INGOs, NGOs, and local health authorities required

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