

MULTI-COUNTRY APPEAL: OCCUPIED PALESTINIAN TERRITORY (oPt)

People in need ¹

3.1 MILLION

People targeted ¹

2.7 MILLION

Multi-country Funding requirements

US\$219 126 000

Funding requirements for WHO Emergency operations in oPt

US\$203 967 000

¹ Data provided for People in need and People targeted is taken from the [Global humanitarian Overview 2024](#), these figures may be subject to change as part of the HRP process throughout the year.

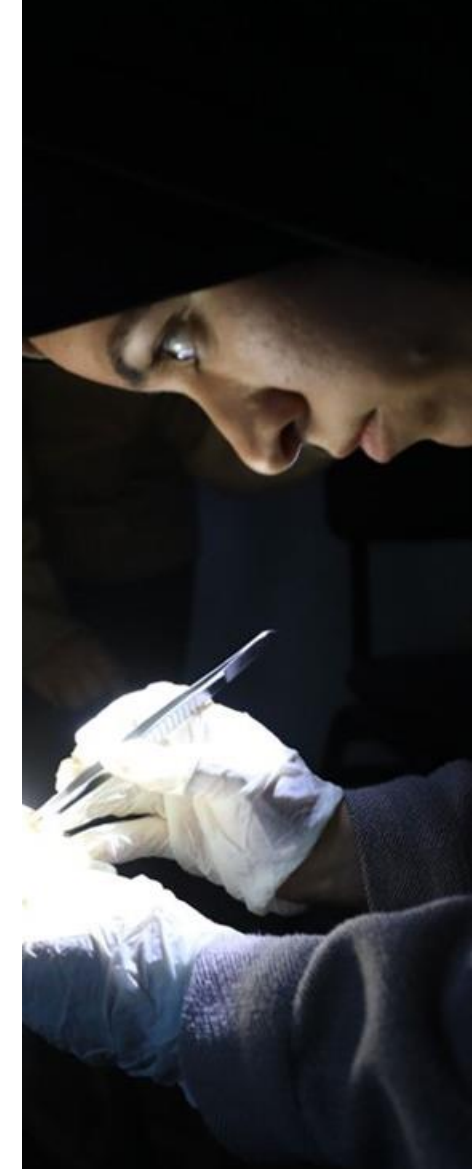


CONTEXT

The escalation of hostilities in the Gaza Strip, beginning in October 2023, has created a humanitarian crisis resulting in increased deaths, mass displacement, and destruction of civilian infrastructure including the health system. In the West Bank and east Jerusalem, escalating Israeli settler and military violence and substantial mobility restrictions have resulted in increased deaths and reduced access to medical services. Socioeconomic conditions have severely worsened, and all determinants of health have been negatively affected. These escalations are occurring in the context of nearly 56 years of Israeli military occupation and 17 years of full blockade of the Gaza Strip. The outbreak of violence has significantly increased the population's already substantial aid dependency and their reliance on coping strategies to address basic needs. The magnitude of the humanitarian need is enormous, yet severe operational constraints have limited the response to date. The current situation has the potential to escalate further, with the risk of a multi-front conflict following the exchange of hostilities in southern Lebanon and the Syrian Arab Republic, with the possibility of violence spreading to other countries in the region. Given the severe humanitarian and health impacts, an increased response to health needs is urgently needed.

In the Gaza Strip, large-scale fatalities and injuries have occurred, outpacing annual all-cause deaths (6061 deaths in 2022) within the first three weeks of hostilities. An estimated 60% of fatalities are among women and children. Insecurity, lack of supplies, and direct attacks on health care have meant that only 20% of Ministry of Health and UNRWA primary health centers are functional and only 38% of hospitals are partially functional. Continued airstrikes and ongoing siege prevent entry and distribution of essential supplies, including water, food, fuel, medications and other health supplies at scale. As of 4 January 2024, there has been a forcible mass displacement of 1.9 million people (85% of the population of the Gaza Strip), including 1.6 million people taking shelter in United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) facilities. Each UNRWA shelter is now housing four to 10 times as many internally displaced persons (IDPs) as intended with inadequate clean water and sanitation, increasing the spread of communicable diseases. There has been only minimal evacuation of the injured and ill, and only a few humanitarian workers are able to enter or exit. On 5 November 2023, the leaders of 18 UN agencies and humanitarian non-governmental organizations NGOs issued a joint statement expressing “shock and horror” at the mounting civilian death toll from the conflict and calling for an immediate humanitarian ceasefire. Since 24 November 2023, some aid has been allowed in following a humanitarian pause agreed by all parties, but humanitarian needs remain near total and will continue to be significant for the foreseeable future. The World Food Programme has noted widespread and worsening severe food insecurity, raising the risk of famine.

As hostilities endure, the destruction of civil society, high casualty rates and forced displacement coupled with a persisting lack of food, water, sanitation and access to health care all constitute a death sentence for large portions of the population. The inability to safely implement even the most basic public health interventions and the ongoing destruction of the health system means that diseases will spread, people will not be able to access health care for their growing health needs, and innocent people will continue to suffer and die needlessly.



*A child receives healthcare in Khan Younis.
Photo: WHO*



Two children ride in a vehicle west of Rafah near the Egyptian border. The escalating crisis in Israel and the occupied Palestinian territory has displaced over 1.9 million people and large numbers of civilians have been killed or injured.

Photo: WHO

The most pressing health needs include the management of traumatic injuries, with over 57 000 casualties reported as of 4 January 2024; mental health, with over 485 000 people believed to have mental disorders; maternal and child health, with an average of 183 deliveries per day; non-communicable diseases, with 350 000 people living with chronic conditions, and nutrition, with 337 500 children under the age of five and 155 000 pregnant and lactating women in need of nutrition interventions. Deteriorating sanitary conditions have increased the risk of epidemic outbreaks, and cases of waterborne diseases, respiratory infections, skin conditions, and other public health threats have been reported. Currently, laboratory capacities and surveillance systems are limited to syndromic reporting.

Health facilities are overwhelmed, and medical facilities and personnel are increasingly targeted by attacks. WHO has documented 590 attacks on health care in the Gaza Strip and West Bank, damaging 118 health care facilities and 291 ambulances as of 4 January 2024. Due to damage or lack of fuel, medical supplies or water, over 58% of hospitals with inpatient capacities and 73% of all primary care facilities across the Gaza Strip are no longer functioning. All operating hospitals and clinics were gravely affected by the severe fuel and medical supplies shortages, leading to stringent rationing.

There has been escalating Israeli settler and military violence in the West Bank, including the use of live ammunition and airstrikes, as well as the complete obstruction of checkpoints between Palestinian towns and closures of several communities. Between 7 October 2023 and 4 January 2024, 313 Palestinians, including 80 children, were killed by Israeli forces in the West Bank. In addition, 3949 Palestinians have been injured, including at least 593 children. This marks the highest yearly number of Palestinians killed in the West Bank and east Jerusalem since OCHA started recording casualties in 2005.

More than 1200 Palestinians have been forcibly displaced from their homes in the West Bank, including at least 198 Palestinian households. A further 444 Palestinians were displaced in Area C of the West Bank and east Jerusalem following the demolition of their homes by the Israeli authorities, which occurred on the grounds of a lack of Israeli-issued building permits or as a punitive measure. Many patients are prevented from accessing health facilities due to the restrictions on movement imposed by the occupation, preventing entry or exit for patients, health personnel and ambulances. WHO has recorded multiple reports of ambulances experiencing delays crossing checkpoints, which threatens the life of patients in transit. In addition, instances of attacks on paramedics and health workers have been recorded.

The health system in the Gaza Strip has been systematically degraded and is collapsing. The public health risks in the Gaza Strip are immense, driven by the conditions created by the conflict, barriers to access to health care, challenges in supplying hospitals and ongoing attacks on health care. The health system in the Gaza Strip must be protected, supported, re-supplied and supplemented.

Chronically ill people will die from a lack of health care and medication, pregnant women and newborn babies no longer have the medical services required to manage complications, and mental health needs are rapidly soaring. Access to health care through hospitals and primary health centers must be re-established and expanded. Further, the risk of epidemics is extremely high. In addition to detection, response and treatment measures, conditions that facilitate epidemics must be addressed through multi-sectoral humanitarian assistance.

In order to save lives in the Gaza Strip, WHO and health partners require conditions to work safely and resources to scale up assistance. Protection of health care and aid workers, and sustained humanitarian assistance are not possible in the current context. WHO is mandated by the Executive Board Resolution EBSS/7/CONF/1/Rev1 to secure with donors the funding for the immediate health needs as well as rehabilitation and rebuilding of the health system in the oPt prior the WHA77 with an estimated cost of \$332M (approximately \$220M for immediate health needs and \$112M for early recovery).

POTENTIAL REGIONAL IMPACT

The crisis in the Gaza Strip has the potential to escalate to a multi-front regional conflict. Readiness to respond to health needs including pre-positioning of emergency medical supplies and coordination among partners are urgently needed. The direct consequences of the ongoing conflict include the potential influx of Palestinians with emergency health requirements to Egypt through the Rafah crossing. Such a scenario will require direct interventions for trauma and surgical care, as well as essential medical care for communicable and non-communicable diseases. Refugee flows into northern Sinai remain highly unlikely but cannot be fully discounted.

The risk of a full-scale confrontation between Hezbollah and Israel is growing with an increasing number of clashes reported at the Israel-Lebanon border, impacting both southern Lebanon and northern Israel. In the event of a scale-up of hostilities, an increase in trauma-related deaths and injuries must be anticipated, as must the potential displacement of civilians, damage to infrastructure, disruption of essential services and an overall reduction in access to basic services, including health. The impact on healthcare would be significant, as the health system is already severely weakened following years of economic decline and repeated crises.

In a context of over 12 years of armed conflict, which has exhausted the health system, a direct confrontation in Syrian Arab Republic would have dire consequences. Further escalation could lead to a high number of wounded and further disruption of the health system and basic infrastructure, especially in Government of Syrian Arab Republic areas. The escalation of hostilities in oPt and Israel carries the risk of direct or indirect consequences including violent protests, civilian casualties, injuries, damage to health facilities, and displacement in Jordan, the Islamic Republic of Iran and Iraq.



Buildings destroyed by airstrikes on the Gaza Strip.

Photo: WHO

WHO'S STRATEGIC OBJECTIVES

- **Health service delivery:** Provide support to the existing health system. Re-establish trauma pathways from the point of injury through rehabilitation. Maintain the continuity of essential health services across the life course. Re-establish of the referral pathway at the primary, secondary and tertiary levels, supporting medical evacuation as needed
- **Public health intelligence, early warning, disease prevention and control:** Alongside key partners, re-establish and implement a robust early warning mechanism and disease surveillance that will consider information flows from communities, IDP shelters and health facilities.
- **Supplies and logistics support:** Procure and deliver life-saving medical supplies, equipment and medication. Strategic supply chain management and prepositioning of medicines and supplies.
- **Partner coordination:** Coordinate and deliver life-saving health services to the population of the occupied Palestinian territory, working through local, regional and global operational partnerships, including the health cluster, Emergency Medical Teams (EMT), Global Outbreak Alert and Response Network (GOARN), and Standby partners, among others.



Children look through a hole in a wall at a destroyed residential area in the Gaza Strip, occupied Palestinian territory.

Photo : WHO

WHO 2024 RESPONSE STRATEGY

WHO's overall strategy and operational response plan are fully aligned with the strategic objectives of the Health Cluster and will build on WHO's 90-day Response Plan. The response will focus on supporting the capacity of the national health system to respond to emergency health needs and will promote and advocate for Palestinians' right to health. WHO will focus on strengthening life-saving emergency interventions, maintaining pre-existing health service delivery and oPt's International Health Regulation (IHR) core capacities as well as coordinating the humanitarian health response across the oPt.

As a priority, WHO's operational response will focus on increasing emergency response and readiness capacities across the oPt for vulnerable communities, including in the Gaza Strip, West Bank and east Jerusalem. WHO will contribute to enhancing access to essential health services including trauma care, prevention and response to communicable diseases, management of non-communicable diseases (NCDs) such as diabetes, heart disease and cancer, and mental health and psychosocial support. WHO will provide support to existing health facilities, maintaining the continuity of essential health services and the re-establishment of the referral pathway at primary, secondary and tertiary levels. WHO will work with in-country partners to strengthen ambulance services and support their role as the first respondents.

WHO and partners will procure and distribute medical supplies to maintain essential health services. WHO will procure medications, disposables, diagnostics and equipment to support primary care, pre-hospital care and hospitals, as well as cross-cutting capabilities such as oxygen, blood banks and diagnostic labs. WHO will continue to systematically monitor health attacks within the Surveillance System for Attacks on Health Care and will document and report on health needs and restrictions on health access. WHO will also advocate for the health rights of Palestinians including access to health services and protection against attacks on health care. As the escalation of hostilities has severely impacted hospital infrastructure, WHO will contribute to the assessment of immediate infrastructure restoration needs in the Gaza Strip and will support infrastructure restoration projects.

WHO will continue to co-lead and coordinate the health cluster and maintain robust inter-cluster coordination to ensure acute humanitarian needs are addressed coherently and safely (including through the prevention of sexual exploitation, abuse and harassment). WHO will continue to support health partners including the Ministry of Health (MoH), other UN agencies (including the United Nations Relief and Works Agency for Palestine Refugees (UNRWA)), the Palestine Red Crescent Society (PRCS), and other non-governmental organizations (NGOs).

The current Grade 3 health emergency continues in the acute phase, marked by ongoing hostilities and requiring direct humanitarian support. The duration of this ongoing escalation in hostilities is unknown, and in this phase it is not possible to estimate the recovery and reconstruction needs for the health system. This appeal focuses on the ongoing humanitarian response for health.



*On 1 January, a WHO team visited a shelter in Gaza by UNRWA.
Photo: WHO*



Over 1.9 million people in the Gaza Strip are estimated to be internally displaced, including 1.6 million internally displaced people who are staying in UNRWA shelters.

Photo: WHO

KEY ACTIVITIES FOR 2024

- Provide immediate lifesaving pre-hospital and hospital-based trauma and emergency medical services to the injured and critically ill, ensuring the continued availability of trauma kits and essential lifesaving medical supplies
- Maintain continuity of essential health services and re-establish the referral pathway at primary, secondary and tertiary levels for health needs across the life course (RMNCAH, communicable diseases, NCD, MHPSS, GBV, etc.). If required, support the medical evacuation of acutely injured and chronically ill patients
- Procure and distribute essential life-saving medications, disposables, diagnostics, equipment and fuel to support hospitals, primary healthcare facilities and the pre-hospital pathway
- Procure supplies for cross-cutting capabilities, including oxygen, blood banks and diagnostic labs and diagnostic equipment for primary and secondary healthcare facilities
- Establish a health logistics coordination mechanism and support warehousing and distribution hubs with key partners to ensure an adequate flow of supplies and the prioritization of key health items at all levels
- Deploy Emergency Medical Teams (EMTs) to augment existing hospital capacity and functioning
- Re-establish and implement a robust early warning mechanism for disease surveillance that will consider information flows from communities, partners, IDP shelters, and health facilities along with key partners (e.g. Ministry of Health, UNRWA)
- Train and deploy Rapid Response Teams working with partners as required for infectious disease outbreaks
- Implement a Health Resources and Services Availability Monitoring System (HeRAMS)
- Establish a health information coordination hub linked to emergency operations centres
- Assess immediate infrastructure restoration needs in the Gaza Strip and facilitate contractor services where needed
- Monitor, document and report barriers to health care access and attacks against health care, undertaking capacity-building activities to strengthen health care workers' understanding of barriers to health access
- In the West Bank, focus on supporting the trauma pathway and prepositioning medications and other medical supplies

Post-hostilities, key health priorities will include to:

- Assess the level of damage and need in the health sector
- Restore functionality of the health system by supporting and maximizing the capacity of the operational hospitals and primary health centres with medications, medical supplies, fuel, and personnel (including emergency medical teams)
- Reactivate non-functional hospitals and primary care centres wherever possible through basic rehabilitation, including the deployment of personnel and provision of supplies
- Support mobile clinics to address the health needs of internally displaced people (particularly in non-UNRWA shelters), with focus on the special needs of women and children
- Support provision of MHPSS services for people in need, including the health workforce, and provide psychological interventions and psychotropics

ACHIEVEMENTS IN 2023

WHO TEAMS DELIVER SUPPLIES TO HOSPITALS IN NORTHERN GAZA AND SOUTHERN GAZA



Critically injured patients transferred from Al Ahli Hospital in northern Gaza to Al Nasser Hospital in the south as part of a UN mission.

Photo: WHO

For regular updates on WHO's response in the occupied Palestinian territory:

Access WHO's [situation reports](#) for the latest information



Alongside partners, WHO teams have undertaken high-risk missions to deliver supplies to hospitals in Northern and Southern Gaza witnessing intense hostilities in their vicinity, high patient loads and overcrowding caused by people displaced by the conflict seeking refuge.

On Tuesday, 26 December, teams visited two hospitals – Al-Shifa in the north and Al-Amal Palestine Red Crescent Society in the south – to deliver supplies and assess needs on the ground. Both hospitals serve as shelters for displaced people seeking relative safety. A reported 50 000 people were sheltering in Al-Shifa hospital, while in Al-Amal there were 14 000.

At Al-Shifa, WHO delivered fuel to keep essential health services running. Alongside UNICEF, WHO also delivered supplies for the hospital and medical supplies were delivered to the Gaza Central Drug Store, which will act as a medical supply hub to deliver to other hospitals. At Al-Amal, colleagues saw the aftermath of recent strikes that disabled the hospital's radio tower and impacted the central ambulance dispatch system for the entire Khan Younis area, affecting more than 1.5 million people. Of the nine ambulances the hospital had, only five remained functioning. WHO staff reported finding it impossible to walk inside the hospital without stepping over patients and those seeking refuge.

While transiting across Gaza, WHO staff witnessed tens of thousands of people fleeing heavy strikes in Khan Younis and Middle Area, on foot, riding donkeys, or in cars. Make-shift shelters were being built along the road.

“WHO is extremely concerned this fresh displacement of people will further strain health facilities in the south, which are already struggling to meet the population's immense needs,” said Dr Rik Peepkorn, WHO Representative in WHO's office for the West Bank and Gaza. “This forced mass movement of people will also lead to more overcrowding, increased risk of infectious diseases, and make it even harder to deliver humanitarian aid.”

FOR MORE INFORMATION

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A WHO-led mission to evacuate premature babies, the Gaza Strip.

Photo: WHO

2024 FUNDING REQUIREMENTS

Emergency Appeal Requirement

Funding requirement by response pillar and by country	US\$ '000						Regional & Global support	Total
	occupied Palestinian territory	Egypt	Iran	Jordan	Lebanon	occupied Palestinian territory		
P1. Leadership, coordination, planning, and monitoring	12 045	178	254	167	277		786	13 708
P2. Risk communication and community engagement	448	331	30	29	9		113	959
P3. Surveillance, case investigation and contact tracing	10 956	126	90	53	270		125	11 619
P4. Travel, trade and points of entry		105			1		6	112
P5. Diagnostics and testing	3 000	330			30		43	3 403
P6. Infection prevention and control	250	331			33			614
P7. Case management and therapeutics	5 815	1 095	2 198		2 550		90	11 748
P8. Operational support and logistics	6 497	83	476	58	270		342	7 725
P9. Essential health systems and services	164 707	210	718	180	2 610		120	168 544
P10. Vaccination		240		180	18			438
P11. Research, innovation and evidence	250				6			256
Total	203 967	3 029	3 765	667	6 074		1 625	219 126

The table above presents WHO's funding requirements to respond to the acute phase of the ongoing Grade 3 health emergency in 2024. In addition to this, WHO also requires funding for its core work to support countries to prevent, prepare, detect and respond to emergencies. The table below presents the overall needs for both the ongoing emergency response (included in WHO's 2024 Health Emergency Appeal) and the core budget for WHE in the country, (included in WHO's Programme Budget 2024-2025). Note that needs related to recovery and reconstruction are not included.

occupied Palestinian territories - Country office requirement	US\$ '000
occupied Palestinian territory crisis	203 967
Emergency appeal requirement	203 967
2.1 Countries prepared for health emergencies	2 298
2.2 Epidemics and pandemics prevented	150
2.3 Health emergencies rapidly detected and responded to	970
Billion 2 - Base programme requirement	3 418
Total	207 384



An internally displaced Palestinian boy waiting in line for food in Rafah, southern Gaza Strip. Photo: WHO