

Gaza Strip

Overview As of 31 Mar 2026

Source: Ministry of Health.



72 289 Fatalities



172 040 Injuries

Health Facility Functionality and Access



19/36 (53%)
Hospitals **partially functional (HPF)** *



12 Field hospitals **partially functional (FHPF)**

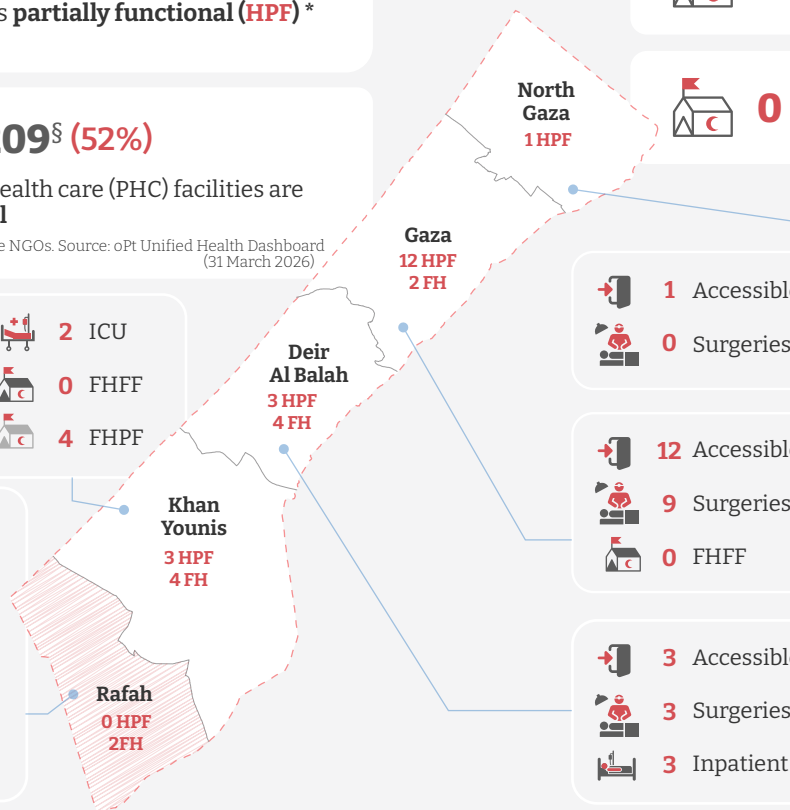


108/209§ (52%)
Primary health care (PHC) facilities are **functional**



0 Field hospitals **fully functional (FHFF)**

§ The number of PHCCs includes active NGOs. Source: oPt Unified Health Dashboard (31 March 2026)



1 Accessible
0 Surgeries
0 Inpatient
0 ICU

12 Accessible
9 Surgeries
0 FHFF
9 Inpatient
5 ICU
2 FHPF

3 Accessible
3 Surgeries
3 Inpatient
1 ICU
0 FHFF
4 FHPF



The above disaggregation of accessibility and availability of inpatient, surgery and ICU services covers hospitals only, and does not apply to field hospitals. Source: Health Resources and Services Availability Monitoring System (HerAMS)

- Total hospital bed capacity is currently at 2429, including 1761 inpatient beds, 81 ICUs, and 101 incubators.



937 Health Attacks As of 31 Jan 2026 Source: SSA.



993 People killed in attacks



176 Health facilities affected
Including 36 Hospitals damaged



1654 People injured in attacks



216 Ambulances affected

* Partially functional facility: When a health facility is unable to fully provide some or all of the services as normal, or there is an interruption in any of the services provided at the facility, due to various reasons.

Malnutrition



1821 Patients admitted due to severe acute malnutrition with complications

Source: Nutrition Cluster/WHO. 1 Jan 2025 - 31 Mar 2026

Medical evacuation



11 258 Patients have been evacuated since October 2023

Source: MoH. As of 26 Mar 2026

Long term conditions



>2000 People diagnosed with cancer each year, including 122 children



>1100 Patients in need of kidney dialysis to maintain life^s



>71 000 People with raised blood glucose



45 000 Patients living with cardiovascular disease



>225 000 People with raised blood pressure*



1M People with mental health disorders*

§ Source: MoH

Reproductive, Maternal, Newborn and Child Health



~ 50 000 Women are pregnant



~ 5500 Women are due to give birth within the next month including

~ 1400 Require Cesarean section
~ 180 Deliveries / day

Source: MoH.

- More than 500 000 women of reproductive age lack access to essential services including antenatal care, postnatal care, family planning, and management of sexual transmitted infections.



Since escalation of hostilities in October 2023, health conditions have severely deteriorated across the Gaza Strip.

Health updates

Casualties

- Between 1 February and 31 March 2026, the Ministry of Health (MoH) reported 494 Palestinians killed and at least 489 injured in the Gaza Strip, underscoring the fragility of the ceasefire in place since 10 October 2025. Cumulatively, since October 2023, over 72 289 people have been killed and approximately 172 040 injured.
- Since the October 2025 ceasefire, 853 new patients have acquired disabilities, including 496 amputations, 186 spinal cord injuries and 171 traumatic brain injuries. During this period, only 300 prosthetic limbs were allowed to enter. Cumulative amputations since October 2023 now exceed 5000 cases.

Malnutrition

- Since January 2026, there have been 216 new admissions to severe acute malnutrition (SAM) stabilization centers (SCs). Cumulatively, since October 2023, there have been 1821 SAM-related admissions to SCs.
- While malnutrition data in February indicates stabilization or slight improvement compared to previous months; underlying drivers – including poor dietary diversity, high disease burden, food insecurity, limited access to health and nutrition services, WASH gaps and psychosocial stress – remain severe.

Communicable disease burden

- Between February and March 2026, infectious diseases accounted for 19.9% of consultations reported to WHO, with acute respiratory infections (ARI) remaining the leading cause of morbidity (63.9% of reported conditions). ARI cases showed fluctuations, increasing in early March before declining sharply by mid-March. Five ARI-related deaths were reported, highlighting ongoing severity amid overcrowding and limited access to care.
- Skin diseases and acute watery diarrhea (AWD) were the second and third most reported conditions, representing 20% and 15% of morbidity, respectively.
- Acute flaccid paralysis (AFP) and environmental surveillance (ES) sample shipments remained pending approval, delaying laboratory confirmation due to ongoing access constraints.
- Two new suspected tuberculosis cases were reported between February and March 2026, amid limited availability of essential TB medications.

NCDs and mental health burden

Non-communicable diseases (NCD) remain underdiagnosed and undertreated amid diagnostic and treatment constraints.

- Hemodialysis services for patients with chronic kidney diseases remain under severe pressure, with critical shortages of dialysis machines and essential medications. A recent visit to Al Aqsa Hospital's hemodialysis unit found 120 patients relying on just 24 machines, alongside a sharp increase in blood transfusion rates (around 80% of patients) due to limited availability of erythropoietin.
 - The MoH estimates up to 1100 patients require regular hemodialysis to sustain life (2024 estimate).
- According to MoH estimates, over 2000 people in Gaza are diagnosed with cancer annually (including 122 children), around 45 000 people live with cardiovascular disease, over 225 000 have raised blood pressure, and more than 71 000 have elevated blood glucose.
- An estimated one million people require mental health and psychosocial support, while services remain limited, with no inpatient psychiatric facility currently available in Gaza.

Health system status

- Attacks and barriers to supply entry have systematically degraded Gaza's health system, with all 36 hospitals and most primary health care centres (PHC) damaged. As of end of March, 53% (19/36) of hospitals partially remained functional and just 52% (108/209) of PHC operational across the Gaza Strip.
- As of March 2026, only one hospital in North Gaza – Hamad Hospital for Rehabilitation – is partially operational, primarily providing limited rehabilitation services. Broader health service delivery in the governorate is largely sustained through five PHCs and three medical points.
- The MoH reports that the availability of medicines remains critically constrained across the Gaza Strip, with 44% of essential medicines at zero stock, alongside severe shortages of consumables (46%) and laboratory reagents (84%), significantly limiting health service delivery.

- Laboratory services are largely non-functional following the destruction of the central public health laboratory and widespread damage to hospitals and PHC, where most hospital- and PHC-embedded laboratories were previously located.
- Damage to infrastructure – including main data center in key health facilities – has severely compromised Gaza's health information system, undermining routine data collection, disease surveillance, medical records and timely life-saving decision making.

Response

A. Essential Health Service Delivery

- Through the inter-agency fuel distribution mechanism, WHO continued to provide fuel to health facilities, ambulance providers and partners across the Gaza Strip to sustain health operations. Between 1 February and 29 March 2026, approximately 1.3 million liters were supplied and consumed by recipient health facilities and partners, with the majority delivered to hospitals (>795 000 liters), followed by field hospitals (>185 000 liters) and ambulance service providers (>68 000 liters).
- Between 1 February and 30 March 2026, 57 trucks carrying lifesaving supplies (50 for WHO and the remainder for partners) entered Gaza, maintaining health services across more than 30 facilities and partner organizations. Deliveries included essential medicines (analgesics, antibiotics, antihypertensives and antidiabetics), core consumables (IV fluids, syringes and trauma kits) and critical equipment (ultrasound devices, ICU beds and oxygen concentrators). Major beneficiaries included Nasser Medical Complex, Al-Shifa, Al Aqsa, Al Awda, Al Amal (Khan Younis), Al Sahaba and Wafaa Rehabilitation Hospital, as well as the Jordanian Field Hospital, IMC EMT Type-2 Hospital and Zawayda Field Hospital.
- WHO continued its support to maternal, child and adolescent health and nutrition in the Gaza Strip:
 - Fifty (50) beds were distributed to SAM centres and paediatric wards at Nasser Medical Complex (16), Al Aqsa Hospital (5), Al Rantisi (19) and IMC Gaza (10) to strengthen inpatient care capacity.
 - A capacity-building assessment was finalized with responses from 24 partners, informing the development of a training package covering antenatal care, postnatal care, integrated maternal and child health (IMCH), syndromic management of sexually transmitted infections, early essential newborn care (EENC) and EquiCare (Labour Care Guide and OLIVE).
 - WHO, in collaboration with UNICEF and ACF, provided technical support with updating the national maternal and child nutrition protocol. Discussions with the MoH were also initiated to adapt and re-establish school health services to ensure continued access to essential care for school-aged children during the emergency and recovery.
 - Distributed 7500 cartons of BP-5 to the MoH to support nutritional management of malnourished cases and provide supplementary feeding for hospital patients, including pregnant women.
 - Over 15 355 dignity kits were distributed to beneficiaries through 17 partner organizations of the Gender-Based Violence Sub-Cluster.
- Trauma care and physical rehabilitation
 - Screening clinics were established at Nasser Medical Complex and Al-Aqsa Hospital to identify and prioritize trauma-related orthopaedic cases for limb reconstruction (LRC). Between 7 January and 6 March 2026, 1143 patients were screened, of whom 415 (36%) required LRC surgery (302 major and 113 minor), while 186 were referred for physiotherapy. The activity was supported by a multidisciplinary team of 29 staff, including 10 surgeons and four physiotherapists.
 - Physical rehabilitation services have resumed at Sheikh Radwan Clinic, Al-Shifa outpatient department and Deir Al-Balah PHC.
- Since the reopening of Rafah on 2 February 2026, WHO has supported local health authorities in medically evacuating 401 patients and 689 companions to Egypt (as of 26 March 2026), bringing the cumulative total since October 2023 to 11 258 patients and 13 315 companions evacuated outside Gaza for advanced treatment.

B. Public Health Intelligence, Early Warning, Communicable Disease Prevention/Control

- WHO, in collaboration with MoH and partners, will implement a third integrated catch-up campaign for routine immunization across the Gaza Strip from 5-9 April 2026, targeting 6029 defaulter and zero-dose children under three years of age who have been cut off from essential life-saving services due to two years of conflict.
- During the reporting period, WHO continued strengthening infection prevention and control (IPC) capacity by distributing IPC supplies to five MoH hospitals, 23 MoH PHC and medical points, as well as to partner organizations including IMC, PRCS, and PFHB.

C. Health Emergency Coordination

- WHO continues to lead the overall emergency health response through the Health Cluster.
 - Health Cluster partners reached over 341 000 people per week in February and 164 000 in March across the Gaza Strip, with the decline largely due to the INGO de-registration process. Services spanned sexual and reproductive, maternal and child health, general and emergency care, communicable and non-communicable diseases, mental health, and physical rehabilitation.
- Under WHO coordination, a total of 31 Emergency Medical Teams (EMTs) were deployed across the Gaza Strip between January and March 2026, supporting 48 health facilities and delivering over 445 000 medical consultations across services including trauma and emergency care, surgery, non-communicable diseases, and maternal, neonatal, child health and nutrition.
- Three Rehabilitation EMTs were deployed across the Gaza Strip, including one at Al-Shifa Hospital, strengthening multidisciplinary care and expanding rehabilitation services.

D. Early Recovery, Reconstruction & Rehabilitation of Health Infrastructure

- In partnership with the UN, World Bank and the European Union, an updated Rapid Damage and Needs Assessment for Gaza is being developed, with WHO leading the health component, laying the groundwork for health sector recovery.
- The expansion of the field hospital at Al-Shifa Hospital has been completed, adding 120 additional beds.
- Three Rapid Health Units (RHUs) were installed and made operational to support continuity of primary health care services at Al-Iqlimi PHCC and two PHCCs supported by Juzoor, with WHO providing technical guidance on RHU deployment and site layout.
- Rubble removal was completed at Al-Falah PHCC, enabling preparation for recovery interventions and potential restoration of services.
- Following a field visit to the UK-Med Field Hospital in Khan Younis, preparations are underway to upgrade the facility to meet post-ceasefire needs.

WHO Recommendations

- Uphold the ceasefire.
- Ensure the humanitarian health response can be scaled-up through increased entry of medical supplies in a timely manner and in sufficient quantities, as well as removal of restrictions on the flow of supplies and equipment.
- Expand humanitarian corridors and ensure safe passage to allow delivery of humanitarian aid and personnel within Gaza and the West Bank, including those considered dual-use.
- Active protection of civilians and health care, preserving the function of remaining health facilities.
- Reopen the medical referral route to the West Bank, including East Jerusalem.

Funding

In 2026, a total of US\$333.21 million is required to support essential health response and recovery activities across the oPt. Key priorities include maintaining lifesaving and life-sustaining health services, strengthening disease surveillance and outbreak preparedness, enhancing health emergency coordination, and advancing early recovery, rehabilitation, and reconstruction of health facilities, workforce, and information systems.

Further information:

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