

The regional escalation that began on **28 February 2026**, and its spillover effects are impacting the delivery and continuity of health care services in the occupied Palestinian territory.

Situation in the Gaza Strip

Crossings

- Most crossings into the Gaza Strip, critical for the delivery of humanitarian assistance and for the medical evacuation of patients in need of specialized care, remain closed. However, the Kerem Shalom Crossing was reopened on 3 March, to allow entry of fuel and some humanitarian supplies arriving through Israel and Egypt.
- Gaza is heavily dependent on humanitarian aid, and any additional disruptions to health-related supplies and access will further impact the availability and continuity of health services.
- ▶ **Response:** On 4 March, WHO conducted a mission to retrieve 295 pallets of medical supplies that are ready for collection at Kerem Shalom (on the Gaza side of the crossing). In parallel, WHO is prioritizing the distribution of available supplies from its warehouse in Gaza to ensure that lifesaving needs are addressed first. Sustained advocacy is needed for the reopening of Gaza crossings, to ensure the uninterrupted flow of lifesaving medical supplies, fuel, and patient referrals.



A child injured during the conflict in Gaza attends a physiotherapy session, Gaza Strip - February 2026. Photo: WHO.

Supplies

- The Ministry of Health reports that 46% of essential medicines and 66% of medical consumables are currently at zero-stock and urgently need sustained replenishment.
- WHO has limited stocks of essential medical supplies remaining in its warehouses in Gaza to support health facilities.
- WHO has approximately 700 pallets of lifesaving medical supplies ready to enter the Gaza Strip. Of these, 295 pallets that had previously entered Gaza were collected on 4 March from Kerem Shalom. A further 411 pallets have been approved for shipment through the West Bank and Egypt but have not yet entered the Gaza Strip.
- Health partners report low stocks of essential medicines, including those for noncommunicable diseases, antibiotics, and anesthetics. Surgical consumables and trauma supplies are also critically low, with only a limited buffer remaining. Laboratory reagents and diagnostic equipment continue to be denied or delayed, putting disease surveillance at the risk of disruption if closures persist and supplies and equipment are not cleared to enter.
- Immediate facilitation is needed for the entry for prioritized lifesaving medical cargo, including, dialysis consumables and hemodialysis concentrate, ICU supplies and oxygen-dependent equipment, insulin and essential medicines for noncommunicable diseases, IVIG and critical injectable medicines, maternal emergency medications (e.g., methylergometrine, Anti-D immunoglobulin, emergency surgery consumables and sterile supplies, blood safety materials and transfusion supplies, and critical laboratory reagents required for emergency diagnostics).
- ▶ **Response:** WHO will accelerate distribution of available supplies within Gaza, prioritizing lifesaving services and facilities at highest risk of stock depletion. WHO is also expanding pre-positioned health stocks outside the Gaza Strip, enabling rapid scale-up and immediate surge capacity once crossings reopen.

Fuel

- No fuel has entered the Gaza Strip between 27 February to 2 March 2026 due to closure of the crossings, putting healthcare services at risk which rely almost entirely on fuel for electricity.
- Since 27 February 2026, WHO has distributed 62,179 liters of fuel, already available in the Gaza Strip, to support the health sector.
- ▶ **Response:** WHO is reprioritizing the most lifesaving health services to guide fuel allocation toward critical facilities and functions. Joint advocacy with UN and other humanitarian partners is ongoing for ensuring sustained and predictable entry of fuel.

Medical evacuation

- Medical evacuations via the Rafah and Kerem Shalom crossings have been suspended since 28 February 2026. Discussions with relevant authorities are underway regarding the resumption of medical evacuations through Kerem Shalom.
- Over 18,500 patients in Gaza remain in urgent need of medical care that is not available locally and require referral to health facilities in the West Bank, including East Jerusalem and abroad.
- ▶ **Response:** UN and its partners stand ready to support the resumption of medical evacuations as soon as the Kerem Shalom crossing is reopened, subject to security conditions, availability of fuel, and required medical supplies to support patients.

Emergency Medical Teams (EMT)

- To ensure regular team rotation and continuity of services, an average of 24 international EMT staff members typically enter Gaza each week. However, due to the closure of crossings and the suspension of humanitarian movements, scheduled rotations have been cancelled and incoming EMT personnel are unable to enter. This disruption places additional strain on teams already on the ground and risks affecting the continuity and sustainability of critical health services.
- ▶ **Response:** There are currently 33 international Emergency Medical Teams (EMTs) and two national EMTs deployed inside Gaza. WHO has been supporting and coordinating the entry of EMTs into Gaza since December 2023. WHO and EMT partners are ready to deploy to the Gaza Strip as soon as the crossings reopen. Advocacy is ongoing for the sustained entry of specialized EMTs through regular rotations, along with their specialized supplies.

Situation in the West Bank

Access to healthcare

- Health partners are reporting increasing delays affecting ambulance access and patient transport across multiple governorates due to checkpoint closures and movement restrictions. Ambulances are being forced to use longer alternative routes and search for accessible gates. While patients are still being reached, response times have been significantly delayed. “Back-to-back” ambulance transfer procedures between villages and across governorates have also been activated, further slowing transport. Nablus, Hebron, Jericho, Qalqilia, and Ramallah are among the most affected governorates.
- ▶ **Response:** The Health Cluster continues supporting the deployment of mobile medical teams and the provision of essential supplies to key hospitals, to maintain continuity of care and reach underserved and high-risk areas. WHO is continuing advocacy for the protection of health care and documentation of service availability and interruptions to access.

Emergency and Trauma Care

- Prior to the ongoing regional escalation, acute shortages of medical supplies were already reported in primary healthcare centers (PHCs), mobile clinics, and Trauma Stabilization Points (TSPs) located in hot spot areas (notably Jenin, Tulkarm, Nablus, and the Jordan Valley). Many facilities report a total lack of Tranexamic Acid (crucial for hemorrhage control) and anesthetics like Midazolam or Etomidate. Supplies for treatment of noncommunicable diseases like insulin and hypertension medications were already reaching zero-stock levels in rural clinics.
- Individual First Aid Kits (IFAKs) and Community First Responder (CFR) kits are needed for enhancing primary trauma care being delivered by community volunteers.
- Even when supplies are available at the Central Warehouse, given access restrictions, transportation is not possible to Hebron, Jericho, or Ramallah if movement between governorates is interrupted.



WHO delivers medical supplies to Jenin Hospital, West Bank - February 2026
Photo: WHO.

- ▶ **Response:** WHO is leading a Trauma Technical Working Group under the Health Cluster which coordinates partner efforts to standardize and scale emergency care. WHO is ensuring the ongoing replenishment of trauma kits and IEHK kits (emergency medicine and supplies) in at least seven hospitals in the West Bank.
 - WHO has undertaken the procurement and delivery of critical emergency supplies, including: resuscitation, anesthesia, trauma, pain management and localized pain relief.
 - WHO is supporting the Ministry of Health to establish Level 2 TSPs to provide lifesaving care in high-risk areas. To ensure these TSPs are operational amidst regional instability, WHO is conducting reviews of activation plans and ground preparations, while coordinating with the Ministry of Health to mobilize medical supplies and emergency kits (TESK/IEHK kits).
 - WHO is scaling up Primary Trauma Care (PTC) training within communities in the West Bank where local volunteers are trained as first responders to provide immediate care when ambulances are delayed or obstructed at checkpoints. In addition, over the past year WHO has been rolling out advanced technical trainings at hospital level, including emergency ultrasound for rapid bedside diagnostics and Hostile Environment Surgical Training (HEST) to prepare surgical teams for complex injuries including blasts.
 - WHO is standardizing Mass Casualty Management (MCM) protocols across at least seven key hospitals. This training helps facilities shift from routine care to managing large numbers of emergency cases, ensuring the clinical response remains efficient and consistent despite staffing shortages and heavy workloads.

Health service functionality and vulnerability

- Public servants, including healthcare workers, have received only partial salaries for extended periods (often 50% or less), leading to significantly reduced functioning of health centers. The situation will likely worsen if the regional escalation continues.
- Other ongoing constraints of the health system include limited human resource availability, high workloads, and the difficulty of distributing support to hot spots without duplicating efforts.
- ▶ **Response:** WHO continues to support hospitals with a steady supply of lifesaving medical commodities. In addition, in the long term, WHO is supporting the reform priorities of the Palestinian Authority in the health sector to improve the fiscal sustainability in the medium- and long-term through fiscal space analysis, updating the essential health service package, an updated health financing strategy (including recommendations for health insurance reform) and updating the health workforce analysis and strategy, including recommendations for health insurance reform).

Mental health

- Mental health needs are expected to intensify, with shortages of psychotropic medications posing a particular concern. Increased vulnerability to gender-based violence is expected.
- ▶ **Response:** As co-chair of the mental health and psychosocial support (MHPSS) Technical Working Group, WHO is supporting coordination and delivery of emergency MHPSS services. WHO has recently procured psychotropic medicines to ensure availability at health facilities. It has also strengthened the capacity of specialized Ministry of Health mental health services and Ministry of Education counsellors to provide support during the current crisis. In addition, WHO is working with local NGOs to expand remote MHPSS services, including hotlines, to ensure people can access support despite movement restrictions.

Health Cluster

- The Health Emergency Operations Center previously established with WHO support, was activated on 28 February 2026 to ensure a coordinated health response to the current regional escalation.
- According to the Health Cluster, stocks of essential physical rehabilitation items are estimated to last six to ten weeks under normal conditions, however, this timeframe would shorten considerably if insecurity escalates.
- Access restrictions and heightened protection risks are already affecting outreach activities, referrals, and continuity of care.
- The risk of increased complications, disease outbreaks, and unmet health needs is growing, with remote and vulnerable communities likely to be disproportionately affected.
- Some mobile clinics were unable to deliver services due to road closures and difficulties in movement on 28 February. However, since then several mobile clinics have resumed operations but face constraints and delays in transport, needing to use longer routes and search for open checkpoints and gates.
- ▶ **Response:** Health cluster partners continue the provision of essential health services. Preparedness plans are up to date, and emergency medical supply stocks are available. Weekly meetings of the Health Cluster partners and technical working groups are ongoing to ensure a coordinated emergency health response.