“ILLNESS IS OUR TRUE COMPANION DURING WAR AND FAMINE”

THE ORCHESTRATED LONG-TERM HARM TO PALESTINIANS’ HEALTH:
A KEY ELEMENT OF THE ONGOING GENOCIDE
OCTOBER 2026

MÉDECINS DU MONDE

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“ILLNESS IS OUR TRUE COMPANION DURING WAR AND FAMINE”

THE ORCHESTRATED LONG-TERM HARM TO PALESTINIANS’ HEALTH: A KEY ELEMENT OF THE ONGOING GENOCIDE[1], OCTOBER 2026

PREFACE

For the past three years, our colleagues in Gaza have endured displacement, hunger, grief, and exhaustion. They have lost loved ones, homes and any sense of security.

They have witnessed the destruction of the health system they work to uphold, while facing the same threats and deprivation as the communities they serve.

Today, a ceasefire may have changed part of the immediate circumstances, but it has not erased what people have lived through, nor the profound harm to their health and wellbeing.

Our colleagues continue to care for others, listen and stand alongside their communities. They do so while carrying their own losses, exhaustion and uncertainty about what comes next.

This tribute is dedicated to them.

To their courage, dignity, and humanity.

Their testimonies are not only stories of endurance. They are also a record of what prolonged violence, deprivation and the destruction of the conditions necessary for health can do to people’s lives.

We owe it to them, and to the communities they serve, to listen, bear witness, and ensure that the harm they have endured is neither forgotten nor normalised.

Jean-François Corty, President of Médecins du Monde France
Justine Hirschy and Antoine Kernen, Presidents of Médecins du Monde Switzerland
Ruth Díez Dorado, President of Medicos del Mundo Spain

1 The article 2.b) and 2.c) of the convention on the Prevention and Punishment of the Crime of Genocide, 1948 provides that « Causing serious bodily or mental harm to members of the group » and « Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part » may constitues acts of genocide.

INTRODUCTION

Almost a year after the announcement of the ceasefire in October 2025 and the adoption of the UN Security Council Resolution 2803 (2025), which endorsed the "Comprehensive Plan to End the Gaza Conflict," Gaza continues to face one of the most devastating humanitarian consequences in recent history- an ongoing genocide. The 2.1 million people in Gaza continue to face catastrophic humanitarian conditions[2], with widespread and repeated displacement, the destruction of essential infrastructure, and severe restrictions on access to healthcare[3], food[4], water, shelter and other basic necessities.

Palestinians are grappling with the collapse of systems essential to their survival, while humanitarian access has declined sharply and violations of the ceasefire continue daily.[5]

Over the last three years, Médecins du Monde (MdM) has documented the impact of the genocide and the blockade of humanitarian aid on Palestinians' health, notably the effects of malnutrition[6] and lack of access to sexual and reproductive healthcare.[7]

As Médecins du Monde continues to deliver primary healthcare across the Gaza Strip, including nutrition, sexual and reproductive care and mental health, the medical teams witness the long-lasting harm of the current impossible living conditions. The population is trapped in a cycle of displacement and restricted access to food, hygiene, clean water and healthcare. MdM's data illustrate a broad public health emergency in which people are continuously exposed to preventable diseases, keeping them in unhealthy conditions, and leading to severe complications with limited access to treatment.

This report focuses on the compounding effect of extremely harsh living conditions and severely restricted access to healthcare for Palestinians living in Gaza.

METHODOLOGY

The evidence presented in this report is based on data collected in August 2026 in Gaza, through interviews conducted among pregnant and breastfeeding women (211 individuals), and caregivers of children under 5 years old (177 individuals) among MdM Primary Healthcare Centres' (PHCCs)' patients[8]. A total of 388 respondents were interviewed using a questionnaire comprising women and child-specific indicators.[9] This data collection was supplemented by two focus group discussions with a group of 28 women, including widows, in one of the most vulnerable areas of Mawasi, Khan Younis & Gaza city.

The convergence between survey results and community testimonies in focus group discussions points clearly to sustained and compounding public health risks, which is why we chose to publish the data. The findings from the questionnaire and the focus group discussions illustrates what MdM medical teams witness in the daily 1,600 consultations, and emphasise the alarming projections of the Integrated Food Security Phase Classification (IPC) special brief on Gaza for the period from April to December 2026, including 1.4 million people (67% of Gaza population) in the crisis phase or worse.[10]

2 Humanitarian Situation Report | 4 September 2026, UN Office for the Coordination of Humanitarian Affairs.
3 HeRAMS occupied Palestinian territory: Gaza infographics, August 2026, World Health Organization.
4 Food security and child nutrition crises persist in Gaza despite fragile gains due to increased humanitarian assistance and commercial traffic, Women's, Children's, and Adolescents' Health, July 2026.
5 "Humanitarian Scorecard: Six Months In, Gaza Ceasefire is Failing", Danish Refugee Council, Norwegian Refugee Council, Oxfam, Refugees International Save the Children, April 2026.
6"Ten months of Monitoring Acute Malnutrition in Children, Pregnant and Breastfeeding Women in up to six healthcare facilities in the besieged Gaza Strip", Médecins du Monde, May 2025.
7 "Israeli Attacks on the Health of Women and Girls Destroy Palestinian People's Future", Médecins du Monde, October 2025.
8 Respondent profile: 45.6% of caregiver of child under 5 years old, 30.2% breastfeeding woman, 24.2% of pregnant woman. Geographic coverage: Deir al-Balah 36.9%, Gaza 29.9%, Khan Younis 29.1%, Rafah 2.6%, and North Gaza 1.5%.
9 Respondents were selected from a sampling frame of **7,514 beneficiaries** enrolled across the assessed PHCCs in August 2026, the sample size therefore exceeds the **366** interviews required for ±5% precision at this population size.
10 IPC Global Initiative – Special Brief – Gaza Strip, published on 13 August 2026.

MAIN FINDINGS

1. HIGH BURDEN OF ILLNESS AMONG CHILDREN, PREGNANT WOMEN AND BREASTFEEDING WOMEN

The data collected among caregivers show that **84% of children under 5 years old were ill during the period of 3 months before the interview**. Illnesses included fever, diarrhoea, cough or respiratory illness, and skin disease. 58.2% had at least one anaemia compatible symptom. A prevalence of 40% or higher is classified by the World Health Organization (WHO) as a severe public health problem.

Similarly, pregnant and breastfeeding women show a high prevalence of recent illnesses (57%) such as diarrhoea, acute respiratory tract infections and skin diseases and **93.4% reported symptoms suggestive of anaemia**. According to the WHO, globally, 37% of pregnant women and 30% of women 15–49 years of age are affected by anaemia.[11]

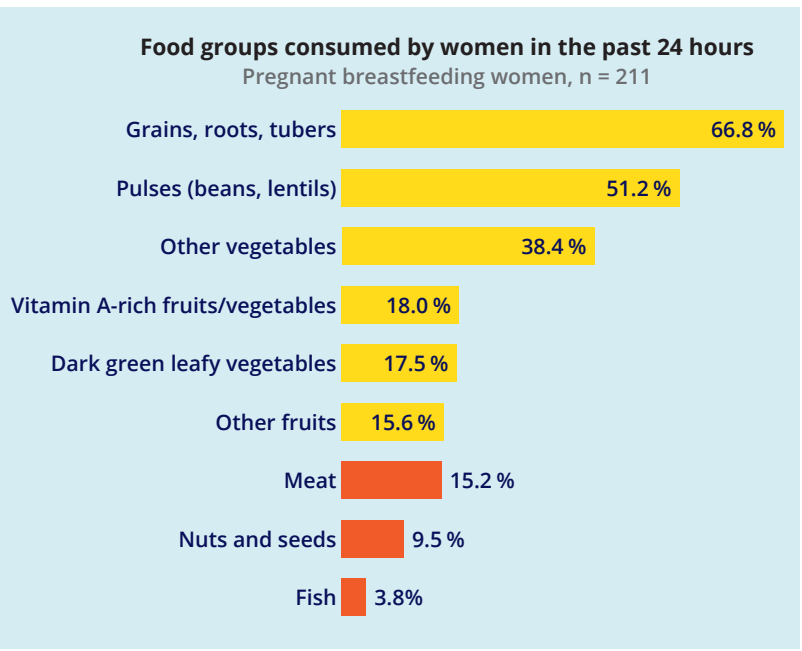
The WHO classifies general prevalence of anaemia higher than 40% as a severe public health problem.[12]

2. DIETS STRIPPED OF DIVERSITY LEADING TO DETERIORATING NUTRITIONAL STATUS

The IPC report presents some general – yet very fragile – improvements in the nutrition situation for the population in Gaza. In MdM clinics, patients report daily on the difficulty of getting quality and nutritious food for their children and themselves, and the harmful coping mechanisms that they must adopt.

The pattern of high reliance on cereals and legumes with very limited consumption of animal-source foods is a recognised marker of low dietary diversity and an elevated risk of protein and micronutrient deficiency which affects immune resilience.[13] According to our data, dietary diversity is extremely low for both women and children in Gaza. In 2026, MdM has already treated 458 children and 1,533 pregnant and breastfeeding women for malnutrition.

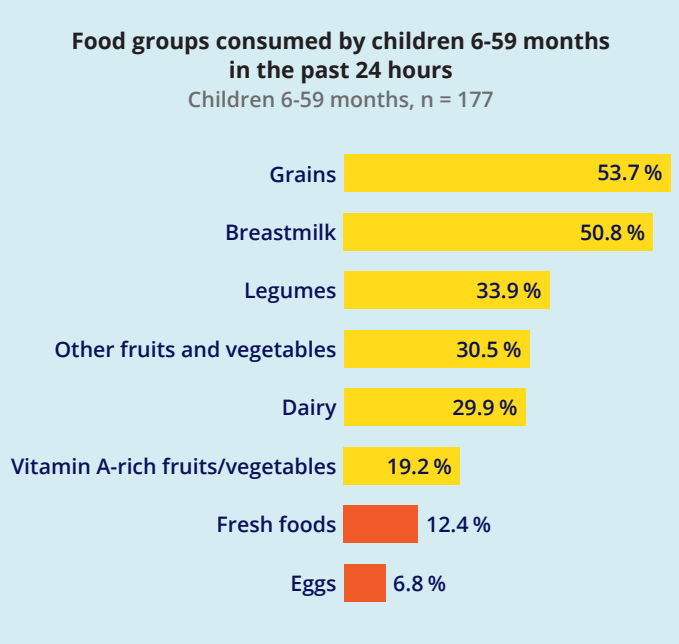
Poor nutrition of pregnant and breast-feeding women



Only 17% of the women interviewed met the minimum dietary diversity threshold (five or more food groups). Consumption of meat (15%), fish (4%) and nuts and seeds (10%), key sources of iron, zinc and essential fatty acids, remains marginal. This directly compounds the risk of anaemia and poor pregnancy outcomes. MdM recorded that 42% of pregnant women who visited its PHCCs had iron-deficiency anaemia in the first quarter of 2026. As a comparison, in developed countries, the rate of pregnant women with anaemia is between 20 and 25%, according to the WHO.

11 https://www.who.int/news-room/fact-sheets/detail/anaemia
12 https://iris.who.int/server/api/core/bitstreams/951aea0e-3198-453f-b557-069e3e9d5896/content
13 Minimum dietary diversity for women: a guide to measurement, Food and Agriculture Organization of the United Nations, 2016.
14 Ibid, p.32.

Poor nutrition of children under 5 years old



The collected data suggests that a large proportion of children are unlikely to meet the internationally recognised Minimum Dietary Diversity (MDD) and Minimum Acceptable Diet (MAD) indicators, two core measures used globally to assess the adequacy of complementary feeding practices among children aged 6-59 months. Failure to achieve these standards is associated with a significantly increased risk of undernutrition, micronutrient deficiencies, stunting and adverse developmental outcomes.

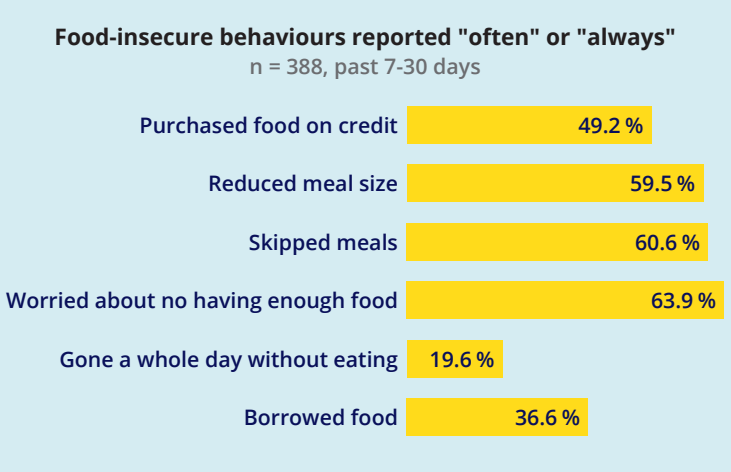
Infants between 6 and 23 months old are particularly vulnerable to nutritional deficiencies given that this age period coincides with the peak for the risk of growth faltering and nutrient deficiencies, as underlined by the WHO.[15] According to the reported habits, meal frequency for this age group is constrained: just over half of children (52%) received two meals or fewer the previous day, below the commonly recommended threshold for this age group, particularly for children who are no longer breastfed. Complementary feeding is often introduced too early: 23% of children began complementary feeding before six months, a pattern associated with increased risk of infection and disrupted breastfeeding, most plausibly driven by breastfeeding mothers' own inadequate nutrition and the search for any available source of food.[16]

"For children, it is specifically difficult to get food and refreshments they like. We must constantly depend on whatever food is available rather than what they actually need."

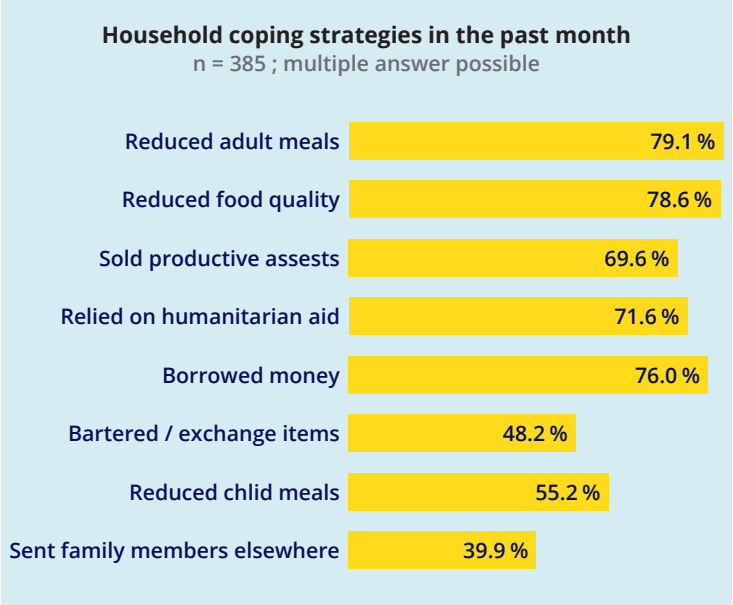
15 Guideline for complementary feeding of infants and young children 6–23 months of age, WHO, 2023.
16 WHO, *Child feeding: minimum meal frequency, 6–23 months*, Global Health Observatory; WHO, *Complementary feeding*; WHO, *Infant and young child feeding*, 4 August 2026; UNICEF, *Improving Young Children's Diets During the Complementary Feeding Period – UNICEF Programming Guidance*, 2020.

3. THE PROGRESSIVE EROSION OF HOUSEHOLD RESILIENCE

Food insecurity in Gaza is no longer episodic, it is structural and constitutes a source of anxiety for 90% of the respondents, while 84% declare that access to nutritious food is very difficult. Food provision has become heavily externalised: 80% of households obtained food from community kitchens (tikiyya) and 47% from Non-Governmental Organisations (NGOs) or United Nations (UN) distributions, while only 35% reported personal purchase as a food source. **These abnormal household food-provisioning patterns reflect the impossibility for most people in Gaza to access food and livelihoods from the regular market, and the extent to which households now depend on external assistance for survival.** Reducing food consumption is reportedly the main coping behaviour, including skipping meals and reducing meal size — reported by 60% of households — while 97% have adopted at least one harmful coping mechanism.



"Families try to survive with whatever they can find. We reduce the number of meals and choose cheaper food. When possible, we ask for support from other families. We sometimes share the same meal with neighbours who may share with us when they find or receive food assistance. We prioritise our children when food is available, and we have sold our furniture, cars, and sometimes even medication."



These coping strategies are not short-term adjustments and heavily affect long-term recovery and children's development. Selling productive assets (70%), bartering essential items (48%) and sending family members elsewhere (40%) are strategies that permanently reduce a household's ability to recover once the crisis subsides. Only 3% of surveyed households reported using no coping strategy at all in the past month.

Read together, these behaviours are consistent with household food consumption patterns at the higher end of the coping-strategy severity spectrum used in food security classification frameworks such as the IPC; they are not responses to a temporary shortfall.

Families are not only going hungry today; they are losing the means to feed themselves tomorrow.

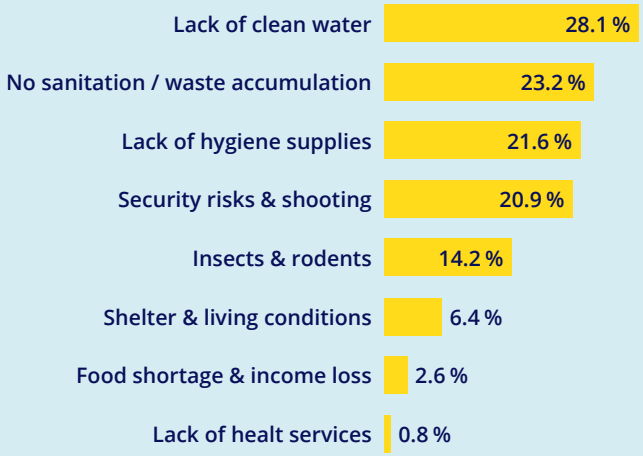
4. LIVING CONDITIONS DRIVING DISEASE

Displacement in Gaza since October 2023 is generalised: 97% of the households surveyed were displaced, almost half of them moved five to ten times, and one in five households was displaced more than ten times. This repeated upheaval strips households of the basic conditions required to protect health: safe shelter, clean water, sanitation, hygiene, and continuity of care.[17]

Among respondents reporting unsafe housing conditions, the most frequently cited health risks were lack of clean water, uncontrolled sanitation and waste accumulation, as well as insufficient hygiene supplies. Together, these conditions create an environment highly conducive to waterborne diseases, including diarrhoeal disease, as well as skin and respiratory infections. The risks are particularly acute for young children, pregnant women and breastfeeding women, whose health resilience is already weakened by inadequate diets and disrupted access to care.

Health risks linked to current living conditions

Share of respondents citing each risk, among the 93.3 % reporting their housing is unsafe



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Daily life in Yarmouk Camp, Gaza City, April 2026

5. SEVERELY CONSTRAINED ACCESS TO HEALTHCARE

Since October 7th, 2023, Insecurity Insight recorded 2,375 attacks on healthcare, health facilities were affected 455 times, while 777 health workers were killed and 399 arrested.[18]

In Gaza, MdM has had to close and relocate its clinics 3 times over the last 3 years. **42% of respondents were unable to obtain healthcare in the previous three months**, mostly because of the cost of transportation, distance, lack of transport, unavailability of services (mainly specialised services), facility closures, insecurity, and lack of medicines.

17 More than 4 households in 5 in Gaza face critical or catastrophic living conditions, "Shelter severity and Household Needs Across Accessible Areas of Gaza", Palestine Shelter Cluster, August 2026. See also Humanitarian Situation Report | 4 September 2026 | United Nations Office for the Coordination of Humanitarian Affairs - Occupied Palestinian Territory.

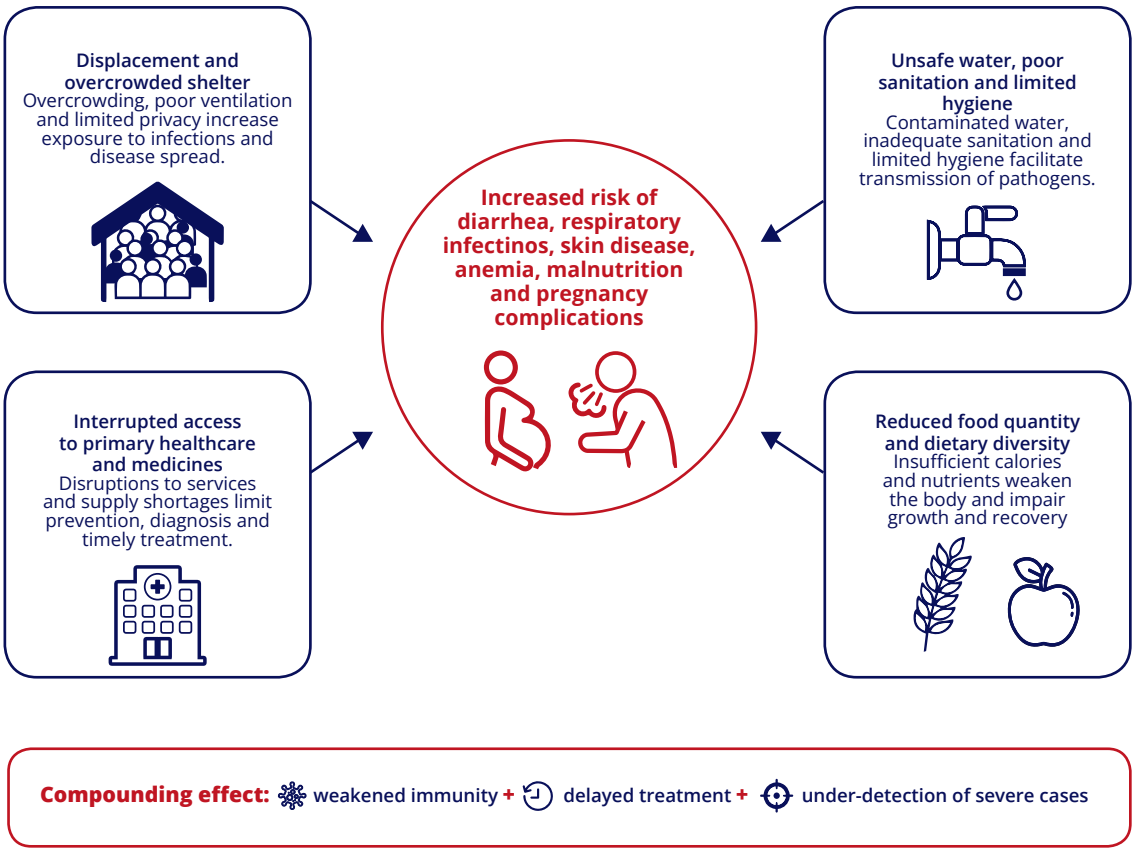
18 Attacks on Health Care in the occupied Palestinian territory 01-15 September 2026, Insecurity Insight.

DETERMINANTS AND INDICATORS OF HEALTH

Determinant	Finding	Impact on health
Households displaced since October 2023	97.2%	Displacement is near-universal and is a major driver of exposure to illness.
Current housing presents additional health risks	93.3%	Shelter conditions are unsafe and directly contribute to communicable disease risk.
Nutritious food often or always difficult to obtain	84.0%	Food insecurity is undermining immunity, recovery, and nutritional status.
Unable to obtain healthcare in previous three months	42.3%	Almost half of respondents faced unmet healthcare needs despite high illness risks.
Women below minimum dietary diversity threshold	82.5%	Very low dietary diversity suggests insufficient micronutrient intake and weakened health resilience.
Children aged 6-59 receiving fewer than 2 meals per day	52.0%	Low consumption of nutrient-dense foods raises serious concerns regarding children's nutritional status and their physical, cognitive, and structural development

Indicator	Finding	Long term consequences on health
Caregivers reporting at least one recent child illness	83.6%	Children are already experiencing a high burden of preventable illnesses.
Pregnant or breastfeeding women reporting recent illness	56.9%	Maternal health is deteriorating in a context of poor diet and disrupted care.
Pregnant or breastfeeding women reporting anaemia-related symptoms	93.4%	Anaemia-related symptoms indicate serious risks for maternal health, pregnancy outcomes and recovery (low birth weight, premature birth, delayed recovery, bleeding post-delivery, inability to breastfeed)

Pathways from crisis conditions to increased illness risk



Taken together, these indicators show that illness risks are not incidental but the result of an orchestrated multilayered destruction of essential systems in Gaza, continued attacks against healthcare and restrictions limiting the capacity to prevent, detect and treat illness, resulting in long-term harm to Palestinians' health.

BEYOND A HEALTH CRISIS: THE DELIBERATE UNDERMINING OF HUMAN RECOVERY AND RECONSTRUCTION

The current situation exposes people to illnesses through multiple and reinforcing factors including damaged houses or overcrowded living spaces, unsafe water, pest infestation, spoilage, lack of fuel and cooking gas, forcing nearly half the population to rely on unsafe waste burning to cook, in turn exposing families to additional domestic accidents. These conditions directly increase exposure to diarrhoea, water-borne diseases, respiratory infections, skin diseases and other preventable illnesses.

At the same time, households are reducing meal quantity and quality, selling assets, borrowing money, relying on irregular aid and prioritising children when food is insufficient. **Illness, poor nutrition and living conditions reinforce each other**: inadequate diets and hygiene weaken health, illness further reduces appetite and nutrient absorption, and limited access to care prevents timely treatment. The result is prolonged deterioration of health resilience across children, pregnant women, breastfeeding women and caregivers.[19]

From a clinical and public-health perspective, the assessment describes a population whose baseline health is being progressively deteriorating, creating the conditions for a predictable rise in communicable diseases, nutritional deterioration and pregnancy-related complications.[20] **These are not isolated medical events; they reflect a breakdown of the protective environment that normally prevents common illnesses from becoming severe or provides timely treatment.**

- For children under five, the reported combination of fever, diarrhoea, cough or respiratory symptoms and skin disease is particularly concerning. Under normal conditions, many of these illnesses can be managed early through primary healthcare, oral rehydration, antibiotics when indicated, nutrition counselling, vaccination, and follow-up. In the current context, delayed consultations, lack of medicines, poor water quality, and reduced dietary intake increase the likelihood of dehydration, acute malnutrition, secondary infections, worsening anaemia, and avoidable complications.

- For pregnant and breastfeeding women, the high level of reported anaemia-related symptoms, low dietary diversity and recent illness indicate serious maternal health risks. In medical practice, such a profile raises concern for fatigue, reduced immunity, increased vulnerability to infection, higher risk of miscarriage, low birth weight, reduced breastfeeding capacity, and delayed postnatal recovery. These risks are aggravated when antenatal care, iron and folic acid supplementation, infection screening, referral for safe delivery, family planning and postnatal support are disrupted, unavailable or unaffordable.

The findings also suggest a high risk of clinical under-detection. When households cannot reach services or when these are overburdened, acute malnutrition, respiratory infection, diarrhoea with dehydration, anaemia, urinary tract infection, pregnancy danger signs, mental distress and gender-based violence-related health needs may remain unseen until they become severe. This means that available data is likely to underestimate the real health burden in communities.

19 A System in Crisis: Access to Healthcare in the Gaza Strip, August 2026, UNRWA.
20 People in Gaza starving, sick and dying as aid blockade continues, May 2025, 2025.

1. DRAMATIC PSYCHOLOGICAL TOLL

The deterioration of physical health documented in the assessment is occurring alongside a profound mental health and psychosocial crisis. Years of violence, repeated displacement, bereavement, destruction of homes and livelihoods, food insecurity and prolonged uncertainty have exposed Gaza's population to sustained psychological distress, while the services available to respond to these needs have been severely depleted.

Available evidence indicates that mental health and psychosocial needs have increased dramatically since October 2023. According to OCHA, citing data from the WHO, the estimated number of people in Gaza requiring mental health and psychosocial support has more than doubled, from approximately 485,000 people before the escalation to more than one million people in 2025.[21] Children are particularly affected: UNICEF estimates that more than one million children in Gaza require psychosocial support, following prolonged exposure to violence, repeated displacement, loss, fear and chronic insecurity.

© Médecins du Monde

Group consultations - mothers and daughters, February 2026, Al-Shatee PHCC

At the same time, the capacity of the health system to respond to this growing psychological burden has been severely reduced. Most mental health facilities in Gaza were destroyed or rendered non-functional during the war, severely disrupting the availability and continuity of care, particularly for people requiring specialised and inpatient services. Prior to October 2023, Gaza had one central psychiatric hospital and seven Community Mental Health Centres (CMHCs) distributed across the Strip. Today, there is no functioning psychiatric hospital, public hospitals lack dedicated psychiatric units and inpatient mental health services, and most CMHCs have been destroyed or become non-functional. This severe reduction in mental health service capacity is occurring at the same time as hunger, repeated displacement, loss and prolonged insecurity are intensifying psychological distress across the population. The daily struggle to secure food and other basic necessities, combined with parents' and caregivers' inability to consistently feed and protect their children, contributes to persistent fear, anxiety, helplessness and emotional exhaustion. In this context, the lack of food and basic necessary items is not only a threat to physical health, but also to psychological wellbeing, family functioning and people's capacity to cope and recover.

Focus group discussions give a human dimension to this psychological toll. Participants repeatedly described exhaustion, fear, loss of hope, and the psychological burden of trying to protect and provide for their children under conditions in which even basic needs cannot be guaranteed.

These broader trends are also reflected in the daily mental health consultations conducted by MdM, between 35 and 40 every day. Children under 18 account for approximately 24.5% of MdM clinics' patients accessing MHPSS services, reporting recurrent symptoms such as sleep disturbances, withdrawal, aggression, irritability, secondary enuresis and emotional dysregulation, illustrating the impact of prolonged stress and insecurity on children's wellbeing.

Together, the quantitative findings and community testimonies show that the consequences of the crisis extend far beyond physical illness. Prolonged exposure to hunger, repeated displacement, loss, insecurity and the daily struggle to meet basic needs is eroding psychological wellbeing, family functioning and people's capacity to heal.

21 Humanitarian Situation Update #334 | Gaza Strip, United Nations Office for the Coordination of Humanitarian Affairs, October 2025.

VOICES FROM GAZA

How prolonged deprivation is affecting psychological wellbeing

BASIC NEEDS AND DIGNITY

"Families are not asking for luxury, but for enough food, clean water, safety and the chance to keep children healthy."

LOSS OF HOPE

"It is not about the appetite for food, our appetite for life is not like before anymore."

REPEATED DISPLACEMENT

"Displacement is like death but in death you may rest in peace. Displacement means another door of hardship has just opened."

SEVERE DISTRESS

"I pray day and night to die as I would not need to go through all these challenges anymore."

MATERNAL STRESS

"I was always afraid that my own health problems and poor nutrition would affect my baby. Constant stress is the first enemy for women."

SAFETY AND SURVIVAL

"It is unfair that women of the 21st century still have to think about their safety and food, not because of natural crisis but because of man-made crisis."

CAREGIVER BURDEN

"The hardest part is that I have had to be strong for my children when I am exhausted and afraid. I cannot show them how scared I am because they depend on me. I am the one who needs financial and mental support for absorbing everything."

CHILDREN AND THE FUTURE

"My children have changed. They are more frightened, they worry about food, and they do not feel safe. The count every bite and start to calculate how much bread should we eat a day. They have lost the feeling of any normalcy."

CAREGIVER BURDEN

"I also feel that I have changed. Before, I used to think about school, family and the future. Now most of my thoughts are about finding food, water, shelter and keeping my children safe and their uncertain future."

2. HEALTH CAPACITIES CONTINUOUSLY ATTACKED AND RESTRAINED

While health needs remain extremely high in Gaza, only 56% of primary healthcare facilities and 60% of hospitals are functioning, and none is fully functional.[22] The health system is still under constant constraints: attacks against healthcare have not stopped since the October 2025 ceasefire. Between January and August 2026, the World Health Organization recorded 45 attacks on healthcare, heavily impacting health transport. The attacks caused the death of 10 medical personnel and left 44 injured.[23]

Blockade and import regulations imposed by Israeli authorities make medical equipment, consumables and medicines extremely hard to supply, leading to many shortages in health facilities. Moreover, support from international institutional donors is declining. For example, Médecins du Monde had to close one of its 7 PHC clinics in 2026 because of the reduced support from donors.

3. THE URGENT NEED FOR RECOVERY OF THE HEALTH SYSTEM

Médecins du Monde considers the situation a failure of both prevention and early treatment. The priority is not only to treat individual diseases, but to restore the minimum continuum of care: community screening, timely referral, functioning primary healthcare consultations, continued supply of essential medicines, nutrition services, maternal and newborn care, vaccination catch-up where feasible, health promotion, and water, sanitation and hygiene related disease prevention. Without this continuum, preventable illness will continue to accumulate, and Palestinians will remain unhealthy even when short-term assistance is provided.

Restoring health in Gaza also requires rebuilding the links between primary healthcare, secondary-level facilities and health surveillance systems, while recognizing that this continuum is currently fractured. Hospitals and other secondary structures remain only partially functional and are carrying an extremely high caseload, including complicated pregnancies, severe infections, trauma, severe acute malnutrition with medical complications, surgical needs and specialist diagnostics.

In this context, PHC services are not only the first point of contact for prevention, screening, treatment of common illnesses, nutrition services, and maternal and child health care; they also absorb part of the pressure on secondary care by managing conditions early, identifying complications before they worsen, and prioritising referrals for the most severe cases. This makes functional referral pathways between PHC and secondary facilities essential, even where hospital capacity is limited.

22 WHO Director-General's remarks at the UNGA side event: Humanitarian access and Health in Gaza – Ministerial Roundtable, 24 September 2026.

23 Attacks on Healthcare in the Gaza Strip, World Health Organization, August 2026.

CONCLUSION

Despite the ceasefire announcement in October 2025, the humanitarian situation in Gaza is not improving, and Médecins du Monde has been witnessing the steady deterioration of Palestinians' health in Gaza as a contributing factor to the genocide. Every day that the healthcare system remains collapsed is a day that preventable diseases become life-threatening or cause irreversible consequences. The international community must move to ensure adequate emergency care, including services that enable healthy and dignified living conditions, and sustained support allowing Palestinians to recover and reclaim their lives.

RECOMMENDATIONS

TO STATES

- **Employ every diplomatic, economic, and political tool available to stop the ongoing genocide and enforce a permanent and comprehensive ceasefire across the whole of Gaza.**

- **Comply with their obligations to ensure respect for International Humanitarian Law, the protection of civilians and civilian infrastructure, including health facilities, medical and humanitarian workers.**

- **Guarantee the safe, sustained and unimpeded entry of adequate humanitarian aid into Gaza for all impartial humanitarian organisations, independently of any political negotiations and outcomes.**

  - **Scale up the entrance of regular, diverse and nutritious food assistance**, including fresh foods, protein sources, fortified foods and targeted support for children under five, pregnant women and breastfeeding women such as RUTFs and folic acid.

  - **Scale up the entrance of medicines, medical equipment and consumables and allow unimpeded movements of medical personnel and patients.**

- **Put an end to the impunity for the ongoing crimes of genocide and war crimes in the occupied Palestinian territory** and support international justice mechanisms enforcing international humanitarian and human rights law.

TO DONORS

- **Ensure high level of predictable and flexible funding for the emergency humanitarian response aiming at restoring and supporting healthcare and other essential services in Gaza, regardless of the registration status of NGOs.** Primary healthcare, nutrition, water, sanitation and hygiene, shelter, protection, and cash support must be prioritised and planned together to restore healthy and dignified living conditions, moving from survival to recovery.

- **Invest in the early stages of the health system recovery**, focus efforts on allowing the entry of medical personnel, equipment, medicines, and supplies, fuel, machinery, spare parts, and construction materials.

- **Prioritise the restoration of proximity-based services** through field hospitals, medical points, mobile services, community services and rehabilitated primary healthcare facilities, as well as outreach programmes.

- **Ensure Gaza reconstruction is holistic and Palestinian-led**, focused on rebuilding the physical material losses, as well as address long-term structural, non-material, socio-cultural and psychological harms, to restore family life, communities, institutions and livelihoods.

TO OTHER HUMANITARIAN ORGANISATIONS AND HEALTH ACTORS

- **Prioritise comprehensive humanitarian programmes to improve simultaneously the determinants of health**: primary healthcare, including nutrition, mental, sexual and reproductive care, food security, housing, water and sanitation services.

- **Ensure response planning is grounded in community voices and coordinated among all stakeholders.**

MÉDECINS DU MONDE
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L'INJUSTICE