



WHO operational response and early recovery plan for the occupied Palestinian territory

2025



World Health
Organization

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Introduction

Since October 2023, the conflict in the occupied Palestinian territory (oPt) has caused widespread devastation, severely impacting the health and well-being of millions. In the oPt, over 46 000 Palestinians have been killed, and more than 115 000 injured (these figures are likely much higher). Over 10 000 people remain trapped under rubble. Close to a quarter of those injured in the Gaza Strip (over 27 000) have life-altering injuries that may require lifelong rehabilitation.

Over the past 15 months, the health system has suffered significant destruction, with over 651 attacks on health facilities and personnel reported as of 31 December 2024. The continued health threats, along with the ongoing context of occupation, a prolonged blockade of the Gaza Strip, political divisions, and the long-term displacement of Palestinian refugees, have exacerbated humanitarian needs and vulnerabilities.

In the Gaza Strip, while there is now hope with the ceasefire, the health status of the population continues to worsen due to repeated mass displacements, overcrowded shelters, unprecedented levels of food insecurity, and severe damage to water and sanitation infrastructure. As people return to homes across the Gaza Strip, the danger from unexploded ordnance and structural damage to buildings will present new health risks. Restrictions on the entry of medical and humanitarian supplies, combined with repeated denials of humanitarian missions, have severely hindered efforts to restore essential health services. Hospitals remain overwhelmed and unable to meet the growing demand for care.

The ceasefire agreement, which came into effect on 19 January, may provide the needed stability to allow the humanitarian situation to improve. However, addressing ongoing threats and immediate needs, as well as restoring the health system, will be an extremely complex and challenging task, given the scale of destruction, operational complexity, and constraints involved. Billions in investment are needed to support the recovery of the health system, which will require the unwavering commitment of donors and the international community.

In the West Bank, the situation is deteriorating and remains uncertain. Violence, settler activity, an increased number of military checkpoints, and intensified military operations have resulted in 807 deaths and over 6905 injuries since October 2023. These events have severely impacted the physical and mental well-being of thousands of children and families. Frequent attacks on health facilities, ambulances, and personnel, coupled with restrictions on medical permits, have left many communities without access to essential health interventions. As of 31 December 2024, more than 694 attacks on health facilities and personnel were reported in the West Bank.

The World Health Organization (WHO) has played a critical role in addressing the pre-existing health challenges in oPt and continues to respond during this crisis. To date, WHO has delivered 5931.82 m³ of medical supplies for health partners, over 8.8 million litres of fuel, deployed 51 Emergency Medical Teams (EMTs), transferred hundreds of critical patients within the Gaza Strip, and evacuated over 5000 patients outside the Strip. WHO, in collaboration with the Ministry of Health (MoH) and partners, conducted two rounds of a polio vaccination campaign in highly challenging circumstances,

providing over 556 000 children with protection from this deadly disease. As the lead agency of the Health Cluster, WHO continues to coordinate the health sector response, working with the MoH, United Nations (UN) agencies, nongovernmental organizations (NGOs), and other partners to deliver life-saving health interventions through technical and financial support, supplies, transport, and fuel.

The 2025 WHO operational response plan for oPt aligns with government plans, the latest flash appeal, and WHO's emergency appeal for 2025. It integrates lessons learned from the previous year and outlines a structured framework for health emergency response.

As the ceasefire process progresses, WHO will sustain its dual focus on (i) evolving humanitarian needs and (ii) health system recovery. The first phase of WHO's 2025 plan will be driven by WHO's 60-day ceasefire plan to meet the most immediate humanitarian needs and integrate early recovery. Through this plan, WHO remains committed to ensuring the delivery of life-saving assistance to those in need while working to rebuild and strengthen the health system to support early recovery and long-term resilience.



Displaced Palestinians return to northern Gaza after the ceasefire. © WHO

Health needs and health risks

Gaza Strip

- Severely damaged and destroyed hospitals and primary health care centres need to be rehabilitated and/or reconstructed.
- The chronic shortage of essential medicines, medical supplies, and equipment needs to be addressed.
- The high incidence of casualties and fatalities places an overwhelming burden on trauma care and creates a long-term need for rehabilitation services. While the armed conflict in the Gaza Strip may not continue into 2025, a high incidence of physical trauma is expected due to unexploded ordnance and poor structural integrity of buildings.
- Unsafe shelters and dire living conditions in temporary accommodations, including tents, increase vulnerability to illness and mortality, particularly among children, pregnant women, and other high-risk groups. These conditions also increase the risk of gender-based violence (GBV) and sexual exploitation, abuse and harassment (SEAH), while the resources to address these needs remain severely limited.
- Essential services for managing a significant noncommunicable disease burden are severely limited, leaving many without access to cancer treatments, dialysis services, and palliative care, among other needs.
- The mental health crisis is worsening, exacerbated by trauma and limited resources to address mental health and psychosocial support needs.
- Maternal and neonatal health services are severely disrupted, with limited access to life-saving care for mothers giving birth and newborns.
- Water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services are critically poor, with a widespread lack of access to clean water. In health facilities, this exacerbates inadequate hygiene practices and insufficient waste management and medical waste disposal capacity, heightening the risk of infections and compromising patient safety.
- Outbreaks of infectious diseases, including polio, are reported, with conditions leading to heightened risks of waterborne, respiratory, vector-borne, and skin diseases. Disruptions to routine immunization further increase the threat of vaccine-preventable diseases.
- Limited disease surveillance and diagnostic capacity hinder early detection and response to outbreaks, although efforts are underway to strengthen Early Warning and Response Systems (EWARS) as well as to re-establish laboratory capacities to detect key epidemic-prone pathogens.
- Increasing levels of food insecurity are contributing to rising acute malnutrition, particularly among children, and consequently increasing the risk and severity of infectious diseases.
- The acute shortage of fuel and electricity is significantly disrupting hospital functionality and impeding ambulance operations. As a result, many critical health services and medical equipment are nonoperational, further compromising diagnostic and treatment capacity within an already overstretched health system.
- Health workers are experiencing severe exhaustion and burn-out due to the sustained intensity of hostilities and the resulting high caseload. Combined with fiscal insecurity caused by the ongoing armed conflict, this has significantly affected their ability to deliver optimal care, further straining an already overstretched health system.
- The departure and loss of skilled health care professionals, particularly some specialists, have critically weakened the health system, leaving it increasingly reliant on junior staff with limited clinical and practical experience. This poses significant challenges in managing complex surgical cases, leading to potentially poorer patient outcomes, diminished quality of care, and heightened procedural risks.



The WHO team visits the destroyed Al-Najjar Hospital in Rafah for an assessment. © WHO

West Bank

- Escalating violence has led to a growing burden of trauma and an increase in trauma-related mortality.
- Movement restrictions severely impede patients' ability to access health services and significantly delay the delivery of essential health supplies. Additionally, new military checkpoints render small regional trauma systems insufficient.
- Increasing attacks on ambulances, as well as delays and denials of medical permits, further limit the provision of and access to critical health services.
- Multiple challenges, including stigma and the limited availability of services, restrict access to mental health support for those in need.
- Largely due to the ongoing fiscal crisis, frequent interruptions in service delivery, shortages of essential medical supplies, and limitations on health care workforce mobility continue to undermine the health system's ability to respond effectively to the population's needs.

Fig. 1. Health system functionality - Gaza Strip (as of 31 December 2024)

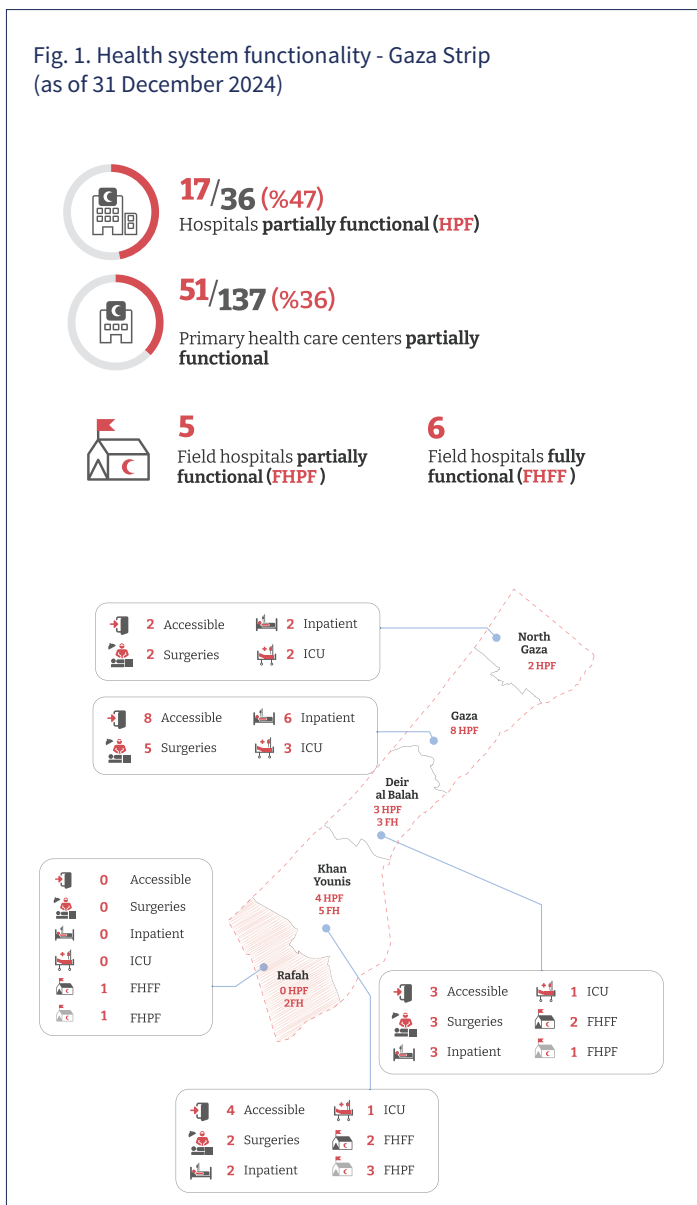
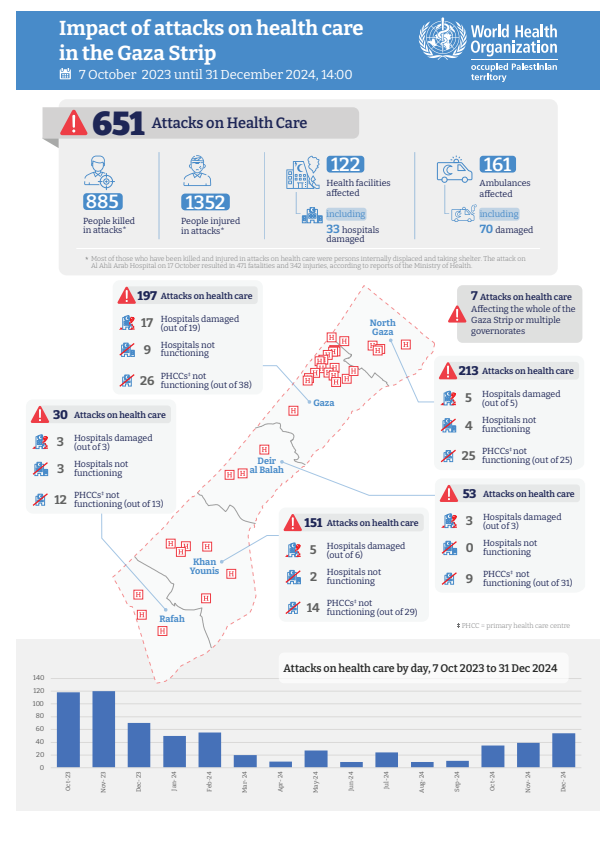
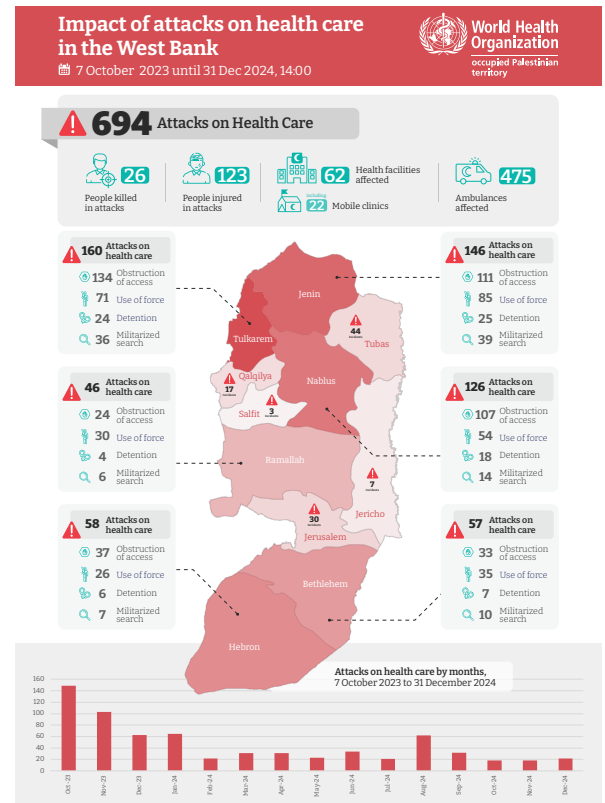


Fig. 2. Attacks on health care (as of 31 December 2024)



Concept of operations

Key pillars of response

The primary objective of this plan is to sustain an agile health emergency response for the Palestinian population in oPt (Gaza Strip and the West Bank, including East Jerusalem) while paving the way for a restored and resilient health system.

The plan aims to save lives, limit morbidity and mortality, including from preventable causes, and support health system recovery through a coordinated health response that is accountable to the affected population. It will apply equally to both the Gaza Strip and the West Bank, remaining adaptable to the evolving situation, including the ongoing ceasefire process, public health needs, and access constraints, while ensuring alignment with broader health partner efforts. The plan emphasizes expanded investment in field-level operations, coordination of humanitarian health interventions across the oPt with a focus on localization, provision of strategic and technical guidance, and capacity-building initiatives to support the efficiency and effectiveness of health service delivery.

WHO's response is structured around the following strategic objectives, with operations, supplies, and logistics integrated as a major component across all activities.

Maintenance of life-saving and life-sustaining essential health services

- Continually revise the essential health service package to ensure the availability of services according to existing or emerging health needs and the evolving context; ensure the use of telemedicine as appropriate.
- Procure and deliver essential medicines, medical supplies, equipment, spare parts, and fuel to maintain the provision of the essential health service package in primary, secondary, and tertiary health facilities as well as ambulance services. Preposition essential medicines and supplies in strategic locations.
- Provide health operations support to strengthen primary, secondary, and tertiary health care facilities by addressing critical gaps, including essential infrastructure, WASH repairs, and the establishment of transitional health facilities in key locations as required.
- Continue to operationalize referral pathways within the Gaza Strip and strengthen medical evacuation (medevac) pathways for critically injured and chronically ill patients requiring specialized care outside of the Gaza Strip.
- Maintain the provision of services for individuals with severe acute malnutrition (SAM), with a focus on those with medical complications. Address emerging health needs through evidence-based interventions to deliver effective and timely care.
- In the West Bank, enhance local capacity building through targeted training and mentorship programmes on emergency response and trauma care, focusing on building sustainable skills among health workers and first responders to improve health system resilience.

Strengthened public health intelligence, early warning, and communicable disease prevention and control

- Restore, strengthen, and implement an integrated disease surveillance system across communities and health facilities, including the restoration of diagnostic capacities to ensure comprehensive public health monitoring and a rapid response to alerts.
- Procure and deliver essential medical supplies, equipment, and medicines to prevent and respond to outbreaks of infectious diseases, mitigate public health risks, and enhance outbreak response readiness.
- Conduct continuous risk and needs assessments to guide prioritization and inform the implementation of surveillance and response activities.
- Provide expertise in health information analytics and ensure consistent, high-quality reporting to support evidence-based decision-making and response planning.
- Strengthen infection prevention and control (IPC) measures and improve water, sanitation, and hygiene (WASH) conditions in health facilities to reduce infection risks and prevent the emergence and spread of antimicrobial resistance.

Health emergency coordination

- As the interagency lead agency for health, WHO will lead the Health Cluster and coordinate the delivery of health responses to the population of the oPt while working through local, regional, and global operational partnerships.
- Strengthen the strategic and operational capacity of the public health emergency operations center by enhancing established coordination mechanisms, improving rapid response capabilities, and ensuring efficient resource mobilization.
- Through the Emergency Medical Teams Coordination Cell, WHO will coordinate, scale-up, and define the priority needs for EMT support to ensure the efficient deployment and management of resources and expertise, effectively addressing urgent health needs and reducing the burden on existing health facilities across the Gaza Strip.
- Prevent and respond to sexual exploitation, abuse, and harassment (PRSEAH) by establishing and implementing measures aligned with WHO principles and Inter-Agency Standing Committee (IASC) guidelines.
- Effectively communicate and advocate for the health needs and public health priorities of the Palestinian population to relevant stakeholders and partners.

WHO and partners arrive at Al-Shifa Hospital with a patient. © WHO



Early recovery, rehabilitation and reconstruction

- Support the coordination of health sector recovery, including recovery planning and implementation monitoring.
- Establish and expand the essential health services package at primary, secondary, and tertiary levels and continue to promote early recovery in the emergency response.
- Support the recovery of the health workforce.
- Support the recovery of health information systems.
- Re-establish supply chains for essential medicines, medical supplies, and equipment.
- Support early recovery, rehabilitation, and reconstruction of health infrastructure.

A comprehensive monitoring and evaluation framework will ensure accountability, track progress, and assess the effectiveness of WHO's response across all priority areas. This framework will define clear indicators, implement regular reporting mechanisms, and establish continuous feedback loops to adapt strategies in response to evolving needs. It will also facilitate coordination with partners, ensure efficient use of resources, and provide evidence-based insights to guide future health interventions.

Operational security and risk management

- Robust liaison mechanisms to facilitate timely deconfliction, ensuring the safe and effective provision of humanitarian services during the transportation of medical supplies, health workers, and patients.
- Adequate law and order as well as community support to enable the safe implementation of field activities.
- Uninterrupted humanitarian access to allow the entry and distribution of sufficient quantities of medical supplies into all areas of the Gaza Strip and to guarantee safe entry, exit, and movement of staff to support operational continuity.
- Functional road and transportation networks to enable ambulance services, logistical operations, and the transportation of supplies and personnel.
- Comprehensive risk mitigation measures to protect staff, including the procurement and use of armoured vehicles, ballistic personal protective equipment, radio communication devices, Garmin inReach devices, and the deployment of dedicated security personnel. These measures will be guided by regular and ongoing security analyses.
- A dedicated liaison function within the Health Cluster coordination mechanism, led by WHO, to effectively engage stakeholders and ensure sustained and safe health operations.

Key principles for all operations

- Do no harm.
- Apply a no-regrets principle, ensuring the timely deployment of expertise, staffing, supplies, and resources.
- Ensure all health interventions are evidence-based and context-specific, so the response remains relevant and effective across all affected areas.
- Maintain ongoing situational awareness of the evolving situation and continuously map and assess risks to optimize operations and reduce duplication.
- Implement directly whenever feasible, while reinforcing and supporting existing systems to maximize efficiency and sustainability. Prioritize localizing the response by building and strengthening local capacity, mobilizing local partners, professional networks, and contractors as a first line of action, and engaging international partners only when necessary.
- Operate within the established Inter-Cluster Coordination Group (ICCG), which includes key clusters such as Health, Nutrition, and WASH, while engaging with other coordination mechanisms. Collaborate with partner field offices and hubs, working closely with Health Cluster partners and health authorities to ensure alignment, complementarity of activities, and the effective implementation of the [Flash Appeal](#) and the strategic objectives of the Humanitarian Response Plan (HRP).
- Align operations with the strategic guidance of the Senior Humanitarian and Reconstruction Coordinator for Gaza.
- Integrate and mainstream PRSEAH at all levels of the response, and ensure access to reporting mechanisms, referral pathways, and victim support services, while addressing the country-specific context.
- Continue ongoing negotiations for deconfliction, the safe passage and evacuation of civilians and wounded individuals, and the unimpeded provision of humanitarian aid.
- Implement actions to manage operational risks, including the risk of aid diversion, including direct implementation, supervision, and monitoring of interventions.

During a highly complex mission, WHO delivers medical supplies and food to As-Sahaba Hospital. © WHO



Response strategy

A. Maintain life-saving and life-sustaining essential health services

A.1 Continually revise the essential health service package to ensure the availability of services according to existing or emerging health needs and evolving context

WHO will continue to:

- Conduct regular assessments to identify gaps in the current essential health services package, through stakeholder consultations, data collection, and analysis.
- Collaborate with stakeholders to implement updated health services, scaling up services in response to identified health priorities.
- West Bank: Support the development and revision of the Emergency Preparedness and Response Plans and their testing.

A.2 Procure and deliver essential medicines, medical supplies, equipment, spare parts, and fuel to maintain essential health services across existing health facilities and ambulance networks

- Collect and analyze medical supply demand and coordinate pipeline and distribution:
 - Forecast and prioritize supply needs based on disease burden and essential health service package.
 - Monitor and coordinate the medical supply pipeline with Health Cluster and Logistics Cluster partners.
- Procure and distribute essential medications, disposables, diagnostics, equipment, and fuel to support essential health services, including:
 - Primary care services provided at shelters, temporary service points, and field hospitals, aligned with the essential health services package, including services to address health needs across the life-course.
 - Hospital services, including in emergency departments, inpatient wards, specialized care units, intensive care units, operating theaters, and cross-cutting capabilities such as oxygen supply, blood banks, diagnostic laboratories, and imaging equipment.
 - Strengthened physical and psychosocial recovery and rehabilitation efforts, including for trauma care, assistive devices, and physiotherapy equipment, and consumables.
- Facilitate the transport and distribution of medical supplies to and within the Gaza Strip in close coordination with partners:
 - Maximize medical stock capacity in key warehouses located in Jerusalem, Cairo, Dubai, Jordan, and other strategic locations, to facilitate rapid deployment and operational expansion.
 - Explore and establish new potential supply routes (adopting an all-modalities approach) as required.
 - Establish prepositioning and staging areas to support the supply needs of the Gaza Strip and the West Bank, considering all border access points until storage possibilities and conditions improve. Preposition supplies in key locations to promptly respond to emergency needs.

- Establish cold chain systems in logistics hubs as required to maintain the integrity of temperature-sensitive medical supplies.
- Strengthen and restore WHO warehouses and distribution centres within the Gaza Strip to ensure efficient storage and timely distribution.

A.3 Provide health operations support to strengthen essential health services

WHO and the Health Cluster partners will continue to focus on seven priority response areas fully integrated across all health operations. These include trauma and emergency care, sexual, reproductive, maternal, and neonatal health, management of severe acute malnutrition, prevention and response to GBV, non-communicable diseases, multidisciplinary rehabilitation for patients with trauma injuries, and mental health and psychosocial support (MHPSS).

These areas are designed to address critical health needs, ensure comprehensive care, and strengthen the resilience of the health system in challenging operational contexts. For all activities, WHO will provide technical and operational support, guidance, and training to build health care capacity, improve service delivery, and ensure the sustainability of interventions, including targeted capacity-building initiatives to enhance readiness in specialized areas such as trauma care and epidemic response. WHO will implement directly whenever needed, and mobilize local partners, professional networks, and contractors, engaging international partners when necessary.

WHO will support existing facilities and partners to deliver these services, including strengthening surge capacity for clinical care and providing targeted training to health care workers to enhance their skills and preparedness.



A health worker checks on a patient at Al-Awda Hospital. © WHO

A.4. Support to health facility infrastructure, including re-establishing WASH and other services

WHO will provide comprehensive health logistics technical guidance to health facilities to enhance their operational capacity:

- Rehabilitate and/or support the establishment of health facility infrastructure, prioritizing based on severity of needs.
- Prioritize life-saving services, such as water sources or oxygen production.
- Provision of innovative technical solutions on energy, health facility infrastructure, water and sanitation, health waste management, human remains management, and other critical health logistics requirements to ensure health facilities functionality.
- Support partners and health service providers in stock management to improve the identification of supply needs and optimize the use of available resources.
- Deployment of logistics personnel to provide on-site guidance, training, coordination, and technical support for health logistics.
- Support to partners to restore and maintain WASH in health facilities.
- Establish transitional health facilities.
 - WHO will support partners to establish additional transitional health facilities, including prefabricated structures, to strengthen existing hospitals, scale up essential services as described above, and manage patient overflow based on ongoing assessments of bed capacity and health care needs.

A.5 Continue to operationalize referral pathways within the Gaza Strip and support medical evacuation (medevac) pathways outside the Gaza Strip for acutely injured and chronically ill patients

WHO has provided the mechanism for coordination and logistics support for medical evacuation since the closure of the Rafah border. It is estimated that between 12 000 - 14 000 patients need to receive specialized care outside the Gaza Strip. The traditional referral pathways from the Gaza Strip to West Bank, including East Jerusalem, need to be restored. In addition, medical corridors need to be established through Egypt and Jordan. WHO will continue to:

- Adapt and implement standardized referral protocols and criteria to streamline patient transfers from pre-hospital to hospital settings and between health facilities within the Gaza Strip.
- Support the medical evacuation of critically ill and injured patients and those with medical conditions requiring advanced care currently unavailable in the Gaza Strip.

A.6 Maintain the provision of services for management of severe acute malnutrition

Acute malnutrition among children aged 6-59 months in the Gaza Strip has increased tenfold compared to pre-escalation levels, reaching a Global Acute Malnutrition (GAM) rate of approximately 6.3% as reported by the Nutrition Cluster as of 31 December 2024.

It is estimated that between November 2024 and April 2025, 60 000 children aged 6-59 months will suffer from acute malnutrition, including 12 000 with SAM. On 8 November 2024, the Integrated Food Security Phase Classification system issued a warning of an imminent famine in parts of northern Gaza, emphasizing the urgent need for immediate action to avert and alleviate this crisis.

WHO will continue collaborating with Health and Nutrition Cluster partners to:

- Scale up MUAC screening and weight-for-height Z-score (WHZ) measurements for children aged 0-59 months presenting at health facilities, enabling timely case referral to appropriate services.
- Expand stabilization centres across Gaza's five governorates to provide inpatient care for 1200-1800 children with SAM with medical complications. Current capacity includes four active centres with 32 beds, with needs expected to increase to 65 beds.
- Strengthen counselling and support for Infant and Young Child Feeding in Emergencies (IYCF-E) at health facilities to improve breastfeeding practices and distribute relevant materials and guidelines.
- Promote the timely sharing of screening data and key information to inform the response and monitor critical indicators.



A child is weighed during a screening for malnutrition. © WHO

B. Strengthen public health intelligence, early warning, and prevention and control of communicable diseases

The decimation of the public health system, health facility infrastructure, and deteriorating living conditions in the Gaza Strip have resulted in a surge in infectious diseases such as diarrhea, respiratory diseases, hepatitis A, skin conditions, and a confirmed circulating vaccine-derived poliovirus type 2 (c-VDPV2) outbreak since October 2023, and a rise of antibiotic-resistant organisms. This pillar of the response is critical to mitigate the escalating public health risks faced in the Gaza Strip, and to re-establish detection, assessment, reporting and response to acute public health events.

WHO continues to play a pivotal role through the following activities:

B.1 Re-establish, strengthen and implement integrated disease surveillance, including diagnostic capacities

- Continue the scale up of the early warning, alert and response system for priority conditions, including training, equipping, and deployment of Rapid Response Teams.
- Strengthen public health laboratory services, including hospital-based testing, point-of-care diagnostics, and referral capacities for priority infectious diseases. Enhance risk communication, community engagement (RCCE) and public awareness to mitigate infectious disease risks.

B.2 Procure and deliver medical supplies to prevent and respond to potential outbreaks

- Procure medical supplies, equipment, disposables and medications required to respond to potential outbreaks and infections, guided by clinical management protocols developed by WHO for the Gaza context, including addressing the growing threat of antimicrobial resistance (AMR).
- Provide technical guidance and support for routine immunization services and potential supplementary immunization activities and campaigns in collaboration with key partners.
- Provide capacity for early identification, isolation and transfer of patients of highly infectious diseases between health facilities.
- Provide capacity for the safe management of infectious diseases with biosafety and IPC measures for the contention of the pathogen and the safe management of the patients based in the way of transmission of the diseases with epidemic capacity.
- Preposition of equipment and supplies to ensure the capacity of early response including isolation and treatment units with biosafety measures based in transmission of the disease.

B.3 Conduct continuous risk and needs assessment to inform prioritization and implementation of surveillance and response activities

- Update public health situation analyses on a regular basis and assess public health risks to adapt public health interventions based on emerging needs.
- Support partners in conducting health needs assessments for a coherent and comprehensive understanding of the situation.

- Scale up health facility assessments, including the health resources and services availability monitoring system (HeRAMS), and continue monitoring the continuity of essential health services to address gaps and track service availability.
- Conduct other comprehensive assessments across key areas of the health response to identify additional needs. Use the findings to support evidence-based decision-making and inform a targeted, adaptive response.

B.4 Provide expertise in health information analytics and reporting

- Expand the integrated health information system to improve the availability of health data, optimize resource utilization, and strengthen coordination among partners.
- Support the development and use of data collection and reporting tools, facilitating efficient communication of information, and advancing data analysis, visualization, and reporting through regular situation reports, assessments, dashboards, and bulletins.
- Support regular reporting on key performance indicators to monitor progress, identify gaps, and ensure data-driven decision-making for optimizing health services, resource allocation, and advocacy.
- Continue monitoring, documenting, and reporting on barriers to health access and incidents of attacks on health facilities, personnel, and services.

B.5 Strengthen infection prevention and control measures and improve WASH conditions

- Conduct comprehensive assessments of health facilities to evaluate existing infrastructure, capacity, and gaps in IPC and WASH.
- Support health facilities by providing IPC and WASH supplies to ensure adequate stockpiles and reactivate resupply mechanisms to maintain continuity.
- Deliver comprehensive IPC training to health workers and IPC focal points, focusing on hand hygiene, health waste management, proper use of PPE, and adherence to IPC protocols.
- Develop and disseminate effective communication channels for sharing updates, best practices, and educational materials related to IPC and WASH to ensure consistent knowledge-sharing and adherence to standards.
- Coordinate with local and international partners to optimize resources and leverage expertise for strengthening IPC and WASH efforts.
- Refer to Pillar A for complementary infrastructure-related WASH activities to further support health facilities.

C. Health emergency coordination

As the UN agency for health and the Health Cluster lead, WHO is uniquely positioned to coordinate the delivery of life-saving health services to the population working with local, regional, and global partners guided by the cluster core functions. WHO will continue leveraging all existing communication platforms and the One UN coordinating mechanism, including inter-cluster coordination platforms.

C.1 Coordinate the delivery of the health response with all partners

- Guided by the 2025 oPt [Flash Appeal](#), lead and support Health Cluster partners in implementing streamlined evidence-based humanitarian health interventions with minimal duplication, while ensuring the integration of cross-cutting issues (including protection, gender, GBV, MHPSS, PRSEAH, disability, social inclusion and the environment).
- Collaborate with partners, including the MoH, UN agencies, national and international NGOs, and donors, to map and monitor progress toward response objectives and targets in alignment with response plans.
- Engage in inter-cluster coordination to ensure a well-integrated and effective multi-sectoral response, operating from the Joint Humanitarian Operations Centre, area-based coordination sites and any other inter-cluster platforms.
- Engage global networks including the Global Health Cluster (GHC), Emergency Medical Team (EMT) Initiative, the Global Outbreak Alert and Response Network (GOARN), and Standby Partners, among others.
- Conduct regular coordination meetings with key stakeholders at country level to share updates, address challenges, and align strategies.

C.2. Strengthen the strategic and operational capacity of the public health emergency operations centre

- Engage with local authorities and support response to public health emergencies (including infectious diseases, natural disasters, or other health-related crises) ensuring it serves as the hub for the collection, analysis and dissemination of information, decision-making, resource mobilization and coordination.
- Promote and facilitate formal and on-the-job training for public health emergency operations centre (PHEOC) personnel to build capacity and strengthen operational efficiency in managing public health emergencies.



A child is given the polio vaccine during the two-round emergency polio vaccination campaign.
© WHO

C.3 Coordinate and facilitate the scale-up of EMT support across the Gaza Strip

EMTs are supporting the Gaza Strip's existing health system across all levels of care by bringing critical surge capacity and aligning their deployments to match specific demands (see [EMT Dashboard](#) for latest figures). This includes integrating specialized teams within MoH facilities and establishing standalone structures (Type-1 and Type-2) to address gaps and enhance health care delivery. Together with MoH, WHO will continue to:

- Coordinate the deployment and tasking (and re-tasking) of international and national EMTs to selected hospitals, primary health care centres and field hospitals to supplement and relieve the existing health workforce and deliver on the pillars of the response plan.
- Deploy specialized EMTs to provide care that currently does not exist or is insufficient in the Gaza Strip (e.g. MHPSS, reconstructive surgery, cancer care, laboratory, nephrology and hemodialysis).
- Establish Trauma Stabilization Points at strategic locations, able to relocate based on needs and context evolution.
- Coordinate capacity-building and training programmes to foster collaboration between international and national EMTs, enhancing knowledge transfer, skill development, and the integration of best practices within the local health care system.
- Develop and implement longer-term plans to reintegrate EMT or transitional structures into the health system recovery.

C.4 Prevent and respond to sexual exploitation, abuse and harassment

WHO continues to work with key partners in the cross-cutting areas of PRSEAH, ensuring the integration of measures across all areas of response. Activities building on the previous plan include to:

- Update comprehensive PRSEAH risk assessment of health facilities across the Gaza Strip to inform mitigation strategies.
- Ensure PRSEAH is embedded in all operations and outbreak response interventions and regularly reported on.
- Continue to orient social mobilisers and health workers on PRSEAH and disseminate information on reporting mechanisms.
- Ensure all responders have conducted appropriate screening and training on PRSEAH.
- Support Interagency PRSEAH interventions, including strengthening and expanding community complaints and feedback mechanisms and victim rights and rapid assistance, and enhancing community awareness and grassroots mobilization.
- Monitor community-facing programmes and develop and implement safeguarding and mitigation measures accordingly.

C.5 Communicate and advocate for health needs and public health priorities to stakeholders

- Advocate for health issues, including health as a human right, humanitarian access, attacks on health, and the protection of civilians, health facilities, personnel, and assets; and ensure awareness and messaging on key public health concerns to support disease prevention, reporting and management efforts.
- Highlight health needs, challenges and reflect WHO, partners' and donors' efforts in the response and coordination of the health sector.

D. Early recovery, rehabilitation and reconstruction

The implementation of the ceasefire will enable simultaneous implementation of humanitarian efforts, while expanding early recovery and reconstruction process. WHO is uniquely placed to support government/MoH to coordinate early recovery, rehabilitation, and reconstruction efforts for the health sector. Using the principles of the Humanitarian Development Peace Nexus to bridge emergency humanitarian aid and longer-term development assistance, WHO and partners are working to ensure that response activities contribute to rebuilding a resilient health system through the activities below.

D.1 Support the coordination of health sector recovery, recovery planning and implementation monitoring

- Support the health authorities to develop and coordinate health recovery planning and interventions, ensuring the integration of risk reduction measures from the start.
- Support policy development for health system reforms, focusing on inclusivity, equity and resilience.
- Support the development of the health sector component of the Conflict Recovery Framework, in collaboration with health authorities, donors, the private sector, NGOs, civil society organizations and other partners.
- Strengthen governance by building institutional capacity within the MoH and local health authorities to enhance coordination and accountability in recovery planning.
- Implement a robust monitoring and evaluation framework to assess the effectiveness, efficiency and equity of recovery activities, ensuring transparency and accountability.
- Support health facility reconstruction efforts including facility master planning, provision of guidelines for facility standards and principles of health facility design.

D.2 Establish and expand essential health services at primary, secondary and tertiary levels, including health facility rehabilitation and reconstruction

- Coordinate, plan and implement response activities with the goal to strengthen health system resilience, thereby ensuring a smoother transition from humanitarian response to sustainable health system recovery, tailored to the needs of the population.
- Revise and expand the health service package to respond to the health context in the recovery period.
- Rehabilitate and reconstruct existing health facility infrastructure to improve facility functionality and service delivery, integrating risk reduction measures.
- Deploy prefabricated structures to expand health service availability.
- Deploy mobile health units and temporary clinics in areas with high unmet needs to support continuous access to primary care, including maternal and child health, mental health and chronic disease management.
- Rehabilitate, integrate and establish inpatient mental health units at general hospitals and establish community mental health services.
- Continue to operationalize and stabilize systems for referral and medical evacuation outside the Gaza Strip for acutely injured and chronically ill patients.
- Integrate community engagement mechanisms to prioritize ser-

vices based on local needs and ensure recovery efforts are inclusive.

- Continue to operationalize and stabilize systems for referral and medical evacuation outside the Gaza Strip for acutely injured and chronically ill patients.

D.3 Support health workforce recovery

- Conduct comprehensive health workforce mapping.
- Maintain the current health workforce through provision of salaries and incentives along with other UN partners.
- Strengthen in-service and pre-service training mechanisms for critical health workforce, expanding training programmes to equip health workers with skills for addressing immediate and evolving health needs, such as trauma care, mental health support.
- Expand the health workforce and implement task shifting to optimize resources and address priority health needs.
- Helping the helper: Provide mental health and psychosocial support for health workers affected by the crisis to ensure their well-being and sustained engagement in recovery efforts.

D.4 Support the recovery of health information systems

- Conduct health needs assessments and operational research.
- Restore and strengthen health information systems in an interoperable manner, including implementing and strengthening surveillance through EWARS or existing systems.
- Leverage digital health technologies, such as telemedicine, to improve access to services, especially for subspecialties that are not sufficiently available within the Gaza Strip.

D.5 Re-establish supply chains for health commodities

- Re-establish and strengthen the supply chain for essential medicines and equipment and include emergency preparedness mechanisms in the event of future crises.
- Re-establish the logistics management information system of the health authorities.



Kamal Adwan Hospital and its neighborhood were left destroyed following attacks. © WHO

References

- WHO oPt operational response report for 2024 (in development)
- [WHO health emergency appeal](#)
- Interim rapid damage needs assessment
- [Flash appeal 2025](#)
- [IPC analysis](#)
- [United Nations Sustainable Development Corporation Framework](#)



A child with cancer is transferred for medical evacuation outside Gaza. © WHO

Annex. Budget

RESPONSE PILLAR	2025 estimated costs
A. Maintain life-saving essential health services	140 000 000
Continually revise the essential health services package to ensure the availability of services according to existing or emerging health needs and evolving context	3 000 000
Procure and deliver life-saving medicines, medical supplies, equipment, spare parts and fuel to maintain essential health services and ambulance services	85 000 000
Provide health operations support to primary and secondary healthcare facilities, including essential infrastructure and WASH repairs and establishment of temporary facilities in key locations	40 000 000
Continue to operationalize and support the referral pathways within the Gaza Strip and medical evacuation (medevac) pathway outside Gaza	10 000 000
Maintain provision of services to cases with severe acute malnutrition	2 000 000
B. Strengthen public health intelligence, early warning, and prevention and control of communicable diseases	100 000 000
Strengthen and implement integrated disease surveillance, including diagnostics capacities	5 000 000
Procure and deliver medical supplies to prevent and respond to potential outbreaks	60 000 000
Conduct continuous risk and needs assessment to inform prioritization and implementation of surveillance and response activities	3 000 000
Provide expertise in health information analytics and reporting	2 000 000
Strengthen IPC measures and improve WASH conditions	30 000 000
C. Health emergency coordination	10 000 000
Coordinate the delivery of health response with all partners	2 000 000
Strengthen the strategic and operational capacity of the public health emergency operations centre	2 000 000
Communicate and advocate for health needs and public health priorities to stakeholders	2 000 000
Coordinate and facilitate the scale-up of EMT support across the Gaza Strip	2 000 000
Prevent and respond to sexual exploitation, abuse, and harassment	2 000 000
D. Early recovery, rehabilitation and reconstruction	265 000 000
Support the coordination of health sector recovery, recovery planning and implementation monitoring	2 000 000
Establish and expand essential health service at the primary, secondary and tertiary levels, including health facility rehabilitation and reconstruction	173 000 000
Support the recovery of health workforce	70 000 000
Support the recovery of health information systems	10 000 000
Re-establish supply chains for health commodities	10 000 000
West Bank: all pillars	49 000 000
Response to the evolving emergency situation in the West Bank	49 000 000
Operational costs, including human resources	84 000 000
Total cost	648 000 000

WHO's 2025 operational response and early recovery plan for oPt requires US\$ 648 million for its full implementation. This exceeds the response figures included in the global [WHO Health Emergency Appeal \(HEA\)](#) (US\$ 296 million) and the [2025 OCHA Flash Appeal](#) (US\$ 596.1 million requested for the health sector from 47 health partners, including WHO) with the inclusion of the following additional components:

- WHO 60-day ceasefire plan with approximately US\$ 46 million allocated for urgent actions to be carried out within the first 60 days following the ceasefire agreement signed on 19 January 2025.
- Significant escalations in violence in the West Bank require the al-

location of additional resources for planning and operations, included in the 2025 operational response and early recovery plan, currently estimated at US\$ 49 million.

- Significant acceleration of early recovery, rehabilitation and reconstruction efforts in 2025 are now planned under multisectoral conflict recovery framework, with a budget of US\$ 265 million.

We are deeply appreciative of the continued support, which is vital in helping WHO carry out this comprehensive response to meet both the immediate and longer-term health needs in the oPt throughout and beyond 2025.



WHO Office for the occupied Palestinian territory

Othman Ibn Affan Street, 24 Sheikh Jarrah
P.O. Box 54812
Jerusalem

+972 (2) 5400595 | emacopsewr@who.int
www.emro.who.int/countries/opt/index.html