

Health conditions in the occupied Palestinian territory, including east Jerusalem

Report by the Director-General

1. In May 2025, the Seventy-eighth World Health Assembly requested the Director-General, inter alia, to report on the public health implications of the catastrophic humanitarian crisis in the occupied Palestinian territory, including east Jerusalem.¹ The present report responds to that request. Earlier versions of this report were considered by the Executive Board at its 158th session and by the eighth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response.

Summary of public health implications of the humanitarian crisis

2. Between 1 January and 31 December 2025, health authorities in the occupied Palestinian territory, including east Jerusalem (hereinafter “the occupied Palestinian territory”) reported 25 985 deaths and 66 932 injuries, out of 72 373 deaths and 182 714 injuries that have occurred since 7 October 2023. Of the 25 985 deaths, 25 718 occurred in the Gaza Strip and 267 in the West Bank. Of the 66 932 injuries, 62 854 occurred in the Gaza Strip and 4078 in the West Bank. The Palestinian Ministry of Health estimated that, as at 31 December 2025, 52% of deaths were among women, children and persons over 60 years. The Palestinian Ministry of Health also reported that, as at 31 December 2025, approximately 416 deaths and 1272 injuries have been recorded in the Gaza Strip since the ceasefire on 10 October 2025. In Israel, over 1200 deaths and 5400 injuries have been reported since 7 October 2023. As at 31 December 2025, all surviving hostages had been released, while the body of the last hostage had yet to be repatriated.²

3. Between 1 January and 31 December 2025, 449 attacks on healthcare were reported in the occupied Palestinian territory, resulting in 125 deaths and 357 injuries. In the West Bank, 233 attacks were reported, resulting in 13 deaths and 52 injuries. In the Gaza Strip, 216 attacks resulted in 112 deaths and 305 injuries. Evacuation orders have overwhelmed healthcare facilities outside evacuation zones, with mass casualties and forced relocation of patients undergoing treatment.

¹ Decision WHA78(16) (2025) and resolution WHA78.4 (2025).

² [Gaza Humanitarian Response: Situation Report No. 38](#). United Nations Office for the Coordination of Humanitarian Affairs; 2025 (accessed 16 March 2026).

4. All 36 hospitals and most primary healthcare facilities in the Gaza Strip experienced damage. As at 31 December 2025, 18 hospitals (50%) were partially functioning and 99 (48%) of 203 primary healthcare facilities were partially functioning. In the north of the Gaza Strip, no functioning hospitals remain. The Palestinian Ministry of Health reported 51% of essential medicines in the Gaza Strip at zero stock, severely affecting key services. In addition, 65% of medical consumables are reported to be out of stock.³

5. In the West Bank, access to care is hindered by physical barriers and/or restrictions on movement, delaying access to specialized care in east Jerusalem. Furthermore, functioning healthcare facilities are only operating on one day per week on average. As at 31 December 2025, 17% of the 53 hospitals assessed by WHO were not fully functioning.

6. According to the latest Integrated Food Security Phase Classification (IPC) analysis of famine conditions in the Gaza Strip, no areas are currently classified as being in famine (IPC Phase 5) following the ceasefire and increased humanitarian and commercial access. However, the situation remains extremely fragile, with widespread destruction of infrastructure and livelihoods, limited local food production and continued constraints on humanitarian operations.

Approximately 1.6 million people continue to face crisis or worse food insecurity, including 1.03 million in IPC Phase 3 (Crisis), 571 000 in Phase 4 (Emergency) and 1900 in Phase 5.⁴

7. In 2025, the Palestinian Ministry of Health reported 1862 cases of suspected meningitis, 276 of which were suspected bacterial meningitis, and 150 cases of Guillain-Barré syndrome, with 21 deaths reported. However, limited surveillance, laboratory and disease control capacity continue to hinder outbreak management. Acute respiratory infections, acute watery diarrhoea, acute jaundice syndrome and acute bloody diarrhoea remain the most reported communicable diseases.

8. The influx of traumatic injuries has eased since the ceasefire, although hospitals across the Gaza Strip still receive several hundred cases every month. Since 2023, in the Gaza Strip, approximately 25% of injuries are estimated to be life-changing, requiring long-term care and rehabilitation, while demand for rehabilitation services has also risen among people with disabilities.⁵ Delays in the delivery of surgical supplies and limited imaging equipment remain major constraints. Despite growing needs, rehabilitation services remain low owing to shortages in staff, assistive devices and equipment. Progress in restoring rehabilitation services is at risk due to the planned deregistration of key international organizations providing those services in the area.

9. The occupied Palestinian territory, particularly the Gaza Strip, is facing a severe mental health and psychosocial support crisis. Assessments indicate widespread psychological distress among all age groups.⁶ In 2025, 88–90% of young people aged 18–35 in the Gaza Strip reported persistent stress, anxiety and sadness, while 79% reported severe impacts on functioning. Prior to October 2023, there were six community mental health centres in the Gaza Strip, one psychiatric

³ [Occupied Palestinian territory: WHO Health Emergency Appeal 2026](#). Geneva: World Health Organization; 2026 (accessed 16 March 2026).

⁴ [Gaza Strip: Famine conditions offset, but situation remains critical: 16 October 2025 – 15 April 2026](#). Integrated Food Security Phase Classification; 2025 (accessed 16 March 2026).

⁵ [Estimating trauma rehabilitation needs in Gaza: September 2025 update](#). Geneva: World Health Organization; 2025 (accessed 16 March 2026).

⁶ [Mental Health and Psychosocial Support Functionality in Gaza](#). Mental Health and Psychosocial Support Technical Working Group; 2025 (accessed 16 March 2026).

hospital with 30 beds, 14 primary healthcare centres and four hospital-based mental health units. A WHO-led mental health facilities assessment (February–March 2025) found that four community mental health centres have been destroyed, the psychiatric hospital is not functioning and inpatient services have been suspended.⁷

10. The number of high-risk pregnancies in the Gaza Strip has doubled. An estimated 50 000 women are pregnant, with 5500 women due to give birth within four weeks. This is expected to result in an estimated 180 deliveries per day and 1400 caesarean sections. Some 20% of neonates are pre-term, underweight or born with complications, needing advanced care that is rapidly diminishing.⁸

11. The health sector in the Gaza Strip has incurred losses estimated at US\$ 6.3 billion, including nearly US\$ 1.3 billion in infrastructure damage. Some 95% of hospitals, 91% of private primary healthcare facilities and 88% of public primary healthcare facilities are affected, compounded by loss of human resources, including as a result of those killed, injured or displaced.⁹

WHO's support to the humanitarian and emergency health response

12. In 2025, WHO appealed for US\$ 648 million to sustain life-saving health services and progress towards early recovery operations. As at 31 December 2025, only US\$ 156.5 million had been made available, comprising US\$ 115.3 million received during 2025 and US\$ 41.1 million carried over from prior years, leaving a funding gap of US\$ 491.5 million (75%).

13. Between 1 January and 31 December 2025, 327 WHO trucks and 188 health partner trucks entered the Gaza Strip, delivering 4010 metric tonnes of emergency supplies directly to health facilities. During the reporting period, WHO distributed 10.7 million litres of fuel to health facilities, ambulance providers and partners across the Gaza Strip, bringing the total amount of fuel distributed by WHO since October 2023 to over 19.2 million litres. Despite these efforts, supply approvals remained complex, while distribution continued to be hampered by insecurity, damaged infrastructure and restricted access. In addition, significant gaps remained in respect of therapeutic foods and vaccines, with only 33% and 69% delivered, respectively.

14. In 2025, WHO completed 175 field missions within the Gaza Strip (of 299 planned), bringing the total number of completed missions since October 2023 to 291 (of 569 planned). The lack of facilitation, access restrictions and operational challenges have increasingly hindered missions, particularly in the north of the Gaza Strip and in the area east of the “yellow line”,¹⁰ where coordination with relevant authorities was required.

15. WHO and partners have supported medical evacuations from the Gaza Strip, but security and movement constraints have impeded success. As at 31 December 2025, 10 700 requests had

⁷ Mental Health Facilities Assessment (March 2025). Geneva: World Health Organization; 2025.

⁸ [Healthy Beginnings, Hopeful Futures – on World Health Day WHO calls for an immediate ceasefire in Gaza](#). Cairo: WHO Regional Office for the Eastern Mediterranean; 2025 (accessed 16 March 2026).

⁹ [Gaza and West Bank Interim Rapid Damage and Needs Assessment](#). Washington, DC: World Bank Group; February 2025 (accessed 16 March 2026).

¹⁰ The “yellow line” refers to the de facto demarcation line within the Gaza Strip established under the ceasefire arrangement implemented in October 2025.

been fulfilled. An estimated 18 500 patients, including around 4000 children, were in need of medical evacuation.¹¹

16. As at 31 December 2025, the health cluster had coordinated over 80 partners providing humanitarian health assistance, reaching an average of 391 000 people per week in the Gaza Strip. Between 1 January and 31 December 2025, 16 million clinical care consultations were recorded for primary and secondary healthcare services. In the West Bank, 35 health cluster partners provided humanitarian health assistance, including 11 partners supporting mobile clinics reaching up to 145 000 people in 246 locations where access restrictions remain an impediment. In 2025, a total of 50 international and two national emergency medical teams were deployed in the Gaza Strip, where they conducted over 1.8 million consultations, performed 24 283 emergency surgeries, managed 123 925 trauma cases and treated 5932 malnourished patients. In total, 345 782 of the patients treated were children aged under 5 years.

17. In 2025, WHO supported 51 partners across 32 health facilities providing essential medicines, medical supplies and equipment worth over US\$ 90 million. WHO supported the construction and completion of a field hospital at Nasser Medical Complex in the Gaza Strip and the full rehabilitation of five health facilities and three hospital warehouses and the expansion of service capacity through prefabricated recovery health units. WHO resupplied hospitals with trauma equipment and supported the expansion of rehabilitation services, with an increase of inpatient beds from 107 to 140. WHO supported the treatment of over 1000 children with severe acute malnutrition at stabilization centres and installed 12 water, sanitation and hygiene facilities in healthcare facilities in the Gaza Strip. 1500 health workers were trained by WHO on mental health and psychosocial support and other priority areas.

18. In 2025, over 600 000 children aged under 10 years in the Gaza Strip were protected from poliomyelitis through three rounds of supplementary immunization. Following the ceasefire, a multi-antigen catch-up campaign was conducted in November 2025, reaching over 13 700 children and strengthening protection against vaccine-preventable diseases after two years of conflict and service disruption.

19. Following the ceasefire, WHO facilitated the entry of 243 trucks carrying 4375 pallets of medical supplies into the Gaza Strip, supporting both WHO operations and partner organizations. Six hospitals and 22 primary healthcare centres regained partial functionality, enabling the gradual resumption of essential services. Nevertheless, no hospital is fully functional anywhere in the Gaza Strip and none are operating in the north of the Gaza Strip. Many facilities continue to face severe strain owing to shortages of health workers, fuel and essential medical supplies, while over 62% of health facilities, including hospitals and primary healthcare centres, remain non-functional.

20. In the West Bank, WHO supported prepositioning emergency and trauma care supplies at seven hospitals along with mass-casualty management kits. Nearly 1000 emergency medical kits were provided to community volunteers trained by WHO and partners for managing life-threatening bleeding. WHO provided hostile environment surgical training to 60 surgeons, and primary care training to over 200 health workers.

¹¹ [Medical evacuation of Gaza patients: Oct 2023 – 1 Dec 2025](#). Geneva: World Health Organization; 2025 (accessed 16 March 2026).

Recommendations by the Director-General for improving health conditions in the occupied Palestinian territory

21. The following recommendations reflect the situation after the ceasefire started on 10 October 2025, based on WHO operational updates and the ongoing humanitarian challenges.

- (a) Maintain and strengthen the ceasefire, upheld by all parties, to enable safe and sustained humanitarian and health operations.
- (b) Ensure sustained international financial, logistical and technical support and enable the entry, operation and coordination of international nongovernmental organizations across the occupied Palestinian territory.
- (c) Maintain life-saving and life-sustaining essential health services across pre-hospital, primary, secondary and tertiary facilities.
- (d) Strengthen internal referral pathways and expand medical evacuations, ensuring safe access for patients including referral pathways to the West Bank, east Jerusalem and specialized care facilities.
- (e) Address malnutrition and communicable disease risks through restoration of routine vaccination, nutrition support and strengthened outbreak preparedness and response mechanisms.
- (f) Enable early health system recovery, rehabilitation and reconstruction including by rebuilding damaged facilities, re-establishing supply chains for health commodities, restoring the health workforce and strengthening health information systems.

Action by the Health Assembly

22. The Health Assembly is invited to note the report and provide guidance on the following question.

- What additional measures can Member States recommend to safeguard patient medical evacuations, protect healthcare workers, maintain hospital functionality, secure medical transport, enable entry and operation of international nongovernmental organizations and ensure sustained support and funding for the restoration, recovery and strengthening of health services under current post-ceasefire conditions?
