






Flygtningenævnets baggrundsmateriale

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Public Health Situation Analysis (PHSA)

Initiated by: Country Office Regional Office HQ

Typologies of emergency	Main health threats	WHO grade	Security level	INFORM risk (rank)
 Conflict	Trauma and injury	G2	Gaza: (Substantial-Level 4/5)	INFORM Risk 2024 for Palestine: 3.7/ 10 (Medium)
 Food security	Non-communicable diseases (NCD)			
 Displacement	Mental Health		West Bank: (Substantial-Level 4/5)	Global Risk Ranking for Palestine in 2024: 78 out of 191 countries
 Epidemics	Respiratory Tract Infections (RTI), including COVID-19			
 Nutrition	Maternal and neo-natal health			
	Acute Watery Diarrhoea (AWD)			

SUMMARY OF CRISIS AND KEY FINDINGS

In the early hours of 7 October 2023, Palestinian militants launched *al-Aqsa Deluge*, a multi-pronged attack on Israel, including Israeli border towns ringing the Gaza Strip and beyond.¹ By mid-morning the same day, Israeli aircrafts had launched strikes on hundreds of targets in Gaza Strip.² The next day, Israel's security cabinet approved a formal declaration of war for the first time in half a century.³ On 9 October 2023, Israeli Defence Minister Yoav Gallant announced that Israel would allow "no electricity, no food, no fuel" into Gaza, promising a "full siege".⁴ Since 7 October 2023, the Israeli authorities ceased supplying electricity to the Gaza Strip.⁵

As of November 5, 2023, the latest Palestinian fatalities are Gaza Strip (9770) West Bank (141) and Israel (1000), while the Palestinian injuries are Gaza (24 173), West Bank (2 322) and Israel (n/a).⁶ In Gaza, of those killed, 40% are children, 22% are women and 4% are elderly.⁷ The latest Israeli fatalities are Israel (1400), West Bank (1) and Gaza (15), while the Israeli injuries are Israel (5400), West Bank (13) and Gaza (n/a).⁸

About 2260 others are reported missing in Gaza, including 1270 children. Most are presumed to be trapped under rubble.⁹ Rescue teams are struggling to carry out their mission due to the continuous bombardment, severe shortage of fuel to run vehicles and equipment, and with limited or no connection to mobile networks.¹⁰ As of 1 November, 70 UNRWA staff have been killed during the hostilities; this is the highest number of UN aid workers to be killed in such a short period of time.¹¹

Mass displacement is continuing across the Gaza Strip. About 1.5 million people in Gaza are internally displaced (IDPs). Of them, some 717 000 are sheltering in 149 UNRWA facilities, 122 000 in hospitals, churches, and public buildings, 110 000 people in 89 non-UNRWA schools, and the remainder are residing with host families.¹² Gaza is high populated and overcrowding in shelters is a concern.¹³ In recent days, as many as 150 000 having relocated from host facilities to shelters, seeking food and basic services.¹⁴ This has increased pressure on already overcrowded shelters.¹⁵ The average number of IDPs per UNRWA shelter is nearly four times their intended capacity.¹⁶

About 3 000 Palestinians in Gaza are still displaced following previous escalations.¹⁷ UNRWA estimates that 30 000 IDPs have returned to the north, due to continuous bombardments in the south, and the inability to find adequate

shelter.¹⁸ Since the beginning of hostilities, 19 IDPs sheltering in UNRWA premises have been killed and 310 have been injured.¹⁹

These dire conditions are likely to persist in the long term, as before the recent escalation Gaza had a shortfall of 71 000 housing units²⁰. The Gaza Ministry of Public Works and Housing reported the destruction of 16 441 housing units and the rendering of 11 340 other units uninhabitable.²¹ About 150 000 housing units sustained minor to moderate damage.²² The total number of housing units reported as destroyed or damaged accounts for at least 45% of all housing units in the Gaza Strip.²³ Since 7 October, 42 UNRWA installations, including several designated emergency shelters (DES), have been damaged, with one of them being directly hit, resulting in 13 fatalities and 195 injuries among IDPs.²⁴ Entire neighbourhoods have been destroyed, particularly in Beit Hanoun, Beit Lahia, and Ash Shuja'iyyeh, the area between Gaza and Ash Shati' Refugee Camp, and Abbassan Kabeera.²⁵

As of October 12 2023, there is a full electricity black out,²⁶ which means that there is not enough power to operate water wells, desalination and purification plants, and to sustain sanitation services across the entire Gaza Strip.²⁷ In some areas, sewage and solid waste are now accumulating in the streets, posing a health hazard.²⁸ Water supply from Israel was also cut and as of 12 October, most residents in the Gaza Strip no longer have access to drinking water from service providers or domestic water through pipelines.²⁹ A 70% leak was identified in one of the main pipelines between Rafah and Khan Younis, due to the damage it sustained, compelling water providers to resort to less efficient water trucking.³⁰ Health partners have detected cases of chicken pox, scabies and diarrhoea, attributable to the poor sanitation conditions and consumption of water from unsafe sources.³¹ The incidence of such diseases is expected to rise unless water and sanitation facilities are provided with electricity or fuel to resume operations.³²

The humanitarian situation in Gaza was extremely dire before these hostilities, and has deteriorated exponentially.³³ Since 7 October, 14 hospitals and 51 primary care centres across Gaza have been forced to shut down due to damage they had sustained or lack of electricity and supplies.³⁴ This means that only 60% of hospitals are operational to some degree and 30% of public health centres are operational to some degree. The MoH in Gaza has been reallocating limited amounts of fuel to hospitals to keep them open and has asked people to donate their personal fuel supplies. Health Cluster partners estimate that mortality rates have been on the rise due to the extremely limited access to essential healthcare services.³⁵

Hospitals are flooded by over 24 000 wounded (5 November 2023).³⁶ Reports of overcrowding and spread of diseases are deeply worrying, even more so when hospitals are damaged and destroyed, there is a worsening shortage of medicines, and movement is heavily restricted.³⁷ The number of patients awaiting treatment is at 150% of capacity, given the closure of 70% of primary care facilities in Gaza.³⁸ Large numbers of patients are being treated on the ground given there are not enough hospital beds.³⁹ The ongoing hostilities have displaced most of the medical professionals in Gaza, forcing the hospitals to operate with less than one-third of their normal staffing levels, according to MoH in Gaza.⁴⁰ Since 7 October, 130 health workers have been killed.⁴¹

In Gaza, nearly half a million people (112 759 families) have not been able to get their food rations since October 7, 2023, as UNRWA food distribution centres are closed.⁴² On 21 October, the World Food Program (WFP) indicated that stocks of essential food commodities within Gaza were sufficient for about 12 days.⁴³ However, at the shop level, the available stock is expected to last only for five more days.⁴⁴ Bakeries are struggling, with people waiting four to six hours on average to receive half a normal portion.⁴⁵ On October 28 2023, thousands of people broke into several UNRWA warehouses and distribution centres in the middle and southern areas of Gaza, taking wheat flour, hygiene supplies and other items – a worrying sign that civil order is starting to break down.⁴⁶

This most recent violence does not come in a vacuum.⁴⁷ This crisis is exacerbated by chronic protection concerns and humanitarian needs which will continue in the absence of a sustainable political solution and opportunities for further development.⁴⁸ In 2022, UNRWA reported that 81% of Palestine refugees in the Gaza Strip live below the national poverty line, with 33% of families extremely poor. The Gaza Strip also faces high unemployment rates, with 44% of the population unemployed in 2022.⁴⁹

While focus has primarily been on Gaza, the situation in the West Bank remains tense.⁵⁰ Extensive closures have been imposed around West Bank cities and are severely impacting access to essential services.⁵¹ Since the afternoon of 21 October, Israeli forces have killed seven Palestinians, including two killed in an airstrike in Jenin camp.⁵² UNRWA sanitation services in Jenin Camp were more limited on 22 October and the four UNRWA schools in Jenin (with 1700 students) shifted to online learning modality.⁵³

Nearly 1000 Palestinians have been forcibly displaced from their homes in the West Bank since 7 October 2023.⁵⁴ This includes at least 98 Palestinian households, comprising over 800 people, driven out from 15 herding/Bedouin communities in Area C, amid intensified settler violence and access restrictions.⁵⁵ Another 121 Palestinians were displaced following the demolition of their homes by Israeli authorities.⁵⁶

In the night between 31 October and 1 November, Israeli forces arrested at least 70 Palestinians, across the West Bank, including East Jerusalem, bringing the total number of those arrested since 7 October to at least 1830, according to Palestinian sources.⁵⁷

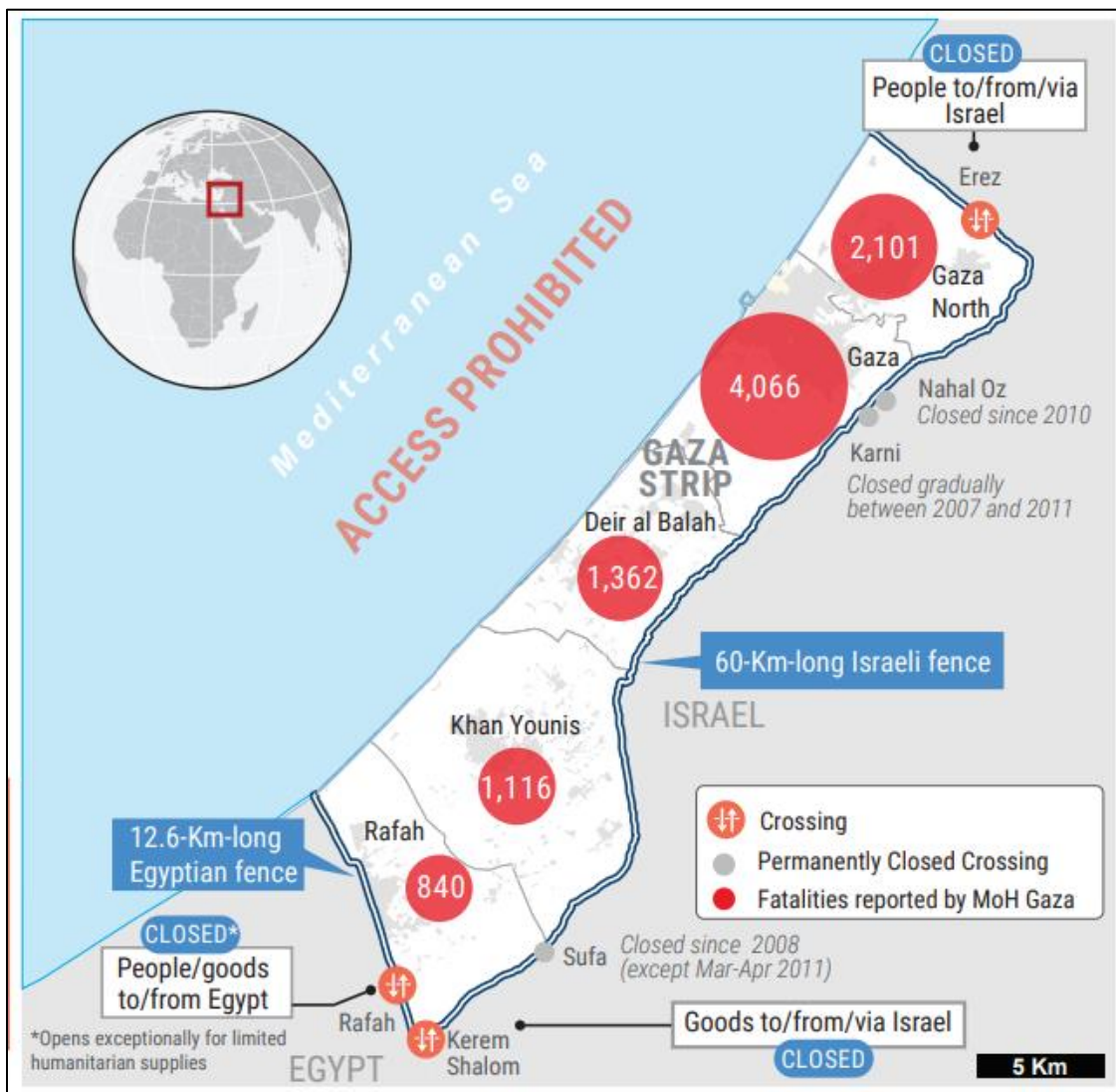






Figure 1- Gaza: Fatality breakdown by OCHA (4 November 2023 at 23:59)

HUMANITARIAN PROFILE

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT DUE TO ESCALATION ⁶¹	PALESTINIAN
HUMANITARIAN RESPONSE PLAN 2023 ⁵⁸	HUMANITARIAN RESPONSE PLAN 2023 ⁶⁰	IDPs: 1.5 million are displaced with 717 000 sheltering in 149 UNRWA facilities. ⁶²	FATALITIES ⁶³
Gaza Target: 1.15 million	oPt PiN: 1.6 million		Gaza: 9770
West Bank Target: 450k	oPt Target: 1.1 million		West Bank: 141
oPt FLASH APPEAL 2023 ⁵⁹	oPt FLASH APPEAL OCTOBER 2023		Israel: 1000
oPt Target: 1.3 million	oPt Target: 2 million		INJURIES ⁶⁴
<i>(to be revised in early November 2023)</i>	West Bank Target: 500k		Gaza: 24 173
			West Bank: 2322

oPt Flash Appeal: On October 13, 2023, OCHA called for approximately US\$ 294 million for 100 humanitarian partners to address the most urgent needs of 1 260 000 million people in Gaza and the occupied West Bank.⁶⁵ The oPt hosts a substantial presence of national and international organisations, with 35 national NGOs, 29 international NGOs and 13 UN agencies present.⁶⁶ *An updated flash appeal is anticipated based on the evolving situation (as of November 5, 2023).*

oPt Humanitarian Response Plan (HRP) 2023: In 2023, UN Agencies and humanitarian partners estimated that 2.1 million Palestinians across the oPt require humanitarian assistance, representing 58% of Gaza Strip residents and 25% of West Bank residents.⁶⁷ Compared to 2022, the severity of needs in oPt increased 20% by 2023.⁶⁸ In Gaza, the situation is more pronounced, with 29% of households falling into the two highest tiers of severity, compared with 10% in 2022.⁶⁹ For 2023, humanitarian organizations aimed to assist 1.6 million people of the most vulnerable people in meeting their basic needs, provide essential protection support and serve as a critical stabilizing force. To do this, the 2023 HRP requires US\$ 502 million (73% for Gaza), to implement 209 projects.⁷⁰

Humanitarian Access

- Gaza:** Lack of access is preventing the delivery of life-saving assistance to the Gaza Strip, which will worsen the crisis and increase deaths. Movement restrictions, the barring of imports, shortages of electricity, fuel, water and other essential materials have all constrained every sector of the humanitarian response.⁷¹ In recent days, trucks with aid have been allowed to enter Gaza. While this increase is welcome, a much larger volume of aid is needed.⁷² None of the aid shipments have included desperately needed fuel to power hospitals and water facilities.⁷³ Even before the current escalation, 80% of Gaza's population relied on humanitarian aid to meet their basic needs.⁷⁴
- West Bank:** Movement restrictions across the West Bank has disrupted mobile clinics, UNRWA and some MoH health facilities.⁷⁵ Both healthcare workers and patients have limited movement due to insecurity or movement restrictions.⁷⁶

Attacks on Healthcare

- **Gaza:** As of 1 November, WHO has documented 85 attacks on health care in the Gaza Strip, resulting in 16 fatalities and 30 injuries among health care workers on duty.⁷⁷ This has affected 35 health care facilities (including 20 hospitals damaged) and 24 ambulances.⁷⁸ A total of 14 hospitals and 51 primary care clinics are no longer functioning, while all hospitals are implementing emergency contingency plans that affect functioning and access to health care.⁷⁹
- **West Bank:** Since 7 October, WHO has documented 121 attacks on health care in the West Bank, resulting in at least 2 fatalities, and 16 injuries.⁸⁰ In the West Bank, attacks on health care include attacks on ambulances; obstruction to delivery of health care; physical violence towards health teams; detention of health staff and ambulances; and militarized search of health assets.⁸¹

Displacement in Gaza: Overcrowding in UNRWA shelters in the central and southern areas are a major concern. The number of IDPs has reached in many shelters 4 400, while they were designed to host 1500-2000 IDPs per shelter.⁸² In many shelters, up to 70 people are accommodated in one classroom.⁸³ The most crowded shelter (Khan Younis Training Centre) is currently hosting about 21 000 IDPs.⁸⁴ To ensure a safer environment, at night, women and children remain in the classrooms, while men and adolescent boys stay outdoors in the schoolyard.⁸⁵ Overcrowding and shortages of basic supplies have triggered tensions among IDPs, alongside reported gender-based violence.⁸⁶ Overcrowding, lack of privacy and lack of access to basic services is increasing levels of anxiety, fear and grief amongst IDPs.⁸⁷ With tensions increasing, there are reports of violent disputes in UNRWA shelters.⁸⁸ Essential resources such as water, food, and medicine are in critical short supply.⁸⁹

Access to Water and Sanitation in Gaza: The shortage of clean potable water, alongside water consumption from unsafe sources, remains a major concern.⁹⁰ The average water consumption from all sources and for all needs (including cooking and hygiene) dipped to just three litres per day per person, according to estimates by partners of the WASH Cluster.⁹¹ Water trucking operations by private suppliers has stopped due to insecurity and bottled water is largely unavailable (while its price has made it unaffordable for most families).⁹² People are consuming saline water with over 3000 milligrams per litre of salt content from agricultural wells.⁹³ This poses an immediate health risk, especially in babies under six months, pregnant women and people with kidney disease.⁹⁴ The use of saline groundwater also increases the risk of diarrhoea.⁹⁵ Most of the 65 sewage pumping stations are not operational, increasing the risk of sewage flooding.⁹⁶ All wastewater treatment plants in Gaza have been forced to shut down due to lack of power, resulting in substantial amounts of raw sewage being continuously dumped into the sea.⁹⁷

Food Insecurity

- **Gaza:** In 2021 and 2022, heightened conflict, economic stagnation, rising food and fuel prices and lingering effects of the COVID-19 pandemic; posed serious challenges to the food security of hundreds of thousands of Palestinians.⁹⁸ In April 2023, with the rise in food prices significantly reducing purchasing power, WFP estimated that 1.8 million Palestinians were food insecure.⁹⁹ In the Gaza Strip, the situation is especially concerning, with 64% of the population assessed as moderately or severely food insecure.¹⁰⁰ In Gaza, nearly half a million people (112 759 families) have not been able to get their food rations since October 7, 2023, as UNRWA food distribution centres are closed.¹⁰¹ As of October 29, WFP estimated that the current market stocks of basic food commodities in the Gaza Strip may last between 1 to 23 days.¹⁰² The relatively high wheat flour stock levels can be attributed to the challenges in utilizing this wheat flour due to the shortages of clean water and fuel.¹⁰³ At shop level, the available stock is expected to last only for five more days.¹⁰⁴ Four commodities appear to be in critical short supply: vegetables, eggs, dairy products, and drinking water.¹⁰⁵ As of 23 October, 17 out of the 202 WFP contracted shops have been forced to close. This closure is a result of destruction caused by hostilities, particularly within Gaza city and North Gaza governorates, or due to security concerns and blocked roads caused by debris.¹⁰⁶ Bakeries are struggling, with long queues forming before dawn. The average waiting time is reportedly six hours, and people endure this wait to receive half

the normal portion.¹⁰⁷ WFP initially had 23 bakeries delivering food for the people in shelters, but now only 4 able to operate.¹⁰⁸

The electricity blackout has disrupted food security by affecting refrigeration, crop irrigation, and crop incubation devices, consequently harming various livelihoods, including poultry, cattle, fish, and other commodities.¹⁰⁹ Strawberry and tomato farmers are at risk of losing their entire seasonal production due to access restrictions. Inaccessibility to olive trees could lead to losing olives and oil.¹¹⁰ Closure of Kerem Shalom crossing means that no fodder enters Gaza, endangering the livelihoods of over 10 000 producers and the provision of animal protein to Gaza.¹¹¹ Additionally, a considerable loss of cattle is expected.¹¹²

- **West Bank:** The situation in the West Bank remains tense with an increase in confrontations and enforced movement restrictions due the volatility of the current security situation.¹¹³ However, essential food commodities are available for an estimated six months, and wheat flour stocks are sufficient for about three months. Also, food prices have remained stable, except for some wholesalers and retailers whose costs have increased due to restrictions at commercial crossings.¹¹⁴

Vulnerable Groups in Gaza: The total number of inhabitants in the Gaza Strip is estimated to be around two million, with more than 70% of the population recorded as refugees.¹¹⁵ There are several groups in Palestine facing multidimensional, intersecting and overlapping vulnerabilities. These include women and girls, children and youth, the elderly, people with disabilities, LGBT+ persons, marginalized groups, and refugees.¹¹⁶ A summary of the key vulnerable groups are below:

- **Women and Girls:** While everyone in Gaza is impacted by conflict, hostilities and violence exacerbate gender-specific risks and vulnerabilities. Attacks on healthcare disproportionately impact the nearly 50 000 women and girls currently estimated to be pregnant and the over 5500 who will give birth in the next month. As a result of the context, pregnant women face higher risks of complications – up to and including death.¹¹⁷ Furthermore, female headed households in Gaza (11% of all households) are more vulnerable than male headed households.¹¹⁸ During the 2021 escalation of violence, female-headed households reported a higher rate of displacement (88%).¹¹⁹ The most recent violence has resulted in a surge of widows (900) who will face structural gender discrimination, including laws in Palestine which assume women to be under the protection and guardianship of men.¹²⁰
- **Children:** Before the recent escalation in violence, UNICEF reported that 1 million children in oPt required humanitarian assistance.¹²¹ Children are now facing unimaginable risks to their safety, with dire long-term consequences for their wellbeing.¹²²
- **Men:** Civilian men are more vulnerable to loss of life and injuries due to their engagement in the public sphere, including participation in the provision of first response services.¹²³
- **Persons with Disabilities (PwD):** In oPt, people with disabilities, both pre-existing and caused by the conflict, often face discrimination, stigmatisation, and barriers to accessing services.¹²⁴ Over 15% of the IDPs are estimated to have disabilities.¹²⁵ Women and girls make up approximately 45% of the population with disabilities.¹²⁶ Most shelters are not adequately equipped for persons with disabilities. Shelters lack the required medical mattresses and beds, causing ulcers and other medical issues that cannot be treated in unsterilized conditions.¹²⁷ Similarly, the food distributed does not meet the needs of those with swallowing difficulties.¹²⁸
- **Elderly:** The elderly people in oPt rely primarily on traditional systems, whereby their families are their main source of upkeep, care and support. The physical and mental health of the elderly is negatively affected due to gaps in social protection and health services during this escalation.¹²⁹ There are nearly 3,000 older people in the makeshift centres, many of whom are suffering from hypertension and diabetes and are in urgent need of medication.¹³⁰ The chaos of displacement has left them with minimal resources and comfort.¹³¹ Many have been forced them to leave behind their assistive devices, such as walking sticks and wheelchairs, crucial medicines, and personal belongings.¹³² The ongoing violence has disrupted the healthcare system, making it increasingly difficult for them to access essential medications and the medical care they require.¹³³
- **People suffering from mental health disorders:** Before the escalation, approximately 485 000 people in Gaza suffered from a mental disorder.¹³⁴ In July 2021, 20% of households in Gaza reported at least one child showing signs of psychosocial distress in the 30 days before data collection.¹³⁵ Currently, there is concern

for an estimated 20 000 people in need of specialized mental health services, including mental health drugs, who are in precarious situations with the disruption to mental health services.¹³⁶

HEALTH STATUS AND THREATS

Population mortality: While recent data on mortality in oPt is limited, in 2016, cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 31% of deaths recorded.¹³⁷ Cancer was the second leading cause of death, with 14% of deaths; complications of diabetes came in the fourth rank with a proportion of 8%.¹³⁸

MORTALITY INDICATORS	Gaza Strip	West Bank	YEAR	SOURCE
Life expectancy at birth	73.9	n/a	2022	PCBS
Crude mortality (per 1,000 people)	2.8	2.8	2022	MoH
Infant mortality rate (deaths < 1 year per 1000 births)	10.8	10.1	2019	MoH
Child mortality rate (deaths < 5 years per 1000 births)	13.9	11.8	2021	MoH
Maternal mortality ratio (per 100,000 live births)	17.4	25.1	2022	MoH

Vaccination coverage: Vaccination coverage for registered refugee children has been close to 100% for more than a decade.¹³⁹ Child vaccination has seen substantial investments in recent years, particularly through a vaccine forecast for 2020–2022 developed in cooperation with the United Nations to secure needed vaccines.¹⁴⁰ The COVID-19 response has generated significant investments in public health infrastructure and vaccines.¹⁴¹

VACCINATION COVERAGE DATA ¹⁴²	Gaza Strip	West Bank	Year
DTP-containing vaccine, 1st dose	104.1%	99.9%	2022
DTP-containing vaccine, 3rd dose	102%	95%	2022
Polio, 3 rd dose	103%	102%	2022
Measles-containing vaccine, 1st dose	101.9%	98.4%	2022

COVID-19 Vaccination: As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.¹⁴³ Of them, 1 776 973 people were vaccinated with two doses (51.4%), while 336 967 received a third booster dose (9.7%).¹⁴⁴ Disparities in the vaccination coverage have also been reported. As of July 2022, WHO reported that 44.82% of the Gazan population (aged 12 years and older) had been vaccinated and 32.51% were fully vaccinated.¹⁴⁵ Coverage was substantially higher in the West Bank, at 65.93% and 61.82% respectively.¹⁴⁶ A 2021 survey found that 72% of households in Gaza reported that not all members in their household are willing to be vaccinated against COVID-19.¹⁴⁷

GAZA STRIP: KEY HEALTH RISKS IN COMING MONTH

Public health risk	Level of risk***	Rationale
Trauma and injury		As of November 5, 2023, more than 9700 people have been killed and hospitals are flooded by over 24 000 wounded. ¹⁴⁸ The number of patients awaiting treatment is at 150% of capacity, given the closure of over 60% of primary care facilities in Gaza. ¹⁴⁹ Large numbers of patients are being

		<p>treated on the ground given there are not enough hospital beds.¹⁵⁰ There are shortages of some medical supplies essential for managing the injured.¹⁵¹ Pharmacies are running out of medicines.¹⁵² People with open wounds and fractures caused by the conflict are highly susceptible to infection.¹⁵³</p>
Non-communicable diseases (NCD)		<p>According to STEPS survey data, there are approximately 350 000 adults with diabetes, heart disease, or chronic respiratory disease. On 1 November, the Turkish-Palestinian Friendship hospital in Gaza city reportedly ran out of fuel and was forced to stop most of its activities, rendering 70 cancer patients at serious life risk.¹⁵⁴ MoH and UNRWA stocks of medicines continue to decrease, with around 15 days' supply remaining overall and one week's supply of insulin.¹⁵⁵ Prior to 7 October, the Ministry of Health in Gaza was running kidney dialysis for more than 1 000 patients, including at least 30 children.¹⁵⁶ There are 2000 cancer patients diagnosed and requiring treatment in Gaza each year.¹⁵⁷ The shutdown of backup generators would place the lives of thousands of patients at risk.¹⁵⁸</p>
Maternal and neo-natal health		<p>There is limited information available on the caseload of maternal and neo-natal patients since October 7, 2023. However, about 130 premature babies in incubators are at risk.¹⁵⁹ The severe shortage of fuel and medical supplies has forced the shutdown of seven incubators in Shifa Hospital.¹⁶⁰ Gaza is home to 50 000 pregnant women who are struggling to access essential health services as healthcare workers, hospitals and clinics come under attack.¹⁶¹ Some 5 500 of these women are due to give birth in the coming month, and over 840 may experience a child-birth related complications¹⁶² The scarcity of clean drinking water for pregnant and lactating women, who require increased water intake, is feared to negatively affect pregnancy outcomes and a woman's ability to breastfeed.¹⁶³</p>
Mental Health		<p>No updates on changes in the caseload of mental health disorders since October 7, 2023. However, there is concern for an estimated 20 000 people in need of specialized mental health services, including mental health drugs, who are in precarious situations with the disruption to mental health services.¹⁶⁴ UNRWA has found that in a recent assessment (23 October 2023) mental health is the area which has been highlighted by the displaced population as most impacted by this escalation because it compounds pre-existing trauma from previous escalations.¹⁶⁵ Before the escalation, there were multiple barriers to accessing mental health services in Palestine, such as lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination.¹⁶⁶</p>
Respiratory Tract Infections (RTI), including COVID-19		<p>While there are no reports on COVID-19 cases, there are reports from health partners of RTIs amongst the displaced, especially children under five.¹⁶⁷ Upper respiratory infections are on the rise due to the overcrowding and poor living conditions within the shelters, especially as the temperatures have started to drop.¹⁶⁸</p> <p>In Palestine, respiratory diseases are the sixth most common cause of death.¹⁶⁹ In 2022, 81 975 cases of COVID-19 were reported in the Gaza strip with an incidence rate of 3784/100 000 population, resulting in over 400 deaths (fourth cause of death in Gaza).¹⁷⁰ As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine.¹⁷¹ With high numbers of displaced and mobile people in overcrowded shelters,</p>

		transmission will be increased and substantial number of people will be infected with RTIs.
Acute Watery Diarrhoea (AWD)		There are reports of cases of diarrhoea since the escalation started on October 7, however the numbers or locations are not available. ¹⁷² One shelter is currently supporting more than 24 000 people – with 60% of children there affected by diarrhoea. ¹⁷³ People are also resorting to open defecation. ¹⁷⁴ The use of saline groundwater also increases the risk of diarrhoea. ¹⁷⁵ Considering the lack of drinking water, collapse of WASH infrastructure and crowded shelters and hospitals, outbreaks of water-borne diseases are likely.
Malnutrition		No update on malnutrition cases since October 7, 2023. However, the nutritional status of 283 000 children under 5 and pregnant or lactating women is of concern because of the on-going crisis. ¹⁷⁶ Nearly half a million people (112 759 families) have not been able to get their food rations since UNRWA food distribution centres are closed. ¹⁷⁷ On 21 October, the World Food Program (WFP) indicated that stocks of essential food commodities within Gaza were sufficient for about 12 days. ¹⁷⁸ However, at the shop level, the available stock is expected to last only for five more days. ¹⁷⁹ WFP has had to reduce its assistance by 60% and some IDPs are eating just one meal a day. ¹⁸⁰¹⁸¹ This is concerning considering 64.3% of the population in Gaza was classified as moderately or severely food insecure before the escalation. ¹⁸²
Skin infections (including scabies)		There are reports of cases of scabies since the escalation started on October 7, however the numbers or locations are not available. The displaced population are having just one shower a week due to lack of sufficient water. ¹⁸³ Scabies is considered a public health problem in Palestine, and there was a critical outbreak linked to escalation of conflict in Gaza in 2014. ¹⁸⁴ During that outbreak, displaced children in shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies. ¹⁸⁵ With inadequate WASH facilities in shelters for the almost 700 000 sheltering in 150 UNRWA shelters, outbreaks are likely to occur. ¹⁸⁶
Gender-Based Violence (GBV)		Overcrowding in emergency shelters, water and power shortages, and family separation and loss heighten vulnerability of women and girls to gender-based violence. Over 493 000 women and girls have been forcibly displaced, including over 900 households newly headed by women and children. ¹⁸⁷ The number of health facilities offering clinical care for GBV survivors is unknown. The risk is increased due to barriers to access primary health care and mental health services in a rapidly deteriorating safety and security environment.
Hepatitis		There have been 25 cases of jaundice reported by the Ministry of Health, but diagnostic testing for viral hepatitis is not feasible due to the escalation. ¹⁸⁸ Access to water and to safe sanitation facilities is essential for women and girls managing their menstrual hygiene. When those needs are unmet it can lead to serious infections, including hepatitis B. ¹⁸⁹ In the Gaza Strip, in 2022 there were 3.9 cases Hepatitis A/100,000 population in 2022, zero cases of Hepatitis B (6.7/100,000 population carrier) and 2.5/100,000 population Hepatitis C. ¹⁹⁰ Causes of viral

		hepatitis are most probably related to poor hygienic conditions inside some camps. ¹⁹¹
Meningococcal disease		No updates on cases since October 7, 2023. However, there is no diagnostic testing available for cases with rash and fever, to exclude meningitis. Meningococcal disease is endemic in the Gaza, and sporadic in the West Bank. In Gaza, the annual incidence of 2.6 per 100 000 population. ¹⁹² The escalation of conflict may increase the risk, especially if the population get displaced and living in crowded and precarious conditions
Measles		No updates on cases since October 7, 2023. However, there is no diagnostic testing available for cases with rash and fever, to exclude measles. In 2019 and 2020 an outbreak was reported in Gaza. Although the Gaza Strip has maintained an overall high administrative coverage for measles, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector. ¹⁹³ The recent escalations will also interrupt routine vaccinations and disease surveillance systems.
Polio		No updates on cases since October 7, 2023. Palestine has been polio-free for more than 25 years. ¹⁹⁴ In May 2022, there was polio detected in sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem. ¹⁹⁵ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered 'moderate'. ¹⁹⁶
HIV/AIDS		No updates on cases since October 7, 2023. The overall burden of HIV/AIDS as reported by the MoH is low; however, there is likely under detection and under reporting due to the social and cultural barriers that impede assessment of and response to HIV vulnerability in groups at high risk. ¹⁹⁷
Typhoid		No updates on cases since October 7, 2023. In 2022, Gaza reported 20 cases per 100 000 populations. ¹⁹⁸
Rabies		No updates on cases since October 7, 2023. No human cases have been reported in 2022. ¹⁹⁹
<p>***[Select cell and fill with the colour]</p> <p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

WEST BANK: KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Trauma and injury		Attacks on health care in the West Bank include attacks on ambulances; obstruction to delivery of health care; physical violence towards health teams; detention of health staff and ambulances; and militarized search of health assets. ²⁰⁰ As of October 30, 2023, there were 2150 injuries reported in the West Bank, along with 115 deaths. ²⁰¹ Of those injured, 27% of the injuries were caused by live ammunition. The number of Palestinian injuries from live ammunition is almost 8 times higher than the average of such injuries between 1 January and 7 October 2023. ²⁰² Even before the tragic events of October 7, 2023, children in the West Bank were already grappling with the highest levels of conflict-related violence in two decades. ²⁰³
Maternal and neonatal health		Movement restrictions and checkpoints in the West Bank are severely impeding access to and provision of health care. In the current context, UNFPA has been unable to deliver urgently needed drugs and medical supplies to facilities. At least one birth at a checkpoint has been reported, and partners expressed concerns that the transfer of some vulnerable women to shelters has not been possible. ²⁰⁴ Insecurity, movement restrictions, and attacks on health care limit access to sexual and reproductive health services (SRH) services in the West Bank and distribution of SRH medicines and supplies. ²⁰⁵ Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. ²⁰⁶ Movements between governorates and cities within the West Bank remains challenging, as ad hoc closures and restrictions are put in place by Israeli Authorities. ²⁰⁷
Mental Health		In May 2021, it was found that 57% of West Bank residents surveyed reported symptoms consistent with PTSD, with the prevalence higher for women and those who had been displaced. ²⁰⁸ The recent escalations in both West Bank and Gaza (with high numbers of fatalities and injuries) will impact the mental health status of the population in the long-term. Before the escalation, there were multiple barriers to accessing mental health services in Palestine, such as lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination. ²⁰⁹
Non-communicable diseases (NCD)		The NCD burden is unlikely to increase because of recent developments in the West Bank, there may be some disruptions to on-going health care services, and a prioritisation toward those with trauma and injuries. It is evident that most cases of exposure to war-related trauma were associated with at least one traumatic stress-related symptom, which could be further a risk factor for NCDs. ²¹⁰ Medical referrals outside of the West Bank are a challenge due to the Israeli Authorities closing all crossings from the West Bank into Israel. ²¹¹
Respiratory Tract Infections (RTI), including COVID-19		In Palestine, respiratory diseases are the sixth most common cause of death. ²¹² As of October 2022, 58% of the target across oPt were reached with the COVID-19 vaccine. ²¹³ Cases are unlikely to increase because of recent developments in the West Bank, there may be some disruptions to health care services for those with symptoms and vaccination campaigns.

Meningococcal disease		The recent escalations may interrupt routine vaccinations and disease surveillance systems.
Measles		The recent escalations may interrupt routine vaccinations and disease surveillance systems.
Polio		Palestine has been polio-free for more than 25 years. ²¹⁴ In May 2022, there was polio detected in sewage, which resulted in a preventative vaccination campaign in Bethlehem and Jerusalem. ²¹⁵ Cases are unlikely to increase because of recent developments in the West Bank, but recent escalations may interrupt routine vaccinations and disease surveillance systems.
Acute Watery Diarrhoea (AWD)		Cases are unlikely to increase because of recent developments in the West Bank.
Malnutrition		The prevalence rates of all micronutrient deficiencies tended to be higher in the Gaza Strip than in the West Bank across all vulnerable groups. Food security is currently stable in the West Bank so cases of malnutrition are unlikely to increase because of recent developments in the West Bank.
Skin infections (including scabies)		While scabies is considered a public health risk in Palestine, skin infections are not a significant risk in West Bank now as there is not displacement and overcrowding.
HIV/AIDS		The overall burden of HIV/AIDS as reported by the MoH is low and unlikely to change due to the current developments in the West Bank.
Typhoid		There are 13 cases per 100 000 populations from the West Bank. ²¹⁶ Cases are unlikely to increase because of recent developments in the West Bank.
Rabies		No human cases have been reported in 2022. ²¹⁷ Cases are unlikely to increase because of recent developments in the West Bank.
Hepatitis		Cases are unlikely to increase because of recent developments in the West Bank.
<p>***[Select cell and fill with the colour]</p> <p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

OVERVIEW OF KEY DISEASE RISKS

Trauma and Injuries: As of November 5, more than 9700 people had been killed in Gaza, along with more than 24000 injured.²¹⁸ Between 800 and 1000 people are injured every day in the Gaza Strip, but this figure only includes those who manage to get to a hospital. Since access to health facilities is extremely dangerous and complicated by the shortage of petrol, only the most severe patients seek hospital care.²¹⁹

Save the Children report that children are particularly vulnerable to the impact of explosive weapons - their bodies are thrown harder and further by the blasts.²²⁰ Their bones bend more, increasing the chances of long-term deformities with little chance of recovery. They are unlikely to receive the specialist medical care they need, with health systems often at the point of collapse and fewer trained surgeons available.²²¹

The thousands of injured need various levels of trauma and emergency healthcare services including early rehabilitation.²²² There is shortages of trauma and emergency care drugs, medical disposables, lab supplies and equipment which are in critical shortage, hindering case management.²²³ As reported during previous escalations in violence, increasing numbers of injuries affects not just the injured, but also puts a strain on the provision of regular healthcare in Gaza. To cope with the influx of trauma casualties, there has been a direct impact on the capacity of the wider health sector to deliver essential services, with suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning.²²⁴

In the West Bank, a total of 28% of the injuries have been caused by live ammunition.²²⁵ The number of Palestinian injuries from live ammunition is almost eight times higher than the biweekly average number of such injuries between 1 January to 7 October 2023.²²⁶

Escalations of violence, lead to injuries that can turn into long-term disabilities requiring complex long-term treatment.²²⁷ Episodes of conflict have compounded the barriers that people with disabilities face, which include lack of accessibility of public spaces and widespread stigma. Restrictions on the movement of people and goods have curbed access to assistive devices, health care, and electricity essential to many people with disabilities.²²⁸ Women and children with disabilities often lack access to disability-friendly and inclusive services. Factors impeding their access to health care include lack of adequate infrastructure; lack of specialized medical staff; lack of gender and age-responsive services; and the difficult economic situation for persons with disabilities.²²⁹ Over 90% of families pay for services for children with disabilities and functional difficulties out of their own pocket.²³⁰

Maternal and Neo-natal Health: oPt is home to 123 000 pregnant women, 50 000 of whom are in Gaza, struggling to access essential health services as healthcare workers, hospitals and clinics come under attack.²³¹ Across oPt, some 13 649 of these women are due to give birth in the coming month (455 deliver every day), including almost 5500 women in Gaza Strip.²³²²³³ An estimated 19 000 pregnant women are part of residents forced to flee from northern Gaza due to Israel's evacuation order on 13 October, with no safe place to give birth.²³⁴ The scarcity of clean drinking water for pregnant and lactating women, who require increased water intake, is feared to negatively affect pregnancy outcomes and a woman's ability to breastfeed.²³⁵

Since the imposition of closures in the West Bank there have been cases reported to UNFPA of women having to birth at checkpoints.²³⁶

The reported maternal mortality rate (MMR) in Palestine in 2019 was below the SDG target at 19.9 per 100 000 live births.²³⁷ The overall MMR in both the WB and Gaza has improved, decreasing by around 48% between 2009 and 2019 (from 38 to 19.9 per 100 000 live births).²³⁸ However, the maternal mortality ratio increased in 2020, surging to 28.5 per 100 000 livebirths. An increase of 43.2% compared to 2019, COVID-19 infection was the leading cause of death contributing to 24.3% of all deaths.²³⁹

In 2020, the most common direct causes reported in Gaza were bleeding (50%) and sepsis (25%).²⁴⁰ Most deaths (83.75) occurred inside hospitals, but 71% of women were classified as having severe or critical clinical conditions when they arrived the health facility.²⁴¹ Most deaths (78.4%) were preventable, either by potential interventions

during the preconception period, antenatal care and inside hospitals.²⁴² Health care services are often overstretched due to the limited number of health care facilities, which in turn promotes the early discharge of mothers and their babies following birth (often within 2-3 hours).²⁴³ This reduces opportunities for the detection of potential medical complications and the provision of lifesaving interventions.²⁴⁴ A 2019 study found that malnutrition is high among pregnant women (18%) and mothers of young infants (14%) putting at risk the life and growth of the unborn child.²⁴⁵ Access and steady availability of supplies are of concern.²⁴⁶

UNICEF reported in 2015 that child and early marriage is associated with increased risks of complications to the mother and unborn child. This is of particular concern in Gaza, where the adolescent birth rate for people aged 15-19 years is 66 per 1 000 live births, compared to 35 per 1 000 in the West Bank.²⁴⁷ Close birth spacing and large numbers of births – which are common - are also associated with increased risks.²⁴⁸

Women and girls in shelters are reporting a severe lack of menstrual hygiene products, cases of sexually transmitted diseases and urinary tract infections with little to no medical treatment available in the severely overcrowded shelters. Contraception is in very short supply, and there are reports that women are sharing contraceptive pills.²⁴⁹ Women with intrauterine contraceptive devices (IUDs) are experiencing bleeding and infections due to the unhygienic conditions in the shelters- posing long term risks to women's reproductive health, including severe bleeding.²⁵⁰

Across oPt, the top three causes of neonatal mortality are prematurity, respiratory infections and congenital malformations, which constitute 61% of neonatal mortality, and approximately 25% of children under 5 that suffer from anaemia.²⁵¹ Risks for boys of dying before they reach their fifth birthday are considerably higher than for girls (16.3 per 1 000 live births for boys, compared to 12 per 1 000 live births for girls).²⁵² Infant mortality rates for children born in refugee camps are significantly higher than for their counterparts from urban and rural areas.²⁵³

Non-Communicable Diseases (NCD): According to UNRWA initial health assessments, among the IDPs, there are nearly 13 400 persons with non-communicable diseases.²⁵⁴ However, further initial health assessments by UNRWA's mobile medical teams, found over 37 000 IDPs have non-communicable diseases.²⁵⁵ UNRWA stocks of medicines continue to decrease, with around 15 days' supply remaining overall and one week's supply of insulin.²⁵⁶ Some items may run out sooner based on needs at shelters.²⁵⁷ Urgent need to restock medical supplies given depletion of stocks in the local market.²⁵⁸ Stocks of fuel and medicines continue to be at risk of depletion halting UNRWA operations at the health centres.²⁵⁹

Kidney failure patients are facing life-threatening risks.²⁶⁰ Prior to 7 October, the Ministry of Health in Gaza was running kidney dialysis services at six centres, conducting about 13 000 dialysis sessions every month.²⁶¹ However, the severe shortage of fuel and essential medical supplies has compelled these centres to shorten dialysis sessions from 4 to 2.5 hours for more than 1 000 patients, including at least 30 children.²⁶² The Ministry of Health's supplies of kidney dialysis filters, cannulas, and blood transfer tubes are entirely depleted, with only a limited quantity remaining in the kidney dialysis departments.²⁶³ Every month, 2 000 patients are referred from Gaza to hospitals outside the Strip – mostly in Jerusalem, the West Bank and Israel.²⁶⁴

On 1 November, the Turkish-Palestinian Friendship hospital in Gaza city reportedly ran out of fuel and was forced to stop most of its activities, rendering 70 cancer patients at serious life risk.²⁶⁵ Approximately 2000 people are diagnosed with cancer each year including 122 children.²⁶⁶

Palestine has undergone a rapid epidemiological transition, with NCDs now forming the major burden of disease in terms of morbidity and mortality. It is estimated that approximately two-thirds of elderly Palestinians suffering from NCDs.²⁶⁷ In 2016, cardiovascular diseases remained the first leading cause of death among Palestinians, accounting for 30.6% of deaths recorded; cancer was the second leading cause of death, with 14.0% of deaths; complications of diabetes came in the fourth rank with a proportion of 8.0%.²⁶⁸

In 2022, the numbers with NCDs were as follows, diabetes (61 120 people), hypertension (22 4524), cardiovascular disease (44 905), asthma (21 205).²⁶⁹ The significant risk factors for NCDs among the Palestine refugee population include sedentary lifestyles, obesity, unhealthy diets and smoking.²⁷⁰ Age-wise, 94.0% of

NCD patients are those aged 40 years and older. In terms of gender, 60% of the patients were female and 40% were male, which most probably reflects the attendance pattern of refugees, and not the epidemiological situation.²⁷¹ There is a significant gap between access to treatment of NCDs in West Bank and in the Gaza Strip. Gaza lacks the most basic NCD treatment, such as cancer care, and as a result is much more dependent on patient referrals outside Gaza.²⁷²

More broadly, patients have expressed problems in accessing care for NCDs because of bureaucracy, the high patient volume, waiting periods and challenges with the referral system. This includes delays and restrictions in receiving permission from Israeli authorities and a lack of coordination with the referral facilities.²⁷³

Mental health: An estimated 20 000 people in need of specialized mental health services, including mental health drugs, who are in precarious situations with the disruption to mental health services²⁷⁴ UNRWA has found that in a recent assessment (23 October 2023) mental health is the area which has been highlighted by the displaced population as most impacted by this escalation because it compounds pre-existing trauma from previous escalations.²⁷⁵

Mental health issues in Palestine are driven by a series of factors including recurrent escalations of hostilities and living under occupation.²⁷⁶ In 2020, 198 797 adults (45% women and 55% men) were estimated to have moderate or severe mental health disorders, while 299 979 children (50% girls and 50% boys) were believed to experience severe, moderate or mild mental health disorders.²⁷⁷ Trauma stemming from violent incidents and the prolonged nature of the crisis are leading to a sense of despair and anxiety.²⁷⁸ Self-reported signs of psychosocial distress or trauma continue to increase, especially in the Gaza Strip.²⁷⁹

There are multiple barriers to accessing mental health services in Palestine, such as lack of trained staff, limited facilities, poor quality of services, affordability, under-resourcing, stigma, and discrimination.²⁸⁰

Suicide rates in Gaza have been increasing for the past 10 years. In recent years, there are on average 562 attempts per year.²⁸¹ The suicide rate is much higher among young men aged 18-30 who comprise about 75% of all suicide deaths.²⁸² A key contributing factor is the social pressure on men to provide for their families, a responsibility that many men are unable to fulfil due to the dire economic situation in Gaza where the unemployment rate was 45% in 2022²⁸³.

Respiratory Tract Infections, including COVID-19: While there are no reports on COVID-19 cases, there are reports from health partners of RTIs amongst the displaced, especially children under five.²⁸⁴ Respiratory tract infections (RTIs) are the most common infectious diseases worldwide and the second leading cause of death among children under five years old.²⁸⁵ In Palestine, infectious diseases cause less than 10% of all deaths; respiratory diseases cause 70% of those deaths with a mortality rate of 17.0 per 100 000 population during 2016, being the sixth most common cause of death.²⁸⁶ The seasonal influenza vaccine is not part of the national immunization program (NIP), but there are seasonal influenza vaccination policies in place.²⁸⁷ The highest incidence of RTIs has been recorded by the cold season (December-March).²⁸⁸

Despite the strict preventive health measures imposed by the Palestinian Ministry of Health (MOH), on 24 August 2020 it was confirmed that several COVID-19 cases were detected within Gaza's community.²⁸⁹ At that point, controlling the rapid spread of COVID-19 in the Gaza Strip was impossible, particularly considering the high population density, the restricted area of the Strip, and the scarce health resources.²⁹⁰ As of October 2022, the total number of people infected with COVID-19 and its variants in the Gaza Strip was 272 193, with 2004 confirmed deaths.²⁹¹ In 2022, 81 975 cases of COVID-19 were reported in the Gaza strip with an incidence rate of 3784/100 000 population, resulting in over 400 deaths (the fourth cause of death in Gaza).²⁹² As of October 2022, a total of 2 012 758 people (58.2% of the target) across oPt were reached with the COVID-19 vaccine.²⁹³

Acute Watery Diarrhoea (AWD): With water and sanitation services have completely broken down.²⁹⁴ The UN Water and Sanitation cluster, says that only three litres of water a day are now available per person in Gaza, while the World Health Organisation recommends a person needs between 50-100 litres of water each day to meet basic health requirements.²⁹⁵ Overcrowded shelters with poor sanitation are a breeding ground for diseases.²⁹⁶ People

are consuming saline water with over 3000 milligrams per litre of salt content from agricultural wells, which increases the risk of diarrhoea.²⁹⁷

Health partners have detected cases of diarrhoea, attributable to the poor sanitation conditions and consumption of water from unsafe sources.²⁹⁸ One shelter is currently supporting more than 24 000 people – with 60% of children there affected by diarrhoea.²⁹⁹ People are also resorting to open defecation. This is a health crisis on the brink of explosion.³⁰⁰ Notably, 25% of child morbidity cases in Gaza are caused by water-borne diseases.³⁰¹

Malnutrition: Since the recent escalation began, the nutritional status of 283 000 children under 5 and pregnant or lactating women is of concern.³⁰² Nearly half a million people (112 759 families) have not been able to get their food rations since UNRWA food distribution centres are closed.³⁰³

In 2022, the number of Palestinians suffering from food insecurity was divided between the refugee (70%) and non-refugee (30%) communities.³⁰⁴ The situation was of particular concern in the Gaza Strip, with 64.3% of the population classified as moderately or severely food insecure.³⁰⁵ A 2019 study found that half of the vulnerable households in Gaza have poor or barely acceptable food consumption.³⁰⁶ Almost all of those households (93%) are not eating enough iron rich foods, increasing the risk of anaemia.³⁰⁷ Only 14% of the children are able to consume an acceptable diet which ensures an adequate number of meals and variety of food.³⁰⁸

The prevalence rates of all micronutrient deficiencies tended to be higher in the Gaza Strip than in the West Bank across all vulnerable groups, pregnant women, lactating women, and children between the ages of 6 and 59 months.³⁰⁹ Although the prevalence of undernutrition (stunting and wasting) is low nationally, the prevalence of stunting among children under five is 23% in some Bedouin communities.³¹⁰ In contrast, overweight is a widespread problem, with a prevalence of 8.2% among children under five.³¹¹

Approximately 39% of children were exclusively breastfed in the first six months of life in 2015.³¹² The lack of growth in exclusive breastfeeding over the past years is due to, among other reasons, aggressive marketing of breast milk substitutes and a lack of clarity regarding optimal infant feeding practices.³¹³ The relatively high levels of bottle-fed children is also a concern, particularly for children in Gaza who are exposed to contaminated and unsafe drinking water.³¹⁴

Skin infections, including scabies: There are reports of cases of scabies from health partners since the escalation started, however the numbers or locations are not available.³¹⁵ The displaced population are having just one shower a week due to lack of sufficient water.³¹⁶ The incidence of such diseases is expected to rise unless water and sanitation facilities are provided with electricity or fuel to resume operations.³¹⁷ Scabies is considered a public health problem in Palestine, and the disease is prevalent in all age groups and socioeconomic levels, and is distributed unevenly across all regions in the country.³¹⁸ As of 2021, there were three scabies outbreaks in Palestine in previous 12 years, with the critical outbreak being linked to war on the Gaza Strip in 2014, where people were forced to leave their homes for safer but overcrowded places.³¹⁹ The incidence of the disease does not show any difference between males and females.³²⁰ However, during the 2014 outbreak, displaced children in the shelters were reported to have skin diseases such as rashes, scabies and lice due to water deprivation and an acute lack of hygienic supplies.³²¹

Measles: As of Feb 10, 2020, 965 cumulative suspected cases of measles were reported from Gaza, including two deaths.³²² In 2019, a total of 124 laboratory confirmed cases of measles, including two deaths, were reported in the Gaza Strip (case fatality ratio=1.6%).³²³ Although the Gaza Strip has maintained an overall high administrative coverage for measles-containing vaccine with a median coverage of 97% between 2009 and 2018, the continuous socio-economic decline conflict and disruptions to services have challenged the health sector.³²⁴

Meningococcal Disease: Bacterial meningitis is still the leading cause of high morbidity and mortality among the children.³²⁵ In Palestine its considered an endemic disease with contributing factors including the high population density and humidity in the Gaza Strip. Diagnosis is a challenge for health facilities in Gaza because of limited diagnostic tools.³²⁶

Poliomyelitis (cVDPV2): Palestine has been polio-free for more than 25 years, thanks to a robust routine immunization programme and a strong culture of vaccine acceptance.³²⁷ In May 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in sewage, a preventative vaccination campaign was launched to boost children's immunity in the two areas deemed most at risk: Bethlehem and Jerusalem.³²⁸ In March 2022, following the detection of circulating vaccine-derived poliovirus type 3 (cVDPV3) in an unvaccinated child from Jerusalem city, seven VDPV3 positive cases were confirmed, with immunization activities initiated in Jerusalem.³²⁹ Given the high immunization coverage and robust surveillance system in the country, the risk of national spread is considered 'moderate'.³³⁰

Rabies: Rabid dogs are commonly found in Israel, including the West Bank and Gaza. Children are most likely to be bitten or scratched by a dog or other animals.³³¹ Recent data on rabies cases is limited.

Hepatitis: In the Gaza Strip, in 2022 there were 3.9 cases Hepatitis A/100,000 population in 2022, zero cases of Hepatitis B (6.7/100,000 population carrier) and 2.5/100,000 population Hepatitis C.³³² Causes of viral hepatitis are often related to poor hygienic conditions inside some camps.³³³ Access to water and to safe sanitation facilities is essential for women and girls managing their menstrual hygiene. When those needs are unmet it can lead to serious infections, including hepatitis B.³³⁴

Typhoid Fever: In 2022, Gaza reported 20 cases per 100 000 populations, and 13 cases per 100 000 populations from the West Bank.³³⁵

Tuberculosis (TB): Even though the Gaza Strip is a low pulmonary tuberculosis (TB) burden region, it is well known that TB is primarily a socioeconomic problem associated with overcrowding, poor hygiene, a lack of fresh water, and limited access to healthcare, which is the typical case in the Gaza Strip.³³⁶ A 2023 study showed that the incidence rate of TB in the Gaza Strip is 3.5 per 100 000 population in the Gaza strip.³³⁷ In 2022, two cases were registered in Gaza.³³⁸

HIV/AIDS: Analysis based on Palestinian Ministry of Health records reveals a cumulative case load of only 98 reported instances of HIV infection between 1988 and 2017, with male youth disproportionately affected.³³⁹ The lack of systematic HIV surveillance in Palestine means that these figures likely underestimate the true scale of HIV and associated risks.³⁴⁰ A major challenge lies in overcoming the social and cultural barriers that impede assessment of and response to HIV vulnerability in groups at high risk.³⁴¹ The forcible displacement of people through conflict or disaster is associated with disruption of care and treatment for people already living with HIV.³⁴² Further information is urgently needed to better understand the determinants of the HIV epidemic across the oPt.³⁴³

DETERMINANTS OF HEALTH

Economic Challenges: Poverty rates have risen significantly in Palestine over the past few years, particularly since 2020. There was significant regional disparity in income, with 53% of the population in Gaza below the national poverty line in 2017, compared to 14% in the West Bank. Unemployment is entrenched and growing, with the most vulnerable individuals being those who cannot work, including persons with disabilities, elderly persons, or those who for several reasons face challenges in obtaining work (notably youth and women).³⁴⁴ Restricted movement, trade and access to resources, especially in the Gaza Strip, compounded by water scarcity, elevated temperatures, desertification, and land and soil contamination, continue to prevent sustainable development and recovery.³⁴⁵ The lack of a political roadmap continues to negatively affect the economy. In 2021, the State of Palestine ranked 106 out of 191 countries on the Human Development Index.³⁴⁶

Water, Sanitation and Hygiene (WASH): About 70% of leakage was identified in one of the main pipelines between Rafah and Khan Younis, due to the damage it sustained, compelling water providers to resort to less efficient water trucking.³⁴⁷ On 29 October, the Israeli authorities informed the Palestinian Water Authority (PWA) that they would resume water supply from Israel to the Middle Area and that PWA personnel is authorized to repair the damage sustained by the relevant pipeline.³⁴⁸ Once repaired, this connection is expected to supply about 500 cubic metres of drinking water per hour.³⁴⁹ This would be the second pipeline

from Israel (out of three) to resume operations, after the connection supplying southern Gaza was reactivated on 15 October.³⁵⁰

Water supply to the areas south of Wadi Gaza have witnessed significant improvement since 22 October, following daily deliveries of small amounts of fuel by UNRWA and UNICEF from their reserves within Gaza to key water facilities.³⁵¹ These deliveries have enabled two seawater desalination plants to resume operations at 30% of their full capacity (the third seawater remains closed).³⁵² These three seawater desalination plants, prior to the escalation, produced 7% of Gaza's water supply.³⁵³

Water trucking operations came to a halt in most areas due to the lack of fuel, insecurity and roads being blocked by debris.³⁵⁴ Bottled water is largely unavailable, and its price has made it unaffordable for most families. People are consuming saline water with over 3000 milligrams per litre of salt content from agricultural wells.³⁵⁵ The UN Water and Sanitation cluster, says that only three litres of water a day are now available per person in Gaza (for all needs), while the World Health Organisation recommends a person needs between 50-100 litres of water each day to meet basic health requirements.³⁵⁶ Health partners have detected cases of chicken pox, scabies and diarrhoea, attributable to the poor sanitation conditions and consumption of water from unsafe sources.³⁵⁷

In early 2023, UNICEF reported that insufficient safely managed water supply to households, poor sanitation, limited public WASH services, and risk of flooding expose 1.36 million Palestinians to water-related diseases risks.³⁵⁸ UNRWA have also previously reported that over 90% of the water in Gaza has been deemed unfit for human consumption.³⁵⁹ Only 4% of households have access to safely managed water in Gaza.³⁶⁰

Most of the 65 sewage pumping stations are not operational, increasing the risk of sewage flooding. Due to the access restrictions to Gaza's main landfills, near the perimeter fence with Israel, solid waste has been accumulating in temporary locations and in the streets, posing health and environmental hazards.³⁶¹ Solid-waste management in Palestine was a crucial issue before recent escalations. Challenges include the lack of adequate comprehensive legislation, an efficient data collection and management system, equipment, and modern infrastructure, as well as restrictions imposed by the Israeli occupation on access to land and resources.³⁶²

Education: All schools across Gaza are closed, disrupting children's access to critical education.³⁶³ The extent of damage sustained by educational facilities and other civilian infrastructure is a growing concern. As of 21 October, 206 educational facilities have been affected, including at least 29 UNRWA schools. Eight of these schools were used as emergency shelters for IDPs, with one of them being directly hit, resulting in at least eight IDPs killed, and 40 others injured.³⁶⁴

Protection Risks

- **Gender Based Violence (GBV):** Due to insecurity, there is a severely limited ability to physically provide GBV response services in Gaza at this current time.³⁶⁵ Overcrowded shelters and a lack of basic supplies, including food and water, put women and girls at increased risk of violence, exploitation, and abuse in overcrowded shelters.³⁶⁶ Physical and psychological violence are a concern in Palestine, driven by traditional patriarchal values, exposure to violence, and economic uncertainty. Data from 2019 found that in Gaza and West Bank, 52% of married or ever married women had experienced at least one instance of psychological violence by their husbands in the past 12 months, while 18% experienced physical violence and 7% experienced sexual violence.³⁶⁷ Only 1% of women approached the police, as help-seeking behaviours can be attributed to fear of stigma, social exclusion, and retaliation, along with the lack of confidential and compassionate service providers.³⁶⁸ In the context of this crisis, households newly headed by women, due to injury or death of a male head of household, are particularly at risk of relying on negative coping mechanisms.³⁶⁹
- **Child Protection:** As of October 24, 2023, 5087 people have been killed in Gaza, along with 95 people in the West Bank. In Gaza, of those killed, 40% are children.³⁷⁰ Children are particularly vulnerable to the impact of explosive weapons - their bodies are thrown harder and further by the blasts.³⁷¹ Pre-current escalation, it is estimated that 35% of under 5-year-old children are at risk of not meeting their full developmental potential due to poverty, poor nutrition, lack of access to basic services, and high levels of family and environmental stress and exposure to violence.³⁷² UNRWA have found that the breakdown in

the school system, lack of child friendly spaces and materials to play with makes children more susceptible to abuse. Additionally, girls and boys are now more engaged in domestic work at a larger scale than before.

³⁷³ Negative coping strategies impacting children in Gaza include dropping out of school, early marriage and child exploitation.³⁷⁴ During previous escalations of violence, deaths and injuries among breadwinners contributed to increased child labour.³⁷⁵ Harmful practices committed against women and girls, including child, early and forced marriage, continue, although child marriage declined from 24% in 2014 to 13% in 2019/2020.³⁷⁶ Femicide and so-called “honour killings” occur in both the West Bank and the Gaza Strip.³⁷⁷

- **Mine Action:** Due to recent escalations in violence, humanitarian agencies have initiated a mass media campaign to raise awareness about the risks of unexploded ordnance.³⁷⁸ The escalation and cyclical nature of hostilities in the Gaza Strip in 2008, 2014, 2021, and in 2022 has been the primary source of explosive remnant of war (ERW) contamination in the Gaza strip.³⁷⁹ In 2021, Palestine reported 0.18km² of landmine contamination, of which 0.08km² was antipersonnel mines and 0.1km² was antivehicle mines.³⁸⁰ Sixteen confirmed minefields are located within the West Bank and an additional 65 minefields are located on the border with Jordan.³⁸¹ No clearance was conducted in 2021 due to a lack of financial support.³⁸²

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS





Pre-crisis health system status: Years of socioeconomic decline, conflict and closure have left the health sector across the Gaza Strip lacking adequate physical infrastructure and training opportunities. Facilities are overstretched, and service is frequently interrupted by power cuts. These challenges further threaten the health of the population, which is already at increasing risk.³⁸³

There are four main health providers in Gaza (UNRWA, Health NGOs, Palestinian health ministry/ies, and the private sector).³⁸⁴ For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential.³⁸⁵ Traditional alternative or the so-called indigenous medicine also still exists, alongside modern medicine, in Gaza.³⁸⁶ Service coverage as measured by the Universal Healthcare Coverage (UHC) service coverage index is 64 and has remained essentially unchanged over the past two decades, indicating that people still have trouble accessing essential health services.³⁸⁷ Through 22 centres, UNRWA provided health-care services to the vast majority of the over 1.2 million Palestine refugees in Gaza.³⁸⁸ UNRWA also provide clinic and laboratory services, along with personalized maternal health and family planning, in all our health centres. Radiology services are available at 6 centres, and dental services at 21.³⁸⁹

Health care provision in the Gaza Strip is particularly challenging, with a multitude of restrictions, including access to specialized services, construction of facilities, importation of medical supplies, equipment and spare parts, and movement of patients and health staff.³⁹⁰ Before the crisis, the health system was suffering from an ongoing fiscal crisis resulting in chronic shortages of health workers (particularly in primary care and among subspecialties) as well as chronic shortages in essential medicines, with approximately 45% of Essential Medicines List (EML) chronically out of stock in the Gaza Strip throughout 2022.³⁹¹ In addition, 60% of the essential laboratory items were reported at less than one-month supply in the Central Laboratory and Blood Bank Department, according to the MoH.³⁹²

The range of specialized health services in Gaza is limited and there are large gaps in capacities to deliver proper services and to cover their cost. This leaves most of the Gaza population who need specialized health services unable to access proper and timely treatment.³⁹³ Approximately 45% of total health care expenditure is through government systems and programmes, while household contributions account for around 39% (most of this out-of-pocket expenditure at the point of service delivery).³⁹⁴

There is relatively high out-of-pocket spending by Palestinians due to gaps in public health care coverage and the relative unaffordability of private insurance.³⁹⁵ More than three fifths (63%) of expenditure are for curative services, with a fifth (19%) for medical goods (mostly pharmaceuticals).³⁹⁶ In July 2021, 23% of households in Gaza reported facing access barriers for healthcare.³⁹⁷ Gender inequality affects ability to access health information and services

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
Only 66% (23/35) ³⁹⁹ of hospitals and 36% (48/72) ⁴⁰⁰ of primary care clinics across Gaza are to some extent operational- however all are on the brink of collapse due to the shortage of electricity, medicine, equipment and specialized personnel. ⁴⁰¹	Chronic shortages (approx. 45% medications at zero stock before emergency) exacerbated by siege. ⁴⁰²	According to WHO, attacks have affected 345 health care facilities (including 20 hospitals damaged) and 24 ambulances. ⁴⁰³	Gaza: 76 attacks on health care including 16 fatalities and 30 injuries of health care workers on duty. ⁴⁰⁴ West Bank: 112 attacks on health care. ⁴⁰⁵

(including but not limited to sexual and reproductive health), particularly for women and girls – but also for men and boys. Specific groups of women in Palestine face additional barriers such as language, culture or stigma; gender-based violence and fear of violence; and stigma and discrimination.³⁹⁸

In crisis health system status

Hospital Functionality: Hospitals are facing an unprecedented level of devastation. Hospitals are on the brink of collapse due to the shortage of electricity, medicine, equipment and specialized personnel.⁴⁰⁶ The number of patients awaiting treatment is at 150% of capacity, given the closure of over 60% of primary care facilities in Gaza.⁴⁰⁷ Large numbers of patients are being treated on the ground given there are not enough hospital beds.⁴⁰⁸

On October 29, 2023, on two separate occasions, the vicinity of the Al Quds hospital in the north of Gaza was bombarded, affecting staff patients and 14 000 IDPs sheltering there. At the same time, residential buildings near the Indonesian hospital and the Shifa hospital were affected by blasts.⁴⁰⁹ On 1 November, the Turkish-Palestinian Friendship hospital in Gaza city reportedly ran out of fuel and was forced to stop most of its activities, rendering 70 cancer patients at serious life risk.⁴¹⁰ About 130 premature babies across the Gaza Strip, being treated in incubators for their survival, are at heightened risk due to severe shortages of available fuel and medical supplies.⁴¹¹ These conditions have forced the shutdown of seven incubators typically used for critical cases in Shifa Hospital.⁴¹²

In addition to the shortage of fuel, hospitals operations are undermined by the recurrent breakdown and malfunctioning of backup generators, which are not designed to operate uninterruptedly.⁴¹³ Their maintenance and repair are increasingly challenging due to the lack of necessary spare parts.⁴¹⁴ More than 4 800 patients in Gaza require access to lifesaving or life-sustaining healthcare on a daily basis- which is dependent on a constant supply of electricity.⁴¹⁵ At least 300 of these patients are connected to lifesaving medical equipment such as ventilators, dialysis machines, incubators and aesthetic equipment.⁴¹⁶

Primary Healthcare Services: Only 8 of UNRWA's 22 health centres in the Middle Area, Khan Younis and Rafah governorates, are providing primary health care services.⁴¹⁷ The UNRWA stocks of medicines are critically decreasing

with different medicines available for another 5-15 days.⁴¹⁸ Health care is now being provided in the shelters through mobile medical teams.⁴¹⁹

Health workers: Healthcare workers overwhelmed by the caseload.⁴²⁰ The ongoing hostilities have displaced most of the medical professionals in Gaza, forcing the hospitals to operate with less than one-third of their normal staffing levels, according to MoH in Gaza.⁴²¹ Since 7 October, 130 health workers have been killed.⁴²² The mental impact on the frontline workers is dire.⁴²³ The Ministry of Health has requested the deployment of international medical teams, particularly those with expertise in trauma and surgical care, to enhance the hospitals' capacities and relieve the health workers who have been tirelessly.⁴²⁴ Although 14 teams worldwide are on standby, they cannot be deployed due to the ongoing siege.⁴²⁵

Medical supplies and medicines: There are shortages of some medical supplies essential for managing the injured.⁴²⁶ At Shifa Hospital, Gaza's main surgical facility, staff have reported a shortage of painkillers, leaving wounded patients screaming in agony. Pharmacies are running out of medicines.⁴²⁷ People with open wounds and fractures caused by the conflict are highly susceptible to infection.⁴²⁸

With a low stock of medicines and extremely limited access to clean water, the rate of anti-biotic resistance in Gaza is alarming.⁴²⁹ Some patients require immediate isolation to avoid the spread of bacteria with no known antibiotic treatment. All too often, amputations are required to prevent the infection from spreading and save people's lives.⁴³⁰

Displacement around health facilities: As of 23 October, 5 of Gaza's main hospitals have erected tents within their compounds to accommodate patients due to a lack of available space. Shifa hospital, the largest in the Gaza Strip, is currently treating some 5000 patients, significantly over its capacity of 700 patients, and hosting about 45 000 internally displaced persons (IDPs).⁴³¹ The Al Quds Hospital, also in Gaza city, is accommodating more than 400 patients and about 12 000 IDPs.⁴³²

Access to services: Insecurity is hindering access to essential healthcare services for the population as healthcare workers and patients are unable to reach healthcare facilities.⁴³³ There is increased demand for fuel for ambulances.⁴³⁴

Surveillance: Weak surveillance systems (e.g., sentinel, hospital-based surveillance) in oPt and countries in the region make the interpretation of data challenging. The region is characterized by stretched staff capacity due to complex humanitarian crises, and emigration of trained staff.⁴³⁵

HUMANITARIAN HEALTH RESPONSE

Before recent escalations, UNRWA report that there is 1.2 million people accessing UNRWA health services.⁴³⁶ In 2023, humanitarian organizations aim to assist 1.6 million of the most vulnerable people in meeting their basic needs. This includes 1.1 million people (55% female) who need health services (from 1.6 million people in need).⁴³⁷ To support this target, the Health Cluster requires US\$ 46.2 million for 24 partners to implement 40 projects.⁴³⁸ Those targeted by the Cluster include 288 871 men, 405 190 women, 201 973 boys and 209 948 girls.

As part of the OCHA led inter-cluster Flash Appeal (October 13, 2023), the Health Cluster was seeking US\$ 23.1 million to support 600 000 people with health services through 27 implementing partners.⁴³⁹ An updated flash appeal from OCHA is anticipated based on the evolving situation, as of November 2, 2023. The Health Cluster requirements have been revised and is now US \$227.6 million. The new target population is 2 million in Gaza and 500 000 in the West Bank.

Priorities will include trauma and emergency care, limb reconstruction, and rehabilitation services.⁴⁴⁰ The funding will also support maintaining access to essential health services including mental health and psychosocial support, management of non-communicable diseases, major childhood illnesses and causes of neonatal and maternal

morbidity and mortality through ensuring the availability of effective support and referral mechanisms to neonates, children under five years, pregnant and lactating women.⁴⁴¹

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Ongoing surveillance for infectious disease	Early Warning Alert and Response Network (EWARN)
Health resources & services availability	Updated information on health service functioning	HeRAMS (WHO)
Humanitarian health system performance	Data required regarding health needs of population, despite limitations of access and delivery due to violence.	Support from UN, INGOs, NGOs, and local health authorities required

WORLD HEALTH ORGANISATION (WHO) CONTACTS

- **Health Cluster Coordinator:** Chipo Takawira (ctakawira@who.int)
- **EPR Focal Point (WHO CO):** Thanos Gargavanis (gargavanisa@who.int)
- **Information Management Officer (WHO CO):** Shannon Barkley (barkleys@who.int)
- **Public Health Information Focal Point (WHO HQ):** Nabil Tabbal (tabbaln@who.int) and Sinead McGrath (mcgraths@who.int)

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