World Health Organization

January – December 2025

WHO’s response in the occupied Palestinian territory

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KEY ACHIEVEMENTS IN 2025

A. Essential health services

$60 million worth of essential medical supplies provided across the oPt.

100+ health facilities sustained despite severe health system disruption in Gaza.

10.7 M litres of fuel distributed to sustain health operations in Gaza.

1.8 M+ consultations supported through 34 Emergency Medical Teams (EMTs) in Gaza.

10 800 orthopedic surgeries supported; treatment of 123 824 trauma patients supported in Gaza.

40 600+ trauma referrals and 156 600 medical referrals facilitated in Gaza.

2714 medical evacuations supported to 25+ countries from Gaza; medevac hub established in Al-Mawasi, Gaza.

48 809 safe deliveries supported; 127 964 antenatal care visits;
311 818 child treatments supported in Gaza.

54 850 children screened for malnutrition; treatment of 4336 cases supported; 95 000+ reached with micronutrients in Gaza.

2300+ health workers trained in trauma care, SRMNCH, MHPSS, IPC, and rehabilitation in Gaza.

175 high-risk missions conducted to deliver aid and support operations in Gaza.

7 hospitals in the West Bank provided with emergency and trauma care supplies, including mass-casualty management kits to boost preparedness.

1000 emergency medical bags provided to community volunteers for managing life-threatening bleeding the West Bank.

60 surgeons provided hostile environment surgical training in the West Bank.

107 community volunteers provided with emergency response and early intervention trainings.

Health service delivery and health finance reform supported in line with Palestinian Authority priorities.

B. Public health intelligence, early warning, prevention, and control

1.6 million+ priority disease cases detected and reported, strengthening early warning and response in Gaza.

1457 health workers trained in disease surveillance; 250+ field surveillance visits conducted in Gaza.

602 795 children protected against polio in WHO-supported vaccination campaigns (100%+ coverage); catch-up immunization across 146 facilities in Gaza.

55 shelters reached through community-based surveillance in Gaza.

Multiple outbreaks detected and responded to, including meningitis, Guillain-Barré syndrome, and WASH-related diseases in Gaza.

Achieved AFP surveillance targets for the first time in six years in Gaza.

Health resources, service availability and accessibility monitored at 754 health service delivery units across the Gaza Strip and the West Bank – mapping service gaps and enabling a targeted health response by WHO and partners.

C. Health Emergency Coordination

14.3 million consultations enabled in Gaza; 1.2 million in the West Bank.

90 partners and 649 service points coordinated in Gaza; 35 partners and 885 points in the West Bank.

220+ personnel and 100 focal points trained on PSEAH; safeguarding measures implemented Gaza Strip and the West Bank.

175 high-risk missions conducted to deliver aid and support operations in Gaza.

D. Early recovery, rehabilitation, and reconstruction

30+ primary healthcare centres and service units supported in rehabilitation in Gaza.

558 beds added to replace depreciated beds and expand capacity in hospitals across Gaza.

100 beds added to support physical rehabilitation patients; supported in setting Al-Amal PRCS Rehabilitation Hospital in Gaza.

7700 assistive products distributed to patients in Gaza.

11 priority hospitals assessed for technical needs in Gaza.

Health information systems restored, including cloud migration and e-hospital systems in Gaza.

WHO led the Rapid Damage and Needs Assessment for the health sector.

WHO supported health authorities to develop health sector recovery plans.

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CURRENT SITUATION

Gaza Strip

Throughout 2025, although hostilities were less intense during the two established ceasefires (January-March and October to present), the Gaza Strip experienced catastrophic destruction and continued deterioration of its health system. During the year, local health authorities reported 25 718 deaths and more than 62 852 injuries. Cumulatively, by 31 December 2025, 71 271 people had been killed and 171 233 injured since October 2023. Nearly one quarter of those injured sustained life-altering trauma requiring long-term, specialized physical rehabilitation, placing sustained pressure on an already critically weakened health system. A 2025 WHO analysis of conflict-related traumatic injuries estimates that more than 5000 amputations have occurred since October 2023. Physical rehabilitation capacity remains limited. For example, at Al-Amal Hospital, operated by the Palestine Red Crescent Society (PRCS), over 400 patients are on the waiting list for just 90 rehabilitation beds available.

Between October 2023 to December 2025, more than 930 attacks on health care had been documented by WHO[1], significantly contributing to the degradation of the health system. As of late December 2025, all 36 hospitals had sustained damage, only about half were partially functional, and none were operational in North Gaza. Just 48% of primary health care centres (PHCCs) remained operational. Facilities were forced to operate well beyond capacity amid acute shortages of personnel and critical supplies. By December 2025, according to the Ministry of Health (MoH), 51% of essential medicines were out of stock, severely disrupting key services, including chemotherapy and treatment for blood diseases (66%), primary health care (61%), hemodialysis and renal medicine (46%), emergency and surgical care (40%), maternal and child health (44%), vaccines (42%), and mental health services (28%). Laboratory services were left largely non-functional following the destruction of the central health laboratory and most hospital and primary care-based laboratories, alongside severe shortages of functioning equipment. Extensive bureaucratic process continued to hinder movement at scale of medical supplies into the Gaza Strip. The situation was worsened by ongoing restrictions on the entry of some essential supplies categorized as dual-use. The health information system was severely compromised, undermining routine data collection, disease surveillance, medical record management and timely lifesaving decision-making.

71 271 Fatalities

171 233 Injuries

5000+ Amputations

18 500+ Patients in need of medical evacuation

930+ Attacks on health care (since October 2023)

100% Hospitals sustained damage

50% Partially functional

48% PHCCs are functional

A network of makeshift shelters in Gaza. © WHO

Displacement reached unprecedented levels. Approximately nine out of ten people[2] in Gaza were internally displaced at least once, with nearly the entire population of 2.1 million experiencing repeated displacement. The Global Camp Coordination and Camp Management (CCCM) Cluster[3] recorded approximately 678 600 displacement movements from southern to northern Gaza as of late December 2025. Most families continued to reside in overcrowded and inadequate shelters, exposed to harsh weather, risk of unexploded ordnance and unsafe infrastructure.

Food insecurity reached extreme levels in 2025. Famine was declared in Gaza Governorate in August and eventually pushed back by December. Across the Gaza Strip, 421 malnutrition-related deaths were reported by the Ministry of Health during the year. Although conditions improved modestly following the October ceasefire, an estimated 1.6 million people are expected to face high levels of acute food insecurity till mid-April 2026. Widespread malnutrition, combined with overcrowding, inadequate water and sanitation infrastructure, and limited access to health services, continued to heighten vulnerability to disease and adverse health outcomes throughout the year.

Infectious diseases remained a major public health threat. In December 2025, they accounted for 17.3% of all consultations, with acute respiratory infections representing 66% of infectious disease morbidity and acute watery diarrhea accounting for 30%.

More than 18 500 injured and chronically ill patients required specialized care unavailable within the Gaza Strip and remained in need of medical evacuation. Noncommunicable diseases were widely underdiagnosed and undertreated due to absence of systematic screening and prevention, limited diagnostic capacity and shortages of essential medicines. An estimated one million people required mental health and psychosocial support services.

West Bank

In 2025, the West Bank experienced escalating violence marked by intensified military operations, increased settler attacks, demolitions and displacement, particularly in the northern governorates. During the year, the Ministry of Health reported that at least 269 Palestinians were killed and 4081 injured, bringing the cumulative toll since October 2023 to 1104 fatalities and 11 484 injuries. At least 928 attacks on health care facilities, personnel and transport were documented, further constraining service delivery[4].

In parallel, expanding access restrictions and movement barriers increasingly fragmented the territory, impeding the movement of patients and ambulances and disrupting referral pathways.

The Palestinian Authority's fiscal crisis continued to undermine service delivery in 2025. Only 63% of primary health care centres were partially functional, many operating just one day per week compared to six days prior to 2023. Hospitals and outpatient clinics operated at reduced capacity due to salary disruptions and stock-outs of essential medicines. Mental health needs, particularly among children and youth, remained acute.

An ambulance stands destroyed in the West Bank. © WHO

DELIVERING THE OPERATIONAL RESPONSE PLAN IN THE GAZA STRIP

A. Essential health services

Despite severe operational constraints, WHO sustained and scaled up support in 2025 to functioning hospitals, primary health care centres, ambulance networks and other health service points across the occupied Palestinian territory (oPt) to maintain essential and lifesaving services at all levels of care. Priorities included emergency and trauma care, maternal, newborn and child health, treatment for malnutrition, communicable and noncommunicable diseases, mental health and psychosocial support, prevention and response to gender-based violence, laboratory and diagnostics and physical rehabilitation.

Support was delivered through the provision of critical medical supplies and equipment, deployment of national and international surge capacity through emergency medical teams, facilitation of patient referrals within Gaza and medical evacuation outside the Strip, and fuel deliveries to sustain health facility and ambulance operations. Additional support included expansion of existing health facilities and technical support through capacity-building initiatives in key response areas. In 2025, more than 2300 health workers were trained in trauma care, emergency nursing, infection prevention and control (IPC), mental health and psychosocial support (MHPSS), rehabilitation, and sexual and reproductive health (SRH). Trainings also focused on EMT integration and mass casualty management.

Between January and December 2025 in the Gaza Strip, WHO-supported distributions of critical supplies, including life and limb-saving trauma items, enabled the continuation of services in more than 100 recipient health facilities and partner organizations. As part of the inter-agency fuel distribution mechanism, WHO supported the distribution of over 10.7 million liters of fuel to sustain operations across hospitals, field hospitals, primary health care centres, ambulance service providers, and WHO operations.

Emergency medical teams (EMT) coordination and support

Throughout 2025, Emergency Medical Teams (EMTs) continued to provide critical surge capacity to support the health response in the Gaza Strip. Deployed with support from WHO through the WHO-led EMT Coordination Cell (EMTCC), in support of local health authorities, 34 national and international EMTs operated during the year.

A child receives treatment by a WHO-supported EMT in Gaza. © WHO

Teams were deployed across all three levels of care, including four Type 1 mobile teams, seven Type 1 fixed clinics, five Type 2 hospitals, and 18 specialized care teams (refer to Table 1). They delivered essential services in surgery and trauma care, emergency referrals, reproductive health, pediatrics and malnutrition treatment, primary health care, hemodialysis, oncology, and physical rehabilitation.

***Table 1**: Summary of key EMT response outputs*

Indicator	2025 Output (Jan–Dec)
Total EMTs deployed	34
• Type 1 mobile teams	• 4
• Type 1 fixed clinics	• 7
• Type 2 hospitals	• 5
• Specialized Care Team (SCT)	• 18
Total patient consultations conducted	>1.8 million
# Emergency surgeries performed	18 747
# Trauma patients treated	123 824
# Patients with exacerbated NCDs treated	201 900
# SAM patients treated	5926

Over the course of 2025, deployed EMTs provided over 1.8 million medical consultations, conducted 18 747 surgical operations, and treated 123 824 trauma patients, 201 900 patients with exacerbated noncommunicable diseases (NCDs), and 5926 affected by severe cute malnutrition. EMTs also supplied critical medical equipment and consumables to ensure continuity of essential services, including orthopedics, surgery, oncology, and cardiology, with coordination and support from WHO and EMTCC for the entry of medical supplies.

In 2025, the first National EMT, deployed at Shifa Hospital in September 2024, continued its support to the emergency department of the hospital, ensuring uninterrupted care even during nearby hostilities. A second National EMT was established as a specialized care team (SCT) in surgery and orthopedics. It was initially deployed at European Gaza Hospital, later re-tasked into the Nasser Medical Complex, and by the end of 2025 was operating at Al Shifa Hospital.

The EMTCC coordination functioned across Gaza and Cairo, and in 2025 unified in a single structure. Coordination and access for EMTs to the Gaza Strip were ensured through regular coordination meetings, briefings for incoming teams, and debriefings at the end of each rotation. The EMTCC was pivotal in supporting local health authorities in defining EMTs deployment strategies, conducting over 50 quality assurance visits, and strengthening information management through dashboard upgrades and the publication of evidence-based reports and fact sheets.

Although the agility of EMTs enabled rapid deployment and re-tasking to support critical services across the Gaza Strip, persistent denials of entry for critical EMT staff, as well as shortages of equipment and medical supplies, hindered overall effectiveness. Nonetheless, EMTs remained highly impactful, working closely with local healthcare workers to sustain the functionality of the health system in the Gaza Strip.

Sustaining trauma and emergency care

Between January and December 2025, WHO supported the distribution of over one million trauma and emergency care items to health facilities across the Gaza Strip, enabling hemorrhage control, airway management, fracture stabilization and emergency surgical procedures (See Table 2). Supplies included Trauma and Emergency Surgery Kits (TESKs), surgical consumables such as gauze and sutures, surgical instruments, airway and chest tube supplies, trauma components of the Interagency Emergency Health Kit (IEHK), and materials for fracture immobilization. Major recipients included the main secondary and tertiary referral hospitals, notably Nasser Medical Complex, Al-Shifa Medical Complex, Al Amal Hospital (Khan Younis), Al Awda Hospital (Jabalia), Al Ahli Hospital, Al Daraj PHCC, the MoH PHCC Warehouse, and the IMC EMT Type-2 Hospital.

***Table 2**: Summary of key trauma and emergency response outputs*

Indicator	2025 Output (Jan–Dec)
Trauma and emergency care items distributed	>1 000 000
Recipient health facilities and partner organizations	>100
Orthopaedic surgeries conducted in WHO-supported hospitals	10 800
Trauma-related referrals (Inter-hospitals)	40 635
Medical referrals	156 623

Over 10 800 life and limb-saving orthopaedic surgeries were conducted at MoH and field hospitals, including damage control and limb preservation procedures, through WHO support. Additionally, more than 40 635 trauma-related and 156 623 medical referrals were recorded, primarily facilitated by the WHO-supported Palestinian Red Crescent Society (PRCS) and MoH emergency services, transferring patients from initial points of care to higher-level health facilities or those with available capacity to ensure continuity of care. Outside the Gaza Strip, in 2025, WHO supported local health authorities with the medical evacuation of 2718 seriously ill and injured patients from Gaza Strip abroad for specialized care.

WHO supported mass casualty management (MCM) training for frontline health workers using WHO Academy materials, standardizing triage, stabilization, and initial trauma surgical care across public hospitals and primary health care centres. WHO, in collaboration with the MoH, co-developed comprehensive wound care management guidelines. Throughout 2025, WHO continued to lead the Trauma Technical Working Group, which provided the coordination framework for the trauma and emergency response in the Gaza Strip.

Through the Rehabilitation Task Force (RTF), WHO provided technical assistance to strengthen rehabilitation governance, monitoring, and coordination in line with national priorities. WHO coordinated with the MoH and international partners to equip the limb reconstruction unit at Nasser Medical Complex, including external fixator sets and microsurgical tools to support definitive limb-saving care. To address fragmented reporting and duplication risks, WHO established an assistive products donation tracker. By 31 December 2025, it contained 11 873 verified records with a 97% duplication-avoidance rate, enabling partners to track devices, identify priority needs, and align procurement and distribution with injury trends and geographic gaps.

Sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH)

From January to December 2025, WHO supported 49 partners in delivering sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services across 55 health facilities in the Gaza Strip. This enabled 48 809 skilled deliveries (~98.4% of total), including a 24% caesarean section rate, 127 964 antenatal consultations, 9593 postnatal consultations, and care for 311 818 sick children.

WHO supported an implementation review of Early Essential Newborn Care (EENC) across 11 maternity hospitals to assess the impact of the conflict on service delivery. The review identified critical gaps in quality of care around childbirth. In response, hospital-specific quality improvement plans are being developed, focusing on health worker capacity building, provision of essential supplies and equipment, and strengthened environmental and infection prevention standards.

WHO also trained 646 health care professionals from hospitals and primary health care centres on SRMNCAH-related topics, including 242 on the Integrated Management of Childhood Illness (IMCI), 203 on antenatal and postnatal care, 108 on the syndromic management of sexually transmitted infections (STIs), and 93 on early essential newborn care (EENC) (see Table 3).

***Table 3**: Summary of key SRMNCAH response outputs*

Indicator	2025 Output (Jan–Dec)
Partners supported	49
Recipient health facilities	55
Skilled deliveries supported • Caesarean section rate	48 809 • 24%
Antenatal consultations	127 964
Postnatal consultations	9593
Sick children treated (IMCI services)	311 818
Health care providers trained • IMCI trainees • ANC/PNC trainees • STI management trainees • EENC	646 • 242 • 203 • 108 • 93
Trainees on OLIVE Trees mobile tool	33
Maternity and paediatric facilities rehabilitated/equipped • IDPs served by rehabilitated maternity services	2 • 900 000

In addition, WHO developed a mobile application, Obstetric LIVE Trees (OLIVE Trees), designed to support doctors and midwives in delivering high-quality maternity care. The tool provides clinical decision support for common presentations in antenatal, childbirth and postnatal care, family planning, and the prevention and management of sexually transmitted infections. The application was deployed and piloted in the Gaza Strip, with 33 health care

providers trained to support its dissemination. Initial feedback indicated strong usability and acceptability among providers.

WHO also supported the first phase of infrastructure rehabilitation at Al Kheir Hospital in Khan Younis, an NGO-run facility providing maternity and paediatric services to more than 900 000 internally displaced persons (IDPs) in the governorate. Works included rehabilitation of the water system, generator and solar power system, and water storage infrastructure, enabling the restoration and expansion of maternity and paediatric services. At the Rantissi Specialized Paediatric Hospital, WHO provided essential equipment for its neonatal and paediatric intensive care units, strengthening critical care capacity at the only specialized paediatric hospital serving North Gaza and Gaza City.

Responding to severe acute malnutrition

WHO supported inpatient care for severe acute malnutrition (SAM) across eight stabilization centres (SCs). Seven remained operational throughout 2025, while the centre at Kamal Adwan Hospital ceased functioning due to the destruction of the hospital and displacement orders in the area. Three additional SCs were established during the year. In addition to the ongoing support to the already functional SCs, WHO also supported the establishment of three new SCs during the year.

WHO supported 55 health facilities and 45 partners with nutrition supplies, including SAM kits, anthropometric equipment and essential medical items, and trained more than 297 health care providers. This enabled screening of over 54 850 children and treatment of 2638 children aged 6–59 months with moderate acute malnutrition and 605 with SAM. More than 1093 children with complications were referred for inpatient care in SCs.

Micronutrient supplements and multivitamins were also provided for over 95 000 children, pregnant and breastfeeding women, and patients with noncommunicable and chronic diseases (refer to Table 4).

***Table 4**: Summary of key nutrition response outputs*

Indicator	2025 Output (Jan–Dec)
Stabilization centres supported	8 (7 operational by end of 2025)
New stabilization centres established	3
Health facilities provided with nutrition supplies	55
Implementing partners supported	45
Children screened for acute malnutrition	54 850
Children (6-59 months) treated for acute malnutrition	4336 • SAM – 605 • MAM – 2638 • SAM with complications 1093
Micronutrient supplements/multivitamins beneficiaries	> 95 000

To strengthen monitoring of the burden of disease, WHO supported integration of nutrition reporting into the Early Warning, Alert and Response System (EWARS), enabling partners to report screening, outpatient therapeutic programme follow-up and stabilization center admissions. In response to worsening food insecurity and rising admissions of older children with severe wasting, WHO supported the development of rapid guidance on screening and management among children aged 5–18 years and vulnerable adults.

WHO also worked with the MoH to strengthen monitoring of malnutrition-related mortality through the development of guidance, a centralized database and a standardized reporting tool.

Mental health and psychosocial support (MHPSS)

In 2025, WHO supported the MoH and partners to strengthen the Mental Health and Psychosocial Support (MHPSS) response across the oPt through coordination, capacity-building and service support. WHO continued to co-chair the MHPSS Technical Working Group (TWG) in the Gaza Strip, facilitating technical discussions and monitoring implementation of MHPSS activities through regular coordination meetings, implementation of assessments and support capacity building of partners.

Capacity-building efforts focused on strengthening the skills of humanitarian responders, health professionals and partners. WHO trained 468 humanitarian workers from multiple clusters on Psychological First Aid (PFA), as well as an additional 100 humanitarian workers on other MHPSS topics. Workshops were also organized for partners on PFA and access to MHPSS services during emergencies, including activities marking World Mental Health Day. In addition, WHO trained 350 Ministry of Education counsellors to provide emergency psychosocial support in schools and supported the development and dissemination of psychoeducation materials for students and communities. WHO further trained 200 mental health professionals and health workers on child and adolescent mental health, the mhGAP Humanitarian Intervention Guide (mhGAP-HIG)[5], Problem Management Plus (PM+), trauma-informed care and substance use management, and built the capacity of partners on PM+ and MHPSS coordination. WHO also developed a "Helping the Helper" guideline and supported a survey assessing the impact of the war on the mental health of humanitarian workers.

To support service delivery, WHO procured 110 mental health kits and more than 23 psychotropic medicines for MoH, UNRWA and MHPSS partners. Furthermore, WHO supported the integration of mental health services within PHCC through task-shifting approaches and the structured re-establishment of MHPSS services.

A woman sits outside her destroyed home in Gaza. © WHO

Prevention and response to gender-based violence (GBV)

Throughout 2025, WHO collaborated with the Ministry of Health (MoH), UNFPA, the Health Cluster and the GBV Sub-Cluster to strengthen the health sector response to gender-based violence in the Gaza Strip, addressing increased needs for services for survivors of rape and family violence. To support these efforts, WHO recruited a national GBV staff member for its Gaza office to strengthen coordination with the MoH and other health partners and support implementation of GBV-related activities.

WHO also supported training on gender-based violence and the Clinical Management of Rape/Intimate Partner Violence (CMR/IPV) to build a pool of qualified master trainers and strengthen health system capacity. Two four-day Training of Trainers (ToT) sessions were conducted in July and October 2025, reaching 45 health providers from the MoH, UNRWA and partner NGOs. In addition, 130 health workers received training on GBV and CMR. During the 16-day activism against GBV in November, six awareness workshops on violence against women were conducted for 180 MOH health staff from hospitals and PHCCs.

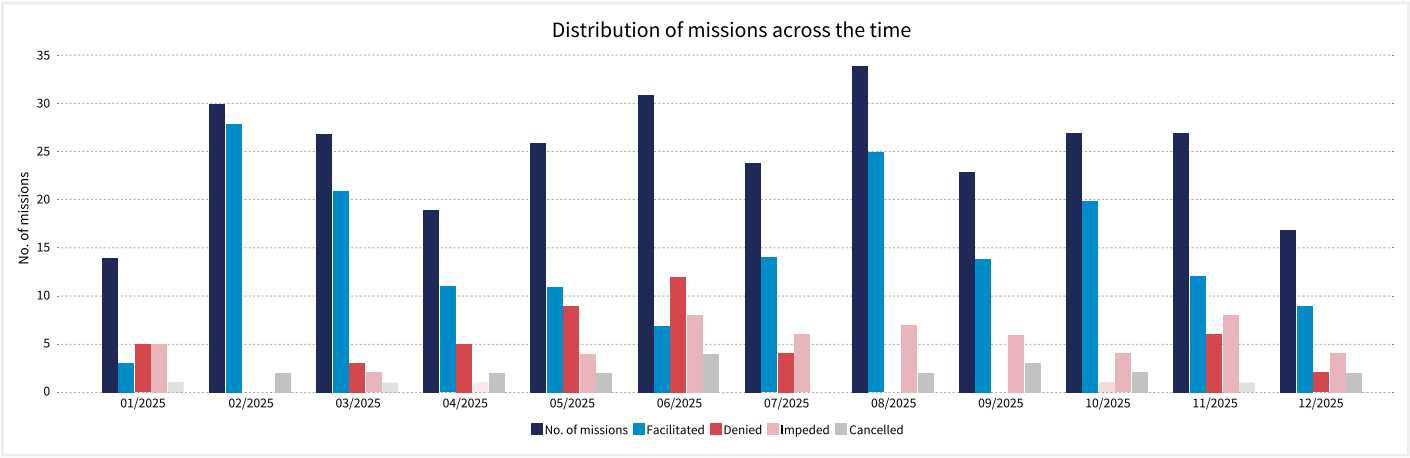
On 2 December, a scientific day was organized with 48 participants from different partners to discuss, inter alia, the role of female health workers during the escalation in Gaza and how to strengthen support mechanisms.

WHO field missions

Throughout 2025, WHO, in collaboration with partners, conducted high-risk missions to health facilities across the Gaza Strip to assess health conditions, deliver critical supplies, facilitate the deployment of emergency medical teams, and support patient referrals within the Gaza Strip; and medical evacuations abroad for specialized care unavailable locally. Between January and December 2025, WHO successfully completed 175 of 299 planned missions, while 15.7% (47) were denied, 18.4% (55) impeded, and 7.4% (22) cancelled (See Figure 1).

These missions were complex, high-risk operations requiring significant risk tolerance, strong mitigation measures, and specialized resources, including armoured vehicles, personal protective equipment (PPE), communication equipment, and skilled field teams able to operate in active conflict environments.

Figure 1 . Missions (January – December 2025)



WHO staff sits with a child patient receiving physical rehabilitation support due to injuries sustained during the conflict in Gaza. © WHO

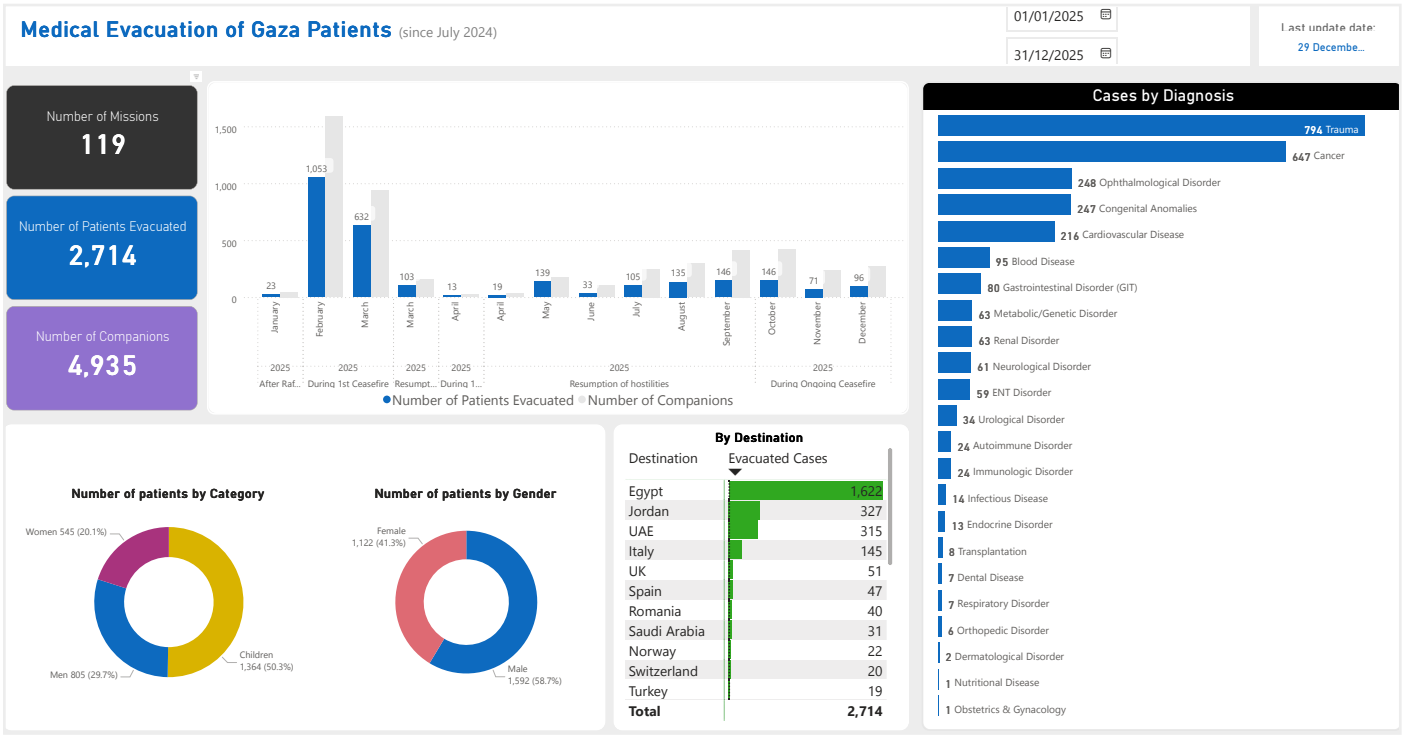
Medical evacuations from the Gaza Strip

To ensure access to critical specialized health care unavailable in the Gaza Strip, WHO supported local health authorities in the medical evacuation of patients requiring urgent treatment abroad. Throughout 2025, medical evacuations were coordinated by local health authorities with WHO's support, including liaison with the Israeli Coordination of Government Activities in the Territories (COGAT) to obtain movement approvals and with receiving countries to secure treatment.

To facilitate these operations, WHO established a medical evacuation hub at the PRCS Field Hospital in Al Mawasi, which served as a central point for patient collection, medical stabilization, and psychosocial support (PSS) prior to evacuation. Evacuations were conducted primarily through Kerem Shalom crossing, with onward transfer through Israel or via Jordan. The Rafah crossing was used only during the first ceasefire period, when limited movement through Egypt was temporarily possible.

In 2025, 2714 patients – including 1592 children (50.3%) – were successfully evacuated through 119 field missions to over 25 countries (see Figure 2). Cumulatively, by 31 December 2025, more than 10 700 patients had been evacuated. Despite these efforts, WHO estimates that 18 500 patients still require urgent medical evacuation as of 31 December 2025.

Figure 2 . Medical evacuation summary (January – December 2025)



B. Public health intelligence, early warning, prevention, and control

Strengthening disease surveillance

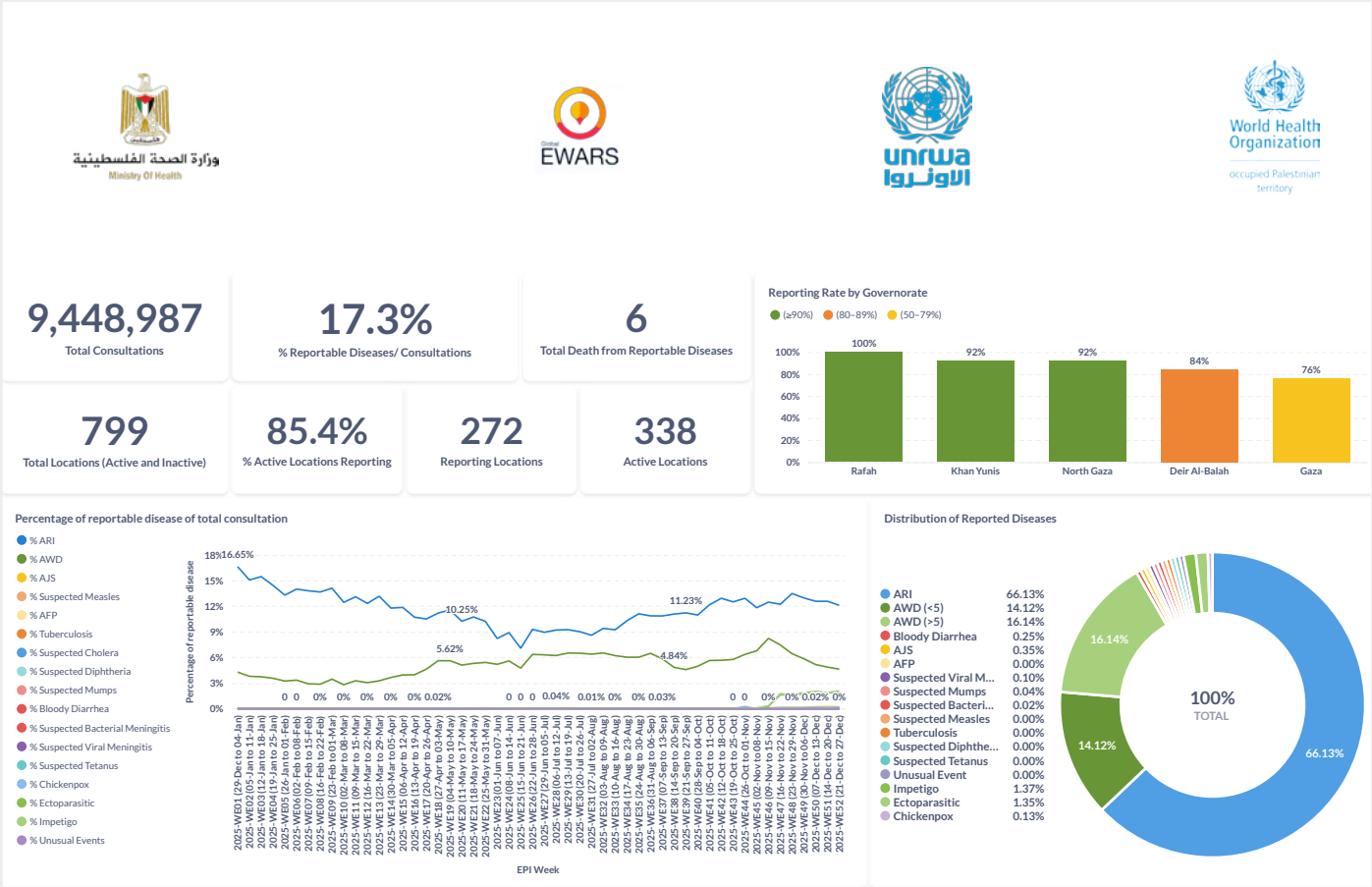
Throughout 2025, WHO continued to play a central role in advising and supporting the Ministry of Health in rebuilding surveillance and outbreak response capacities across the Gaza Strip. WHO successfully scaled up its Early Warning Alert and Response System (EWARS) to a weekly average of 113 reporting health facilities from 39 health partners, while expanding surveillance to 16 reportable diseases and conditions.

This scale-up was supported through clinician sensitization sessions, reactivation of Rapid Response Teams (RRTs), capacity-building, facilitation of movement for case investigations, and active field surveillance visits. In 2025, WHO reached 1457 clinicians and other health workers with targeted training sessions and workshops; conducted over 250 field visits; distributed 180 SIM cards to focal points and RRTs to improve communication; and carried out ongoing performance monitoring at sentinel sites. In parallel, community-based surveillance (CBS) was introduced for the first time in the Gaza Strip and piloted in 55 shelters, significantly increasing surveillance sensitivity in non-health facility settings with plans for further expansion in 2026.

Collectively, these efforts strengthened data quality and enhanced the overall sensitivity of the surveillance system.

In September 2025, following review and approval by the Ministry of Health, WHO launched a public EWARS dashboard (see Figure 3), enabling standardized, real-time visualization of disease trends and strengthening evidence-based decision-making across the health sector. Between January and December 2025, over 1.6 million cases of reportable diseases and conditions were reported to WHO's EWARS, with Acute Respiratory Infections (ARI; 1.1 M), Acute Watery Diarrhea (AWD; 495 600), Acute Jaundice Syndrome (AJS; 5731), Bloody Diarrhea (BD; 4145) being the four most frequently reported.

Figure 3. EWARS Public Dashboard



Polio detection and routine vaccination campaigns

Following the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in environmental samples in June 2024 and confirmation of the first human case in July 2024, WHO, MoH, and UNICEF, through the cVDPV2 Technical Working Group, jointly implemented three rounds of polio vaccination campaign, with the third round in February 2025 achieving > 100% coverage of the target population (Refer to Figure 4).

Figure 4. Gaza Polio Vaccination Campaign

A child receives polio vaccination in Gaza during an emergency polio immunization campaign. © WHO

This high-coverage response substantially reduced the risk of breakthrough transmission of cVDP2. Simultaneously, WHO continued providing strategic and technical support to strengthen routine immunization services, including catch-up campaigns launched in November 2025. These campaigns targeted zero-dose, missed-children, and on-schedule children under three years across 146 health facilities and were complemented by field supervision visits to ensure quality implementation.

As a result of these collective efforts, Acute Flaccid Paralysis (AFP) surveillance performance indicators were met for the first time in six years. Environmental surveillance samples were collected monthly and, along with AFP samples, promptly dispatched to designated referral laboratories within the Global Polio Laboratory Network. These achievements mark a significant milestone in polio preparedness, enhancing detection capacity and ensuring timely response.

Other priority disease outbreak detection and real-time response

EWARS has supported the early detection of emerging public health events, including the reported increase in meningitis and Guillain-Barré Syndrome (GBS) cases in June 2025, as well as the observed rise in WASH-related diseases (as ARI, AWD, AJS, BD). These epidemiological signals facilitated the prompt activation of coordinated public health interventions. All response measures were undertaken in close collaboration with the relevant coordination structures, including the WASH Cluster, to ensure a harmonized, and evidence-based approach in line with WHO standards.

Cholera preparedness

A National Cholera Preparedness and Response Plan has been developed based on the Cholera Risk Assessment in alignment with the Global Task Force on Cholera Control (GTFCC) guidance, ensuring national readiness for timely detection, investigation, and response to potential cholera outbreaks.

Maintaining laboratory services

WHO conducted comprehensive field assessments and service mapping across hospital laboratories to evaluate the extent of damage and identify priority recovery needs. It also supported a second round of laboratory service mapping across Gaza to streamline referral pathways and ensure the continuity of essential diagnostic services.

Despite logistical bottlenecks, WHO delivered limited quantities of core reagents, consumables, and rapid diagnostic tests (RDTs) for outbreak-prone diseases to ensure continuity of minimal diagnostic capacity. Enzyme-Link Immunosorbent Assay (ELISA) kits for priority pathogens to were also supplied to support limited laboratory-based surveillance despite significant supply chain constraints.

C. Health emergency coordination

Coordinate the delivery of the health response with all partners involved

The Health Cluster leads a coordinated health response in the oPt, with WHO as the lead agency and the Ministry of Health as co-lead, supported by the Health Cluster Coordination Team. The cluster operates through two subnational hubs – Gaza and the West Bank – which coordinate partners and health activities in their respective areas, supported by Technical Working Groups (TWGs) that address specialized response areas (See Figure x). This structure enables coordinated planning, information sharing, and the effective delivery of essential health services across the oPt.

In 2025, WHO led and supported 90 active Health Cluster partners operating 649 health service points (HSPs) across the Gaza Strip, delivering a wide range of services to affected populations, including trauma and emergency care, SRMNCAH, MHPSS, GBV services, NCD care, and rehabilitation (See Table 5). As of 31 December 2025, only 38% of the total health service points (HSPs) in the Gaza Strip remained functional.

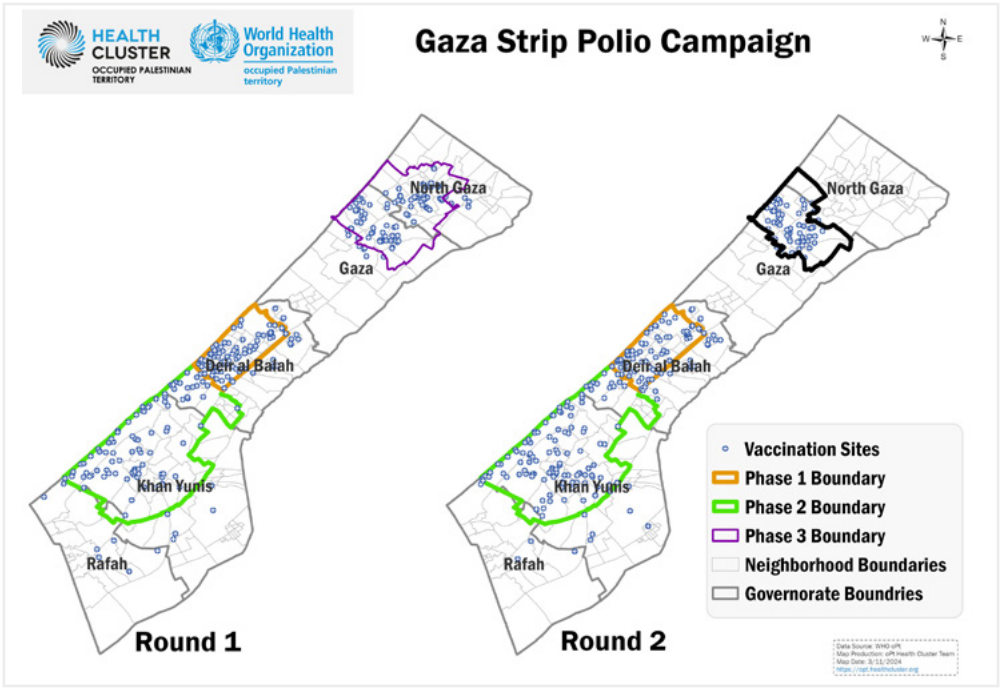
Table 5: *Health partners consultations in the Gaza Strip*

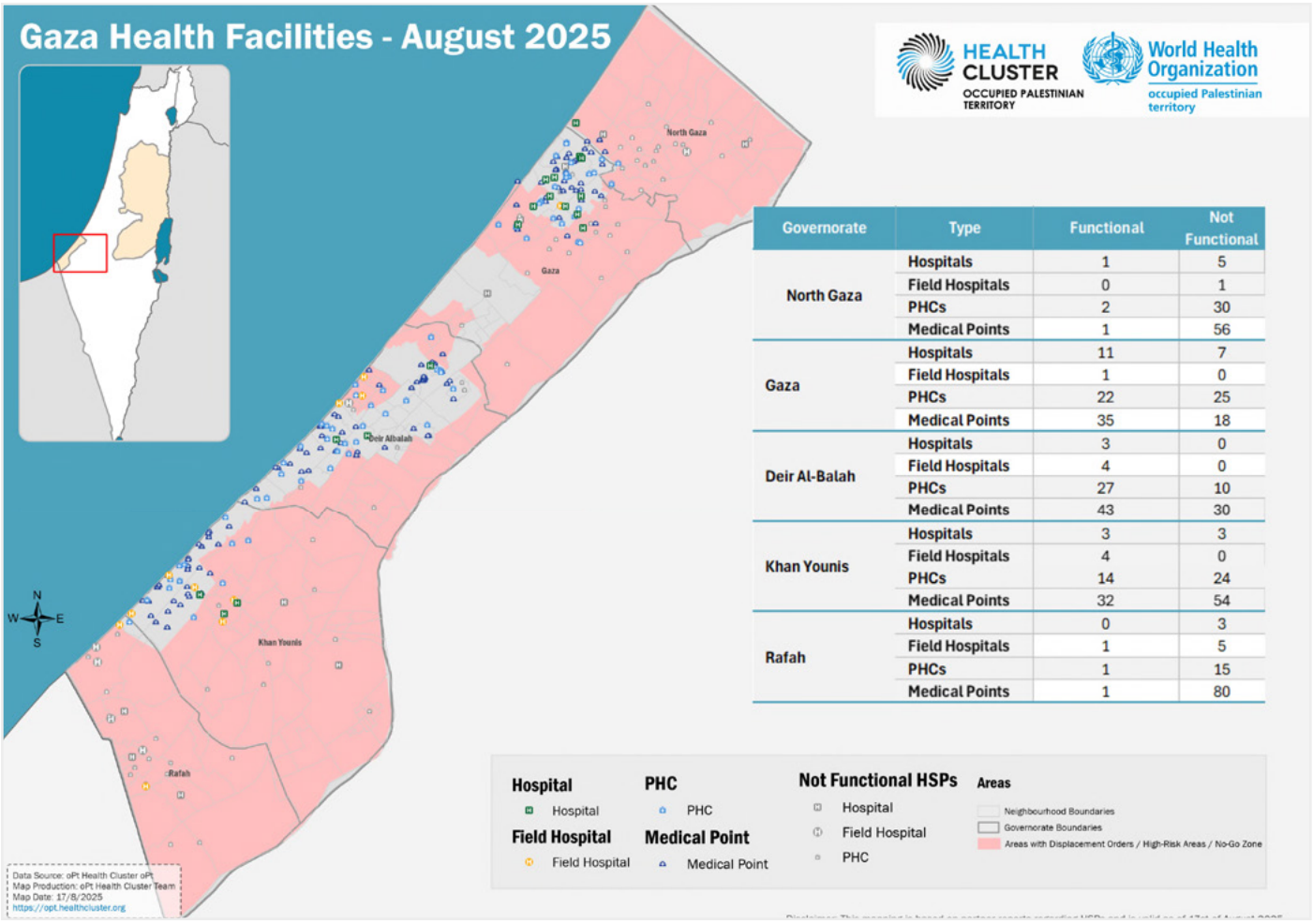
Indicator	2025 Output (Jan–Dec)
Total health consultations	14.3 million
General clinical care consultation	9.45 million
Non communicable diseases consultation	1.54 million
Trauma consultation	1.16 million
Sexual and reproductive health consultation	909 000
MHPSS consultation	786 000
Rehabilitation services consultation	225 400
Child health consultation	218 700

Furthermore, numerous maps (See Figure 5) were developed throughout the year to support analysis of the health situation, identify service gaps and duplications, and inform advocacy efforts. These included maps on displacement orders (70), polio campaigns (70), health facility status (20), health services – such as MHPSS, SRH, and rehabilitation (20) – and other thematic areas (80).

The Health Cluster also supported the development of key strategic health preparedness and response plans, including the 2025 Flash Appeal reflecting changes in the operational landscape in the oPt, the Gaza Ceasefire Plan (January 2025), the Gaza City Offensive Response Plan (August 2025), the Gaza Ceasefire Plan (October 2025), and the Gaza Winterization Plan.

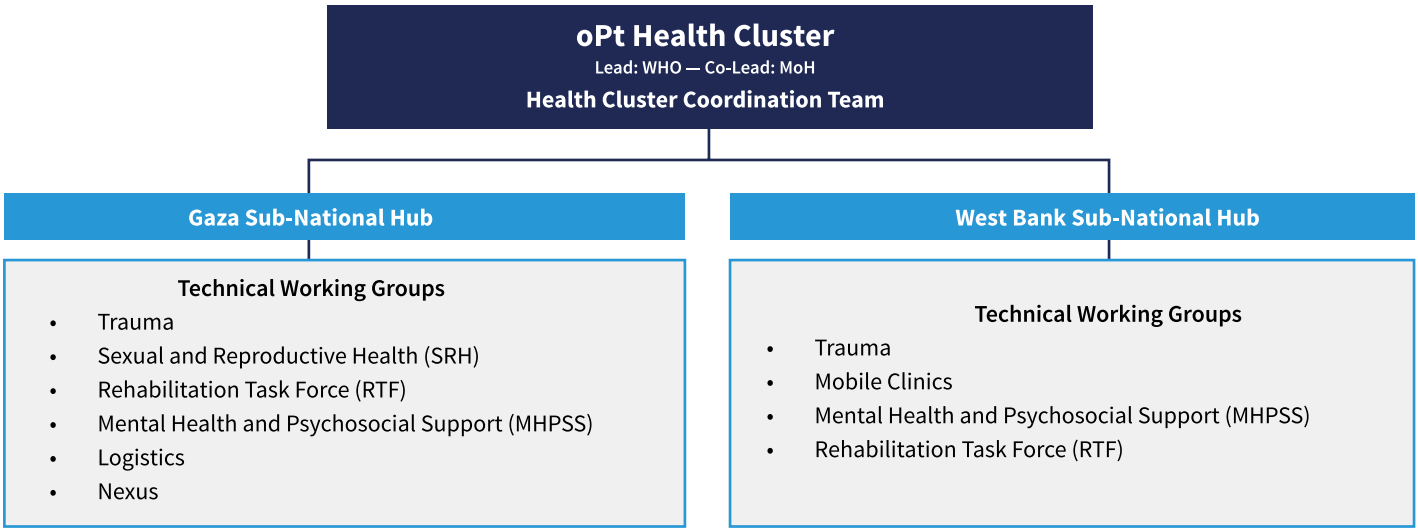
Figure 5. Maps





Governorate	Type	Functional	Not Functional
North Gaza	Hospitals	1	5
	Field Hospitals	0	1
	PHCs	2	30
	Medical Points	1	56
Gaza	Hospitals	11	7
	Field Hospitals	1	0
	PHCs	22	25
	Medical Points	35	18
Deir Al-Balah	Hospitals	3	0
	Field Hospitals	4	0
	PHCs	27	10
	Medical Points	43	30
Khan Younis	Hospitals	3	3
	Field Hospitals	4	0
	PHCs	14	24
	Medical Points	32	54
Rafah	Hospitals	0	3
	Field Hospitals	1	5
	PHCs	1	15
	Medical Points	1	80

Figure 6. oPt Health Cluster structure



Prevention and response to sexual exploitation, abuse and harassment (PSEAH)

Throughout 2025, WHO maintained zero tolerance for sexual misconduct, including sexual exploitation, abuse, and harassment (SEAH), and strengthened prevention of sexual exploitation, abuse, and harassment (PSEAH) across its programmes. A PSEAH risk assessment using the WHO tool was conducted, and safeguarding measures were implemented for high-risk programmes.

Between May and October 2025, WHO trained nearly 220 staff, Emergency Medical Teams (EMTs), and Health Cluster partners on PSEAH and WHO policies. Training of Trainers (ToT) sessions were also conducted for 100 PSEAH focal points from Health Cluster partners, covering SEAH prevention, gender-based violence, child protection, and community participation. In addition, information materials on PSEAH, patients' rights, and protection were developed for use in health facilities, and four partners were assessed using the UN implementing partner PSEAH assessment tool.

Communicate and advocate for the health needs and public health priorities to stakeholders

From January to December 2025, WHO continued to expand communications and advocacy efforts regarding the conflict in the Gaza Strip and worsening situation in the West Bank. Efforts focused on highlighting health needs and challenges, reflecting the efforts of WHO, partners, and donors in the response and coordination, and raising awareness about key health concerns while advocating for health as a human right, humanitarian access, and the protection of civilians, health facilities, personnel, and assets. A variety of multi-platform products were produced and shared across the three levels of WHO. Over 400 social media products, including tweets, videos, photos, infographics, and stories, were produced, leading to around 15 million social media impressions across WHO HQ, EMRO, and country office platforms. More than 20 press releases and statements, 40 press conferences at all three levels of WHO, lead to over 265 000 WHO media mentions. Additionally, 60 WHO Gaza-related video news packages were widely picked up by 1218 broadcasters, totaling over 64 hours of earned airtime, resulting in millions of views. Seventy-seven video news stories were also repurposed by broadcasters for online platforms, resulting in over 25 million views.

A WHO-supported GBV training being condcuted in Gaza. © WHO

D. Early recovery, rehabilitation, and reconstruction

Coordination of health sector recovery, recovery planning and implementation monitoring

WHO co-led the Health Sector Recovery Working Group, bringing together the MoH, Health Cluster partners, the United Nations Development Programme (UNDP), and the World Bank to coordinate recovery planning. WHO also supported the development of the health component of the 2025 Gaza Rapid Damage and Needs Assessment (RDNA), including updated mapping of destroyed health facilities, identification of health service gaps, and prioritized recovery needs.

In addition, WHO developed the Health Early Recovery Framework, outlining short, medium, and long-term recovery priorities across primary health care, hospitals, public health functions, supply chains, and the health workforce. WHO further led the establishment of the Nexus Technical Working Group (TWG) to align humanitarian and recovery interventions and to strengthen partner engagement in early recovery initiatives.

Health facility rehabilitation and reconstruction

WHO supported the rehabilitation of partially functioning health facilities and the re-establishment of services in more than 30 primary health-care centres (PHCCs) and health service delivery units through the provision of equipment, medicines, and basic repairs. In collaboration with the MoH, the UNDP, and international NGOs, WHO advanced the prefabricated PHCC expansion plan, including the development of designs and technical specifications for Level 2–4 service packages.

WHO also provided architectural assessments and technical guidance for 11 priority hospitals identified for phased reactivation, including Al-Shifa, Ahli Arab, and Al-Awda hospitals. In addition, WHO enabled the restoration of critical hospital functions by supplying spare parts, ICU equipment, oxygen concentrators, dialysis consumables, and support for desalination plant and generator rehabilitation. In addition, WHO manufactured one prefabricated module to convert the emergency department of the IMC field hospital to a semi-permanent structure as well as supported MOH in defining standardized layout for PHCC prefabs.

Support health workforce recovery

WHO also supported the reactivation of MoH staffing rosters, conducted mapping of displaced health workers, and facilitated the redistribution of personnel to partially functioning health facilities. In addition, WHO rolled out competency-based training packages for community health workers to support the early recovery of PHCCs and essential public health functions. .

Health information systems recovery and continuity

WHO supported the early recovery of key health information systems in the Gaza Strip. In collaboration with the MoH, a rapid assessment was conducted to identify critical gaps in the functionality of key HIS components, and the findings informed recommendations for early recovery. As part of this effort, several core health information systems were migrated to cloud servers to ensure business continuity and maintain operations despite damaged infrastructure. In parallel, a plan was developed for infrastructure restoration and the procurement of ICT equipment to support the reactivation of essential HIS functions in targeted health facilities and the MoH data center. In addition, WHO supported the upgrade of the CRVS e-registry and its integration with the verbal autopsy module, improving mortality reporting and cause-of-death documentation.

Based on the identified needs, WHO provided essential ICT equipment, including laptops, printers, and network components such as switches, routers, wireless access points, and cables, to support the restoration of priority systems. This included reactivating the death registry system at Nasser Medical Complex and restoring the e-Hospital system at Al-Tahreer Building and Nasser Medical Complex, particularly in maternity and neonatal units and related departments. These interventions supported the registration of delivery cases and the generation of key SRMNH indicators and dashboards. Additional ICT equipment was also provided to support the medical evacuation workflow, enabling the collection and sharing of patient data, including medical records, laboratory tests and radiology images, to facilitate timely evacuations.

WHO supplies arrive at Al-Shifa Hospital in Gaza. © WHO

DELIVERING THE OPERATIONAL RESPONSE PLAN IN THE WEST BANK

A. Essential health services

In 2025, WHO continued to supply medicines, consumables, kits, equipment, and provide technical support to its partners, ensuring the delivery of essential health services to affected populations in the West Bank.

Sustaining trauma and emergency care

In 2025, WHO facilitated the development of Ministry of Health (MoH) Standard Operating Procedures (SOPs) for Mass Casualty Management and the rollout of the Interagency Integrated Triage Tool (IITT). This tool ensures standardized triage categories (Red, Yellow, Green, Blue, Grey) across the West Bank to optimize resource allocation during surge events. The response was further bolstered by the strategic deployment of Trauma Stabilization Points (TSPs). These points, operated at three distinct levels including First Aid Points (Level 1) led by PRCS, Trauma Stabilization (Level 2) – supported primarily by WHO through standardized kit replenishment and Stabilization Points (Level 3) – led by World Vision and MDM France.

To strengthen preparedness for sudden mass casualty events, WHO initiated a stockpiling programme for seven government hospitals to ensure uninterrupted service delivery during access restrictions. Procurement was designed to support a 100-patient surge per hospital and included respiratory consumables, wound care materials, and specialized trauma kits. Supplies are prepositioned directly in hospital storage facilities to reduce movement barriers between governorates during crises.

A standardized clinical framework was introduced to ensure efficient use of these supplies during mass casualty events. This included the rollout of the Interagency Integrated Triage Tool (IITT) to standardize triage categories, strengthening Level 2 and Level 3 Trauma Stabilization Points (TSPs) to relieve pressure on emergency departments, and applying MoH standard operating procedures for mass casualty response across partners.

WHO also prioritized capacity building across the trauma care pathway. Primary Trauma Care (PTC) training was delivered to community responders and health workers, while Hostile Environment Surgical Training (HEST) was provided to 60 surgeons in collaboration with the David Nott Foundation. These efforts were complemented by online mass casualty management (MCM) modules through the WHO Academy, providing standardized training for health professionals across the West Bank and strengthening the resilience of the emergency medical workforce.

Sexual, reproductive, maternal, and neonatal health (SRMNCAH)

In the West Bank, WHO, together with the Ministry of Health, UNFPA, and partners, strengthened SRMNCAH and child health services through multiple initiatives. An integrated SRMNCH Emergency Preparedness and Response Plan was finalized to guide risk-informed strategies and prepositioning of lifesaving supplies. Three hospitals began implementing the Early Essential Newborn Care (EENC) strategy, supported by training for nine health-care providers.

Like in the Gaza Strip, WHO also piloted the OLIVE Tree SRH mobile application in the West Bank, providing clinicians with point-of-care guidance aligned with WHO standards, and trained 24 obstetricians and midwives on its decision-making tools. Around 200 participants engaged in World Patient Safety Day, while WHO led the finalization of IMCI guidelines for children 0–8 years and contributed to advancing the national Early Childhood Development strategy, reinforcing evidence-based practices and emergency readiness.

Mental health and psychosocial support (MHPSS)

In 2025, WHO continued to co-chair the MHPSS Technical Working Group (TWG), coordinating the emergency MHPSS response with partners. The programme focused on strengthening Ministry of Health (MoH) community mental health services by training nearly 100 mental health professionals in MHPSS emergency response, child and adolescent mental health, suicide prevention, trauma and grief management, and the integration of mental health into health facilities. WHO also supported the rehabilitation programme at Bethlehem Psychiatric Hospital.

WHO further signed a memorandum of understanding with the Ministry of Education to strengthen school mental health programmes. As part of the WHO/EMRO flagship initiative on substance use services, WHO supported a two-day self-care workshop and a two-day training on psychological interventions for 30 health workers at the Rehabilitation Centre for Substance Use.

Responding to severe acute malnutrition

Since the activation of the West Bank Nutrition Cluster in July 2025, WHO has worked with partners to improve emergency nutrition preparedness and integrate nutrition into health services, including leading efforts to establish SAM stabilization centres. Support has focused on building national expertise, aligning protocols with global guidance, and embedding nutrition indicators in the DHIS2 family health information system.

Three MoH colleagues attended a five-day Training of Trainers on WHO guidelines for severe wasting and acute nutritional oedema in Egypt. WHO also initiated plans for integrated SAM services across three pediatric hospitals. Strengthening nutrition information systems remains a priority, with DHIS2 operational in four governorates and child health files now routinely collecting anthropometric data. WHO facilitated joint review meetings with UNICEF and the MoH to analyze these data and inform service planning.

B. Public health intelligence, early warning, prevention, and control

Throughout 2025, WHO worked with the MoH to strengthen of health worker capacities through training to enable early detection and timely notification of public health events with potential cross-border impact. To keep local health authorities informed, WHO shared updated standard guidelines for communicable diseases. In addition, WHO continued to monitor outbreaks in neighbouring countries and providing guidance on preventive measures as needed. Furthermore, WHO contributed to the national response to zoonotic diseases using a One Health approach, coordinating efforts across different sectors.

C. Health emergency coordination

Like the Gaza Strip, WHO continued to perform its role as the lead agency for health in the West Bank health response, under the Health Cluster umbrella. In 2025, WHO coordinated 35 active Health Cluster partners operating 885 (98% of which were functional at the end of 2025) health service points across the West Bank, delivering a wide range of services to affected populations, including trauma and emergency care, SRMNCAH, MHPSS, GBV services, NCD care, and rehabilitation (See Table 6). To ensure data-driven coordination, WHO implemented interactive mapping of partners and service distribution, allowing for the identification of "hot spots" and preventing overlaps in partner initiatives.

Table 6. *Health partners consultations in the West Bank*

Indicator	2025 Output (Jan–Dec)
Total health consultations	1.2 million
General clinical care consultation	550 000
Non communicable diseases consultation	390 000
Trauma consultation	40 000
Sexual and reproductive health consultation	91 000
MHPSS consultation	114 000
Rehabilitation services consultation	31 600

The Health Cluster developed three health response plans for Northern West Bank covering the periods of April – June 2025, July – September 2025 and October – December 2025, providing a structured framework to coordinate partner activities, prioritize interventions, and ensure timely delivery of essential health services to affected populations.

PMRS volunteers participate in a WHO-facilitated live simulation as part of a package of trainings designed to enhance trauma and emergency care in the West Bank. © WHO

FACING THE CHALLENGES TO DELIVER LIFESAVING SUPPORT

Access and security barriers

Renewed hostilities in the Gaza Strip in 2025 significantly reduced the humanitarian space further, severely limiting access within and between areas. Of 299 planned missions, only 175 were completed, while the others were denied, delayed, or cancelled due to security restrictions and expanded evacuation zones. In the West Bank, context volatility and accessibility constraints remained the primary hurdles for community-based interventions and the follow-up of clinical trainees.

Critical resource gaps

In 2025, shortages of fuel and critical resources, such as essential medicines, medical supplies, laboratory consumables, and equipment, limited humanitarian efforts and disrupt health-care delivery. These constraints continued to affect hospital operations, PHCCs, and ambulance services, compelling health partners and facilities to ration the limited resources available.

Human resource strain

Persistent staffing shortages, high turnover, and burnout among health and humanitarian workers continued to undermine overall response efforts. Health workers often endure long hours without adequate breaks, separation from their families, and constant threats to their safety. The introduction of restrictive NGO laws and the banning of UNRWA have further strained human resources, limiting staff availability and operational capacity.

Logistical barriers and border restrictions

In 2025, logistical bottlenecks continued to hamper the delivery of humanitarian aid in the Gaza Strip. Aid convoys experience prolonged delays at checkpoints due to cumbersome security screenings at the few available entry points. Critical medical supplies, including those considered dual-use were often delayed, rejected, or stuck indefinitely in the importation process. WHO's main warehouse and a staff residence was destroyed during an attack in July 2025, severely compromising operations.

LESSONS LEARNED FROM WHO'S 2025 OPERATIONAL RESPONSE

Operational resilience

Maintaining lifesaving services in high-intensity conflict requires risk-informed leadership and operational redundancy. WHO ensured continuity by prioritizing essential supplies, diversifying logistics corridors, and decentralizing operations, enabling field activities to continue despite asset losses and staff displacement especially during July 2025 military operations.

Strategic leadership and coordination

Effective response depends on strategy-driven leadership and field presence. WHO translated an agile operational framework into coordinated action through strong technical engagement, placing health at the centre of the humanitarian response, facilitating Emergency Medical Team deployment, and sustaining transparent partner support despite access constraints.

Public health intelligence and disease control

Conflict elevates outbreak risks, demanding rapid surveillance and decisive action. WHO deployed adapted early warning systems and strengthened hospital WASH capacity, reducing the risk of large-scale outbreaks amid disrupted infrastructure.

Early recovery and health system restoration

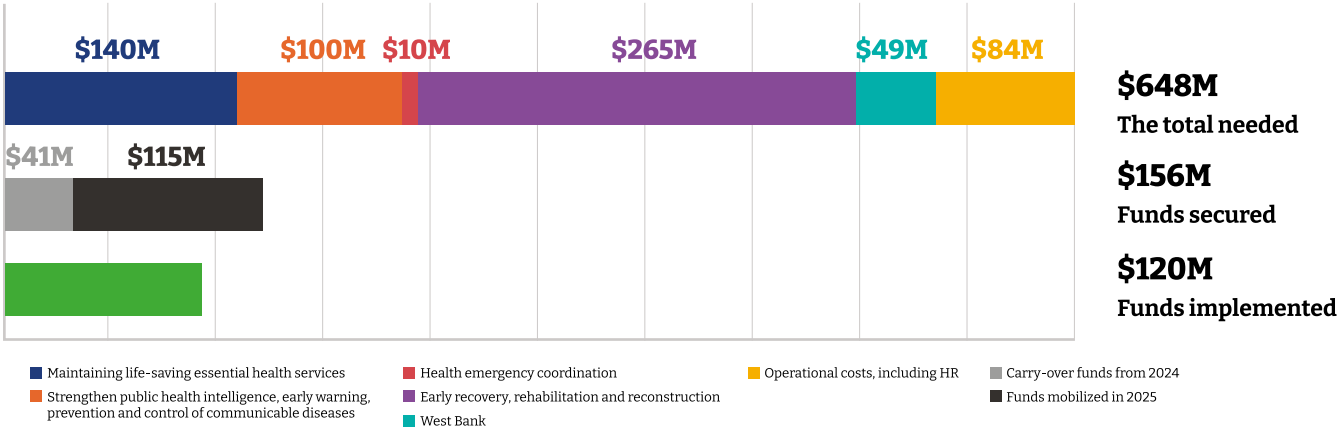
Recovery must run concurrently with emergency response. WHO integrated rehabilitation and reconstruction into planning, linking lifesaving interventions with early system recovery across all levels of care despite widespread infrastructure damage.

Operational security and risk management

Sustained presence requires integrating security into operations. WHO embedded security expertise from the onset of hostilities, systematically assessing risks, and coordinating with OCHA, DSS, and partners to maintain access and operational continuity amid extreme volatility.

FUNDING OVERVIEW AND PARTNERSHIP

Figure 7. WHO oPt total funding ask, funding received and funding implemented as of December 2025



WHO team prepars a pateint for medical evacuation outside Gaza. © WHO

WHO prepares tents to setup a new feild hospital at Al-Shifa Hospital. © WHO

LOOKING AHEAD

WHO will issue a third operational response plan for 2026, aligned with the UN Flash Appeal (2026) and WHE Appeal (2026). The plan aims to sustain and scale up lifesaving interventions, reduce morbidity and mortality and support health system recovery through a coordinated, accountable health response for the affected population.

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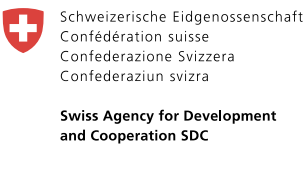
WHO ACKNOWLEDGES THE VALUABLE SUPPORT OF THE FOLLOWING PARTNERS



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