



WHO's response in the occupied Palestinian territory

October 2023 – March 2024

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Fig. 1. WHO operations overview

Ongoing support



1.5 million people reached



64 health facilities supported, including PHCC, hospitals and clinics



20 EMTs functioning

Operations Support and Logistics



1074 metric tonnes of supplies



US\$ 20.7 million of supplies



123 missions, of which **63** were facilitated

NB: Data as of 31 March 2024.



Destruction of Al-Shifa Hospital, Gaza's largest health facility. © WHO

Overview

Since 7 October 2023, the escalation of hostilities in the occupied Palestinian territory and Israel has caused widespread devastation in the Gaza Strip. The current violence comes in the context of ongoing occupation, blockade of the Gaza Strip, political division, and long-term displacement of Palestinian refugees, which contribute to severely worsened humanitarian needs and vulnerabilities.

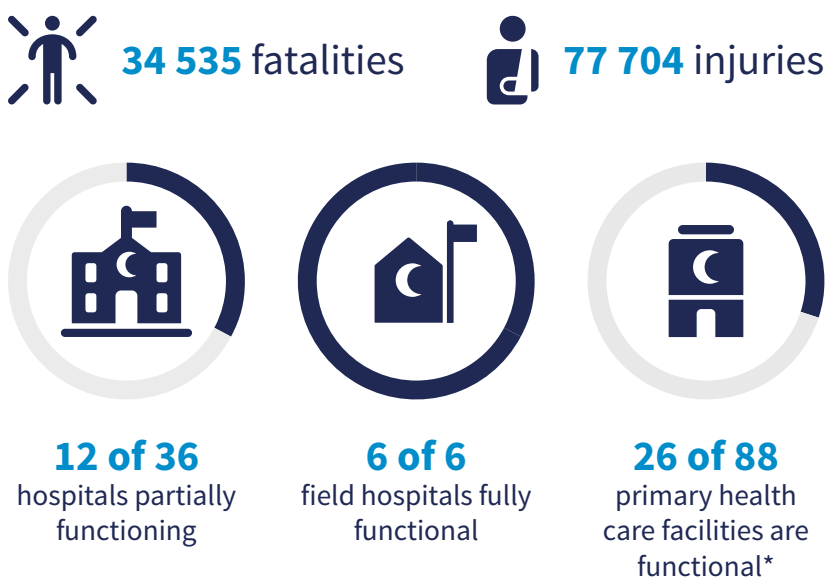
Following the attacks in Israel on October 7 and subsequent start of the attacks on Gaza, the World Health Organization (WHO) immediately reprogrammed funds to procure essential medical supplies to ensure continuity of essential health services in Gaza. The Inter-Agency Contingency Plan for Gaza was activated on 10 October 2023, providing an inter-sectoral prioritization strategy for supplies. In collaboration with partners, WHO ensured the release of pre-positioned supplies to hospitals in Gaza, and provided technical support to seven major hospitals to activate their hospital emergency plans to better manage the surge in casualties.

Within the first five days of the escalation, WHO released US\$ 3 million from the Contingency Fund for Emergencies for the immediate procurement of essential medications and supplies. By the end of October 2023, this amount had increased to US\$ 14.56 million and WHO released its [multi-country funding appeal](#) and [operational response plan](#), outlining the resources required to enable WHO and partners to scale-up trauma and emergency care services, maintain access to essential health services and treatment of chronic conditions, establish disease surveillance and outbreak control measures, provide supplies and logistics support, and ensure coordination including through the work of the Health Cluster.

As the leading United Nations agency for health and the Health Cluster Lead Agency in the occupied Palestinian territory, WHO is uniquely placed to coordinate and deliver life-saving health services to the population of Gaza, alongside key partners. WHO continues to work through local, regional, and global mechanisms to address the most urgent health needs.

Current situation

Fig. 2. Current situation



*The number of primary health care facilities includes active NGOs.



Palestinian receiving treatment at Nasser Hospital in Khan Yunis. The war in Gaza has caused many people, of all ages, to suffer life-changing amputations. © WHO

Gaza Strip

Since 7 October 2023, the escalating of hostilities in the occupied Palestinian territory and Israel has caused many civilian deaths and injuries. As of 30 March, over 34 535 fatalities and 77 704 injuries have been reported by the Ministry of Health in the Gaza Strip. Thousands of families have lost loved ones or been wiped out entirely.

Up to 1.7 million people have been internally displaced (over 75% of the entire population). The ongoing hostilities, evacuation orders, and the constant need for safer locations have resulted in people being displaced multiple times. Seventy percent of residential areas have been destroyed. Airstrikes and bombardment continue in Rafah where United Nations Relief and Works Agency (UNRWA) estimates a total of 1.2 million people are now living, the vast majority in formal and informal shelters.

In the Gaza Strip, airstrikes and a lack of medical supplies, food, water, and fuel have damaged and virtually depleted an already under-resourced health system. Hospitals that are still functional have been operating far beyond capacity due to rising numbers of patients as well as displaced civilians seeking shelter. The provision of essential health services – from maternal and newborn care to treatment for chronic conditions – has been severely compromised.

The health system has been continuously dismantled, leading to insufficient capacity to meet the health care needs of the population. As of 23 April, 443 health attacks have been reported, with 101 health facilities and 106 ambulances affected. The health system is in a critically tenuous status, with 33% of hospitals partially functioning with an estimated average bed occupancy of 246%. The influx of internally displaced persons (IDPs) migrating to Rafah has overwhelmed the available bed capacities in hospitals. Beyond hospitals, only 30% of primary health care facilities remain functional.

Continuing high level of insecurity, destroyed roads and infrastructure, and lack of proper facilitation of humanitarian missions continue to hinder health access. Access of emergency medical teams (EMTs) to North Gaza hospitals has been challenging due to the security situation, however, as of 25 March 2024, one EMT (a surgical specialised care team) has been successfully deployed to Kamal Adwan hospital in North Gaza, the first permanent international presence North Wadi Gaza since the beginning of the crisis.

The infectious disease situation in the Gaza Strip is dire, with syndromic surveillance revealing outbreaks of preventable diarrhoeal diseases and hepatitis A, amongst other infections. The risk of further spread remains high due to several factors, including overcrowding, inadequate water and sanitation, disruption of routine healthcare services, and a struggling health system due to the ongoing conflict. Most people have no access to clean drinking water, sanitation services are rendered non-functional. Repeated advocacy and warnings have failed to avert a public health catastrophe.

The current situation will have long-term effects on the lives and health of thousands.

The [latest analysis from the Integrated Food Security Phase Classification \(IPC\) partnership](#) reveals the catastrophic food security situation, with northern Gaza facing imminent famine and the rest of the Strip at risk as well. According to the IPC projection for 16 March – 15 July 2024, 265 000 people are facing crisis levels of food insecurity (IPC Phase 3), 854,000 people are facing emergency levels of food insecurity (IPC Phase 4), and 1.1 million people are facing catastrophic levels of food insecurity (IPC Phase 5). Before the recent months' hostilities, 0.8% of children under 5 years of age were acutely malnourished. The IPC report shows that as of February in the northern governorates, that figure is between 12.4 and 16.5%. Without a significant and immediate increase in deliveries of food, water and other essential supplies, conditions will continue deteriorating. Virtually all households are already skipping meals every day and adults are reducing their meals so that children can eat.

The current situation will have long-term effects on the lives and health of thousands. Right now, children are dying from the combined effects of malnutrition and disease. Malnutrition makes people more vulnerable to getting severely ill, experiencing slow recovery, or dying when they are infected with a disease. The long-term effects of malnutrition, low consumption of nutrient-rich foods, repeated infections, and lack of hygiene and sanitation services slow children's overall growth. This compromises the health and well-being of an entire future generation.

West Bank

Since 7 October, the socio-political and humanitarian landscape of the West Bank has also been deteriorating, with significant implications for the Palestinian population. Israeli Authorities have intensified enforcement of existing measures and introduced new military emergency laws and policies. There has been a significant rise in the scope, scale, and severity of settler violence. The frequency of military operations including search and arrest operations, demonstrations, armed clashes, and civilian casualties has also increased. Significant movement restrictions are impacting Palestinians' mobility, further restricting access to essential services and agricultural lands.

Despite operational healthcare facilities in the West Bank, the ongoing fiscal crisis has resulted in stockouts of essential medicines as well as reduced salaries for healthcare workers, leading to limited clinic operations, with primary health care clinics remaining open only on Sundays and Wednesdays, restricting service access. Stock shortages, exacerbated by import restrictions by Israeli Authorities, strain healthcare provision, making treatments less accessible. Access restrictions and security concerns complicate travel for healthcare staff and patients, with attacks on facilities increasing fear and further limiting access. As of 25 March, 412 health attacks have been reported, with 50 health facilities and 278 ambulances affected. Budgetary issues and security challenges restrict mobile clinic services to underserved communities, with checkpoints and restricted areas impacting many.

Delivering the operational response plan

Health service delivery

Providing lifesaving support to the existing health system

Priority health services package

WHO and partners have defined a set of core primary healthcare services based on priority needs, operational feasibility, and high impact health interventions. This package, including priority primary and secondary health services, presents a standard level of core services (to be delivered in all situations) and then scaling up with conditional services as conditions and access allow. It is designed to be as simple, practical and adaptable as possible. The package is used by health partners to ensure uniformity in health service delivery during the emergency in Gaza.

Given the current extreme conditions (including security constraints), the minimum/core services focus on provision of urgent curative care, dispensing of medications for diagnosed chronic illnesses, treatment of pregnant and lactating women, treatment of severe acute malnutrition, immunization, basic wound-care, and the first entry for the referral pathway for other conditions.

As conditions allow, services would scale up and include further support to:

- emergency departments of hospitals to manage the influx of casualties and the management of patients with exacerbations of medical, surgical, obstetric and other emergencies;
- reproductive, maternal and child health services, including basic and comprehensive emergency obstetric and neonatal care;
- integrated management of newborn and childhood illnesses;
- non-communicable disease management;
- physical rehabilitation services for trauma patients;
- and PFA and mental health and psychosocial support (MHPSS) with tailored interventions for children and women.

More than 1.7 million displaced people in Gaza are under huge distress and in need of MHPSS; 485 000 people with mental health disorders continue to experience disruptions in treatment and need specialized mental health services, including medication. WHO has procured psychotropics that will cover more than 30 000 people and provided MHPSS emergency kits. WHO has additionally provided support to the Gaza Community Mental Health Program (GCMHP) in providing specialized mental health care, and a team that will support/visit UNRWA shelters to provide MHPSS services. WHO has mapped MHPSS services at the Ministry of Health, specifically in two primary health care centres. Refresher training on mental health Gap Action Programme (mhGAP) is planned for healthcare providers. In addition, WHO will support integrating MHPSS in EMT response.

WHO is supporting health partners in Gaza according to their requests, including procuring and ensuring the entrance of supplies into Gaza and within Gaza and provision of technical guidance as needed.

Services for gender-based violence (GBV) survivors

In conflict and war zones, such as Gaza, the risk of GBV significantly escalates. Women, men, and children become increasingly vulnerable to various forms of violence, including sexual assault, intimate partner violence, and exploitation. These risks are compounded by the breakdown of social norms, the erosion of protective community structures, and the heightened state of vulnerability that accompanies displacement and insecurity.

Current health system capacity in Gaza to support and provide services for GBV survivors remain critically low. Recognizing the urgent need to address this gap, WHO has engaged in advocacy with the Ministry of Health to ensure that minimum care services are prioritized, particularly focusing on the provision of minimum response and support for GBV cases at health facilities. In a concerted effort to address the immediate needs of survivors, under the request of the United Nations Population Fund (UNFPA), and in collaboration with the GBV Sub-Working Group, an initial procurement of 100 000 dignity kits, emergency contraception and preventive treatment for sexually transmitted infections were procured and procurement of additional 100 000 kits is in the pipeline for the next period.

Ministry of Health approval to integrate GBV services, including clinical management of rape and intimate partner violence (CMR/IPV), into primary health services, is a milestone achievement. To bolster this initiative, WHO and UNFPA developed a concept note focused on building capacity of primary health providers on GBV that will be implemented in the next couple of months. Complementing these efforts, Health Cluster partners have been proactive in conducting awareness sessions on GBV and sexual, reproductive, maternal, and newborn health awareness sessions throughout Gaza. From the beginning of January until 3 March 2024, these educational sessions have reached 12 125 people in the Gaza Strip and 4823 people in the West Bank. This outreach is critical not only for raising awareness about GBV but also for fostering community resilience and creating safer environments for all.



A scared child holds tight to his injured mother, seeking comfort amidst the chaos of uncertainty and pain. © WHO

Missions

From mid-October to the end of March, **WHO participated in 96 missions** in the Gaza Strip. Over half (51), have been denied, delayed, impeded, or postponed. Missions focused on delivering fuel and essential medical supplies to health facilities, transferring patients in need of care not available in their current health facility, and assessment of health facility capacity. Missions were carried out under severe security conditions.

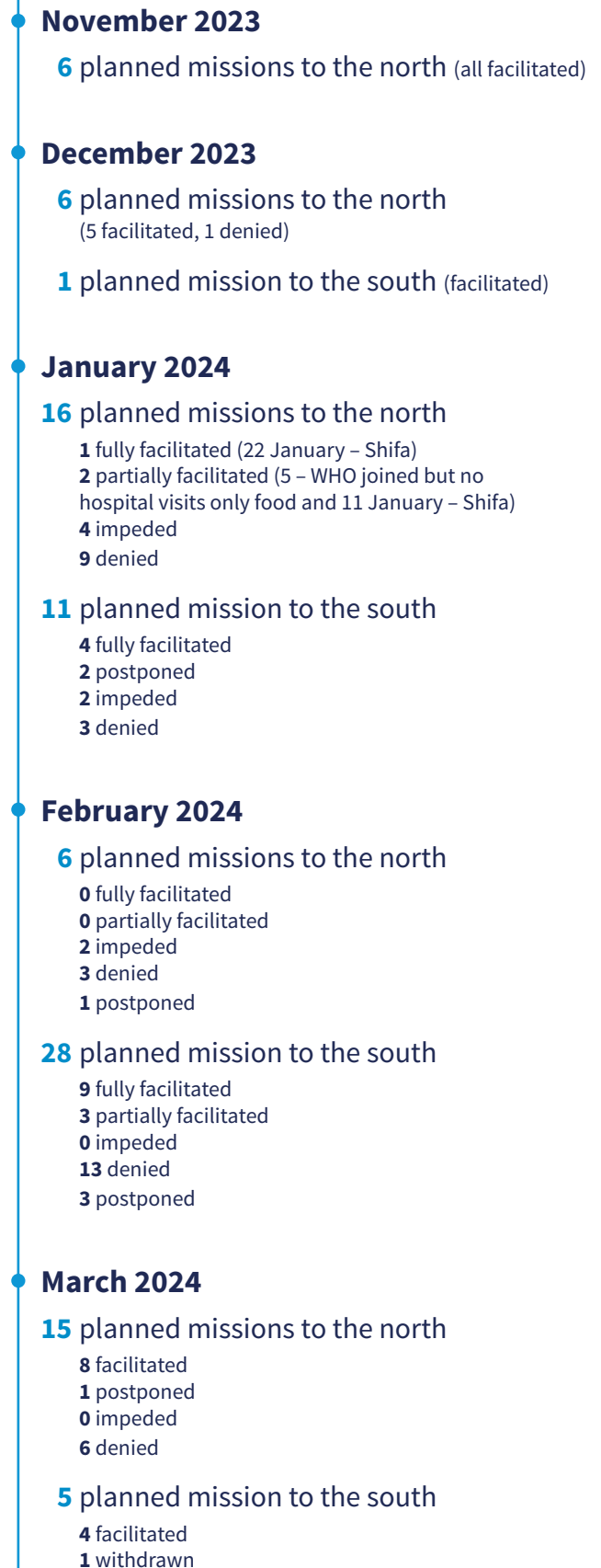


Palestinian paramedics remove bodies of dead people uncovered in the vicinity of a hospital in Gaza. © WHO

The devastation is enormous, health services have been decimated, and the needs are overwhelming. Despite these seemingly unsurmountable challenges, we recognize the capacity and resilience of the Palestinian health workers and communities, who deserve and need our strategic and consistent support. The updated WHO Operational Response Plan continues to address humanitarian and health needs and also includes the important component of early recovery. WHO will substantially expand its support and continue to help improve health for all Palestinians.

Dr Richard Peeperkorn
WHO Representative, occupied Palestinian territory

Fig. 3. Missions



Deployment of EMTs to address critical gaps

At the end of March 2024, 19 Emergency Medical Teams (EMTs) are currently operating in Gaza (North and South), including 13 specialized care teams, 13 Type 1 and 4 Type 2. To date, this has provided the Gazan health system with an additional 446 beds and eight operating theatres across the Strip (Fig. 4). Despite EMTs, operations are still not sufficient to meet the extreme needs of the population, deployed EMTs have been able to conduct over 198 000 cumulative consultations including nearly 30 000 under five year old children, and close to 3000 vulnerable patients, and perform over 12 500 emergency surgeries. The teams have reported over 26 200 conflict-related injuries, over 4000 cases of exacerbated non-communicable diseases in chronically ill patients, and 278 cases of severe acute malnutrition (SAM). 750 babies were safely delivered by EMTs.

Given the dangerous security conditions and severe constraints on movement within Gaza, patient referral to appropriate and equipped facilities has been a major challenge, in addition to the reduced number of functional facilities. To date, EMTs have provided stabilization, initial treatment and referral to 900 patients. A risk analysis for implementing referrals of patients from the north of Wadi Gaza to southern hospitals has been finalised and will be implemented as conditions allow.

Medical evacuation

WHO has been supporting the medical evacuation through communication with referred patients to gather information required by third states for evacuation. WHO also acts as a referral point of patients in need for urgent medical evacuation to be evaluated and added to the list of urgent medical evacuation. Additionally, WHO supported the Ministry of Health in Gaza in developing a dashboard on medical evacuation.

Concurrently, WHO has been working to support the Egyptian Ministry of Health and Population in planning and establishing a comprehensive triage, stabilization, and medical evacuation system, by providing ongoing training for health care staff. WHO is working with the Egyptian Red Crescent Society to ensure that psychological trauma support services are integrated into the service package offered to patients. Beginning on 10 November 2023 there was an evacuation of 12 children with blood disorders from the Gaza Strip to Egypt and Jordan in partnership with St. Jude. By the end of 2023, WHO and partners conducted an additional four missions to transfer patients, relatives and health workers from Al Ahli and Al Shifa hospitals to hospitals in southern Gaza and Egypt. As of 30 March 2024, a total of 3529 patients and 4542 companions have been evacuated to Egypt (65.61%) and third countries (34.39%), of whom 52.8% due to injuries and 47.2% to medical conditions. An estimated 6000 critical patients still need to be medically evacuated out of Gaza, including over 2500 trauma related patients, and 3500 patients with serious medical conditions (e.g. cancer).

Fig. 4. EMTs operational presence in Gaza Strip | Week 18, 2024¹

	Total	T1 Mobile	T1 Fixed	T1+ IPD	T2	T3	SCT Surgery	SCT EM/Referrals	SCT Obs-Gyn	IPD Beds	OTs
Operational EMTs	20	06	06	02	04	00	12	01	03	498	08

T1 = Type 1 | IPD = In-patient department | SCT = Specialised care team | SCT EM = Specialised care team emergency medicine | OT = Operating theatre



A mother holds her child close, in goodbye, before being evacuated from the north to southern Gaza hospitals for urgent medical care. © WHO

¹ <https://www.who.int/emergencies/partners/emergency-medical-teams/emt-global-classified-teams>

Public health intelligence, early warning, prevention and control

Implementing an early warning mechanism for disease surveillance

Since October, Gaza has been experiencing soaring rates of infectious diseases, with over 330 000 cases of diarrhoea reported. More than 30% of these were among young children under the age of five years, with case numbers around 25 times higher than in previous years.

WHO and health partners including UNRWA and the Ministry of Health have prioritised 10 diseases with epidemic potential for surveillance, in addition to monitoring for 'unusual events' and most recently malnutrition. These diseases are under active daily syndromic surveillance and reporting. With WHO's support, UNRWA has also launched the Early Warning Alert and Response System (EWARS) in key sites across the Gaza Strip to strengthen the surveillance and alert management efforts. Scaling up activities are ongoing through support of WHO, including expansion of the system to international partners and EMTs, though data from the northern part of the Gaza Strip remains limited.

Although historically Gaza has had a remarkably high rate of routine immunisation (DTP3 coverage 98.1% and MMR coverage 94.3%), disruptions in vaccination services because of the hostilities increase the risk of vaccine-preventable disease outbreaks. Notably, there have been sporadic cases of suspected measles and mumps reported. Despite the operational challenges, vaccination has resumed in remaining functioning primary healthcare centres, with 65 252 children vaccinated since December 2023, with close to 1000 vaccinations a day on average.

Over 600 000 cases of upper respiratory infections, and numerous cases of suspected meningitis, suspected hepatitis, skin rashes, scabies, lice, and chickenpox have been reported.

As the United Nations agency responsible for health, WHO has been at the forefront of the response efforts for the crisis in Gaza. We remain committed to providing essential aid and continuing the vital work of safeguarding public health.

Dr Hanan Balkhy
WHO Regional Director for the Eastern Mediterranean

Palestinian child injured and rushed to the hospital in Gaza. © WHO



Responding to outbreaks and other emerging health threats

Much of the pre-existing lab capacity in Gaza has been destroyed. WHO has been able to deliver tests for meningitis, hepatitis A and E, and cholera rapid diagnostic tests to support screening, and is procuring additional tests and reagents. However, the needs are immense and the infrastructure for robust testing has been damaged in the attacks. In the absence of functional labs, WHO is exploring all options to strengthen the diagnostic capacity of the overwhelmed health system – including through sample referral and potential deployment of mobile labs.

WHO has also adapted clinical management protocols for the priority diseases, to support medical staff to deliver care in an extremely compromised and difficult situation – these protocols are evidence-based technical advice on how to empirically treat suspected conditions within the current context. To do so requires entry of basic medical supplies and medications, another area WHO is actively supporting.

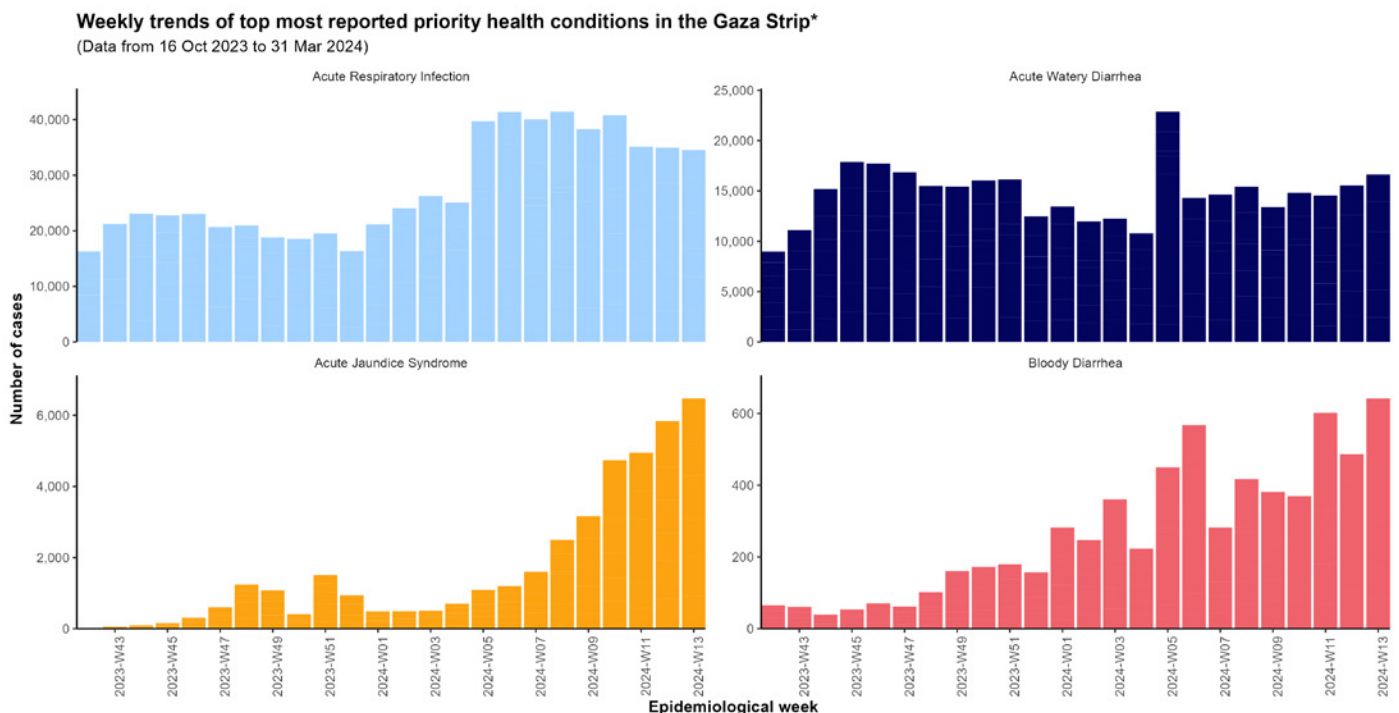
Food insecurity and famine risk

Food insecurity has increased malnutrition in the population, more importantly for young children. As a response, several implementing partners started collecting anthropometric data through middle upper arm circumference (MUAC) screening during vaccination activities.

WHO, as a partner of the Nutrition Cluster, is currently supporting a nutrition stabilization centre in Rafah and in the North of Gaza at Kamal Adwan Hospital to treat children with severe acute malnutrition with medical complications, who are at the highest risk of imminent death if not urgently treated. WHO is supporting the establishment of two additional stabilization centres: one additional centre in the north of Gaza and one at the International Medical Corps field hospital in Rafah. WHO is supporting the pediatric wards of Al-Aqsa and Al-Najjar hospitals through the provision of nutrition supplies and medicines as well as training of medical personnel, and the promotion of appropriate infant and young child feeding practices in emergencies, including breastfeeding.

WHO has trained health workers on how to recognize and treat malnutrition with complications. WHO is supporting hospitals and the centres with medical supplies for at least 1250 children to be treated. Further nutrition and stabilization centres need to be added in all key hospitals in Gaza. Communities themselves will need the support to scale up the management of malnutrition locally.

Fig. 5. Outbreak response



* Current 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. Source: MoH, UNRWA, EMT.

Infection prevention and control (IPC) and water, sanitation, and hygiene (WASH)

The situation in Gaza, particularly in Rafah, has been witnessing further deterioration, exacerbating the already dire conditions in terms of WASH and IPC within shelters and health facilities.

In this report emphasis is placed on the identified risks and the ongoing efforts and key actions taken in response to the pressing WASH and IPC challenges in Gaza, underscoring the importance of coordinated interventions and sustained support to alleviate the suffering of vulnerable communities.

Working within the WASH Cluster, WHO and partners conducted a rapid assessment of 75 shelter sites during March 2024, revealing alarming statistics:

Water: Distribution issues persisted, with communities relying heavily on water trucking and resorting to unsafe drinking water sources. Approximately 33% of all sites reported unsafe drinking water conditions. There is a need for water quality testing (free residual chlorine monitoring) equipment, required to check the safety of drinking water.

Sanitation: Access to toilets was severely inadequate, with an alarming ratio of 891 persons per toilet according to the WASH Cluster. Furthermore, 67% of all sites reported non-functional latrines, aggravating sanitation concerns. More than 2119 users per toilet in UNRWA shelter, 3632 persons/shower, 76% shelters do not have access to shower facilities indicating catastrophic hygiene conditions.

Environmental cleaning and hygiene: The lack of cleaning supplies and human resources hampered efforts towards environmental cleanliness and disinfection. Hygiene and waste management were also significantly compromised due to fuel shortages and accessibility issues, with 93% of assessed sites exhibiting visible waste accumulation.

In addition, the following IPC risks have been identified:

- risk of emerging of multi-drug resistant organisms in such context;
- risk of medical devices \ surgical instruments cross contamination and failure in the reprocessing due to lack of resources needed for sterilization;
- risk of increasing the surgical site infection (SSI) rates among the surgical patients;
- risk of spreading communicable disease outbreaks among the displaced population e.g. AWD
- improper environmental hygiene in healthcare settings due to lack of disinfectants (chlorine).

In response to the identified challenges, several key actions have been initiated:

- WHO Emergency IPC and WASH team, UNICEF, and technical experts from various networks, developed an evidence-based technical note on WASH and IPC in healthcare facilities and congregate settings/shelters, outlining minimum WASH and IPC requirements and alternate options, when standards cannot be adhered, for prevention and control of infectious disease. These requirements are based on prevailing risk factors such as inadequate access to safe water, sanitation facilities, hygiene, and waste management.
- A WASH and IPC Technical Working Group has been formed to provide strategic guidance on immediate and long-term measures to enhance the IPC and WASH measures. Work is progressing on developing a Strategic Operational Plan on WASH and IPC for Gaza, aimed at providing a cohesive framework for addressing the identified challenges comprehensively. Additionally, a sub task force under the technical working group focusing on Water Quality has been established under the WASH cluster to address specific concerns on water quality. WASH FIT and IPC rapid assessment tools have been developed and shared with the Technical Working Group-Gaza.
- Collaborative efforts have been established to procure WASH and IPC supplies. UNRWA has requested WHO's support with environmental cleaning and disinfection, medical waste management supplies and equipment. Essential supplies and equipment required for WASH and IPC measures have been drafted and shared for review and feedback of the relevant WASH and health cluster partners.
- Additionally, WHO is supporting Ministry of Health supplies, including 12 000 litres of alcohol, 20 000 litres of floor disinfectant, environmental cleaning supplies, PPEs, 30 000 litres of hand washing soap, and multi-purpose trolleys.
- A tailored supplementary technical note on the reprocessing of medical/surgical equipment in case of unavailability of the normative sterilization standards is currently being developed.



Internal displaced Palestinians queue for water amid dire WASH conditions. © WHO

Health information analytics and reporting

Integrated health information system

WHO is currently working on an integrated health information system, using the health cluster dashboard platform, in support of the health operations in Gaza and the West Bank. A mapping of health information needs and gaps has been conducted against the public health information products that are expected to be made available at the various phases of an emergency. This system will improve the availability of health information and provide humanitarian partners with an improved health situation awareness, including information on health status and risks, health systems functionality and health service utilization. Dashboards will be integrated into the health cluster dashboard site to create an integrated interface for health sector crisis and response information.

Public health situation analysis (PHSA)

A PHSA was developed at the onset of the escalation of violence, to outline the major prospective health risks that the population may face in the short to medium terms, in addition to the health system capacity and the major response actions to undertake to mitigate the impact of the crisis. The PHSA has been updated on two occasions and is expected to be updated by the beginning of April 2024. Additionally, a dynamic PHSA is being produced on a weekly basis, to capture the changes in health threats on a short-term basis, in a context of volatile health situation and deteriorating health determinants, including conflict, displacement, overcrowding, WASH situation and food insecurity.

Health system functionality

The Health Resources Availability Monitoring System (HeRAMS) that was in place prior to the crisis was adapted to the global standard HeRAMS, including the questionnaire and the methodology and is currently being rolled out in the Gaza strip targeting Ministry of Health hospitals, with the plan to expand to other hospitals, public health centres and geographically to the West Bank.

Health information products

Health information products, such as weekly situation reports and monthly health attacks summaries, are regularly being released by WHO to inform relevant stakeholders on the health status of the population in Gaza and the West Bank, health system functionality and to outline the major response activities by WHO and partners. Moreover, major activities across relevant neighboring countries are being outlined through the health information products.

WHO team review supplies waiting to be distributed to hospitals in Gaza. © WHO



Supplies and logistics support

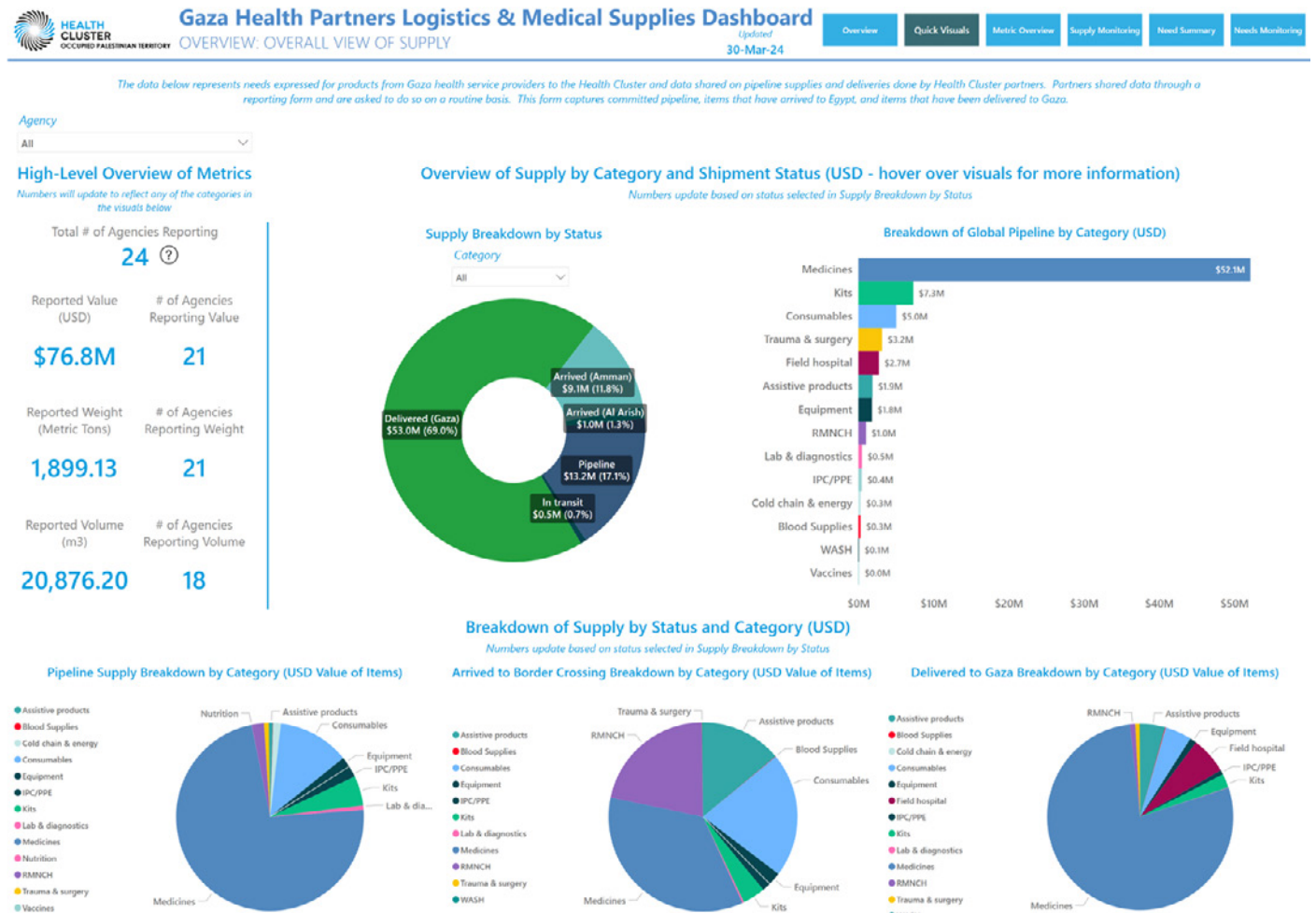
WHO and partners have been supporting the health system in Gaza with deliveries of medical equipment and supplies, medicines, fuel, coordination of emergency medical teams, and disease surveillance. Since 9 October 2023, Egypt agreed to a WHO request to facilitate the delivery of health and other humanitarian supplies procured by WHO to Gaza via the Rafah crossing, the sole crossing point between Egypt and the Gaza Strip.

From the 9 October to 30 March 2024, WHO procured 1,073.87 metric tonnes of health commodities, valued at approximately US\$ 20.7 million, over half of which is already delivered to Gaza (602.45 metric tonnes), including trauma supplies, medicines for non-communicable diseases, orthopaedic fixators, and supplies for the treatment of SAM. Procurement also includes critical medications and supplies that are needed to maintain provision of essential mental health, oncology, and haemodialysis services.



WHO deliver lifesaving medical supplies to hospitals in Gaza. © WHO

Fig. 6. OSL dashboard (as of 7 May 2024)



Partner coordination

Health Cluster coordination

The Health Cluster under the leadership of WHO as the Cluster Lead Agency, coordinated the efforts of 62 direct and indirect implementing partners. The partners' response activities focused on casualty management and expanding and maintaining access to essential health services at all levels of care. The Health Cluster partners, worked together with the WHO EMTs Initiatives embedded in existing health facilities and established stand-alone infrastructures. Since the beginning of the crisis in October, partners in Gaza have reached an average of 200 000 people per week with various health services and conducted close to 4.2 million primary healthcare consultations. Partners have delivered health supplies worth US\$ 52.7 million. High insecurity, access challenges (especially to the northern governorates), shortages of fuel and other supplies, as well as displacements of staff, affected partner operations.

To ensure an effective and technically sound response, the Health Cluster worked through the following active technical working groups in Gaza: Trauma (WHO); Rehabilitation Task Force (HI); Sexual and Reproductive Health (UNFPA); MHPSS (inter-cluster co-chaired by GCMHP/UNRWA); Health Service Delivery (WHO); WASH/IPC (under the WASH and Health Clusters); Health Partners Logistics and Medical Supply (WHO-OSL).

The Health Cluster collaborated with other clusters and OCHA (Office for the Coordination of Humanitarian Affairs) to ensure a multi-sectoral approach to the response and coordinated with focal points for cross-cutting issues to ensure that protection against sexual abuse and exploitation (PSEA), gender, GBV, social inclusion, protection, and Accountability to Affected Populations are mainstreamed within all health interventions. A total of 20 donors supported the Health Cluster response and, as of end of March, the Flash Appeal from October 2023 – March 2024 was 63% funded.

Partner support

Since the onset of the crisis, in addition to staff repurposing and recruitment for the emergency response, WHO has deployed 15 dedicated technical experts through trusted partner networks to surge support for multiple areas of work.

Standby Partners

Standby Partners have provided 27 people months of support to WHO's response to the escalation of hostilities in Israel and the occupied Palestinian territories through 7 deployments to WHO occupied Palestinian territory (2, West Bank, Gaza), Lebanon (2), and EMRO (Eastern Mediterranean Regional Office) (3). The deployed experts fulfilled roles in Sub-National Health Cluster Coordination (2), Information Management and GIS (Geographic Information Systems) (2), and Logistics (3). These deployments were supported by partner organizations, including the Swedish Civil Contingencies Agency ([MSB](#)), [NORCAP](#) (part of the Norwegian Refugee Council), and [CANADEM](#). WHO acknowledges the invaluable support from donors that facilitated these deployments: UK Foreign, Commonwealth and Development Office (FCDO), the Norwegian Ministry of Foreign Affairs, and the Swedish International Development Cooperation Agency (SIDA).

Global Outbreak Alert and Response Network (GOARN)

WHO deployed 8 technical experts through GOARN to EMRO (3) and Jordan (5). The deployed experts fulfilled roles in Epidemiology (6), Health Cluster Coordination (1) and Public Health Coordination (1).

West Bank response

In the West Bank, WHO's response has focused on supporting the trauma pathway, the prepositioning of medications and other medical supplies, and trauma response training.

Since October, partners continued to provide primary health care services to 120 marginalized communities, with about 100 000 people, in Area C, H2 and the Seam Zone. Partners also provided medical supplies sufficient for 460 000 people. Insufficient funding left 44 communities without mobile clinic service, while access issues and displacement resulted in eight communities not being reached.

To ensure an effective and technically sound response, the Health Cluster worked through the following active technical working groups, with a focus on enhancing access to health services and effectively managing disruptions in healthcare delivery: Trauma (WHO); Rehabilitation Task Force (HI); Mobile Clinics (UNFPA); MHPSS (inter-cluster co-chaired by WHO/TdH); National level – Advocacy Task Force (WHO/MAP).



Amid ongoing hostilities in Gaza city, in a highly complex mission WHO and partners facilitate the referral of patient with complex injuries to field hospital in Rafah. © WHO

Facing the challenges to deliver life-saving support

Gaza Strip

When the operational response plan was drafted in October 2023, WHO could not have foreseen the unprecedented escalation and rapid deterioration of the situation in Gaza. This escalation exceeded any prior estimation regarding humanitarian and health needs. Humanitarian health response was further hindered by insecurity, constraints on humanitarian access, severe destruction of health infrastructure, and mass displacement, compelling WHO and partners to deliver life-saving support under extremely challenging conditions. In the less than six months that followed the brutal 7 October attacks and the ensuing escalation, tens of thousands of Palestinians – mostly women and children – have been killed and injured in the Gaza Strip. More than three quarters of the population have been forced from their homes, many multiple times, and face severe shortages of food, water, sanitation, and healthcare – the necessities to survive. The health system continues to be systematically degraded, with catastrophic consequences. **There is no safe place in Gaza.** Further there were failures of the notification and deconfliction, limited access to health facilities, destruction of communications infrastructure which put humanitarians at risk.

Requests to deliver supplies during **high-risk missions** have often been blocked or refused. Damaged roads and continuous fighting, including in and close to hospitals, mean deliveries have been few and significantly delayed. Continuing **high levels of insecurity**, destroyed roads and other infrastructure, and lack of proper facilitation of humanitarian missions continue to hinder health access. Despite WHO efforts, hospitals are overwhelmed, overflowing, and undersupplied. Access to the north remains extremely difficult, WHO last managed to reach Al Shifa Hospital on 22 January and access of EMTs to North Gaza hospitals was limited due to the security situation.

Between mid-October and the end of March, **over half of WHO missions in Gaza have been denied, delayed, impeded, or postponed (51 out of 96).**

Partner operations continue to be negatively affected by the **displacement of staff, social stresses, and lack of telecommunication.** Humanitarian workers, themselves displaced and facing shelling, death, movement restrictions and a breakdown of civil order, continue their heroic efforts to deliver to those in need. But faced with so many obstacles – including **safety and movement restrictions** – they can only do so much. **Health workers are exhausted**, many cut off from their families. In some cases, health workers' families receive updates about their safety only from the news. Patients and medical doctors lack food and water as hospitals across Gaza struggle to maintain operations and save lives. **Medical evacuation remains inadequate** and ad hoc. Israeli Authorities impose age restrictions, and the routine system is non-functional.

In this context, protection risks are exacerbated, especially impacting vulnerable groups such as children, women, the elderly, and persons with disabilities. UNICEF estimates that at least 17 000 children in the Gaza Strip are unaccompanied or separated and that more than 1 million children need MHPSS. Prioritizing PSEA remains a critical concern across all clusters, with WHO making concerted efforts to establish reporting mechanisms aimed at minimizing such risks.

174 United Nations colleagues have been killed since the start of hostilities, including 171 UNRWA, 1 WHO, 1 UNDP (United Nations Development Programme) and 1 UNOPS staff. This represents 26% of United Nations aid workers killed globally since 1997, and by far the most in such a brief period. The highly insecure operational environment has severely restricted WHO's footprint in Gaza, allowing for only a limited presence and capacity to carry out essential humanitarian operations.

Despite repeated warnings from the United Nations, international aid agencies, and non-governmental organisations about the catastrophic effects of the extreme damage to infrastructure, barriers including restrictions of movement, lack of safety, and import constraints have persisted, leading to critical challenges in the humanitarian response.

Operations have been challenged by an ever-changing operational environment and complex and opaque processes for supplies to enter Gaza, including but not limited to importation from Egypt.

The pre-crisis average per working day in 2023 was 500 truckloads, including fuel. In the past 6 months, an average of 100 trucks per day have entered, despite needs being far greater than at any time before. As of the end of March, **142 WHO trucks have crossed into Gaza since the start of the hostilities**, including the facilitation of entry for trucks from other health partners. OCHA reports that at least 300 per day would be needed just to meet basic needs. The land delivery route is complex with just two entry points into Gaza regularly operating, both in the south. Typically, aid travel can take three weeks. Inspections have been onerous, with trucks sitting in mile-long lines at Israeli checkpoints and forced to start over if even one item inside is rejected. Convoys face dangerous conditions, as trucks carrying aid must travel over ruined roads and are frequently beset by violence. WHO has encountered considerable hurdles around items approval, marked by unpredictability, inconsistencies, no visibility around reasons for rejections, and lack of alternatives for rejected items stuck in the importation process with no possibility to move forward nor back.



7-year-old girl, Jana, with severe acute malnutrition and dehydration transferred from Kamal Adwan hospital in Gaza to a field hospital in the south. © WHO

Health partners consistently encounter challenges related to larger medical equipment, WASH items and power generation. Although the cold chain itself has not been outright rejected, specific support items like solar cells, generators, and UPS (Uninterruptible Power Supply) have presented challenges, with varying outcomes upon inspection, resulting in the ongoing fragility of the cold chain network.

WHO is actively pursuing clarity on alternative access routes and, in collaboration with the Health and WASH Cluster, advocating for improved access for cross-cutting items like generators. Additionally, WHO is providing support to health partners experiencing challenges related to the importation of essential health supplies.

Significant obstacles currently hinder the sustained scale-up of aid into and across Gaza. To effectively respond to the humanitarian crisis, **several urgent measures are imperative**. A sustained operational deconfliction mechanism is needed to facilitate multiple daily humanitarian missions across the Gaza Strip. Reliable entry points are crucial for the unhindered delivery of aid, particularly in northern Gaza, requiring security assurances to ensure safe and unimpeded passage. A functioning humanitarian notification system is needed to facilitate the movement of personnel and supplies within Gaza, while passable roads and the clearance of explosive ordnance are necessary for safe access to affected areas. A stable communication network is vital for coordinating humanitarian efforts securely.

West Bank

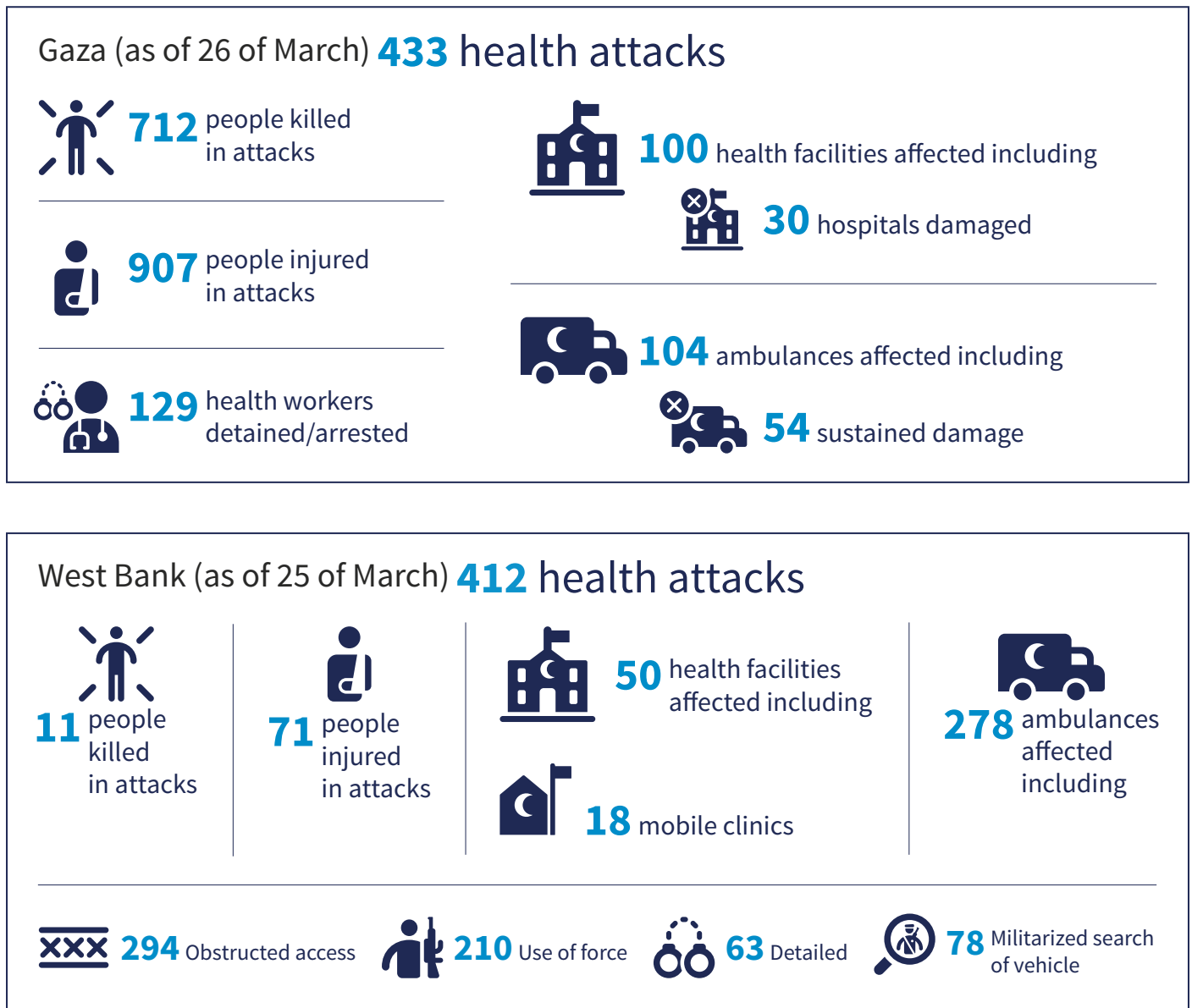
Persistent violence and movement restrictions severely hinder healthcare delivery and patient mobility, exacerbating access challenges. Medical supply shortages, worsened by logistical and financial constraints, limit essential medication availability. Overcoming financial barriers and import restrictions by Israeli Authorities is crucial to address stock shortages. Health workers face increased insecurity due to targeted attacks and funding shortages, particularly in volatile areas like Area C, H2, Jordan Valley, Hebron, and refugee camps. Military incursions disrupt hospital access, impacting patient attendance and care continuity. The lack of comprehensive trauma care, mental health support, and chronic disease management increases mortality and healthcare system strain. To improve healthcare operations, de-escalation of violence, protection from settler violence, and unrestricted movement for emergency teams are vital. Additionally, easing visa and permit processes, ensuring unhindered access to Area C, and bolstering PA (Palestinian Authority) revenues are essential steps. Addressing stock shortages and meeting WASH and infrastructure needs are imperative to prevent disease outbreaks and mitigate public health crises.



Since 7 October 2023, the escalating crisis in Israel and the occupied Palestinian territory has caused large numbers of civilian deaths and injuries. © WHO

Attacks on health care

Fig. 7. Attacks on health care (Gaza and West Bank)



Despite an increasingly hostile operating environment, with ongoing attacks on aid workers and facilities, WHO's workforce and that of its partners continue to deliver lifesaving healthcare to those who need it most. WHO continues to systematically monitor health attacks within the Surveillance System for Attacks on Health Care (SSA) as well as to document and report on health needs and restrictions on health access. The SSA has become the standard reference point by partners, Member States, and the United Nations for addressing this issue.

There have been multiple and ongoing attacks on health facilities in the occupied Palestinian territory since 7 October 2023, which have resulted in forced mass evacuations from hospitals, and multiple fatalities and casualties among patients, their companions, and those who had sought refuge in hospitals.

As of 25/26 March 2024, WHO's SSA had recorded 845 attacks on health care in the Gaza Strip and West Bank, including east Jerusalem, resulting in 723 people killed in attacks and 978 people injured. The attacks have affected 150 health facilities and 382 ambulances.

Reports of increasing military checkpoint delays and detention of partners during missions to transfer critically ill patients and deliver health supplies to hospitals are growing, with two critical incidents reported on 22 November and 9 December 2023.

Funding overview and partnership

WHO issued a first Health Response Funding Appeal in October 2023, requesting US\$ 80 million to address the most urgent health needs in Gaza, West Bank, and neighbouring countries affected by the spillover effects of the conflict. With the crisis rapidly escalating beyond any initial prediction, in November 2023 the WHO occupied Palestinian territory Office developed a detailed Operational Plan for the health response in Gaza and West Bank, estimating the financial needs at US\$ 110 million, for the period October 2023 – January 2024 (then extended to March 2024).

As of the end of March 2024, WHO mobilized approximately US\$ 92 000 000 to respond to the acute health needs in Gaza, West Bank and countries directly facing spillover effects of the Gaza conflict. In the reporting period (7 October 2023 – March 2024),

WHO wishes to express profound gratitude to the partners that have generously contributed towards WHO's lifesaving health response in the first six months of the crisis. WHO acknowledges the valuable support of the following partners:



From the People of Japan



Looking ahead

On 10 December 2023, during a special session of the WHO Executive Board, a resolution was passed aimed at addressing the catastrophic humanitarian situation in the Gaza Strip. This was the first time since 7 October that a resolution on this conflict has been adopted by consensus within the United Nations system. It underscores the importance of health as a universal priority, in all circumstances, and the role of healthcare and humanitarianism in building bridges to peace, even in the most difficult of situations.

WHO continues to call for an immediate ceasefire.

All parties must commit to expand and sustain humanitarian access into Gaza for fuel, water, food, medicines, and other essential supplies. To deliver humanitarian aid, we need humanitarian corridors and safe passage, active protection of civilians and health care, and to preserve the function of remaining health facilities.

For approximately 8000 patients that can no longer be treated sufficiently in the current condition of the health system in Gaza, we urge all parties to allow the implementation of a routine and timely process for medical evacuation for all patients in need, without distinction of any kind.

The conditions in Gaza continue to worsen, and the long-term impacts will be felt for years to come. WHO has reviewed and updated our response plan to ensure that the health needs of the people of Gaza and the West Bank remain a priority, while also considering the resulting health needs of the surrounding countries.

WHO will shortly issue a second operational response plan covering the period April – December 2024, in line with the multi-cluster flash appeal.



A little girl finds joy in play, trying on a UN official's helmet during WHO delivery of supplies to a field hospital in Gaza. © WHO

Key references

[WHO EMRO | Gaza Hostilities 2023 / 2024 - Emergency Situation Reports | Information resources | Palestine site](#)

[October 2023 escalation | United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory \(ochaopt.org\)](#)

[A/HRC/55/73 \(ohchr.org\)](#)

Annex. Surrounding countries

On 15 October 2023, WHO EMRO established a regional team to streamline coordination and management of the response to the Gaza crisis and its potential regional impact. WHO country offices in the affected countries, namely Egypt, Lebanon, Syrian Arab Republic, Iraq, Iran, and Jordan, and the regional office have developed country specific contingency/ readiness plans to deal with potential scenarios and their expected impact. To implement those strategies, WHO launched an US\$ 80 million Multi-Country Funding Appeal, of which 30 million would go to neighbouring countries and the WHO Regional Office. WHO has released US\$8 million from its Contingency Fund for Emergencies to meet immediate needs. To support the implementation of the contingency plans, the WHO Regional Office activated the Country Support Team for the affected countries, with critical functions, including incident management, health information, and operational support and coordination.

WHO has conducted hospital capacity assessments in Lebanon, Egypt, Syrian Arab Republic, and Jordan to identify gaps and challenges. Based on that, 277 trainees from 56 hospitals received Mass Casualty Management training (244 trainees from 51 hospitals in Lebanon, 48 trainees from eight hospitals in Jordan, three-day training and training-of-trainers in Aleppo and Damascus, and three-day training in Ismailia and Port Said, Egypt between February 27 and March 4). In addition, WHO has conducted MHPSS training to the neighbouring countries around the occupied Palestinian territory.

The current situation has the potential to escalate further, with the risk of a multi-front conflict. There have already been hostilities in southern Lebanon and Syrian Arab Republic, with the possibility of violence spreading to other countries in the region. Given the potentially severe humanitarian and health impacts, WHO is working to ensure readiness to respond to health needs including the pre-positioning of emergency medical supplies and coordination among partners. WHO has provided supplies to Lebanon, Syrian Arab Republic, Iran, and Jordan and offered to mobilize EMTs to support the Egyptian Ministry of Health and Population's hospital capacity at all levels during the response. WHO also provided trauma kits to Egypt to strengthen their hospital capacity to receive medical evacuations from Gaza.

WHO is closely monitoring the situation and is prepared to provide additional assistance as needed.



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