



Gender Alert: Gaza: A War on Women's Health



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SITUATION OVERVIEW

Since 7 October 2023, large-scale Israeli military operations in the Gaza Strip, including aerial bombing and ground offensives, have killed more than 41,000 people. Women and children account for over half of all fatalities.¹ Some 95,000 people have been injured,² and approximately 75 per cent of the population has been displaced. Most people reside in overcrowded shelters with limited access to food, water and sanitation.

The war has caused a catastrophic public health crisis, leading to a spike in preventable deaths, the rapid spread of diseases, and high rates of physical and mental illnesses. After more than 11 months of war, an estimated 177,000 women face life-threatening health risks, including from non-communicable diseases and hunger and poor nutrition during pregnancy.³ Close to 84 per cent of health facilities has been damaged or destroyed. Those that remain lack medicine, ambulances, electricity, water and the ability to provide even basic life-saving treatments.^{4,5} At least 491 health-care workers have been killed: 345 men and 146 women.⁶

To better understand the gender dynamics of the health crisis, between March and April 2024, UN Women surveyed 600 people, 305 women and 295 men, across Gaza's five governorates, asking about their health and well-being. Twelve key informant interviews provided additional perspectives.

This gender alert on the war in Gaza is the fifth in a series by UN Women.⁷ It explores how the conflict has affected women's physical and mental health and is intended to support evidence-based advocacy and services.

¹ WHO's work in health emergencies: Health conditions in the Occupied Palestinian Territory, including east Jerusalem.

² Occupied Palestinian Territory: Health | ReliefWeb Response

³ Crisis in Palestine: UNFPA Palestine Situation Report, Issue #7, 6 April 2024 - occupied Palestinian territory | ReliefWeb

⁴ As of 14 July, 14 hospitals are partially functional, and 22 are out of service. To address the health-care needs, a total of 12 field hospitals have been set up, only four of which are fully functional. Health Cluster Dashboard; data is as of 14 July 2024.

⁵ World Bank Group (2 April 2024), [Joint World Bank, UN Report Assesses Damage to Gaza's Infrastructure](#).

⁶ Male medical staff are at a higher risk of death and injury as they are more likely to be engaged in dangerous rescue and emergency operations. Ministry of Health Report, April 2024

⁷ <https://www.unwomen.org/en/digital-library/publications/2024/01/gender-alert-the-gendered-impact-of-the-crisis-in-gaza>



Photo: UNOCHA/Thembu Linden

Key Data Points



More than 41,000 Palestinians have been killed in Gaza. Women and children account for more than half of these fatalities, although their deaths are disproportionately underreported compared to those of men.^{8,9}



More than 162,000 women suffer from or are at risk of non-communicable diseases (NCDs) such as hypertension, diabetes mellitus, cardiovascular disease and cancer. Women, in particular older women, in Gaza have historically been at a higher risk of NCDs.¹⁰ There are over 30,841 women at risk of diabetes, 107,443 women at risk of hypertension, 18,583 women at risk of cardiovascular diseases, and 5,201 women with cancer.¹¹ Disruption in basic care for these diseases can result in long-term complications or death.



More than 5,000 female cancer patients need immediate treatment, but all services have been suspended. Among seven female cancer patients interviewed, none could access life-saving treatment and medication.

8 WHO's work in health emergencies: Health conditions in the occupied Palestinian territory, including East Jerusalem.

9 <https://healthcluster.who.int/countries-and-regions/occupied-palestinian-territory>

10 Estimates on the number of women with NCDs are provided by WHO Palestine.

11 Estimates are provided by the WHO Palestine.

Key Data Points



Severe overcrowding in shelters and insufficient water and sanitation have led to hundreds of thousands of cases of acute respiratory infections, jaundice, diarrhoea and skin rashes. Women and girls face a heightened risk of exposure due to their disproportionate role in caring for sick family members. Twice as many women as men reported having skin infections, and women accounted for more than two thirds of cases of gastrointestinal diseases and hepatitis A.



An estimated 155,000 pregnant and breastfeeding women confront obstacles to antenatal and postnatal care.¹² Among pregnant women interviewed, almost all experienced challenges related to nutrition. Some 69 per cent had experienced complications such as urinary tract infections, anaemia, pre-term labour and hypertensive disorders.



Women surveyed reported urgent medical conditions at higher rates than men (42 per cent compared to 39 per cent) yet fewer women could pay for health services and medicine.



Around 75 per cent of women stated they regularly feel depressed; 62 per cent often cannot sleep; and 65 per cent frequently feel nervous and have nightmares.



Photo: UNRWA

¹² According to a recent UN interagency rapid assessment, [unfpa-situation-report-9.pdf](#)

FINDINGS

The data collected by UN Women reveal a bleak picture of intersecting gender-related vulnerabilities due to poverty, food insecurity, gaps in protection and legal marginalization. These exacerbate health risks for women and girls. Compared to men, women reported higher rates of medical conditions needing immediate responses, greater risks of exposure to communicable diseases, and less ability to pay for health services and medicine.

While the current health crisis is unique in its scale and intensity, many challenges precede the war. Successive rounds of conflict have severely weakened public health services, including those for mental health. Gaza's health system has historically lacked specialized treatments for complicated illnesses and conditions. Patients seeking care elsewhere were subject to Israel's visa and permit processes. Those who could not gain permission were forced to remain in Gaza, risking death or permanent adverse health consequences.

Infectious and communicable diseases

A sharp increase in infectious diseases stems from overcrowding and displacement, the destruction of water and sanitation systems, and the lack of health services.¹³ As of 15 May 2024, the Occupied Palestinian Territory Health Cluster had reported at least 761,000 cases of acute respiratory infections, 61,000 cases of jaundice, 415,000 cases of diarrhoea and 55,000 cases of skin rashes across the occupied territories.¹⁴ These data are considered incomplete; sex- and age-disaggregated data are unavailable.

Infectious diseases are projected to be the largest cause of excess death in Gaza, including under the best-case scenario of an early permanent ceasefire.^{15,16} Cholera, measles, polio and meningococcal meningitis pose the greatest threats.¹⁷ Even if the conflict ended immediately, the time required to restore functioning health services would still result in thousands of excess deaths.¹⁸

When asked about infectious diseases, twice as many women as men reported having skin infections (25 per cent versus 12.5 per cent). Female respondents accounted for more than two thirds of reported cases of gastrointestinal diseases and hepatitis A. This is likely due to women's disproportionate role in caring for sick family members.

Non-communicable diseases

Before 7 October, non-communicable diseases were the main sources of morbidity and mortality in Gaza, with rates higher among women as well as older people. The World Health Organization in Palestine estimated that today, more than 162,000 women have or are at risk of developing such diseases, including over 30,841 at risk of diabetes, 107,443 at risk of hypertension, 18,583 at risk of cardiovascular diseases and 5,201 women diagnosed with cancer.¹⁹

Women surveyed reported higher rates of diabetes than men and were twice as likely to have hypertension. Managing both conditions depends on access to medication, which has been limited since the intensification of hostilities.²⁰ Regular medical follow-up, proper diets and fast responses to infections, are no longer readily available. Among survey respondents, 25 per cent of women and men reported having a chronic disease: 50 per cent of them had hypertension, 35 per cent diabetes and 16 per cent cardiovascular/heart disease.

Before 7 October, cancer was among the most common causes of death in Palestine. In 2022, the Ministry of Health reported 2,047 new cases. The total number of cancer patients in Gaza was 9,000, including 5,201 women.^{21,22} Breast cancer was the most common cancer overall, with 394 new cases in 2022 or 19.2 per cent of all new cancer cases.²³ The suffering of cancer patients has multiplied during the conflict as the sole cancer facility in Gaza no longer functions. Patients

¹³ [Ibid.](#)

¹⁴ This data is based on information from some primary health-care facilities and UNRWA shelters.

¹⁵ Excess deaths, also known as excess mortality, is a way to measure how many more deaths occur during a specific time period or group compared to what would be expected based on a statistical trend or reference period.

¹⁶ London School of Hygiene and Tropical Medicine et al. (2024), Crisis in Gaza: [Scenario-based Health Impact Projections \(gaza-projections.org\)](#).

¹⁷ The three distinct scenarios included in the Johns Hopkins Study on Scenario-based Health Impact Projections are an immediate permanent ceasefire, status quo (a continuation of conditions experienced from October 2023 till mid-January 2024), and further escalation of the conflict.

¹⁸ London School of Hygiene and Tropical Medicine et al. (2024), Crisis in Gaza: [Scenario-based Health Impact Projections \(gaza-projections.org\)](#).

¹⁹ Estimates are provided by the WHO and derived from the Palestinian Central Bureau of Statistics (PCBS) population projections and the national 'STEPwise' Survey conducted in 2022.

²⁰ State of Palestine, Annual Report, 2022, Southern Governorates, Gaza Strip

²¹ For all cancer sites combined, the crude incidence rate was 94.5 per 100,000 population in the Gaza Strip.

²² World Health Organization Chief, Briefing Security Council on War in Gaza, Joins Calls for Immediate Ceasefire, Unfettered Humanitarian Access | Meetings Coverage and Press Releases

²³ Ministry of Health, Annual Report 2022, State of Palestine



confront a life-threatening lack of radiotherapy and systemic therapy as well as inadequate nutrition. Of seven female cancer patients surveyed, none could access needed treatment and medication.

“I tried to visit my specialist doctor, but I did not find him. The medical centre where the specialist doctors practice was closed, leaving me unable to continue with my follow-up care. I wanted to undergo follow-up tests and X-rays for reassurance, but this is not possible. Previously, I used to receive dedicated care at an oncology hospital, but it is now destroyed, leaving no services for cancer patients.”

Female cancer patient, 50 years old, Rafah

New disabilities

As of 29 July 2024, more than 90,000 injuries in Gaza included 12,500 treated with surgeries. Thousands of people have undergone amputations. The United Nations Children’s Fund (UNICEF) estimates that at least 1,000 children have lost one or both legs²⁴. Amputations have been carried out under extremely compromised conditions and will likely require further surgery, according to the Occupied Palestinian Territory Health Cluster.

Women and girls make up approximately 45 per cent of people with disabilities in Gaza²⁵. Most shelters and water, sanitation and hygiene facilities are not equipped for people with disabilities. Shelters often lack adequate mattresses and beds, which can cause medical complications that cannot be treated in unsterilized conditions.²⁶ Women and girls are usually expected to be the primary carers for family members with a disability, which can add pressure and feelings of anxiety or guilt, especially where the war caused a disability or injury. In this caring role, women and girls are looked to for psychosocial support, when they themselves are experiencing the same needs and are thus limited in their ability to support others.

Maternal Health and Mortality

There is little to no medical treatment capacity for women’s sexual and reproductive health given extensive damages to medical facilities and the lack of medication and medical staff²⁷. Residing in overcrowded housing, shelters or makeshift tents comprises the privacy and dignity of displaced women and girls and raises protection risks.

Attacks on health-care facilities have severely disrupted maternal health care. Without sufficient

24 ‘Ten weeks of hell’ for children in Gaza: UNICEF | UN News

25 WHO-PHSA-oPT-020524-FINAL.pdf (un.org)

26 OCHA (22 October 2023), *Hostilities in the Gaza Strip and Israel, Flash Update #16* (unocha.org).

27 ACAPS Thematic report - Palestine: Impact of the war in Gaza on the sexual and reproductive health and health rights of women and girls (03 May 2024) - occupied Palestinian territory | ReliefWeb

and high-quality services, women are increasingly vulnerable to serious and life-threatening health complications during pregnancy, birth and postpartum.²⁸ Deteriorating childbirth, antenatal and postnatal services pose risks of higher rates of maternal, neonatal and stillbirth deaths. Essential medications for newborns are in short supply, and many women have undergone caesarean deliveries without anaesthesia^{29,30} If a mother dies giving birth, her newborn has an increased risk of hospitalization or death.³¹

Among pregnant women interviewed, 68 per cent had experienced complications: 92 per cent reported urinary tract infections, 76 per cent anaemia, 28 per cent pre-term labour and 44 per cent hypertensive disorders. Other concerns included bleeding (20 per cent), haemorrhage (16 per cent) and stillbirth (12 per cent).

Food insecurity and limited nutritional supplements worsen maternal risks. According to the United Nations Population Fund, among 155,000 pregnant women and new mothers in Gaza, 15,000 pregnant women are on the brink of famine.³² Of all survey respondents who were either recently pregnant or had a pregnant woman in their household, 99 percent indicated that they struggle to obtain nutritional products and supplements; 78.4 per cent could not take tests to assess their nutritional and health status.

“I have not prioritized my health because I am the primary caregiver for my children, assuming the roles of both father and mother. I didn’t undergo any medical examinations. Today, I am nine months pregnant, and I have not done any screenings or medical tests to make sure that the baby is healthy and okay.”

Pregnant mother of three children, 27 years old, Khan Younis

A further concern is that stress and a lack of privacy in war zones severely disrupt breastfeeding³³ Of 175 survey respondents from a household with a breastfeeding mother, 55 per cent described an inability to breastfeed, either exclusively or with the support of formula milk.

Hunger and malnutrition among mothers and babies will have irreversible consequences for children’s survival, growth and development.³⁴ Acute malnutrition rates among children have doubled since January 2024. One in three children under age 2 suffers from malnutrition. The Ministry of Health reported that as of 1 April 2024, 28 children (16 boys and 12 girls) had died of malnutrition and dehydration at hospitals in northern Gaza. More than 90 per cent of children under age 5 had caught at least one infectious disease.³⁵

“I had children who needed treatment that I couldn’t afford to provide for them. My 11-month-old grandson passed away because we couldn’t get him the treatment he needed while he was in Kamal Adwan Hospital. My children used to suffer from fevers, and it was very difficult to look for open pharmacies amid the danger of bombing and planes flying overhead.”

Displaced woman, 42 years old, caretaker of 10 children, North of Gaza

Mental Health

Accumulative traumas afflict nearly every individual in Gaza. Vulnerable groups of women, children, older persons and persons with disabilities are particularly affected.³⁶ UN Women’s data confirm that the war has taken a tremendous toll on mental health. Of 305 women surveyed, 75 per cent said they regularly feel depressed, 62 per cent often are not able to sleep and 65 per cent frequently feel nervous and have nightmares.

“My mental and psychological health is suffering... Sometimes I feel overwhelmed and under immense pressure with everything going on. I go to the toilet and I start crying and crying until I feel better.”

Pregnant mother of three children, 27 years old, Khan Younis

28 Born into hell (unicef.org)

29 World Health Organization (22 January 2024), ‘Health conditions in the occupied Palestinian territory, including east Jerusalem’ (who.int).

30 UNICEF (21 December 2023), ‘Facing life in the Gaza Strip with a new disability’.

31 UNICEF, WHO (May 2020), Survive and Thrive: Transforming care for every small and sick newborn.

32 UNFPA (6 April 2024), UNFPA Palestine Situation Report #7.

33 ICRC (2004), Addressing the Needs of Women Affected by Armed Conflict (icrc.org).

34 UNICEF (7 March 2023), ‘Children’s lives threatened by rising malnutrition in the Gaza Strip (unicef.org)

35 UNICEF (19 February 2024), Children’s lives threatened by rising malnutrition in the Gaza Strip (unicef.org).

36 World Bank Group (2 April 2024), Joint World Bank, UN Report Assesses Damage to Gaza’s Infrastructure.



Photo: UNRWA/ Mohammed Hinnawi

UN Women’s 600 interview respondents came from households with a total of 1,520 children. Nearly 40 per cent (586 children) were under age 5. Some 77 per cent of mothers were tasked with feeding, cleaning and physically caring for children, and 57 per cent were responsible for their children’s education. Women said they struggled to protect the physical and mental well-being of their children while being perpetually deprived of safety, security and basic needs.

“Bombing is what scares us the most. We are always worried because we never know when it will happen or if we will be killed. The Israelis are bombing randomly, and this is terrifying.”

Girl, 16 years old, Rafah

RECOMMENDATIONS:

For all actors:

- UN Women joins calls for an immediate and sustainable ceasefire, the release of all hostages, as demanded by the United Nations Security Council on 25 March 2024 (resolutions 2728, 2024), and the supply of safe, unimpeded and at-scale humanitarian assistance, including medicine and medical supplies, across and within the Gaza Strip, including in northern Gaza, to effectively address grave humanitarian conditions.
- Protect medical personnel and facilities under all circumstances so that the wounded and sick receive needed care.
- Provide safe access to health and sexual and reproductive health services for all women and girls.

For humanitarian coordination actors:

- Require health coordination and response efforts to collect and integrate gender analysis and data disaggregated by sex, age and disability to inform health planning and response efforts.
- Consult women, girls, men and boys in Gaza on health sector plans and responses.

For health response actors:

- Include sexual, reproductive and maternal health support in all emergency health services.
- Advocate for the rapid referral of cancer patients, including women and girls, for treatment abroad.
- Make mobile health services available in internally displaced communities to support early detection of health concerns and provide proper treatment and referrals.
- Support women-led organizations that provide sexual and reproductive health services in Gaza to retain operational capacities and sustain their services.
- Increase awareness, including among women and girls, of the risks of communicable and non-communicable diseases and how to manage them. Provide women in substandard shelter conditions with items to allow physical distancing and the prevention of infections.

³⁷ Gender Alert: Scarcity and fear: A gender analysis of the impact of the war in Gaza on vital services essential to women's and girls' health, safety, and dignity – Water, sanitation, and hygiene (WASH) | Publications | UN Women – Headquarters

UN Women has had an office in Palestine since 1997 to help women achieve their social, economic, and political rights, and we will remain.

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Photo: UNRWA/Mohammed Himawi