

April 2024 – December 2024

WHO's response in the occupied Palestinian territory



Message from the WHO Representative for the occupied Palestinian territory

Dear Partners and colleagues,

As we present WHO's Operational Response Report for the occupied Palestinian territory (oPt) from April to December 2024, I reflect on a year marked by profound challenges and the remarkable resilience of Palestinians and the health system across the region. This report highlights WHO and its partners' commitment to delivering life-saving health interventions amid unprecedented adversity.

In Gaza Strip, where the health system has been pushed to the brink, between April to December 2024, WHO, in collaboration with the Ministry of Health and Health Cluster partners, facilitated over 7.3 million primary health care consultations and ensured that 602 000 children received critical immunizations. Emergency Medical Teams provided more than 2 million patient consultations and performed 32 000 emergency surgeries. Despite massive destruction—leaving only 18 of 36 hospitals partially operational—our efforts supported over 106 000 trauma patients through the delivery of vital supplies and fuel to 14 hospitals and 45 health facilities.

The destruction of over 80% of water and sanitation infrastructure, combined with inadequate hygiene, triggered disease outbreaks. In response, WHO implemented innovative strategies to strengthen surveillance systems, with 2.4 million cases of epidemic-prone diseases reported. Two polio vaccination campaigns each achieved 94% coverage among children under 10, with vitamin A supplementation included in the second round to boost immunity. Mental health and psychosocial support remained critical, with 1.6 million consultations provided and 110 mental health kits distributed to address growing needs.

In the West Bank, WHO, in coordination with the Ministry of Health and Health Cluster partners, supported 468 200 primary health care consultations, including 356 400 for non-communicable diseases. Trauma care was strengthened through prepositioned trauma and emergency surgery supplies, training for health care workers and volunteers, and equipping ambulance. Essential medicines for oncology—previously out of stock—were supplied, enabling life-saving cancer treatment to continue. Over 44 400 children were immunized, and 53 800 antenatal and postnatal consultations were conducted to safeguard maternal and child health.

Our commitment to early recovery is reflected in the rehabilitation of up to 10 priority health facilities, the establishment of 11 temporary clinics in the Gaza Strip, and the expansion of critical infrastructure such as desalination plants and warehouses. These initiatives ensure that essential services continue to reach the most vulnerable populations.

We extend our sincere gratitude to the nearly 30 donors whose support has been instrumental in WHO's response to this crisis. Since October 2023, over US\$ 175 million has been swiftly mobilized, with donors providing flexibility to adapt to evolving needs on the ground.

As the Health Cluster lead agency, WHO coordinated 78 partners to streamline service delivery, reaching an average of 359 200 people weekly in the Gaza Strip. More than \$119 million worth of health supplies and 6.5 million liters of fuel were secured to sustain health operations.

These achievements stand as a testament to the resilience of the Palestinian people, the dedication of health workers, and the solidarity of our partners. As we look ahead, with a ceasefire process underway, I call on the international community to renew its commitment to health as a fundamental human right and expand its support to address the immense humanitarian and development needs in the occupied Palestinian territory.

Thank you,
Dr Richard Peeperkorn
WHO Representative for the occupied Palestinian territory

WHO Support at a Glance - Gaza Strip (Jan-Dec 2024)



111 WHO field missions and visits conducted across the Gaza Strip. 60% of 279 missions requested were either denied, delayed or impeded.



7 stabilization centres supported for children with severe acute malnutrition.



10+ hospitals and health facilities in the Gaza Strip restored their functionality with WHO support.



560 000 children under 10 years protected from polio in 2 rounds of supplementary immunization.



6.9M treatments and surgeries supported through WHO's supply of medicines and medical equipment.



480 000 children aged 2 to 10 years received vitamin A supplementation.



8.8M litres of fuel delivered to health facilities and Health Cluster partners.



5300 medical evacuations of critically ill patients supported for lifesaving care abroad.



A WHO staff member assists a patient being transferred from the European Gaza Hospital for medical evacuation outside Gaza. © WHO



77 000 women will be supported through hygiene and sanitary supplies procured.



19 partners across 56 health facilities supported with equipment, supplies, and training, enabling 19 055 skilled deliveries, aiding the treatment of 268 993 sick children, and providing.



120+ health workers trained on the clinical management of rape and care for survivors of gender-based violence.



2.2M consultations provided by 49 emergency medical teams deployed across the Gaza Strip.



160+ health workers trained in sexual and reproductive health.



1M people with mental health conditions supported through the provision of medicines, supplies, and training for health workers and partners.



46 000+ Women and children provided maternal and child health supplies.



70+ Health Cluster partners across the Gaza Strip.



A WHO staff member meets with a displaced woman at a shelter. © WHO

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Overview

Since October 2023, the conflict in the occupied Palestinian territory has caused widespread devastation. The ongoing violence occurs within the broader context of occupation, the blockade of the Gaza Strip, political division, and the long-term displacement of Palestinian refugees—factors that have severely worsened humanitarian needs and vulnerabilities.

This report presents results from WHO's second [operational re-sponse plan](#) for the occupied Palestinian territory (oPt), covering the period from April to December 2024. The plan was developed in alignment with the inter-cluster humanitarian [Flash Appeal](#), including the Health Cluster response plan.

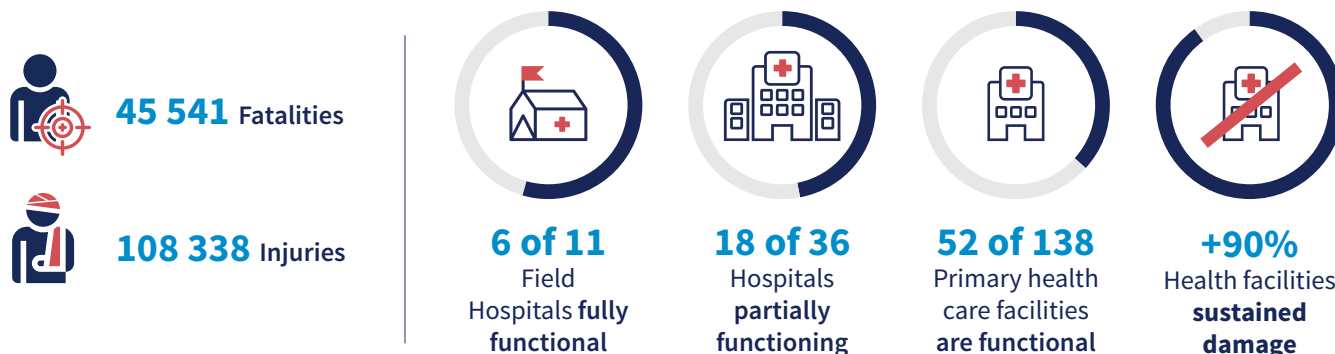
As the crisis intensified—resulting in unprecedented health needs amid a highly restrictive operational environment—WHO and its partners within the Health Cluster and beyond continuously reassessed and adapted their strategies to respond to the rapidly evolving and increasingly dire situation.

Despite severe challenges, WHO and its partners worked tirelessly to support essential health services. These efforts included coordinating the deployment of Emergency Medical Teams (EMTs), strengthening disease surveillance, managing logistics, facilitating the delivery of health response, and integrating early recovery into the humanitarian response through the principles of the Humanitarian-Development-Peace Nexus (HDPN).

As the United Nations health agency and the Health Cluster lead in the occupied Palestinian territory, WHO is uniquely positioned to coordinate and deliver life-saving health interventions alongside key partners. WHO continues to operate through local, regional, and global mechanisms to address the most urgent health needs.

Current situation (as of 31 December 2024)

Fig. 1. Current situation



A patient who lost both arms in the conflict in Gaza talks with a family member. © WHO

Gaza Strip

Since October 2023, the Gaza Strip has been facing an acute humanitarian and public health crisis. Over 45 541 people have been killed, and 108 338 injured—figures that are likely much higher—while 1.9 million people, or 90% of the population, have been displaced. Many families have been forced to flee multiple times due to evacuation orders, and overcrowded shelters provide only 1.5m² per person, far below the Sphere minimum standard of 3.5m² per person.

The health system has been severely impacted. Of Gaza's 36 hospitals, only 18 remain partially operational. Power outages caused by fuel shortages are disrupting critical services in intensive care, neonatal, and dialysis units, leading to preventable deaths. Ambulance services are severely delayed due to a lack of vehicles and staff, operational obstructions, blocked roads, fuel shortages, and ongoing insecurity—factors that are costing lives. Chronic disease management has also deteriorated, with limited access to essential treatments for conditions such as cardiovascular disease, cancer, and diabetes.

Food insecurity has reached catastrophic levels, with 1.84 million people across the Gaza Strip experiencing high levels of acute food insecurity classified as IPC (Integrated Food Security Phase Classification) Phase 3 (Crisis) or higher. The destruction of agricultural land, restricted fishing activities, and disruptions to markets have contributed to widespread malnutrition. As of 20 December 2024, over 36,663 children aged 6 to 59 months were acutely malnourished, including 7 395 suffering from severe acute malnutrition (SAM). Among them, 392 had been admitted to SAM stabilization centres for treatment.

On 8 November 2024, the IPC issued an [alert](#) warning of a strong likelihood that famine was imminent in areas of northern Gaza. It emphasized that immediate action—within days, not weeks—was required from all actors directly involved in the conflict or those with influence over its conduct to avert and mitigate the catastrophic situation.

The destruction of more than 80% of water, sanitation, and hygiene (WASH) infrastructure has forced reliance on contaminated water sources, leaving no functional wastewater treatment plants. This has led to outbreaks of diarrhea, respiratory infections, hepatitis A, scabies, and the re-emergence of polio after 25 years. Over one million people—about half of Gaza Strip's total population—receive less than 15 liters of water per person per day, the minimum emergency standard recommended by the Sphere guidelines, putting them at critical risk of waterborne diseases.

From October to December, northern Gaza remained under siege, depriving people of basic aid and life-saving supplies amid ongoing bombardment and attacks.

The mental health impact is significant, affecting all 2.2 million residents of the Gaza Strip, including nearly one million children. However, access to mental health and psychosocial services remains extremely limited, further exacerbating the crisis.

Lastly, the Israeli parliament's decision on 28 October 2024 to prevent UNRWA from continuing its operations in the occupied Palestinian territory will further worsen the already dire humanitarian crisis. It will severely jeopardize access to primary health care for millions of Palestinians.

West Bank

In the West Bank, violence, settler activity, and military operations have resulted in 835 deaths and 6,700 injuries since October 2023. Rising tensions are severely affecting the physical and mental well-being of thousands of children and families, who live in fear for their lives.

Over 44% of medical permit applications for access to specialized care in East Jerusalem and Israel have been denied, restricting essential health care access. The approval rate for these applications has dropped by 43% since October 2023. Frequent attacks on health facilities, ambulances, and medical personnel have further hindered service delivery, leaving many communities without access to life-saving interventions.

Due to the financial crisis affecting the Ministry of Health (MoH), most primary health centres are operating only a few days per week, and hospitals are functioning at just 70% capacity. The 2024 Flash Appeal funding for the West Bank remains critically low at only 47% of the required amount. Scaling up funding is urgently needed to support the health sector and ensure access to critical health services in the West Bank.



A patient navigates her way to the hospital in the West Bank. © WHO

Lessons learned

Strengthening coordination and partnerships

Effective coordination with partners streamlined health interventions, minimized duplication, and enhanced the overall impact. Building stronger collaboration with relevant stakeholders and actors remains critical for fostering a cohesive and effective response.

Flexibility and adaptability

The crisis was highly dynamic and often required rapid shifts in operational strategy. Emphasizing adaptability ensured that interventions remained relevant and effective amidst evolving challenges. Tactical flexibility was key to maintaining impact.

Essential health service package

The implementation of the essential health service package proved valuable in the operational response for 2024. Regular updates to this package are crucial to ensuring the availability of services that align with both existing and emerging health needs in an ever-evolving context.

Investment in early recovery and resilience

Integrating emergency response with early recovery efforts was instrumental in sustaining health care delivery. Initiatives such as

rehabilitating 10 health facilities and setting up temporary clinics provided immediate support while fostering resilience. Prioritizing resilience-building from the outset ensures a sustained impact in the face of ongoing or future crises.

Addressing critical resource gaps

Persistent shortages of essential supplies, exacerbated by logistical and border restrictions, highlighted the urgency of diversifying supply chains and prepositioning critical resources. Innovative tools, such as geolocation-based monitoring systems, improved accountability and transparency in resource management.

Preparedness and planning

Established protocols and preparedness plans significantly expedited the crisis response, enabling faster and more efficient interventions during emergencies.

Capacity building

In challenging contexts, continuous training and resource support for health workers are indispensable. These efforts bolster response capacity, enhance the resilience of the health system, and ensure the sustainability of interventions.



A pharmacist hands medicine to a woman at a medical point located in a shelter. © WHO

Delivering the operational response plan

Essential health services

Supporting access to primary and secondary health care

Throughout the reporting period (April – December 2024), WHO maintained its vital support to the remaining primary health centres (PHCCs), hospitals, and other health facilities, ensuring they remained operational. This support included, but was not limited to, the provision of essential medicines, medical consumables, equipment, and fuel (see OSL section below). In collaboration with Health Cluster partners in Gaza, WHO facilitated over 7.3 million primary health care consultations, with approximately 1.6 million consultations for non-communicable disease (NCD) management. Additionally, 602 000 children were immunized against vaccine-preventable diseases.

EMT coordination and support

Between April and December 2024, WHO coordinated and facilitated the deployment of 33 Emergency Medical Teams (EMTs) from 21 partner organizations. This included 31 international EMTs, as well as one national and one forward EMT. These efforts resulted in over two million patient consultations and 32 000 emergency surgeries during the reporting period (Fig. 2).

The Gaza National EMT, relaunched in September 2024, conducted 6219 patient consultations, performed 264 emergency surgeries, supported 249 referrals, treated 1820 patients with trauma, and provided care to 3604 individuals with exacerbated NCDs.

Overall, the EMT programme improved health care quality, strengthened health systems, and increased patient survival rates by embedding specialized medical teams within health care facilities, establishing mentoring programmes for local health care professionals, revising mass casualty management protocols, and conducting mortality and morbidity review meetings, alongside periodic quality assurance visits to health facilities.

Fig. 2. EMT activities in the Gaza Strip (April – December 2024)

Category	Number
EMTs deployed	33 (31 international, 1 national, 1 forward)
Partner organizations involved	21
Total patient consultations conducted	> 2 million
Emergency surgeries performed	>32 000
Critical trauma cases treated	>70 000
Live births supported	>7800
Additional inpatient beds provided	532
Quality assurance visits conducted	32

See the [EMT dashboard](#) for details of its activities in Gaza.

Sustaining the trauma pathway

WHO provided trauma supplies, medical consumables, fuel, and other critical resources to the emergency departments of 14 hospitals and 45 health facilities offering specialized surgical services, benefiting over 106 000 trauma patients. In coordination with the Emergency Medical Team Coordination Cell (EMTCC), WHO supported the deployment of a Trauma Stabilisation Point in Rafah, which delivered life-saving and limb-saving trauma interventions for over 800 patients between April and May 2024.

WHO conducted Adapted Mass Casualty Management (MCM) training at Shifa Hospital in November, which aided in the development of a practical Mass Casualty Incident Plan and the supply of prepositioned trauma resources to handle sudden surges in casualties. Additionally, WHO supported UNRWA personnel in basic wound care management through a series of training sessions, enhancing the capacity of primary health care center staff to effectively care for ambulatory trauma patients. Finally, the establishment of the Trauma Technical Working Group created a platform for technical discussions among trauma partners, facilitating the broader exchange of solutions to trauma-related challenges.

Mental health and psychosocial support (MHPSS)

WHO continued its support for partners in delivering MHPSS services to affected populations by providing essential medical supplies and enhancing the capacity of MHPSS care providers. This included supplying 110 mental health kits and 23 types of critical psychotropic medications to Ministry of Health (MoH) facilities and NGOs. WHO trained 144 Health and Protection Cluster participants in Psychological First Aid (PFA) and 25 UNRWA and MoH staff in the Mental Health Gap Action Program (mhGAP). Furthermore, WHO supported the Gaza Community Mental Health Programme (GCMHP), enabling treatment for over 15 000 individuals with mental health disorders. Additional initiatives included organizing five self-care and stress management sessions for 70 mental health workers and producing six psychoeducation and awareness materials.

Fig. 3. MHPSS situation and response

Category	Number
Number of people in need of MHPSS in the Gaza Strip*	486 200
Health workers trained on mhGAP (MoH and UNRWA) - (before 7 Oct 2023)	900
Health workers trained on mhGAP (MoH and UNRWA) between Sept - Oct 2024	25
Health workers trained on PFA in Dec 2024	144
Community-based Mental Health Centres in the Gaza Strip (before 7 Oct 2023)	6
Community-based Mental Health Centres in the Gaza Strip (following 7 Oct 2023)*	0
Psychotropic medication items procured	23
Mental Health Kits procured	110
Health workers trained on MHPSS in general hospitals (before 7 Oct 2023)	1400

*These estimates are derived from WHO's meta-analysis on MHPSS in conflict-affected areas, indicating that 22.1% of the population is affected. This figure was used at the beginning of the escalation in the Gaza Strip, though the current percentage is likely higher.

The only inpatient mental hospital was destroyed.

Re-establishing gender-based violence (GBV) services

From April to December 2024, WHO collaborated with UNFPA, the GBV Sub-Cluster, and partners to re-establish GBV referral systems in Gaza, training 126 health care providers in the clinical management of GBV cases. For the first time, high-risk cases were systematically referred to secure shelters (Hayatt), marking a significant milestone. These critical training programmes, endorsed by the MoH, reflect the increasing local acceptance of GBV-focused interventions despite cultural sensitivities.

WHO procured 77 510 dignity kits for distribution to MoH, UNRWA, and other partners in Gaza, in coordination with the Health Cluster and GBV Sub-Cluster. Additionally, 1 500 emergency pills and antibiotics for sexually transmitted infections (STIs) were supplied to support critical GBV-related health services.

Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH)

From April to December 2024, WHO supported 19 partners in delivering SRMNCAH services across 56 health facilities in Gaza, enabling 19 055 skilled deliveries, 244 693 antenatal consultations, 386 414 postnatal consultations, care for 268 993 sick children, and the provision of reproductive health supplies to 46 598 girls and women. Additionally, WHO trained 165 health care professionals on SRH-related topics, including 88 staff from Medical Aid for Palestinians (MAP) UK, 55 from hospitals and PHCCs, and 22 midwives from the "Urgent Deliveries Project."

Responding to unprecedented rates of severe acute malnutrition (SAM)

WHO supported 24 health facilities and 16 partners with SAM kits, equipment, medications, and training, enabling malnutrition screening for over 26 276 children, iron and folic acid supplementation for 13 111 pregnant women, and Infant and Young Child Feeding in Emergencies (IYCF-E) counselling for 5071 caregivers. Furthermore, in collaboration with partners, WHO established seven SAM stabilization centres (SCs), which treated 394 children under five. As of 31 December 2024, four of these centres remain operational, with a total bed capacity of 36, and have facilitated the referral of 13 SAM patients, both within and outside the Gaza Strip.

Expanding WHO's presence and field missions

WHO maintains a permanent operational footprint within the Gaza Strip, and despite the devastation on the ground, has managed to increase its national and international staffing throughout 2024, from around 30 to 91. This increase has been supplemented with targeted and specialized surge deployments from other major offices over the course of the year.

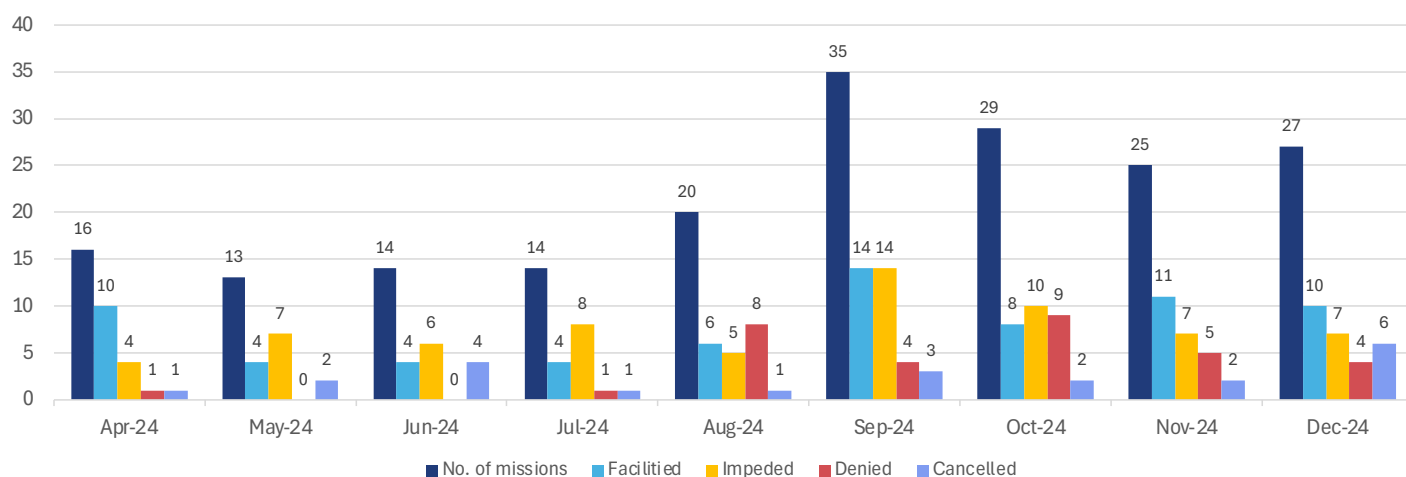
During the reporting period (April-December 2024), 195 WHO-led life-saving missions were planned within the Gaza Strip. Of these, 37% (72) were successfully facilitated, 17% (34) were denied, 34% (67) were impeded, and 11% (22) were cancelled. These missions focused on delivering fuel and essential medical supplies to health facilities, transferring patients requiring specialised care unavailable at their current facilities, conducting medical evacuations outside Gaza, facilitating EMT movements, and assessing health facility capacity.

Missions remain complex, high-value operations that require a unique level of risk tolerance, comprehensive mitigation measures, and essential resources such as armoured vehicles, personal protective equipment (PPE) gear, communication devices, and a skilled field crew capable of operating in conflict zones.



The conflict in Gaza and the lack of health care has severely impacted newborns, pregnant women and mothers. © WHO

Fig. 4. Missions (April – December 2024)



Medical evacuations from the Gaza Strip

WHO estimates that there are over 12 000 patients in need of medical evacuation in the Gaza Strip. Between May and December 2024, the MoH assessed and prioritized over 3 000 urgent patient cases. Since October 2023, a total of 5 325 (34%) patients have been successfully evacuated. However, after the Rafah closure, evacuations dropped sharply to only 378 between 7 May and 4 December 2024, averaging just 54 per month compared to 706 prior to 7 May. These medical evacuations were managed and coordinated by WHO.

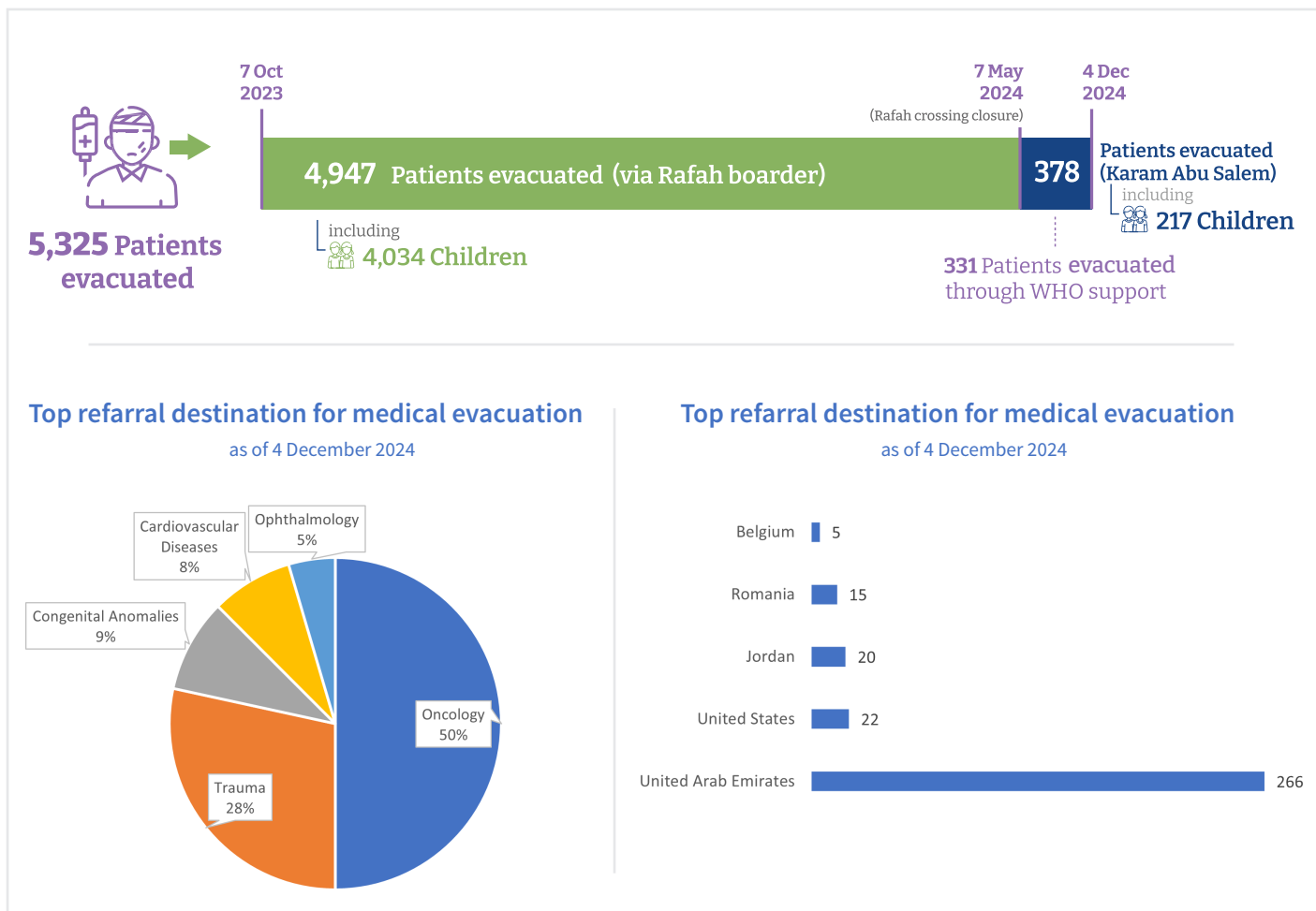
WHO also liaised with the Israeli Coordination of Government Activities in the Territories (COGAT) to secure patient movement approvals. Approval rates fell as low as 1.8% for some lists, leading to significant delays and loss of life. Between May and November 2024, at least 61 patients died while awaiting evacuation, with many others deteriorating due to prolonged delays. Denied patients faced limited access to Gaza's overstretched health services, highlighting the urgent need for expedited processes.

WHO worked extensively with receiving countries to secure safe destinations for patients. Agreements with the UAE, Jordan, the United States of America, and the European Union's Emergency Response Coordination Centre (ERCC) facilitated evacuations.



A patient is prepared for medical evacuation outside the Gaza Strip. © WHO

Fig. 5. Medical evacuation summary (as of 10 December 2024)



Public health intelligence, early warning, prevention, and control

Strengthen disease surveillance

Since January 2024, WHO and health partners have strengthened syndromic surveillance of epidemic-prone diseases, revising the priority list at the one-year mark of the conflict. In collaboration with partners, WHO implemented the Early Warning Alert and Response System (EWARS) to enhance disease monitoring, alert detection, outbreak management, and response. This effort included providing digital tools to 163 surveillance focal persons across 209 health facilities and recruiting four surveillance officers to strengthen surveillance in the Gaza Strip.

As of 15 December 2024, over 2.4 million priority disease cases have been reported, primarily Acute Respiratory Infection (63%), Acute Watery Diarrhea (31%), Acute Jaundice Syndrome (5%), and Bloody Diarrhea (1%), driven by worsening WASH conditions, overcrowding, and limited sanitation access (Fig. 6). With winter and escalating combat activities, the disease burden is expected to rise further.

Prevent, detect and promptly respond to disease outbreaks

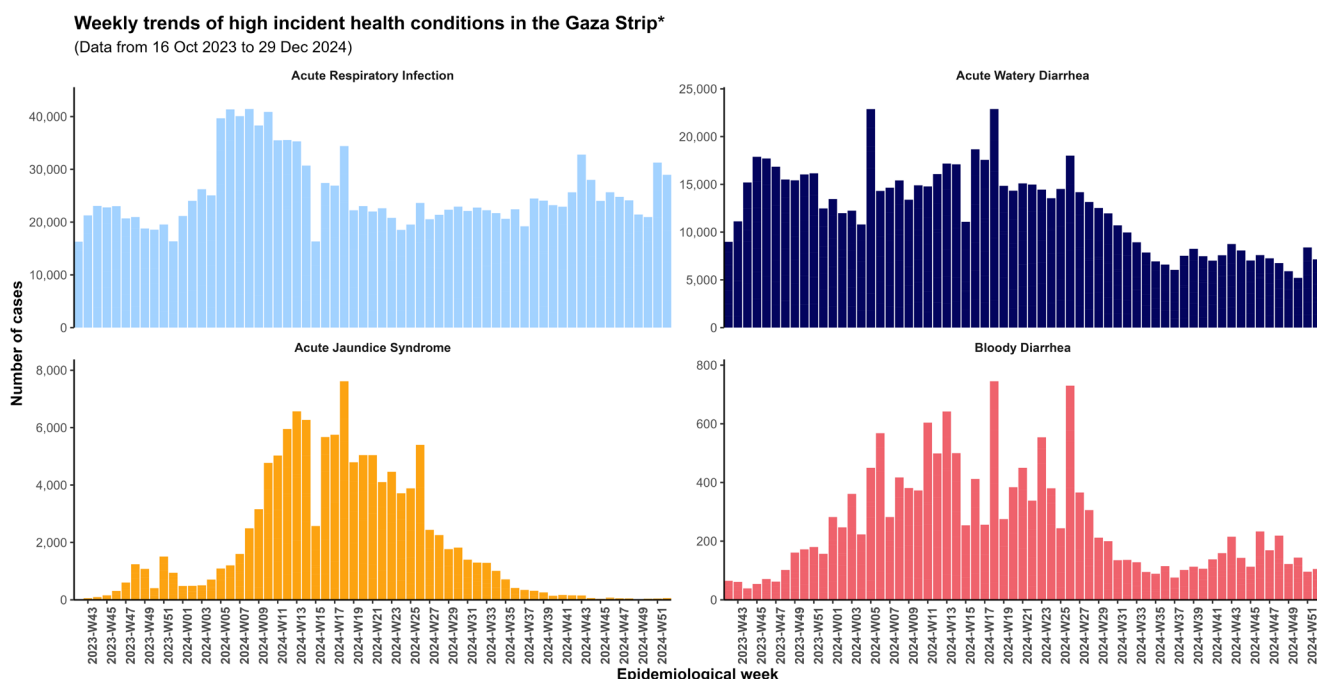
WHO trained 14 Rapid Response Teams to conduct initial investigations and respond to disease outbreaks when detected. These teams also supported two polio vaccination campaigns (refer to Polio Section) with vitamin A supplementation across the Gaza Strip to strengthen the population's immunity following the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2). Additionally, six disease-specific outbreak investigation SOPs were developed, covering measles, cholera, diphtheria, bacterial meningitis, acute flaccid paralysis (AFP), and environmental sample collection for cVDPV2 surveillance. WHO has also prepared case management protocols for the priority diseases, and preparations for implementation are underway.

To enhance laboratory capacity, three units of 'Lab-in-a-Box' and over 11 000 rapid diagnostic test kits were ordered for priority diseases, including measles, meningitis, and viral hepatitis, along with the recruitment of a National Laboratory Officer in Gaza.



A child stands beside stagnant water in a temporary camp. © WHO

Fig. 6. Weekly trends of priority diseases (as of 29 December 2024)



* Epidemiological trends should be interpreted with caution due to reporting delays, continuous retrospective data adjustments, limited geographical coverage of surveillance activities and constant population movements

Polio vaccination campaign

On 23 June 2024, environmental surveillance detected cVDPV2 in six of seven sewage samples from Deir Al-Balah and Khan Younis governorates in the Gaza Strip. The situation was critical due to a fragile public health system, the ongoing humanitarian crisis, and population displacement, all of which created favorable conditions for the spread of the virus. A two-phased nOPV2 vaccination campaign, organized and implemented by the MoH, WHO, UNICEF, UNRWA, and partners, successfully reached 591 714 children under the age of 10 during the agreed humanitarian pauses—a remarkable success against many odds.

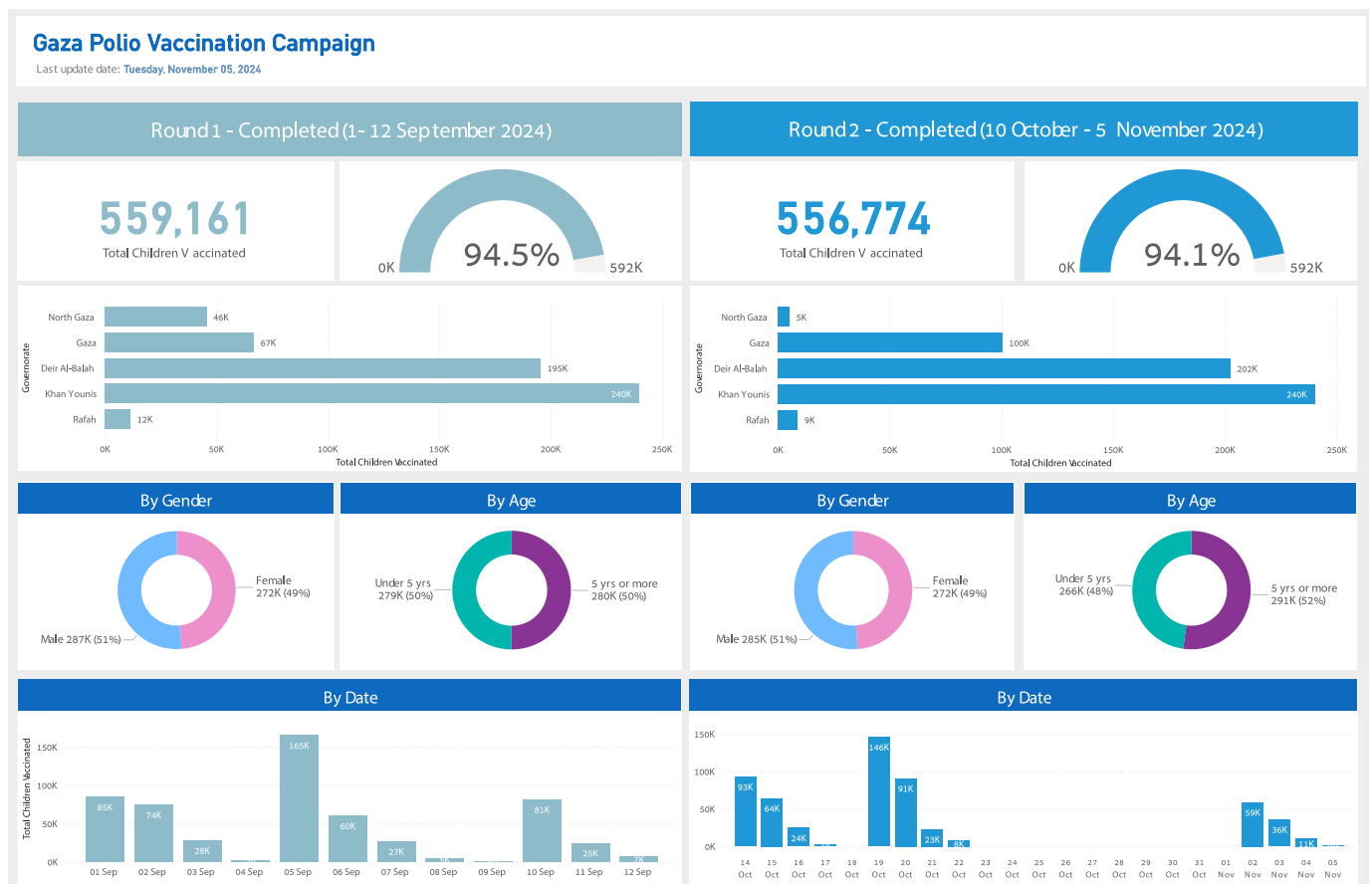
In round one, 559 161 children under 10 years old were covered (94.5%), compared to 556 774 children (94.1%) in round two, with 51% male and 49% female.

To further benefit children in the Gaza Strip, the technical committee approved the introduction of vitamin A in the second round, which targeted 487 000 children aged 2 to 10 years. Unfortunately, a significant number of children in North Gaza were left unvaccinated due to military operations, uncertain campaign quality outside humanitarian pause areas, and a lack of experience in campaign implementation.

Improve infection, prevention and control (IPC) & water, sanitation and hygiene (WASH)

Between April and November 2024, WHO trained 166 health workers—154 on IPC standards and health care waste management, and 12 on water quality surveillance—and restored water testing capacity by installing five portable laboratories to monitor contamination risks. Four standard operating procedures (SOPs), including the Water Quality Monitoring Manual and Data Sharing Protocols, were developed and shared with the Health and WASH Clusters, while drafts on health care waste management and vector control await finalization. A dashboard was developed to monitor water quality in different settings across the Gaza Strip, including health facilities. Between May and December 2024, WHO and partners conducted 1 625 water quality tests. An IPC and WASH assessment tool and dashboard were developed with partners to assess and monitor IPC measures and WASH services in health facilities in Gaza, with 12 health facilities assessed. Efforts also targeted managing medical waste in overwhelmed facilities by initiating the recruitment process of a local cleaning company and providing IPC materials. Additionally, there were 117 dispatches of IPC and WASH supplies to MoH and other health partners' facilities.

Fig. 7. Polio campaign vaccination analysis



Strengthen health information analytics and reporting

WHO continued to develop health information products and systems on the oPt crisis, aimed at improving situational awareness and supporting advocacy efforts targeting key decision-makers, stakeholders, and the public.

Between April and December 2024, WHO published over 20 situation reports, four Public Health situation analyses, and several dashboards, including the [WHO oPt Disease Surveillance Dashboard](#) and the oPt [Unified Health Dashboard](#) managed by the Health Cluster. WHO also supported two Integrated Food Security Phase Classification (IPC) analyses for Gaza in May and September 2024, focusing on acute food insecurity and acute malnutrition.

Additionally, WHO supplied digital equipment and software to at least 75 health facilities and partners, restoring health information systems in 14 health facilities. These systems include civil registration and vital statistics (CRVS), e-Hospital and e-Clinic systems for managing health data in hospitals and PHCCs in the Gaza Strip, as well as the MCH system for maternal and child health.

The rollout of the Health Resources and Services Availability Monitoring System (HeRAMS) has been scaled up across Gaza Strip health facilities, achieving full implementation in all hospitals—government, private, and field—and government PHCCs in the southern and central governorates, with plans to extend to UNRWA and additional government PHCCs and hospitals in the northern governorates. An internal HeRAMS dashboard has been published, while an external dashboard is under review as of 31 December 2024.



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

Fig. 8. HeRAMS dashboard



Supplies and logistics support

WHO sustained health care operations in the Gaza Strip through robust logistics coordination, innovative supply chain solutions, and targeted health operations support.

Increase logistics coordination

WHO facilitated the delivery of critical medical and non-medical supplies to the Gaza Strip from April to December 2024, with 60% of the WHO-procured medical goods (over 2000 metric tonnes) successfully delivered. Coordination efforts involved 30 health cluster partners in supply pipeline monitoring and provided logistical support to 75 partners. At least 34 PHCCs and hospitals benefited from the over 6.5 million liters of fuel delivered to the Gaza Strip during the reporting period.

Fig. 9. Fuel supply to the Gaza Strip (April – December 2024)

Items	Number of health beneficiaries	Diesel (L)	Petrol (L)
Ambulances	(3) PRCS, MOH, CADUS	158 798	39 445
Hospitals	22	5 044 874	61 823
Partners	35	988 133	66 301
PHCC	12	108 694	0
WHO operations and logistics	WHO	165 663	31 933
Total		6 466 162	199 502

Supply logistics and warehousing

WHO leveraged innovative tools such as geolocation, QR codes, and digital signatures to monitor medical supplies, fuel distribution, and water quality testing devices, ensuring traceability, reducing errors, and strengthening accountability. Additionally, predictive analytics enhanced operational efficiency by anticipating needs and pre-positioning essential resources. Warehousing locations were strategically selected and effectively managed, playing a crucial role in ensuring the secure and reliable availability of critical supplies amidst persistent logistical and security challenges. Two WHO warehouses were destroyed in Khan Younis, and three were damaged and rendered unusable in Rafah.

Fig. 10. Key OSL statistics (April – December 2024)

Service type	Detail
Water quality testing	Over 1625 water samples tested
Emergency responses	3 critical water treatment interventions conducted in high-risk zones
Warehousing plan expansion	1500 m ² in Gaza 2000 m ² in Khan Younis
Cold chain storage	75 m ² of cold chain storage in Deir Al-Balah 35 m ² additional cold storage under planning
Warehousing capacity	1 warehouse in Deir Al-Balah (2700 m ²) 1 cold chain warehouse in Deir Al-Balah (75 m ²)

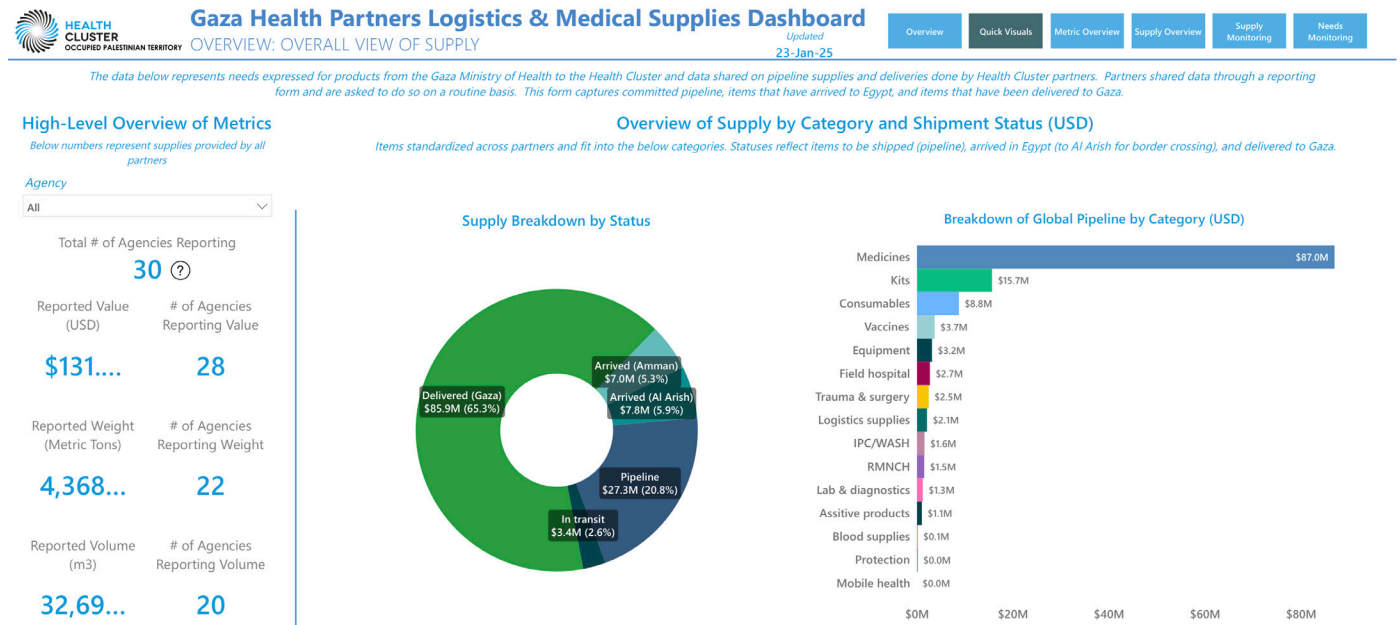


A WHO staff oversees the dispatch of medical supplies to a health facility. © WHO

Provide health operations support

To enhance health operations, WHO deployed 10 logistics personnel to support stock management and provided technical guidance to health facilities. Between April and December 2024, 1625 water samples were tested, ensuring safe water quality, including in health facilities. WHO has supported the rehabilitation of health facilities and essential infrastructure (refer to 'Early Recovery, Reconstruction and Rehabilitation') and missions (see 'Missions').

Fig. 11. OSL dashboard (as of 23 January 2025)



Medical supplies are prepared for dispatch to health facilities and partners. © WHO

Partner coordination

As the United Nations 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's core functions. WHO leveraged all existing communication platforms and the One UN coordinating mechanism, including inter-cluster coordination platforms.

Coordinate health response delivery with partners involved

Between April and December 2024, WHO led and supported 78 Health Cluster partners in implementing streamlined, evidence-based humanitarian health interventions with minimal duplication, ensuring the integration of cross-cutting issues such as protection, gender, GBV, MHPSS, Preventing & Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH), disability, social inclusion, and environmental considerations. Health Cluster partners operating in the Gaza Strip reached an average of 359 200 people on a weekly basis, providing a wide range of health services during the reporting period. The Health Cluster supported the work of partners through the timely sharing of information via the unified Health Dashboard and enhanced the quality of health services through the efforts of the Technical Working Groups.

Fig. 12. Services provided by the Health Cluster partners in the Gaza Strip (April – December 2024)

Service type	Number
Primary health care consultations	7.32 million
Trauma and emergency care consultations	548 000
Number of children immunized against vaccine-preventable diseases	602 000 (448 425 children received Vitamin A supplementation)
Antenatal and postnatal consultations	507 000 (antenatal – 191 800; postnatal – 315 200)
NCD consultations	1.6 million
MHPSS consultations	1.5 million
Rehabilitation related consultations	94 600 (>5 100 people received assistive devices)
Health supplies	US\$ 119 million worth of health supplies and equipment procured (US\$ 81 million worth delivered to meet urgent needs)



Al-Shifa Hospital, which was severely destroyed after attacks and raid. © WHO

Communications and advocacy

From April to December 2024, WHO made significant progress in communications and advocacy regarding the ongoing conflict in the Gaza Strip. Efforts focused on highlighting health needs and challenges, reflecting the efforts of WHO, partners, and donors in the response and coordination, and raising awareness about key health concerns while advocating for health as a human right, humanitarian access, and the protection of civilians, health facilities, personnel, and assets.

A variety of multi-platform products were produced and shared across the three levels of WHO. Over 750 social media products, including tweets, videos, photos, infographics, and stories, were produced, leading to over 25 million social media impressions and 23 million video views across WHO HQ, EMRO, and country office platforms. More than 50 press releases and statements, 66 press conferences at all three levels of WHO, and over 600 media interviews and comments resulted in over 800 000 WHO media mentions.

Additionally, WHO's Gaza-related video news packages were widely picked up by 1292 broadcasters, totaling over 121 hours of earned airtime, resulting in millions of views. Ninety-three video news stories were also repurposed by broadcasters for online platforms, resulting in over 46 million views.

Prevention of and response to sexual exploitation abuse and harassment (PRSEAH)

The PRSEAH response expanded considerably through a comprehensive risk assessment of health facilities, evaluating 106 sites across Gaza. The findings informed the development of tailored mitigation strategies, supported by the SAWA helpline, which provided a trusted channel for reporting abuse and harassment, with over 150 000 calls handled cumulatively.

WHO, in collaboration with UNICEF, UNRWA, and the PRSEAH Inter-agency Network, reached approximately 500 000 individuals from diverse communities with PRSEAH information via SMS and provided orientation on PRSEAH to over 1300 health workers and social mobilizers during the polio vaccination campaigns in Gaza.

Fig. 13. PRSEAH response (April – December 2024)

Service type	Number
Health facilities evaluated for SEA risk assessment	106
SAWA helpline calls received (7 October – 31 August 2024)	150 976
Social mobilizers trained on PRSEAH in Gaza	749
EMT members briefed and trained on PRSEAH protocols	491
WCO staff briefed and trained on PRSEAH protocols	70

*<https://palestine.unfpa.org/en/GBV-Update-March24>

Early recovery, rehabilitation, and reconstruction

Support coordination of health sector recovery, recovery planning and implementation monitoring

In partnership with the Ministry of Health and key international organizations, including the World Bank (WB), the European Union (EU), and the United Nations (UN), WHO leads initiatives to rebuild the health system, focusing on transitioning from emergency response to early recovery. WHO collaborated with the WB and the EU to conduct an Interim Rapid Damage and Needs Assessment (IRD-NA) in October 2024. This critical initiative quantified the extent of losses and identified key recovery needs, providing a data-driven baseline for strategic interventions. Building on this, WHO is developing the health component of the Conflict Recovery Framework (CRF), an operational guide scheduled for release in 2025 that will serve as a blueprint for coordinated recovery efforts.

Integrate emergency response into the early recovery phase

Local authorities and partner organizations worked to rehabilitate health facilities, restore essential WASH services, and expand bed capacity to ensure the continuity of life-saving services. WHO supported the establishment and operation of 11 temporary health facilities, the rehabilitation of 10 health facilities across the Gaza

Strip, as well as the expansion of warehouse capacity at Al Aqsa and Nasser hospitals, and the installation of a desalination plant at Al Aqsa Hospital. The rapid response after a flood that damaged a key clinic in Gaza City restored operations, ensuring that maternal health services continued for more than 10 000 residents. The WHO team supported the community by addressing immediate needs and worked to strengthen the resilience of critical health services despite the constant disruptions.

Support health workforce recovery

WHO has initiated a comprehensive mapping of the health workforce to identify gaps resulting from personnel losses and to plan for both immediate and long-term needs in response to the evolving context.

Support the recovery of health information systems

During the reporting period, WHO supported the recovery of key health information systems in 14 health facilities (see 'Health information analytics and reporting' above).



A health worker cleans the equipment as part of efforts to restore Nasser Medical Complex, supported by WHO and partners. © WHO

West Bank response

Essential health services

WHO continued to supply medicines, consumables, kits, equipment, and provide technical support to its partners, ensuring the delivery of essential health services to affected populations in the West Bank. In collaboration with Health Cluster partners, WHO facilitated over 468 200 primary health care consultations, 356 400 consultations for NCD management, and 121 300 consultations for mental health and psychosocial support (MHPSS) services (Fig. 15).

From April to December 2024, WHO trained 200 volunteers in trauma care and provided trauma bags through the WHO Community Trauma Training initiative in the West Bank, with plans to train 800 more by the end of 2025. WHO supported 24 UNRWA PHCCs with primary trauma care training for 250 medical staff, established emergency rooms, and equipped nine PRCS ambulances to enhance emergency preparedness. Additionally, three MoH clinics are being assessed for trauma stabilization points. WHO continues to support seven MoH hospitals with mass casualty management (MCM) training, refresher courses, and timely replenishment of MCM kits. Cumulatively, 3000 trauma emergency support kits (TESKs) items—prepositioned in regional warehouses across Jerusalem, Hebron, and Nablus—have been deployed to PHCCs and other health facilities across the West Bank to manage surges in trauma cases.

Furthermore, from June to November 2024, 185 health providers from hospitals and PHCCs, the private sector, and GBV focal points were trained in a joint WHO, MoH, and UNFPA training on the updated national health protocol for the health system response to GBV. WHO is co-chairing the MHPSS Technical Working Group (TWG) and supporting decentralized coordination structures in which each governorate has an MHPSS focal point, enhancing community-based responses to psychological trauma. WHO supported self-help sessions for health providers at UNRWA PHCCs and conducted a three-day training of trainers on mhGAP for UNRWA PHCCs.

Sticking to WHO's strategic priority to strengthen the trauma pathway, from the point of injury to rehabilitation, WHO is working with different stakeholders to ensure that the trauma activities, community trauma training, provision of supplies and consumables to designated prehospital care paramedics, work at the hospital emergency department level, and the prepositioned supplies are being carried out in a way that promotes complementarity and collaboration among health partners. Moreover, the establishment of the Trauma Technical Working Group offers a platform for the optimal coordination of trauma activities. The overall value of the system in place is greater than the sum of its parts.

WHO recently developed a contingency plan, outlining key response actions to address potential health emergencies arising from a possible escalation of hostilities in the West Bank.

Fig. 15. Services provided by the Health Cluster partners in the West Bank (April – December 2024)

Service type	Number
Number of partners that benefited from WHO supplies	22
Primary health care consultations	468 200
Trauma and emergency care consultations	18 500
Number of children immunized against vaccine-preventable diseases	44 400
Antenatal and postnatal consultations	53 800 (antenatal – 32 100; postnatal – 21 700)
NCD consultations	356 400
MHPSS consultations	121 300
Rehabilitation related consultations	24 000 (>1900 people received assistive devices)



Paramedics support a patient in reaching a hospital in Jenin. © WHO

Public health intelligence, early warning, prevention and control

During the reporting period, the HeRAMS rollout was further scaled up, achieving full implementation across all 52 hospitals in the West Bank – including governmental, NGO, and private facilities – excluding the seven East Jerusalem hospitals. Additionally, over 60% coverage was attained in government PHCCs.

WHO is supporting the Palestinian Health Information Center (PHIC) in automating health data collection and reporting processes using DHIS2 software. This initiative streamlines data collection, which was previously fragmented across multiple sources, improves data quality, and includes the development of dynamic dashboards for the MoH's public website. Additionally, WHO is offering data management support to the Emergency Operations Center, with a dashboard currently under development. WHO continues to support the rollout of the DHIS2-based family health e-Registry in all public sector primary care clinics.

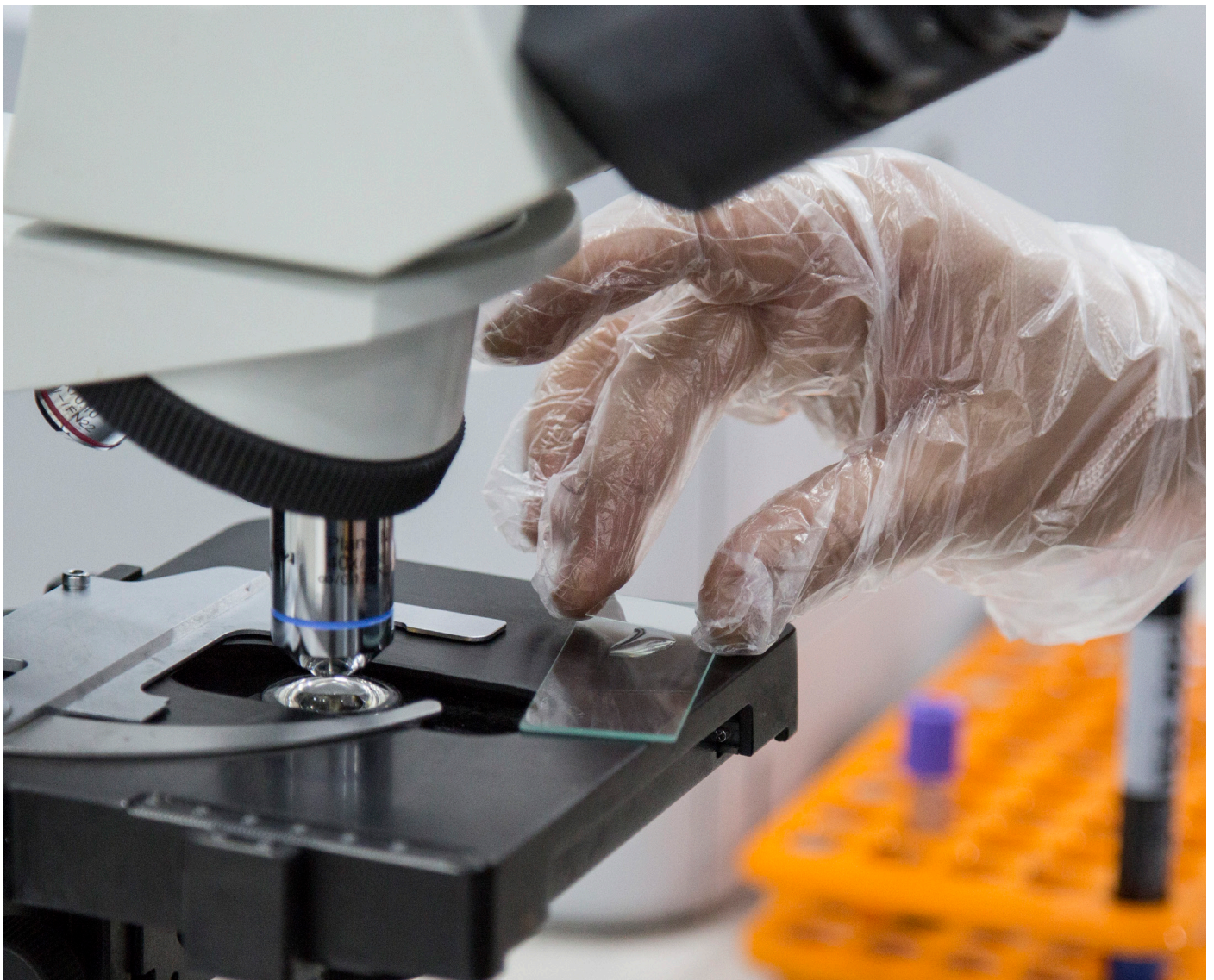
WHO continues to strengthen its collaboration with the MoH through support on event-based surveillance, flagging concerning health-related media articles to the MoH's rapid response teams for

necessary actions. Additionally, WHO polio teams are assisting the MoH with AFP surveillance in the West Bank.

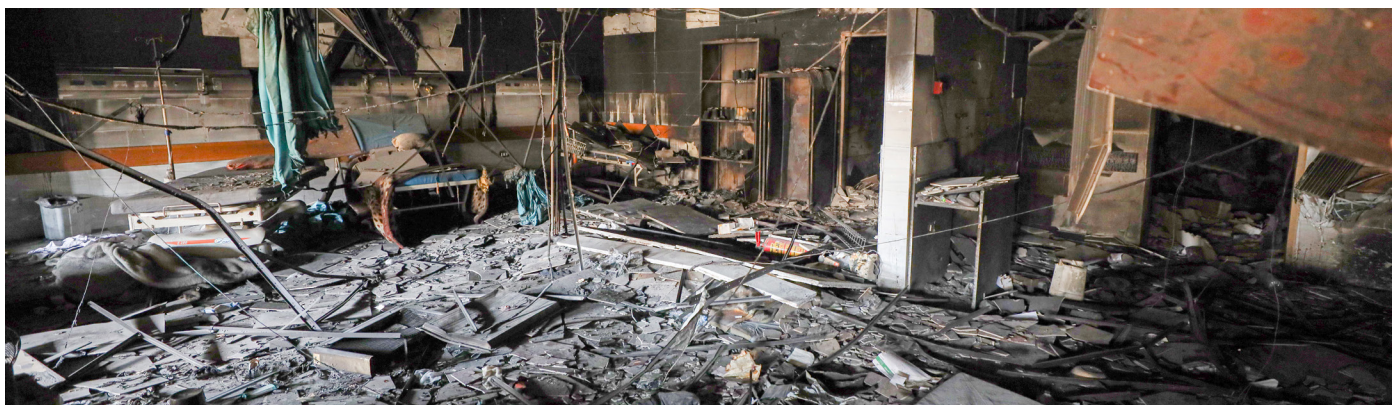
WHO conducted sensitization workshops for west Nile virus and rabies for West Bank health workers, along with providing risk communication materials. Following these workshops, a case of west Nile fever was detected in June, with confirmation testing by MoH CPHL supported by WHO-provided test kits. Additional suspected cases have been tested by MoH CPHL with WHO support, identifying 10 cases. WHO is following up with the MoH on the multisectoral measures and actions taken to prevent further transmission.

Partner coordination

WHO co-chairs two of the four specialized technical working groups, including MHPSS, Trauma, Rehabilitation, and Mobile Clinics, to facilitate strategic planning and coordination among the MoH, national, and international actors. As of 30 November 2024, a total of 255 TWG and Health Cluster meetings have been held since October 2023 across both the West Bank and Gaza Strip. A total of 20 partners are actively reporting to WHO through the Health Cluster.



A health worker studies a sample under a microscope. © WHO



Attacks and raid left Kamal Adwan Hospital destroyed and nonfunctional. © WHO

Attacks on health care

Between October 2023 and December 2024, WHO documented 651 attacks on health care in the Gaza Strip, resulting in 885 deaths and 1,352 injuries. These attacks impacted 122 health facilities, with 33 out of 36 hospitals sustaining damage of varying degrees, and affected 161 ambulances.

In the Gaza Strip, 5% of the attacks involved the detention or arrest of health workers, patients, or their companions. WHO confirmed that at least 262 health care staff members were detained or arrested while on duty, along with 59 patients receiving care.

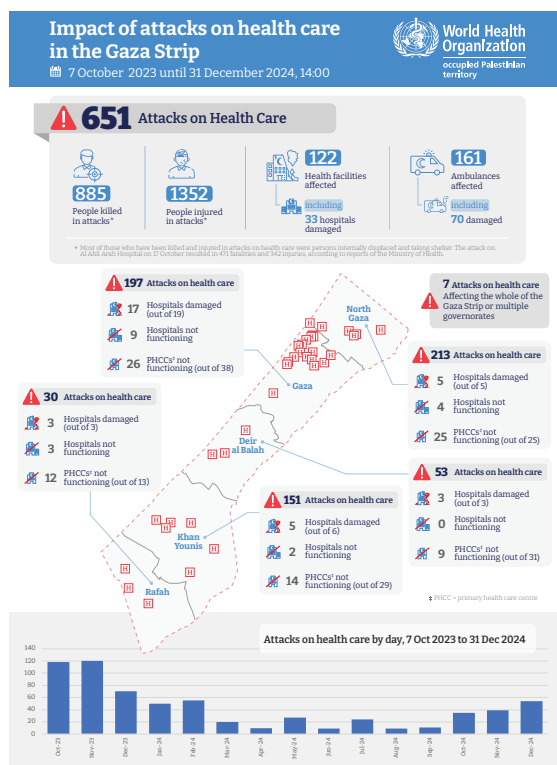
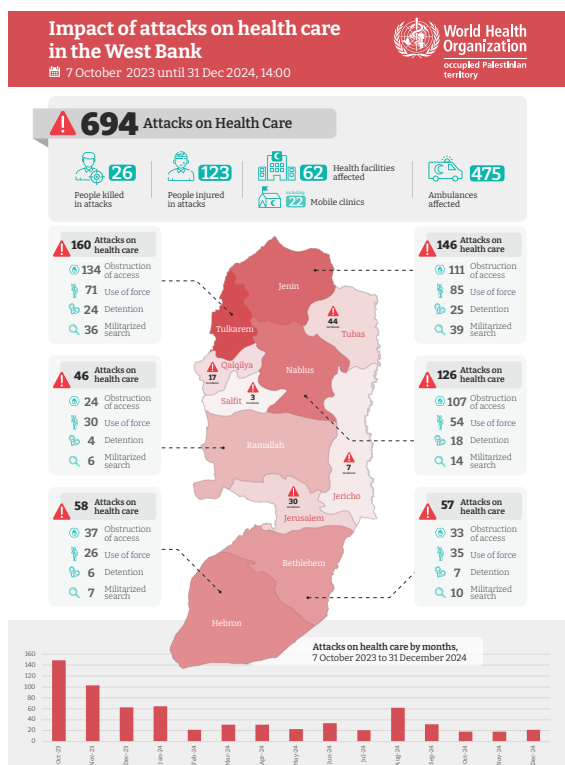
Among all reported attacks, 59% involved heavy weapons, 21% involved individual weapons, 6% included the militarization of health facilities or transport, 3% involved the search of health facilities, transport, or personnel, and 38% involved obstruction of health care delivery.

During the same period, WHO documented 694 attacks on health care in the West Bank, resulting in 26 deaths and 121 injuries. These attacks impacted 62 health facilities, including 22 mobile clinics, and affected 475 ambulances.

Among these incidents, 15% involved the detention or arrest of health workers, patients, or their companions. WHO verified that at least 172 health care staff were detained or arrested while on duty, along with 25 patients receiving care.

Of the total attacks, 2% involved heavy weapons, 26% involved individual weapons, 4% included the militarization of health facilities or transport, and 20% involved the search of health facilities, transport, or personnel. Additionally, 77% of the attacks resulted in the obstruction of health care delivery.

Fig. 14. Attacks on health care snapshot (as of 31 December 2024)



Facing the challenges to deliver life-saving support

Access and security barriers

From April to December 2024, humanitarian access to and within the Gaza Strip was severely impeded. Over 60% of the 195 planned missions were denied, delayed, or cancelled due to damaged roads, security risks, and bureaucratic obstacles.

Human resource strain

Persistent staffing shortages, high turnover, and burnout among humanitarian aid workers are significantly undermining overall response efforts. Aid workers are often required to work long hours without adequate breaks, separated from their families, and facing constant risks to their lives. As of 29 December 2024, the conflict has resulted in the deaths of 266 UN staff members since October 2023, with 93 of these fatalities occurring between April and December 2024. At least 1057 health workers have been reported killed since the onset of the conflict.

Critical resource gaps

Persistent shortages of fuel and other critical resources, such as essential medicines, medical supplies, laboratory consumables, and equipment, continue to undermine humanitarian efforts, including health care delivery. These shortages are affecting the operations of hospitals, PHCCs, and ambulance services, forcing partners and health facilities to ration the limited supplies available.

Logistical barriers and border restrictions

The delivery of humanitarian aid in Gaza has been severely restricted by logistical bottlenecks. Aid convoys face prolonged delays at checkpoints due to cumbersome security screenings at the limited available entry points. Critical supplies are often rejected or stuck indefinitely in the importation process, while those that do make it into Gaza are frequently destroyed in warehouses due to airstrikes. During the 8-month reporting period, only 60% of the WHO-procured medical goods were able to enter the Gaza Strip. This shortfall further exacerbates the humanitarian crisis, leaving vital supplies and services in dangerously limited supply.



A health worker checks on a child patient. © WHO

Looking ahead

WHO will issue a third operational response plan covering the period January–December 2025, in line with the Multi-Cluster Flash Appeal. The overall aim of the 2025 operational plan is to continue saving 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.



Children show their marked fingers after receiving polio vaccination. © WHO

Funding overview and partnership

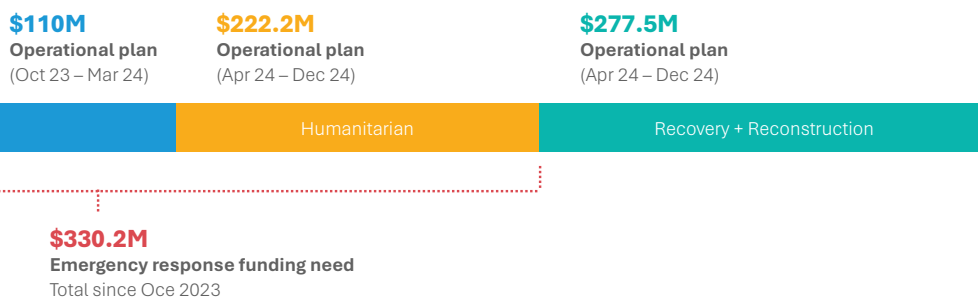
WHO issued its first Health Response Funding Appeal in October 2023, requesting US\$ 80 million to address the most urgent health needs in the Gaza Strip, West Bank, and neighboring countries affected by the spillover effects of the conflict. As the crisis rapidly escalated beyond initial predictions, WHO developed a detailed Operational Plan for the health response in the Gaza Strip and West Bank in November 2023, estimating the financial needs at US\$ 110 million for the period from October 2023 to March 2024. A second Operational Plan for the period from April to December 2024 estimated additional financial needs for the health response at US\$ 222,200,000, bringing the total financial request for WHO's health response to US\$ 332,200,000. Additionally, the second operational plan included a financial ask of US\$ 275,550,000 to address early recovery, rehabilitation, and reconstruction.

The health response across the occupied Palestinian territory remains severely underfunded. The Health Cluster estimates that, in 2025, between US\$ 600 million and US\$ 800 million will be required to address the health needs in the Gaza Strip and West Bank. Donor support is urgently needed to sustain and expand the ongoing humanitarian efforts.

As of 31 December 2024, WHO mobilized approximately US\$180 million to respond to the acute health needs in the Gaza Strip and the West Bank. WHO wishes to express profound gratitude to the partners who have generously contributed towards WHO's lifesaving health response since the beginning of the crisis in October 2023.

Fig. 16. WHO oPt total funding ask and funding received (as of 31 December 2024)

WHO oPt total funding ask



Funding received



A WHO-supported expansion at Nasser Medical Complex, established in October 2024. © WHO

WHO acknowledges the valuable support of the following partners



Key references

[Gaza Hostilities 2023 / 2024 - Emergency Situation Reports](#)

[October 2023 escalation |United Nations Office for the Coordination of Humanitarian Affairs – oPt \(ochaopt.org\)](#)

[United Nations Relief and Works Agency for Palestine Refugees in the Near East \(UNRWA\) Reports](#)

All previous [WHO plans and reports](#)

UN Flash Appeals

Health Cluster Plan (2024 and 2025)

Interim Rapid Damage Needs Assessment (under development)



Neonatal intensive care unit at Al Emarati Hospital in Rafah. © WHO

Annex. Surrounding countries

Lebanon

As of 17 September, 2024, the Ministry of Public Health in Lebanon reported 2698 fatalities and 15 244 injuries following a series of air-strikes. The attacks have heavily impacted Lebanon's health care system, reducing the operational capacity of key referral hospitals. As of 2 October, the total bed capacity was recorded at 13 000 across 27 public hospitals, but most facilities are operating at 50% capacity due to financial and resource constraints.

The escalation has displaced 896 315 individuals, with 1170 collective shelters accommodating over 190 000 people—more than half of them women and children. Eighty-five percent of shelters have reached full capacity. Displacement spans all 26 districts across Lebanon's eight governorates, with five districts hosting 61% of the displaced.

Cross-border population movement further complicates the situation. Between 23 September and 15 November, 557 000 to 610 883 individuals crossed into Syria—63% Syrian and 37% Lebanese—while 25 500 continued their journey to Iraq. Overcrowding and poor shelter conditions increase the risk of waterborne disease outbreaks.

Attacks on health facilities have exacerbated the crisis. Since October 2023, 65 out of 137 attacks on health facilities have resulted in at least one fatality among health workers or patients—the highest proportion of fatal health care attacks globally. The World Bank estimates Lebanon's health sector losses at US\$ 338 million, with damages totaling US\$ 74 million.

The 27 November 2024, ceasefire offers hope for stabilization, though significant challenges persist, including the widespread destruction of homes and infrastructure. At least 578 641 people have begun returning, though many cannot return to their homes due to severe damage and access restrictions.

Syria

After nearly 14 years of conflict, Syria faces additional strain from the regional escalation. Between 23 September and 15 November, 557 000 individuals crossed from Lebanon under challenging conditions. Women, children, and female-headed households are particularly vulnerable due to limited access to health care, privacy, and basic services.

In response, WHO has provided vital support by prepositioning essential medical supplies, delivering mass-casualty management training, and organizing capacity-building programmes for health care workers. However, the situation remains precarious, as repeated strikes on border crossings have severely disrupted humanitarian operations, caused extensive damage to critical infrastructure, and increased protection risks for both displaced populations and aid workers.

Egypt

Egypt has become a critical hub for cross-border humanitarian operations in the Gaza Strip, facilitating medical evacuations and providing trauma care. The Rafah crossing continues to serve as the main humanitarian aid and medical support channel into the Gaza Strip.

Jordan

The conflict may impact Jordan through protests, civilian casualties, health facility damage, and potential displacement. Preparedness and coordination are crucial to managing these risks.

Iraq

Over 40 000 refugees arrived in Iraq, mostly Lebanese and a smaller number of Syrians. While the refugee flow has slowed since Lebanon's 27 November ceasefire, many struggle to access basic services, shelter, and livelihoods, especially in resource-limited host communities.

Iran

Iran, though not directly affected by displacement, faces stability challenges due to its regional role and geopolitical tensions. The ongoing conflict heightens risks of protests, targeted attacks, and economic strain, potentially impacting health care and public services.



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