Policy Brief

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GENDER & ADOLESCENCE: GLOBAL EVIDENCE

An adolescent seeking medical aid in Gaza © GAGE 2026

Young people's access to healthcare during the war on Gaza: longitudinal evidence from GAGE

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Introduction

Since the Hamas attack of 7 October 2023, Israel has carried out actions that amount to genocide. It has systematically destroyed the Gaza Strip, killed tens of thousands of people, and deliberately deprived Gaza's population of life-saving humanitarian aid (Amnesty International, 2024; HRW, 2024; Asem, 2025; B'Tselem, 2025; Forensic Architecture, 2025; UN, 2025). The violence and displacement have had significant impacts on young people's health and their access to health services (including sexual and reproductive health services). In Gaza, even before 7 October, only 55% of essential medications were available, and many Palestinians, reliant on referrals to hospitals outside the territory, were often denied access by Israeli authorities (World Health Organization, 2022). Although the ceasefire in place since 10 October 2025 has brought some relief to young people in Gaza, humanitarian aid continues to be obstructed, and hundreds of Palestinians have been killed because of Israeli hostilities (OHCHR, 2026).

This brief explores the health-related impacts of the war on Gaza among adolescents and youth. It aims to inform the post-ceasefire humanitarian response, paying particular attention to the impacts of the destruction of Gaza's health infrastructure and blockade of health supplies entering the Strip (Forensic Architecture, 2025; UN, 2025). It draws on two rounds of data collection (2024 and 2025) with more than 1,000 young people undertaken by the Gender and Adolescence: Global Evidence (GAGE) longitudinal research programme. The brief concludes by discussing the implications of the GAGE findings for the post-ceasefire humanitarian response.

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Methods

The brief is based on longitudinal mixed-methods data collected in August and September 2024 (Round 1) and October and November 2025 (Round 2) (shortly after the ceasefire of 3 October 2025) to assess young people's experiences and perceptions of the conflict and to show changes over time. The research sample was proportionately sampled across all five governorates of Gaza: Rafah; North of Gaza; Gaza; Khan Younis; Middle Area. In Round 1, we collected data with 1,011 young people (526 females and 485 males aged 10–24 years). For Round 2, we surveyed 1,380 young people (837 females and 543 males) (Annexes: Table 1). Throughout this brief, age groups are referred to as follows: 'young adolescents' or 'boys/girls' for those aged 10-14 years, 'older adolescents' or 'older boys/girls' for those aged 15-19, and 'young adults' or 'young men/women' for those aged 20-25. Collectively, all three groups are referred to as 'young people'. We were able to reach 76% of the original sample and applied the same sampling selection approach to select replacements. In order to better understand the challenges facing some of the most disadvantaged young people, we purposely oversampled married adolescents (aged 15-19), young people with disabilities, and, for Round 2, included an additional sample of orphaned children to reflect the experiences of the many orphaned adolescents (aged 10-19) in Gaza as a result of the war (Annexes: Table 1). We use survey weights in analysis of Round 2 data. Although this brief primarily focuses on data from Round 2 (n=1,380), changes over time are examined using the panel of young people who took part in both rounds (n=772) (Annexes Table 2). This data is presented in Box 1, page 6.

Applying a sequenced mixed-methods approach, qualitative data for Round 1 was collected after the survey, from November to December 2024, with 100 young people (56 females and 44 males). The team also conducted 24 key informant interviews with service providers and community leaders. Round 2 interviews included in-depth individual interviews (IDIs) with 86 young people (44 females and 42 males), 10 focus group discussions (81 young people), 30 IDIs with caregivers (20 mothers and 10 fathers), and 24 key informant interviews with service providers and community leaders. The qualitative pool was selected from the larger quantitative sample, again deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind'. Table 3 below provides more details about the qualitative sample.

Ethical clearance for the research was granted by the Helsinki Committee (PHRC/HC/1245/24), the Gaza Ministry of Health and Ministry of Education, and the ODI Global Ethics Committee (ODI R025002). All procedures strictly followed international ethical guidelines, including the principles of informed consent, privacy, confidentiality, and voluntary participation. Written consent was obtained from participants aged 18 years and above, while those under 18 provided verbal assent in addition to consent from their caregivers.

Young person with a disability in Gaza © GAGE 2026

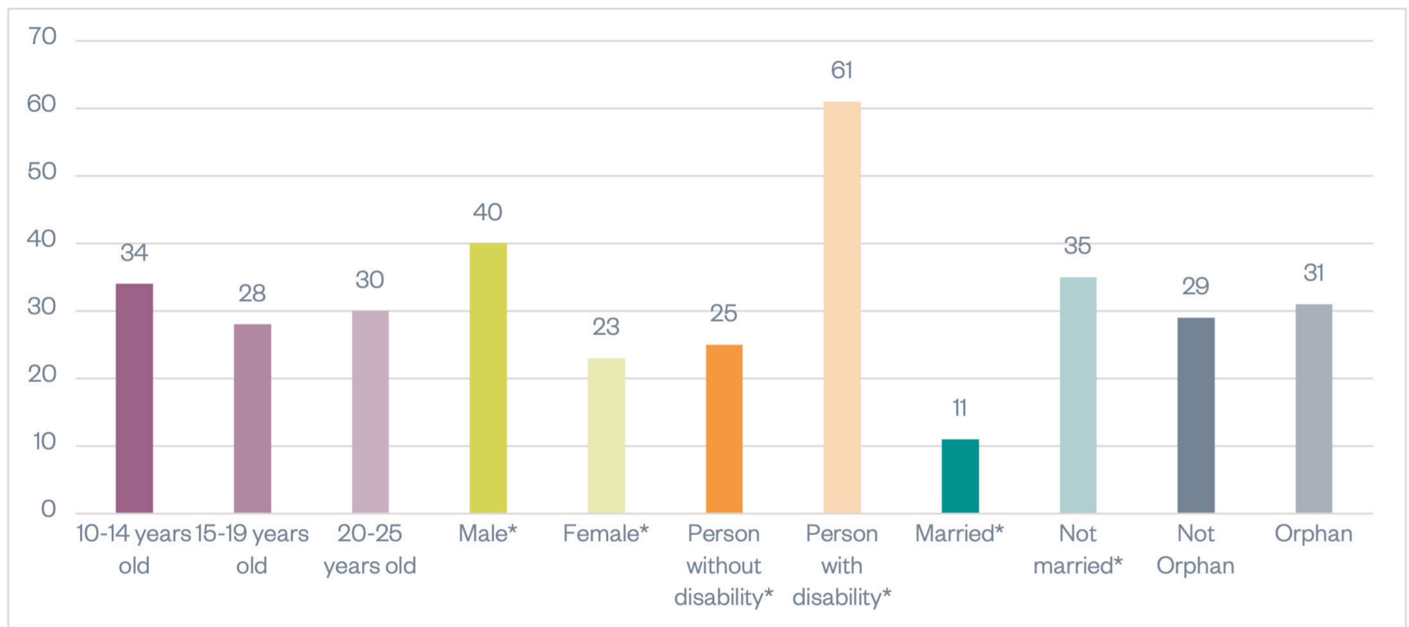
Findings on the impacts of the war on young people's health and SRHR

Overall health of young people:

Only 4 in 10 (41%) rated their overall health as good or very good in the past two weeks, while nearly 1 in 3 (30%) reported poor health, with worse scores among young people with disabilities (50%) and married participants (36%). Almost 9 in 10 (89%) said their health had deteriorated since the start of the war. A further 1 in 3 (30%) reported having experienced a serious injury or illness during the war, which was more pronounced among young people with disabilities (61%), males (40%), and unmarried respondents (35%; see Figure 1).

In-depth interviews provide a deeper understanding of the type of health deterioration young people reported. As a 17-year-old describes, her health '*is not like before the war because of the famine, I started having, what do they call it, a blood deficiency… I used to get dizzy, I feel it gets dark whenever I stand up, and I feel no energy*'. Young people report losing significant weight, with a 15-year-old reported suffering from anaemia: *'I was thinner than now, around 1 to 3kg. My face became pale. My grandfather took me to take tests. It turned out to be anaemia.'* Adding that it was very difficult to obtain supplements, relying on social contacts instead of the hospital. Reported conditions such as jaundice affected daily life and sense of self, as a 16-year-old described: '*when I look in the mirror, I get scared of myself* [because of the yellow colour]. *The illness makes you exhausted*.' Respiratory and digestive problems were also widespread. A 21-year-old with asthma required a gastroscopy procedure after months of eating only canned food: '*because of canned food I ate throughout the war… until today I'm taking stomach medication*.' For some, the physical toll was inseparable from the psychological and logistical burdens of war. A 24-year-old woman linked her shortness of breath directly to emotional distress, expressing her concerns: '*I don't know how to deal with it except by resting*.'

Figure 1: Experiencing a serious illness or injury during the war



The percentages above are based on the full sample of young people (n=1,380); categories noted with an asterisk (*) demonstrate statistically significant differences at the 0.05 level.

Healthcare access and uptake

Many young people repeatedly could not get healthcare when they needed it. Just under half of respondents (43%) reported being repeatedly unable to access healthcare over the past year, with those with disabilities facing the greatest barriers – 69% were unable to reach health facilities (see Figure 2). When seriously ill, around 1 in 8 (13%) had no access to health services at all, while others relied on nearby medical points, field hospitals, UNRWA clinics, or pharmacies.

Of those who struggled accessing health services, the main reported barriers were:

- lack of medication (48%);
- no money for transport (35%; especially among older females);
- the war (27%);
- no transportation available (22%);
- no services available (15%);
- no skilled doctors (12%; especially among young people with disabilities 26% [vs. 10% among peers without a disability]).

Among those who did receive health services (n=475), the main providers were UNRWA and government institutions (75%), NGOs, CBOs and religious institutions (41%), and international humanitarian agencies (34%).

During the in-depth interviews, young people described a healthcare system pushed far beyond its limits. Staff shortages meant that hospitals relied on undertrained personnel: one 16-year-old girl described how an inexperienced nurse failed to insert an IV correctly, leaving her brother's arm swollen and blue. '*You feel you can't trust any doctor. You feel there's a risk*,' she said. A 22-year-old young man who needed leg surgery confirmed this: '*doctors in the past were the top… now I'm afraid to have surgery because there are no good doctors*.' An 18-year-old young man who lost an eye described how inadequate stitching, which caused his injury to worsen during a 15-day blockade in which he could not reach a hospital: '*it became smaller due to lack of care… I wasn't able to do anything*.' He also described how doctors in Gaza '*directly request amputation*,' while his brother, who was told his legs needed amputation in Gaza, travelled abroad and '*was able to walk normally after treatment*.' During mass-casualty events, in triage, less critical cases were frequently turned away or deprioritised. A 17-year-old married girl with appendicitis was left in pain overnight: '*there were more critical cases than mine… they left me on the bed until the next day*.' A 22-year-old young man injured man described calling for doctors who '*wouldn't help – they'd just see the IV bag and then go help someone else*,' with priority given to severe cases.

Medicine shortages compounded health problems. A 17-year-old girl described how she could not rely on pharmacies: '*they weren't available – the pharmacies were empty*.' An 18-year-old mother could not find medicine for her daughter's high fever: '*I was just putting on compresses and that was it*.' Transport was also an obstacle. A 24-year-old woman described her brother carrying her injured sister on his back to hospital because '*there was no transportation*' and the streets were too crowded even for a cart. A 17-year-old girl described walking half the way to hospital on foot, with transport '*very expensive*' and difficult to find. A 22-year-old young woman summarised the obstacles to health: '*no medicine, no money, no transport*.'

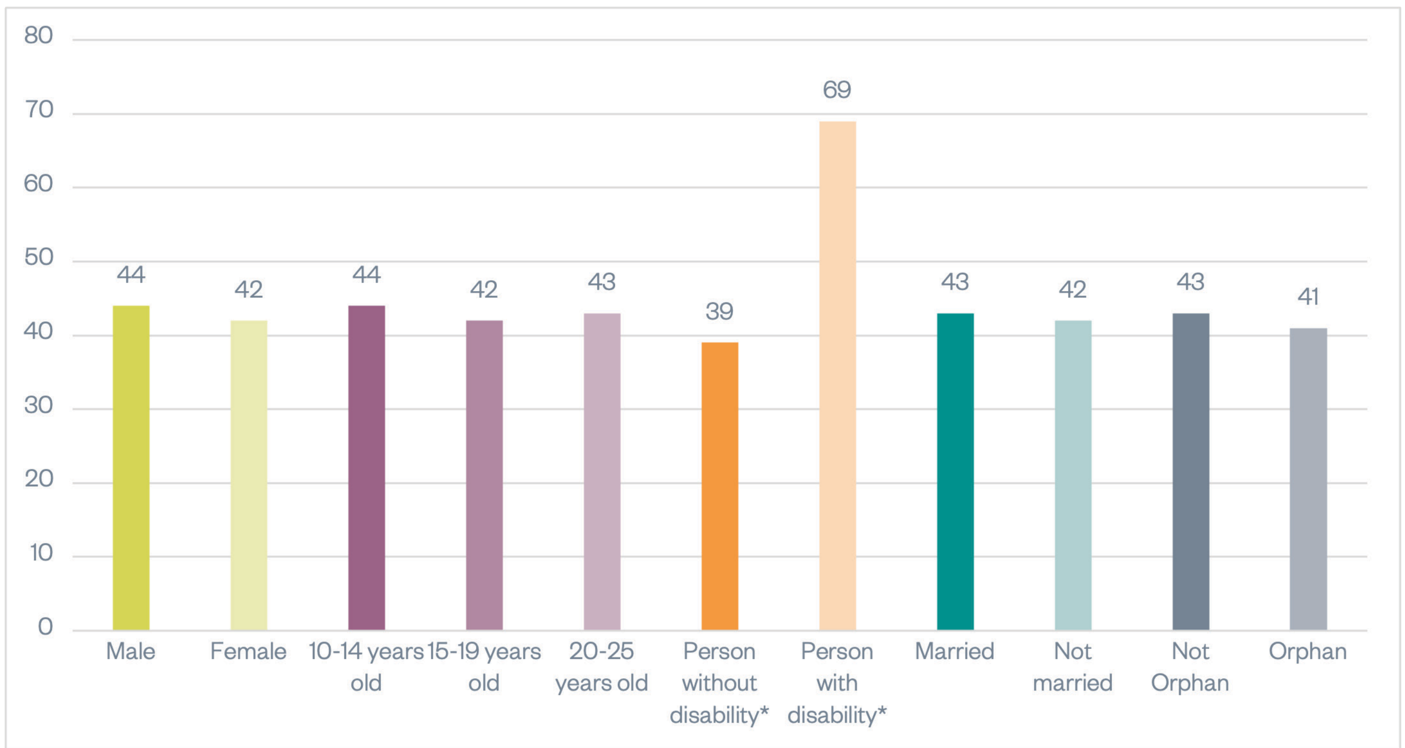
16% of the sample had a disability (oversampled), of whom 42% attributed their condition directly to the war. The vast majority (90%) reported that their disability had worsened during the war, driven by the collapse of support structures and mounting practical barriers.

The main reported reasons for deterioration were:

- lack of disability-related services (69%);
- lack of assistive devices or tools (56%);
- closure or destruction of disability service centres (49%);
- an overburdened care system (27%);
- unaffordable services (25%);
- poor quality of services (20%);
- mobility barriers (19%).

The qualitative data showed how young people sustained disabilities or how their disabilities worsened due to sub-par health services. War-related injuries left lasting physical consequences: one 18-year-old young man who lost an eye described how '*my focus is reduced – when I try to read the Quran, I feel pain and pressure in my eye*.' A 20-year-old young man lost his leg in an airstrike, but in the hospital: '*There were not many medicines… they did not give me a painkiller at all except at bedtime*.' A 17-year-old girl was already struggling with a growing leg wound before the war, but '[d]*uring the war*', as she described '*it got worse and became very bad, because there were no medicines… There were no medicines, no doctors you could reach quickly, nothing…*' Doctors suggested amputation, but she refused, as she believed '*it could heal with care*'; however, that care was not available. She borrowed a wheelchair through a family friend; however, she said: '*the wheelchair is no longer a wheelchair in shape… the wheels aren't proper wheels anymore*', and during displacement: '*I was carrying belongings on it*'.

Figure 2: Percentage of respondents who reported that they were unable to receive health services when they needed them in the past year



The percentages above are based on the full sample of young people (n=1,380); categories noted with an asterisk (*) demonstrate statistically significant differences at the 0.05 level.

Medical supplies in Gaza © GAGE 2026

Box 1: Changes over time

Using panel data involving 772 young people who were interviewed at both rounds of data collection (Round 1, August–September 2024 and Round 2, October–November 2025), changes over time reveal a mixed picture of health over time.

Access to care worsened: the share of young people unable to obtain needed healthcare in the past year rose from 30% in Round 1 to 41% in Round 2. At the same time, self-reported health improved, with 42% reporting being in very good health in the past two weeks in Round 2, compared to 30% in Round 1.

Antenatal care coverage improved markedly, rising from 42% of pregnant women receiving any antenatal care in Round 1 to 78% in Round 2.

Sexual and reproductive health of young people in Gaza

Among married female respondents, 86% reported having been pregnant since 7 October. Most (93%) received some form of prenatal care, but just over half (53%) received postpartum care, so of those who gave birth during the war, half received no postpartum support at all.

Access to maternal health services was frequently obstructed. The main reported barriers among those who did not receive antenatal care were:

- unable to reach a health centre (52%);
- lack of money (35%);
- no transportation available (13%).

Qualitative data reinforce the quantitative findings on maternal health. Prenatal services were scarce and costly; a 17-year-old girl described saving '*shekel by shekel, or borrowing from my sister, from my mother*' to afford monthly check-ups. Where clinics remained open, they were overwhelmed: participants in a group discussion among married women described arriving at 7:30 AM and waiting until after noon, standing in the sun without chairs, '*and then they say they're full*' (18-year-old young woman). The quality of care during childbirth was described as poor. An 18-year-old young woman recounted being left in labour for four hours while another patient was prioritised, and on top of that she reported: '*The care was terrible. They left me to be dilated 10 centimetres before finally taking me to a C-section.' Staff attitudes compounded this: one woman was told 'Who told you to get pregnant? We're coming here with the war, and you're adding to your burdens*,' and another noted that at one hospital '*the doctor didn't know where to put the ultrasound machine*.' Not all experiences were uniformly negative; one woman reported a smooth delivery: '*we called an ambulance at night, and it came and took us*.' She also reported receiving postnatal care: '*they told me that after giving birth, after 7 days, they gave me iron because my blood was weak*.' They also examined the baby, weighed him and got all his vaccinations.

Imagining a post-conflict Gaza

When reflecting on priorities for post-conflict Gaza, many young people highlighted healthcare as an urgent concern. 36% identified health services as a key issue requiring immediate intervention – rising to 51% among young people with disabilities, compared to 34% among those without. A further 32% identified healthcare as the aspect of infrastructure and basic services most in need of attention to improve their living conditions.

A 19-year-old young woman describes her priorities: '*they need to provide us with good housing. I feel that everything improves in a house. There should be medical points at every place so that we don't need to walk. I don't think we have a medical point over here and the pharmacy too far*.' In addition, young people with disabilities desire to get a prosthetic limb and believe they will have a more likely chance abroad.

Gaza © GAGE 2026

Policy and programming implications

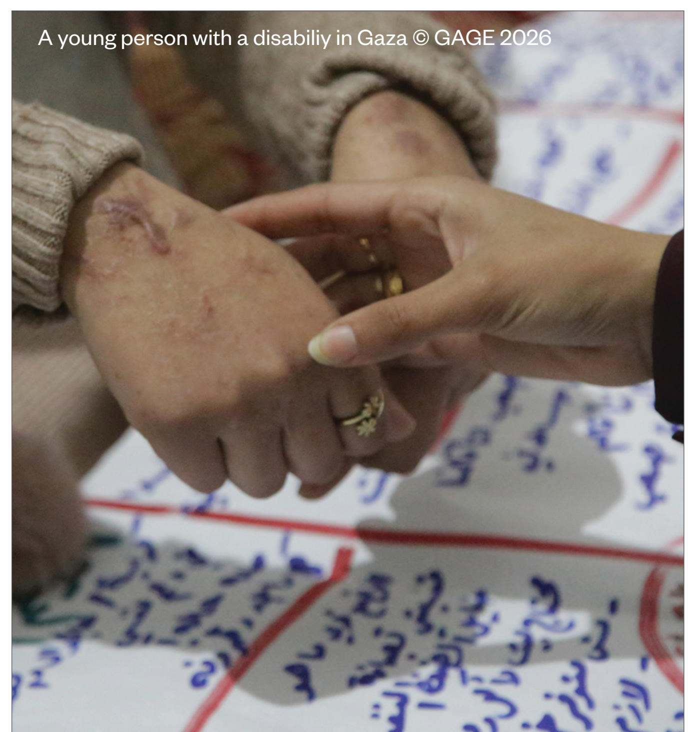
Since the war on Gaza began, many young people and their families have been denied their right to healthcare, including sexual and reproductive health services. Ending the illegal occupation of Gaza and the blockade, and the complete withdrawal of Israeli soldiers, will be essential if young people are to regain access to these basic services and to rebuild their lives. In order to fulfil Sustainable Development Goal (SDG) 3 and ensure healthy lives and promote well-being for all, the new administration of Gaza, humanitarian agencies and potential donors should prioritise reconstruction of health infrastructure and services, over the short and longer term:

Short-term priorities:

- **Release and reinforce the health workforce**: Gaza's health personnel need to be released from Israeli prisons and allowed re-entry through the border so as to fill the remaining gaps with medical missions.
- **Restore the supply of essential health resources**: The consistent provision of medicines, medical consumables, equipment, diagnostic services, laboratory capacity and fuel needed to sustain health service delivery needs to be urgently restored.
- **Restore and expand essential health services**: Stabilise the provision of the pre-war essential services and expand the package of services to respond to the increase in demand as a result of the war.
- **Prioritise the health needs of young people with disabilities**: It is critical that health services prioritise the needs of young people with disabilities through targeted outreach, integrating disability care-related components in the regular package of services. Health providers and medical students need to be trained on how to provide disability-inclusive health and SRHR services.
- **Prioritise maternal and sexual and reproductive health**: Ensure the provision of sexual and reproductive health services, including antenatal care, safe delivery and postnatal care, to reduce maternal and child complications and protect the health of mothers and newborns.
- **Address the specific needs of girls and young women**: Health and social services must give due attention to the needs of girls and young women, including access to menstrual hygiene supplies and appropriate facilities.
- **Strengthen coordination and outreach to the most vulnerable**: Improve coordination among actors to proactively reach the most vulnerable, especially young people with conflict-related injuries and disabilities, married girls and young people with disabilities, through outreach and community-based interventions.

Longer-term priorities

- **Rebuild healthcare infrastructure with disability inclusion**: Reconstruct Gaza's healthcare infrastructure with explicit consideration of the needs of young people and people with disabilities at every stage of planning and delivery.
- **Map services and strengthen referral pathways**: Conduct a comprehensive mapping of available services and resources, establish smooth and effective referral pathways to ensure continuity of care, and communicate these pathways clearly to beneficiaries to improve uptake.
- **Reopen and scale up adolescent-friendly health services**: Reinstate and expand the pre-October 2023 initiatives providing adolescent-friendly health services at clinics.
- **Scale up medical education and training**: Expand medical education programmes to replace those who were killed or left the Gaza Strip, with a focus on community-based models of care.
- **Rebuild transport infrastructure**: Restore Gaza's transport network to enable people to reach health facilities, with particular attention to the mobility needs of young people with disabilities.
- **Expand social protection for families of young people with disabilities**: Scale up social protection support for families caring for young people with disabilities, particularly those with conflict-acquired disabilities, to help cover the costs of medications, specialist care and the purchase and maintenance of assistive devices.



A young person with a disabiliy in Gaza © GAGE 2026

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Shelter conditions in Gaza © GAGE 2026

Annex: Further information on the research sample

Table 1: Round 1 and 2 participants survey

Round 1 (n=1,011)		
Variable	Number	Percentage
Age		
10-14 years	307	30
15–19 years	392	39
20–24 years	312	31
Mode 18 SD 4	.Mean age 17	Median 17
Gender of participant		
Male	485	48
Female	526	52
Current place of living by governorates		
North of Gaza	142	14
Gaza	225	.23
Middle area	280	28
Khan Younis	213	21
Rafah	151	15
Current place of living (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	367	.36
South of Gaza (middle and south)	644	64
Refugee status		
Refugees	332	33
Non-refugees	679	67
Current marital status		
Married	181	18
Not married	830	82
Mean age at marriage	17 years	
Having any type of disability		
Yes	123	12
No	888	88

Round 2 (n=1,380)		
Age		
10–14 years	289	21
15–19 years	762	55
20–24 years	329	24
Mode 17 SD 3.527	.Mean age 17	Median 17
Gender of participant		
Male	543	39
Female	837	61
Current place of living by governorate		
North of Gaza	45	3
Gaza	332	24
Middle area	514	.37
Khan Younis	487	35
Rafah	2	0.1
Place of residence (North or South of the Gaza Strip as divided by the Israeli occupation)		
North of Gaza (Gaza City and north)	377	27
South of Gaza (middle and south)	1,003	73
Refugee status		
Non-refugees	390	28
Refugees	990	72
Orphan status		
Orphaned	214	16
Not orphaned	1,166	84
Current marital status		
Not married	929	67
Married	451	33
Mean age at marriage	17.02 years	
Having a disability		
Yes	209	15
No	1,171	85

Table 2: Panel data, participants

Panel data during Round 1 (N=772)		
Variable	Number	Percentage
Age		
10–14 years	176	23
15–19 years	334	43
20–24 years	262	34
Gender of participant		
Male	365	47
Female	407	53
Current marital status		
Not married	600	78
Married	172	22
Having any type of disability		
Yes	114	15
No	658	85

Young person with a disability in Gaza © GAGE 2026

Table 3: In-depth interviews sample with young people and their caregivers from Round 1 and 2

Categories	Girls/ young women	Boys/ young men	Young people subtotal	Mothers of adolescents	Fathers of adolescents	Parent subtotals	Total individual interviews
ROUND 1							
Young people	32	24	56				56
Married young people	12	8	20				20
Young people with disabilities	12	12	24				24
Total	**56**	**44**	**100**				**100**
ROUND 2							
Young people	18	18	36	10	10	20	56
Married young people	8	8	16				16
Orphans	6	4	10				10
Young people with disabilities	12	12	24	10		10	34
Total	**44**	**42**	**86**	**20**	**10**	**30**	**116**

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

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