
Health conditions in the occupied Palestinian territory, including east Jerusalem

Report by the Director-General

1. In December 2023, the Executive Board at its seventh special session adopted resolution EBSS7.R1 on health conditions in the occupied Palestinian territory, including east Jerusalem.¹ Expressing grave concerns at the catastrophic humanitarian situation in the Gaza Strip, and its vast consequences for the civilian population, the Board requested the Director-General, inter alia, to report on the public health implications of the crisis to the Board at its 154th session.

SUMMARY UPDATE ON HEALTH RISKS AND HEALTH CARE SYSTEM CAPACITIES IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM

2. The Gaza Strip is experiencing an unprecedented humanitarian crisis due to a rapidly accelerated conflict that has resulted in major levels of mortality, morbidity, displacement, massive degradation of the health system and disruption of public health and other vital infrastructure. From 7 October 2023 to 10 January 2024, 23 540 fatalities² and 63 264 injuries were reported by health authorities in the occupied Palestinian territory.³ This includes 23 210 fatalities and 59 167 injuries in the Gaza Strip. Of the fatalities, 70% were women and children.⁴ Over 7780 persons are missing⁵ while 85% of the population has been displaced.^{6,7} A total of 330 fatalities, 4097 injuries and 2334 displacements⁸ were

¹ Executive Board special session on health conditions in the occupied Palestinian territory, including east Jerusalem. 10 December 2023 (https://apps.who.int/gb/e/e_ebss7.html, accessed 17 January 2024).

² A total of 148 United Nations personnel, including one national staff member from WHO, are counted among the Palestinian fatalities. This represents 23% of all United Nations staff killed globally since 1997. UNRWA stands as the United Nations entity most significantly affected, reporting the loss of 146 staff members. One fatality was reported within UNDP. In addition, four Médecins sans frontières and four Palestine Red Crescent Society staff have been killed since 7 October 2023.

³ More than 10 children per day, on average, have lost one or both of their legs in the Gaza Strip. Save the Children, 7 January 2024.

⁴ The number of children reported killed in the Gaza Strip has surpassed the annual number of children killed across the world's conflict zones since 2019. Save the Children, 29 October 2023.

⁵ Source: Palestine Red Crescent Society Response report, 7 January 2024.

⁶ Source: Gaza Ministry of Health.

⁷ 12 000 children a day are forcibly displaced in the Gaza Strip. Save the Children, 4 January 2024.

⁸ Source: United Nations Office for the Coordination of Humanitarian Affairs. Hostilities in the Gaza Strip and Israel. Flash Update #89, 10 January 2024.

reported in the West Bank,¹ 135 fatalities and 612 injuries in Lebanon.² As at 10 January 2024, a total of 1386 fatalities and 9038 injuries were reported in Israel.³ The majority of casualties were killed during the 7 October 2023 attacks or from injuries in the aftermath. A total of 251 hostages were taken, including 24 children and 38 persons aged above 60 years. Of the hostages, 39% are women and girls. Israeli authorities estimate that about 136 Israelis and foreign nationals remain captive in the Gaza Strip. During the humanitarian pause (24–30 November 2023), 86 Israeli and 24 foreign national hostages were released.⁴

3. The massive degradation of the health system in the Gaza Strip is due, inter alia, to extensive bombardment, widespread destruction, increasing health needs, restrictions on the entry of fuel, goods, medical supplies and medical personnel, as well as substantial limitations on the outbound movement of patients, including the injured. Health facilities are operating suboptimally, serving patients much beyond their capacities with reduced staffing, necessitating the prioritization of services for emergency and critical life-saving services only. As at 10 January 2024, 58% of the 36 hospitals are non-functional, and 78% of the 73 Gaza Ministry of Health and UNRWA primary care clinics have ceased operations. The situation is particularly critical north of Wadi Gaza, with 75% of hospitals and 100% of primary care clinics non-functional. Overall, 59% of hospitals' bed capacity in the Gaza Strip has been lost while health needs soar, and these facilities are currently accommodating a considerable number of internally displaced persons. The remaining hospitals are operating at 35% of their capacity, severely inhibiting quality and safety of health services. Functional UNRWA clinics (5 out of 22) reported 7634 consultations on 4 January 2024, in stark contrast to the pre-conflict daily average of 15 000.

4. Attacks on health care have been recorded in the occupied Palestinian territory since WHO implemented its Surveillance System for Attacks on Health Care in the territory in 2018, with an unprecedented increase in magnitude and severity observed since October 2023. WHO has recorded 304 events in the Gaza Strip from 7 October 2023 to 10 January 2024, impacting 94 health facilities and 79 ambulances. Most attacks (77%) involved the use of force, resulting in 606 fatalities and 774 casualties. In the West Bank, 286 attacks on health care disrupted the delivery of care, including the supply of essential medicines and equipment, blockade of hospitals and prevention of ambulance access. During the same period, 64 attacks in Israel were verified by the WHO Surveillance System for Attacks on Health Care, resulting in 24 fatalities and 34 injuries. A total of 16 health facilities were impacted. Three attacks in Lebanon were reported, resulting in five injuries. One incident impacted medical transport and two health facilities.⁵

5. The health and well-being of the population will continue to deteriorate due to lack of food, shelter, safety, clean water, sanitation, access to health care and winter weather. Food security remains a major health risk as the entire population in the Gaza Strip is classified in the Integrated Food Security Phase Classification at Phase 3 or above (Crisis or worse). Among these, at least one in four households (over 500 000 people) is facing catastrophic conditions (Phase 5) and about 50% of the population

¹ In comparison, in 2022, there were 6061 deaths from all causes in the Gaza Strip and 8957 in the West Bank (a total of 15 018 in the occupied Palestinian territory).

² Source: Lebanon Ministry of Public Health.

³ Source: Israel Ministry of Health.

⁴ Source: United Nations Office for the Coordination of Humanitarian Affairs. Hostilities in the Gaza Strip and Israel. Flash update #89, 10 January 2024.

⁵ Source: WHO Surveillance System for Attacks on Health Care (<https://extranet.who.int/ssa/Index.aspx>, accessed 15 January 2024).

(1.17 million people) is in an emergency state (Phase 4).¹ Households facing catastrophic and emergency conditions (in Phase 5 and Phase 4) are experiencing an extreme lack of food, starvation and exhaustion of coping capacities. The increased nutritional vulnerability of children, pregnant and breastfeeding women and elderly people is a particular source of concern.

6. The mass and continuing displacement of 1.9 million people due to insecurity and destruction of civilian infrastructure and housing has led to severe overcrowding in shelters that are deficient in water and sanitation facilities, significantly increasing the risk of infectious disease outbreaks. Over 1.4 million individuals are sheltering in 155 UNRWA installations.² Other internally displaced persons stay in non-UNRWA schools, hospitals, mosques and churches while an increasing number of makeshift shelters are used. The burden of acute respiratory infections, diarrhoea and skin infections has been particularly high, with a steady week-on-week high incidence of reported cases. Furthermore, additional signals of epidemics of acute jaundice, meningitis, mumps and chickenpox affecting the population of the Gaza Strip were monitored.³ The number of diarrheal illnesses reported among children aged under 5 years in the last three months of 2023 was about 25 times higher compared with the corresponding period in 2022 (80 532 cases⁴ vs 3101 cases⁵). Disease surveillance is constrained by the severe deterioration of laboratory capacities. As at 10 January 2024, no meaningful public health measures for disease prevention and control could be implemented due to access constraints and lack of supplies coming into the Gaza Strip. The absence of such measures will result in unmitigated transmission of bacterial, viral, fungal and parasitic pathogens, including many infectious organisms known to transmit in settings in which people congregate, causing severe morbidity and mortality, which cannot be identified through syndromic surveillance alone.

7. About 350 000 people live with chronic diseases in the Gaza Strip.⁶ Shortages of essential medications and closures of health care facilities are increasingly impeding access for the 52 000 individuals with diabetes, 45 000 with asthma, 45 000 with cardiovascular diseases and 225 000 with hypertension. Of the 178 haemodialysis machines, 63% are situated north of Wadi Gaza, severely limiting access to dialysis for the 1100 patients who need this service to survive.

8. Approximately 2000 patients had been referred each month to health care services outside the Gaza Strip, as the services were not available locally, until the suspension of the issuance of referral permits since 7 October 2023. Oncology patients constitute the largest group in need, due to lack of radiotherapy and systemic therapy capacities. This situation is exacerbated by the closure of the sole cancer facility⁷ in the Gaza Strip, due to insecurity and bombardment, impacting approximately 1500 cancer patients. In the West Bank, only cancer patients and those with life-saving conditions are eligible

¹ Source: IPC Global Initiative, Special Brief, Gaza Strip, 21 December 2023.

² Source: United Nations Office for the Coordination of Humanitarian Affairs. Hostilities in the Gaza Strip and Israel. Flash Update #89, 10 January 2024.

³ Source: Gaza Ministry of Health – Syndromic surveillance. Suspected cases reported between 16 October 2023 and 11 January 2024.

⁴ Source: Gaza Ministry of Health – Syndromic surveillance. Suspected cases reported between 16 October and 31 December 2023.

⁵ Source: Gaza Strip: critical humanitarian indicators. OCHA (<https://www.ochaopt.org/page/gaza-strip-critical-humanitarian-indicators>, accessed 15 January 2024).

⁶ Source: WHO Public health situation analysis, 5 November 2023.

⁷ The Turkish-Palestinian Friendship Hospital ceased operating on 1 November 2023.

to apply for medical permits, while the number of companions allowed to accompany patients has been reduced from two to one.

9. The trauma care pathway has been severely compromised in the occupied Palestinian territory due to hindrances to ambulance operations, closures of hospitals, inadequate surgical infrastructure and workforce capacities, and shortages of supplies and equipment. Surgical cases are managed suboptimally, resulting in higher levels of disability and death, including the need to prioritize life-saving amputation rather than limb reconstruction, premature discharge from hospital due lack of bed availability and a high proportion of wound infections compounded with limited access to antibiotics. Rehabilitation and prosthetics services are severely limited.

10. On the basis of prevalence estimates of mental disorders in conflict settings,¹ 452 600 people (22.1%) in the Gaza Strip are estimated to be living with mental health disorders, including 104 450 (5.1% of the population) with severe conditions such as schizophrenia, bipolar disorder, severe depression and severe anxiety. Displacements, bombardments, violence, dispossession, loss of loved ones, homes and livelihoods, and restrictions will increase mental health risks among affected populations. Treatment capacities remain severely constrained, however, as the only specialized treatment centre in the Gaza Strip has stopped functioning.² In Israel, an increase of 30 % of people dealing with depression and anxiety has been reported since the beginning of the crisis.³

11. Over 540 000 women of reproductive age reside in the Gaza Strip and over 5000 deliveries are estimated to take place each month. One quarter of pregnant women are at risk due to obstacles in accessing Caesarean sections (700 were carried out per month before the crisis according to the Gaza Ministry of Health) and obstetric and neonatal care for pre-term deliveries (20% of all births).⁴ The West Bank counts over 795 000 women of reproductive age.⁵ An estimated 8100 deliveries take place each month, where severe movement restrictions put women and newborns at risk.

WHO'S SUPPORT TO THE HUMANITARIAN AND EMERGENCY HEALTH RESPONSE

12. The escalation of violence in Israel and the occupied Palestinian territory was assigned a Grade 3 emergency on 17 October 2023. WHO developed an operational response plan (October 2023–January 2024) focusing on essential health services, public health intelligence and disease prevention and control, the provision of high-value supplies, health logistics and coordination of partners. Incident management system teams have been established at three levels, with coordination mechanisms for neighbouring countries (including a dedicated plan for Lebanon). A total of 54 WHO personnel have been deployed since the beginning of the crisis to support the response at country and

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

² The Gaza City psychiatric hospital, also known as the Al Nasr Hospital, ceased operations on 6 November 2023.

³ Survey carried out by the Maccabi Health Fund (2.5 million insured) at the end of November 2023, targeting a group of 500 Israelis aged 20–75 years throughout the country and belonging to all four of Israel's health maintenance organizations.

⁴ Gaza Ministry of Health data before 7 October 2023.

⁵ Source: UNFPA Palestine Situation Report. Issue # 1, 13 October 2023 (<https://arabstates.unfpa.org/en/publications/unfpa-palestine-situation-report-october-2023>, accessed 15 January 2024).

regional levels. This number includes six personnel deployed within the Gaza Strip.¹ WHO continues to monitor the mental and physical health needs of the people of Israel in the wake of attacks, hostage taking and displacements,² as well as the broader health impacts in spill-over countries.

13. Significant resource mobilization efforts have been undertaken. As at 10 January 2024, a total of US\$ 50.67 million had been received and US\$ 30.8 million pledged, representing 82.26% of the estimated funding needs of the WHO three-month operational plan. An initial allocation of US\$ 14.56 million from the WHO Contingency Fund for Emergencies was released to secure key activities in the first days of the response (including US\$ 6.26 million for spill-over countries).

14. As at 10 January 2024, almost 6000 trucks from different humanitarian agencies and bilateral aid had crossed into the Gaza Strip through the Rafah border crossing. Of those, 75 trucks from WHO delivered over 300 metric tons of emergency medical supplies, covering the needs of a catchment population of 420 000 for noncommunicable diseases, 254 000 for basic care and enabling 8800 interventions for trauma and emergency surgeries. As part of the Gaza Logistics and Medical Supply Working Group of the Health Cluster, WHO has rolled out a Health Supply Tracker to improve coordination with partners. The total health supply pipeline consolidated through this system represents US\$ 29 million of medical commodities, of which US\$ 7.5 million has been delivered to the Gaza Strip. This is far from the pre-7 October importation levels of approximately 500 trucks per day. An estimated 25 800 litres of fuel are required daily by operational hospitals in the Gaza Strip. Limited quantities have been distributed by humanitarian partners due to restrictions.

15. WHO and partners have conducted multiple high-risk missions to hospitals across the Gaza Strip to assess conditions, deliver critical supplies, coordinate the deployment of Emergency Medical Teams and support the evacuation of patients from north of Wadi Gaza. As at 10 January 2024, 16 mission requests out of 21 submitted by the United Nations Joint Humanitarian Operations Centre³ to access northern Gaza were rejected by Israeli authorities. WHO successfully led five interagency missions in northern Gaza during active phases of the conflict, and an additional three during the humanitarian pause, providing support to Al-Shifa, Al-Ahli Arab and Al Sahaba hospitals. A total of 162 patients were evacuated by WHO, in collaboration with the Palestine Red Crescent Society.⁴

16. As at 10 January 2024, 10 Emergency Medical Teams were operating in southern Gaza, including two Type 1, three Type 2 and five specialized teams (410 beds, 30 incubators, 7 operating theatres). A further 21 teams were in various stages of deployment, facing administrative and security challenges. WHO has worked with partners to establish and improve medical evacuation processes. However, only 1143 medical evacuations from the Gaza Strip have taken place since October 2023 (706 for injuries, 437 for illness), due to movement restrictions.

17. WHO is working with the Ministry of Health and UNRWA on re-establishing the Early Warning, Alert and Response System for some diseases, including the implementation of an electronic tool ("EWARS in a box"). Moreover, a list of priority conditions for immediate reporting were defined and

¹ Source: Event Management Suite 2 (EMS2). In addition, 4 personnel were deployed in Tel Aviv (Israel), 31 in Cairo, 1 in Larnaca (Cyprus), 1 in Amman, 7 in Beirut, 1 in Tehran.

² The United Nations Office for the Coordination of Humanitarian Affairs has noted approximately 189 000 internally displaced persons; the Government of Israel approximately 200 000.

³ Joint Humanitarian Operations Centre established in southern Gaza.

⁴ This includes 31 newborns evacuated from Al-Shifa hospital on 19 November 2023.

standard operating procedures elaborated for surveillance. Support to laboratories is prioritized through the supply of reagents, rapid diagnostic tests and sample transportation to Egypt.

18. WHO has deployed subnational health cluster coordinators in the Gaza Strip and the West Bank, where 60 partners are present. A minimum service package for primary and secondary health care services is under development to determine which health services can realistically be achieved. Of the cluster flash appeal, 25.7% has been funded (US\$ 58.5 million secured out of the US\$ 227.5 million required).

19. Preventing and responding to sexual exploitation, abuse and harassment is mainstreamed in WHO operations through the WHO Country Office focal point, a senior adviser deployed at regional level and headquarters support. Priority interventions include training on preventing and responding to sexual exploitation, abuse and harassment and induction for new personnel, briefing of emergency medical teams, and risk assessments.

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

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

- (a) Implement an immediate and sustained humanitarian ceasefire by all parties, to prevent further injuries and fatalities.
- (b) Ensure immediate and unfettered humanitarian access to the Gaza Strip, to allow the entry of essential medicines, medical supplies, fuel, water, sanitation and other resources, as well as the entry of medical personnel and the exit of patients and the injured to reduce public health risks, secondary morbidity and mortality, as well as pressure on hospitals inside the Gaza Strip.
- (c) Ensure adherence to international humanitarian law to safeguard the rights and protection of the sick and wounded, medical personnel, medical facilities and medical transportation.
- (d) Safeguard the health system through restoring the full functionality of hospitals, primary health care centres, laboratory facilities, the implementation of public health measures, comprehensive disease surveillance and response and all other supporting pillars.
- (e) Re-establish access to health care and services. Support and expand access to health care with coordinated and prioritized humanitarian assistance.
- (f) Address the conditions that facilitate epidemics through coordinated multisectoral humanitarian assistance to ensure safety, adequate access to food, clean water, sanitation and shelter.
- (g) Ensure adequate allocation of resources to support the humanitarian health response and the overall health sector throughout the occupied Palestinian territory, as well as for recovery and reconstruction.

ACTION BY THE EXECUTIVE BOARD

21. The Board is invited to note the report; in its discussions it is further invited to provide guidance on the following.

- How can humanitarian health assistance be increased to meet the growing needs of affected populations in the occupied Palestinian territory, including east Jerusalem? How can the conditions to deliver such assistance be met?
- How can the health system of the occupied Palestinian territory, including east Jerusalem, be safeguarded and the required environment for safe and dignified access to health care be established?
- What can Member States do to secure a humanitarian ceasefire, with a view to support WHO and partners, in the delivery of humanitarian assistance?

= = =