



HeRAMS occupied Palestinian territory

Gaza

Infographics

August 2026

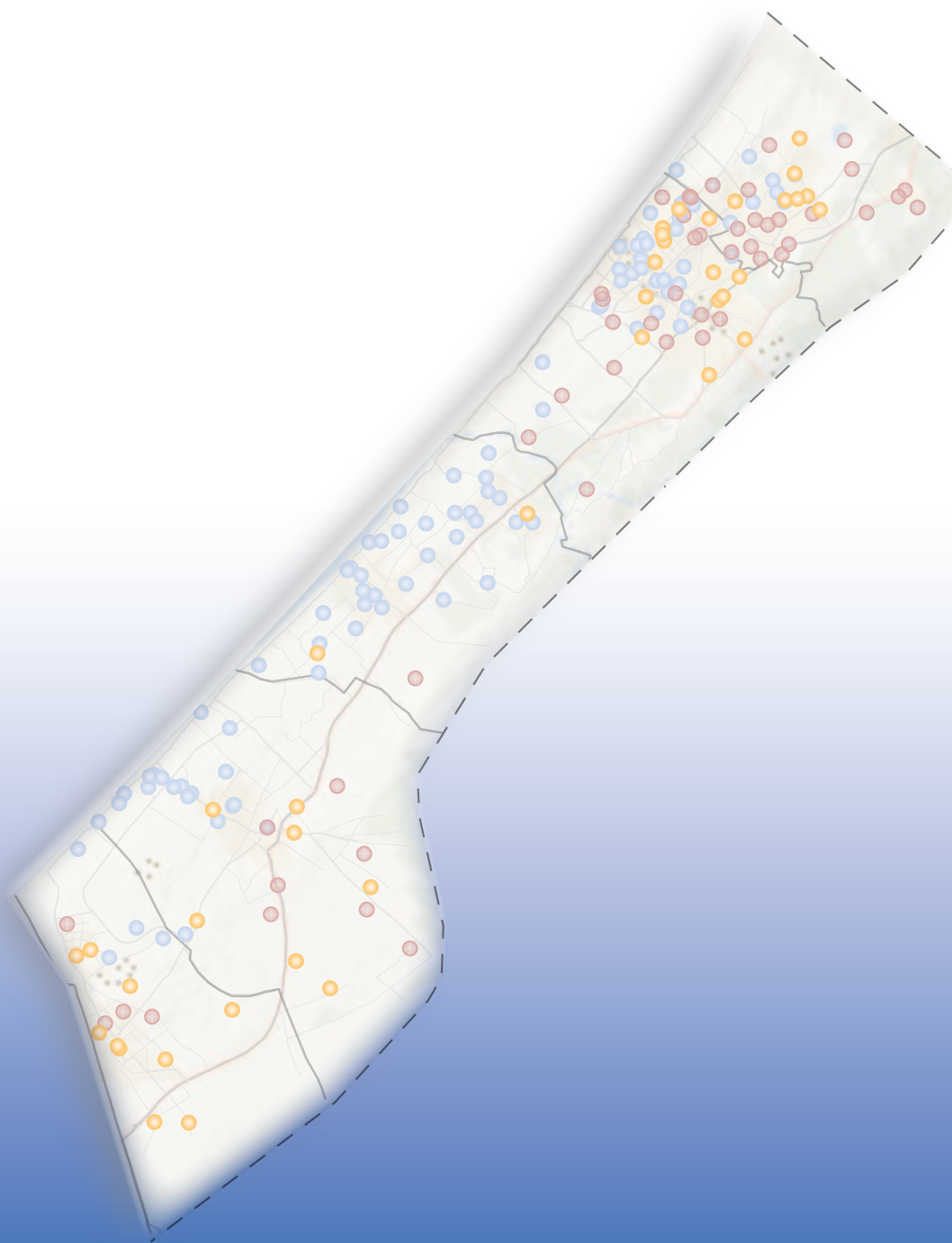


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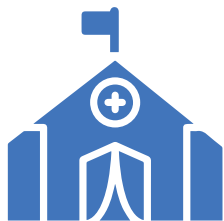
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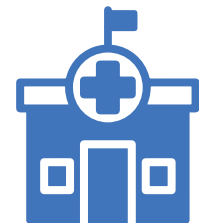
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- 1 All HSDUs:** This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, governmental primary health care centers (PHCs) and UNRWA health centers.
- 2 All hospitals:** This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.
- 3 Governmental hospitals:** This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.
- 4 Field hospitals:** This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip.
- 5 All health centers:** This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.
- 6 Government primary healthcare centers:** This infographic provides insights on governmental primary healthcare centers and focuses on a limited number of services deemed priority for PHCs.
- 7 UNRWA health centers:** This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.
- 8 NGO health centers:** This infographic provides insights on national non-governmental organizations health centers and focuses on a limited number of services deemed priority for health centers.



HeRAMS occupied Palestinian territory

Infographic interpretation guide

Purpose

This guide provides practical guidance on HeRAMS infographic products produced for the occupied Palestinian territory. Its purpose is to streamline understanding, and support readers in navigating the various components of these products.

Background

Disruptions to health systems can impede availability and access to essential health services. A lack of reliable information prevents sound decision-making, increasing a community's vulnerability to morbidity and mortality, especially in rapidly changing environments that require continued monitoring. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders with vital and up-to-date information on the availability of essential health resources and services, helping them to identify gaps and determine priorities for intervention. This is accomplished by evaluating the availability of health services using standardized definitions adapted to the local context.

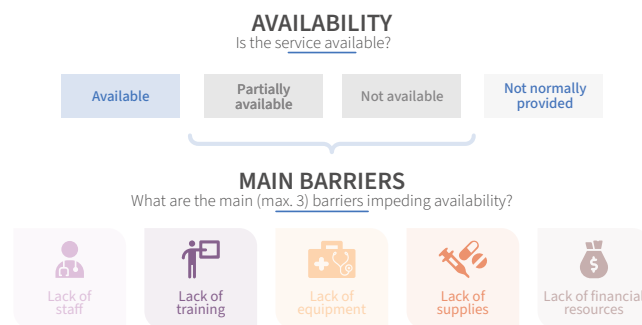
The HeRAMS data model

HeRAMS provides a high-level, indicator-based snapshot of the health system status. Definitions are aligned with established standards to facilitate data integration and harmonization. Each indicator is assessed through two key questions:

1. What is the availability level of the service?
2. If partially or not available, what barriers are impeding service delivery?

Availability: is defined as the service being present in sufficient quality and quantity to meet the daily demands of the health service delivery unit (HSDU) ¹. A resource or service is considered “available” only if the HSDU has the necessary resources to deliver it in accordance with national standards. Availability is categorized as follows:

- **Available:** The service is present in sufficient quality and quantity to fully meet the daily demands of the HSDU, and the necessary staff and resources are in place to deliver it in accordance with national standards.
- **Partially available:** The HSDU is able to provide some parts of the service but due to current constraints, has insufficient capacity or resources to meet daily demand, or is unable to provide the full service in accordance with national standards.
- **Not available:** The HSDU is expected to provide the service but, due to current constraints (such as insufficient resources or staff), is unable to deliver it at all.
- **Not normally provided:** The service falls outside of the current package of services the HSDU aims to provide.



Expected versus not expected

Focal points specify for each service whether an HSDU anticipates providing it. “Expected” indicates that the HSDU plans to offer the service, regardless of its current availability status—whether available, partially available, or unavailable. Conversely, “not expected” means the HSDU does not plan to provide the service, even if all obstacles were removed, and the service is considered “not normally provided.” This categorization is based on the HSDU’s perspective and current circumstances and may differ from assumptions based on national service packages.

¹ Rather than health facility, HeRAMS uses the term health service delivery unit (HSDU) to include any modality through which healthcare services may be provided such as health centres, clinics, hospitals, mobile clinics, temporary or emergency structures, and in some cases individual providers such as community health workers.



When an indicator is not available up to standard (partially or not available), **barriers** impeding service availability are systematically collected using the following categories:

- Lack of staff
- Lack of training
- Lack of equipment
- Lack of (medical) supplies
- Lack of financial resources

Reporting frequency and methodology

Information in HeRAMS is dynamically maintained through a collaborative network of trained focal points who are responsible for updating the status of health service delivery units (HSDUs) as new information emerges. The HeRAMS project in occupied Palestinian Territory is an ongoing process, with continuous reporting, data validation and verification. As such, the analyses presented in these infographics are preliminary and intended solely to inform operations. Each infographic clearly states the cut-of date as of which data was included.

Infographic content

Overall considerations

The initial section of the infographic provides an overview of the overall status of HSDUs and includes all reporting HSDUs in HeRAMS, while subsequent analyses focus exclusively on HSDUs that are at least partially functioning. The analysis of individual services excludes HSDUs reporting a service as “not normally provided.” As a result, the total number of HSDUs included in the analysis of each service may vary. Any changes are clearly indicated through supporting text labels accompanying the charts.

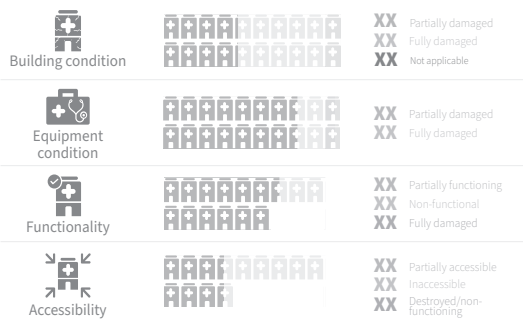
Information on barriers hindering service availability is collected only when a service is reported as “partially available” or “not available,” with each HSDU able to report up to three barriers. The analyses are restricted to HSDUs reporting barriers, and results are limited to the top three barriers reported. The number of HSDUs included is clearly indicated through supporting text labels, and footnotes provide important details, such as non-reporting HSDUs, specific exclusions, or other relevant considerations.

Operational status

To determine whether the HSDU is currently capable of providing health services, the initial section of the HeRAMS questionnaire focuses on infrastructure status, overall functionality, and patient’s ability to access the HSDU. HSDUs reported as destroyed or non-functioning are considered “not operational” meaning they are unable to provide any health service in their current state. Thus, these HSDUs are excluded from further analysis resulting in a difference in the total number of HSDUs included in subsequent sections of the infographic. To understand why an HSDU is not fully operational, underlying causes are systematically collected. The



analysis is limited to HSDUs reporting causes, with each HSDU able to report up to three. Results presented in this infographic are limited to the top three causes reported.



Functionality

This section assesses the HSDU’s overall functionality, defined by the absence of major or systemic issues impeding the ability to deliver the full range of expected services. An HSDU may still be considered fully functional if some services are partially or temporarily unavailable. An HSDU is considered partially functional when its capacity to deliver services is significantly affected, potentially due to infrastructure damage, resource shortages, or a surge in service demand.

The subsequent analyses are limited to operational HSDUs, defined as those that are at least partially functioning.

Partner support

Partner support refers to assistance from entities outside the owning organization, categorized as major, partial, or no support. Major support indicates that the HSDU would not function without it. Partial support indicates that the HSDU can continue to sustain its services independently of the support. For HSDUs receiving support, the type of assistance provided is recorded using standardized categories. Though information on support provided by individual partners is available in HeRAMS, it is excluded from these infographics.

Basic amenities

Basic amenities include cross-cutting amenities essential for an HSDU to operate effectively. The percentage of HSDUs where an amenity is not available up to standard is indicated next to the bar chart. While information on barriers is available, it is excluded from the infographics.

For water, sanitation, waste management, power, cold chain, and communication, additional questions gather information about the sources or types of available amenities. These sub-questions apply only to HSDUs where the amenity is at least partially available, and HSDUs can report up to three sources or types for each amenity. The analysis follows the same logic as for barriers and is systematically limited to HSDUs where the amenity is at least partially available with results limited to the top three amenities present across all HSDUs.

Health information management systems

This section provides information on the availability of facility-based disease reporting and electronic health information systems. Availability is defined by completeness, timeliness, and accuracy of reports.

Health services

Health services are divided into five domains:

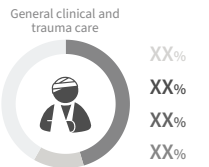
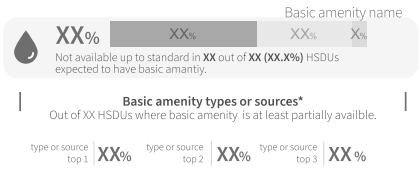
- General clinical services
 - Child health and nutrition
 - Communicable diseases
- Sexual and reproductive health
 - Noncommunicable diseases and mental health

Service availability across a domain is summarized in a **donut chart** and includes all services within that domain. A detailed list of individual services and their definitions is available [here](#). In this figure, all responses to the respective service domain are aggregated to calculate the availability of services within that domain.



For a more detailed analysis of individual services, **bar charts** provide a breakdown of availability levels by service. Unlike the service domain overviews, the analysis of individual services is limited to the HSDUs reported to provide the service, resulting in varying counts of HSDUs included for each service. The total number of HSDUs included is stated in the text label below the service.

Additionally, the top three reported **barriers** are represented as icons next to the bar charts, with the percentage of HSDUs reporting each barrier displayed below. Analyses of barriers are further restricted to HSDUs where the service is not available up to standards. Similar to previous sections, results are limited to the top three barriers reported.



Example: Out of 25 HSDUs reported to provide the services, only 5 (20%) are currently able to provide service up to standard. Among the 20 HSDUs (80%) where the service is partially or not available, 16 (80%) report lack of medical supplies as primary barrier.

Acceptance of referrals

20%

52%

28%

Not available up to standard in **20 (80%)** out of the **25** HSDUs expected to provide the service.



80%

75%

45%



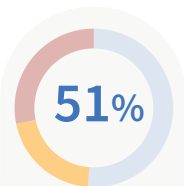


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

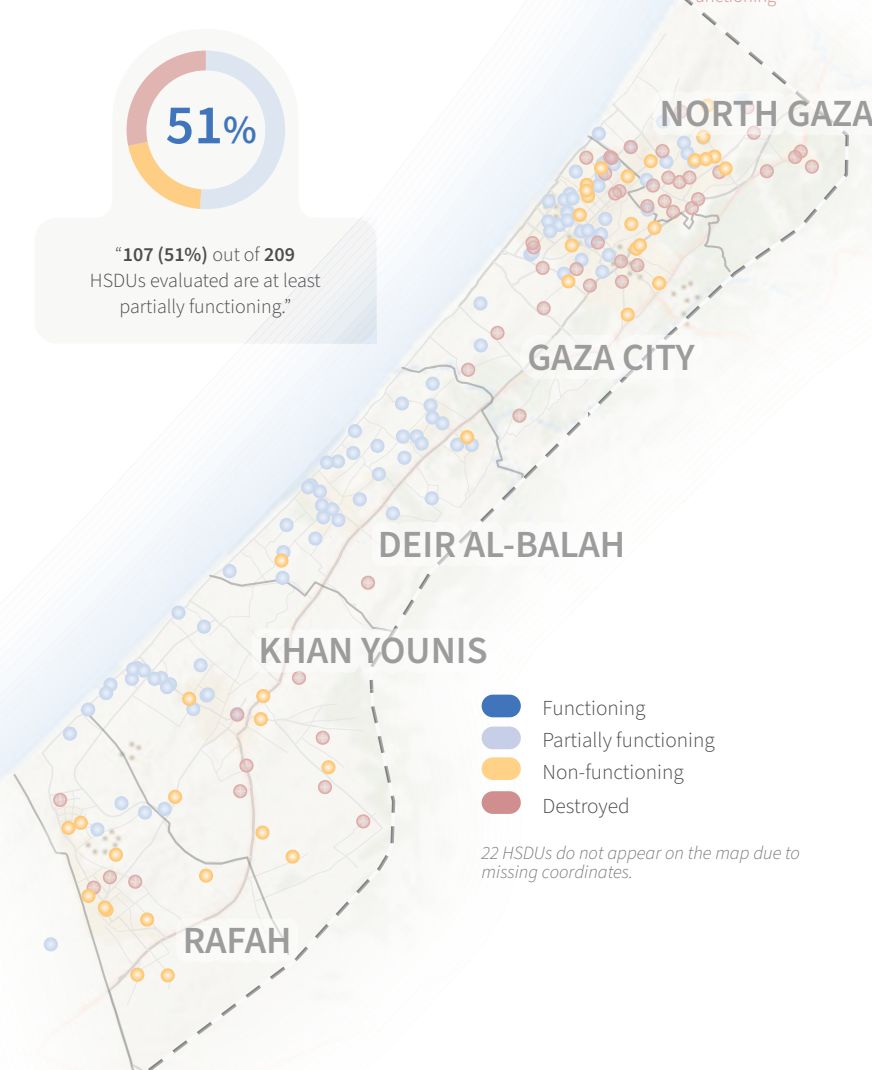
All health service delivery units (HSDUs)

HSDU STATUS

Out of 209 HSDUs evaluated.



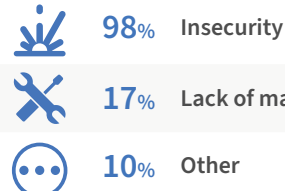
"107 (51%) out of 209 HSDUs evaluated are at least partially functioning."



MAIN CAUSES OF...

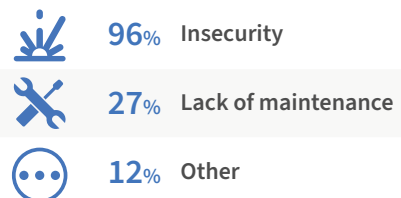
Building damage

The 3 primary causes of building damage as reported by 77 partially damaged and 59 fully damaged HSDUs.



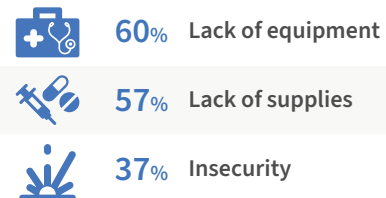
Equipment damage

The 3 primary causes of equipment damage as reported by 65 partially damaged and 74 fully damaged HSDUs.



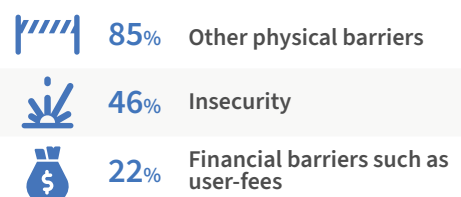
Functionality constraints

The 3 primary causes of functionality constraints as reported by 107 partially functioning and 43 non-functioning HSDUs.

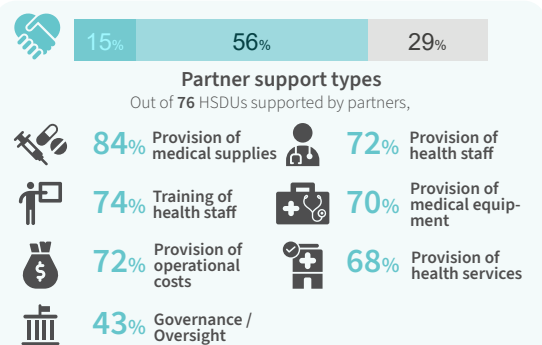


Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 41 partially accessible HSDUs.



Partner Support**



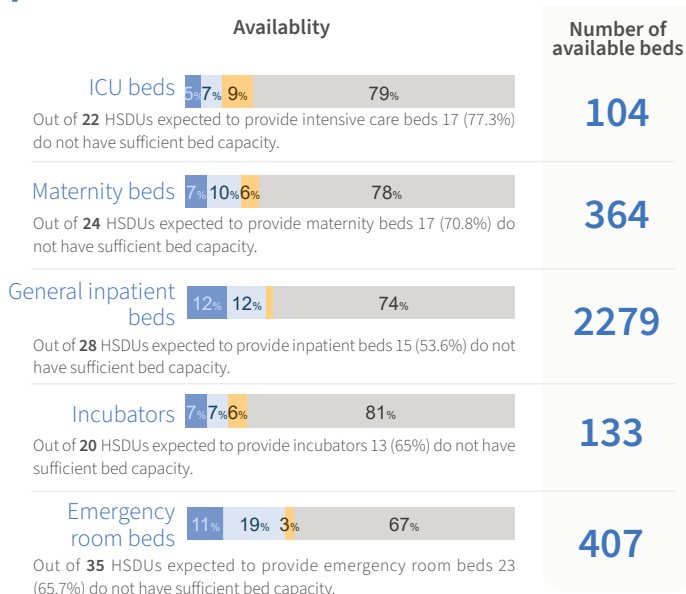
* This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, primary health care centers (PHCs) and UNRWA health centers.

** Out of 107 HSDUs: HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

Inpatient bed capacity

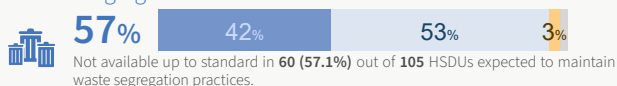


Main barriers*

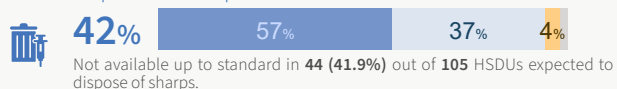


Waste management

Waste segregation



Final disposal of sharps

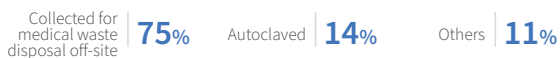


Final disposal of infectious waste

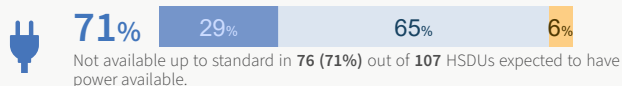


Waste disposal methods

Out of 101 HSDUs where final disposal of sharps or infectious waste are at least partially available.



Power

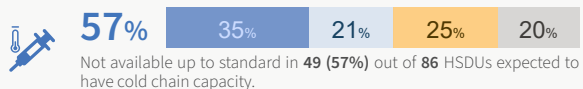


Power sources

Out of 101 HSDUs where power is at least partially available.



Cold chain



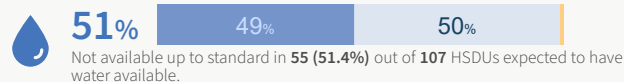
Cold chain sources

Out of 59 HSDUs where cold chain is at least partially available.



WASH

Water

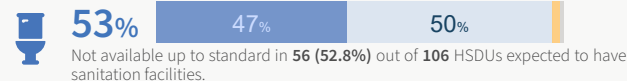


Main water sources

Out of 106 HSDUs where water is at least partially available.



Sanitation facilities



Out of 104 HSDUs where sanitation facilities is at least partially available.

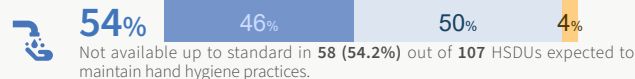
Sanitation facilities types*



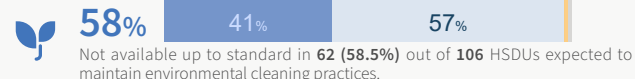
Sanitation facilities accessibility*



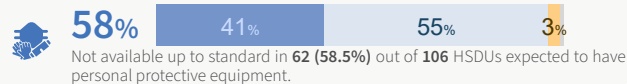
Hand hygiene



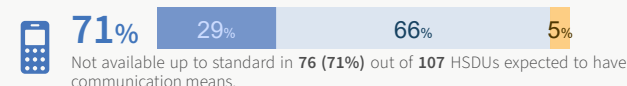
Environmental cleaning



Personal Protective Equipment (PPE)



Communication

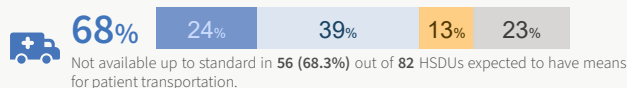


Communication equipment types

Out of 102 HSDUs where communication is at least partially available.



Transportation of patients



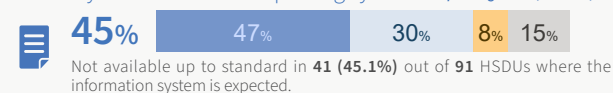
Transportation types

Out of 68 HSDUs where transportation of patients is at least partially available.

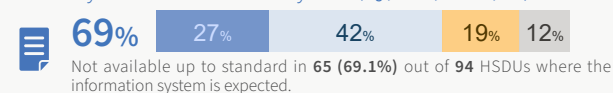


Health information management systems

Facility-based diseases reporting systems (e.g., national disease reporting forms, EWARS, etc.)



Facility-based information system (e.g., DHIS2, Avicena, etc.)

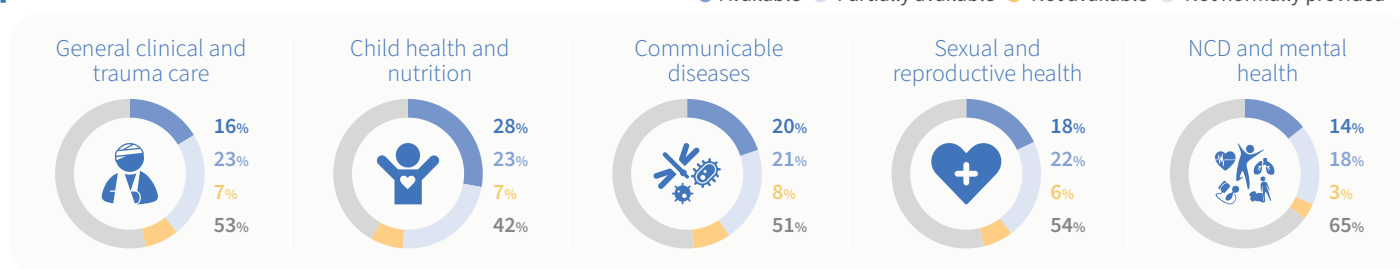


* Out of 107 HSDUs, HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



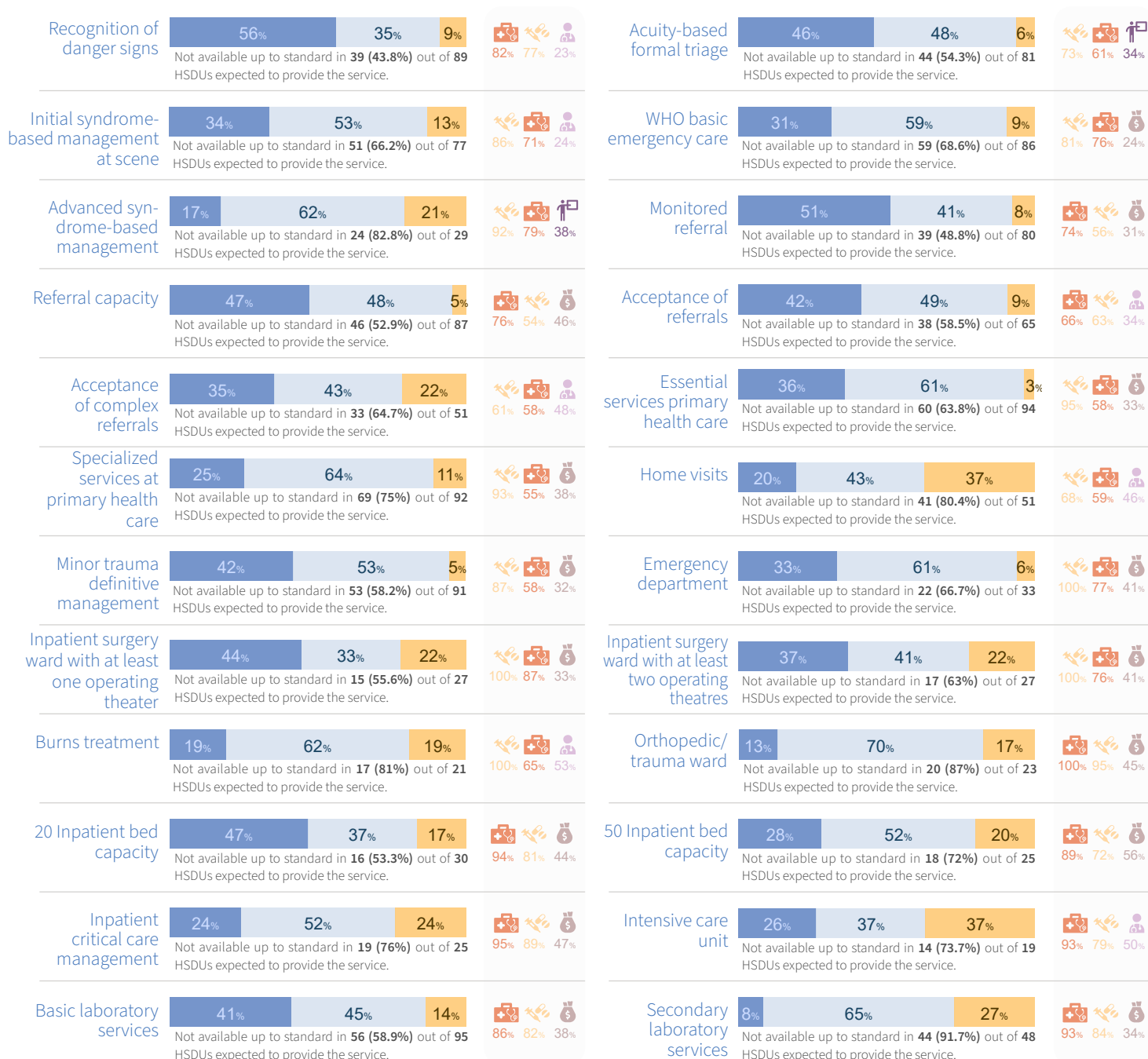
Lack of supplies
Lack of equipment



Lack of financial resources



General clinical and emergency care services



* Out of 107 HSDUs: HSDUs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources

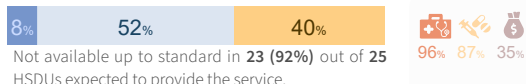


Lack of training

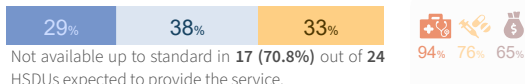


Lack of equipment

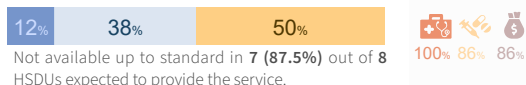
Tertiary laboratory services



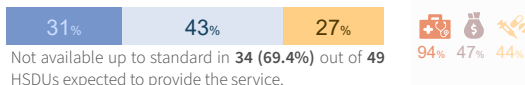
Blood bank services



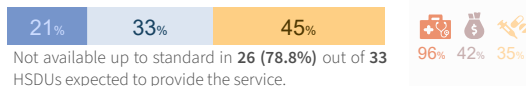
Hemodialysis unit



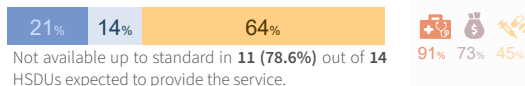
Basic X-ray service



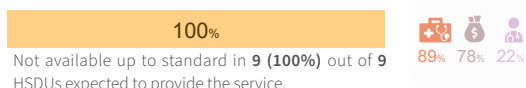
Comprehensive X-ray service



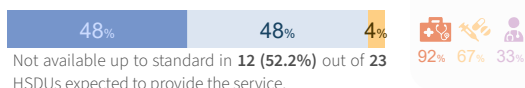
CT scan



MRI

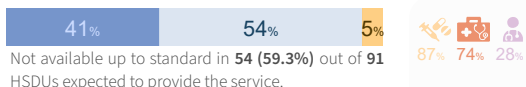


Procedures for mass casualty scenarios

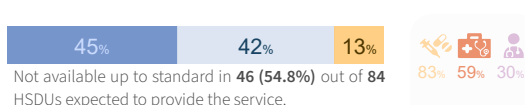


Child health and nutrition services

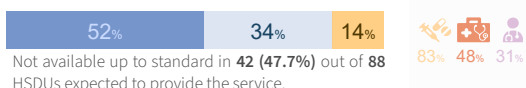
Pediatric first aid



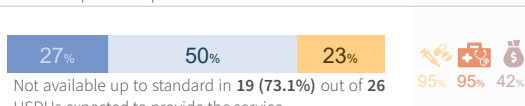
Integrated management of newborn and childhood illnesses (IMNCI)



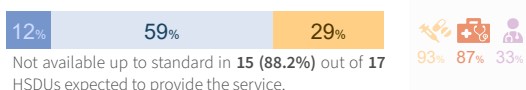
IMNCI Under 5 Clinic



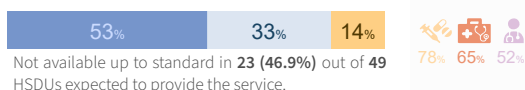
Management of children classified as severe or very severe diseases



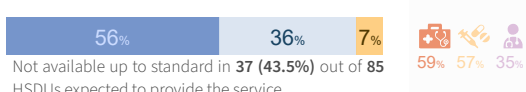
Inpatient surgical care for newborns and children



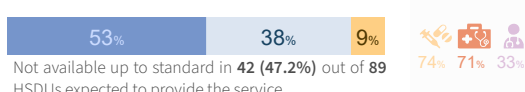
Expanded programme on immunization



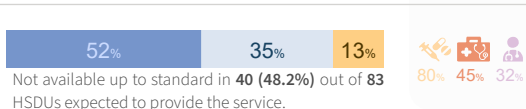
Information, education, and communication on infant, young, and child feeding



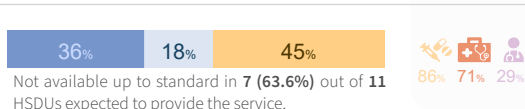
Growth monitoring



Integrated management of acute malnutrition

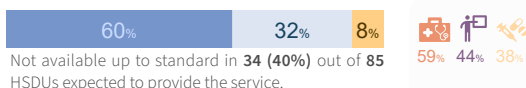


Stabilization center for severe acute malnutrition

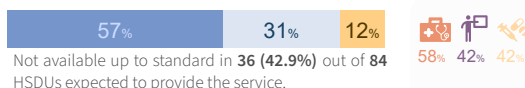


Communicable diseases

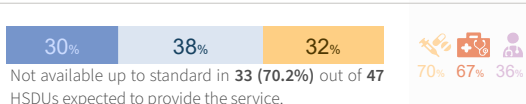
Syndromic surveillance



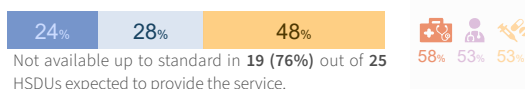
Event-based surveillance



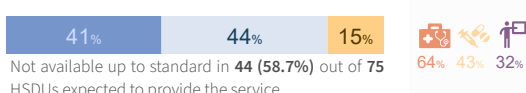
Diagnosis and treatment of tuberculosis cases



Multidrug-resistant tuberculosis



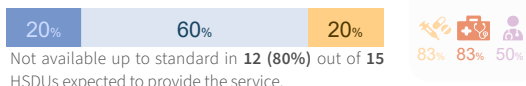
Information, education, and communication on local priority diseases



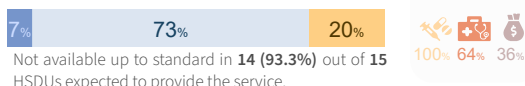
Locally relevant diseases



Isolation unit or room



Management of severe/complicated diseases



Sexual and reproductive health

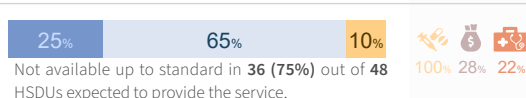
Free access to condoms



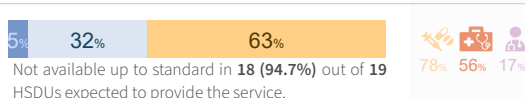
Information, education, and communication on STI/HIV



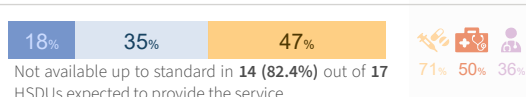
Syndromic management of sexually transmitted infections (STIs)



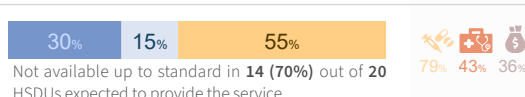
HIV counselling and testing



Prevention of mother-to-child HIV transmission



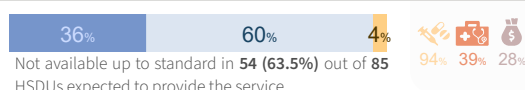
Antiretroviral treatment



Family planning - pregnancy test



Family planning - contraceptive methods



Available Partially available Not available



Lack of staff

Lack of training



Lack of supplies



Lack of equipment



Lack of financial resources

Antenatal care

43% 52% 5%

Not available up to standard in 49 (57%) out of 86 HSDUs expected to provide the service.

92% 55% 33%

Skilled care during childbirth

30% 50% 20%

Not available up to standard in 28 (70%) out of 40 HSDUs expected to provide the service.

82% 61% 36%

Basic emergency obstetric care

31% 44% 26%

Not available up to standard in 27 (69.2%) out of 39 HSDUs expected to provide the service.

93% 78% 33%

Comprehensive emergency obstetric care

43% 30% 26%

Not available up to standard in 13 (56.5%) out of 23 HSDUs expected to provide the service.

85% 77% 46%

Postpartum care

60% 34% 5%

Not available up to standard in 29 (39.7%) out of 73 HSDUs expected to provide the service.

97% 52% 41%

Comprehensive abortion care

18% 62% 20%

Not available up to standard in 33 (82.5%) out of 40 HSDUs expected to provide the service.

91% 67% 30%

Clinical management of rape survivors

35% 54% 11%

Not available up to standard in 30 (65.2%) out of 46 HSDUs expected to provide the service.

63% 50% 40%

Emergency contraception

36% 58% 6%

Not available up to standard in 34 (64.2%) out of 53 HSDUs expected to provide the service.

88% 38% 29%

Post-exposure prophylaxis

40% 49% 11%

Not available up to standard in 21 (60%) out of 35 HSDUs expected to provide the service.

86% 43% 24%



Noncommunicable diseases and mental health

Promote self-care

48% 47% 5%

Not available up to standard in 42 (51.9%) out of 81 HSDUs expected to provide the service.

81% 52% 45%

Noncommunicable diseases clinic

39% 56% 6%

Not available up to standard in 43 (61.4%) out of 70 HSDUs expected to provide the service.

91% 65% 23%

Asthma and chronic obstructive pulmonary disease classification, treatment and follow up

40% 56% 4%

Not available up to standard in 45 (60%) out of 75 HSDUs expected to provide the service.

98% 60% 18%

Hypertension early detection, management and counseling

49% 48%

Not available up to standard in 43 (50.6%) out of 85 HSDUs expected to provide the service.

98% 40% 35%

Diabetes early detection, management, foot-care, and counseling

45% 51% 4%

Not available up to standard in 46 (54.8%) out of 84 HSDUs expected to provide the service.

96% 54% 26%

Inpatient acute rehabilitation

25% 62% 12%

Not available up to standard in 12 (75%) out of 16 HSDUs expected to provide the service.

100% 83% 67%

Outpatient rehabilitation services

36% 53% 11%

Not available up to standard in 29 (64.4%) out of 45 HSDUs expected to provide the service.

76% 69% 24%

Prosthetics and orthotics

7% 80% 13%

Not available up to standard in 14 (93.3%) out of 15 HSDUs expected to provide the service.

71% 71% 50%

Oral health and dental care

27% 51% 22%

Not available up to standard in 33 (73.3%) out of 45 HSDUs expected to provide the service.

88% 85% 30%

Psychological first aid

66% 33%

Not available up to standard in 24 (34.3%) out of 70 HSDUs expected to provide the service.

58% 50% 46%

Management of mental disorders

30% 57% 13%

Not available up to standard in 32 (69.6%) out of 46 HSDUs expected to provide the service.

75% 41% 38%

Inpatient care for management of mental disorders

20% 50% 30%

Not available up to standard in 8 (80%) out of 10 HSDUs expected to provide the service.

62% 50% 50%

Cancer diagnostics services

17% 62% 21%

Not available up to standard in 20 (83.3%) out of 24 HSDUs expected to provide the service.

70% 60% 55%

Primary cancer screening (non-instrumental methods)

50% 40% 10%

Not available up to standard in 20 (50%) out of 40 HSDUs expected to provide the service.

70% 55% 45%

Mammography

13% 27% 60%

Not available up to standard in 13 (86.7%) out of 15 HSDUs expected to provide the service.

100% 46% 46%

Colonoscopy

33% 33% 33%

Not available up to standard in 12 (66.7%) out of 18 HSDUs expected to provide the service.

92% 75% 58%

Cancer treatment services

80% 20%

Not available up to standard in 5 (100%) out of 5 HSDUs expected to provide the service.

80% 60% 60%

Chemotherapy

33% 33% 33%

Not available up to standard in 2 (66.7%) out of 3 HSDUs expected to provide the service.

100% 100% 100%

Radiological treatment

100%

Not available up to standard in 1 (100%) out of 1 HSDU expected to provide the service.

100% 100% 100%

Hematological and oncohematological care in all settings

33% 67%

Not available up to standard in 2 (66.7%) out of 3 HSDUs expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 August 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This infographic includes data from all Health Service Delivery Units (HSDUs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses hospitals, field hospitals, primary health care centers (PHCs), and UNRWA health centers.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to HSDUs where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to HSDUs where the indicator was at least partially available.
3. The analysis of individual services excludes HSDUs reporting a service as "not normally provided." Consequently, the total number of HSDUs included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System

وزارة الصحة
Ministry of Health

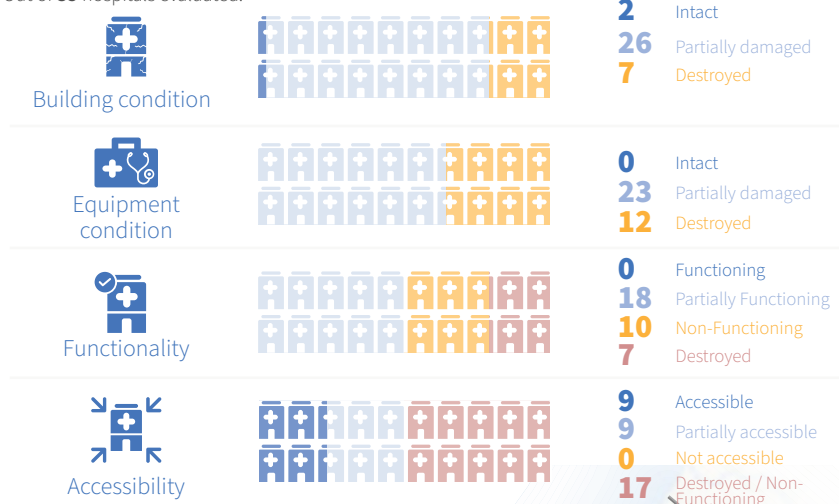


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

All hospitals* (excluding field hospitals)

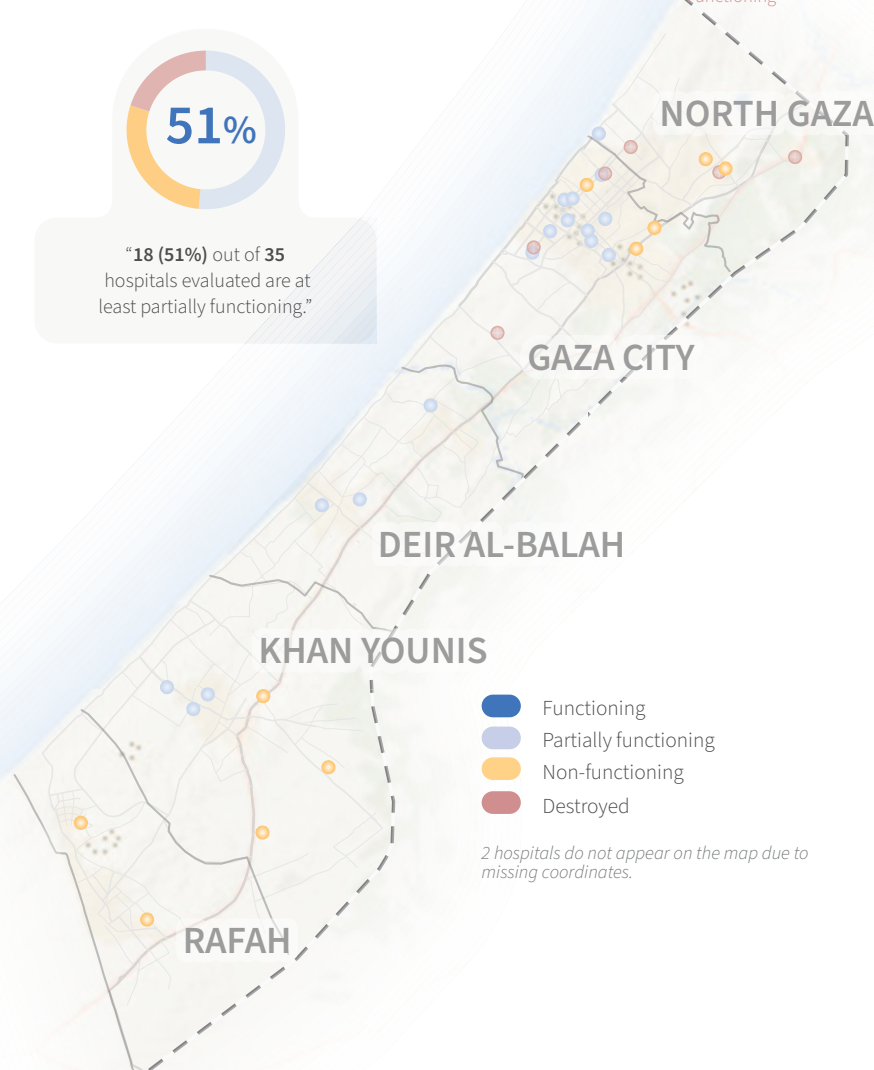
HOSPITAL STATUS

Out of 35 hospitals evaluated.



51%

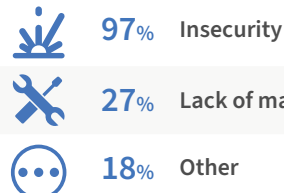
"18 (51%) out of 35 hospitals evaluated are at least partially functioning."



MAIN CAUSES OF...

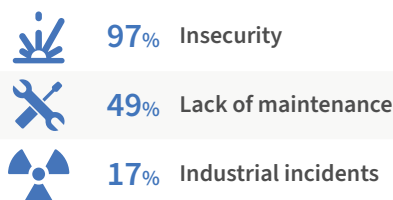
Building damage

The 3 primary causes of building damage as reported by 26 partially damaged and 7 fully damaged hospitals.



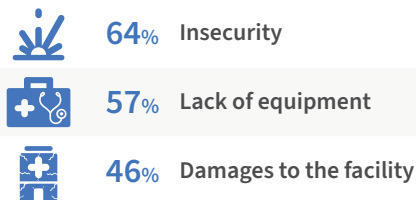
Equipment damage

The 3 primary causes of equipment damage as reported by 23 partially damaged and 12 fully damaged hospitals.



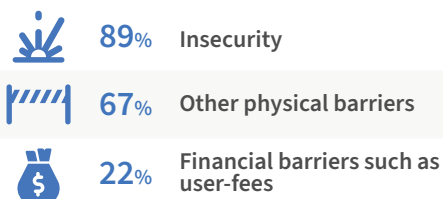
Functionality constraints

The 3 primary causes of functionality constraints as reported by 18 partially functioning and 10 non-functioning hospitals.

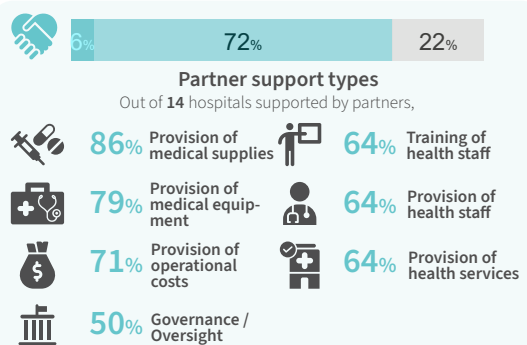


Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 9 partially accessible hospitals.



Partner Support**



* This infographic presents data from general and specialized hospitals operated by governmental and non-governmental organizations. Field hospitals established in response to the ongoing conflict are excluded from this infographic and instead presented in a standalone infographic.

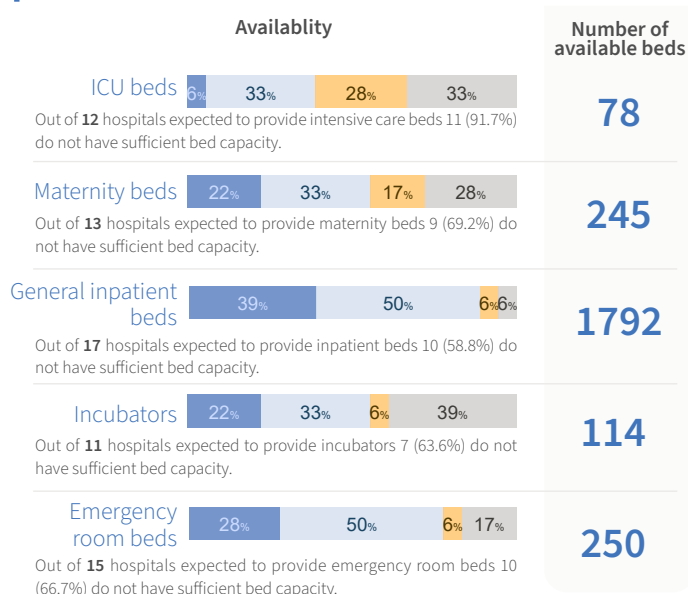
** Out of 18 hospitals: Hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

This total excludes hospitals that were reported as closed by administrative decision. There is one hospital "Al-Naser hospital" that was permanently closed and merged with another existing hospital "Al-Naser AlRantisi hospital".

BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

Inpatient bed capacity

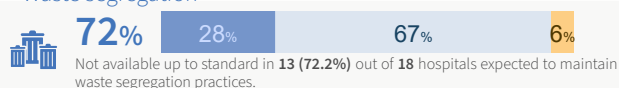


Main barriers*

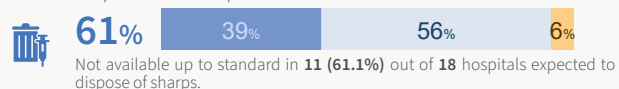


Waste management

Waste segregation



Final disposal of sharps

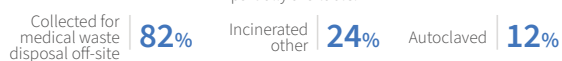


Final disposal of infectious waste



Waste disposal methods

Out of 17 hospitals where final disposal of sharps or infectious waste are at least partially available.



Power

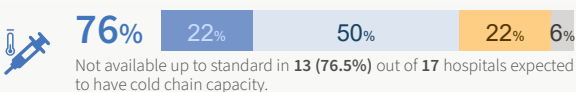


Power sources

Out of 16 hospitals where power is at least partially available.



Cold chain



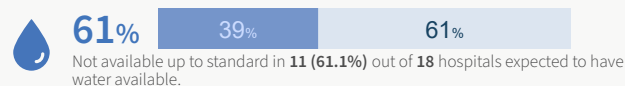
Cold chain sources

Out of 13 hospitals where cold chain is at least partially available.



WASH

Water

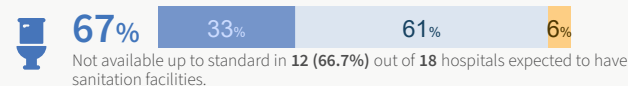


Main water sources

Out of 18 hospitals where water is at least partially available.



Sanitation facilities



Out of 17 hospitals where sanitation facilities is at least partially available.

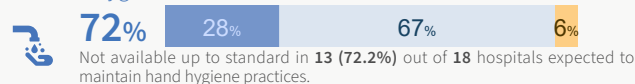
Sanitation facilities types*



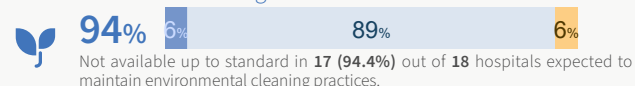
Sanitation facilities accessibility*



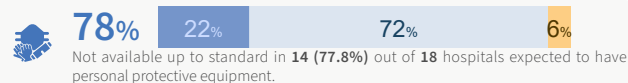
Hand hygiene



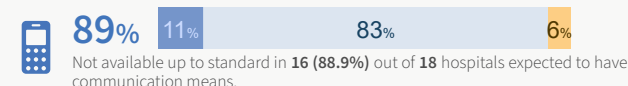
Environmental cleaning



Personal Protective Equipment (PPE)



Communication



Communication equipment types

Out of 17 hospitals where communication is at least partially available.



Transportation of patients



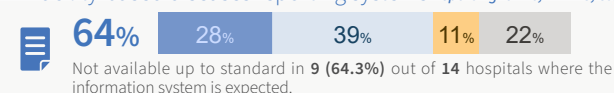
Transportation types

Out of 14 hospitals where transportation of patients is at least partially available.

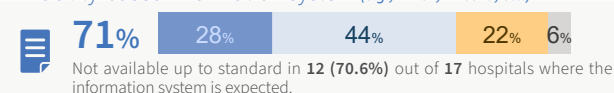


Health information management systems

Facility-based diseases reporting systems (e.g., national disease reporting forms, EWARS, etc.)



Facility-based information system (e.g., DHIS2, Avicena, etc.)

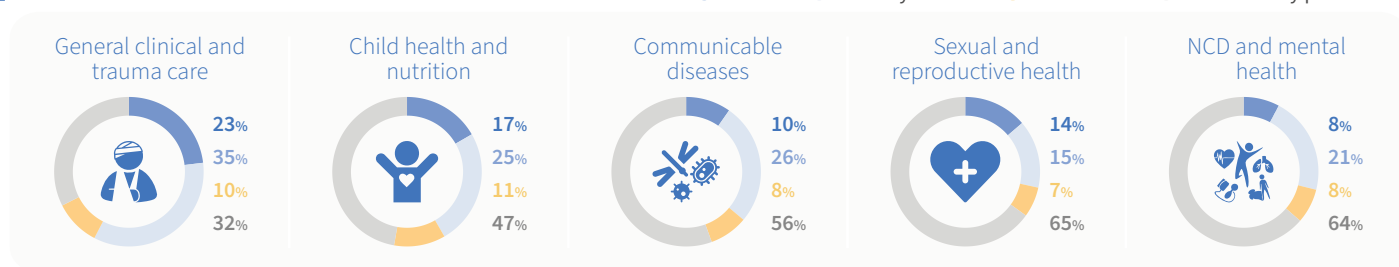


* Out of 18 hospitals, hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



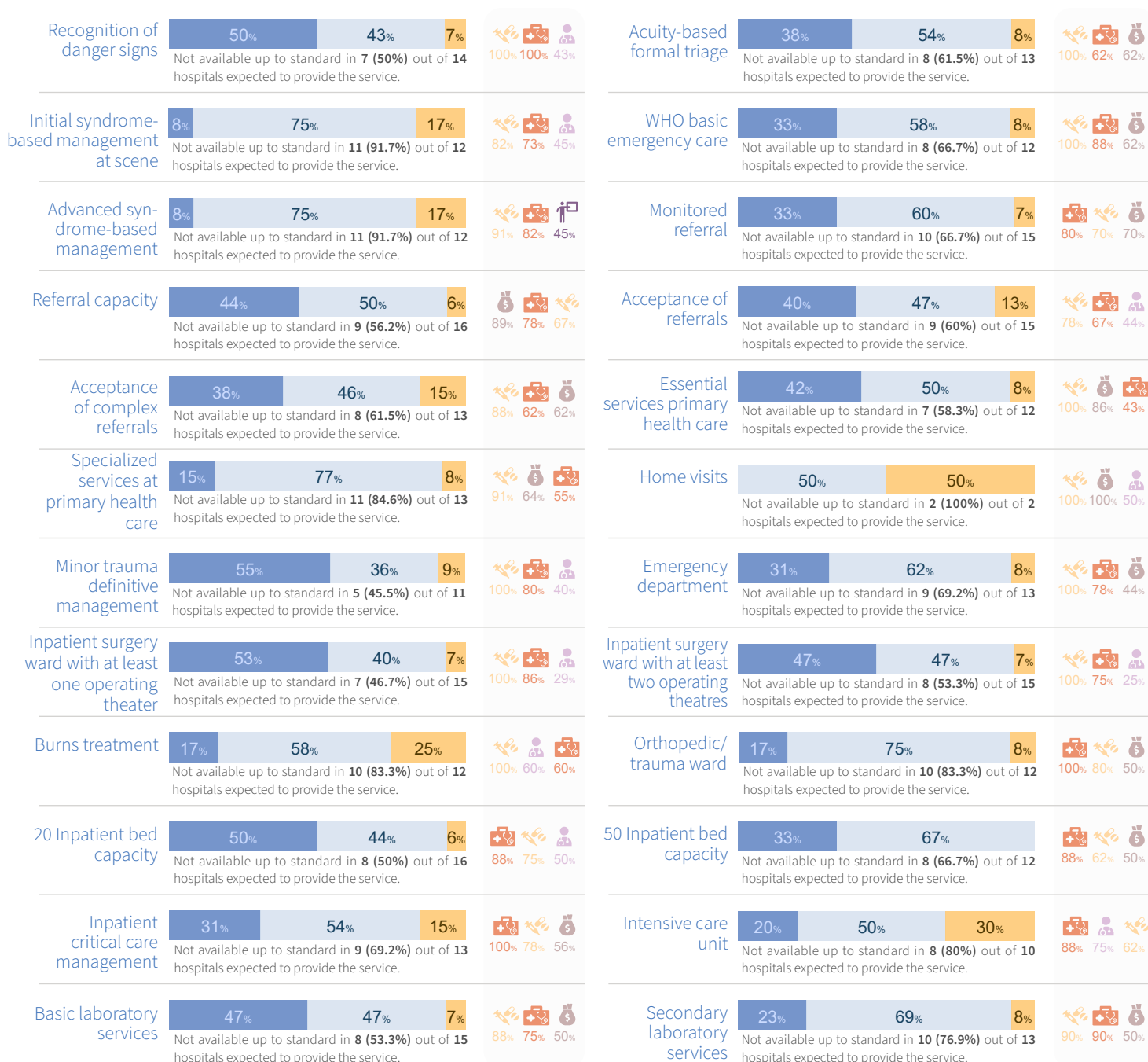
Lack of supplies
Lack of equipment



Lack of financial resources



General clinical and emergency care services



* Out of 18 hospitals : hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff

Lack of training



Lack of supplies

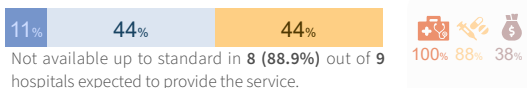


Lack of equipment

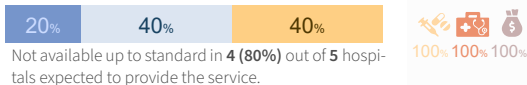


Lack of financial resources

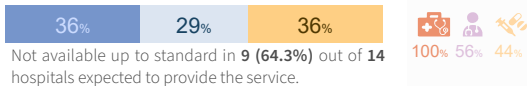
Tertiary laboratory services



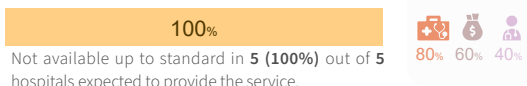
Hemodialysis unit



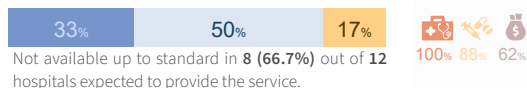
Comprehensive X-ray service



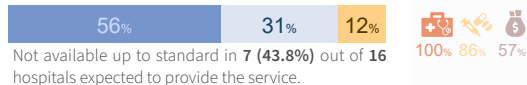
MRI



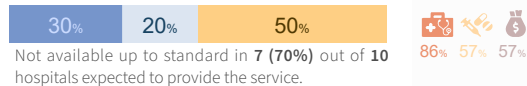
Blood bank services



Basic X-ray service



CT scan

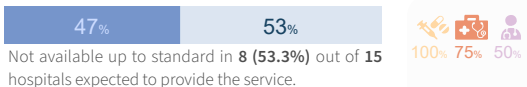


Procedures for mass casualty scenarios

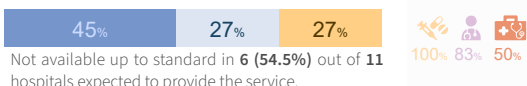


Child health and nutrition services

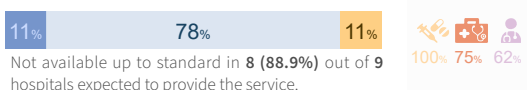
Pediatric first aid



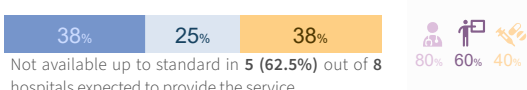
IMNCI Under 5 Clinic



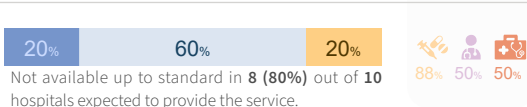
Inpatient surgical care for newborns and children



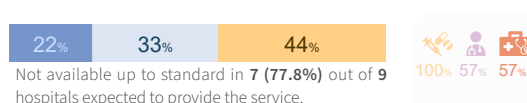
Information, education, and communication on infant, young, and child feeding



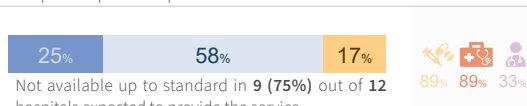
Integrated management of acute malnutrition



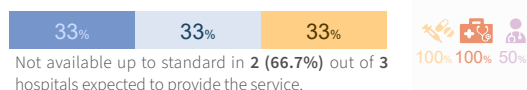
Integrated management of newborn and childhood illnesses (IMNCI)



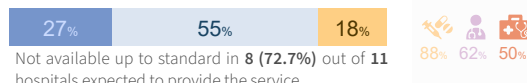
Management of children classified as severe or very severe diseases



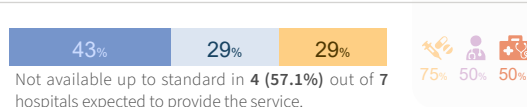
Expanded programme on immunization



Growth monitoring

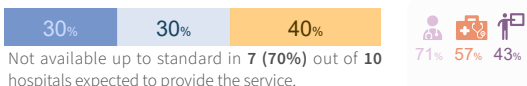


Stabilization center for severe acute malnutrition

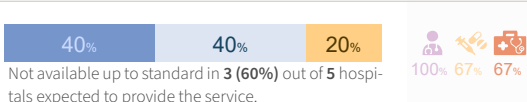


Communicable diseases

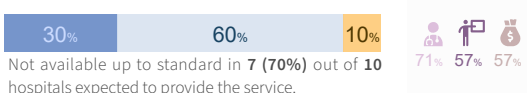
Syndromic surveillance



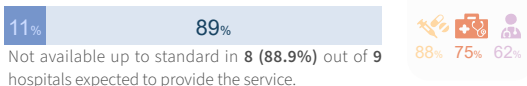
Diagnosis and treatment of tuberculosis cases



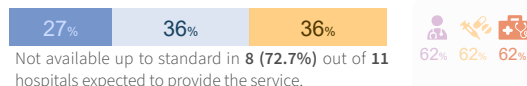
Information, education, and communication on local priority diseases



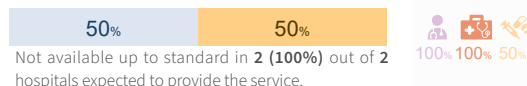
Isolation unit or room



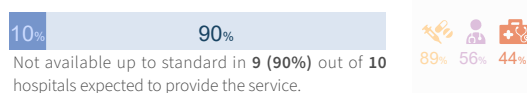
Event-based surveillance



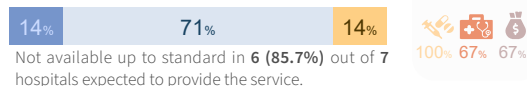
Multidrug-resistant tuberculosis



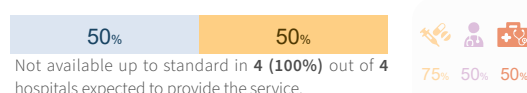
Locally relevant diseases



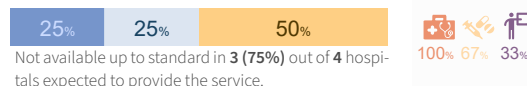
Management of severe/complicated diseases



Information, education, and communication on STI/HIV



HIV counselling and testing

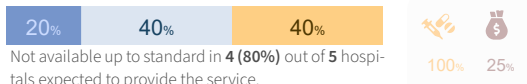


Antiretroviral treatment

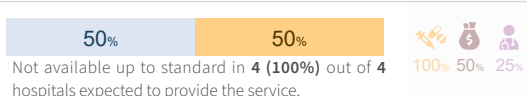


Sexual and reproductive health

Free access to condoms



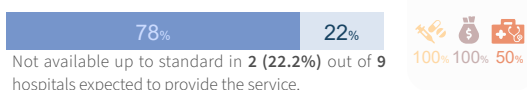
Syndromic management of sexually transmitted infections (STIs)



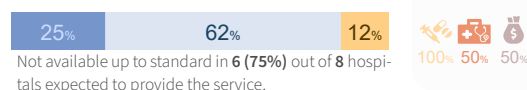
Prevention of mother-to-child HIV transmission



Family planning - pregnancy test



Family planning - contraceptive methods



Available Partially available Not available



Lack of staff

Lack of training



Lack of supplies



Lack of equipment



Lack of financial resources

Antenatal care

18% 73% 9%

Not available up to standard in 9 (81.8%) out of 11 hospitals expected to provide the service.

100% 67% 44%

Skilled care during childbirth

58% 25% 17%

Not available up to standard in 5 (41.7%) out of 12 hospitals expected to provide the service.

80% 60% 60%

Basic emergency obstetric care

54% 23% 23%

Not available up to standard in 6 (46.2%) out of 13 hospitals expected to provide the service.

100% 100% 33%

Comprehensive emergency obstetric care

54% 31% 15%

Not available up to standard in 6 (46.2%) out of 13 hospitals expected to provide the service.

83% 67% 67%

Postpartum care

29% 43% 29%

Not available up to standard in 5 (71.4%) out of 7 hospitals expected to provide the service.

100% 80% 60%

Comprehensive abortion care

44% 56%

Not available up to standard in 5 (56.6%) out of 9 hospitals expected to provide the service.

100% 40% 40%

Clinical management of rape survivors

25% 50% 25%

Not available up to standard in 3 (75%) out of 4 hospitals expected to provide the service.

67% 67% 67%

Emergency contraception

25% 75%

Not available up to standard in 3 (75%) out of 4 hospitals expected to provide the service.

67% 67% 67%

Post-exposure prophylaxis

Not expected in any operational hospital.



Noncommunicable diseases and mental health

Promote self-care

17% 50% 33%

Not available up to standard in 5 (83.3%) out of 6 hospitals expected to provide the service.

80% 80% 40%

Noncommunicable diseases clinic

40% 60%

Not available up to standard in 5 (100%) out of 5 hospitals expected to provide the service.

100% 40% 40%

Asthma and chronic obstructive pulmonary disease classification, treatment and follow up

29% 57% 14%

Not available up to standard in 5 (71.4%) out of 7 hospitals expected to provide the service.

100% 60% 60%

Hypertension early detection, management and counseling

20% 70% 10%

Not available up to standard in 8 (80%) out of 10 hospitals expected to provide the service.

100% 75% 12%

Diabetes early detection, management, foot-care, and counseling

10% 80% 10%

Not available up to standard in 9 (90%) out of 10 hospitals expected to provide the service.

89% 44% 44%

Inpatient acute rehabilitation

20% 80%

Not available up to standard in 8 (80%) out of 10 hospitals expected to provide the service.

100% 75% 75%

Outpatient rehabilitation services

33% 44% 22%

Not available up to standard in 6 (66.7%) out of 9 hospitals expected to provide the service.

83% 83% 33%

Prosthetics and orthotics

100%

Not available up to standard in 1 (100%) out of 1 hospital expected to provide the service.

100% 100% 100%

Oral health and dental care

30% 50% 20%

Not available up to standard in 7 (70%) out of 10 hospitals expected to provide the service.

100% 71% 29%

Psychological first aid

33% 67%

Not available up to standard in 4 (66.7%) out of 6 hospitals expected to provide the service.

100% 50% 50%

Management of mental disorders

80% 20%

Not available up to standard in 5 (100%) out of 5 hospitals expected to provide the service.

100% 80% 60%

Inpatient care for management of mental disorders

14% 71% 14%

Not available up to standard in 6 (85.7%) out of 7 hospitals expected to provide the service.

67% 50% 50%

Cancer diagnostics services

17% 67% 17%

Not available up to standard in 5 (83.3%) out of 6 hospitals expected to provide the service.

80% 60% 60%

Primary cancer screening (non-instrumental methods)

14% 57% 29%

Not available up to standard in 6 (85.7%) out of 7 hospitals expected to provide the service.

83% 67% 67%

Mammography

25% 25% 50%

Not available up to standard in 6 (75%) out of 8 hospitals expected to provide the service.

100% 67% 50%

Colonoscopy

38% 31% 31%

Not available up to standard in 8 (61.5%) out of 13 hospitals expected to provide the service.

100% 75% 50%

Cancer treatment services

100%

Not available up to standard in 4 (100%) out of 4 hospitals expected to provide the service.

75% 75% 50%

Chemotherapy

33% 33% 33%

Not available up to standard in 2 (66.7%) out of 3 hospitals expected to provide the service.

100% 100% 100%

Radiological treatment

100%

Not available up to standard in 1 (100%) out of 1 hospital expected to provide the service.

100% 100% 100%

Hematological and oncohematological care in all settings

33% 67%

Not available up to standard in 2 (66.7%) out of 3 hospitals expected to provide the service.

100% 50% 50%

This analysis was produced based on the information reported into HeRAMS up to 31 August 2026 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This report includes data from 35 general and specialized hospitals operated by governmental and non-governmental organizations (NGOs). Originally, there were 36 hospitals, but Al-Nasr and Al-Rantisi hospitals have since merged into a single facility. Field hospitals established in response to the ongoing conflict and deteriorating health conditions are not included in this report, as they are temporary entities. Data from these field hospitals will be reported separately in an infographic specific to field hospitals.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to hospitals where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to hospitals where the indicator was at least partially available.
3. The analysis of individual services excludes hospitals reporting a service as "not normally provided." Consequently, the total number of hospitals included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System



وزارة الصحة
Ministry of Health

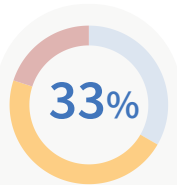
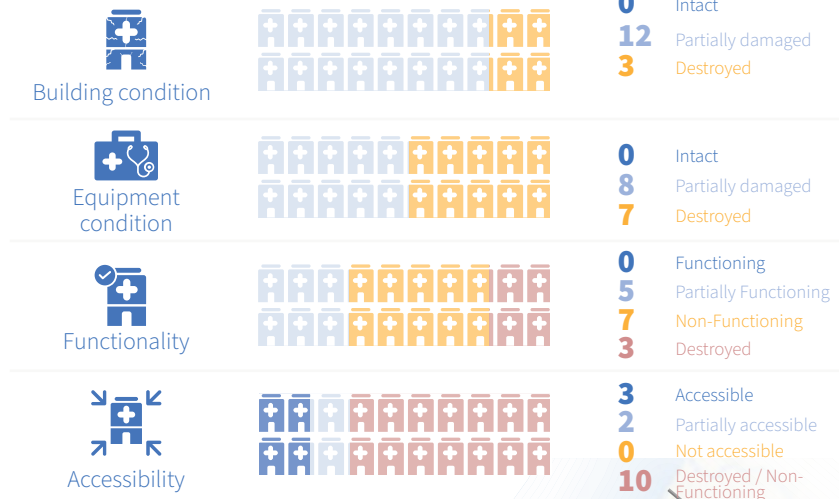


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

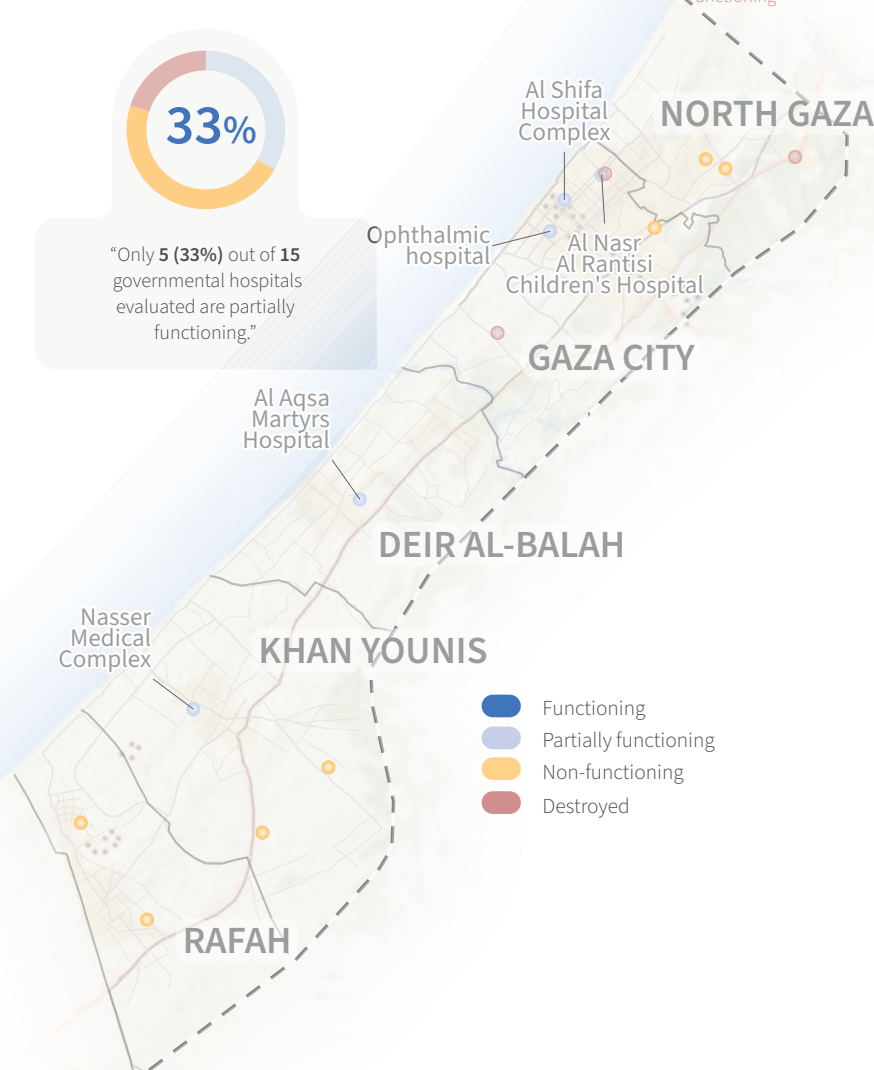
Governmental hospitals*

GOVERNMENTAL HOSPITAL STATUS

Out of 15 governmental hospitals evaluated.



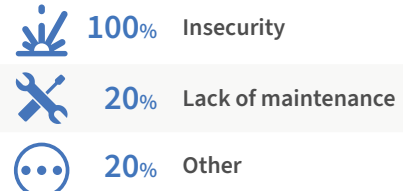
"Only 5 (33%) out of 15 governmental hospitals evaluated are partially functioning."



MAIN CAUSES OF...

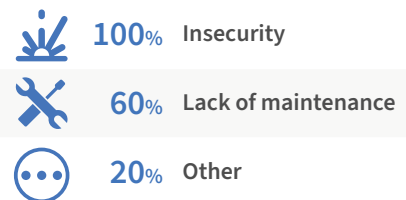
Building damage

The 3 primary causes of building damage as reported by 12 partially damaged and 3 fully damaged governmental hospitals.



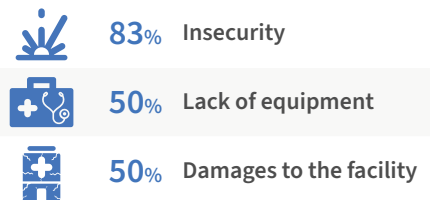
Equipment damage

The 3 primary causes of equipment damage as reported by 8 partially damaged and 7 fully damaged governmental hospitals.



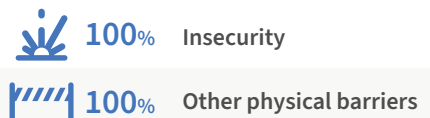
Functionality constraints

The 3 primary causes of functionality constraints as reported by 5 partially functioning and 7 non-functioning governmental hospitals.



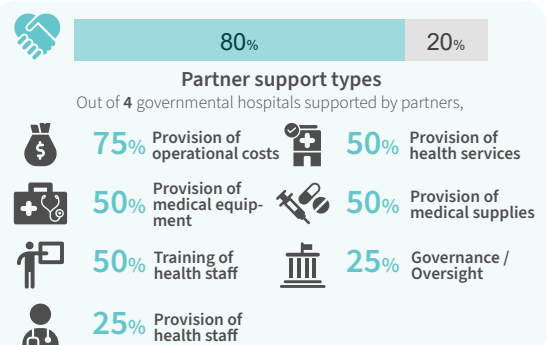
Accessibility constraints

The 2 primary causes of accessibility constraints as reported by 2 partially accessible governmental hospitals.



Partner Support**

Major support Partially support No support



* This infographic is a subset of the "All Hospitals" infographic, focusing exclusively on governmental hospitals.

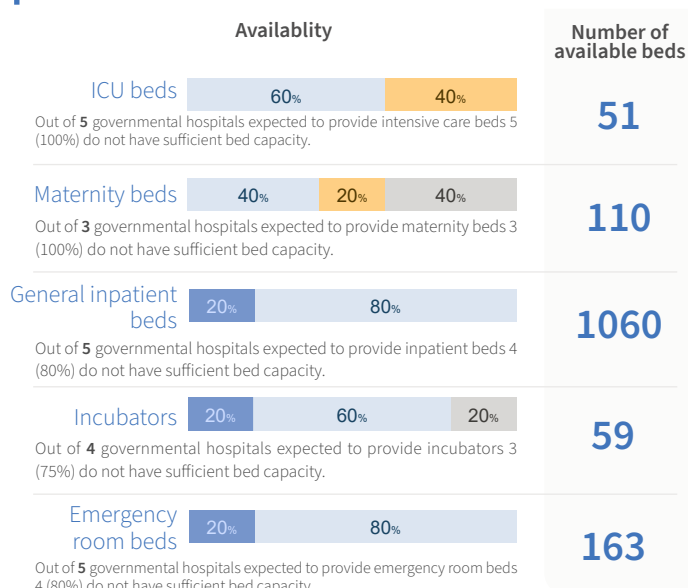
** Out of 5 governmental hospitals: Governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

This total excludes hospitals that were reported as closed by administrative decision. There is one hospital "Al-Naser hospital" that was permanently closed and merged with another existing hospital "Al-Naser AlRantisi hospital".

BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

Inpatient bed capacity

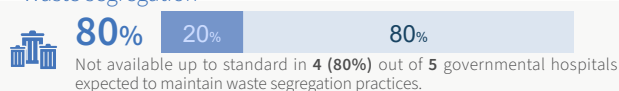


Main barriers*

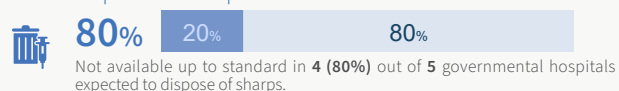


Waste management

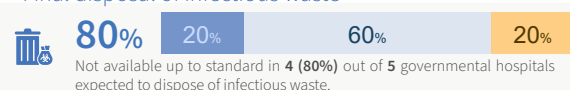
Waste segregation



Final disposal of sharps

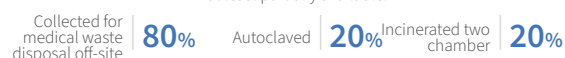


Final disposal of infectious waste

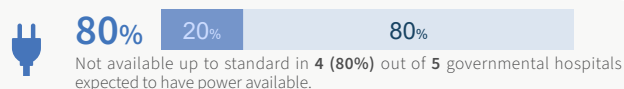


Waste disposal methods

Out of 5 governmental hospitals where final disposal of sharps or infectious waste are at least partially available.



Power

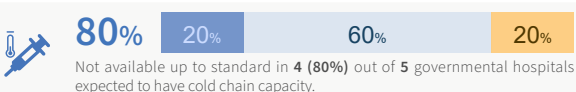


Power sources

Out of 5 governmental hospitals where power is at least partially available.



Cold chain



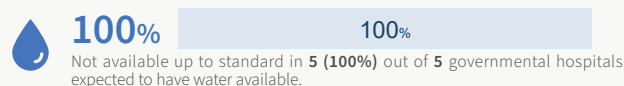
Cold chain sources

Out of 4 governmental hospitals where cold chain is at least partially available.



WASH

Water

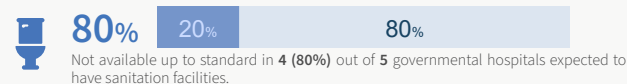


Main water sources

Out of 5 governmental hospitals where water is at least partially available.



Sanitation facilities



Out of 5 governmental hospitals where sanitation facilities is at least partially available.

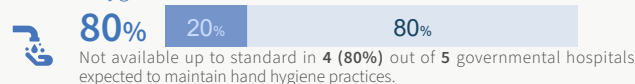
Sanitation facilities types*



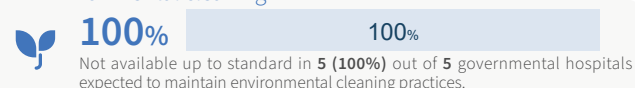
Sanitation facilities accessibility*



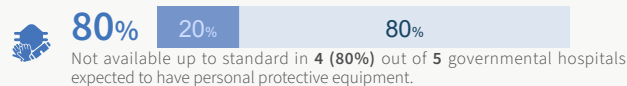
Hand hygiene



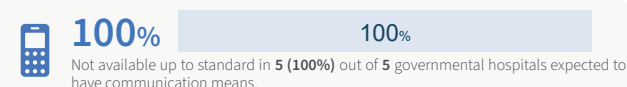
Environmental cleaning



Personal Protective Equipment (PPE)



Communication

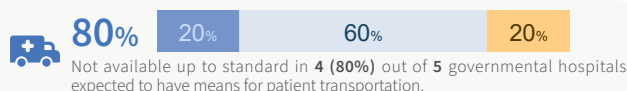


Communication equipment types

Out of 5 governmental hospitals where communication is at least partially available.



Transportation of patients



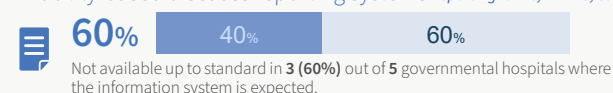
Transportation types

Out of 4 governmental hospitals where transportation of patients is at least partially available.

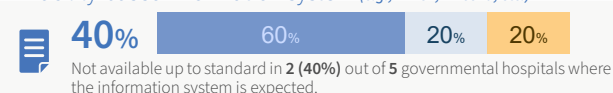


Health information management systems

Facility-based diseases reporting systems (e.g., national disease reporting forms, EWARS, etc.)



Facility-based information system (e.g., DHIS2, Avicena, etc.)

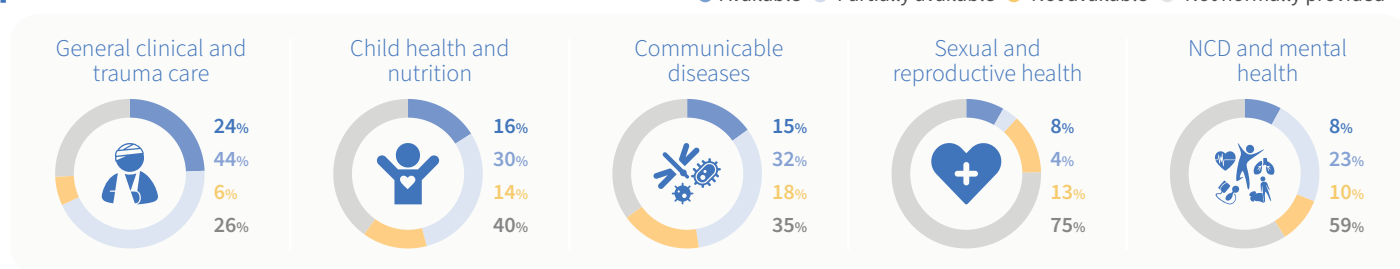


* Out of 5 governmental hospitals, governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



Lack of supplies
Lack of equipment



Lack of financial resources



General clinical and emergency care services

Recognition of danger signs	75% 25%	Not available up to standard in 1 (25%) out of 4 governmental hospitals expected to provide the service.	100% 100% 100%
Initial syndrome-based management at scene	33% 67%	Not available up to standard in 2 (66.7%) out of 3 governmental hospitals expected to provide the service.	100% 100% 50%
Advanced syndrome-based management	100%	Not available up to standard in 4 (100%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%
Referral capacity	60% 40%	Not available up to standard in 2 (40%) out of 5 governmental hospitals expected to provide the service.	100% 100% 50%
Acceptance of complex referrals	40% 60%	Not available up to standard in 3 (60%) out of 5 governmental hospitals expected to provide the service.	100% 67% 67%
Specialized services at primary health care	100%	Not available up to standard in 4 (100%) out of 4 governmental hospitals expected to provide the service.	75% 75% 75%
Minor trauma definitive management	33% 67%	Not available up to standard in 2 (66.7%) out of 3 governmental hospitals expected to provide the service.	100% 100% 50%
Inpatient surgery ward with at least one operating theater	50% 50%	Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%
Burns treatment	100%	Not available up to standard in 3 (100%) out of 3 governmental hospitals expected to provide the service.	100% 67% 67%
20 Inpatient bed capacity	20% 80%	Not available up to standard in 4 (80%) out of 5 governmental hospitals expected to provide the service.	75% 75% 75%
Inpatient critical care management	25% 75%	Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 67% 67%
Basic laboratory services	50% 50%	Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 50% 50%
Acuity-based formal triage	75% 25%	Not available up to standard in 1 (25%) out of 4 governmental hospitals expected to provide the service.	100% 100% 100%
WHO basic emergency care	50% 50%	Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 100%
Monitored referral	25% 75%	Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 67% 67%
Acceptance of referrals	40% 60%	Not available up to standard in 3 (60%) out of 5 governmental hospitals expected to provide the service.	100% 67% 33%
Essential services primary health care	100%	Not available up to standard in 3 (100%) out of 3 governmental hospitals expected to provide the service.	100% 100% 33%
Home visits		Not expected in any operational governmental hospital.	—
Emergency department	25% 75%	Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 100% 67%
Inpatient surgery ward with at least two operating theatres	50% 50%	Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%
Orthopedic/trauma ward	33% 67%	Not available up to standard in 2 (66.7%) out of 3 governmental hospitals expected to provide the service.	100% 100% 50%
50 Inpatient bed capacity	25% 75%	Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 67% 33%
Intensive care unit	25% 50% 25%	Not available up to standard in 3 (75%) out of 4 governmental hospitals expected to provide the service.	100% 67% 33%
Secondary laboratory services	50% 50%	Not available up to standard in 2 (50%) out of 4 governmental hospitals expected to provide the service.	100% 100% 50%

* Out of 5 governmental hospitals : governmental hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



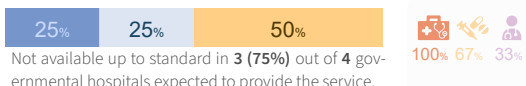
Lack of financial resources



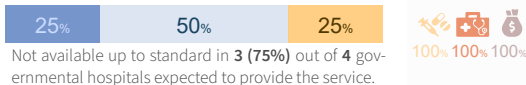
Lack of equipment

Lack of training

Tertiary laboratory services



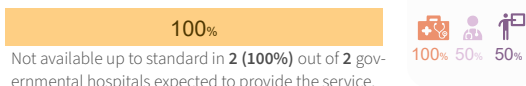
Hemodialysis unit



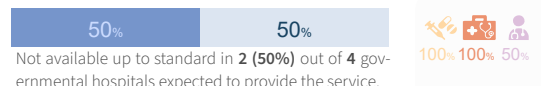
Comprehensive X-ray service



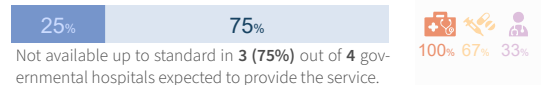
MRI



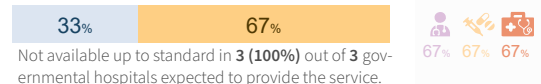
Blood bank services



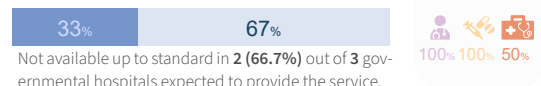
Basic X-ray service



CT scan

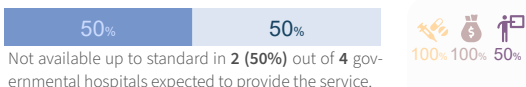


Procedures for mass casualty scenarios

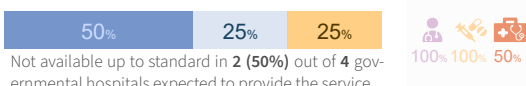


Child health and nutrition services

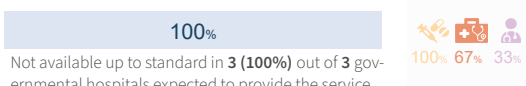
Pediatric first aid



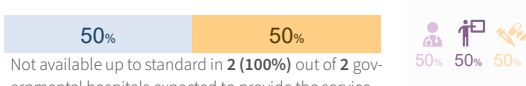
IMNCI Under 5 Clinic



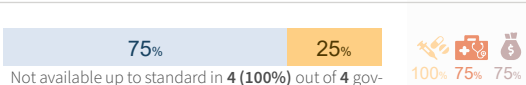
Inpatient surgical care for newborns and children



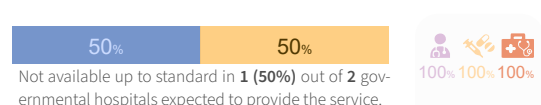
Information, education, and communication on infant, young, and child feeding



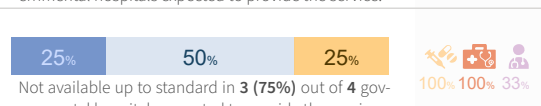
Integrated management of acute malnutrition



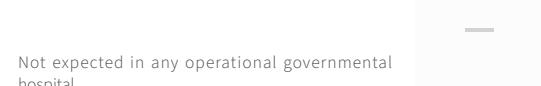
Integrated management of newborn and childhood illnesses (IMNCI)



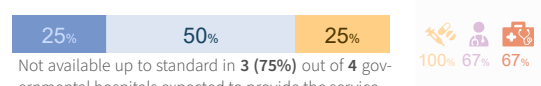
Management of children classified as severe or very severe diseases



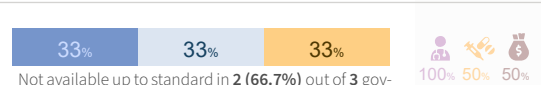
Expanded programme on immunization



Growth monitoring

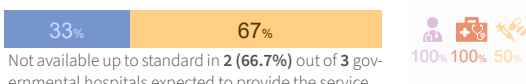


Stabilization center for severe acute malnutrition

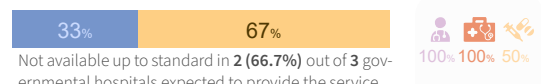


Communicable diseases

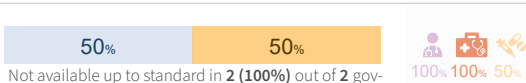
Syndromic surveillance



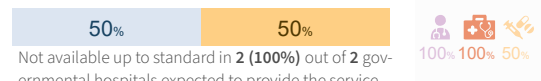
Event-based surveillance



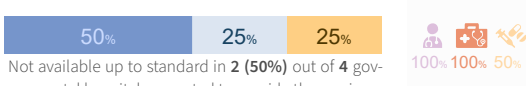
Diagnosis and treatment of tuberculosis cases



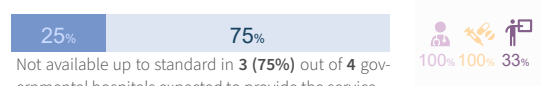
Multidrug-resistant tuberculosis



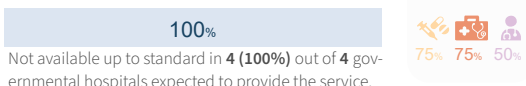
Information, education, and communication on local priority diseases



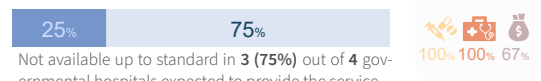
Locally relevant diseases



Isolation unit or room

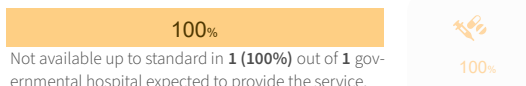


Management of severe/complicated diseases

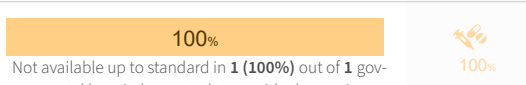


Sexual and reproductive health

Free access to condoms



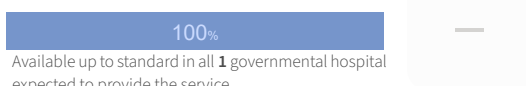
Syndromic management of sexually transmitted infections (STIs)



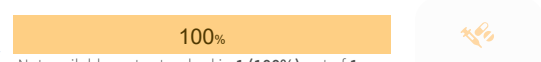
Prevention of mother-to-child HIV transmission



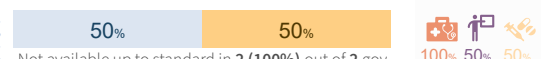
Family planning - pregnancy test



Information, education, and communication on STI/HIV



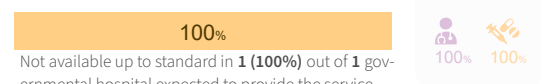
HIV counselling and testing



Antiretroviral treatment



Family planning - contraceptive methods



Available Partially available Not available



Lack of staff

Lack of training



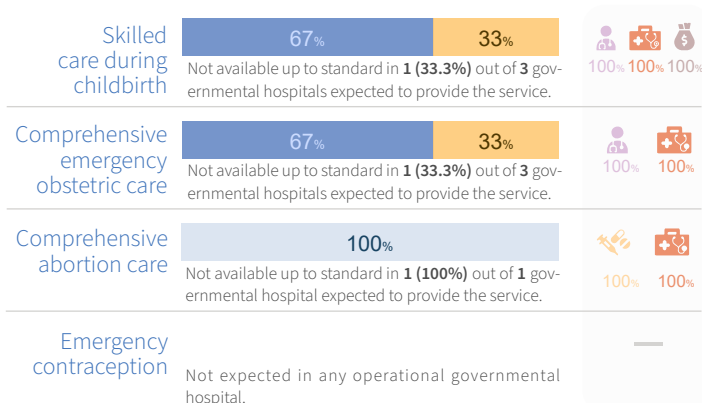
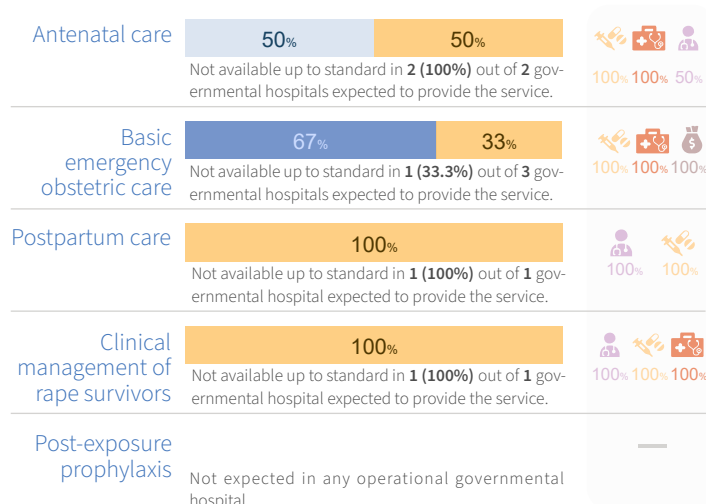
Lack of supplies



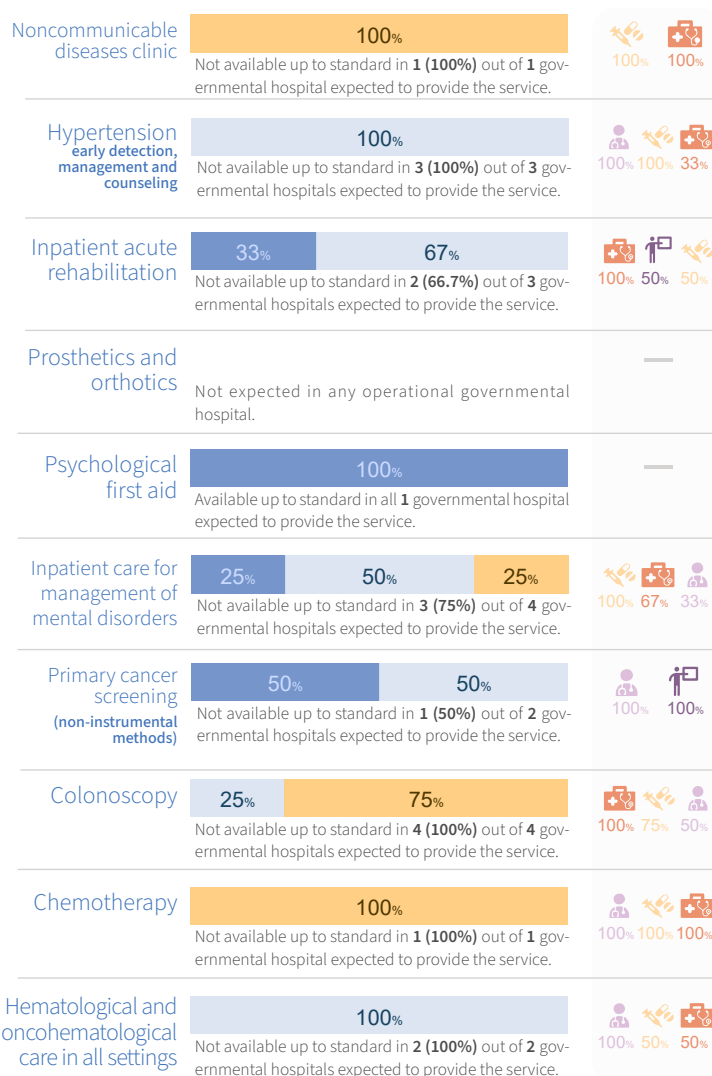
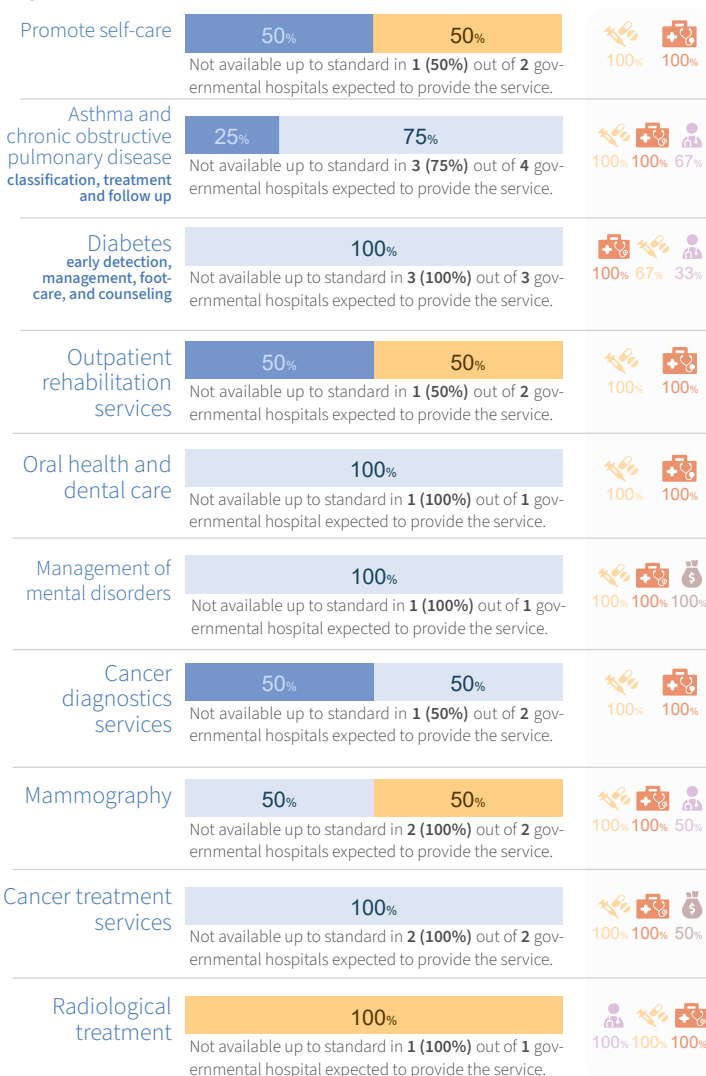
Lack of equipment



Lack of financial resources



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 August 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This report is a subset of the "All Hospitals" report, focusing exclusively on governmental hospitals data that is a subset from 15 general and specialized hospitals operated by governmental and non-governmental organizations (NGOs). Originally, there were 16 hospitals, but Al-Nasr and Al-Rantisi hospitals have since merged into a single facility.

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Notes:

- The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to governmental hospitals where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
- The analysis of basic amenities follows the same approach as barriers and was restricted to governmental hospitals where the indicator was at least partially available.
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HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System

وزارة الصحة
Ministry of Health



HeRAMS occupied Palestinian territory

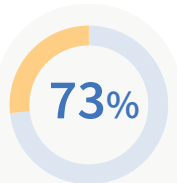
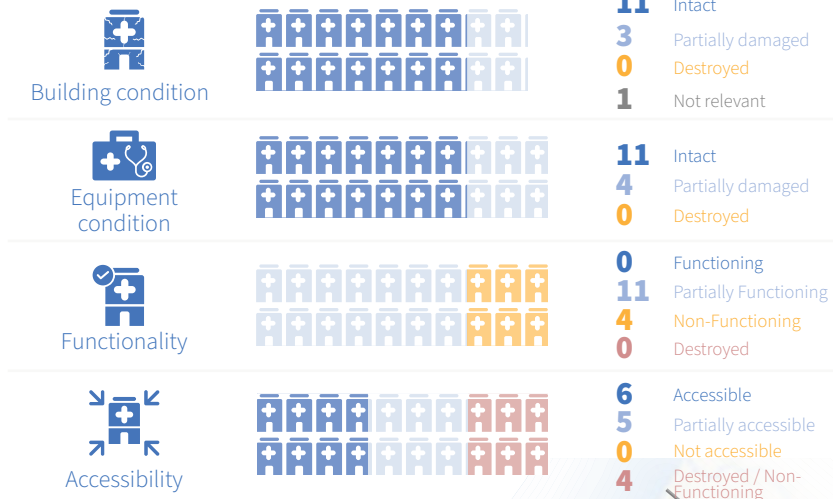
Gaza Strip

SNAPSHOT AUGUST 2026

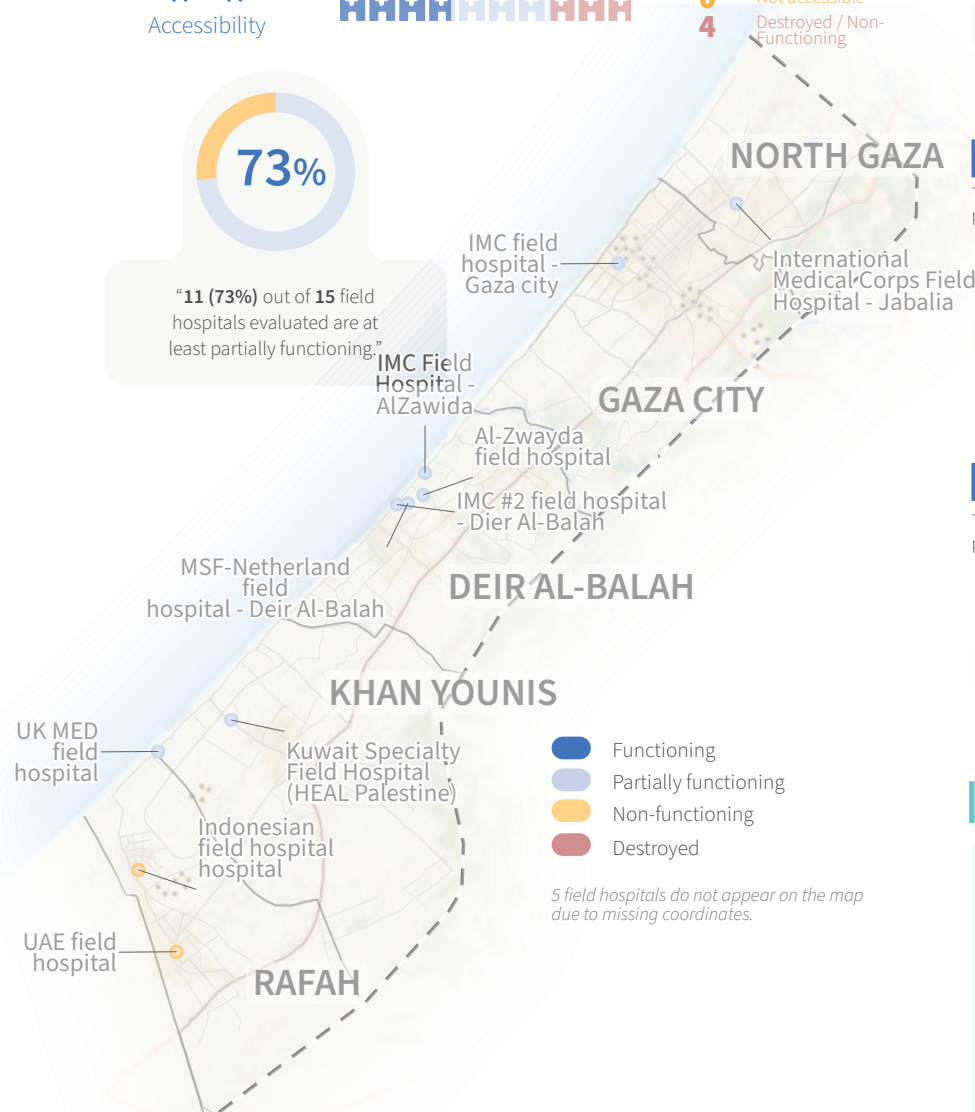
Field hospitals*

FIELD HOSPITAL STATUS

Out of 15 field hospitals evaluated.



"11 (73%) out of 15 field hospitals evaluated are at least partially functioning"



MAIN CAUSES OF...

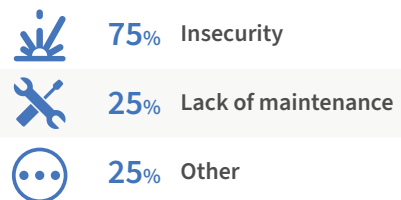
Building damage

The primary cause of building damage as reported by 3 partially damaged field hospitals.



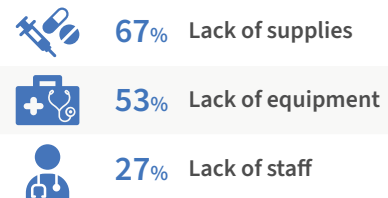
Equipment damage

The 3 primary causes of equipment damage as reported by 4 partially damaged field hospitals.



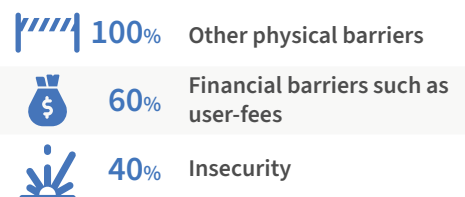
Functionality constraints

The 3 primary causes of functionality constraints as reported by 11 partially functioning and 4 non-functioning field hospitals.

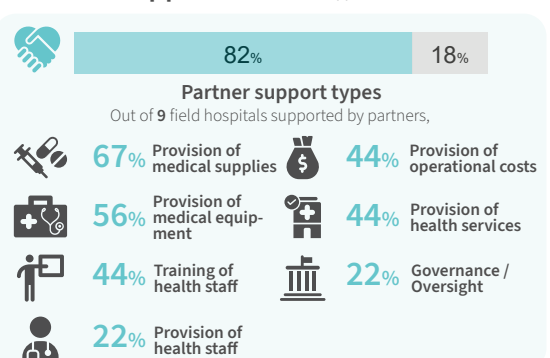


Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 5 partially accessible field hospitals.



Partner Support**



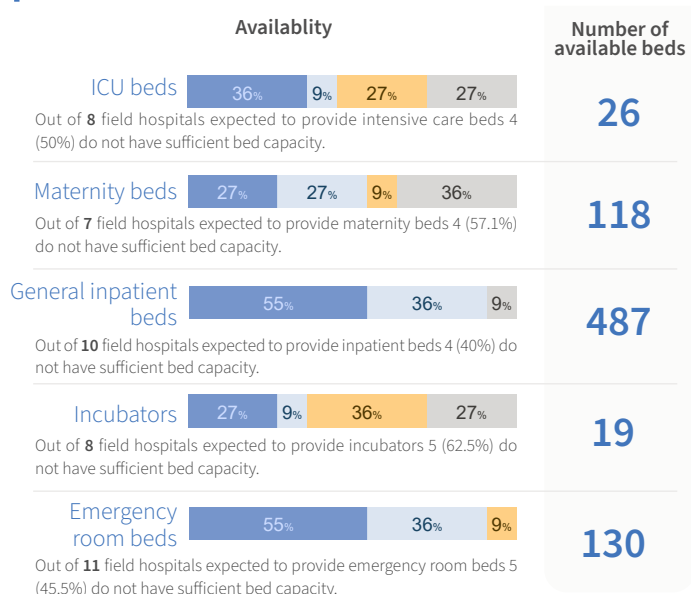
* This infographic provides special insights on services provided by field hospitals deployed in across the Gaza Strip. Two functioning reporting entities have opted not to share their data in compliance with data privacy laws enforced by their respective NGOs or were unable to provide information beyond the hospital status section. This restriction is in place to protect sensitive information and adhere to organizational policies on data confidentiality. Consequently, while these entities do exist and provide health services, their data has not been included in this report.

** Out of 11 field hospitals: Field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

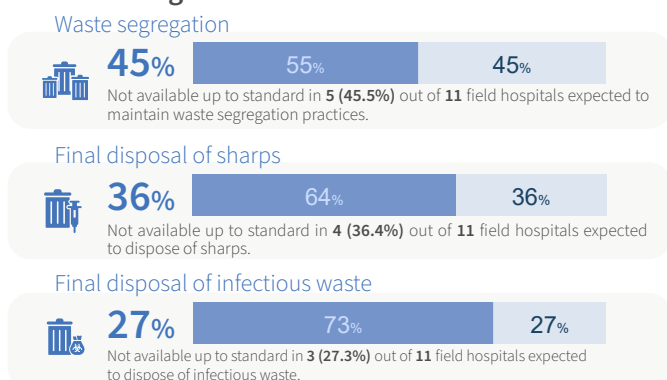
Inpatient bed capacity



Main barriers*



Waste management

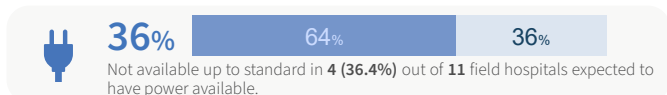


Waste disposal methods

Out of 11 field hospitals where final disposal of sharps or infectious waste are at least partially available.

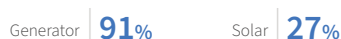


Power

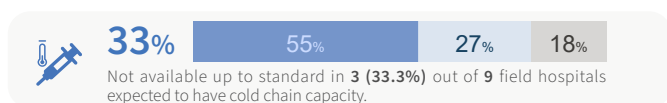


Power sources

Out of 11 field hospitals where power is at least partially available.



Cold chain



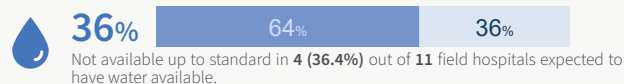
Cold chain sources

Out of 9 field hospitals where cold chain is at least partially available.



WASH

Water

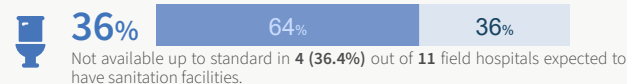


Main water sources

Out of 11 field hospitals where water is at least partially available.



Sanitation facilities



Out of 11 field hospitals where sanitation facilities is at least partially available.

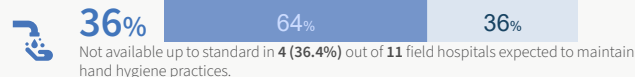
Sanitation facilities types*



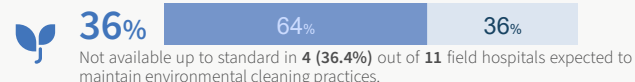
Sanitation facilities accessibility*



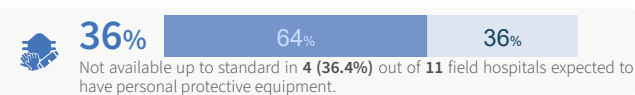
Hand hygiene



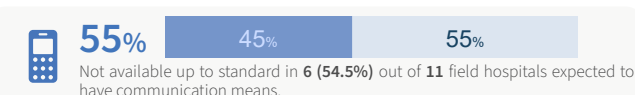
Environmental cleaning



Personal Protective Equipment (PPE)



Communication

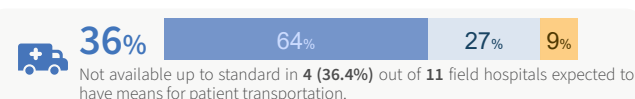


Communication equipment types

Out of 11 field hospitals where communication is at least partially available.



Transportation of patients



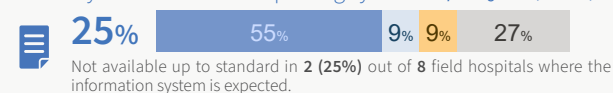
Transportation types

Out of 10 field hospitals where transportation of patients is at least partially available.

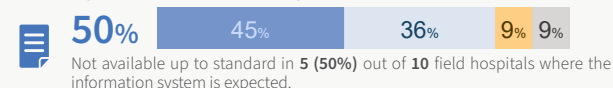


Health information management systems

Facility-based diseases reporting systems (e.g., national disease reporting forms, EWARS, etc.)



Facility-based information system (e.g., DHIS2, Avicena, etc.)

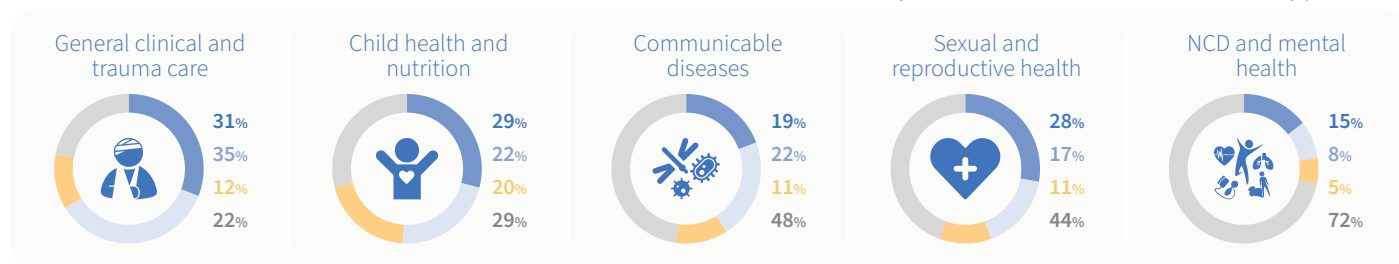


* Out of 11 field hospitals, field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



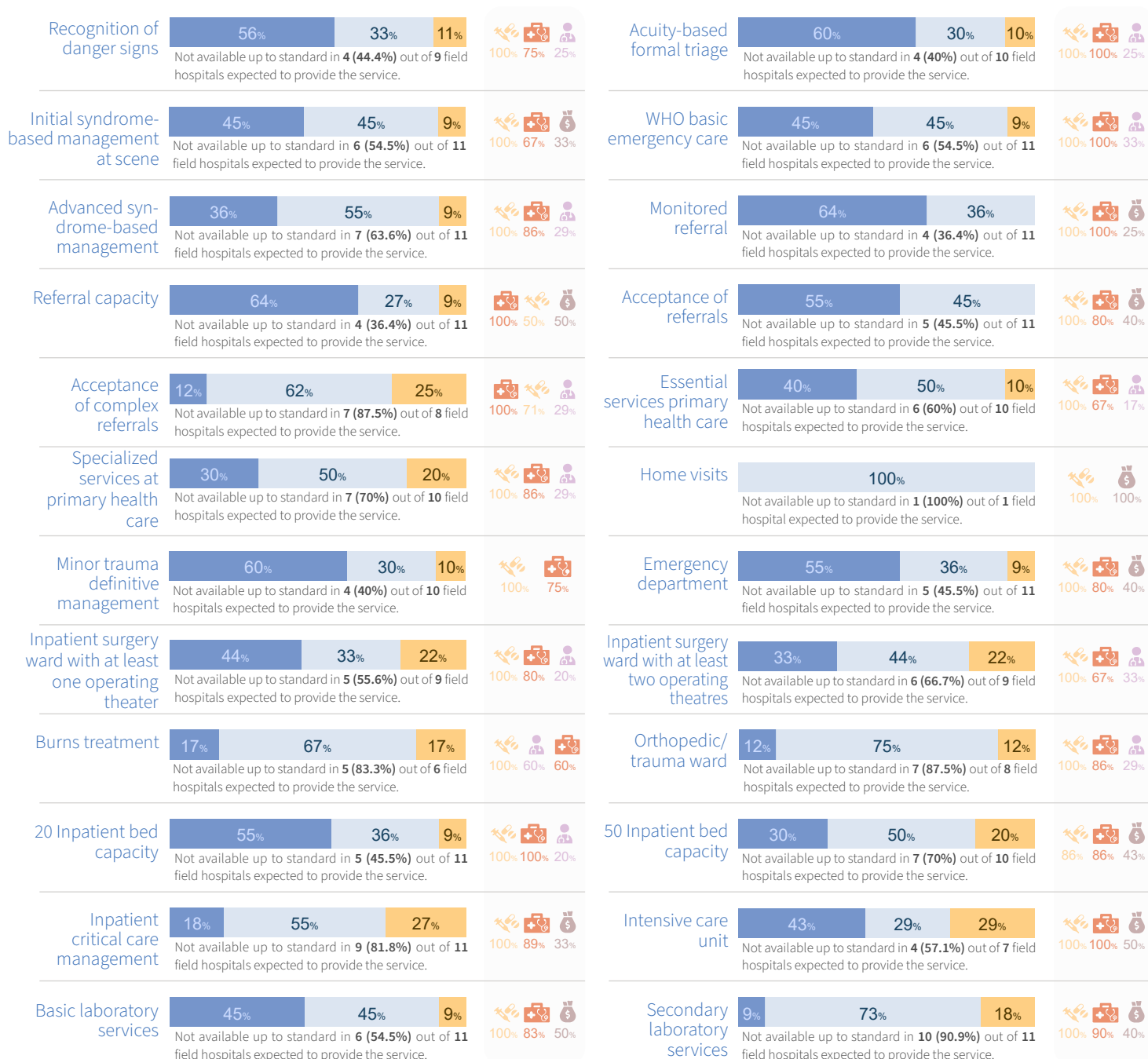
Lack of supplies
Lack of equipment



Lack of financial resources



General clinical and emergency care services



* Out of 11 field hospitals : field hospitals reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



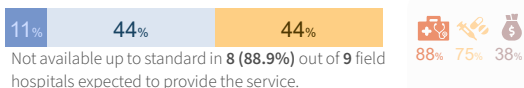
Lack of financial resources

Lack of training

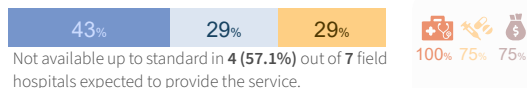


Lack of equipment

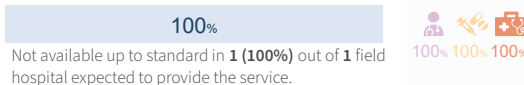
Tertiary laboratory services



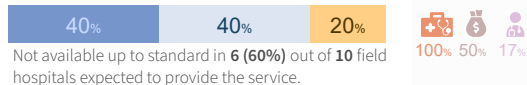
Blood bank services



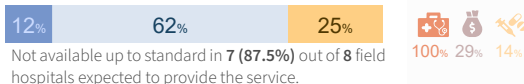
Hemodialysis unit



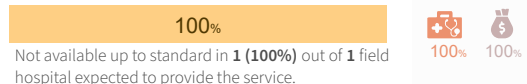
Basic X-ray service



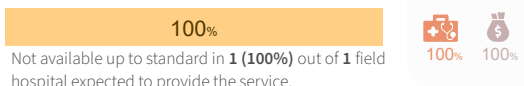
Comprehensive X-ray service



CT scan



MRI

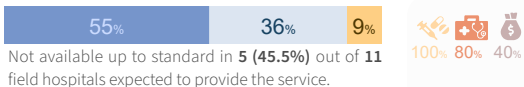


Procedures for mass casualty scenarios

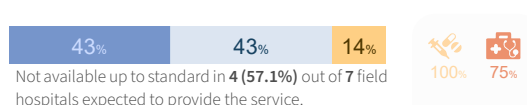


Child health and nutrition services

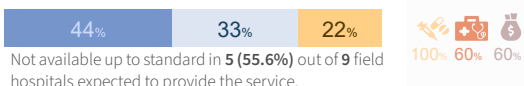
Pediatric first aid



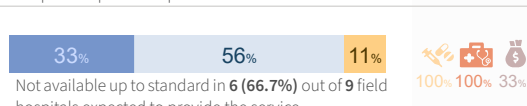
Integrated management of newborn and childhood illnesses (IMNCI)



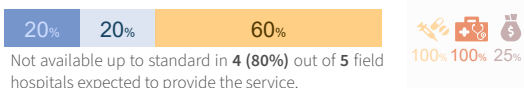
IMNCI Under 5 Clinic



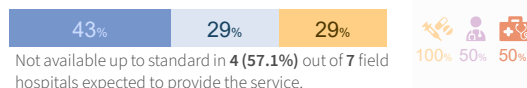
Management of children classified as severe or very severe diseases



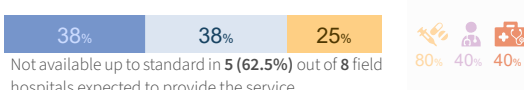
Inpatient surgical care for newborns and children



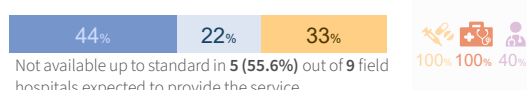
Expanded programme on immunization



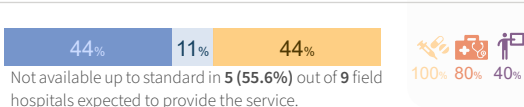
Information, education, and communication on infant, young, and child feeding



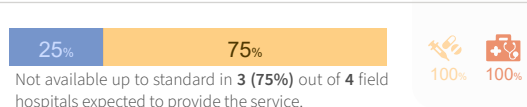
Growth monitoring



Integrated management of acute malnutrition

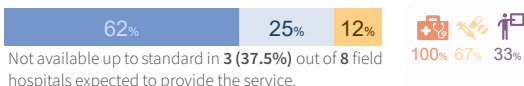


Stabilization center for severe acute malnutrition

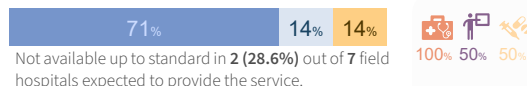


Communicable diseases

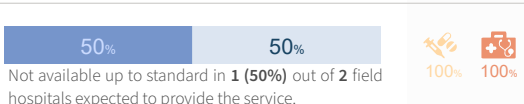
Syndromic surveillance



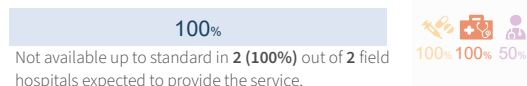
Event-based surveillance



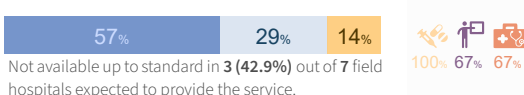
Diagnosis and treatment of tuberculosis cases



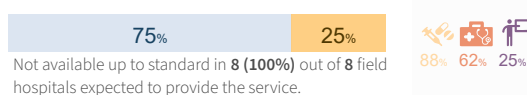
Multidrug-resistant tuberculosis



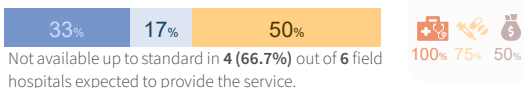
Information, education, and communication on local priority diseases



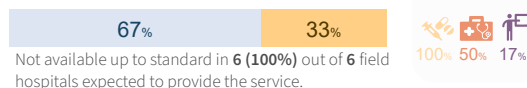
Locally relevant diseases



Isolation unit or room



Management of severe/complicated diseases



Sexual and reproductive health

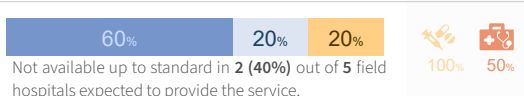
Free access to condoms



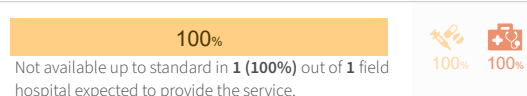
Information, education, and communication on STI/HIV



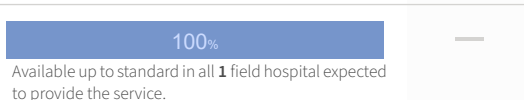
Syndromic management of sexually transmitted infections (STIs)



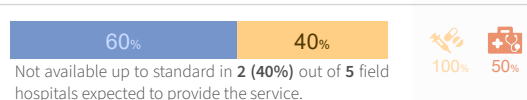
HIV counselling and testing



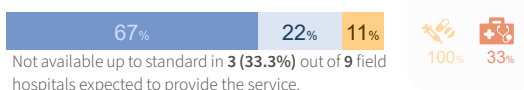
Prevention of mother-to-child HIV transmission



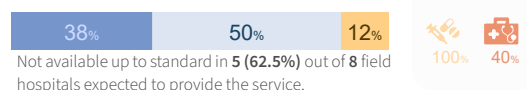
Antiretroviral treatment



Family planning - pregnancy test



Family planning - contraceptive methods



Available Partially available Not available



Lack of staff

Lack of training



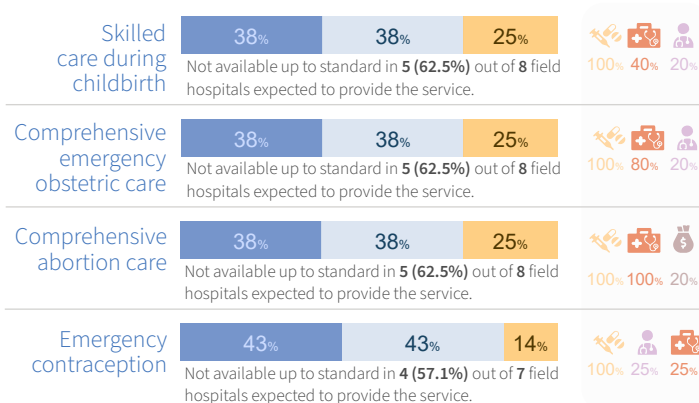
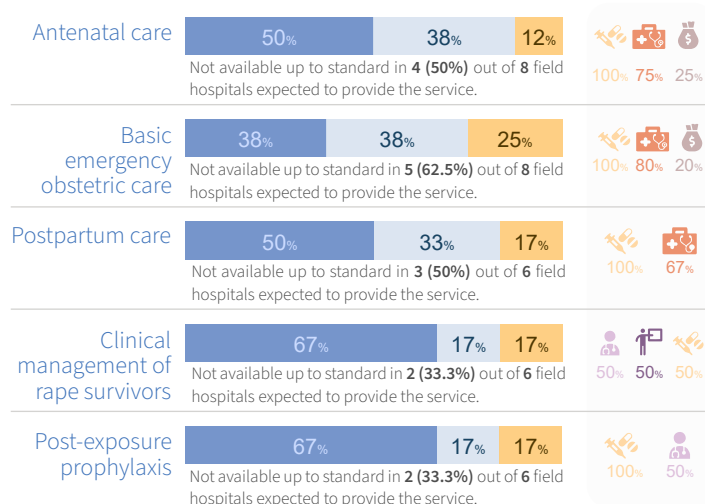
Lack of supplies



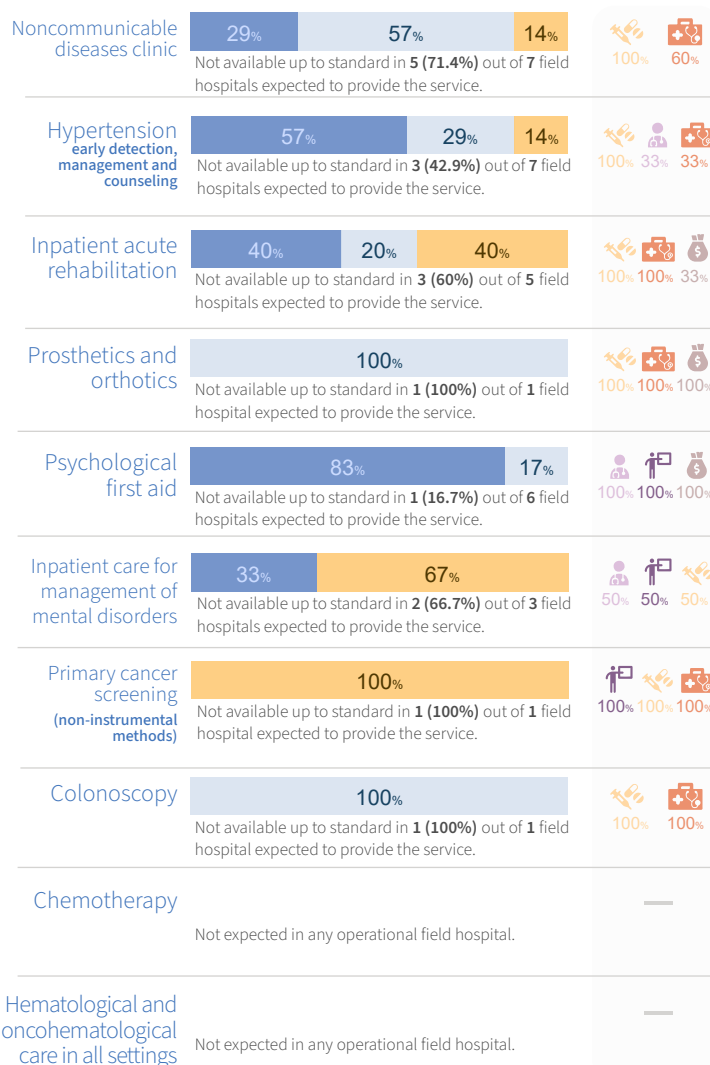
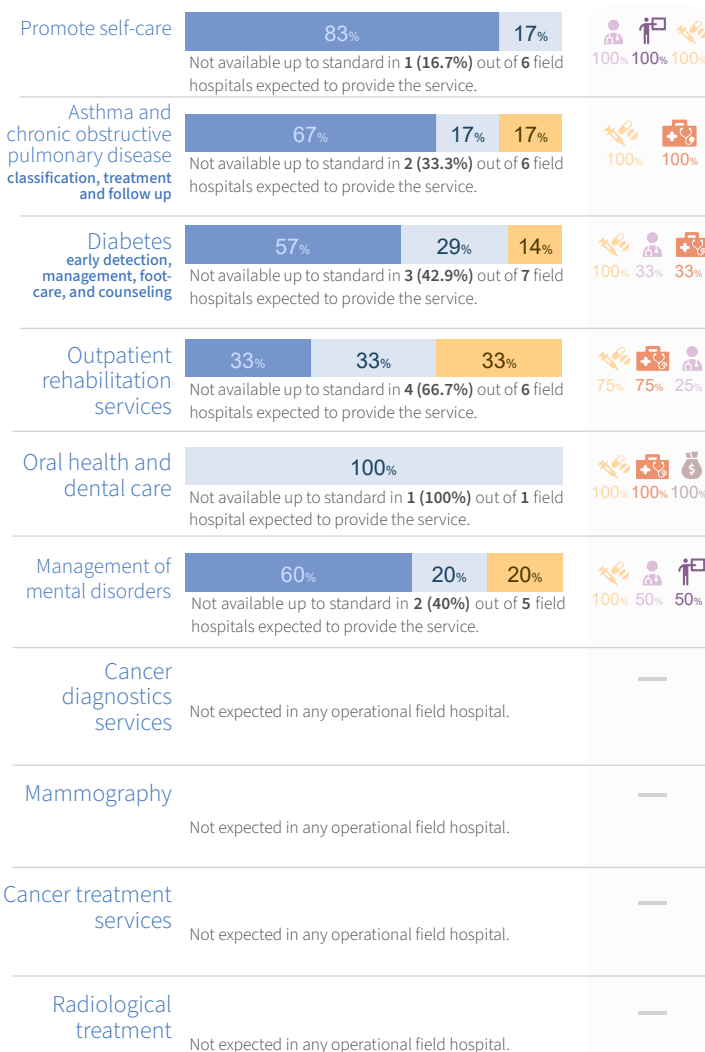
Lack of equipment



Lack of financial resources



Noncommunicable diseases and mental health



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There are currently 17 field hospitals serving Gaza. Of those, two functioning reporting entities have opted not to share their data in compliance with data privacy laws enforced by their respective NGOs or were unable to provide information beyond the hospital status section. This restriction is in place to protect sensitive information and adhere to organizational policies on data confidentiality. Consequently, while these entities do exist and provide health services, their data has not been included in this report.

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Notes:

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HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System

وزارة الصحة
Ministry of Health

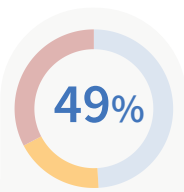
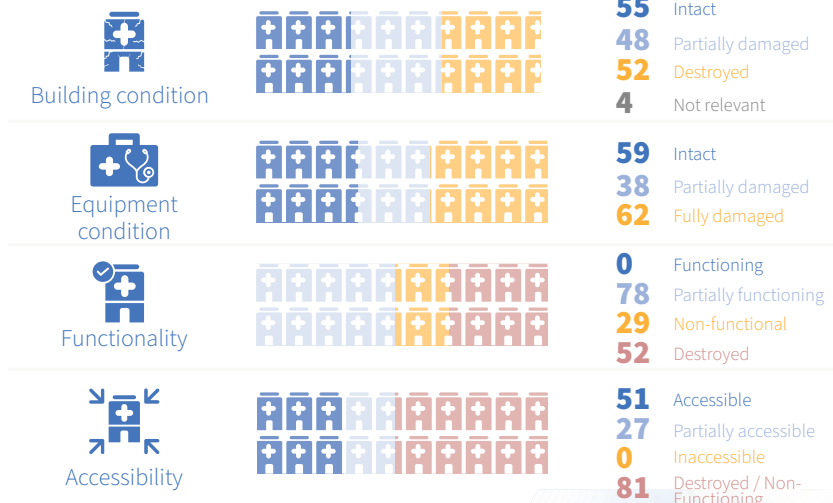


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

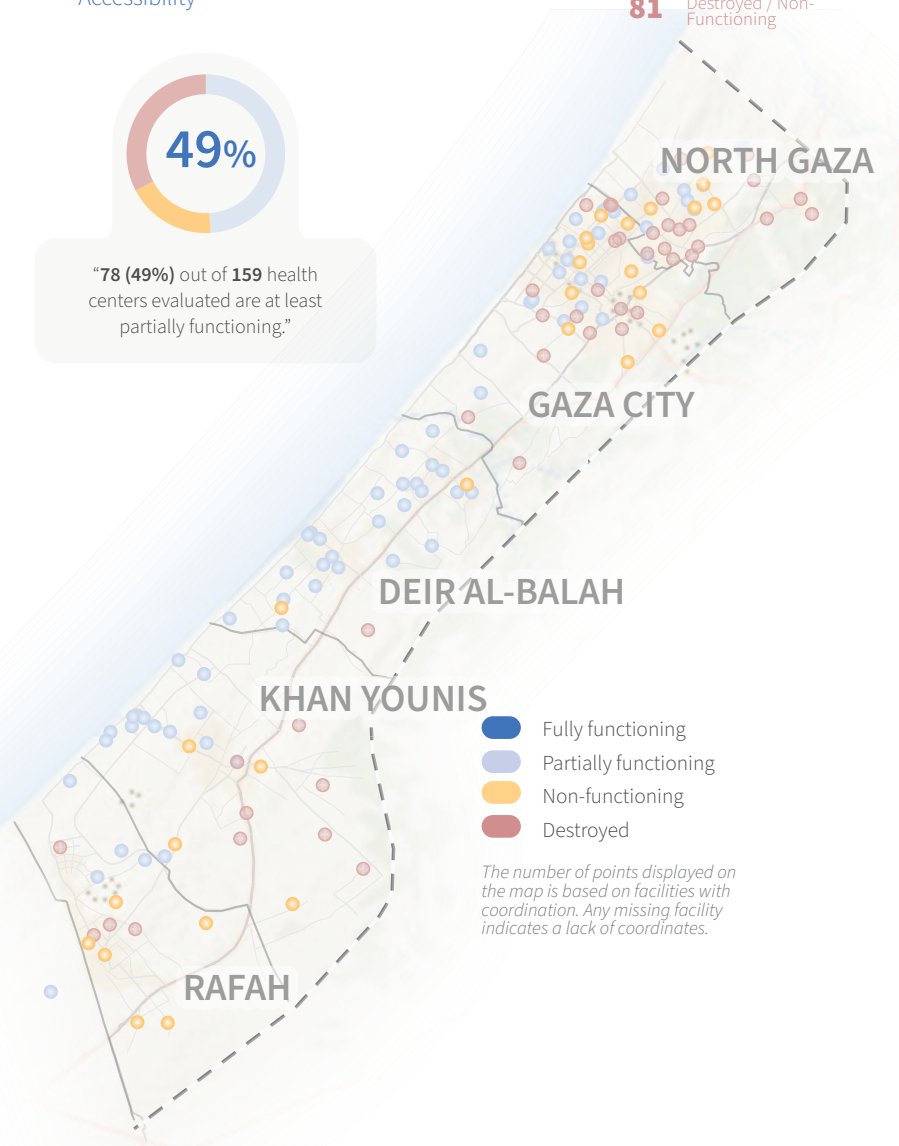
All health centers*

HEALTH CENTER STATUS**

Out of 159 health centers evaluated.



"78 (49%) out of 159 health centers evaluated are at least partially functioning."

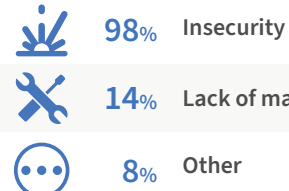


The number of points displayed on the map is based on facilities with coordination. Any missing facility indicates a lack of coordinates.

MAIN CAUSES OF...

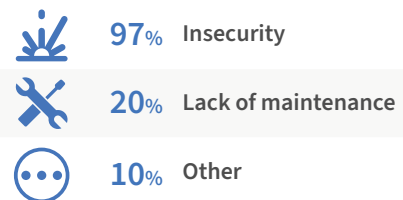
Building damage

The 3 primary causes of building damage as reported by 48 partially damaged and 52 fully damaged health centers.



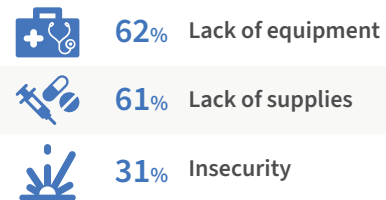
Equipment damage

The 3 primary causes of equipment damage as reported by 38 partially damaged and 62 fully damaged health centers.



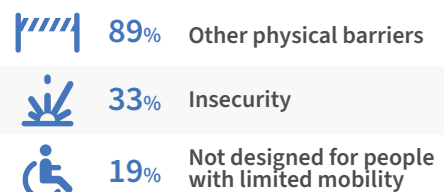
Functionality constraints

The 3 primary causes of functionality constraints as reported by 78 partially functioning and 29 non-functioning health centers.



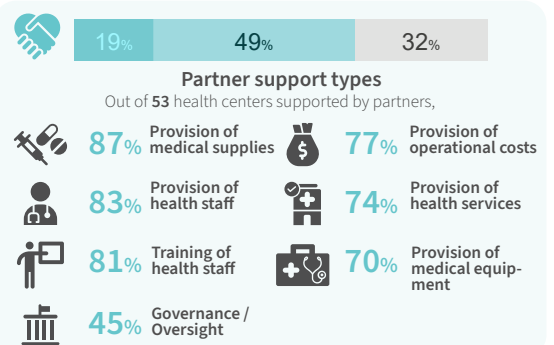
Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 27 partially accessible health centers.



Partner Support**

Major support (Blue), Partially support (Light Blue), No support (Grey)



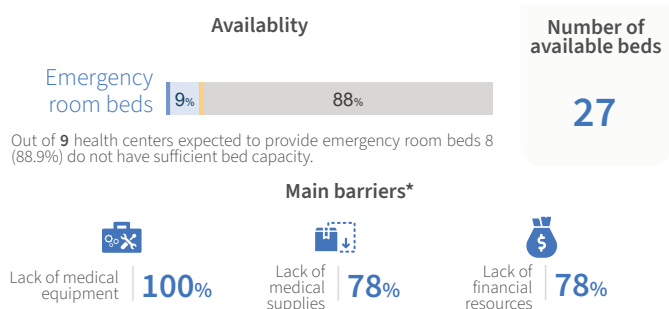
* This infographic provides insights on all health centers in Gaza (which include governmental primary healthcare centers, UNRWA health centers, and NGOs' health centers). This infographic focuses on a limited number of services deemed priority for health centers.

** Out of 78 health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

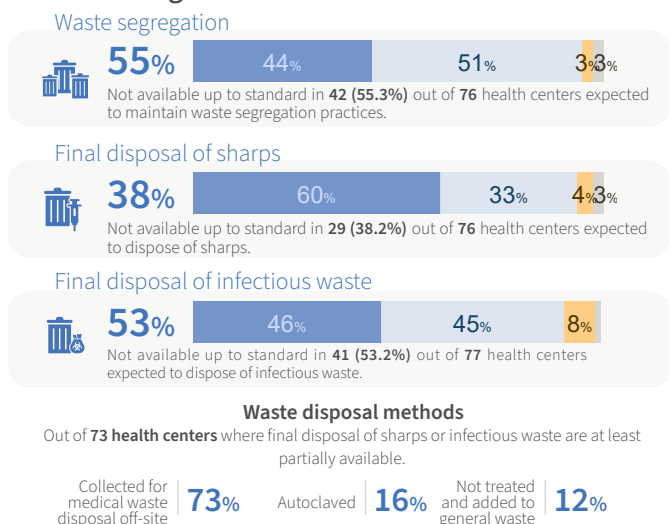
BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

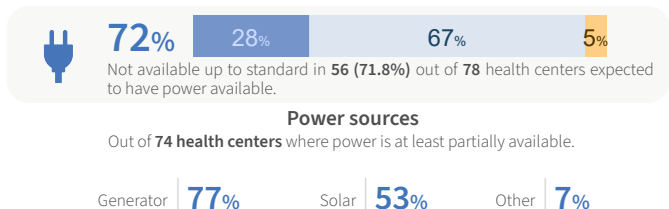
Inpatient bed capacity



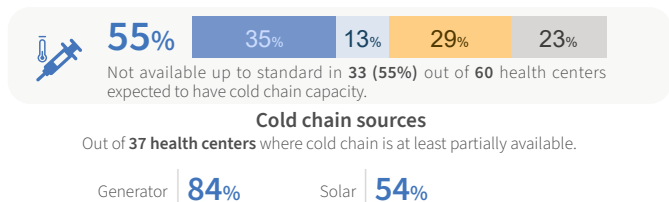
Waste management



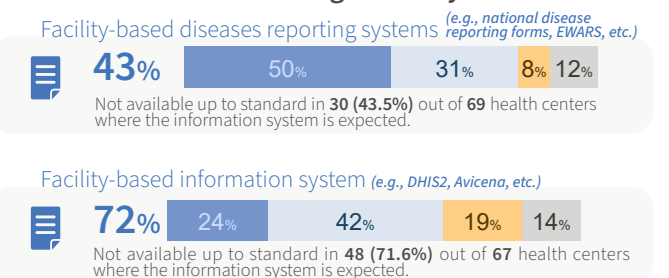
Power



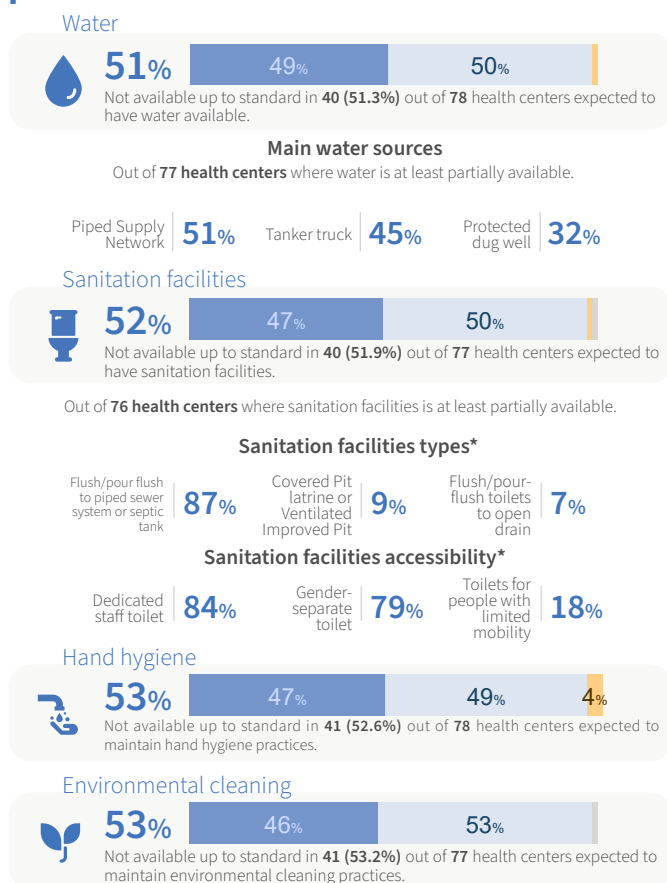
Cold chain



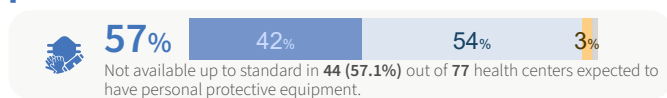
Health Information Management Systems



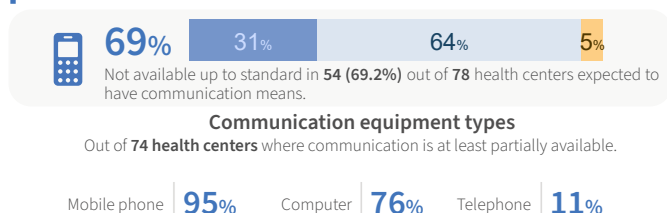
WASH



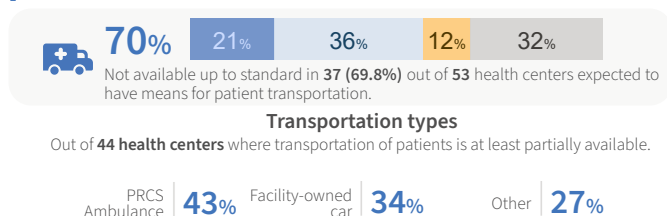
Personal Protective Equipment (PPE)



Communication



Transportation of patients

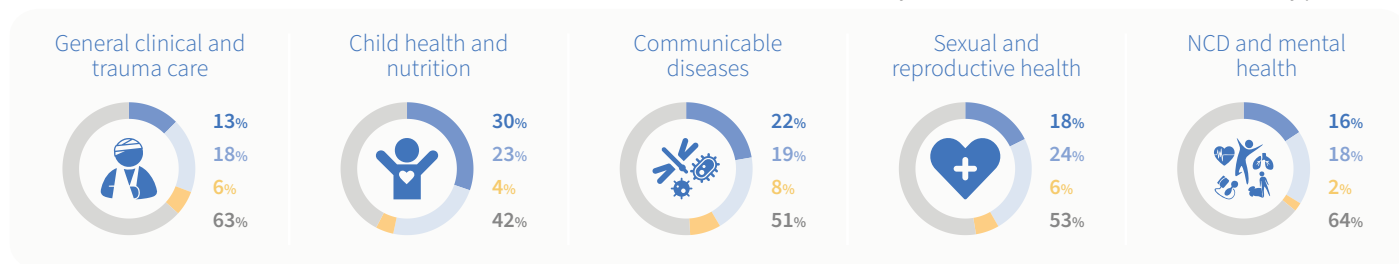


* Out of 78 health centers; health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



Lack of supplies
Lack of equipment

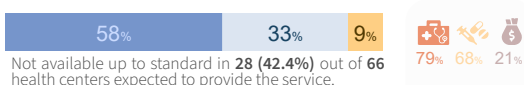


Lack of financial resources

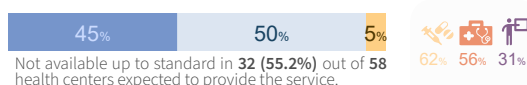


General clinical and emergency care services

Recognition of danger signs



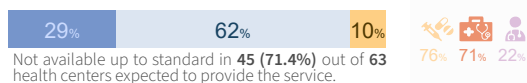
Acuity-based formal triage



Initial syndrome-based management at scene



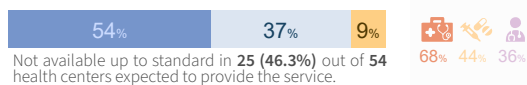
WHO basic emergency care



Advanced Syndrome-based management



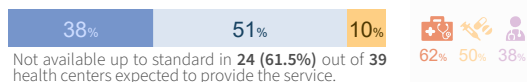
Monitored referral



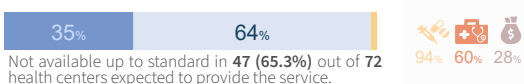
Referral capacity



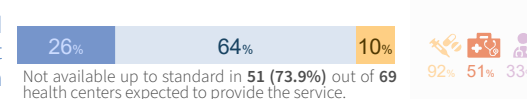
Acceptance of referrals



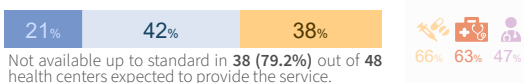
Essential services primary health care



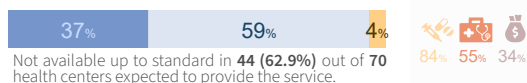
Specialized services at primary health care



Home visits



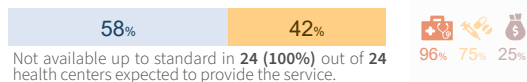
Minor trauma definitive management



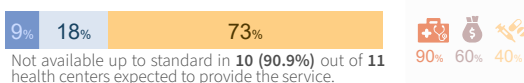
Basic laboratory services



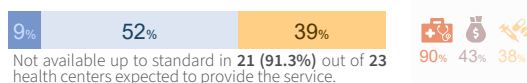
Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



* Out of 78 health centers; health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training

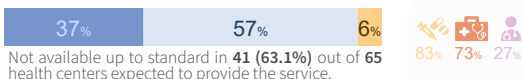


Lack of equipment



Child health and nutrition services

Pediatric first aid



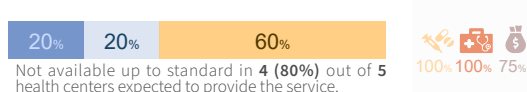
Integrated management of newborn and childhood illnesses (IMNCI)



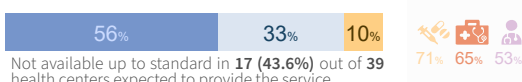
IMNCI under 5 clinic



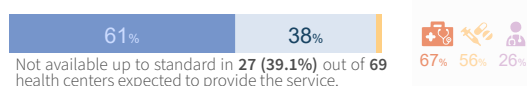
Management of children classified as severe or very severe diseases



Expanded programme on immunization



Information, education, and communication on Infant, Young, and Child Feeding



Growth monitoring

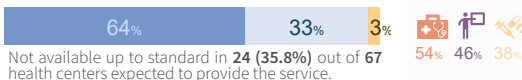


Integrated management of acute malnutrition



Communicable diseases

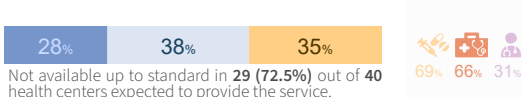
Syndromic surveillance



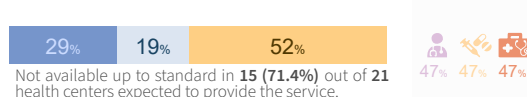
Event-based surveillance



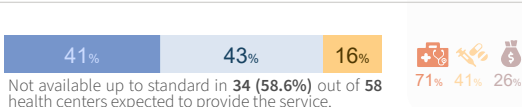
Diagnosis and treatment of tuberculosis cases



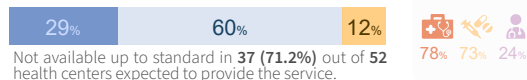
Multidrug-resistant of tuberculosis



Information, education, and communication on local priority diseases



Locally relevant diseases

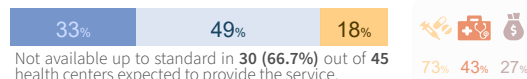


Sexual and reproductive health

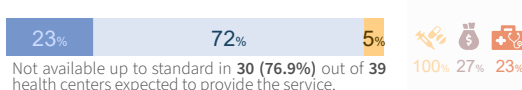
Free access to condoms



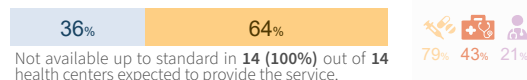
Information, education, and communication on STI/HIV



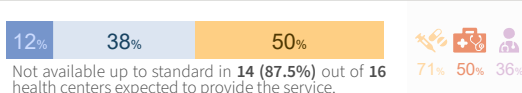
Syndromic management of sexually transmitted infections (STIs)



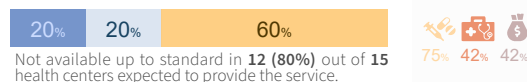
HIV counselling and testing



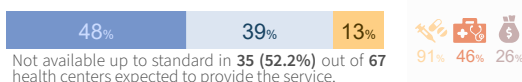
Prevention of mother-to-child HIV transmission



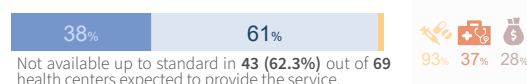
Antiretroviral treatment



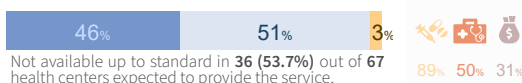
Family planning - pregnancy test



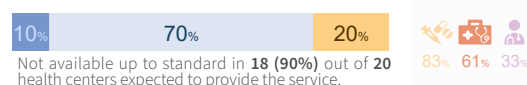
Family planning - contraceptive methods



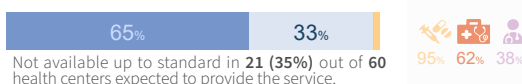
Antenatal care



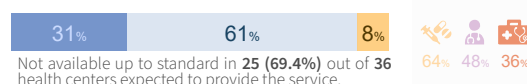
Skilled care during childbirth



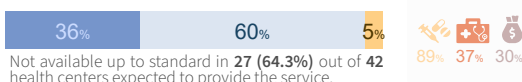
Postpartum care



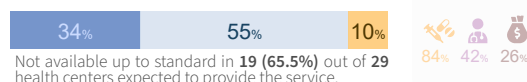
Clinical management of rape survivors



Emergency contraception



Post-exposure prophylaxis



Available Partially available Not available



Lack of staff



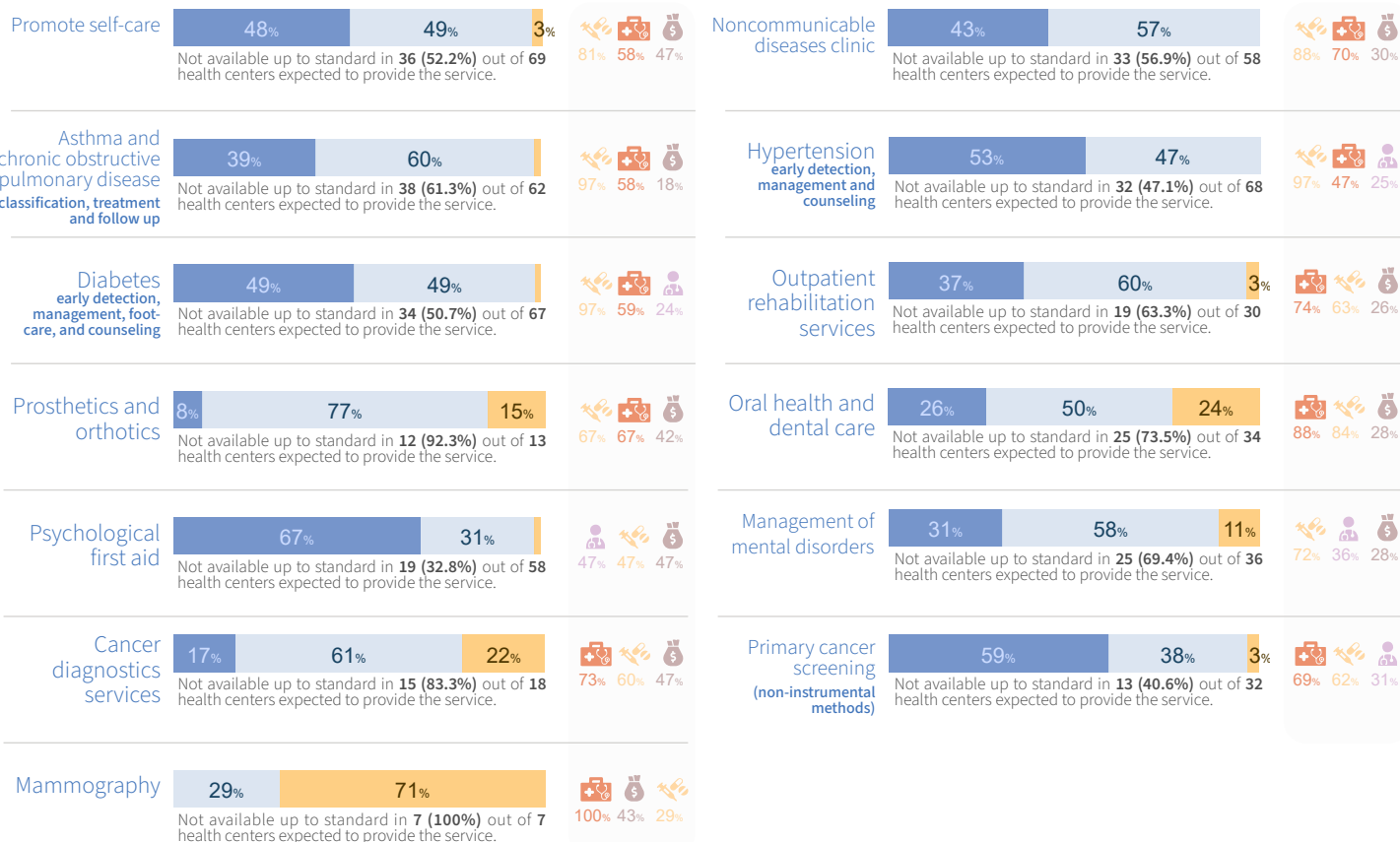
Lack of supplies



Lack of financial resources



Noncommunicable diseases and mental health



This analysis was produced based on the information reported into HeRAMS up to 31 August 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This infographic includes data from all Primary Health Care Centers (PHCs) monitored by HeRAMS, offering a comprehensive snapshot of service availability across the Gaza Strip. It encompasses PHCs from MoH, UNRWA, and NGO organizations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

- The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
- The analysis of basic amenities follows the same approach as barriers and was restricted to health centers where the indicator was at least partially available.
- The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for health centers in the current context. Additionally, the analysis of individual services excludes health centers reporting a service as "not normally provided." Consequently, the total number of health centers included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026
Contact: herams@who.int



World Health Organization



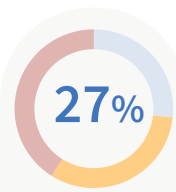
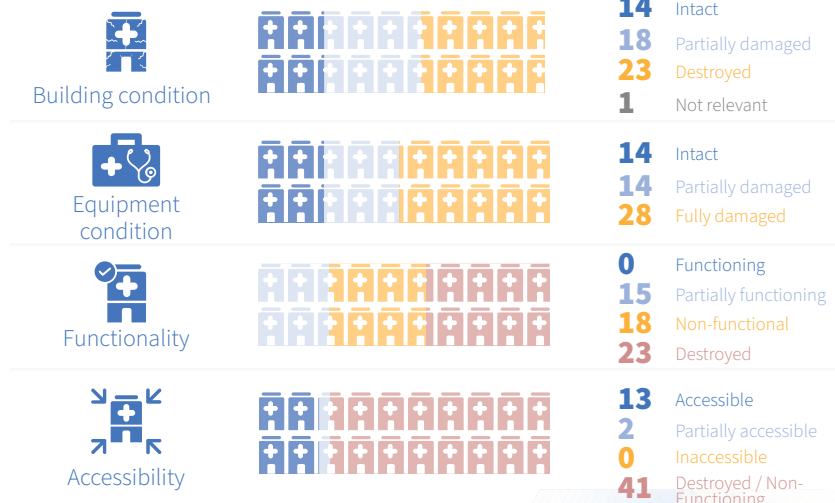


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

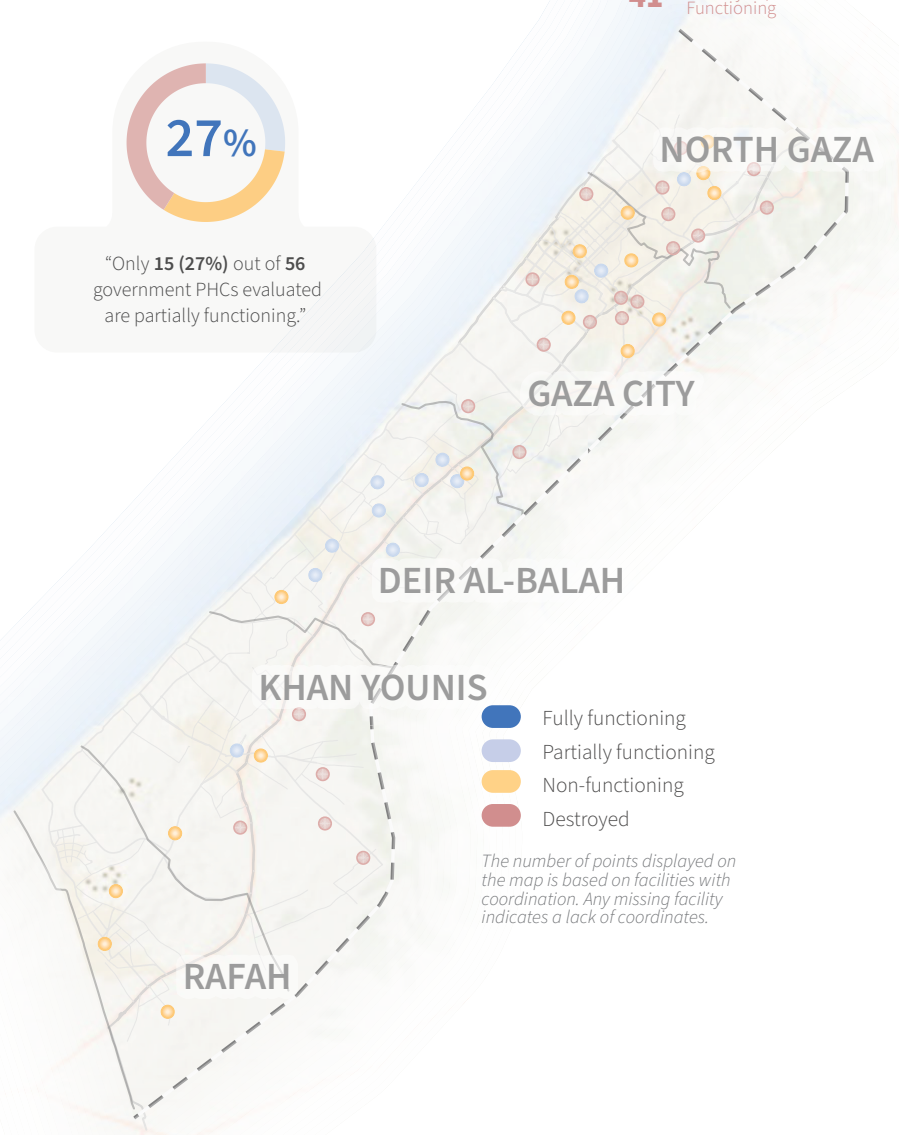
Government primary healthcare centers (PHCs)*

PHC STATUS**

Out of 56 government PHCs evaluated.



"Only 15 (27%) out of 56 government PHCs evaluated are partially functioning."

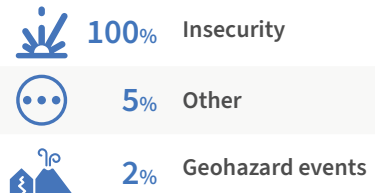


The number of points displayed on the map is based on facilities with coordination. Any missing facility indicates a lack of coordinates.

MAIN CAUSES OF...

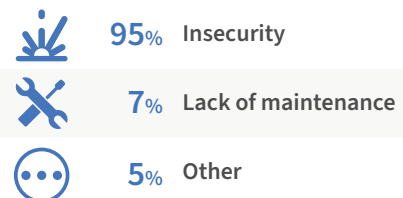
Building damage

The 3 primary causes of building damage as reported by 18 partially damaged and 23 fully damaged government PHCs.



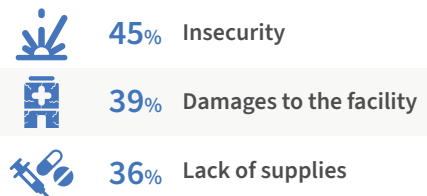
Equipment damage

The 3 primary causes of equipment damage as reported by 14 partially damaged and 28 fully damaged government PHCs.



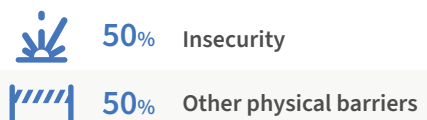
Functionality constraints

The 3 primary causes of functionality constraints as reported by 15 partially functioning and 18 non-functioning government PHCs.



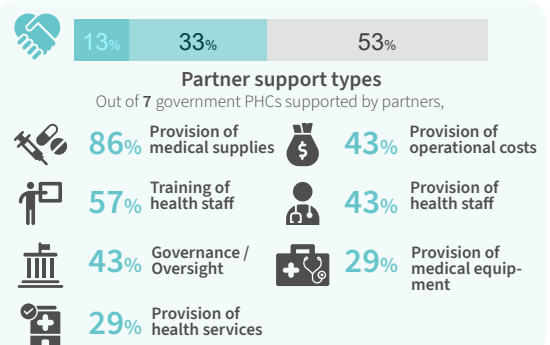
Accessibility constraints

The 2 primary causes of accessibility constraints as reported by 2 partially accessible government PHCs.



Partner Support**

Major support (Teal), Partially support (Light teal), No support (Grey)



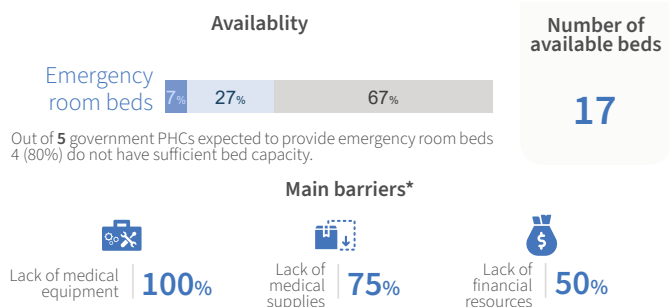
* This infographic provides insights on governmental health centers and focuses on a limited number of services deemed priority for PHCs.

** Out of 15 government PHCs: Government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

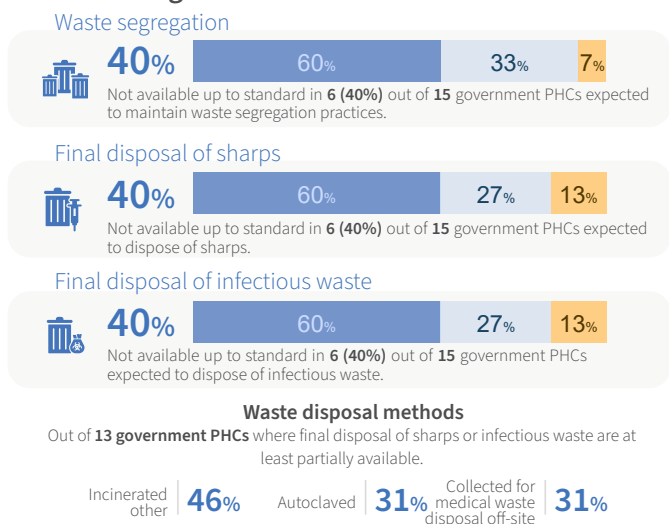
BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

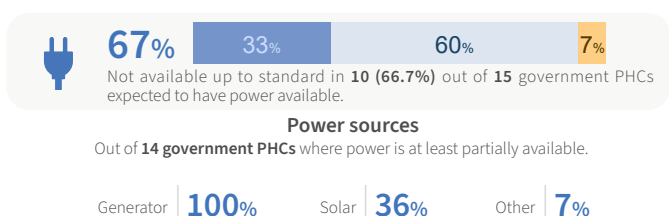
Inpatient bed capacity



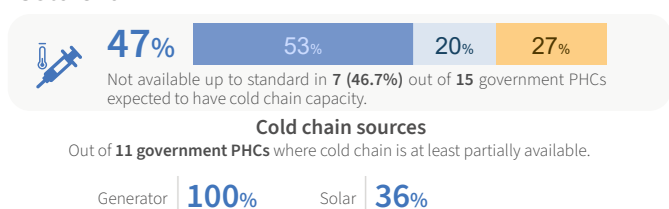
Waste management



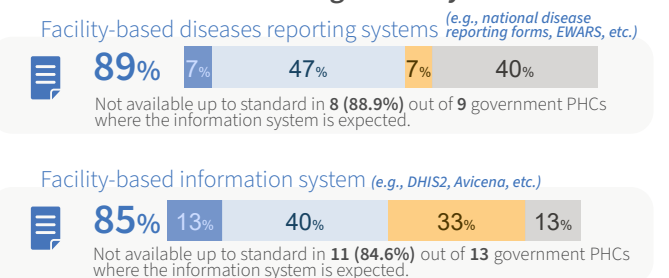
Power



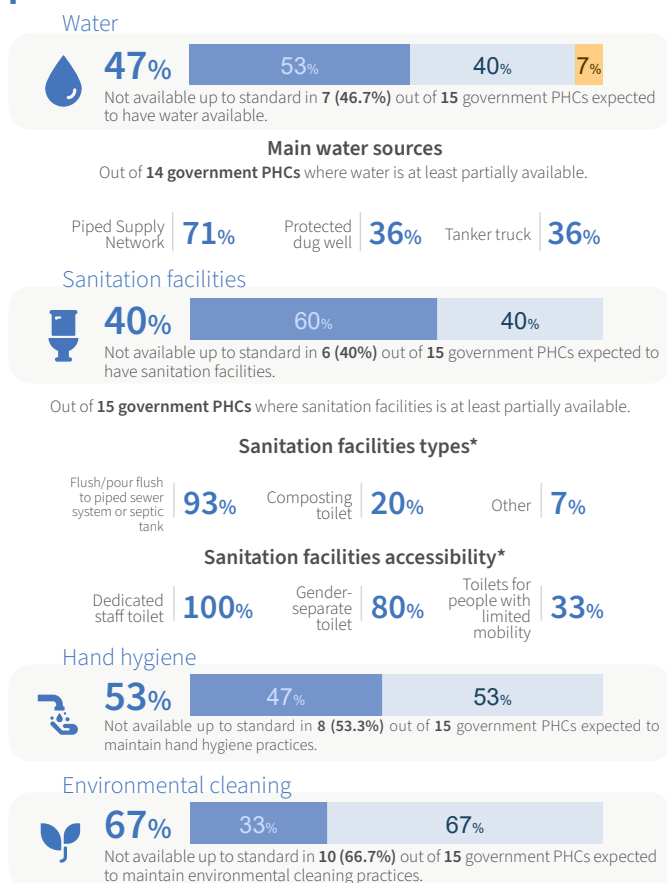
Cold chain



Health Information Management Systems



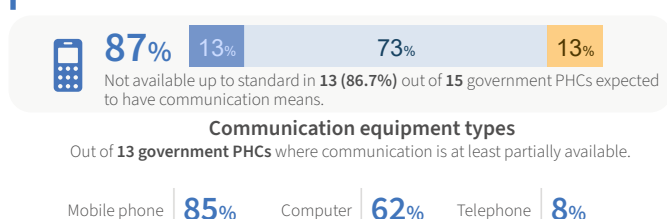
WASH



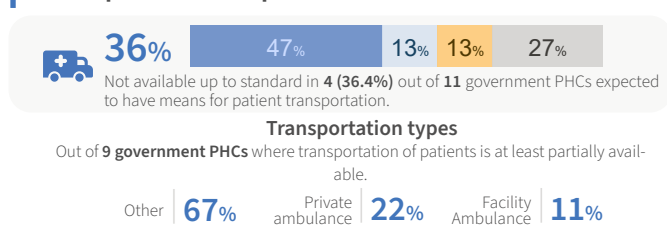
Personal Protective Equipment (PPE)



Communication



Transportation of patients

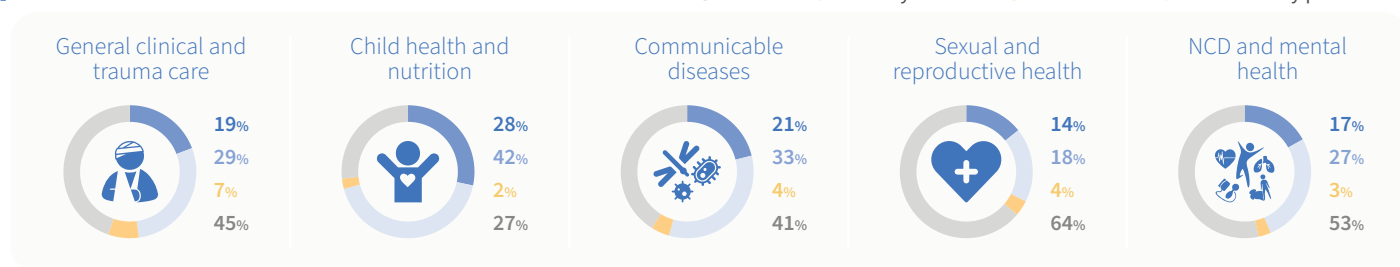


* Out of 15 government PHCs: government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



Lack of supplies
Lack of equipment

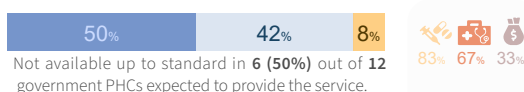


Lack of financial resources

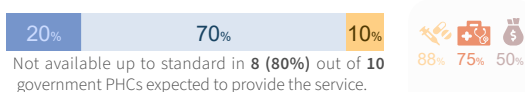


General clinical and emergency care services

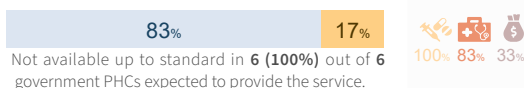
Recognition of danger signs



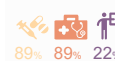
Acuity-based formal triage



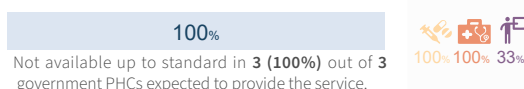
Initial syndrome-based management at scene



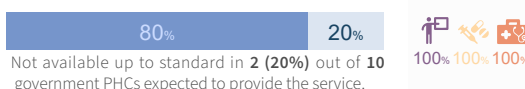
WHO basic emergency care



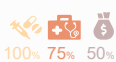
Advanced Syndrome-based management



Monitored referral



Referral capacity



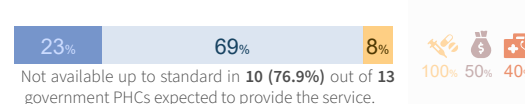
Acceptance of referrals



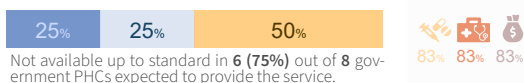
Essential services primary health care



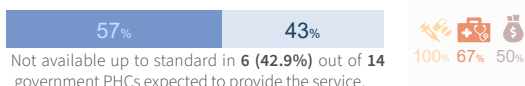
Specialized services at primary health care



Home visits



Minor trauma definitive management



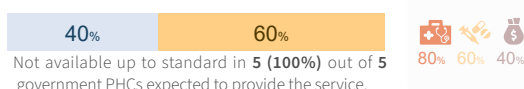
Basic laboratory services



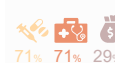
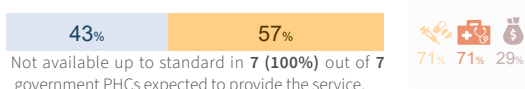
Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



* Out of 15 government PHCs: government PHCs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training

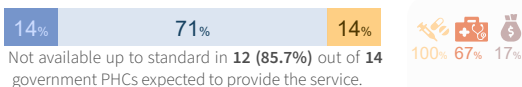


Lack of equipment

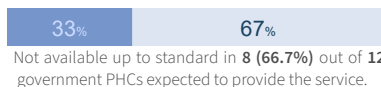


Child health and nutrition services

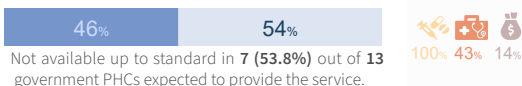
Pediatric first aid



Integrated management of newborn and childhood illnesses (IMNCI)



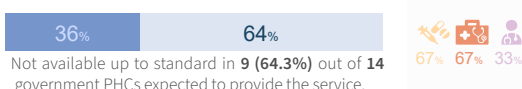
IMNCI under 5 clinic



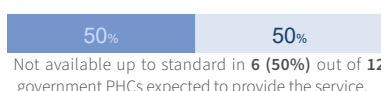
Management of children classified as severe or very severe diseases



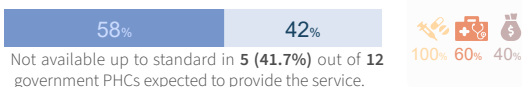
Expanded programme on immunization



Information, education, and communication on Infant, Young, and Child Feeding



Growth monitoring



Integrated management of acute malnutrition

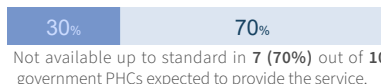


Communicable diseases

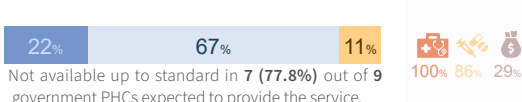
Syndromic surveillance



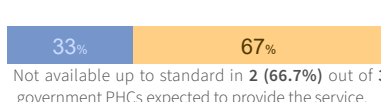
Event-based surveillance



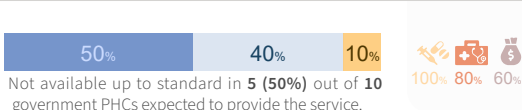
Diagnosis and treatment of tuberculosis cases



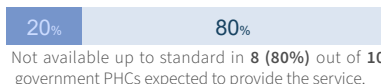
Multidrug-resistant of tuberculosis



Information, education, and communication on local priority diseases



Locally relevant diseases



Sexual and reproductive health

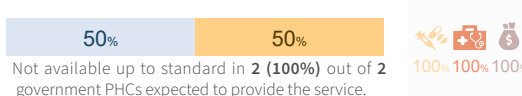
Free access to condoms



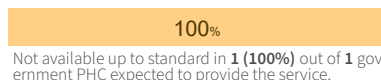
Information, education, and communication on STI/HIV



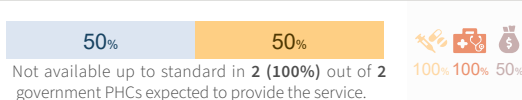
Syndromic management of sexually transmitted infections (STIs)



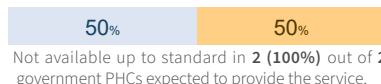
HIV counselling and testing



Prevention of mother-to-child HIV transmission



Antiretroviral treatment



Family planning - pregnancy test



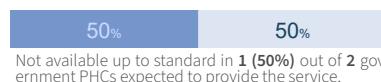
Family planning - contraceptive methods



Antenatal care



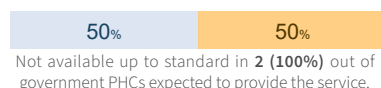
Skilled care during childbirth



Postpartum care



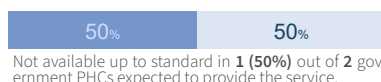
Clinical management of rape survivors



Emergency contraception



Post-exposure prophylaxis



Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training



Lack of equipment



Noncommunicable diseases and mental health

Promote self-care

18% 64% 18%

Not available up to standard in **9 (81.8%)** out of **11** government PHCs expected to provide the service.



89% 89% 56%

Noncommunicable diseases clinic

25% 75%

Not available up to standard in **6 (75%)** out of **8** government PHCs expected to provide the service.

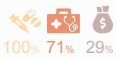


100% 83% 83%

Asthma and chronic obstructive pulmonary disease classification, treatment and follow up

42% 58%

Not available up to standard in **7 (58.3%)** out of **12** government PHCs expected to provide the service.



100% 71% 29%

Hypertension early detection, management and counseling

64% 36%

Not available up to standard in **5 (35.7%)** out of **14** government PHCs expected to provide the service.



100% 60% 20%

Diabetes early detection, management, foot-care, and counseling

64% 36%

Not available up to standard in **5 (35.7%)** out of **14** government PHCs expected to provide the service.



100% 40% 40%

Outpatient rehabilitation services

100%

Not available up to standard in **1 (100%)** out of **1** government PHC expected to provide the service.



100% 100%

Prosthetics and orthotics

Not expected in any operational government PHC.



Oral health and dental care

30% 50% 20%

Not available up to standard in **7 (70%)** out of **10** government PHCs expected to provide the service.

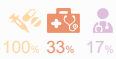


100% 86% 29%

Psychological first aid

14% 71% 14%

Not available up to standard in **6 (85.7%)** out of **7** government PHCs expected to provide the service.

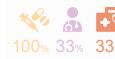


100% 33% 17%

Management of mental disorders

83% 17%

Not available up to standard in **6 (100%)** out of **6** government PHCs expected to provide the service.



100% 33% 33%

Cancer diagnostics services

100%

Not available up to standard in **4 (100%)** out of **4** government PHCs expected to provide the service.



100% 75% 75%

Primary cancer screening (non-instrumental methods)

50% 50%

Not available up to standard in **2 (50%)** out of **4** government PHCs expected to provide the service.



100% 100% 100%

Mammography

Not expected in any operational government PHC.



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There are currently 56 primary health care centers run by Ministry of Health (MOH) reporting to HeRAMS. Given the fragility and instability of the Gaza Strip, the actual number of primary health centers available and providing service can fluctuate over time. About 30% of all health care service provision is provided by MOH in the Gaza Strip.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

1. The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to government PHCs where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
2. The analysis of basic amenities follows the same approach as barriers and was restricted to government PHCs where the indicator was at least partially available.
3. The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for government PHCs in the current context. Additionally, the analysis of individual services excludes government PHCs reporting a service as "not normally provided." Consequently, the total number of government PHCs included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026
Contact: herams@who.int



World Health Organization



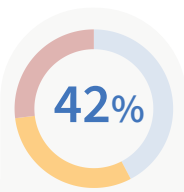
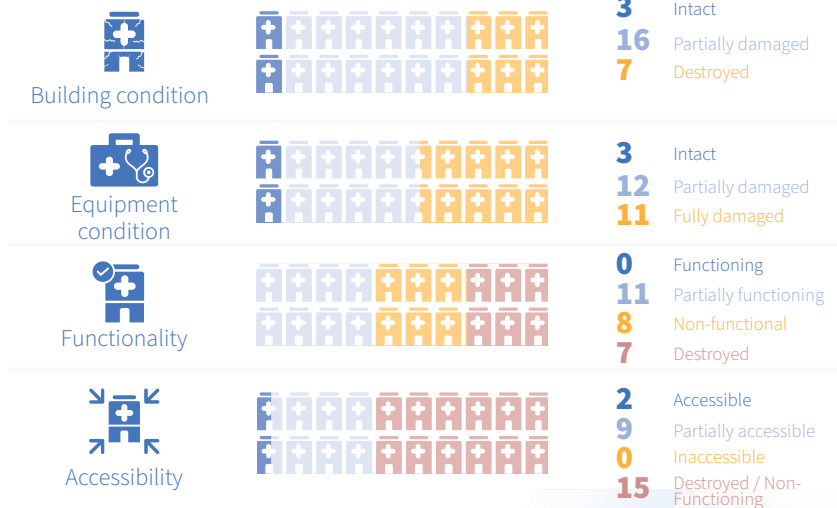


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

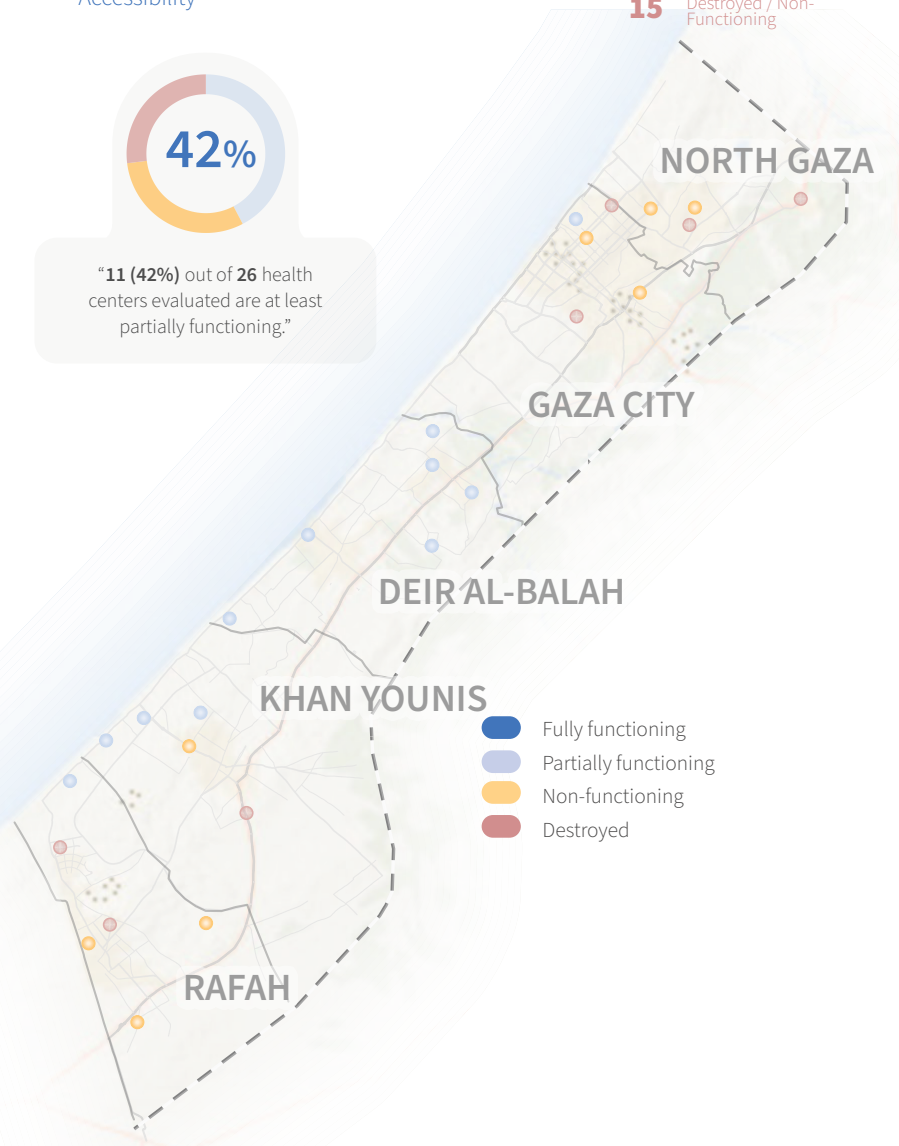
UNRWA health centers*

HEALTH CENTER STATUS**

Out of 26 health centers evaluated.



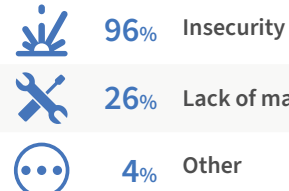
"11 (42%) out of 26 health centers evaluated are at least partially functioning."



MAIN CAUSES OF...

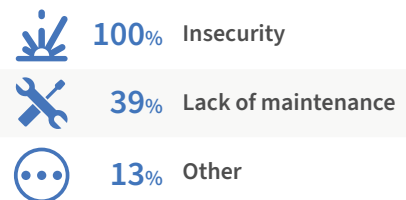
Building damage

The 3 primary causes of building damage as reported by 16 partially damaged and 7 fully damaged health centers.



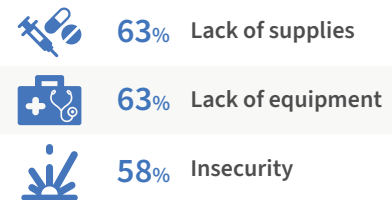
Equipment damage

The 3 primary causes of equipment damage as reported by 12 partially damaged and 11 fully damaged health centers.



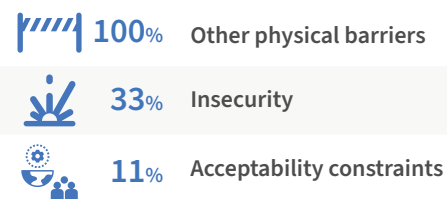
Functionality constraints

The 3 primary causes of functionality constraints as reported by 11 partially functioning and 8 non-functioning health centers.



Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 9 partially accessible health centers.



Partner Support**

Major support Partially support No support



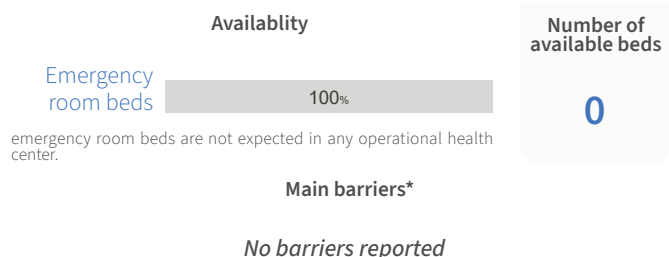
* This infographic provides insights on UNRWA health centers and focuses on a limited number of services deemed priority for health centers.

** Out of 11 health centers: Health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

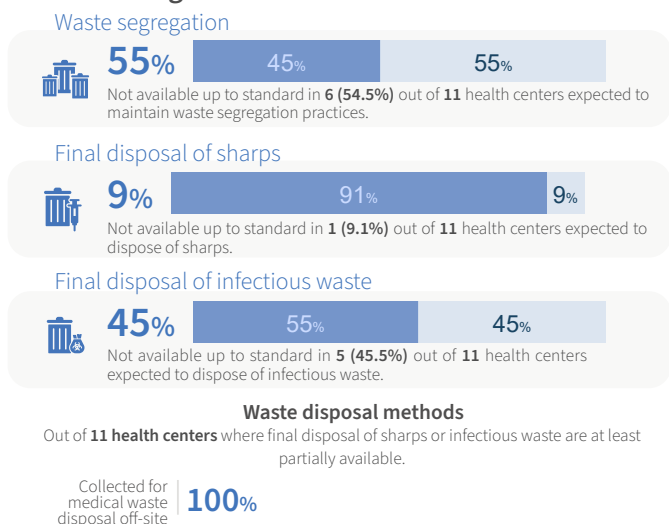
BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

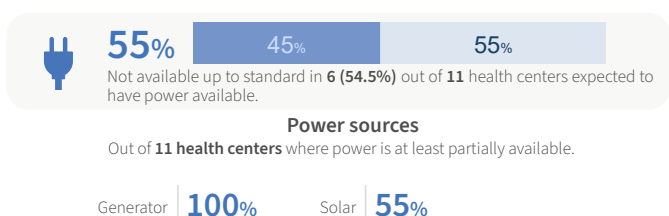
Inpatient bed capacity



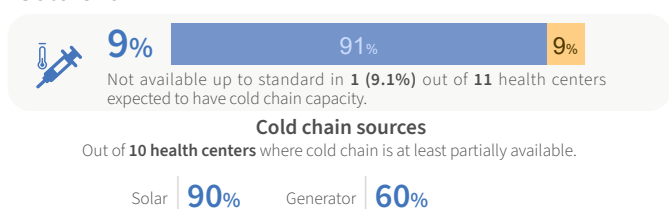
Waste management



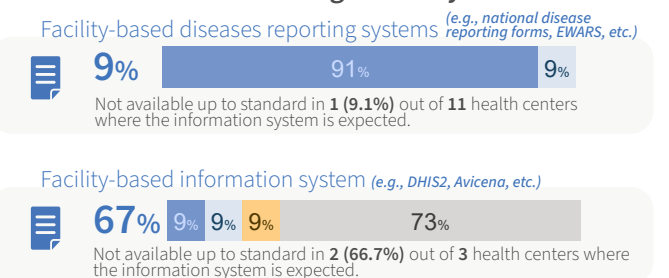
Power



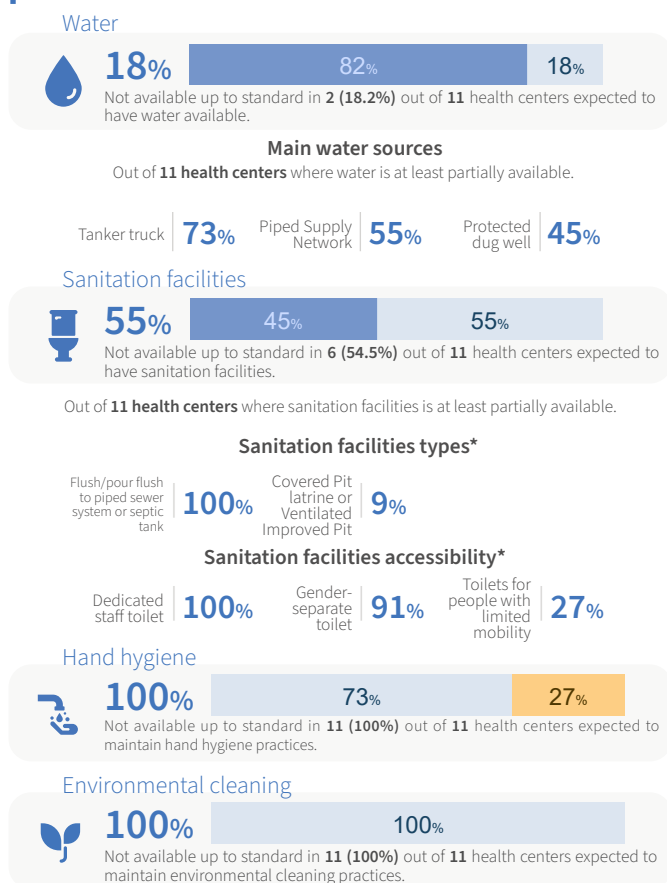
Cold chain



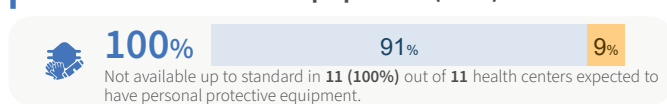
Health Information Management Systems



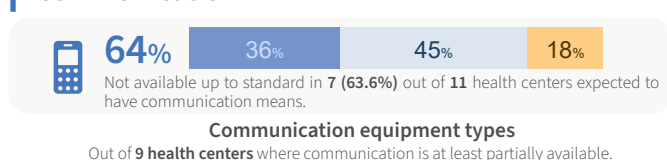
WASH



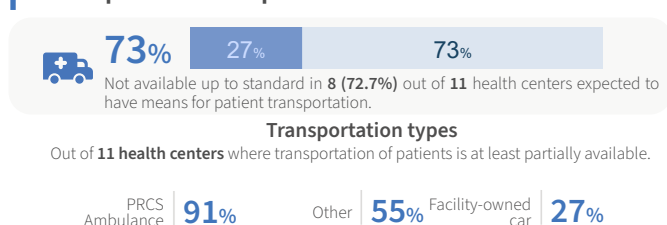
Personal Protective Equipment (PPE)



Communication



Transportation of patients

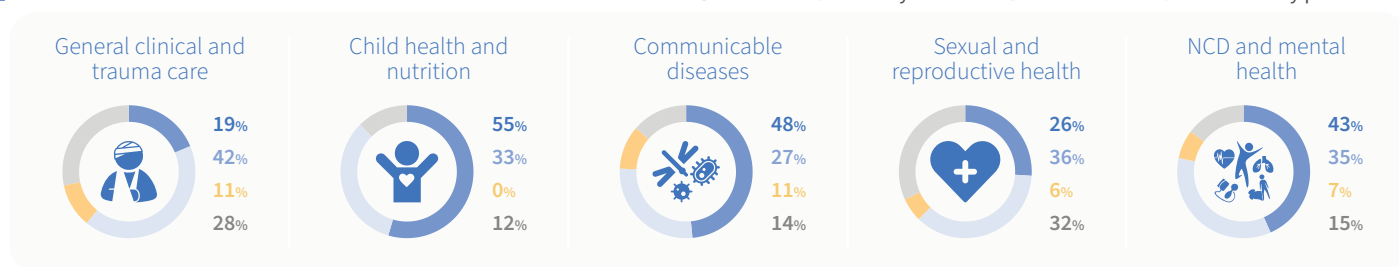


* Out of 11 health centers; health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



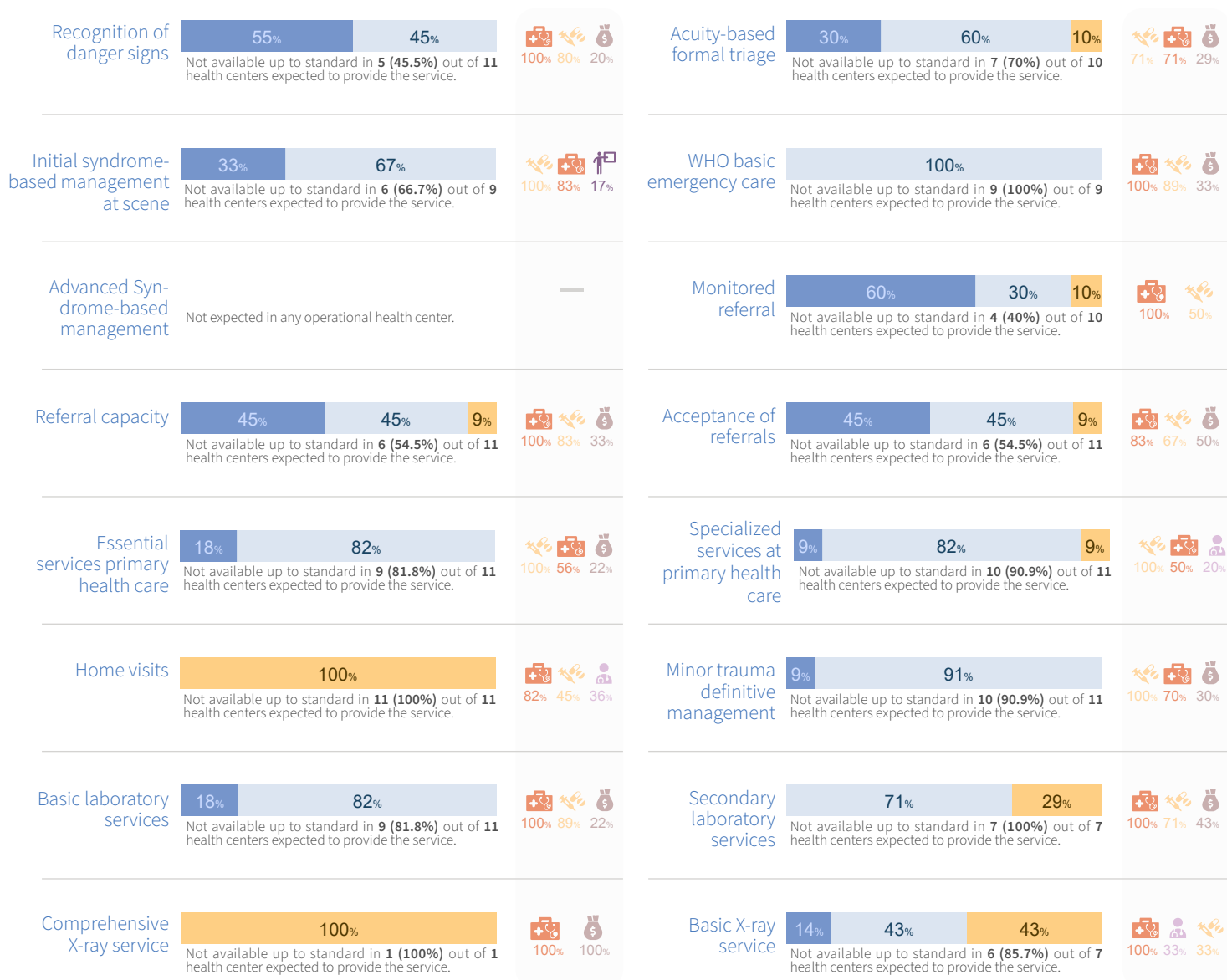
Lack of supplies
Lack of equipment



Lack of financial resources



General clinical and emergency care services



* Out of 11 health centers; health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Lack of training

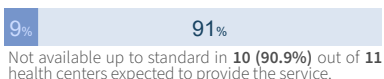


Lack of equipment

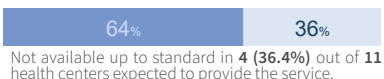


Child health and nutrition services

Pediatric first aid



Integrated management of newborn and childhood illnesses (IMNCI)



IMNCI under 5 clinic



Management of children classified as severe or very severe diseases

Not expected in any operational health center.

—

Expanded programme on immunization



—

Information, education, and communication on Infant, Young, and Child Feeding

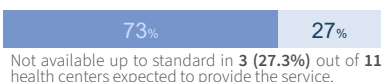


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Growth monitoring



Integrated management of acute malnutrition



Communicable diseases

Syndromic surveillance



Event-based surveillance



—

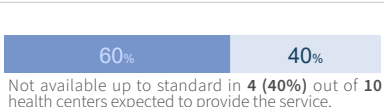
Diagnosis and treatment of tuberculosis cases



Multidrug-resistant of tuberculosis



Information, education, and communication on local priority diseases

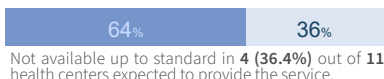


Locally relevant diseases

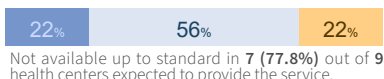


Sexual and reproductive health

Free access to condoms



Information, education, and communication on STI/HIV



Syndromic management of sexually transmitted infections (STIs)

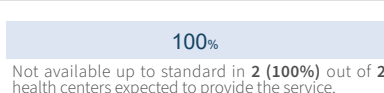


HIV counselling and testing

Not expected in any operational health center.

—

Prevention of mother-to-child HIV transmission



Antiretroviral treatment

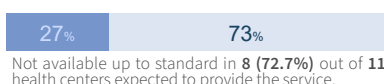


100%

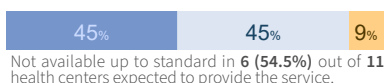
Family planning - pregnancy test



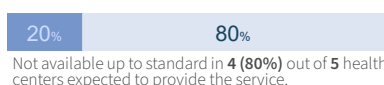
Family planning - contraceptive methods



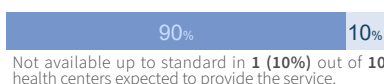
Antenatal care



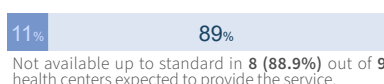
Skilled care during childbirth



Postpartum care



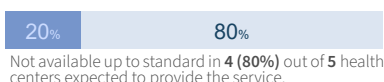
Clinical management of rape survivors



Emergency contraception



Post-exposure prophylaxis



Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Noncommunicable diseases and mental health

Promote self-care

64%

36%

Not available up to standard in 4 (36.4%) out of 11 health centers expected to provide the service.



Noncommunicable diseases clinic

55%

45%

Not available up to standard in 5 (45.5%) out of 11 health centers expected to provide the service.



Asthma and chronic obstructive pulmonary disease classification, treatment and follow up

64%

36%

Not available up to standard in 4 (36.4%) out of 11 health centers expected to provide the service.



Hypertension early detection, management and counseling

64%

36%

Not available up to standard in 4 (36.4%) out of 11 health centers expected to provide the service.



Diabetes early detection, management, foot-care, and counseling

64%

36%

Not available up to standard in 4 (36.4%) out of 11 health centers expected to provide the service.

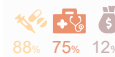


Outpatient rehabilitation services

27%

73%

Not available up to standard in 8 (72.7%) out of 11 health centers expected to provide the service.



Prosthetics and orthotics

9%

82%

9%

Not available up to standard in 10 (90.9%) out of 11 health centers expected to provide the service.



Oral health and dental care

27%

55%

18%

Not available up to standard in 8 (72.7%) out of 11 health centers expected to provide the service.



Psychological first aid

100%

Available up to standard in all 11 health centers expected to provide the service.



Management of mental disorders

55%

45%

Not available up to standard in 5 (45.5%) out of 11 health centers expected to provide the service.



Cancer diagnostics services

100%

Not available up to standard in 2 (100%) out of 2 health centers expected to provide the service.



Primary cancer screening (non-instrumental methods)

67%

17%

17%

Not available up to standard in 2 (33.3%) out of 6 health centers expected to provide the service.



Mammography

100%

Not available up to standard in 4 (100%) out of 4 health centers expected to provide the service.



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In the Gaza Strip, about 70% of health care centers are operated by UNRWA. Currently, 26 UNRWA health care centers are reporting to HeRAMS. The availability and operational status of these health centers may change over time due to factors including funding, security concerns, and other unforeseen circumstances.

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Notes:

- The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
- The analysis of basic amenities follows the same approach as barriers and was restricted to health centers where the indicator was at least partially available.
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HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026
Contact: herams@who.int



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System

وزارة الصحة
Ministry of Health

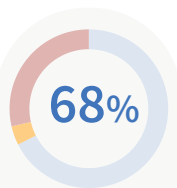
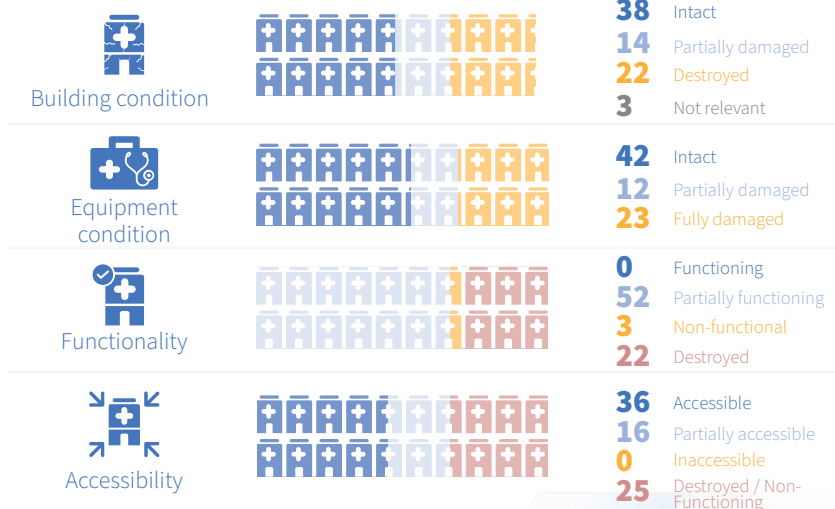


HeRAMS occupied Palestinian territory Gaza Strip SNAPSHOT AUGUST 2026

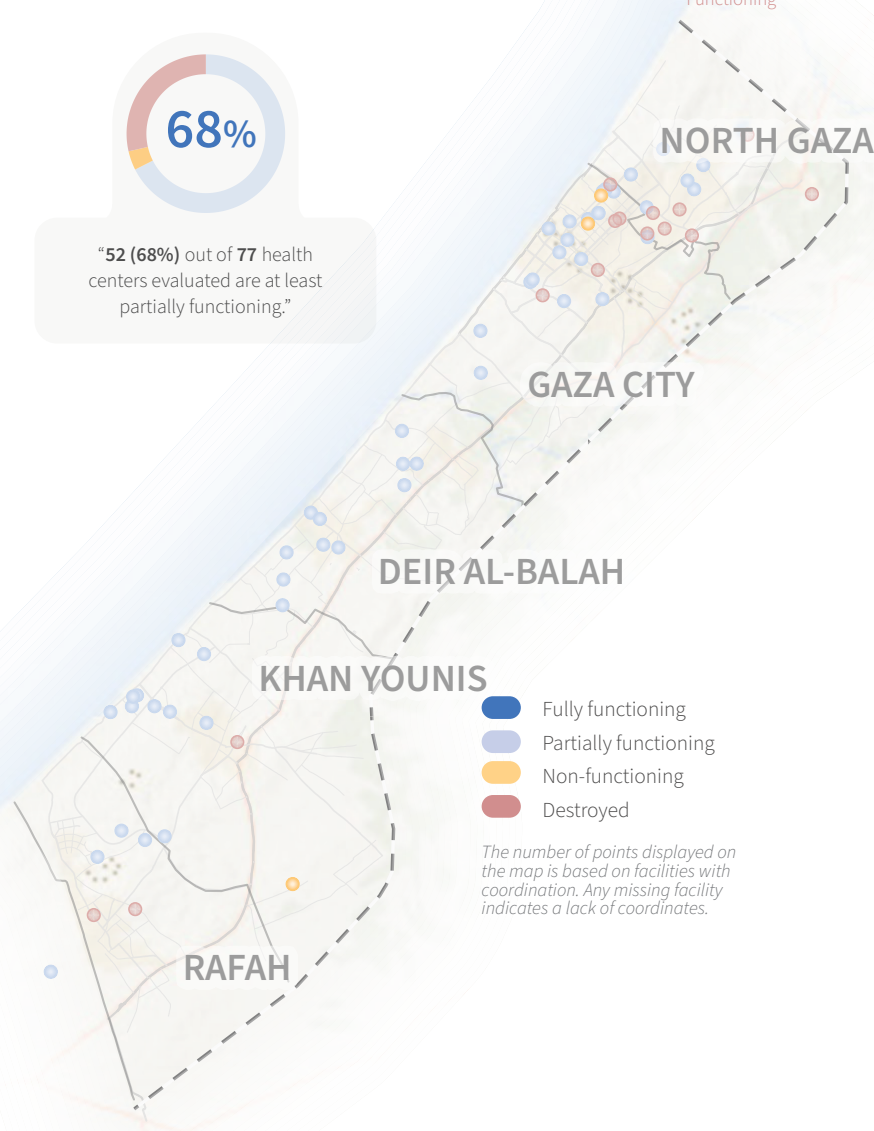
Non-governmental organizations (NGOs) health centers*

NGO HEALTH CENTER STATUS**

Out of 77 health centers evaluated.



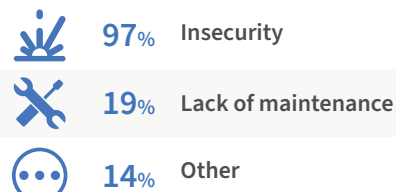
"52 (68%) out of 77 health centers evaluated are at least partially functioning."



MAIN CAUSES OF...

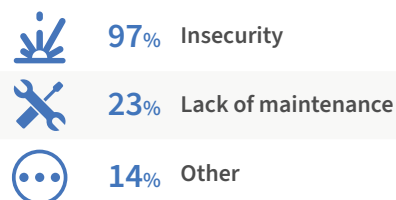
Building damage

The 3 primary causes of building damage as reported by 14 partially damaged and 22 fully damaged health centers.



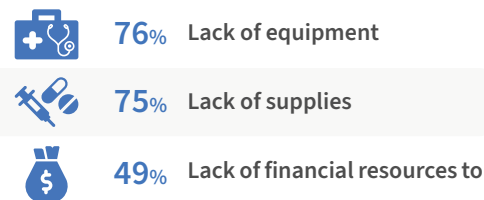
Equipment damage

The 3 primary causes of equipment damage as reported by 12 partially damaged and 23 fully damaged health centers.



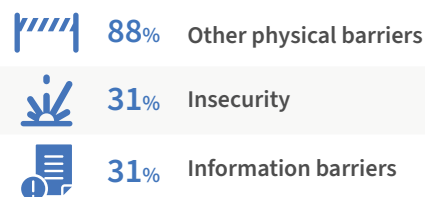
Functionality constraints

The 3 primary causes of functionality constraints as reported by 52 partially functioning and 3 non-functioning health centers.



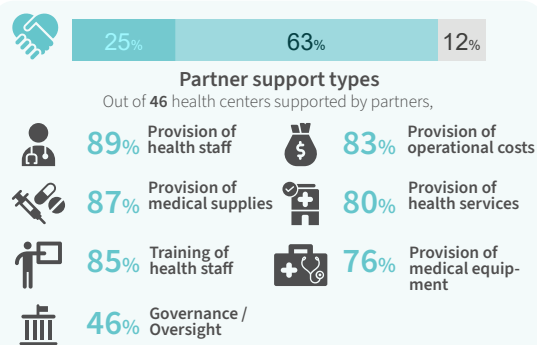
Accessibility constraints

The 3 primary causes of accessibility constraints as reported by 16 partially accessible health centers.



Partner Support**

Major support (blue dot), Partially support (light blue dot), No support (grey dot)



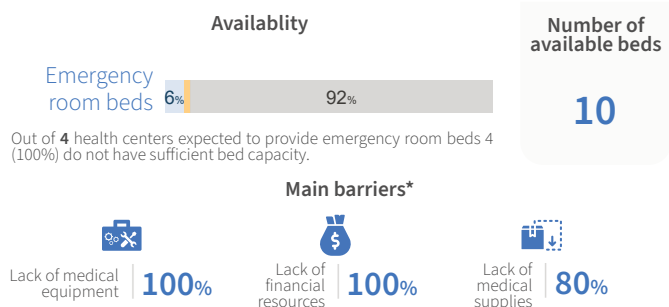
* This infographic provides insights on non-governmental organization (NGO) health centers and focuses on a limited number of services deemed priority for health centers.

** Out of 52 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

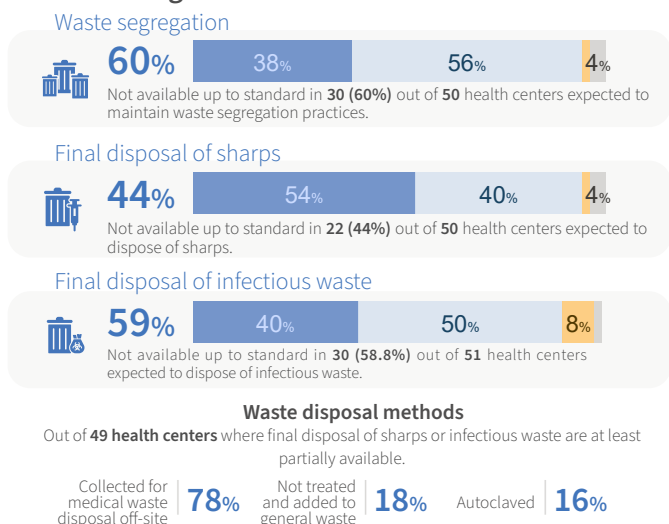
BASIC AMENITIES*

● Available ● Partially available ● Not available ● Not normally provided

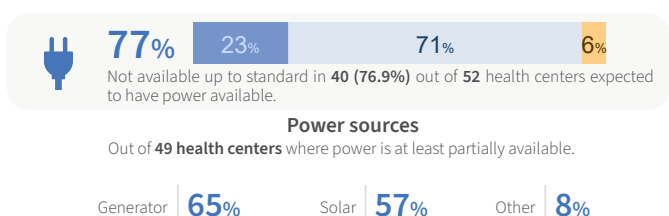
Inpatient bed capacity



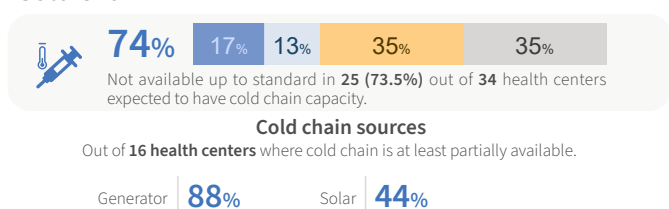
Waste management



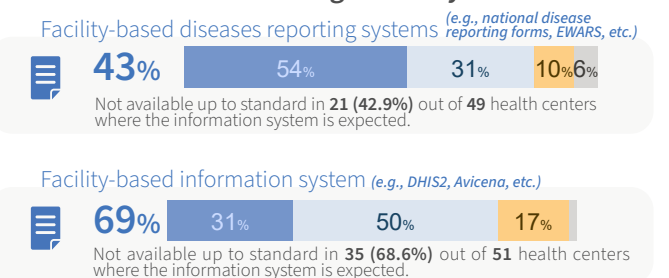
Power



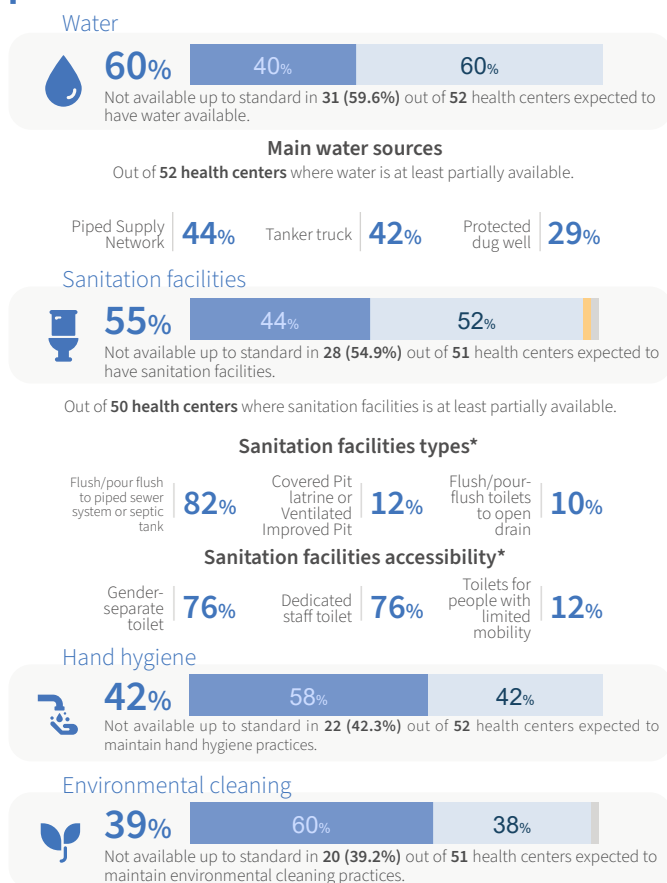
Cold chain



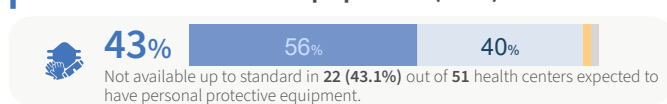
Health Information Management Systems



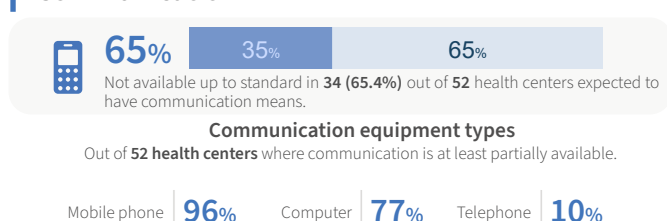
WASH



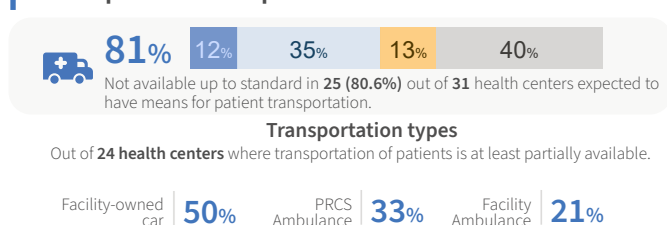
Personal Protective Equipment (PPE)



Communication



Transportation of patients

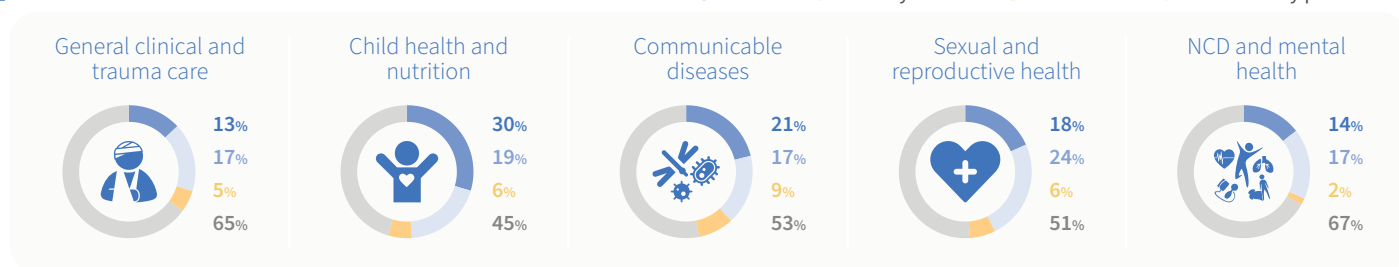


* Out of 52 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

ESSENTIAL HEALTH SERVICES*

Service domain overview

● Available ● Partially available ● Not available ● Not normally provided



● Available ● Partially available ● Not available



Lack of staff
Lack of training



Lack of supplies
Lack of equipment

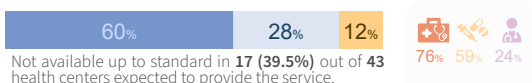


Lack of financial resources

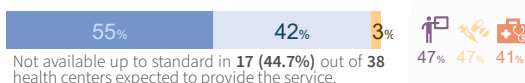


General clinical and emergency care services

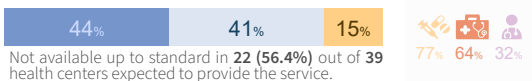
Recognition of danger signs



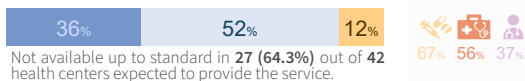
Acuity-based formal triage



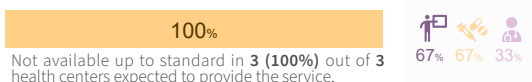
Initial syndrome-based management at scene



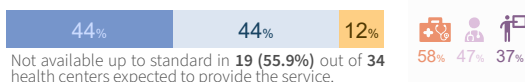
WHO basic emergency care



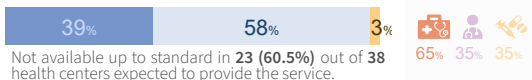
Advanced Syndrome-based management



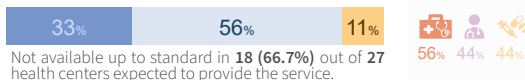
Monitored referral



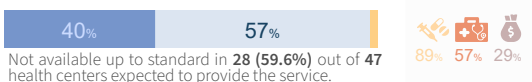
Referral capacity



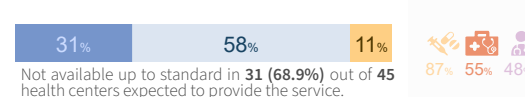
Acceptance of referrals



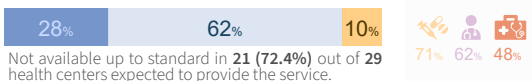
Essential services primary health care



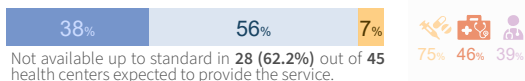
Specialized services at primary health care



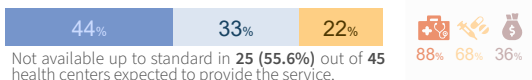
Home visits



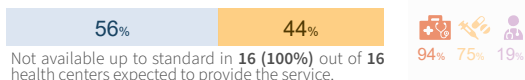
Minor trauma definitive management



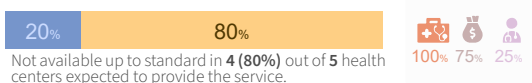
Basic laboratory services



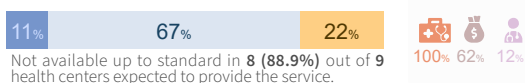
Secondary laboratory services



Comprehensive X-ray service



Basic X-ray service



* Out of 52 health centers: NGO health centers reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section as reporting ends upon confirmation of their inability to provide any health services.

Available Partially available Not available



Lack of staff

Lack of training



Lack of supplies



Lack of equipment



Lack of financial resources



Child health and nutrition services

Pediatric first aid



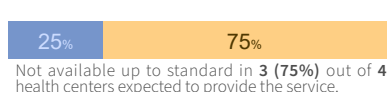
Integrated management of newborn and childhood illnesses (IMNCI)



IMNCI under 5 clinic



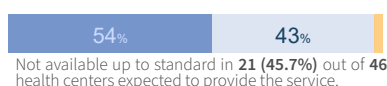
Management of children classified as severe or very severe diseases



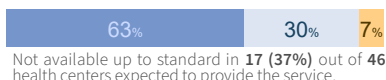
Expanded programme on immunization



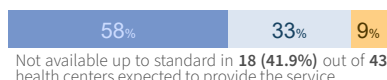
Information, education, and communication on Infant, Young, and Child Feeding



Growth monitoring



Integrated management of acute malnutrition



Communicable diseases

Syndromic surveillance



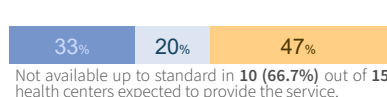
Event-based surveillance



Diagnosis and treatment of tuberculosis cases



Multidrug-resistant of tuberculosis



Information, education, and communication on local priority diseases

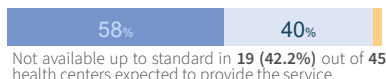


Locally relevant diseases

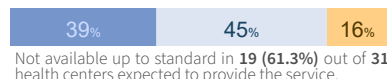


Sexual and reproductive health

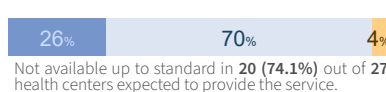
Free access to condoms



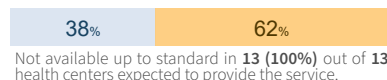
Information, education, and communication on STI/HIV



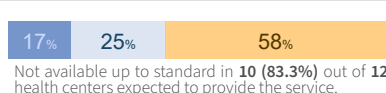
Syndromic management of sexually transmitted infections (STIs)



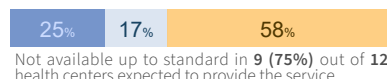
HIV counselling and testing



Prevention of mother-to-child HIV transmission



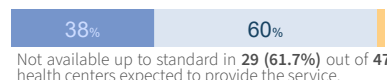
Antiretroviral treatment



Family planning - pregnancy test



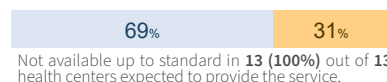
Family planning - contraceptive methods



Antenatal care



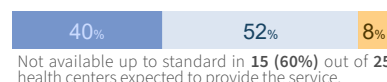
Skilled care during childbirth



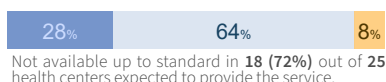
Postpartum care



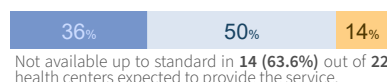
Clinical management of rape survivors



Emergency contraception



Post-exposure prophylaxis



Available Partially available Not available



Lack of staff



Lack of supplies



Lack of financial resources



Noncommunicable diseases and mental health

Promote self-care

51%

49%

Not available up to standard in 23 (48.9%) out of 47 health centers expected to provide the service.



Noncommunicable diseases clinic

44%

56%

Not available up to standard in 22 (56.4%) out of 39 health centers expected to provide the service.



Asthma and chronic obstructive pulmonary disease classification, treatment and follow up

31%

67%

3%

Not available up to standard in 27 (69.2%) out of 39 health centers expected to provide the service.



Hypertension early detection, management and counseling

47%

53%

Not available up to standard in 23 (53.5%) out of 43 health centers expected to provide the service.



Diabetes early detection, management, foot-care, and counseling

40%

57%

3%

Not available up to standard in 25 (59.5%) out of 42 health centers expected to provide the service.



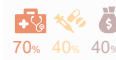
Outpatient rehabilitation services

44%

50%

6%

Not available up to standard in 10 (55.6%) out of 18 health centers expected to provide the service.



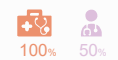
Prosthetics and orthotics

50%

50%

0%

Not available up to standard in 2 (100%) out of 2 health centers expected to provide the service.



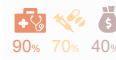
Oral health and dental care

23%

46%

31%

Not available up to standard in 10 (76.9%) out of 13 health centers expected to provide the service.



Psychological first aid

68%

32%

0%

Not available up to standard in 13 (32.5%) out of 40 health centers expected to provide the service.



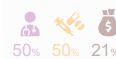
Management of mental disorders

26%

58%

16%

Not available up to standard in 14 (73.7%) out of 19 health centers expected to provide the service.



Cancer diagnostics services

25%

58%

17%

Not available up to standard in 9 (75%) out of 12 health centers expected to provide the service.



Primary cancer screening (non-instrumental methods)

59%

41%

Not available up to standard in 9 (40.9%) out of 22 health centers expected to provide the service.



Mammography

67%

33%

0%

Not available up to standard in 3 (100%) out of 3 health centers expected to provide the service.



This analysis was produced based on the information reported into HeRAMS up to 31 August 2026 and while the the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

Currently, 77 NGO health care centers are reporting to HeRAMS

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

- The analysis of barriers impeding services availability, causes of damage, non-functionality and inaccessibility was limited to NGO health centers where the respective indicator was not available up to standard. Only the top three most frequently reported barriers are presented for each indicator.
- The analysis of basic amenities follows the same approach as barriers and was restricted to NGO health centers where the indicator was at least partially available.
- The health services presented here constitute a sub-set of services monitored in HeRAMS. For the purpose of this infographic, inclusion was limited those considered priorities for NGO health centers in the current context. Additionally, the analysis of individual services excludes NGO health centers reporting a service as "not normally provided." Consequently, the total number of NGO health centers included in the analysis varies by service.



HeRAMS Platform



Public dashboard

Data source: HeRAMS occupied Palestinian territory
Date data: 31 August 2026
Date created: 08 September 2026
Contact: herams@who.int



World Health Organization

HeRAMS
Health Resources and Services
Availability Monitoring System

وزارة الصحة
Ministry of Health



HeRAMS occupied Palestinian territory

HeRAMS service definitions



General clinical and trauma care services

TITLE	SERVICE DEFINITIONS
Recognition of danger signs	Recognition of danger signs in neonates, children, and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.
Acuity-based formal triage	Acuity-based formal triage of children and adults at first entry to the facility with a validated instrument such as the WHO/ICRC interagency triage tool.
Initial syndrome-based management at scene	Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.
WHO basic emergency care	Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children, and adults. Interventions include manual airway maneuvers, oral/nasal airway placement, oxygen administration, bag-valve mask ventilation, temperature management, and administration of essential emergency medications, including empiric antibiotics for serious infection.
Advanced syndrome-based management	Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in a dedicated emergency unit, including for neonates, children, and adults. Interventions include intubation, mechanical ventilation, surgical airway, placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line, with adjustment for age and condition, including malnutrition, and administration of essential emergency medications.
Monitored referral	Direct provider monitoring during transport to an appropriate healthcare facility and structured handover to facility personnel.
Referral capacity	Referral procedures, means of communication, and access to transportation.
Acceptance of referrals	Acceptance of referrals with remote decision support for prehospital providers and primary healthcare facilities, and condition-specific protocol-based referral to higher levels.
Acceptance of complex referrals	Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.
Essential services primary health care	Essential services primary health care with availability of all essential drugs for primary care as per national guidelines with at least one general physician.
Specialized services at primary health care	Specialized services at primary health care with availability of specialized clinics and all essential drugs as per national guidelines, including noncommunicable diseases (NCD) and pain management.
Home visits	Including promotion of self-care practices and monitoring of NCD medication compliance.
Minor trauma definitive management	Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, and cotton wool.
Emergency department	Dedicated emergency beds with basic and advanced life support skills, and full surgical wound care.
Inpatient surgical ward with at least one operating theatre	Inpatient surgical ward with at least one operating theatre (with or without gas).
Inpatient surgery ward with at least two operating theatres	Inpatient surgery ward with at least two operating theatres with pediatric and adult gaseous anesthetic.
Burns treatment	Extensive and/or severe burns clinical management.
Orthopedic/trauma ward	For advanced orthopedic and surgical care.
20 inpatient bed capacity	At least 20 inpatient bed capacity with 24/7 availability of medical doctors, nurses and midwives.
50 inpatient bed capacity	At least 50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).
Inpatient critical care management	Inpatient critical care management with availability of mechanical ventilation, infusion pumps and third-line emergency drugs.
Intensive care unit with at least 4 beds	Intensive care unit with at least 4 beds.

TITLE	SERVICE DEFINITIONS
Basic laboratory services	Basic laboratory with general microscopy.
Secondary laboratory services	Secondary laboratory services including electrolyte and blood gas concentrations.
Tertiary laboratory services	Tertiary laboratory services with public health laboratory capacities.
Blood bank services	Blood bank services.
Hemodialysis unit	Hemodialysis unit.
Basic radiology services	X-ray and ultrasound.
Comprehensive X-ray service	X-ray with stratigraphy, intraoperative X-ray image intensifier (C-arm), ultrasound.
CT scan	A computed tomography scan (CT scan).
MRI	Magnetic resonance imaging (MRI).
Procedures for mass casualty scenarios	Procedures in place for early discharge of post-operative patients through referral to secondary hospitals, in mass casualty scenarios.



Child health and nutrition services

TITLE	SERVICE DEFINITIONS
Pediatric first aid	Interventions include airway positioning, choking interventions, and basic external hemorrhage control.
Integrated management of newborn and childhood illnesses (IMNCI)	IMNCI for acute respiratory infection, and diarrhea by trained community health workers.
IMNCI under 5 clinic	Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, oral rehydration salts and zinc dispersible tablets, with national IMNCI guidelines and flowcharts.
Management of children classified as severe or very severe diseases	Management of children classified as severe or very severe diseases with parenteral fluids, drugs, and oxygen, etc.
Inpatient surgical care for newborns and children	Inpatient surgical care for newborns and children.
Expanded programme on immunization	Routine immunization against all national target diseases with a functioning cold chain in place.
Information, education, and communication on infant, young, and child feeding	Information, education and communications for child caretakers, early initiation of breastfeeding, promotion of exclusive breastfeeding, and infant, young, and child feeding practices, active case finding, and referral of sick children.
Growth monitoring	Growth monitoring and/or screening for acute malnutrition (MUAC, weight-for-height (W/H), head circumference, or oedema)
Integrated management of acute malnutrition (IMAM)	IMAM for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.
Stabilization center for severe acute malnutrition	Center for severe acute malnutrition with medical complications, availability of therapeutic milks (e.g., F-75, F-100 or equivalent) ready-to-use therapeutic foods, and dedicated trained team of doctors, nurses, and nurse aids, 24/7

TITLE	SERVICE DEFINITIONS
Syndromic surveillance	Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions.
Event-based surveillance	Immediate reporting of unexpected or unusual health events through an event-based surveillance system.
Diagnosis and treatment of tuberculosis cases	Diagnosis and treatment of tuberculosis cases or detection and referral of suspected cases and follow-up.
Multidrug-resistant of tuberculosis	Diagnosis, management, and follow-up of multidrug-resistant tuberculosis patients.
Information, education, and communication on local priority diseases	Information, education, and communication on the prevention and self-care of local priority diseases, such as acute diarrhea and acute respiratory infections.
Locally relevant diseases	Diagnosis and management of other locally relevant diseases such as measles, viral hepatitis, diphtheria, pertussis, with protocols available for identification, classification, stabilization, and referral of severe cases.
Isolation unit or room	Isolation unit or room for patients with highly infectious diseases.
Management of severe/complicated communicable diseases	Management of severe and/or complicated communicable diseases such as measles with pneumonia, others.



Sexual and reproductive health services

TITLE	SERVICE DEFINITIONS
Free access to condoms	Free access to condoms.
Syndromic management of sexually transmitted infections (STIs)	Syndromic management of STIs, national first-line antibiotics available.
Information, education, and communication on STI/HIV	Information, education, and communication on prevention of STI/HIV (human immunodeficiency virus) infections and behavior change communications.
HIV counseling and testing	HIV counseling and testing.
Prevention of mother-to-child HIV transmission	Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission.
Antiretroviral treatment	Availability of antiretroviral treatment.
Family planning - pregnancy test	Availability of pregnancy test.
Family planning - contraceptive methods	Availability of contraceptive methods as per national guidelines.
Antenatal care	Assessment of pregnancy, birth and emergency plan, response to problems observed, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anemic pregnancy.
Skilled care during childbirth	Including early essential newborn care: preparing for birth, assessment of labor stage, WHO partograph monitoring, conditions management, drying baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis.
Basic emergency obstetric care	Parenteral antibiotics, oxytocic/anticonvulsant drugs, manual removal of placenta, removal of retained products with MVA, assisted vaginal delivery, HSDU functioning 24/7.
Comprehensive emergency obstetric care	Basic emergency obstetric care, caesarean section, safe blood transfusion.
Postpartum care	Examination of mother (up to 42 days) and newborn baby (up to 5 years), response to observed signs, breastfeeding support, counsel on complementary feeding, and family planning promotion.
Comprehensive abortion care	Safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counseling for abortion, and post-abortion contraception.
Clinical management of rape survivors	Clinical management of rape survivors including psychological support and provided in dedicate rooms to ensure privacy.
Emergency contraception	Emergency contraception provided as standard to survivors of rape if recommended.
Post-exposure prophylaxis	Post-exposure prophylaxis (PEP) for STI/HIV infections.



TITLE	SERVICE DEFINITIONS
Promote self-care	Provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to patients discharged by the HSDU, and provide social services for people with chronic health conditions, disabilities, and mental health problems.
Noncommunicable diseases clinic	Brief advice on tobacco, alcohol, and substance abuse, healthy diet, screening and management of risks of cardiovascular disease, individual counseling on adherence to chronic therapies, availability of blood pressure apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list.
Asthma and chronic obstructive pulmonary disease	Asthma and chronic obstructive pulmonary disease classification, treatment, and follow-up.
Hypertension	Hypertension early detection, management, and counseling (including dietary advice), follow-up.
Diabetes	Diabetes early detection, management (oral anti-diabetic and insulin available), counseling (including dietary advice), foot care, and follow-up.
Cancer diagnostics services	Availability of cancer diagnostics services.
Primary cancer screening (non-instrumental methods)	Primary cancer screening using non-instrumental methods.
Mammography	Mammography service.
Colonoscopy	Colonoscopy service.
Cancer treatment services	Availability of cancer treatment services.
Chemotherapy treatment	Chemotherapy treatment and follow-up of adults and children in outpatient and inpatient settings.
Radiological treatment	Radiological treatment and follow-up of adults and children in outpatient and inpatient settings.
Hematological & oncohematological care in all settings	Treatment and follow-up of adults and children with hematological and oncohematological diseases in outpatient and inpatient settings.
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs.
Outpatient rehabilitation services	Outpatient services provided by a rehabilitation professional via an outpatient service often as part of follow-up care, including assistive device provision or maintenance.
Prosthetics and orthotics	Manufacture, fitting, and training to use prosthetic and orthotic devices.
Oral health and dental care	Oral health and dental care services.
Psychological first aid	Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance, etc.
Management of mental disorders	Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam.
Inpatient care for management of mental disorders	Inpatient care for management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.

