

Gaza's Children

PREVENTABLE ILLNESS AND DEATH

Under Destructive Living Conditions

Briefing Report | May 2026



Summary

Children in Gaza have been facing a severe deterioration in health and wellbeing since October 2023, driven by ongoing violence, repeated displacement, collapsed healthcare and education services and Israel's sustained deprivation of essential living conditions, as part of its genocide against the Palestinian population of Gaza. Israeli restrictions on the entry of humanitarian assistance, including medical items, fuel, and materials needed for water, sanitation, and shelter, continue to limit the functioning of essential services. This has contributed to a context in which living conditions remain destructive and inhumane, causing preventable illness and death among children.

Data from MSF-supported facilities between January and March 2026 show an overwhelming burden of disease. Respiratory infections are the leading cause of illness, accounting for most consultations and 80% of hospital admissions in an MSF pediatric hospital, with infants making up two thirds of cases. Diarrheal and skin diseases remain widespread, due to unsafe living conditions and lack of access to water and hygiene.

Malnutrition persists, with 383 children admitted to MSF therapeutic feeding centres between January and March 2026 requiring treatment for acute malnutrition. One in four pregnant women is malnourished, contributing to poor birth outcomes and increasing risks for newborns. Between September 2025 and March 2026, 112 newborn deaths were recorded in just two hospitals, largely from preventable respiratory complications and infections.

Children are living in overcrowded, unsafe, and undignified environments, exposed to continuous trauma and with extremely limited access to healthcare and mental health support. Meanwhile, the health system in Gaza is critically weakened by infrastructure damage, supply shortages, and restrictions on humanitarian access.

The destruction of people's homes, civilian infrastructure, neighbourhoods, health facilities, and water and sanitation systems, combined with the systematic impediments to their reconstruction and to relief by humanitarian organizations, imposes destructive conditions of life onto the whole population of Gaza, and impacts the most vulnerable. Evidence shows that it directly undermines children's survival, health, and wellbeing. Unhindered humanitarian access and restoration of services is urgently needed to stop the death and suffering of children in Gaza.

Key Messages

- MSF data from January to March 2026 and earlier surveillance highlight a **sustained and rising burden of preventable pediatric diseases** across all levels of care.
- Children faced a high burden of disease, during the recent winter months (January–March 2026), with **respiratory infections** driving the majority of hospital admissions, particularly among infants.
- **Malnutrition among children and pregnant or breastfeeding women** remains a serious and ongoing problem. It risks further deterioration if access to aid and food is not improved.
- Overcrowded and unsafe **living conditions**, combined with lack of access to **water and hygiene**, are accelerating disease transmission.
- The **health system** is critically weakened, limiting access to timely and adequate care.
- **Israeli restrictions on essential supplies** are directly contributing to preventable child illness and death.
- **Without immediate action** to ensure unhindered humanitarian access and restore essential services, and improve living conditions, preventable child illness and death is likely to rise.

Context

Since October 2023, destructive conditions of life have been imposed by Israeli authorities on the Palestinian population of Gaza. Most families in Gaza have been displaced multiple times, living in tents, makeshift shelters, or rubble. These unsafe conditions expose them to injury, dangerous waste, and unexploded ordinances (UXO), overcrowding and lack of basic services.

With unemployment at around 80%, reflecting the near-total collapse of livelihoods^[1], households face extreme financial hardship, and the majority of the population in Gaza now depends entirely on humanitarian aid. Community kitchens and irregular distributions of food and essential supplies provide limited relief, but supply blockages continue to restrict access to food, medicines and hygiene products, making it incredibly challenging for households to meet daily survival needs.

Living conditions are devastated, marked by overcrowding, poor ventilation, exposure to temperature extremes, dampness, and dust. MSF has treated 5 cases of rodent bites among children in April 2026, further reflecting the poor living conditions, overcrowding, and inadequate environment affecting displaced families in Gaza. Israel's restrictions on water, sanitation supplies, and essential goods severely limit hygiene and heighten children's risk of illness. Prior to the escalation, approximately 47% of the Gaza Strip's residents were children under 15, making this public health emergency especially alarming given that nearly half the population belongs to a group whose health and wellbeing are particularly vulnerable to ongoing violence and deteriorating living conditions.

This briefing report bears witness to the deterioration of children's health in Gaza as a direct consequence of these destructive conditions of life imposed by Israeli authorities. The sustained obstruction of essential humanitarian supplies continues to gravely impact children's health and wellbeing.

[1] OCHA. Gaza Humanitarian Response | Situation Report No. 69. United Nations Office for the Coordination of Humanitarian Affairs. 25 February 2026. Available at: <https://www.unocha.org/publications/report/occupied-palestinian-territory/gaza-humanitarian-response-situation-report-no-69>; and Palestine Economic Policy Research Institute, Palestine Economic Update, January 2026. Available at: <Palestine Economic Update - January 2026>

[2] Middle East Eye. [Israeli curbs risk halting World Central Kitchen in Gaza, authorities say](#) | Middle East Eye, 26 February 2026

■ Pediatric Health and Wellbeing Issues Witnessed by MSF

Neonatal vulnerability and mortality

Neonates (newborns) and young infants remain among the most vulnerable populations in Gaza. MSF data shows that infants under one year account for the majority of pediatric hospital admissions, reflecting a high burden of severe illness.

Between September 2025 and March 2026, a total of **112** neonatal deaths (children under one month) were recorded in the MSF-supported Al Helou and Nasser hospitals. During the same period, **1,842** neonatal admissions were reported, an in-facility mortality rate of approximately **6%**. The leading causes of death were **respiratory distress** (76 deaths, 57%) and **sepsis** (55 deaths, 41%), together accounting for the vast majority of mortality. These conditions are often preventable or treatable with timely and adequate neonatal care.

During the same period, **1,056** infants were born with low birth weight (approximately **12% of live births**) in the MSF-supported Nasser and Al Helou hospitals, indicating a significant proportion of newborns at increased risk of complications and adverse health outcomes.

Access to adequate neonatal care is critically constrained by shortages of essential supplies and energy. The systematic restrictions on the entry of equipment and materials into Gaza, including missing generators, spare parts to repair them, and engine oil, have led to recurrent electricity shortages, affecting the functioning of incubators and respiratory support devices. In July 2025, a power outage of approximately 30 minutes at Al Helou Hospital disrupted neonatal services, during which two



critically ill neonates deteriorated and subsequently died. While direct causality cannot be confirmed, this incident illustrates how even brief interruptions in electricity can critically compromise neonatal care.

Caregivers describe the fragility of neonatal survival in the absence of adequate medical infrastructure. Asil, a 29-year-old mother displaced in Deir al-Balah, explained: ***“My baby was born early and needed special care, but the hospital did not have enough equipment. I was always afraid something would happen to him.”*** Mona, 38 years old, who lives in Khan Younis, recounted: ***“We lost our newborn after delivery. The doctors said he needed oxygen support, but there were constant power cuts and shortages.”***

Inadequate shelter conditions and persistent shortages of laboratory supplies, essential neonatal equipment, respiratory care materials, and energy continue to limit early detection, monitoring, and treatment for premature and low birthweight newborns, increasing the risk of preventable complications and death.

Respiratory Infections

Respiratory infections are the leading cause of pediatric morbidity in Gaza and the primary driver of consultations and hospital admissions across MSF-supported facilities. For instance, from January to March 2026, almost **60%** of children under 15 attending MSF primary healthcare clinics did so for respiratory infections (25,515 of 43,462 pediatric consultations).

Between January and March 2026, a total of **40,016** respiratory consultations were recorded across three MSF primary health clinics. Children under 15 years accounted for nearly two-thirds of all cases (**64%**). Younger children are particularly affected, with those under five representing over one third of all cases (**38%**), while children aged 5-14 years accounted for over a quarter (**26%**).

At MSF's pediatric field hospital in Deir al-Balah, in March 2026, respiratory conditions accounted for **80%** of hospital admissions and **77%** of emergency room (ER) consultations. The ER saw a sharp rise in activity, with an increase of over **150% in the number of patients** (from 430 in February to 1,102 in March), highlighting the scale of demand. Infants under one year represented nearly two out of three hospital admissions, underscoring their heightened vulnerability.

Neonatal and pediatric intensive care units continue to manage a high burden of severe respiratory illness. At Nasser Hospital's Pediatric Intensive Care Unit (PICU) (9 beds), pneumonia cases were the reason for 8 out of 33 admissions in January (**24%** of admissions) and 15 out of 33 admissions in February 2026 (**45%**). There was a rise in both the number and severity of cases, with more children requiring intensive respiratory support and prolonged hospitalization. At Al Helou hospital, between January and March 2026, the Neonatal Intensive Care Units (NICU) (12 beds) recorded **127** admissions; the majority were linked to **severe respiratory conditions**, including **respiratory distress syndrome** (66 cases, **52%**).

MSF teams report frequent, recurrent, and prolonged respiratory illnesses among children, often requiring repeated care. Severe cases, including pneumonia and bronchiolitis, regularly require hospitalization. Heba, a 20-year-old mother displaced to Al-Mawasi (Rafah) said: ***"My baby keeps coughing and struggling to breathe. Every time we think he is getting better, the symptoms come back again. We sleep in a crowded tent with many families, and there is no fresh air."*** Another mother, 37-year-old Wafa, who lives in Gaza City, told MSF: ***"We go to the clinic repeatedly for my children's chest infections, but the medicines are not always available. Sometimes we are told to come back another day while their breathing gets worse."***

The scale and severity of respiratory illness are driven by overcrowded and inadequate living conditions, including poor ventilation, exposure to cold and damp environments, and reliance on unsafe fuels for cooking and heating that contribute to both the spread and severity of respiratory infections. Repeated displacement disrupts continuity of care, while shortages of essential medicines, critical equipment to treat respiratory infections such as nebulizers, and diagnostic supplies limit timely diagnosis and treatment, particularly for infants and children with severe or recurrent illnesses.

Infectious skin diseases, including scabies

Infectious skin diseases represent a substantial burden of pediatric morbidity in Gaza. Between January and March 2026, skin conditions such as scabies, impetigo, lice infestations, and allergic or irritant skin reactions, accounted for **17%** of all consultations (11,817 out of 67,863) in three MSF clinics, with children under 15 representing nearly half of the cases and those under five accounting for almost one quarter.

Scabies was the most frequently reported condition, accounting for **3,225** consultations (approximately **27% of all skin disease cases**), with children disproportionately affected (**60%** of scabies cases were among children under 15). MSF is increasingly seeing cases of infected scabies. Transmission is driven by overcrowded living conditions, shared bedding and limited access to water, soap and hygiene materials. In such settings, families are unable to wash clothes or bedding regularly, allowing scabies to spread rapidly and recur within households and shelters. Anyone in the Strip can be affected: in one MSF hospital, in the beginning of May 2026, **5%** of staff had scabies.

Caregivers consistently describe the severity and persistence of symptoms under extremely constrained living conditions. Rawan, a 45-year-old mother displaced in Al Mawasi (Khan Younis), reported: ***“All my children have skin infections. Itching is unbearable, especially at night. We have no clean water or soap, and we all sleep in the same small space.”*** Ahmed, 35-year-old father, in an MSF facility in Deir al-Balah, told us that: ***“The disease spreads quickly in our shelter. Even when one child is treated, others get infected again because we cannot wash clothes properly or clean bedding”***.

Health promotion efforts are severely constrained by the blockage on the entry of basic supplies, including water, soap, and hygiene goods, making compliance with treatment protocols impossible. Shortages of scabies treatment in facilities often force teams to prioritise children seen during consultations, rather than treating all affected household members simultaneously, allowing reinfection and continued transmission. As of end of April 2026, an MSF pediatric hospital has only a few weeks of scabies treatment left, and even the medical staff is infected. This rationing undermines effective transmission control and contributes to continued spread within communities.



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The widespread destruction of homes and civilian infrastructure, and the restrictions on the entry of essential humanitarian and reconstruction supplies are limiting access to water, hygiene materials, and adequate living space, hindering effective infection control.

Diarrheal diseases and gastroenteritis

Diarrheal diseases remain a significant public health concern and one of the leading causes of pediatric morbidity. In February 2026, they ranked as the third most common diagnosis at the MSF-supported Rantisi children's hospital. Between January and March 2026, more than **3,300** children under 15 were treated for diarrhea in MSF primary healthcare centers, accounting for approximately one in every eleven pediatric cases.

Ongoing transmission is driven by limited access to safe water and sanitation services (WASH), with deteriorating living conditions increasing exposure to contaminated water and poor hygiene environments. The detection of hepatitis A cases further signals sustained WASH-related public health risks across the Gaza Strip.

Caregivers report severe constraints in maintaining basic hygiene due to lack of clean water, sanitation, and fuel for heating water. Reham, 40-year-old, who was displaced in Khan Younis, explained: ***"We depend entirely on hygiene kits. When they do not arrive, we have no soap or basic supplies to keep our children clean and prevent illness"***.

Caregivers also describe the impact of unsafe water consumption on children's health and their fear of complications. Lobna, 27 years old, who lives in Gaza City, told MSF: ***"My child had severe diarrhea for days, but I could not find clean water or medicine. We were afraid of dehydration but had no means to prevent it."*** Khaled, a 38-year-old father living in Deir al-Balah (Middle Area), added: ***"We depend on unsafe water. Sometimes it smells bad, but we still drink it because there is no alternative for our children"***. These conditions are worsened by critical shortage of fuel, generators, and engine oil needed to operate water systems and treatment facilities, further constraining the availability of safe water and increasing the risk of waterborne diseases among children.

Healthcare providers confirm that overcrowding and insufficient hygiene materials create high-risk environments for diarrheal disease transmission. Young children are particularly vulnerable to dehydration and severe complications, while shortages of laboratory and hygiene supplies in health facilities further limit monitoring and prevention efforts.

Malnutrition

Malnutrition remains a serious and ongoing concern affecting infants, young children, and pregnant or breastfeeding women and girls, increasing children's susceptibility to infections, particularly respiratory and diarrheal diseases, and reinforcing cycles of illness and vulnerability. Despite a relative stabilisation following the peak of the crisis in 2025, conditions remain fragile, and levels of malnutrition continue to pose serious risks to health outcomes.

Between January and March 2026, **383** children with malnutrition were newly admitted to MSF's therapeutic feeding centres (ATFCs). Of these, **35%** (133 children) were presented with **severe acute malnutrition (SAM)**, while **65%** (250) had **moderate acute malnutrition (MAM)**. The majority of cases were among children aged 1 to 5 years. Infants under six months, although fewer in number, also presented with malnutrition, indicating serious vulnerability in this age group.

Maternal malnutrition also remains a major concern. During the same period, data from Nasser Hospital and Al Helou Hospital show that out of 5,996 pregnant women, **1,461** (around 24%, almost a quarter) were identified as **malnourished**. This contributes to adverse pregnancy and neonatal outcomes, including 251 babies (close to **9% of the 2,986 live births**) born with low birth weight. While lower than peak levels in 2025, these figures remain clinically significant and reflect the ongoing impact of prolonged conflict, restrictions, and deteriorating living conditions.

Malnutrition is driven by protracted displacement, economic hardship, and limited access to sufficient and nutritious food, a situation that was previously rare in Gaza before October 2023. Although more trucks are now entering Gaza, the majority are commercial rather than humanitarian, and the limited food reaching markets is sold at high prices.

This means that increased market availability does not translate into access for many families, while essential nutritious foods remain limited. Infants are particularly at risk due to maternal malnutrition, limited access to breastfeeding support, and reliance on scarce or unaffordable formula. Kawthar, a 32-year-old mother, displaced in Al-Mawasi (Khan Younis), echoes the concerns of many others over severe and persistent food insecurity: ***“I cannot find enough food for my children. Sometimes I skip meals so they can eat, but it is still not enough for their health.”*** Another mother, 25-year-old Nisreen, who lives in Gaza City, shared: ***“My baby was diagnosed with malnutrition. I try to breastfeed, but I am also weak and not eating properly because of the lack of food”***.



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The persistence of maternal malnutrition, alongside its impact on neonatal outcomes, reflects a well-established clinical pattern³¹: maternal undernutrition significantly increases the risk of prematurity, low birth weight, and complications in the neonatal period. Malnutrition significantly worsens disease outcomes and increases vulnerability to infection, particularly among young children.

Injuries

Children continue to be injured by ongoing violence and by unsafe living conditions across Gaza. Despite the ceasefire announced on 10 October 2025, MSF teams have continued to receive and treat children injured in attacks and other traumatic incidents. Since the ceasefire and as of 8 April 2026, MSF teams have responded to multiple mass-casualty incidents, treating at least **244** patients injured in attacks by the Israeli forces, including children.

Between 10 October 2025 and 11 May 2026, one MSF field hospital in Deir al-Balah received **243** children with violence-related injuries, representing close to **12%** of all patients treated for such injuries in the facility. Most of these children had blast injuries, including **37** children under 5 and **178** children between 5 and 15 years old.

[31] MSF, Deliberate restriction of food and aid led to alarming malnutrition in Gaza, <https://www.msf.org/deliberate-restriction-food-and-aid-led-alarming-malnutrition-gaza>, 7 May 2026.

Twelve children aged 5 to 15 were treated for gunshot injuries. During the same period, the hospital performed **944 surgeries linked to violent traumatic injuries on children**, who accounted for almost **17%** of all such surgeries.

Between the beginning of January 2026 and end of April 2026, 196 admissions to MSF's trauma department in Nasser hospital (Khan Younis) were injured children under 15, representing **20%** of injured patients (966); of those children, one in three (66) was under 5 years old. During the same period, in Gaza City, **113** children received care for injuries at an MSF clinic. Close to **96%** (108) of those children were injured due to intentional violence: explosions from bombing, and bullets.

Children are also injured as a result of the unsafe environments in which families are forced to live, including damaged buildings, rubble, waste, overcrowded shelters, and improvised cooking or heating arrangements. Between January and April 2026, emergency rooms in MSF Attar and Mawasi clinics (south Khan Younis) received **1,640** children under 15 years old with injuries, including **500** children under five; children represented **56%** of all injuries received in that period (2,931). **70** of those children were injured by intentional violence.

Children in Gaza suffer avoidable injuries due to violence and unsafe living conditions, directly threatening their lives, physical and mental health, and future. The healing of injuries is also made difficult by the unsanitary environment, supply shortages in health facilities, and difficulties in accessing enough nutritious food.

Mental health: Prolonged exposure to trauma

Children in Gaza are experiencing profound psychological distress due to prolonged exposure to violence, repeated displacement, loss of family members and loved ones, destruction of homes, severely disrupted daily life, and access to education. MSF teams report a wide range of emotional, cognitive, physiological, and behavioral symptoms among children, including anxiety, persistent fear, sleep disturbances such as nightmares, irritability and aggression, bedwetting (enuresis), and withdrawal, consistent with trauma and stress related conditions in protracted crisis settings.

Caregivers consistently link these symptoms to cumulative traumatic experiences. Sawsan, a 35-year-old mother living in Khan Younis explained, ***"Since the bombings, my children are constantly afraid. They cannot sleep, they argue more, and they worry all the time that we will lose our home or more family members."***

Most available information is derived from caregiver reports with approximately **20** mental health consultations per week involving concerns about children's psychological wellbeing. At the same time, access to specialized mental health and psychosocial support (MHPSS) services remains extremely limited, leaving many children without appropriate care. MSF data from January to March 2026 indicates high levels of psychological distress among adults, including anxiety, depression, and trauma related conditions, and psychosis, alongside a rising trend in suicidal ideation and attempts since October 2023, which also reduces caregivers' capacity to support their children and further exacerbates children's vulnerability.



Children and caregivers consistently describe persistent fear and behavioural changes linked to ongoing exposure to traumatic events. Faten, a 31-year-old mother, displaced in Al-Mawasi (Rafah) said: ***“My children wake up at night screaming and crying. They are always afraid something will happen again.”*** Another caregiver, Rami, a 42-year-old father in Jabalia (North Gaza), added: ***“They have changed completely since the war started. They are silent, anxious, and avoid speaking about what they saw.”***

Evidence from other conflict-affected settings shows that the impacts of prolonged exposure to crisis extend beyond the immediate period, affecting children’s cognitive functioning, emotional regulation, and educational outcomes into adolescence and adulthood^[4]. Emerging research further suggests that severe and prolonged stress in childhood may increase the risk of long-term psychological and cognitive impairment across generations^[5]. There used to be 9 community mental health centers in Gaza. At a time when they are needed most, only two are functional.

Without adequate support and a halt to violence and dire life conditions, the psychological impacts of prolonged exposure to conflict risk lasting effects on children’s cognitive, emotional, and social development.

Disruption to schooling and daily life

The ongoing violence and repeated and protracted displacement have severely disrupted children’s education and daily routines. Many children are living in overcrowded shelters or damaged homes, where formal and informal education is unavailable or highly limited. This causes psychological distress for both children and their parents, who worry about their children’s psychosocial and educational development. Children and adults share those concerns with MSF teams every day.

An estimated **600,000** children have been out of formal schooling for more than two and a half years. Even prior to the current escalation, education had already been significantly disrupted during the COVID-19 pandemic, leaving many children with only a few months of consistent schooling and resulting in widespread

[4] Burić, M. (2025). The impact of war trauma on children: toxic stress and long-term consequences. 5(2), 89-95.

[5] Smeeth, D., Ecker, S., Chervova, O., McEwen, F., Karam, E., Beck, S., & Pluess, M. (2025). War exposure and DNA methylation in Syrian refugee children and adolescents. JAMA psychiatry, 82(2), 191-200; Jawaid, A., Roszkowski, M., & Mansuy, I. M. (2018). Transgenerational epigenetics of traumatic stress. Progress in molecular biology and translational science, 158, 273-298

learning delay^[6]. Prolonged disruption to education, compounded by psychological and traumatic stress, is significantly affecting children's ability to retain information and engage in learning. According to UNICEF, nearly all children in Gaza are in need of MHPSS.

The loss of personal belongings, particularly school materials, further compounds these challenges. Ansam, mother of an 11-year-old child, displaced in Deir al-Balah, reported that her child said: "Of all the things I lost during the war and our repeated displacement, I miss my school bag and books the most." Overcrowded conditions, lack of safe and consistent learning environments, and concerns about safety further restrict attendance and participation^[7].

Children are also increasingly taking on additional household responsibilities, often at the expense of education. Mohammed, a 33-year-old father, displaced in Al-Mawasi (Rafah) explained: **"My children miss school to help us survive, fetching water, caring for their younger siblings, or standing in long lines for food and medicine. They are carrying responsibilities far beyond their age."** Manal, 37-year-old, who lives in Gaza City, said: **"My children haven't been to school for a long time. They lost their books and now spend their days trying to survive instead of learning,"** while Maram, a 33-year-old displaced mother sheltering in Jabalia, noted: **"They used to study and play, but now they are busy carrying water, waiting in queues, and helping us with basic needs"**.

The continued exposure of children to violence extends even into spaces intended for learning and protection. On 9 April 2026, a 9-year-old girl, Ritaj, was reportedly shot by Israeli forces while sitting inside a makeshift classroom in Jabalia, North Gaza. Her school, previously destroyed during the war, had established temporary tented learning spaces for displaced children. According to MSF staff, Ritaj was brought to an MSF-supported clinic by her teacher but died on the way. The incident illustrates the extreme risks children continue to face, even while attempting to access education and basic normalcy amid ongoing violence^[8].

Without the restoration of basic services and access to safe, consistent, and adequately supported learning environments, the prolonged disruption to education risks lasting impacts on children's cognitive development, psychosocial wellbeing, and future opportunities, further compounding vulnerability across generations.

Factors further affecting access to healthcare: aid obstruction, economic hardship, and pressure on families

Children's access to healthcare is severely limited by the lack of medical supplies. Since January 2026, MSF has been prevented from bringing new supplies into Gaza following the revocation of its registration by Israeli authorities. Through 2024 and 2025, MSF has documented a pattern of arbitrary restrictions in Israeli procedures and practices for authorising and managing the entry of essential supplies, severely undermining the scale and quality of the humanitarian response in the Gaza Strip. This has resulted in critical shortages of laboratory supplies, respiratory consumables, infection prevention and control materials, and essential medicines, forcing adapted or reduced services and increasing pressure on referral facilities. Those shortages affect public and NGO-supported facilities as well as private providers.

[6] The Guardian. The loss of education is the loss of the future itself: Gaza's children and teachers on two years without school. 19 October 2025. Available at: <https://www.theguardian.com/global-development/2025/oct/19/education-gaza-children-teachers-two-years-without-school>

[7] UNRWA. Gaza: children continue to learn with UNRWA amongst damage and destruction. United Nations Relief and Works Agency. 15 February 2026. Available at: <https://www.un.org/unispa/document/gaza-children-continue-to-learn-unrwa-15feb26/>; OCHA. Protecting Children in Gaza Strip (Updated as of October 2025). UN Office for the Coordination of Humanitarian Affairs. 2 December 2025. Available at: <https://reliefweb.int/report/occupied-palestinian-territory/protecting-children-gaza-strip-updated-october-2025>

[8] MSF. Nine-year-old girl shot in classroom brought to MSF clinic. https://www.youtube.com/shorts/fd_j2DVXe64. 23 April 2026

Families are also facing severe financial hardships that prevent them from buying medication or reaching health facilities. People have lost their livelihoods due to repeated forced displacement, loss of livelihoods and the collapse of the economy. Caregivers report difficulty accessing medications and covering basic living costs. When medications are unavailable in public or NGO-supported facilities but can be found for private purchase, it is often unaffordable. People also struggle to pay for transportation to healthcare facilities, leading to delays in seeking treatment. In turn, the high cost of seeking healthcare further erodes already limited household resources.

Nirmeen, a 39-year-old mother in Deir al-Balah, explained: ***“My husband has lost his work. We survive on community kitchens and whatever aid we can access, and there is no money left to pay for medicine.”*** Another caregiver, Kholoud, a 34-year-old mother displaced in Khan Younis, added: ***“We have no money for transport or medicine. Even when my child is very sick, we wait because we simply cannot afford to go”***.

The caregiving capacity of families is strained by two years and a half of trying to survive the Israeli authorities’ genocidal campaign. Families caring for sick children face compounded physical, emotional, and financial pressures. Caregivers report high levels of emotional distress, including anxiety, fear, helplessness, and psychological exhaustion, particularly when access to healthcare is delayed or uncertain.

Reduced access to services, combined with insecurity and displacement, is another limitation on families’ ability to seek timely care and contributes to social isolation. The burden of caring for sick children, coupled with weakened social networks as people were displaced without their communities and have lost many loved ones, leave many families without adequate support.

The care of a sick child often requires caregivers to divert attention from other children and household responsibilities, which increases stress. Caregivers also describe the daily burden of managing sick children under extremely constrained conditions. Afnan, a 36-year-old mother displaced in Jabalia (North Gaza) said: ***“I have to choose between taking my child to the clinic and staying to care for my other children. Everything feels impossible at once.”***

Conclusion

Children in Gaza face severe and unsustainable threats to their health, wellbeing, and chances of survival driven by ongoing conflict, repeated displacement, and the collapse of living conditions and essential services. Without immediate and coordinated action, including the restoration of unimpeded entry of essential medical and humanitarian supplies, preventable child illness and death will continue to rise, further undermining health system capacity and threatening the survival and development of Gaza’s children.

Under no circumstances should children’s lives be threatened. Children must always be protected, and their access to healthcare and services must always be ensured. This is the legal responsibility of Israeli authorities as an occupying power – and Third States must not tolerate the imposition of destructive conditions of life on civilians. As Nadia, a 32-years-old mother, displaced in Al-Mawasi (Khan Younis), told MSF: ***“Our children are exhausted, physically and emotionally. They are sick, afraid, and missing their education. They are paying the price for conditions they did not create”***.

Calls to Action

Immediate, coordinated action is required to address unacceptable threats to pediatric health caused by the imposition by Israel's authorities of conditions of life that undermine children's wellbeing and survival in Gaza. MSF urgently calls:

1. To Israeli authorities:

- Ensure safe, rapid, and unimpeded entry of **humanitarian staff and essential supplies**, including medical and hygiene supplies and equipment, fuel, and materials for water, sanitation, and safe and decent shelter, without which people will keep getting sick.
- Restore and maintain access to **electricity, fuel, and water/sanitation** infrastructure for the whole Gaza Strip, including health facilities, and ensure the rebuilding of civilian infrastructure including homes.
- Facilitate the rehabilitation and functioning of **health infrastructure**, including the entry of necessary equipment and spare parts such as construction material, cement, and generators.
- Ensure the **protection** of civilians, healthcare services, and humanitarian assistance in accordance with international humanitarian law.
- Facilitate **medical evacuations** for all children who need it, with their caregivers, under a clear system, with safe passage and no family separation – as well as the right to a safe, voluntary, and dignified return.

2. To all Third States, especially States that maintain strong economic, security, and/or diplomatic ties with Israel, including the United States, Arab States, the European Union and its Member States, notably Germany, France, the Netherlands, Italy, Ireland, Belgium, Spain, Luxembourg, Denmark, Sweden, Hungary, Bulgaria, and Greece, as well as China, India, the United Kingdom, Switzerland, Brazil, Canada, Singapore, South Korea, Russia, Türkiye, the United Arab Emirates (UAE), Qatar, and the Kingdom of Saudi Arabia.

- Use all available political, economic, security and legal measures to ensure that Israeli authorities respect their obligations under international law as a State and occupying power. This includes allowing and facilitating unhindered humanitarian assistance; protecting civilians, medical services, and humanitarians, and ensuring safe access to healthcare; ensure food, medical supplies, public health and hygiene; preventing starvation, forced displacement, collective punishment, and genocide.
- Uphold international humanitarian law, protect principled humanitarian aid and implement the obligations restated in the 2024 ICJ Advisory opinions, which established a plausible risk of genocide and required immediate measures to prevent genocide and to ensure the provision of humanitarian assistance^[9].
- Welcome and support children who need medical evacuations, accompanied by their caregivers.

^{9]}Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip (South Africa v. Israel), ICJ, Order of 26 January 2024, Paragraphs 78 and 79, p. 3, <https://www.icj-cij.org/sites/default/files/case-related/192/192-20240126-ord-01-00-en.pdf> and Application of the Convention on the Prevention and Punishment of the Crime of Genocide in the Gaza Strip (South Africa v. Israel), ICJ, Order of 28 March 2024, <https://www.icj-cij.org/node/203847>.

3. **To all humanitarian actors and donors**, especially Donor States that report most aid to the occupied Palestinian territory, notably in health, nutrition, child protection, education and water/sanitation^[10] : UAE, United States, Qatar, EU, KSA, Sweden, Germany, Netherlands, Japan, UK, Canada, Belgium, Italy, Norway, France, Australia, Denmark, Switzerland, South Korea.

Use all available means to press Israeli authorities to ensure unhindered access of supplies and people for immediate aid and recovery. All calls to action below, any improvement of the humanitarian situation, and any possibility of recovery and reconstruction, depend on improved access .

***Pediatric health:* To international humanitarian health actors and donors**

- Ensure immediate and uninterrupted **access to healthcare**, including essential pediatric medicines, vaccines, diagnostics, and therapeutic nutrition.
- **Restore and expand** pediatric, maternal, and neonatal health services and facilities, including outreach and mobile care in underserved and high-density displacement settings.
- Strengthen **the continuity of care and referral systems** for children with acute, chronic, and high-risk conditions.
- **Reinforce capacity** for infection prevention, control, and case management across all levels of care.

***Mental health:* To international mental health and psychosocial services (MHPSS) actors and donors**

- **Scale up** access to MHPSS services for children and caregivers. Deploy and support specialised MHPSS staff to address trauma, distress, and conflict-related mental health conditions.
- **Integrate** MHPSS services into primary healthcare, outreach, and community-based services, with strengthened capacity building and supervision.
- Ensure sustained **funding** for specialised and child-focused MHPSS interventions, including child-friendly and community-based safe spaces that provide structured psychosocial support for children and caregivers.

^[10] OCHA, Financial Tracking Service, Occupied Palestinian Territory, 2025. <https://fts.unocha.org/countries/171/summary/2025>; and 2026 <https://fts.unocha.org/countries/171/summary/2026>.

Determinants of health: To international humanitarian actors and donors

- Ensure sustained access to nutrition and basic services, including continued treatment for acute malnutrition and support for infant and maternal nutrition. Advocate and use available leverage to ensure the entry at scale of sufficient and nutritionally diverse food into Gaza, and to support conditions that allow the resumption of livelihoods and income-generating activities as a key measure to prevent malnutrition.
- Expand access to safe **water, sanitation facilities, and hygiene (WASH)** services to prevent and reduce disease transmission and outbreaks.
- Provide safe, adequate, and sustainable **shelter** solutions appropriate to the protracted nature of displacement, moving beyond emergency tented structures, in order to reduce overcrowding, exposure, and health risks.

