2025

Annual Report

Mortality in Gaza Strip

Health Information Unit
Palestinian Ministry of Health
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Introduction

Death is an inevitable biological fact shared by all living beings. Despite its inevitability, the study of mortality and the analysis of its causes is considered one of the most important health indicators reflecting the reality of a society's health and humanitarian conditions, as well as one of the fundamental determinants of population growth, alongside fertility and migration.

Public health indicators acquire redoubled importance in the Palestinian context, given the difficult political, economic, and humanitarian circumstances experienced by the Palestinian territories. The Ministry of Health therefore strives to develop and improve health programs. The monitoring of mortality data across the various age groups is considered a vital tool for understanding disease patterns and health needs in the community, and for forming a reliable database that contributes to policy formulation and sound health decision-making.

The year 2025 constituted an extension of one of the most violent wars witnessed by the Gaza Strip in its modern history, which erupted in October 2023. The Strip entered the new year under a fragile truce agreement in effect since mid-January 2025, which quickly collapsed by mid-March of the same year, after which military operations resumed and intensified in tempo throughout most months of the year, until a new ceasefire agreement was reached at the beginning of October 2025. These successive waves of escalation made deaths resulting from military operations the leading cause of mortality in the Gaza Strip for the second consecutive year, with the number of deaths resulting from the direct targeting of civilians reaching 17,286 cases — 70.1% of all deaths registered during the year — claiming thousands of victims, the majority of them civilians, among them large numbers of children, women, and the elderly.

Throughout its second year, the war continued to inflict widespread destruction on what remained of the health infrastructure, including hospitals and health centers. The continuation of military operations also deepened the near-total collapse of the health information system, rendering documentation and monitoring more difficult and complex than at any time before.

Despite these harsh humanitarian and professional challenges, health personnel exerted exceptional efforts to document and collect mortality data from the various governorates of the Gaza Strip. Work was undertaken to develop alternative and multiple means of data collection, activate emergency systems for case registration, and pursue central data-verification procedures under conditions of displacement, power outages, and scarcity of resources.

Working in the field of collecting and managing mortality data during this difficult phase has become at once a humanitarian and a professional challenge, and has marked a milestone in the history of health work in Gaza. The objective was not merely to produce numerical data, but to document the human tragedy with fidelity, to shed light on the magnitude of the suffering, and to contribute to conveying the voice of the victims to all who seek justice and equity.

This report presents the reality of mortality in the Gaza Strip and the principal causes leading to it, by age, sex, and cause of death, while affirming that the figures contained herein do not represent mere statistics; rather, they reflect a profound human anguish and embody the stories of thousands of families who lost their loved ones, in one of the most tragic years in the history of the Gaza Strip.

Summary

1. **Overall objective:** The report aims to provide accurate and comprehensive data on mortality rates and their causes in the Gaza Strip for the year 2025, supporting health planning and evidence-based decision-making to improve public health and reduce mortality rates.

Sub-objectives:

- Identifying the leading causes of death: classifying and analyzing causes of death in accordance with international classifications such as the International Classification of Diseases (ICD-10).
- Improving the health response: supporting health authorities in developing effective strategies to combat diseases and the leading causes of death, such as non-communicable diseases and accidents.
- Supporting decision-makers and health policies: providing reliable data to decision-makers to assist them in formulating health policies and appropriate interventions to reduce mortality rates.
- Monitoring the health impact of social and economic changes: assessing the effect of economic and social factors on mortality rates and their causes.
- Documenting the humanitarian impact of the war on the reality of mortality: monitoring changes in the volume and patterns of deaths resulting from military operations compared with the years preceding the war, contributing to the documentation of the health impact of the conflict and supporting accountability efforts and international documentation.

Methodology: Following the interruption of death-case registration in the Gaza Strip caused by the devastating war waged on the Strip, which disabled all computerized health systems, work was carried out to organize multiple mechanisms for data registration. Special committees were formed in government hospitals to undertake the registration of death notifications for all cases, in addition to data verification through the Health Information Center. Data were obtained from their primary sources, as well as through the unified mortality program, which was audited; the coding of causes of death was completed in accordance with the International Classification of Diseases (ICD-10), and the data were then tabulated and classified for analysis and presentation in the annual mortality report.

Under the exceptional circumstances that the Strip continued to face during 2025, work on documenting death cases across the various areas of the Gaza Strip was resumed despite the continuation of military operations throughout most months of the year, following the interruption or deficiency in accurate data registration during 2023 and 2024. The number of death cases officially documented — for which the extraction of death notifications, coding of causes, and entry into this report were completed — reached 24,650 cases. This figure reflects the officially documented cases up to the date of data retrieval for the preparation of this report on 11/07/2026. The population figure issued by the Palestinian Central Bureau of Statistics for 2025, amounting to 2,127,034 persons, was adopted for the calculation of mortality rates.

Work continues on an ongoing basis to register all death cases through the introduction of new methods and approaches, as well as to develop the mortality file by updating the data-analysis mechanism used in preparing the report in accordance with the reference manual issued by the World Health Organization, and to verify data quality continuously through the ANACoD3 tool.

Results:

- The number of registered death cases for 2025 totaled 24,650, of which 18,085 (73.4%) were males and 6,565 (26.6%) were females. The crude death rate reached 11.59 per 1,000 population — more than three times the death rate excluding war deaths (3.46/1,000) — reflecting the direct impact of the war in multiplying the overall death rate in the Strip.
- Deaths resulting from war operations and accidents combined accounted for 76.5% of total deaths (17,286 cases, 70.1%, resulting from direct targeting, and 1,584 cases, 6.5%, due to other accidents and road traffic accidents), followed by heart diseases as the second leading cause at 7.7%. This ranking reflects a radical shift in the epidemiological structure of causes of death in the Gaza Strip, where causes related to violence and injuries have replaced chronic diseases as the principal determinant of death — necessitating a redirection of health resources toward emergency services and trauma surgery without neglecting the continuity of care for non-communicable diseases.
- The infant mortality rate reached 15.8 per 1,000 live births (796 deaths out of 50,227 live births). Disorders of prematurity and low birth weight headed the causes of infant deaths at 20.5%, followed by war operations and accidents at 17.7%, then congenital malformations at 17.3%. The predominance of prematurity and low birth weight points to a dual effect of the war on infant mortality: a direct effect through targeting, and an indirect effect through the deterioration of the quality of health care for pregnant women and newborns resulting from the collapse of maternal and child health services.
- The under-five mortality rate reached 33.4 per 1,000 live births, compared with 15.8 per 1,000 when deaths resulting from war operations are excluded. The persistence of the elevated rate even after excluding the effect of direct targeting demonstrates that the war has left an extended health impact on children that goes beyond direct injury — through the deterioration of nutrition, primary health care, and immunization services — an effect likely to persist even after the cessation of military operations unless this group is targeted with dedicated health-recovery programs.
- The death rate due to war operations and accidents reached 887.2 per 100,000 population for this year, compared with 8.9 per 100,000 in 2022, before the war on the Gaza Strip — an unprecedented rate in the history of mortality surveillance in the Gaza Strip as measured against the documented time series since 2018, reflecting the exceptional magnitude of the human losses sustained by the Strip during the second year of the war.
- Crude death rates varied sharply across the governorates of the Strip: Rafah Governorate recorded the highest rate among the governorates at 47.2 per 1,000 population, followed by North Gaza Governorate at 31.3 per 1,000, while the Middle Area Governorate recorded the lowest rate at 5.3 per 1,000. The elevated rates in Rafah and North Gaza coincide with the concentration of ground military operations and intensive bombardment in these two areas during 2025 — warranting that priority in the rehabilitation of health facilities and human and medical resources be directed specifically toward them in any forthcoming health-recovery plan.
- The mortality rate among women of reproductive age rose to 5.9 per 1,000 women of the same age group. The data also revealed a clear gap between the sexes, concentrated particularly in the 20–59 age group, where the number of deaths among males was approximately 4.9 times the number of deaths among females within this group — attributed principally to the direct targeting of working-age men during military operations. This gender gap carries extended social and economic implications, most notably the growing number of female-headed households, which necessitates

integrating this dimension into social protection and psychosocial support programs directed at affected families.

Considering these findings together, it becomes evident that the profile of mortality in the Gaza Strip for 2025 has changed radically from what it was in the years preceding the war. The traditional determinants of death (chronic diseases and old age) are no longer dominant; they have been supplanted by patterns of death associated with armed conflict, striking young age groups and working-age males disproportionately, and concentrated geographically in the governorates most exposed to military operations. The continued rise in infant and under-five mortality — even after excluding the effect of direct targeting — likewise reveals a real and extended deterioration in the quality of reproductive and newborn health care whose effect is likely to persist for years to come, even after the cessation of military operations. Accordingly, forthcoming health planning should not be limited to the emergency response of enumerating and documenting deaths, but must extend to encompass the rebuilding of the primary and reproductive health-care system and child health, alongside the integration of mental health and social protection dimensions within the comprehensive health-recovery strategy.

Definitions

1. **Crude Death Rate per 1,000 population:** The number of deaths during the year divided by the number of the living population at mid-year of the same year, per 1,000 persons.
2. **Cause-specific death rate per 100,000 population:** The number of deaths from a given disease during the year divided by the number of the living population at mid-year, per 100,000 persons.
3. **Infant Mortality:** The number of deaths of infants who were born alive and showed any sign of life at birth and died before reaching one year of age (0 – less than 365 days).
4. **Infant Mortality Rate:** The number of infant deaths during the year divided by the number of live births in the same year, per 1,000 live births.
5. **Perinatal mortality rate:** The number of fetal deaths (24 weeks of gestation or more) plus the number of those born alive who died before exceeding 6 days of age, in the year, divided by the total number of births in the same year, per 1,000 births.
6. **Neonatal mortality rate:** The number of deaths of those born alive who died at less than 28 days of age in a given year, per 1,000 live births of the same year.
7. **Post-neonatal mortality rate:** The number of deaths of those born alive who died at more than 28 days and less than 365 days of age in a given year, per 1,000 live births of the same year.
8. **Stillbirth:** The number of those born without signs of life at 24 weeks of gestation or more.

1- Total Mortality

Total deaths for this year reached 24,650 deceased as of the end of 2025 (18,085 males, 73.4%, and 6,565 females, 26.6%).

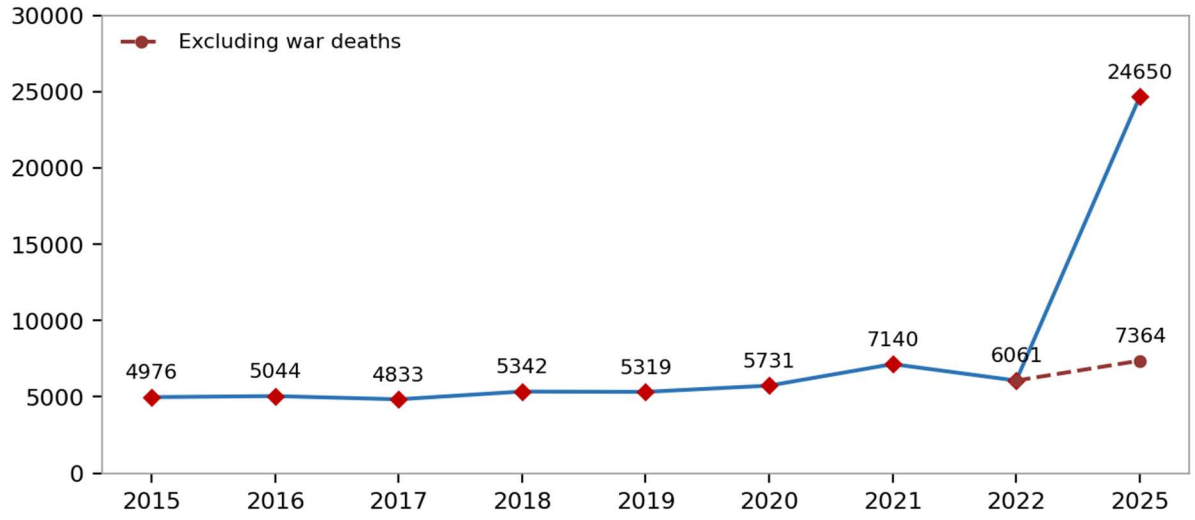

Figure (1): Total number of deaths, 2015–2025

1.1- Crude Death Rate per 1,000 population (Crude Death Rate):

The crude death rate for this year reached 11.59 per 1,000 population. The death rate rose very sharply as a result of the Israeli aggression on the Gaza Strip; the crude death rate excluding war deaths was 3.46 per 1,000 population, as shown in Figure (2).

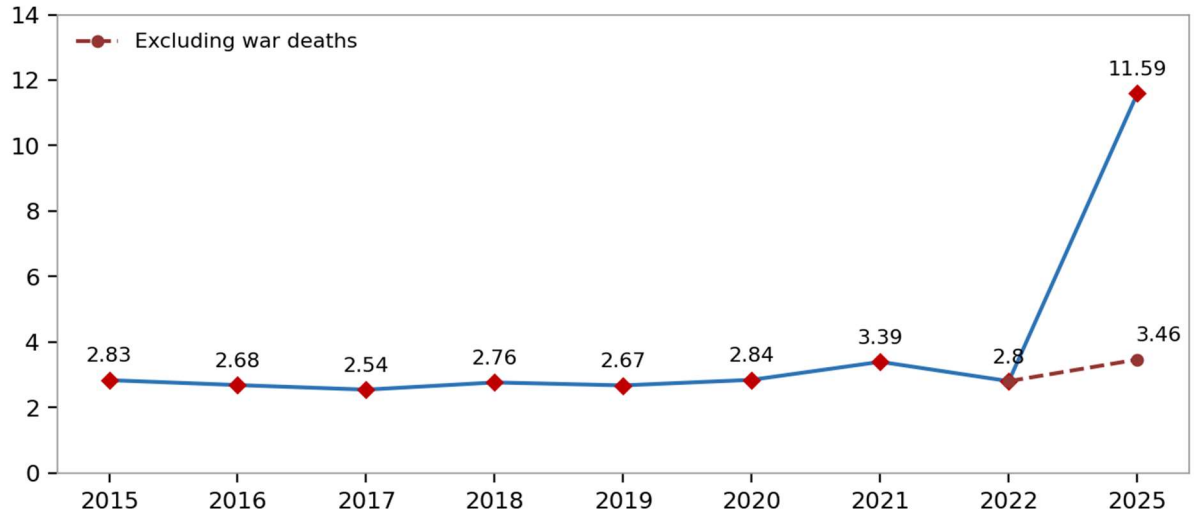

Figure (2): Crude death rate over the years 2015–2025

1.2- Distribution of deaths by governorate of residence:

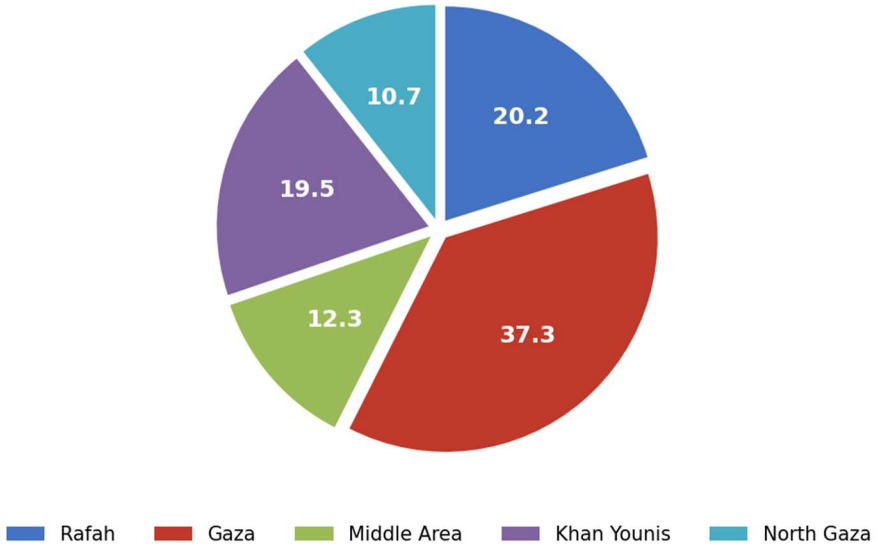

Figure (3): Relative distribution of deaths by governorate

1.3- Crude death rate per 1,000 population by governorate of residence:

Table (1): Crude death rate by governorate for the year 2025

Governorate	Death rate	Gaza Strip
North Gaza	31.3	**11.59**
Gaza	13.7	
Middle Area	5.3	
Khan Younis	7.2	
Rafah	47.2	

1.4- Distribution of deaths by age group:

It is evident that the proportion of deaths rose considerably for the 20–34 age group, reaching 28.8% of death cases, and the proportion of deaths for the under-20 age group rose to 28%, whereas it had been 17.4 in 2022. Deaths caused by the continuing war on the Gaza Strip were the principal reason for the rise in the proportion of deaths in this group.

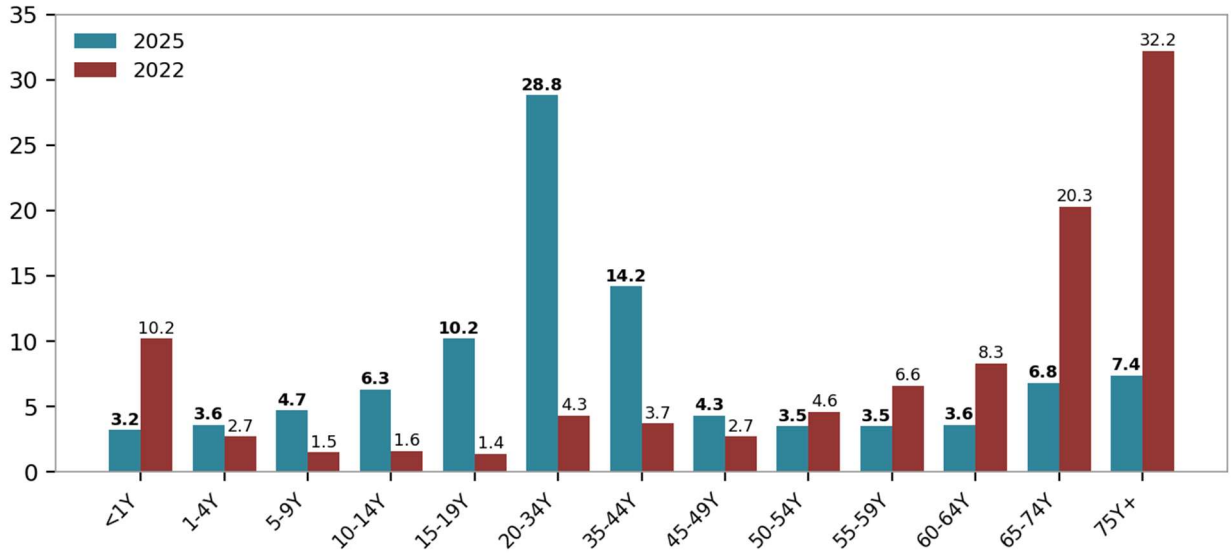

Figure (4): Percentage distribution of deaths by age group

1.5- Death rate by age group per 1,000 population (Age-Specific Death Rates):

The highest death rate was recorded in the 75-years-and-over age group, at 95.6 per 1,000 of the same group, while the death rate among infants under one year reached 15.8 per 1,000 of the same group.

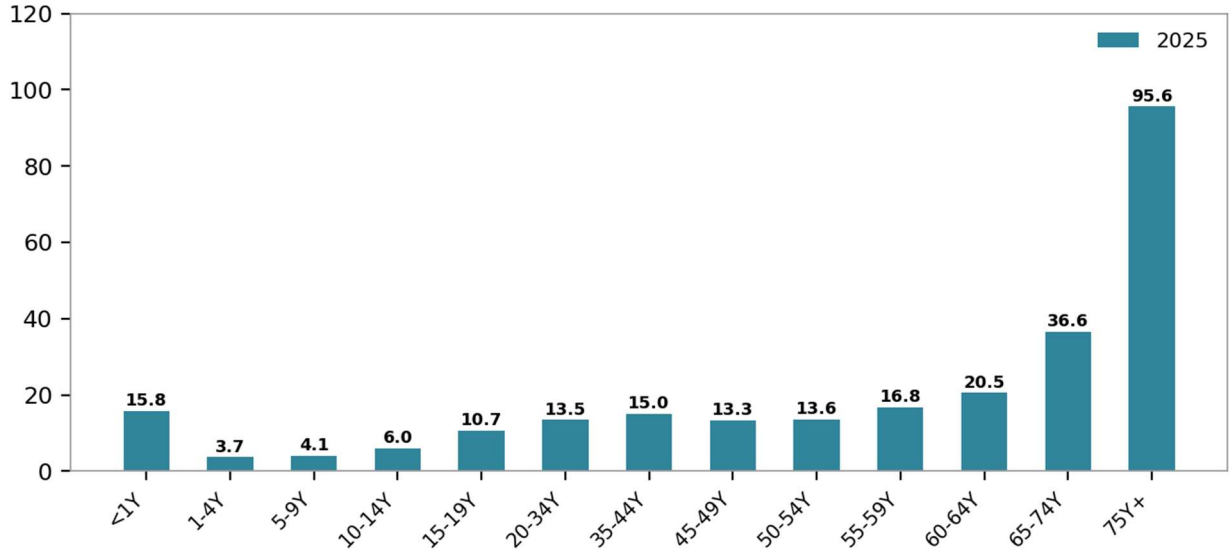

Figure (5): Death rate per 1,000 population by age group

2- Infant Mortality

The number of infant deaths reached 796 infants, of whom 444 were males and 352 females, in 2025.

2.1- Infant Mortality Rate (Infant Mortality Rate):

The infant mortality rate reached 15.8 per 1,000 live births, with the number of live births for 2025 reaching 50,227 births registered and monitored.

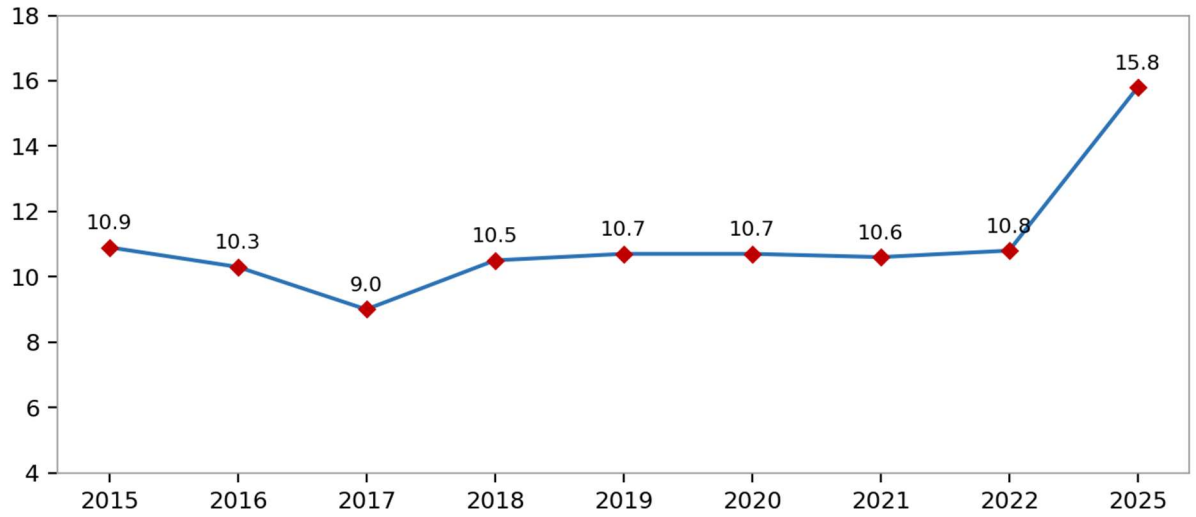

Figure (6): Distribution of the infant mortality rate over the years 2015–2025

2.2- Proportion of infant deaths out of total deaths:

Infant deaths accounted for 3.2% of the total number of deaths. These deaths are sharply concentrated in the first days of life: 38.9% of them occurred during the first week alone (about 310 cases out of 796), reflecting the fragility of newborn-care services.

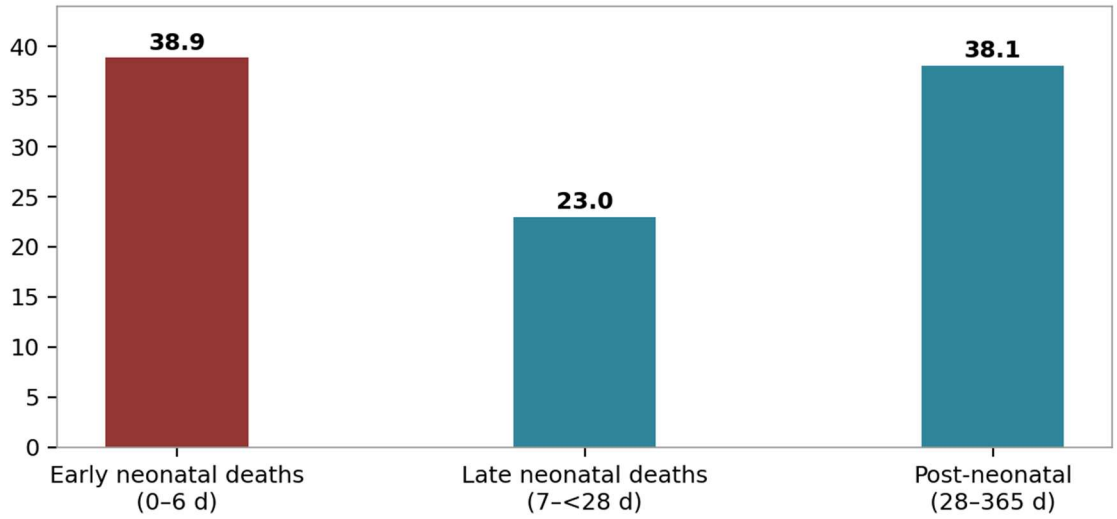

Figure (7): Distribution of the proportion of infant deaths by age group of children in days

2.3- Percentage of infant deaths by age group and year.

Table (2): Percentage of deaths out of total infant deaths by age category in days (2015–2025):

Year	Infant deaths under one week	Infant deaths from one week to less than 28 days	Infant deaths from 0 to less than 28 days	Infant deaths from 28 days to less than 365
2015	43.0	21.2	64.2	35.7
2016	35.2	19.1	54.3	45.6
2017	31.2	22.3	53.5	46.5
2018	39.2	20.0	59.2	40.7
2019	37.1	18.6	55.7	44.3
2020	41.8	21.4	63.2	36.8
2021	46.6	20.6	67.2	32.8
2022	42.0	19.7	61.7	38.3
2025	**38.9**	**23.0**	**61.9**	**38.1**

2.4- Neonatal mortality rate {0–28 d}:

This is the number of deaths of those born alive who died at less than 28 days of age in a given year, per 1,000 live births of the same year. The neonatal mortality rate for this year reached 9.8 per 1,000 live births.

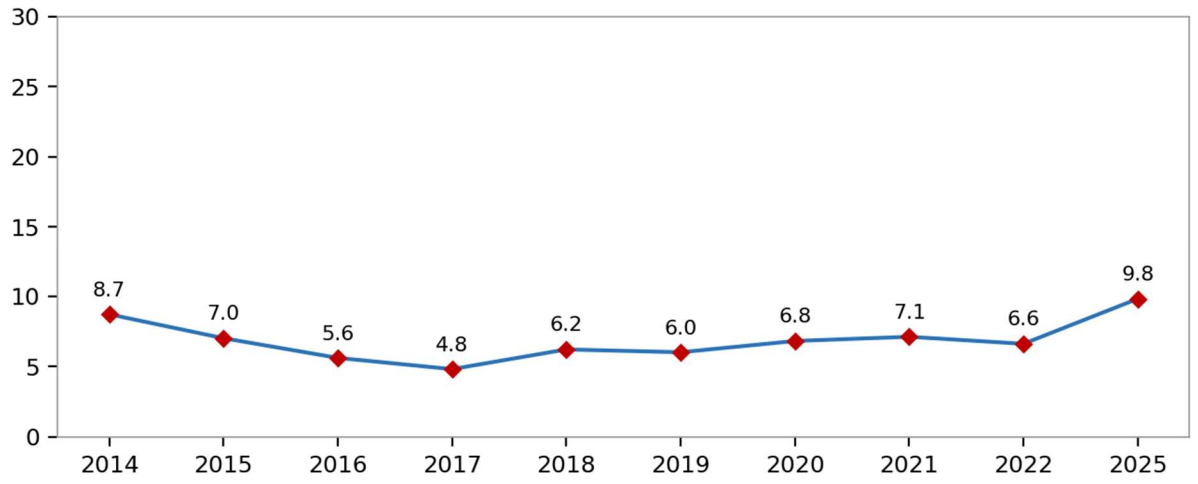

Figure (8): Distribution of the neonatal mortality rate over the years 2014–2025

2.5- Post-neonatal mortality rate "28–365 d":

The post-neonatal mortality rate reached 6.0 per 1,000 live births in the same year.

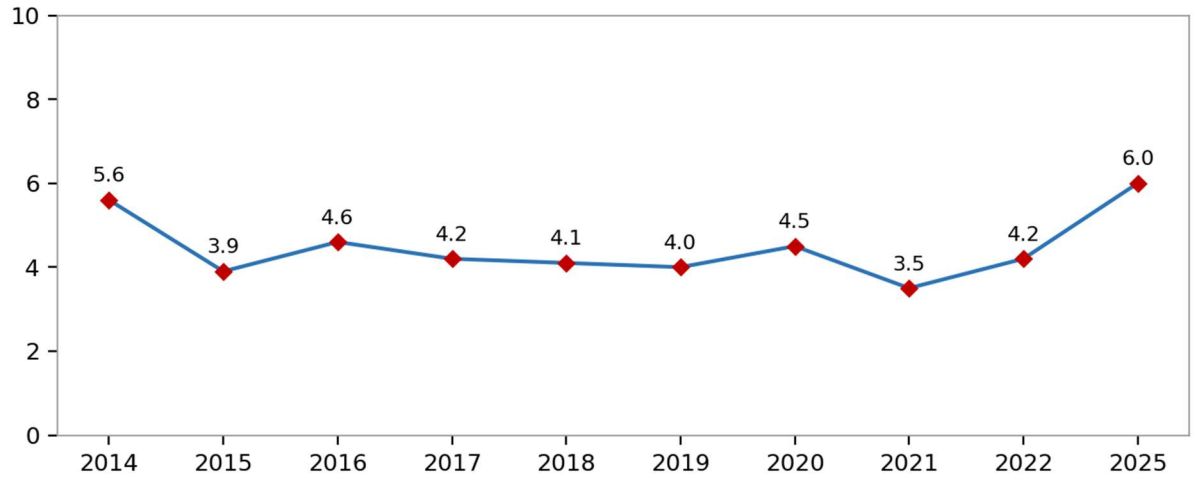

Figure (9): Post-neonatal mortality rate, 2014–2025

2.6- Perinatal mortality rate (Early neonatal mortality rate "0–6 d + Stillbirth"):

The number of stillbirth cases (Stillbirth) reached 494 cases, and the perinatal mortality rate rose to 15.85 per 1,000 of total births in the same year. This rise is attributed to the deterioration in the quality of antenatal health-care services, resulting from the systematic targeting of hospitals and health facilities during the Israeli aggression, which weakened the health system's capacity to provide the necessary care for pregnant women.

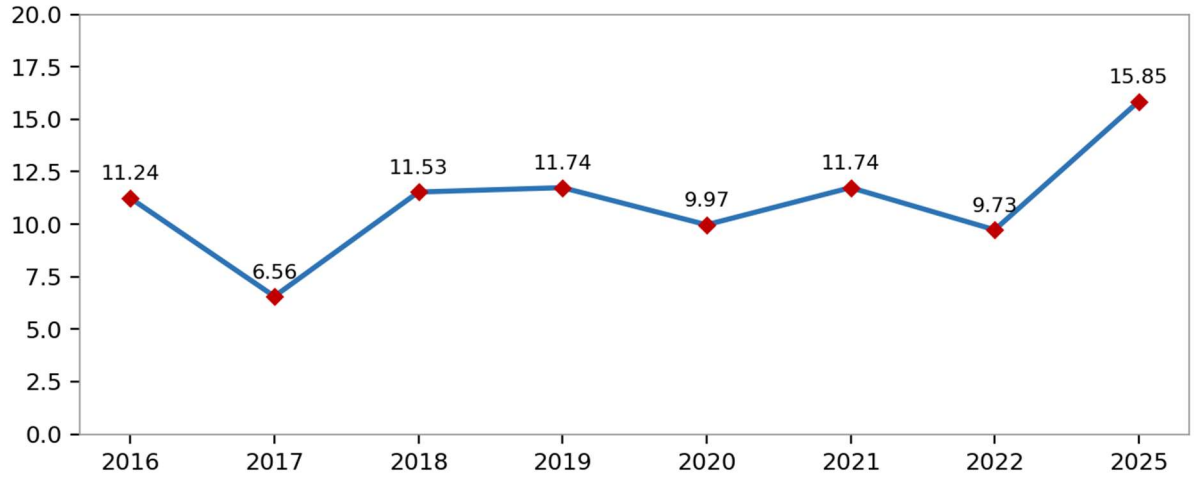

Figure (10): Perinatal mortality rate, 2016–2025

2.7- Under-five mortality rate:

The under-five mortality rate rose to 33.4 per 1,000 live births, above the mortality rates of previous years, owing to the targeting of this group during the war on the Gaza Strip; the rate excluding war deaths stood at 15.8 per 1,000 live births.

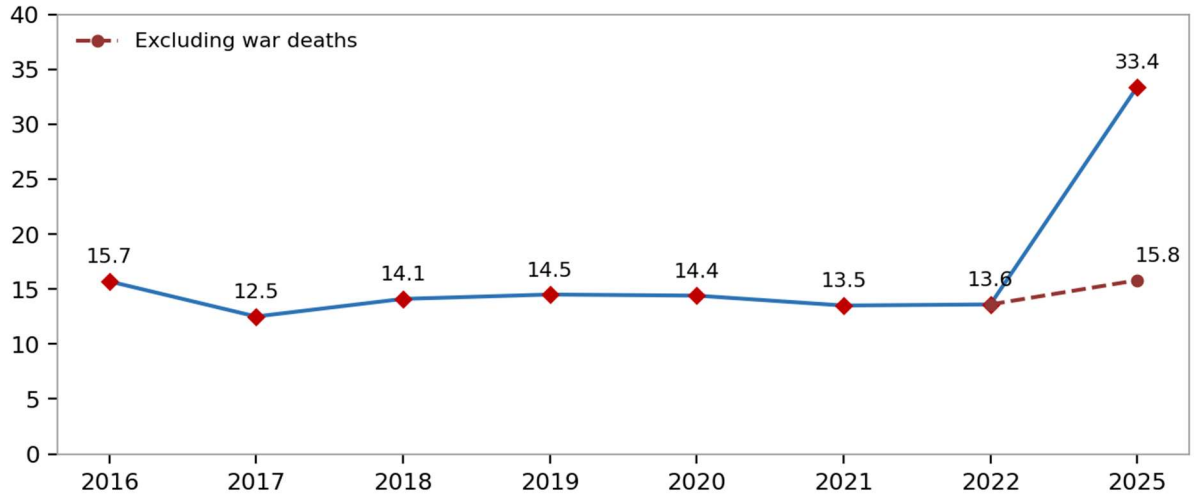

Figure (11): Under-five mortality rate, 2016–2025

2.8- Mortality rate of women of reproductive age (Mortality rate of women of reproductive age):

The mortality rate among women of reproductive age rose to 5.9 per 1,000 women of the same age group, compared with the rates recorded before the war on the Gaza Strip. This group comprises women of childbearing age, who are among the groups most in need of specialized health-care services.

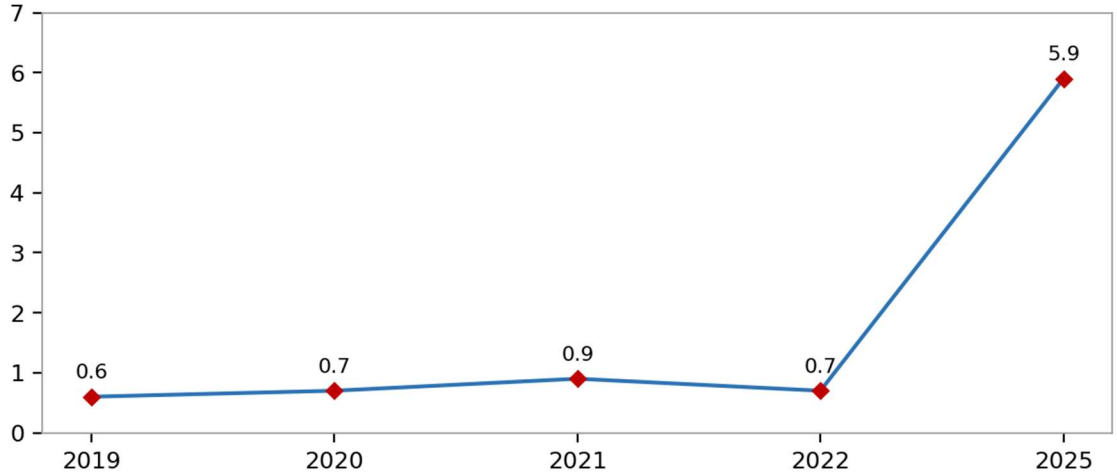

Figure (12): Mortality rate of women of reproductive age, 2019–2025

3- Leading causes of death

3.1- Leading causes of death in the community:

The following figure shows that deaths resulting from the war headed the causes leading to death in the community, accounting for 70.1% of total deaths. The ongoing war of extermination on the Gaza Strip has led to the fall of large numbers of patients, producing a clear change in the ranking of the other causes leading to death: after deaths resulting from the war, heart diseases came as the second leading cause at 7.7%, followed by other accidents at 6.2%.

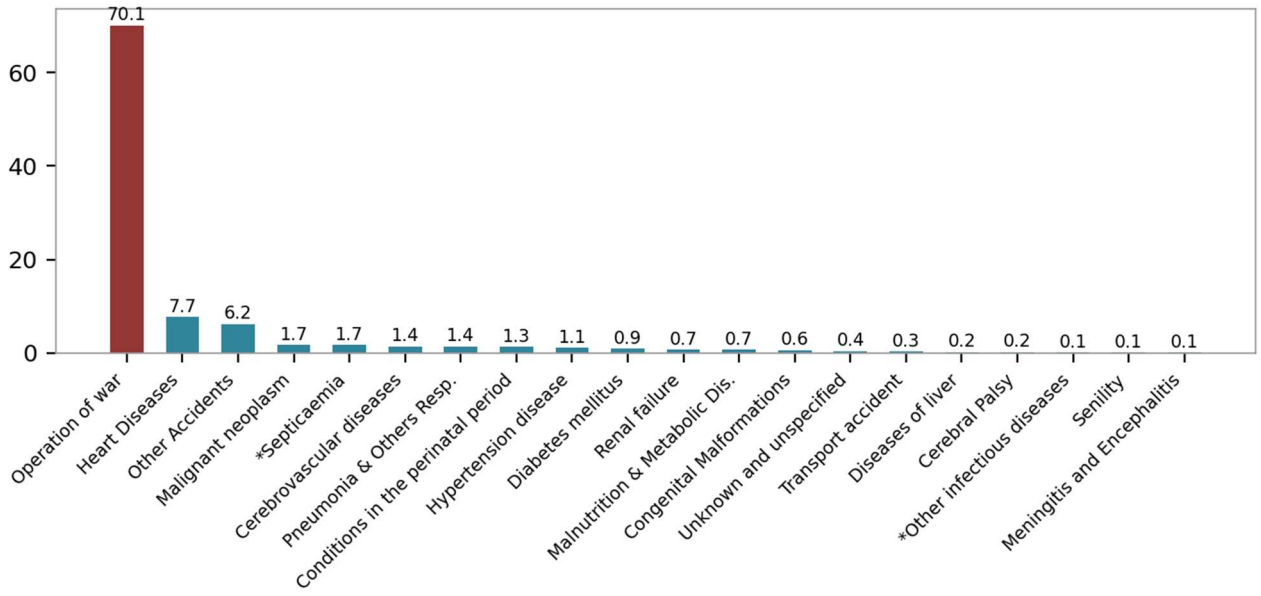

Figure (13): Percentage distribution of the leading causes of death in the population

The following table (Table 3) shows a sharp rise in the death rate due to the Israeli aggression and accidents, at a rate of 887.2 per 100,000 population, followed by heart diseases at a rate of 89.0 per 100,000 population. The decline of tumor-related deaths to less than half reflects the collapse of diagnostic and registration services and the misclassification of cause; conversely, the rise in heart diseases partly reflects the coding of heart failure as the terminal cause of death.

Table (3): Comparison of population death rates for selected diseases over the years (2018–2025) per 100,000 population

Cause of Death	2025	2022	2021	2020	2019	2018
Operation of war & Accidents	**887.2**	8.9	17.9	5.5	8.4	19.2
Heart Diseases	**89.0**	49.8	37.5	68.4	64.3	76.2
Cerebrovascular diseases	**15.8**	32.5	19.2	20.9	21.6	15.3
Pneumonia & Others Respiratory Disorders.	**16.7**	12.0	12.6	16.6	18.0	19.3
Malignant neoplasm	**19.3**	42.2	36.9	32.2	33.7	36.1
Congenital malformations	**7.0**	11.0	9.9	8.0	7.9	7.8

3.2- Leading causes of death by sex

3.2.1- Leading causes of death among males:

Deaths among men accounted for 73.4% of the overall total of deaths.

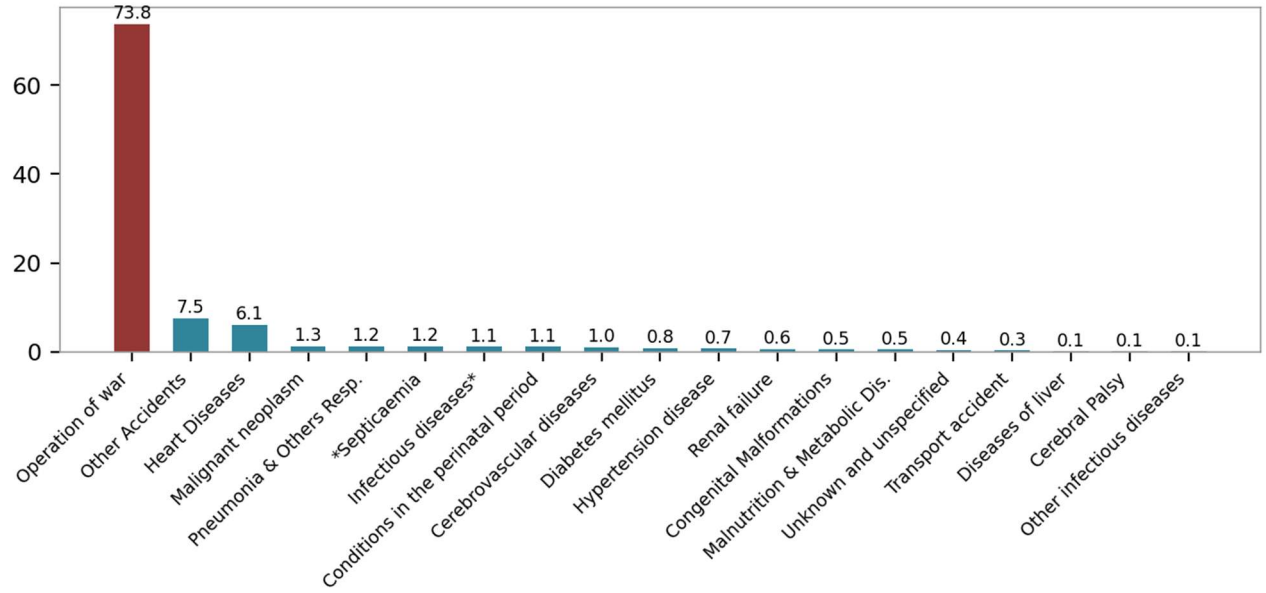

Figure (14): Percentage of the leading causes of death among males

3.2.2- Leading causes of death among females:

Deaths among women accounted for 26.6% of the overall total of deaths.

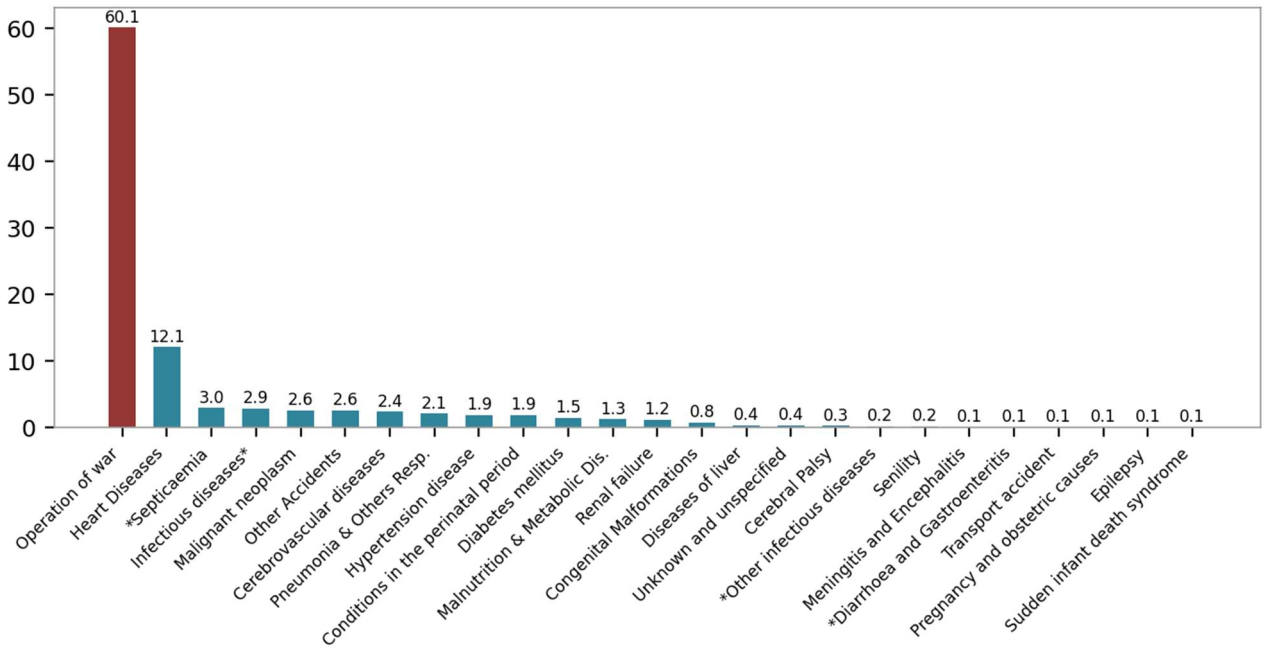

Figure (15): Leading causes of death among females

3.3- Leading causes of death by age group:

3.3.1- Leading cause of death among infants under one year (Leading causes of infant deaths):

Deaths in this group numbered 796 cases, representing 3.2% of the total number of deaths, of which 141 were deaths due to the war.

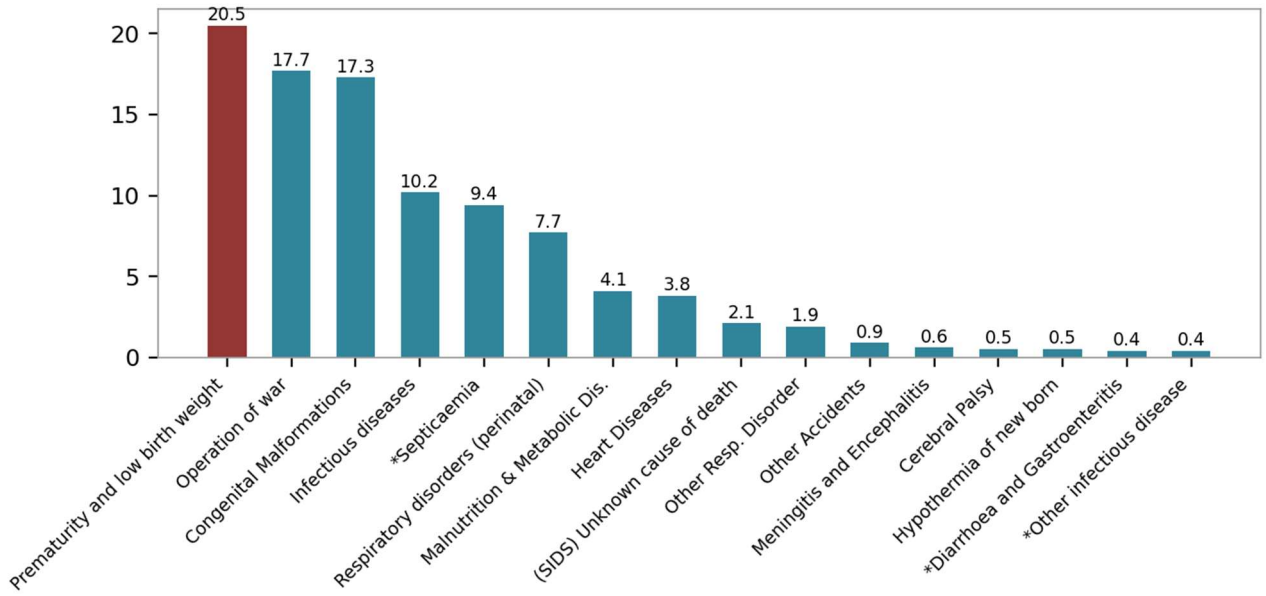

Figure (16): Percentage of the leading causes of death among infants

3.3.1.1- Leading causes of death among infants (under one year) over the years:

The following table (Table 4) shows a rise in the proportion of causes of death due to communicable diseases. The decline in the proportion of infant deaths due to congenital malformations is attributed to the rise in infant deaths due to war operations in the Gaza Strip through their direct targeting during the war.

Table (4): Distribution of the percentage of leading causes of death among infants (under one year) over the years 2019–2025

Cause of Death	2025	2022	2021	2020	2019
Prematurity and low birth weight	**20.5**	20.6	15.6	15.3	14
Operation of war	**17.7**	0.4	1.5	0.4	0.7
Congenital Malformations	**17.3**	35.8	30.9	26.9	29.1
Infectious Diseases	**10.2**	5.1	5.8	8.7	9.8
Respiratory disorders specific to the perinatal period	**7.7**	9.1	17.4	20.1	12.6
Malnutrition And Metabolic Disorders	**4.1**	3.7	4.4	2.4	3.2
(SIDS) Unknown cause of death	**2.1**	17.9	9.4	8.7	10.8
Other respiratory Disorder	**1.9**	2.5	3.2	2.0	5.9

3.3.2- Children from 1 to under 5 years:

Deaths in this group numbered 883 cases, representing 3.6% of the total number of deaths, at a rate of 3.7 per 1,000 of the same age group.

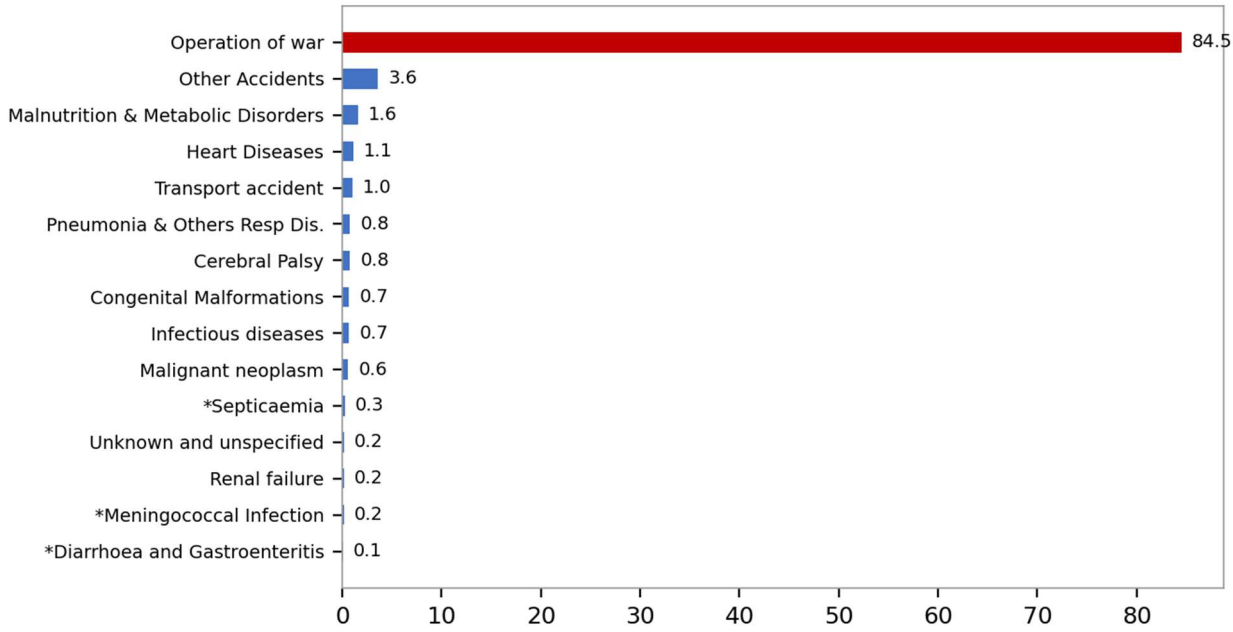

Figure (17): Percentage of the leading causes of death by age group (1 – under 5 years)

3.3.3- Age group from 5 to under 20 years:

Deaths in this group numbered 5,225 cases, representing 21.2% of the total number of deaths, at a rate of 6.7 per 1,000 of the same age group.

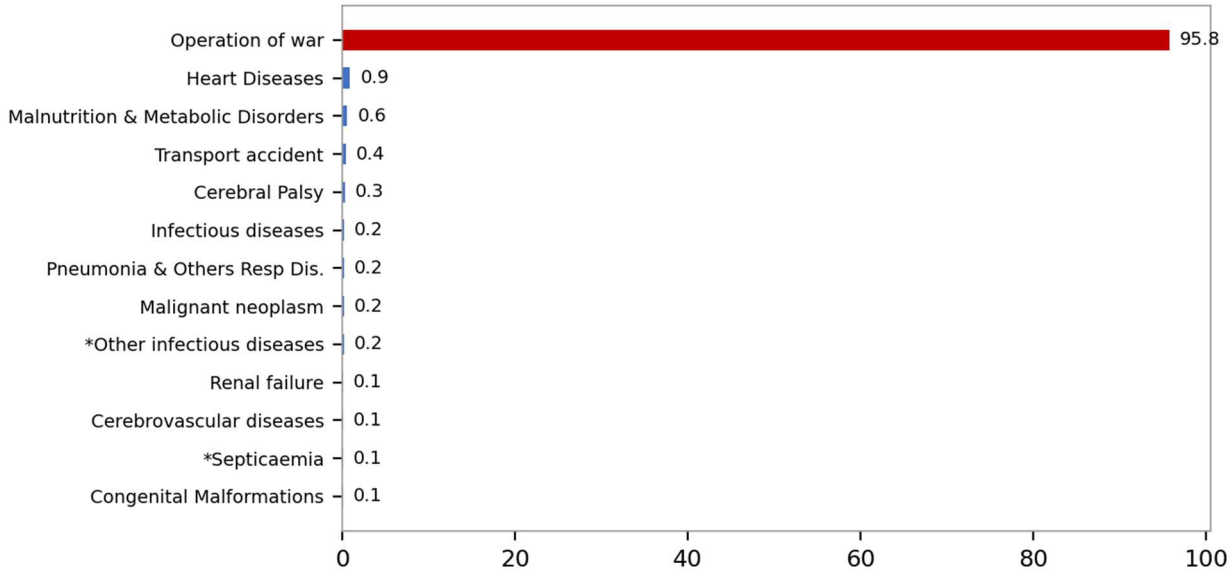

Figure (18): Percentage of the leading causes of death by age group (5 – under 20 years)

3.3.4- Age group from 20 to under 60 years:

Deaths in this group numbered 13,378 cases, representing 54.3% of the total number of deaths, at a rate of 14.0 per 1,000 of the same age group.

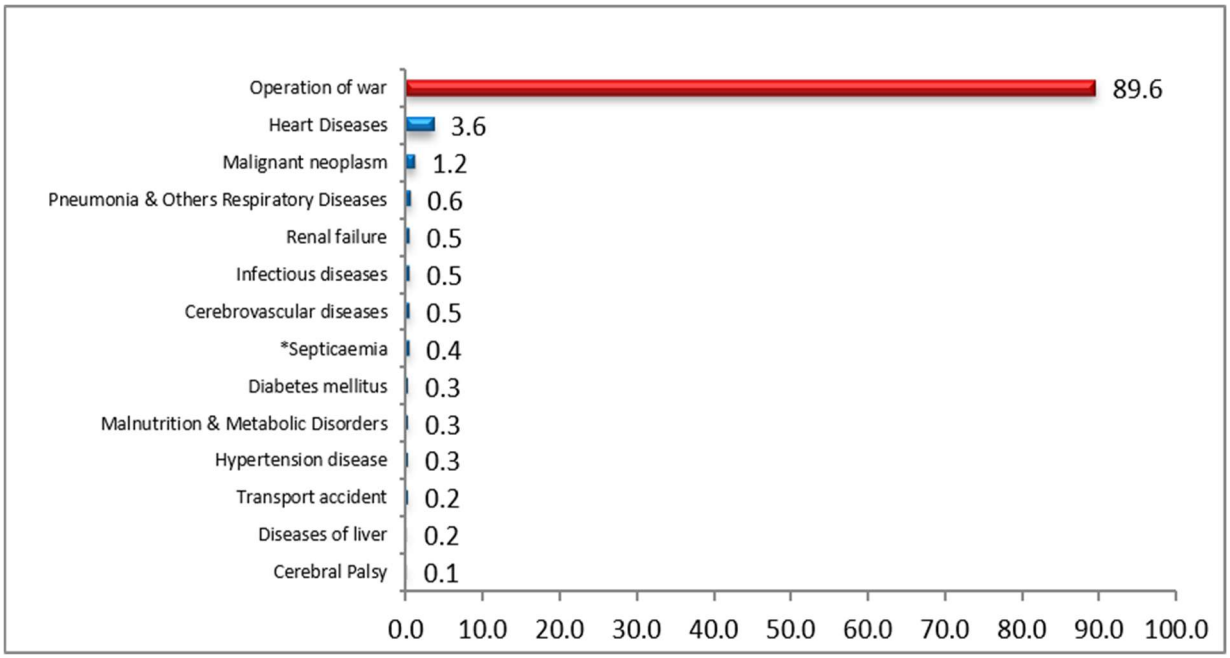

Figure (19): Percentage of the leading causes of death by age group (20 – under 60 years)

3.3.5- Age group 60 years and over:

Deaths in this group numbered 4,368 cases, representing 17.7% of the total number of deaths, at a death rate of 40.6 per 1,000 of the same age group. The following figure shows the distribution and causes of death.

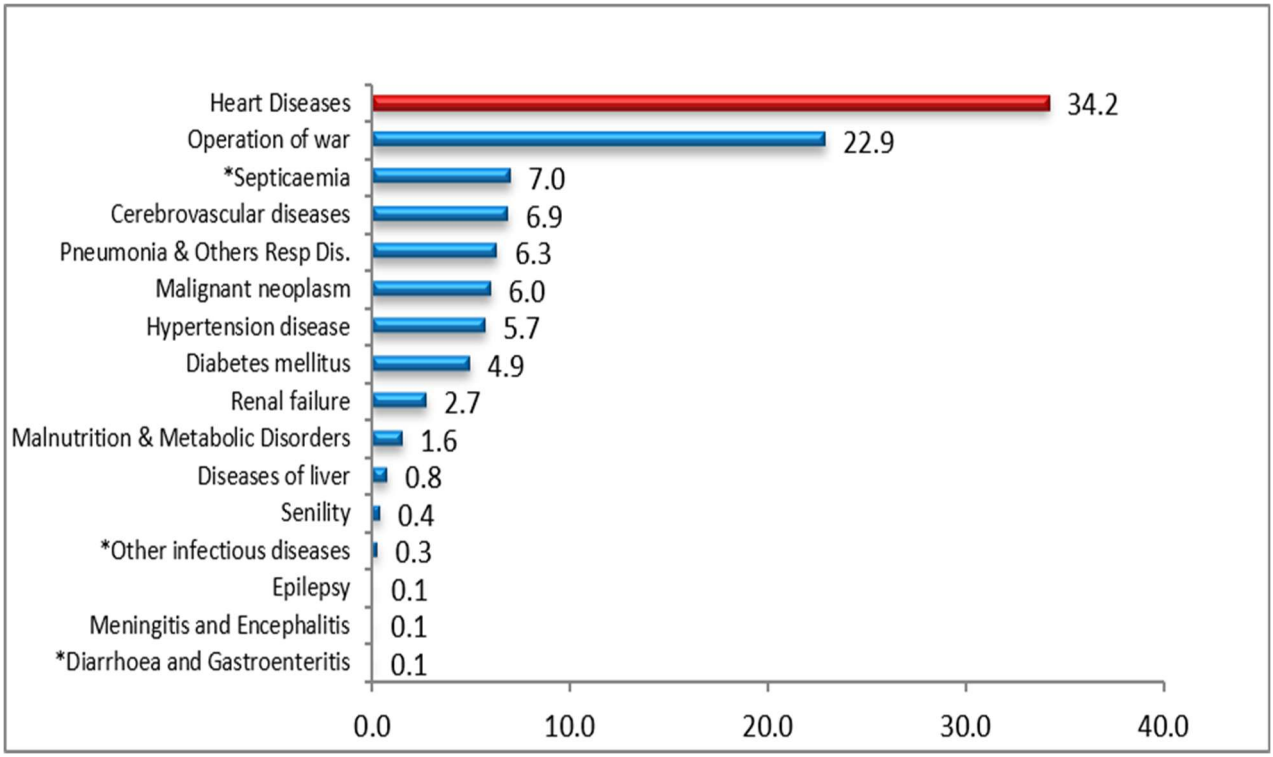

Figure (20): Percentage of the leading causes of death by age group (60 years and over)

4- Recommendations:

1- Strengthening emergency-response capacities, trauma-surgery services, and blood-transfusion services in hospitals, commensurate with the large volume of deaths resulting from war operations and accidents (76.5% of total deaths).

2- Ensuring the continuity of supply chains for chronic-disease medications (cardiac, diabetes, and hypertension) and the follow-up of their patients, given that heart diseases remain the first natural cause of death and the second overall after war operations.

3- Strengthening prematurity and newborn-care services and neonatal intensive care units (NICU), given that disorders of prematurity and low birth weight constitute the leading cause of infant deaths for this year.

4- Directing priority in the rehabilitation of health facilities and human and medical resources toward the governorates of Rafah and North Gaza, as the two highest in crude death rates among the governorates of the Strip.

5- Strengthening reproductive-health services and pregnancy and childbirth care in field facilities, in light of the rise in the mortality rate among women of reproductive age.

6- Integrating psychosocial support and social-protection programs for families that have lost their working-age male breadwinners within health and humanitarian response plans.

7- Working with the relevant international bodies to strengthen the protection of health facilities and medical personnel in accordance with the provisions of international humanitarian law, and expediting the rehabilitation of the damaged health information system infrastructure.