

Gaza Strip

Overview As of 30 June 2026

Source: Ministry of Health.



73 066 Fatalities



173 514 Injuries

Health Facility Functionality and Access



19/36 (53%)

Hospitals **partially functional (HPF)** *



135/228 (59%)

Primary health care (PHC) facilities are **functional**

§ The number of PHCCs includes active NGOs.
Source: oPt Unified Health Dashboard (accessed on 23 July 2026)



3 Accessible



2 ICU



2 Surgeries



0 FHFF



2 Inpatient



5 FHPF



0 Accessible



0 Surgeries



0 Inpatient



0 ICU



0 FHFF



2 FHPF



3 HPF
5 FH



3 HPF
4 FH



3 HPF
2 FH



0 HPF
2 FH



0 HPF
2 FH



0 HPF
2 FH

North
Gaza
1 HPF



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



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



1 Accessible



0 Surgeries



1 Inpatient



0 ICU



12 Accessible



9 Surgeries



9 Inpatient



5 ICU



0 FHFF



2 FHPF



3 Accessible



3 Surgeries



1 ICU



0 FHFF



3 Inpatient



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 3132, including 2206 inpatient beds, 107 ICUs, and 115 incubators.



972 Health Attacks As of 30 June 2026 Source: SSA.



1003 People killed in attacks



176 Health facilities affected
Including **36** Hospitals damaged



1676 People injured in attacks



269 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



2120 Patients admitted due to severe acute malnutrition with complications

Source: Nutrition Cluster/WHO. 1 Jan 2024 - 31 May 2026

Medical evacuation



12 400 Patients have been evacuated since October 2023

Source: MoH. As of 30 June 2026

Long term conditions



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



>1100 Patients in need of kidney dialysis to maintain life§



>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 (2024 estimates)

Reproductive, Maternal, Newborn and Child Health



~ 50 000 Women are pregnant



~ 5500 Women are due to give birth 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.

West Bank, including east Jerusalem

Overview As of 30 June 2026

Source: SSA.



1182 Fatalities



12 919 Injuries



991 Health Attacks As of 30 June 2026 Source: SSA.



39 People killed in attacks



201 People injured in attacks



62 Ambulances affected

Since escalation of hostilities in October 2023, health conditions have remained critical across the occupied Palestinian territory.

Health updates - Gaza

Casualties

- Between 1 and 30 June 2026, the Ministry of Health (MoH) reported 125 fatalities and at least 547 injuries in the Gaza Strip, highlighting the continued insecurity despite the ceasefire announced on 10 October 2025. Cumulatively, since October 2023, MoH reports indicate that 73 066 people have been killed and 173 514 injured.
- An estimated one quarter of those injured (43 379 as of 30 June 2026) have potentially life-changing injuries, including amputations, spinal cord injuries, and traumatic brain injuries. Rehabilitation needs continue to outstrip available capacity, with over 43 000 people requiring ongoing rehabilitation, only 213 dedicated rehabilitation beds available, and more than 700 high-priority patients awaiting admission.

Communicable disease burden

- Infectious diseases accounted for 22% of all consultations in Gaza (epidemiological weeks 23-26), up 2 percentage points from the previous reporting period. Acute Respiratory Infections (ARI) remained the leading cause of morbidity (44%), followed by ectoparasitic/skin diseases (30.5%) and acute watery diarrhoea (22%), both of which continued to increase. These trends are driven by overcrowding, inadequate water, sanitation and hygiene (WASH) conditions, and prolonged displacement.
- Four new acute flaccid paralysis (AFP) cases were reported, bringing the total in 2026 to 13. Laboratory results for the four new cases are pending due to shipment delays.
- The National Infectious Diseases Committee assessed the current risk of Ebola virus importation to Gaza as very low, following reports of two suspected cases in Israel (which subsequently tested negative).

Malnutrition

- The food security situation across Gaza remains concerning. According to the latest IPC Acute Malnutrition analysis, Gaza Governorate is classified in Critical (IPC AMN Phase 4), while Deir al-Balah and Khan Younis are classified in Serious (IPC AMN Phase 3). North Gaza was not classified because of insufficient data, although nutrition partners continue to report persistently high levels of acute malnutrition.
- The IPC projects that nearly 101 000 children aged 6-59 months will require treatment for acute malnutrition through mid-October 2026, including more than 31 000 with severe acute malnutrition (SAM), alongside 37 000 pregnant and breastfeeding women (PBW). Limited access to food, health services, safe water and sanitation, together with recurrent disease outbreaks, continue to drive malnutrition.
- Between January and May 2026, 709 770 children aged 6-59 months were screened for acute malnutrition, with 17 761 (2.5%) admitted for treatment. Of these, 14 960 (84.2%) were treated for moderate acute malnutrition (MAM) and 2801 (15.8%) for SAM.
- During the same period, 563 220 pregnant and breastfeeding women were screened, with 43 200 (7.7%) enrolled for acute malnutrition management.
- A total of 567 children with medical complications, including 175 infants aged under six months, required inpatient care. As of 1 June 2026, four confirmed malnutrition-related deaths among children aged 0-59 months had been reported.
- As of June 2026, six SAM stabilization centres were operational across Gaza (two in Khan Younis, one in the Middle Area, and three in Gaza City), providing a total bed capacity of 62 for the management of children with complicated SAM.

NCDs

- According to 2023 MoH estimates, approximately 350 000 people in Gaza were living with NCDs, including 225 000 with hypertension, 71 000 with diabetes mellitus, 45 000 with cardiovascular disease, and 677 patients with end-stage renal failure (ESRF) dependent on haemodialysis.
- At the PHC level, diabetes mellitus and hypertension screening, diagnosis, and follow-up services remain affected by shortages of blood pressure monitors, glucometers, test strips, insulin syringes, and laboratory reagents, increasing the risk of treatment interruption and poor disease control.
- As of June 2026, MoH data indicate that around 700 ESRF patients were receiving haemodialysis across four operational units (Al Shifa Hospital, Nasser Medical Complex, Al Aqsa Hospital, and Zawaida Field Unit), supported by 134 haemodialysis machines. Persistent shortages of erythropoietin (EPO), bicarbonate, dialysers, fistula needles, catheters, and other essential medicines continue to threaten continuity of care.
- Approximately 42% of dialysis capacity depends on Fresenius haemodialysis machines requiring a specific sodium bicarbonate powder (Bibag). If unavailable, from 4.6:1 to 8.8:1, reducing treatment capacity and increasing the risk of treatment interruptions, morbidity, and mortality. Since the start of the conflict, 556 ESRF patients (357 males and 199 females) have died, underscoring the vulnerability of this patient population.
- Cardiac catheterization services remain largely suspended and limited to lifesaving emergency interventions due to shortages of specialized consumables and equipment, affecting timely management of acute cardiovascular conditions.

Mental Health

- Mental health and psychosocial needs remain extremely high, driven by repeated displacement and persistent uncertainty regarding security, shelter, and livelihoods. UNICEF estimates that nearly all children in Gaza – approximately one million – require mental health and psychosocial support (MHPSS).

Health system status

- Attacks and restrictions on the entry of supplies have systematically degraded Gaza's health system, with all 36 hospitals and most primary health care centres (PHCs) damaged. As of 30 June, 53% (19/36) of hospitals assessed through WHO's HeRAMS were partially functional. Health Cluster reporting further indicated that 300 of 679 (44%) mapped Health Service Points (HSPs) were operational across Gaza, including 13 field hospitals, 58% (138/231) of primary healthcare centres (PHC), and 107 medical points/mobile clinics. The remaining 379 were non-functional, reflecting significant gaps in service availability – especially in North Gaza where health service coverage is extremely limited.
- Laboratory services remain severely disrupted, with more than half of laboratories non-functional and over 60% of laboratory equipment damaged.
- 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.
- The latest Gaza Rapid Damage and Needs Assessment (RDNA) highlights the extensive destruction of health infrastructure, estimating health sector recovery and reconstruction needs at US\$10.03 billion, including US\$2.6 billion required over the first 18 months to address immediate and medium-term priorities.

Health updates - West Bank

- Between 1 and 22 June 2026, the MoH reported seven deaths and 106 injuries in the West Bank. Since October 2023, cumulative MoH figures indicate 1182 deaths and 12 919 injuries.
- Attacks on health care continue to undermine health service delivery in the West Bank. In June, WHO documented 991 attacks, resulting in 39 deaths and 201 injuries. During those attacks, 686 ambulances were affected.
- Health Cluster mapping identified 870 of 892 health service points across the West Bank remain functional or partially functional. These include 59 hospitals, 477 primary healthcare (PHC) facilities, 230 mobile clinic locations, and 88 ambulance centres.

Response

Response - Gaza

A. A. Essential health service delivery

- Health logistics and supplies:
 - Between January and June 2026, WHO facilitated the entry of 206 truckloads of essential medical supplies into the Gaza Strip through multiple humanitarian corridors, including 154 WHO truckloads and the remainder carrying supplies for partner organizations. In June alone, WHO distributed lifesaving medicines, medical consumables, medical equipment, assistive products, and laboratory reagents to 29 health facilities and partner organizations across the Gaza Strip to sustain essential health services.
 - WHO continued to provide fuel to health facilities, ambulance service providers, and health partners to sustain essential health services. Between 1 and 29 June 2026, more than 497 104 litres of fuel were distributed, primarily to hospitals, ambulance service providers, primary health facilities and field hospitals. Since January 2024, WHO has supplied nearly 22 million liters of fuel to sustain health service delivery across the Gaza Strip
- NCD:
 - WHO continues to support the MoH and partners through technical coordination, needs assessments, emergency procurement, and mobilization of essential NCD medicines, haemodialysis consumables, oncology commodities, and diabetes supplies to sustain lifesaving NCD services.
 - Oncology services have partially resumed at Al-Shifa Medical Complex, including day-care chemotherapy and in-patient care; however, service delivery remains constrained by shortages of oncology medicines, consumables, and diagnostic capacity.
- MHPSS:
 - Renovation of the inpatient psychiatric unit at the Ophthalmic Hospital (with 17 inpatient beds) in Gaza City advanced to the tendering phase, while the assessment of Berka PHC Clinic in Deir Al-Balah was completed to inform its rehabilitation for outpatient mental health services and limited inpatient psychiatric care.

- WHO supplied 13 essential psychotropic medicines to the MoH and mental health partners to mitigate critical shortages and sustain continuity of mental health services, while supporting the establishment of a standardized mechanism for their equitable distribution and rational use.
- WHO trained 11 MoH mental health professionals on Problem Management Plus (PM+) and continued to co-chair the MHPSS Technical Working Group (TWG), leading coordination of the MHPSS response across Gaza.
- **Malnutrition:**
 - In June 2026, WHO continued to support all six SAM SCs across the Gaza Strip through the provision of 360 tins of F-75, 397 tins of F-100 therapeutic milk, and essential medicines, while strengthening the management of complicated SAM and updating national maternal and child nutrition guidance. Efforts to expand SAM SC capacity remain constrained by overwhelmed health facilities, limited inpatient space, shortages of specialized health personnel, and competing humanitarian priorities.
- **Medical evacuation:**
 - WHO supported local health authorities to facilitate the medical evacuation of 423 patients requiring specialized care unavailable in the Gaza Strip.

B. Public health intelligence, early warning, communicable disease prevention/control

- In June 2026, WHO continued to sustain core public health intelligence, communicable disease surveillance, and outbreak preparedness and response functions across the Gaza Strip through the following activities:
 - In response to the ongoing Ebola outbreaks (DRC and Uganda), and following reports of two suspected cases in Israel (which subsequently tested negative), RRTs implemented systematic screening of people entering Gaza for symptoms consistent with Ebola virus disease, providing guidance and referral where indicated.
 - WHO supported water quality surveillance through the distribution of 12 000 water testing consumables, 10 000 rapid chlorine testing tablets (DPD), and 580 litres of 5% liquid chlorine, enabling the testing of 943 water samples and corrective actions at 47 locations with identified water quality concerns.
 - WHO strengthened laboratory capacity through assessments of histopathology and dialysis laboratory services, coordination of the transfer of 2000 blood units from the West Bank, distribution of laboratory supplies and equipment, and technical planning for the rehabilitation of priority laboratory services.
 - WHO strengthened infection prevention and control through the distribution of 924 environmental cleaning kits to five referral hospitals and 23 PHC facilities and medical points (in collaboration with IOM), provision of OPA disinfectant to four hospitals as an alternative to the glutaraldehyde disinfectant (Cidex) following stockouts, coordination of medical waste management, and development of standardized IPC/WASH assessment tools for hospitals and PHCs.
- Despite these efforts, delayed approvals continue to constrain disease surveillance and outbreak response, including:
 - A two-year delay in the approval of mobile phones and tablets for the Early Warning, Alert and Response System (EWARS), limiting the timeliness and completeness of surveillance reporting.
 - Delays in implementing priority recommendations from the rodent-associated disease risk assessment due to pending approvals.
 - Access restrictions in communities near the Yellow Line, together with delays in approvals for laboratory supplies and the shipment of diagnostic specimens, continue to constrain surveillance coverage and delay the detection, confirmation, and response to priority public health threats.

C. Health emergency coordination

- WHO continues to lead the overall emergency health response in Gaza through the Health Cluster, ensuring coordination, gap analysis, and operational alignment among partners:
 - In June 2026, Health Cluster partners delivered an average of approximately 379 000 health consultations per week across the Gaza Strip. General medicine accounted for approximately two-thirds (67%) of all consultations, followed by NCD (11%), sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) (8%), and mental health and psychosocial support (MHPSS) (5%).
- In June 2026, WHO continued to support GBV and PSEAH services as through:
 - Delivering refresher training for 15 certified GBV/CMR trainers, training 48 health care providers from Health Cluster partner organizations on Clinical Management of Rape (CMR), and training 15 Emergency Medical Team (EMT) members on PSEAH and GBV.
 - Enhancing coordination with the MoH and the PSEA Network (Sanad), supporting the referral of eight GBV and 15 child protection cases to specialized services, and providing technical support to partners to mainstream protection.
- As of 30 June 2026, 36 Emergency Medical Team (EMT) partners continued to support the emergency response through 36 active EMTs in Gaza:
 - The EMTs delivered an average of 33 000 medical consultations and around 5000 emergency surgeries per week, alongside trauma and NCD care. Cumulatively, between January 2024 and June 2026, EMTs provided over 4.9 million general medical consultations.

D. Early recovery, reconstruction and rehabilitation of Health Infrastructure

- WHO continues to lead early health sector recovery efforts despite immense challenges
 - Continued deployment of relief housing units to restore primary healthcare services in areas where health facilities have been damaged or destroyed.
 - Finalization of the community health assessment tool to identify rehabilitation and reconstruction priorities based on population needs and service gaps.
 - Continued progress on the physical damage assessment (PDA) for the health sector, including development of the implementation proposal and operational planning.
 - Initiation of planning for the rehabilitation of specialized health services, including mental health facilities.
 - Continued coordination with health partners to prioritize infrastructure investments that strengthen health system resilience, improve service continuity, and support integrated primary healthcare delivery.

Response - West Bank

A. Essential health service delivery

- NCDs and primary health care
 - WHO continued to support the primary health care (PHC) strengthening project, advancing family medicine and PHC workforce development. Consultant Terms of Reference for postgraduate training programmes in family medicine and primary care nursing were finalized, building on the EMRO-approved revision of the MoH Nursing Guidelines and PHC Training Manual.
 - Following the inaugural Primary Care Steering Committee meeting in April, WHO supported the establishment of three thematic working groups (Education, Infrastructure, and Health Information) to advance implementation of PHC reforms.
 - Three family medicine physicians completed higher diploma training in diabetes management in Jordan, strengthening national capacity for NCD care.
 - WHO advanced the mapping of existing NCD and PHC clinical protocols across the West Bank to support the development of unified national NCD guidelines with the MoH.
 - WHO supported the MoH NCD Directorate in developing a tobacco control concept note to advance Palestine's implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).
 - The rollout of the DHIS2 Family Health Information System expanded to 131 PHC clinics across seven districts.

□ Oncology and palliative care

- The Dura Hospital Early Diagnostic Centre was formally handed over on 15 June 2026, expanding access to mammography and clinical breast examination services in Hebron governorate, one of the highest cancer-burden areas in the West Bank.
- With WHO support, one radiologist and one oncology nurse completed specialized training at the King Hussein Cancer Center (KHCC) in Jordan, strengthening national oncology capacity.
- WHO finalized an agreement with CPCS to train 16 radiology technicians and 20 radiologists/general physicians in mammography and breast image interpretation, addressing critical workforce gaps in breast cancer screening and early detection.

B. Public health intelligence, early warning, communicable disease prevention/control

- Communicable disease surveillance remained operational across the West Bank, although implementation continued to be constrained by reduced MoH working days (2 of 5 days per week).
- The Ministry of Health in Ramallah continued the WHO Infection Prevention and Control (IPC) Minimum Requirements Assessment for the occupied Palestinian territory (West Bank and Gaza) to identify gaps and guide IPC improvement efforts.

C. Health emergency coordination

WHO continues to lead the emergency health response across the West Bank through the Health Cluster, facilitating inter-agency coordination, information management, operational planning, gap analysis, and advocacy to ensure a coherent and effective humanitarian health response.

- Since January 2026, Health Cluster partners have delivered more than 596 000 health consultations, with the largest proportion comprising general outpatient consultations, followed by sexual and reproductive health (SRH) and mental health and psychosocial support (MHPSS) services.
- Despite severe operational constraints, in June, HC partners reached approximately 110 000 individuals with life-saving SRH services, including the distribution of Inter-Agency Reproductive Health (IARH) Kits to selected health facilities.

- During June 2026, the Health Cluster coordinated 33 active partners across the West Bank, delivering life-saving and essential health services to affected populations.
- The Health Cluster engaged with WHO and MAP UK to advance the reactivation of the West Bank Health Cluster Advocacy Task Force. Discussions focused on reviewing the task force's terms of reference, identifying co-lead arrangements, defining priority advocacy themes, and initiating partner engagement to strengthen collective humanitarian advocacy on health access, protection of healthcare, and continuity of essential services.

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\$ 333.2 million is required to support essential health response and recovery activities across the oPt. As of 26 June 2026, US\$ 105.8 million has been secured, leaving a funding gap of US\$ 227.4 million.



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