
WHO's work in health emergencies

Health conditions in the occupied Palestinian territory, including east Jerusalem

Report by the Director-General

1. In January 2024, the Executive Board at its 154th session considered an earlier version of this report¹ and adopted resolution EB154.R7, in which it recommended to the Health Assembly the adoption of the resolution EBSS7.R1 (2023) on health conditions in the occupied Palestinian territory, including east Jerusalem, with specified textual revisions. In that resolution, the Board requested the Director-General, inter alia, to report on the public health implications of the crisis to the Seventy-seventh World Health Assembly.

SUMMARY OF PUBLIC HEALTH IMPLICATIONS OF THE HUMANITARIAN CRISIS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

2. The Gaza Strip is experiencing an unprecedented humanitarian crisis, characterized by soaring levels of civilian mortality and morbidity, forced displacements, destruction of essential infrastructure and targeting of the health care system. Between 7 October 2023 and 22 March 2024, health authorities in the occupied Palestinian territory reported 32 676 deaths and 79 268 injuries. In the Gaza Strip, there were 32 226 deaths and 74 518 injuries, with women and children accounting for 68.6% of the fatalities. An estimated 7780 individuals are missing, and 1.7 million have been displaced.² A total of 450 fatalities, 4750 injuries and 2840 displacements³ were reported in the West Bank during the same period.⁴ Concerns remain high regarding access to health care for detained Palestinians, as at least 13 detainees have reportedly died in custody since the start of the conflict.⁵ As at 22 March 2024, a total of 1450 fatalities and 6889 injuries were reported in Israel.⁶ The majority of casualties were killed during the 7 October 2023 attacks or died from injuries in the aftermath. A total of 251 hostages were taken,

¹ Document EB154/51; see also the summary records of the eighth meeting, section 2 and ninth meeting, section 1.

² Gaza health authorities data.

³ United Nations Office for the Coordination of Humanitarian Affairs. Hostilities in the Gaza Strip and Israel. Flash Update #145, 22 March 2024 (<https://www.ochaopt.org/content/hostilities-gaza-strip-and-israel-flash-update-145>, accessed 14 May 2024).

⁴ In comparison, in 2022, there were 6061 deaths from all causes in the Gaza Strip and 8957 in the West Bank (a total of 15 018 in the occupied Palestinian territory).

⁵ Brief on detention campaigns carried out in the West Bank since October 7 until March 31/3/2025 (<https://cda.gov.ps/index.php/en/51-slider-en/16390-brief-on-detention-campaigns-carried-out-in-the-west-bank-since-october-7-until-march-31-3-2026>, accessed 23 April 2024).

⁶ Israel Ministry of Health data.

including 24 children. Israeli authorities estimate that about 134 Israelis and foreign nationals remain captive in the Gaza Strip, with concerns regarding their safety and access to health care.¹

3. The collapse of the health system in the Gaza Strip is a result of systematic attacks, and health care workers being killed,² as well as shortages of fuel, essential goods and medical supplies. This breakdown is further compounded by severe restrictions on patient mobility. Health facilities are dysfunctional, serving patients much beyond their capacities with reduced staffing, working under harrowing conditions and prioritizing critical and life-saving services. As at 22 March 2024, 69.4% of the 36 hospitals were non-functional, and 81% of the 74 Ministry of Health and UNRWA primary care clinics had ceased operations. The situation is critical north of Wadi Gaza, where most pre-war surgical and specialized care was concentrated, with 75% of hospitals and 86% of primary care clinics non-functional. As at 25 March 2024, 8 out of 23 UNRWA clinics remained functional.

4. Between 7 October 2023 and 22 March 2024, 417 attacks on health care facilities were recorded in the Gaza Strip, with 77% involving the use of force, leading to 685 deaths and 902 injuries. Al Shifa, the largest referral hospital in the Gaza Strip (744 beds) is in ruins. In the West Bank, 412 attacks disrupted health care services. Additionally, WHO verified 68 attacks in Israel during this period, which resulted in 24 deaths and 34 injuries.

5. The health of affected populations will continue to deteriorate due to extremely poor nutrition, shelter, safety, clean water, sanitation, and access to health care. On 18 March 2024, the IPC (Integrated Food Security Phase Classification) Famine Review Committee confirmed that famine is projected and imminent north of Wadi Gaza, with expectations for it to manifest between mid-March and May 2024.³ From 16 March to 15 July 2024, the entire population in the Gaza Strip (2.23 million people) is projected to experience acute food insecurity. Alarming, the number of individuals facing catastrophic levels of food insecurity (Phase 5 – imminent death risks) will double, affecting 1.1 million people.⁴ The prevalence of malnutrition among 6–23-month-old children in the northern governorate nearly doubled in one month, from 15.69% in January 2024 to 30.76% in February 2024.⁵

6. Mass displacements, severe overcrowding and scant access to water, sanitation and health care for displaced people significantly increase the risk of infectious disease outbreaks. The first signals of acute jaundice were recorded in November 2023, and cases have steadily increased in Khan Yunis and Rafah governorates to reach 150 cases per day. Diarrhoeal illnesses remain a major cause of consultation in the Gaza Strip, while 1675 cases of bloody diarrhoea were reported in February 2024, as compared to 273 in November 2023. The number of cases of diarrhoeal illness reported among children

¹ United Nations Office for the Coordination of Humanitarian Affairs. Hostilities in the Gaza Strip and Israel. Flash update #89, 10 January 2024 (<https://www.unocha.org/publications/report/occupied-palestinian-territory/hostilities-gaza-strip-and-israel-flash-update-89>, accessed 30 April 2024).

² Gaza health authorities report the death of 489 health workers as at 5 April 2024.

³ IPC Famine Review Committee: Gaza Strip, March 2024. Conclusions and Recommendations. 18 March 2024 (https://www.un.org/unispal/wp-content/uploads/2024/03/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf, accessed 23 April 2024).

⁴ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156872/?iso3=PSE> (accessed 23 April 2024).

⁵ Nutrition Vulnerability and Situation Analysis in Gaza, March 2024. – State of Palestine Nutrition Cluster (<https://drive.google.com/file/d/19n2CZcYBdBHxXIQFGrnlwCqXDohTRs1R/view>, accessed 23 April 2024).

under 5 years in the last three months of 2023 was about 26 times higher than in the corresponding period of 2022 (80 532 cases¹ vs 3101 cases²).

7. As at March 2024, surveillance capacities and the implementation of public health measures for disease control remained severely constrained, leading to rampant, unchecked spread of various pathogens. Similarly, the health conditions of roughly 350 000 people suffering from chronic disease continue to worsen due to medication shortages and sustained disruptions to health services. The cessation of referral permits since October 2023 has further restricted patient access to life-saving health services outside the Gaza Strip.

8. The trauma care pathway has been severely compromised.³ In the Gaza Strip, surgical cases are managed suboptimally, resulting in higher levels of disability and death, including the need to prioritize life-saving amputation rather than limb reconstruction, premature discharge due to lack of hospital beds and a high proportion of wound infections.

9. Based on prevalence estimates of mental disorders in conflict settings, 452 600 people (22.1%) in the Gaza Strip are estimated to be living with mental health disorders, including 104 450 (5.1% of the population) with severe conditions.⁴ Displacements, violence, dispossession and loss of loved ones, homes and livelihoods will increase mental health risks. Treatment capacities remain severely constrained, as the only specialized treatment centre in the Gaza Strip stopped functioning in November 2023.

10. Over 540 000 women of reproductive age reside in the Gaza Strip. One quarter of pregnant women are at risk due to obstacles in accessing emergency obstetric care including Caesarean section procedures, approximately 700 of which were carried out monthly before the crisis, and obstetric and neonatal care for pre-term deliveries (20% of all births).⁵ The West Bank counts over 795 000 women of reproductive age.⁶ An estimated 8100 deliveries take place each month, where severe movement restrictions put women and newborns at risk.

11. Following allegations regarding the involvement of UNRWA staff in the attack on 7 October 2023, approximately 20 donor countries placed funding commitments to UNRWA on hold or stated future pledges would be reassessed.⁷ This situation has jeopardized health services guaranteed by the United Nations, and more widely its logistics and operational capacities.⁸ Nearly the entire

¹ Gaza health authorities – Syndromic surveillance. Suspected cases reported between 16 October and 31 December 2023.

² Gaza Strip: critical humanitarian indicators. OCHA (<https://www.ochaopt.org/page/gaza-strip-critical-humanitarian-indicators>, accessed 23 April 2024).

³ The three Gaza inpatient rehabilitation centres have been damaged or destroyed, while of the two prosthetic and orthotic centres, one has been heavily damaged, and neither is accessible.

⁴ Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*. 2019 Jul 20;394(10194):240-248. doi: 10.1016/S0140-6736(19)30934-1.

⁵ Gaza health authorities data.

⁶ UNFPA Palestine Situation Report. Issue 1, 13 October 2023 (<https://arabstates.unfpa.org/en/publications/unfpa-palestine-situation-report-october-2023>, accessed 23 April 2024).

⁷ UNRWA. Why donors should not suspend aid to UNRWA, 8 February 2024 (<https://www.unrwa.org/newsroom/official-statements/why-donors-should-not-suspend-aid-unrwa>, accessed 24 April 2024).

⁸ UNRWA. Where we work (<https://www.unrwa.org/where-we-work/west-bank>, accessed 24 April 2024).

population in the Gaza Strip is dependent on UNRWA assistance. Approximately 13 000 people in the Gaza Strip are employed by the agency, whose work is indispensable to the overall humanitarian health response.

WHO'S SUPPORT TO THE HUMANITARIAN AND EMERGENCY HEALTH RESPONSE

12. The current humanitarian crisis was assigned a Grade 3 emergency on 17 October 2023. WHO developed a response plan focusing on essential health services, public health intelligence and disease prevention and control, the provision of supplies, health logistics and partner coordination. Incident management system teams have been established at three levels, with coordination mechanisms for neighbouring countries. As at 25 March 2024, 125 deployments had been secured by WHO since the beginning of the crisis at country, regional and local levels, including 21 missions within the Gaza Strip.^{1,2}

13. As at 18 March 2024, a total of US\$ 101 million had been received and US\$ 34.9 million pledged, representing over 62% of the estimated funding needs of WHO for the occupied Palestinian territory and spill-over countries.³ An initial allocation of US\$ 14.56 million from the WHO Contingency Fund for Emergencies was released to secure key activities in the first days of the response.

14. As at 21 March 2024, almost 7300 trucks from humanitarian agencies and bilateral aid had crossed into the Gaza Strip through the Rafah border crossing. This includes 142 trucks from WHO, which delivered over 600 metric tons of emergency supplies, a substantial proportion transported via air charter to Al Arish.⁴ These supplies cover the needs of a catchment population of 1.71 million for noncommunicable diseases and 324 000 for basic care and enable 15 800 interventions for trauma and emergency surgeries. The approval process for the passage of supplies into the Gaza Strip remains complex for specific items, particularly for power generation and water, sanitation and hygiene. WHO has introduced a health supply tracker to improve coordination with partners. As at 22 March 2024, the total health supply pipeline consolidated through this system represented almost US\$ 76 million in medical commodities, of which supplies worth US\$ 52.7 million have been delivered to the Gaza Strip.

15. WHO and partners have conducted high-risk missions to hospitals across the Gaza Strip to assess conditions, deliver critical supplies, coordinate the deployment of emergency medical teams, and support patient evacuation. WHO participated in 29 missions to the northern Gaza Strip during active

¹ In addition, 5 deployments were secured in Tel Aviv (Israel), 5 in east Jerusalem (occupied Palestinian territory), 69 in Cairo (Egypt), 1 in Al-Arish (Egypt), 2 in Larnaca (Cyprus), 5 in Amman (Jordan), 7 in Beirut (Lebanon), 9 in Geneva (Switzerland) and 1 in Tehran (Islamic Republic of Iran).

² WHO's standby partners have deployed 7 personnel to WHO offices in the occupied Palestinian territory, Lebanon and the Regional Office for the Eastern Mediterranean. This in-kind contribution is equivalent to approximately US\$ 400 000. These deployments were supported by partner organizations, including CANADEM, NORCAP (part of the Norwegian Refugee Council) and the Swedish Civil Contingencies Agency. WHO acknowledges the support from donors that facilitated these deployments: the Norwegian Ministry of Foreign Affairs, the Swedish International Development Cooperation Agency and the United Kingdom's Foreign, Commonwealth and Development Office.

³ WHO 2024 multi-country appeal: occupied Palestinian territory (oPt) (https://cdn.who.int/media/docs/default-source/documents/emergencies/2024-appeals/occupied-palestinian-territory---who-2024-health-emergency-appeal.pdf?sfvrsn=21268289_1&download=true, accessed 30 April 2024).

⁴ Gaza health partners logistics and medical supplies dashboard (<https://experience.arcgis.com/experience/ce7b5e0d6f7e456abd188c8f1aa1e8a2/page/Page/?draft=true&views=Gaza%3A-emergency-healthcare-commodity-supply-partner-coverage%2COverall-overview-of-Medical-supply>, accessed 24 April 2024).

phases of the conflict and three during the humanitarian pause, providing support to seven hospitals. A total of 264 patients were evacuated from conflict-affected zones with WHO support, in collaboration with partners. WHO has helped to establish and improve medical evacuation processes outside the Gaza Strip. Out of 14 241 requests submitted by partners as at 10 March 2024 for 9 303 patients, 44% were approved.¹ Only 3541 evacuations took place due to security and movement constraints.

16. As at 1 April 2024, 19 emergency medical teams,² staffed by 120 international and over 500 national health care workers, were operating in the southern and central Gaza Strip, augmenting inpatient care capacities by over 400 beds.³ Up to that date, the teams recorded over 225 000 consultations since the beginning of the conflict, performed over 13 000 emergency surgeries, assisted over 900 deliveries and treated over 300 people with malnutrition. Emergency medical teams have supported acute malnutrition screening and case management, facility-based suspected case identification and reporting, referrals and patient evacuation. From November 2023 to 1 April 2024, 20 security incidents impacted the teams, resulting in 9 fatalities and 18 injuries, redeployments and suspended operations.

17. The global health cluster has deployed subnational coordinators in the Gaza Strip and West Bank to bolster coordination efforts and support the national health cluster coordinator. As at 22 March 2024, 62 partners had supported the humanitarian health response.⁴ A package of priority interventions for primary and secondary health care was developed to ensure uniformity of service delivery. On average, 200 000 consultations are delivered per week by partners in the Gaza Strip. Partner capacity to scale up assistance is constrained due to persistent violence and movement restrictions. As at 5 April 2024, the health cluster had reported 67 staff members killed.

18. WHO has supported inpatient management of severe acute malnutrition with medical complications in the Gaza Strip. One stabilization centre opened in Rafah on 11 March 2024, with 18 health workers trained by WHO. As at 22 March 2024, 25 WHO kits were distributed to support the treatment of 1250 children with severe acute malnutrition. WHO provided technical expertise and information on the health situation for the IPC Acute Food Insecurity Analysis (December 2023 and March 2024) and support for nutrition vulnerability analyses.

19. Preventing and responding to sexual exploitation, abuse and harassment is mainstreamed in WHO operations through the WHO office for the West Bank and Gaza, with a senior adviser deployed at regional level. Health system capacity remains critically low to provide services for survivors of gender-based violence, including emergency contraception and medicine for sexually transmitted infections. As at 22 March 2024, 100 000 dignity kits had been procured by WHO at the request of UNFPA, and another 100 000 were in procurement. Health cluster partners conducted awareness sessions on gender-based violence and sexual, reproductive maternal and newborn health services that reached, as at 3 March 2024, 12 125 people in the Gaza Strip and 4823 in the West Bank.

¹ Approval rates for evacuation requests were 68% for children under 18 years , 52% for the elderly and 31% for adults.

² This includes 12 type 1, 4 type 2 and 15 surgery specialized care teams and sub-teams.

³ Over 600 international staff rotated in and out of the Gaza Strip since the end of January and as at 22 March 2024. Twenty teams were in various stages of preparation at this date.

⁴ This includes 54 partners in the Gaza Strip and 32 partners in the West Bank

RECOMMENDATIONS BY THE DIRECTOR-GENERAL FOR IMPROVING HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

20. The recommendations below are based on the findings contained in the present report and previous work conducted by the Organization.

- (a) Implement an immediate and sustained ceasefire by all parties, and the immediate and unconditional release of hostages.
- (b) Ensure immediate access to medical and other humanitarian needs of all hostages and detainees.
- (c) Ensure access to and provision of health care services without restriction to patients and health care workers throughout the occupied Palestinian territory.
- (d) Ensure immediate, safe and unfettered humanitarian access and the provision of life-saving medical care throughout the Gaza Strip. Allow the entry and distribution of food, medicines, supplies, fuel, water and other resources; the resumption of essential health and other basic services as well as the deployment of medical personnel; safe access of the population to health facilities; and the unhindered exit of patients and the injured. Specifically, pursue efforts to open additional entry routes to the Gaza Strip, protect the humanitarian operations and lift restrictions on essential items.
- (e) Adhere to international humanitarian law, including in particular the prohibition against attacks on, and militarization of, health care.
- (f) Safeguard and restore the health system, including the full functionality of hospitals, primary health care centres, laboratory facilities, the implementation of public health measures, comprehensive disease surveillance and outbreak response. Furthermore, allocate adequate resources for the recovery and reconstruction of health and other critical structures and infrastructures.
- (g) Address the conditions that drive epidemics through coordinated multisectoral prevention, preparedness, detection and response.
- (h) Allocate adequate resources to support the humanitarian and health response throughout the occupied Palestinian territory, as well as for recovery and reconstruction.

ACTION BY THE HEALTH ASSEMBLY

21. The Health Assembly is invited to note the report.

= = =