IPC

Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

ADDITIONAL CONSIDERATIONS FROM THE FAMINE REVIEW COMMITTEE RELATING TO GAZA ANALYSES

Famine Review Committee: Gaza Strip, 19 December 2025

ADDITIONAL CONSIDERATIONS FROM THE FAMINE REVIEW COMMITTEE RELATING TO GAZA ANALYSES

Further to their statement included in the most recent IPC Special Brief,[1] the Famine Review Committee (FRC) seeks to share some additional considerations on recent developments and claims about their August 2025 analysis and classification.[2] The FRC has made a review of the data made available at the time of the analysis and reiterates that famine conditions existed in Gaza Governorate during the July to mid-August period. Nevertheless, the FRC felt it worthwhile to clarify points that appear to be causing confusion about how the IPC and the FRC came to these determinations.

These technical considerations should not divert attention from the most critical imperative of addressing the continuing catastrophic conditions and averting further loss of life in the Gaza Strip. Immediate action is essential.

Firstly, the FRC has observed a recurring, well-established cycle during which restrictions on supplies entering Gaza have created rising food insecurity, disease, and malnutrition. These rises have triggered IPC alerts or analyses showing significant deteriorations, which have generally been followed by an increase in supplies allowed into the Gaza Strip. The periods of increased supplies and access have improved malnutrition outcomes to a small degree, moving them away from famine thresholds. After a few months, supplies have once again been curtailed, and the acute malnutrition rate has risen again, triggering another IPC alert or analysis. The last alert was issued on 29 July 2025, days before the IPC analysis in August. In early August, as the FRC was activated to review the July to mid-August IPC analysis, supplies began to enter the Gaza Strip at an increased rate.

IPC projections are done to inform decision makers on forecasts of the potential timing, severity and magnitude of a crisis, to inform early relief planning and to prevent or limit the severity of forecasted conditions. They are intended to prompt action and should therefore be considered effective, rather than inaccurate, if the actions arising from the early warning mitigate or prevent the projected deterioration. Projection classifications for the Gaza Strip have depended largely on two factors: the intensity of conflict, and the volume of supplies entering and services delivered within the Gaza Strip. Changes in the intensity of conflict and tightening or loosening of access can directly lead to improvements or deteriorations in the situation. Unlike droughts or climatic conditions, these elements remain primarily under the control and influence of parties to the conflict who have the power to reduce or increase aid deliveries, grant permission for commercial deliveries, and reduce or intensify military activities.

Secondly, the FRC wishes to draw attention to the highly complex data collection, analysis and reporting ecosystem that characterise high-intensity crises, such as the one in the Gaza Strip. In such a context, as in all conflicts, data collection is inherently complex and dangerous for those carrying it out. Use of available, non-standard data is therefore to be expected. Thus, the IPC's convergence-of-evidence and consensus-building approach represents the most suitable approach for informing decision makers, as it enables the triangulation and interpretation of multiple factors beyond a single survey datapoint. The IPC approach has been successfully used to assess conditions in multiple food and nutrition crises, and notably in contexts with high levels of conflict and insecurity, such as Sudan, South Sudan, Somalia, Haiti, Afghanistan, Central African Republic, Democratic Republic of the Congo, Lebanon, and Yemen.

In the Gaza Strip, the FRC has repeatedly advocated for comprehensive, representative household surveys to allow measurement of food security, nutrition, and health indicators. Plans to carry out a survey were made by humanitarian organisations during the ceasefire period from 19 January to 18 March 2025. However, while substantial progress was made in survey planning and preparation, it was not possible to conduct the survey before the resumption of hostilities occurred.

The FRC supports and encourages the ongoing efforts by the Nutrition Cluster and its partners to improve data collection systems, and the acquisition and use of meta data. The FRC recognises that these efforts are taking place under extremely difficult circumstances and is very grateful to all partners for their efforts that have allowed data collection and reporting to continue in the most challenging circumstances.

[1] *Integrated Phase Classification (IPC): "Special Brief – Gaza Strip", 19 December 2025.* *https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_Oct2025_Apr2026_Special_Snapshot.pdf*

[2] *Famine Review Committee: Gaza Strip. August 2025.* *https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf*

Thirdly, the FRC would like to highlight concerns regarding the interpretation of mid-upper arm circumference (MUAC) screening data as prevalence or incidence rates. These issues are particularly relevant in the Gaza Strip context, as they indicate that screening data likely underestimate the acute malnutrition situation in Gaza.

All screening data is prone to a range of potential biases and is only used for classification purposes in the absence of timely, randomly sampled, population survey data. In the absence of such data, the only available anthropometric data continues to be screening data, mostly from programmes that conduct MUAC screenings in combination with vaccination campaigns, blanket supplementary feeding programmes (BSFP), and other activities. These screening activities are usually designed to detect new (incident) cases of acute malnutrition and exclude those children that have been previously identified as malnourished and are under treatment. As a result, much of the screening measurements capture new cases only (incidence) and therefore tend to underestimate the actual prevalence.

For health conditions such as malnutrition, where the average recovery time may be weeks or months, the prevalence will inevitably be higher than the incidence when measured over successive time periods. The peak in prevalence will also tend to lag behind the peak in incidence. These dynamics are key considerations used by the FRC when interpreting malnutrition screening data from the Gaza Strip.

Another key consideration when interpreting the data includes the possibility of self-selection bias, i.e., that malnourished children may be more likely to be screened than non-malnourished children, leading to an elevation in the screening prevalence. Other types of potential bias may result in either an elevation or depression of the prevalence in the screening sample, including the geographic location of the screening activities, mass population movements, and the destruction or closure of medical facilities. Another important consideration is that much of the screening data is collected from children who are enrolled in BSFP and are therefore receiving supplementary food that other children may not have access to. As previously documented, after consideration of all these, and other factors, the FRC considers, on balance, that the cases identified in the screening sample data are likely to underestimate the prevalence of malnutrition in the general population.

Fourth, the FRC has conducted further investigation into the relationship between malnutrition indicators derived from WHZ and MUAC in its analyses and confirmed that the application of the 15% threshold for IPC AMN Phase 5 in Gaza was correct.

The expected relationship between the two malnutrition indicators can be explored statistically using data from available nutrition surveys or other sources of quality-assessed anthropometric data. When there is no appropriate data available from the area under review, data from the region can be considered. Statistical methods for exploring the relationship include correlation and regression analysis, and calculation of the ratio between the two prevalences. Several different calculation methods might be used to estimate the ratio and may result in some degree of variation. These include the ratio of the median prevalences from all available surveys, the median of individual survey ratios, the ratio of the means, or the use of the mid-point in the range of the individual prevalence ratios. As previously stated, the FRC used Middle East region data from Leidman et al. (2019) to investigate the probable ratio between these two indicators. Calculation of the ratio of the median prevalences from the nine available surveys revealed a ratio of 1.9. This finding supports the use of the default 15% GAM by MUAC threshold to identify an IPC AMN Phase 4 (Critical) or Phase 5. The threshold has been used consistently by the FRC in all the FRC analyses and reviews in the Gaza Strip since March 2024, which is when the first MUAC screening data became available for FRC review.[3]

[3] *Famine Review Committee: Gaza Strip, March 2024. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf*

The FRC would like to reiterate that according to the IPC Technical Manual 3.1, MUAC thresholds are to be used in conjunction with the other contextual information by considering the immediate causes of acute malnutrition and the locally understood relationship between MUAC and WHZ prevalence, and by using the convergence of evidence approach. While a GAM by MUAC value above 15% does not necessarily result in an IPC AMN Phase 5 classification, in the case of the Gaza Strip, after reviewing all available evidence on contributing factors, as well as the available evidence on the relationship between WHZ and MUAC, the FRC concluded that a Phase 5 classification was appropriate. Food availability, access, utilisation, stability, WASH and health conditions pointed to an extremely critical situation. We also note that in four out of the five reviews conducted over two years, consistent use of the 15% threshold and contextual information did not result in the FRC making an IPC AMN Phase 5 classification.

Fifth, the FRC wishes to highlight the distinction between IPC analysis, which is based on a convergence of evidence, and the Nutrition Cluster surveillance system. The IPC is a consensus-building process that integrates evidence of varying reliability and considers a wide range of contributing factors, in contrast, the Nutrition Cluster system is designed to meet the programmatic needs of operational partners by continuously monitoring the outcomes of ongoing responses and reporting data as it becomes available. Within the Nutrition Cluster surveillance system, data entry and cleaning occur on a near real-time and ongoing, rolling basis. Its reporting depends on partners' ability to submit data in a timely manner, given challenging ground conditions.

The IPC and FRC analyses are conducted using a dataset supplied by the Nutrition Cluster on a particular date. As such, the dataset represents a snapshot in time, capturing all the data that is available to the cluster on that date. However, as the database is being updated on a more or less daily basis, the number of records available for a given analysis period may change as data is retrospectively uploaded and additional data processing is conducted. There may therefore be small differences in proportions calculated using datasets with different timestamps. In addition, to more accurately assess the situation during periods of rapid change, the FRC has requested the cluster to supply data in half-monthly time segments, separated according to the date it was collected. This contrasts with the regular presentations by the Nutrition Cluster, which routinely show the data summarised for each whole month.

These differences in method and approach have resulted in some discrepancies that are known by both the FRC and the Cluster. Nonetheless, it is important to stress that the minor differences in the way the Nutrition Cluster, the IPC analysis team, and the FRC process MUAC screening data have not resulted in any significant variations in results. All classifications and projections made since December 2023 remain as originally published.[3]

While these technical clarifications respond to recent questions about the August 2025 analysis, the FRC stresses that the primary focus must remain on urgent humanitarian action to address the severe crisis in the Gaza Strip, where the risk of Famine persists.

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