Physicians for Human Rights

THE UNIVERSITY OF CHICAGO
THE LAW SCHOOL
Global Human Rights Clinic

Destroying Hope for the Future:

Reproductive Violence in Gaza

January 2026

Contents

Cover: Destroyed mechanical ventilator in the Intensive Care Unit (ICU) at Indonesian Hospital, which provided maternal health services in north Gaza (February 2025)

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Executive Summary

After Hamas' brutal October 7, 2023 attack on Israel, subsequent Israeli military operations in Gaza have caused devastation and displacement. Beginning early in the conflict, humanitarian actors and civil society raised significant concerns about the likely impact on the health and survival of pregnant women[1] and infants – two groups granted specific protection during armed conflict.[2] The UN Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel (UN COI) reviewed evidence through July 2025 and found that Israel's attacks on facilities providing reproductive health care and restrictions on food and medical supplies were intentional and systematic and resulted in devastating harm to the reproductive capacity of people in Gaza.[3]

This report affirms the UN COI's findings and presents new evidence of the continued and worsening harms of the conflict on pregnant and postpartum women and infants from January through October 2025. The report analyzes how the health impacts of (i) attacks on health care facilities, (ii) restrictions on humanitarian aid, and (iii) acute malnutrition have translated into violations of the rights of women and infants in Gaza and constitute reproductive violence in violation of international law. Finally, drawing on this evidence, the report outlines urgent recommendations to ensure that people in Gaza receive adequate medical care and nutrition assistance, accountability, and justice.

Despite these reports, throughout early 2025, Israel continued to restrict access to humanitarian aid in Gaza.[4] This occurred through a complete humanitarian aid blockade from March to May 2025, the subsequent introduction of the humanitarian aid distribution mechanism, the Gaza Humanitarian Foundation (GHF), which was widely critiqued as "engineered scarcity",[5] and despite the ceasefire reached in October. Following repeated warnings issued by the Integrated Food Security Phase Classification (IPC), famine 'with reasonable evidence' was finally determined in Gaza in August 2025.[6]

Between May and June 2025, the Palestinian Ministry of Health reported a 41 percent decrease in birth rate in Gaza compared to the same time period in 2022; there was a significant increase in miscarriages that affected more than 2,600 women, and 220 pregnancy-related deaths that occurred before delivery.[7] The ministry also reported a sharp increase in premature births and low birth weight cases; over 1,460 babies were reported to be born prematurely, while more than 2,500 were admitted to neonatal intensive care. Newborn deaths also increased, with at least 21 babies reported to have died on their first day of life.[8] However, due to the near-complete collapse of Gaza's health information system after October 7, 2023, systematic data collection was severely limited, making it likely that these numbers represent a significant undercount. Even since the ceasefire was reached these conditions continue; in October 2025, UNICEF reported that they identified 9,300 children under five years of age with acute malnutrition and that 8,300 pregnant and breastfeeding women were admitted to health facilities for treatment for acute malnutrition.[9]

In this study, Physicians for Human Rights (PHR) and the Global Human Rights Clinic at the University of Chicago Law School (GHRC) assess the foreseeable risks to pregnancy and neonatal health posed by these developments and examine the impact of attacks on health and restrictions on food and medical supplies on women of reproductive age, including those trying-to-conceive as well as pregnant, postpartum, and lactating women, and newborns from January to October 2025 when a ceasefire was signed.

Analyzing 78 testimonies of international health care providers who worked in Gaza on short-term medical missions, this report documents the maternal and neonatal deaths, physical and mental suffering, and infertility experienced because of the compounded impacts of malnutrition and the inability to access reproductive health care supplies and services. To determine the foreseeability and preventability of these harms, PHR and GHRC reviewed these accounts against the record of warnings issued concerning risks to reproductive capacity as a result of the tactics of war used in Gaza, 23 reports of attacks on reproductive health care facilities in Gaza from January to September 2025,[10] and the established medical literature on the known reproductive harms resulting from acute malnutrition and denial of proper prenatal and postpartum care.[11]

The destruction of Gaza's health infrastructure, combined with restrictions on food and medical supplies including baby formula, has created an environment in which the fundamental biological processes of reproduction and survival have been systematically destroyed, resulting in known and foreseeable harm, pain, suffering, and death.

Key Findings

a. Inability to access medical care and proper nutrition harmed reproductive capacity by causing infertility, miscarriage, complications, and maternal death for women, as well as poor health outcomes for newborns

Israel's restrictions on medical supplies in Gaza are extreme, inconsistent, and deliberately opaque, and have resulted in significant harm to reproductive services.[12] A broad range of essential items, from medications to non-pharmaceutical products, have been denied under the "dual-use" designation or delayed due to unclear bureaucratic policies.[13] Moreover, the food rations GHF distributed in Gaza had been characterized as far from enough to meet the basic needs of people in Gaza and did not meet minimum requirements of international humanitarian standards.[14] Clinicians interviewed by PHR and GHRC reported the severe impacts of limited access to food – including medically indicated baby formula for malnourished or premature infants – and health care on women and children in Gaza. These clinicians described increased maternal and neonatal deaths, life-threatening complications that would have been preventable or treatable elsewhere, ongoing physical and mental suffering, and long-term harm to fertility.

Malnutrition leading to infertility, miscarriages, complications, and death

Health care providers reported women presenting with menstruation issues, infertility, and anemia due to prolonged malnutrition. Similarly, pregnant women developed critical complications during pregnancy, some of which resulted directly from acute malnutrition and some of which were made more difficult to manage due to acute malnutrition; this resulted in observed increases in miscarriage and preterm birth.[15]

A nurse who worked in Gaza in January 2024 shared:[16]

> "[W]e clinically saw it in women not having periods because they're so severely malnourished. We saw it in women who were having miscarriages, women who weren't lactating, because when you're pregnant or lactating, your caloric intake requirement increases. And these otherwise healthy women with no comorbidities were not producing any breastmilk, even though they had in previous pregnancies."

A gynecologist who worked in Gaza in February 2024 noted:

> "Every single woman I've seen pregnant or not was malnourished."

Lack of supplies for labor and delivery

Those women in Gaza who became pregnant frequently experienced preterm and prolonged labor requiring medical services, including cesarean sections. However, the supplies needed for these procedures, including anesthesia medications, blood products, and sterile equipment to ensure safe delivery, were not available or accessible due to restrictions on medical supplies and destruction of medical infrastructure.[17]

Limited lactation and access to formula

Mothers struggled to feed newborns and infants due to impeded lactation resulting from severe maternal malnutrition accompanied by micronutrient deficiencies, dehydration, severe maternal anemia, and extreme mental and physical stress. In cases where breastfeeding was not possible despite clinical support, infants, including preterm babies who met the medically recognized indications for breastmilk substitutes, required access to age-appropriate therapeutic formulas.[18] Yet, severe restrictions on bringing baby formula into Gaza further limited clinicians' ability to ensure babies had the nutrition they needed to survive and avoid malnourishment.[19] These compounding challenges placed already vulnerable infants at heightened risk of malnutrition, infection, preventable illness, and death.

b. Attacks on reproductive health facilities limited access to care to prevent and treat pregnancy and neonatal complications and health harms

Attacks on health care facilities offering or specializing in reproductive health care across Gaza have been extensively documented by the UN COI.[20] For more than two years, Israel has repeatedly attacked hospitals providing broad reproductive services, as well as more specialized units. These attacks destroyed all facilities providing infertility treatment and further limited the availability of specialized services that were already limited before October 7, 2023.[21]

Clinicians highlighted that treating the consequences of malnutrition in pregnancy was made more difficult due to limited beds in blockaded facilities, damaged hospitals and inoperable facilities, and barriers to accessing medical supplies. Between January and September 2025, the World Health Organization (WHO) reported that multiple health facilities providing reproductive health care were attacked, blockaded, and raided.[22] According to the World Health Organization, as of March 14, 2025, only eight out of 21 hospitals and four field hospitals were partially operational for maternal health care.[23]

Destroyed incubators and equipment at the Kamal Adwan Hospital Neonatal Intensive Care Unit in north Gaza, following the targeting and raid of the facility by Israeli forces in December 2024 (February 2025)

An interviewed health care provider who visited Gaza in early 2025 described what Kamal Adwan Hospital looked like after being attacked and raided by Israeli forces:

> "It was just toxic. There is this poisonous smell in the air, acrid smoke still hanging, everything burned and charred, crunching medication vials under our boots. Kamal Adwan had one of the only functioning neonatal ICUs in the North at the time. We walked through the neonatal ICU, which hadn't been burnt, but had been destroyed. There were incubators that had been smashed and strewn about. The whole facility was destroyed."

Health care providers interviewed were reluctant to use surgical interventions due to lack of medical supplies, equipment, and critical sanitation and infection control measures, which could also endanger preterm babies and women. Health care providers were forced to discharge acutely malnourished women within hours after delivery because of space constraints despite their concerns about the high risk of post-surgical infections compounded by malnutrition and shortage of medical supplies. Neonatal intensive care units were also destroyed or lacked supplies and equipment, leading to predictable fatalities among premature babies who, under normal circumstances, could have survived.

c. Suffering and death of pregnant, postpartum, and lactating women and newborns were foreseeable and predicted

The death and serious mental and physical suffering experienced by women and infants in Gaza during the ongoing conflict were both foreseeable and predicted. Despite the known and predicted risks of pregnancy complications, impeded lactation, and poor newborn health, attacks on hospitals and restrictions on humanitarian aid persisted from January through October 2025.

Since the beginning of the war in Gaza, humanitarian organizations, human rights groups, and multiple UN agencies warned that Israel's restrictions on humanitarian aid – including food, fuel, and medical supplies – would have catastrophic consequences for maternal and neonatal health due to the anticipated collapse of essential health services and the compounded vulnerability of women and children in conflicts.[24] Access to food and medical care in Gaza fell far short of international standards on nutrition and health care in conflict.[25] Despite the recommendations

of the UN COI, the advisory opinion issued by the International Court of Justice in relation to the obligations of Israel in Gaza, and three provisional measures rulings by the International Court of Justice warning of the risk of genocide in Gaza,[26] Israel continued to restrict food and medical supplies and to destroy medical infrastructure between January and October 2025.[27]

The available evidence indicates that the predicted and predictable consequences of food deprivation, destruction of medical infrastructure, and restrictions on medical supplies in Gaza were deliberately or recklessly disregarded, resulting in an avoidable crisis that has harmed women's ability to menstruate, have healthy pregnancies, give birth safely, and breastfeed, and caused infants to die of dehydration and malnutrition. Beyond the immediate impact, future generations may suffer from the physical, social, and even genetic effects.[28] Collectively, the outcome is devastating the reproductive capacity of Palestinians in Gaza.[29]

d. Tactics of war in Gaza constitute reproductive violence, demanding investigation, accountability, and reparations

Pregnant, postpartum, and lactating women in Gaza suffered negative reproductive health outcomes because of (i) targeting of health care facilities, (ii) restrictions on essential medical supplies entering Gaza, and (iii) acute malnutrition due to limits on essential humanitarian food aid, should be considered victims and survivors of reproductive violence.

Reproductive violence is defined as acts or omissions that cause harm by interfering with reproductive autonomy and rights or violence directed at people because of their actual or perceived reproductive capacity.[30] Reproductive violence is prohibited under provisions of international humanitarian law (IHL) and international human rights law (IHRL) and can constitute international crimes, including war crimes, crimes against humanity, or acts of genocide.[31]

Our research supports the findings of the UN COI that shows a pattern of perpetration of attacks on hospitals in violation of the IHL special protections for and prohibition on attacks on medical facilities.[32] Under IHL warring parties must take precautions during hostilities to minimize harm to civilians; any harm caused by attacks must be proportionate to the direct military advantage gained. Israel has stated that its attacks on hospitals are justified under IHL because of "militarization" of hospitals by Hamas.[33] It is important to note that none of the clinicians we interviewed reported any misuse of hospitals by any Palestinian armed groups for improper military purposes. Regardless of the ultimate accountability of the armed parties for any particular attack, which requires independent investigation and adjudication, the overall destruction of the health care system in Gaza as a result of these attacks is incontrovertible, as is the foreseeable harms of this destruction on mothers and newborn infants. Beyond this, the report findings underscore the importance of ensuring that the harms to pregnant and postpartum women and newborns documented as arising from the direct and reverberating impacts of strikes be considered in any assessment of adherence to the principles of proportionality and precaution in attacks on hospitals in Gaza.

In addition, this report presents evidence relevant to determinations of other breaches of international law by Israel, including violations of the IHL obligation on occupying powers to ensure adequate supply of medical supplies and food in Gaza; war crimes of starvation, inhuman acts, and willfully causing great suffering; crimes against humanity of persecution and other inhumane acts; and genocidal intent to destroy the group of Palestinians in Gaza and genocidal acts of causing serious bodily and mental harm and inflicting conditions of life calculated to bring about physical destruction of the group.

In light of the evidence implicating reproductive violence, there must be thorough and independent documentation and evidence preservation, investigation of allegations of crimes, and prosecution to hold perpetrators accountable and ensure compliance with international law. Further, survivors and families of victims must have access to remedies and reparations, including access to care and nutrition to prevent worsening health harms caused by reproductive violence.

e. Restoration of access to reproductive health care and adequate water, nutrition, and sanitation is urgently needed to halt the harms documented

The report documents the suffering and biological damage inflicted on pregnant and lactating women and their newborns and underscores the urgent need for justice and accountability as well as long-term interventions to restore medical services, remedy malnutrition, and support the affected populations with rehabilitation and recovery. At the time of publication of this report, immediate action is required to ensure unrestricted humanitarian access so that food, clean water, fuel, and medical supplies can enter Gaza at the scale necessary to meet the health and nutritional needs, restore reproductive and neonatal medical services, and reverse the negative impacts of acute malnutrition.

One immediate priority is to implement high-dose micronutrient supplementation protocols – specifically for iron, folate, and calcium – for all women of reproductive age to reverse the physiological effects of prolonged acute malnutrition beyond just ensuring caloric needs are met. Additionally, it will be critical to prepare facilities and staff to manage refeeding syndrome, including developing protocols for gradual nutritional rehabilitation, electrolyte monitoring, and medical stabilization and to ensure that therapeutic foods, micronutrient supplements, and therapeutic milks for infants with severe wasting are readily available.

In the mid- and long-term, significant investment is needed to address the lasting impacts of acute malnutrition and reestablish systems to provide reproductive and neonatal health care aligned with international standards. This includes rebuilding and restoring damaged or destroyed health facilities, including maternity wards, neonatal intensive care units, nutrition services, and fertility services, and restoring access to lifesaving medications, equipment, and reproductive health services. Additionally, efforts should be made to ensure specialized treatment for complex, conflict-related obstetric trauma is available, including surgical repair for obstetric fistulas, severe pelvic floor trauma, and chronic reproductive tract infections.

Additionally, there is a need for further documentation to study the long-term impact and potential mental health and intergenerational harms on the affected population and to devise reparations and remedies to address these long-term and intergenerational harms. Finally, comprehensive reparations measures should be implemented, which include rebuilding essential services like medical care, psychosocial support, and nutritional rehabilitation, along with restitution, compensation, satisfaction, and guarantees of non-repetition as necessary.[34]

Conclusion

At the time of writing this report, there is a ceasefire in place in Gaza. While reports of hostilities and repeated violations of the ceasefire continue to emerge, progress toward accountability for violations of international law, including reproductive violence, remains slow. Restrictions and limited access to food and other humanitarian aid, including health care, have continued and remain inadequate to meet current needs.[35] Further, the gendered harms of the conflict in Gaza remain largely obscured. The scope and nature of reproductive violence – including its impact on the survival of Palestinians in Gaza – require comprehensive and independent investigation, documentation, and accountability. The harms caused by reproductive violence and acute malnutrition are ongoing and urgently need to be remedied. Our findings underscore that each day that passes without adequate food and access to medical care for pregnant and lactating women and newborns diminishes the reproductive capacity, safety, and autonomy of Palestinians in Gaza.

While the UN Security Council adopted a resolution on November 17, 2025 endorsing the United States' "Comprehensive Plan to End the Gaza Conflict,"[36] which included commitments concerning humanitarian aid and the establishment of a temporary transitional governance body in the form of a technocratic, apolitical Palestinian committee, it is essential that the needs of women of reproductive age and infants are not overlooked in rehabilitation and recovery efforts.[37] PHR and GHRC urge all actors to cease violence against health care; ensure unconditional and unhindered humanitarian access in accordance with international humanitarian principles; and advance accountability, justice, and reparations.

Our findings underscore that each day that passes without adequate food and access to medical care for pregnant and lactating women and newborns diminishes the reproductive capacity, safety, and autonomy of Palestinians in Gaza.

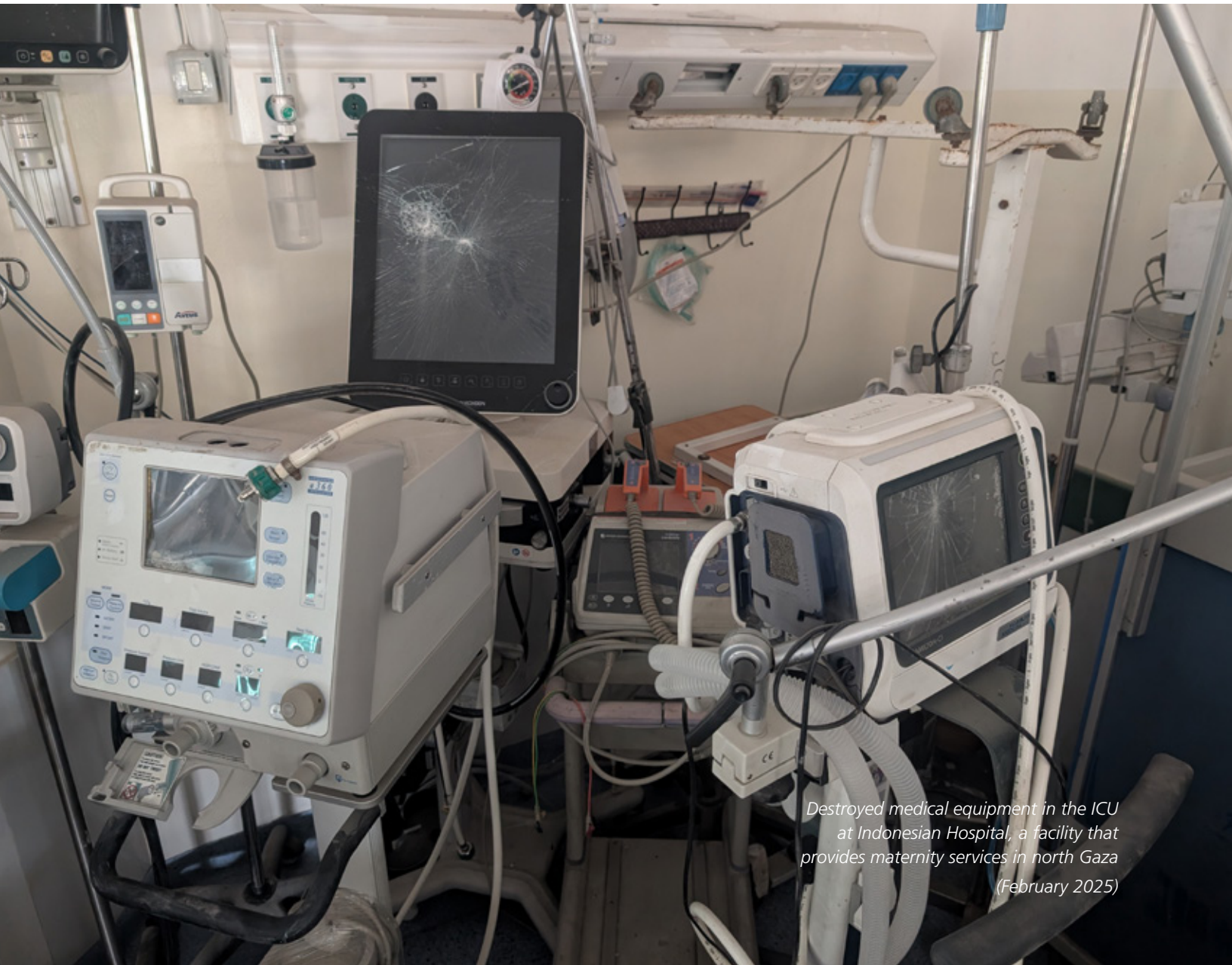
Recommendations

To All Parties to the Conflict:

- Immediately cease all forms of violence against health care facilities, health care workers, and humanitarian personnel in compliance with international law;
- Ensure the protection and unhindered functioning of humanitarian actors and facilitate their safe and sustained access throughout Gaza; and
- Grant full and safe access to independent international investigative mechanisms to assess the humanitarian situation; document and investigate all alleged violations and preserve evidence where relevant; and evaluate the impacts of parties' policies and practices on civilians' rights.

To the Government of Israel:

- Immediately cease targeting civilians and civilian objects and revise military protocols to conform to the principles of discrimination, proportionality, and precaution, including the reverberating impact of attacks on health care, in order to ensure effective and adequate protection of pregnant and lactating women, infants, and other at-risk populations;
- Respect and implement the orders of the International Court of Justice requiring that Palestinians in Gaza have access to supplies of daily life, including food, medical care and services;



Destroyed medical equipment in the ICU at Indonesian Hospital, a facility that provides maternity services in north Gaza (February 2025)

- Immediately lift all restrictions on the entry of specialized neonatal nutrition products, including hydrolyzed formulas and liquid ready-to-feed formulas, indicated in medically recognized situations where breastfeeding is not possible or sufficient; and
- Fully cooperate with international accountability mechanisms and facilitate their access to Israel and the occupied Palestinian territory to conduct independent and impartial investigations.

To Hamas and Other Palestinian Armed Groups:

- Refrain from any conduct that places civilians, health care workers, or humanitarian personnel at risk;
- Ensure that humanitarian aid reaches civilians without diversion or interference, in line with obligations under international humanitarian law; and
- Refrain from any actions, including militarization, that compromise the neutrality of health facilities and humanitarian sites.

To the Transitional Palestinian Body Governing Gaza:

- Prioritize the rehabilitation and rebuilding of Gaza's health system, including restoring essential reproductive, maternal, and neonatal services;
- Support Palestinian health workers in Gaza by providing adequate training, protection, and compensation; and
- Strengthen coordination with humanitarian partners to ensure continuity of care for pregnant and lactating women and newborns.

To the United States and Other Members of the Board of Peace:

- Ensure the unconditional entry of humanitarian aid, including medical supplies, fuel, clean water, and food, through all viable routes, without restrictions or delays, and at a scale sufficient to meet current needs and enable long-term recovery; and
- Support UN-led efforts, including World Health Organization, UN Population Fund, and UN Children's Fund programs focused on reproductive and neonatal health.

To UN Member States:

- Urge all parties to the conflict to abide by international humanitarian law and all UN Security Council resolutions on humanitarian aid, access, and reconstruction;
- Strengthen the implementation of UN Security Council Resolution 2286 to protect health facilities and personnel, investigate attacks on health care, and hold perpetrators of these violations accountable;
- Pursue accountability through all relevant avenues for violations of international law in Gaza; and
- Support the reconstruction of Gaza's health system and ensure the reinstatement of the right to health as a human right in Gaza.

To International Accountability Mechanisms and UN Human Rights Mechanisms:

- Investigate, pursue accountability, and secure reparations for reproductive harm resulting from attacks on health care, restrictions on humanitarian aid, and starvation; and
- Recognize reproductive harm – such as preventable miscarriages, stillbirths, maternal morbidity and mortality, neonatal deaths, and long-term health consequences of starvation and denial of care – as a distinct category of injury warranting appropriate reparative measures.

To Health Actors and Donors:

- Prioritize the rapid scale-up of maternal and neonatal services, including emergency obstetric care, neonatal intensive care units, safe delivery services, and postnatal care, in accordance with internationally recognized humanitarian standards;
- Deploy medical teams with specialized expertise in obstetrics, neonatology, malnutrition treatment, fertility treatment, and trauma-informed care to support and rebuild the collapsing health system in Gaza; and
- Prepare facilities and staff to manage complex heath presentations related to reproductive health harm, acute malnutrition, and refeeding challenges, including through ensuring the availability of necessary supplies including food aid and therapeutic food products.

Terms and Definitions

This report includes several medical and legal terms, concepts, and phrases, defined below:

- **Acute malnutrition or acute undernutrition:** In humanitarian settings, acute malnutrition or acute undernutrition refers to broader deficiencies in caloric, protein, or micronutrient intake that result in rapid deterioration in nutritional status over a short period of time.[38]
- **Antenatal (prenatal) care (ANC):** ANC is the care provided by skilled health care professionals to pregnant women and adolescent girls to ensure the best health conditions for both the woman and baby during pregnancy. The components of ANC include risk identification, prevention and management of pregnancy-related or concurrent diseases, and health education and health promotion.[39]
- **Attacks on health care facilities:** In this report, an "attack" on health care facilities refers to any type of violence, obstruction, or threat of violence that results in physical damage to the facility or causes a temporary or permanent suspension of its operations in a way that negatively affects the availability of or accessibility to medical services.[40]
- **Famine:** Famine refers to a situation in which the population is experiencing different levels of food insecurity, with a significant portion unable to access enough food. The population suffering from famine also has widespread acute malnutrition and death due to starvation and diseases.[41]
- **Malnutrition:** In this report, malnutrition refers to undernutrition, which is medically defined as the inadequate intake of energy and/or any of the required nutrients.[42] It includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age), and micronutrient deficiencies or insufficiencies (a lack of essential vitamins and minerals).[43]
- **Neonatal (newborn) period:** The neonatal (newborn) period spans the first 28 days (four weeks) of the baby's life and is the period of the most dramatic physiological changes that occur during human life.[44]
- **Perinatal period:** The perinatal period is defined as the period spanning from 22 completed weeks of gestation to seven completed days after birth.[45]
- **Postpartum period:** Postpartum period is the first six weeks to six months immediately following childbirth. During this period, maternal physiological and anatomical changes return to the nonpregnant state.[46]
- **Preterm birth:** Preterm birth is when a baby is born before 37 weeks of gestational age.[47]
- **Reproductive health care:** Reproductive health care is the set of medical facilities, goods, services, and information that enable individuals to exercise the capability to reproduce and make informed, free, and responsible decisions about whether, when, and how to reproduce.[48] This includes access to contraception, fertility and infertility care, maternal and perinatal health, prevention and treatment of sexually transmitted infections, protection from sexual and gender-based violence, and education on safe and healthy relationships.[49]
- **Reproductive violence:** Reproductive violence is an act or omission that causes harm by interfering with reproductive autonomy and rights or violence directed at people because of their actual or perceived reproductive capacity.[50]
- **Starvation:** Medically, starvation refers to the severe deficiency in energy intake necessary to maintain life. Starvation, if unremedied, results in progressive weight loss, organ failure, and death. It represents the most extreme outcome of food deprivation.[51] Under international law, starvation is defined as the deliberate deprivation of objects indispensable to the survival of the civilian population, including food, water, medicine, medical supplies, and other essential relief items, as well as any act that obstructs or impedes humanitarian assistance intended to provide such necessities.[52]

Introduction

While conflict risks endangering all civilian health, including reproductive health, parties to conflicts are obligated under international law to ensure the protection of pregnant women[53] and children and to refrain from attacks on reproductive autonomy.[54] Where parties to conflicts engage in acts and omissions that cause harm by interfering with reproductive autonomy and rights, or violence directed at people because of their actual or perceived reproductive capacity, this is considered reproductive violence in violation of international law.[55]

In response to the October 7, 2023, attacks by Hamas in Israel – which resulted in around 1,200 deaths, most of them civilians,[56] 5,500 injuries, the abduction of more than 250 hostages, and acts of sexual and gender-based violence – Israel has carried out more than two years of attacks on Gaza that has targeted and destroyed civilian infrastructure,[57] including health care facilities, with devastating impacts on the more than 2 million people who were living in Gaza.[58] Since the start of the war, Israel has imposed extensive and opaque restrictions on humanitarian aid, including food and medical supplies, entering Gaza.[59] These practices have led to negative health consequences, particularly to reproductive and neonatal health. The UN Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel (UN COI) assessed patterns of harms to reproductive health and autonomy occurring through 2024 and determined that Israel has committed reproductive violence in Gaza.[60]

Despite prior findings of reproductive violence in violation of international law in Gaza, there have been ongoing reports raising concerns about reproductive health impacts of policies and practices of warfare, including humanitarian blockade leading to famine, and attacks on health care.[61] From early March to May 2025, Israel enforced a complete humanitarian aid blockade on Gaza, further deepening the crisis.[62] This study by Physicians for Human Rights (PHR) and the Global Human Rights Clinic at the University of Chicago Law School (GHRC) assesses the foreseeable risks to pregnancy and neonatal health posed by these developments and examines the actual impact of attacks on health and restrictions on food and medical supplies on women of reproductive age, including those trying to conceive as well as pregnant, postpartum, and lactating women, and newborns from January to October 2025 when a ceasefire was signed.

Defining Reproductive Violence

Reproductive autonomy and rights include the ability of individuals to make decisions with respect to their fertility, including on whether or when to reproduce, and the actual ability to have children.[63]

Acts of reproductive violence, which involve harms that occur as a consequence of violations of reproductive autonomy and rights, directly implicate obligations under international humanitarian law and international human rights law, and can also constitute crimes under international criminal law. Two crimes of reproductive violence – forced pregnancy and enforced sterilization – have been explicitly recognized as both crimes against humanity and war crimes,[64] while the crime of genocide includes the act of implementing measures aimed at preventing births.[65] Other potential acts of reproductive violence include "forced contraception, forced abortion, forced breastfeeding, denial of essential reproductive health care or physical violence aimed at reproductive organs."[66]

Drawing on testimonies of international health workers who served in Gaza on short-term medical missions, as well as interviews and analysis of reported attacks on reproductive health care, the findings reveal patterns of deprivation of humanitarian aid, acute malnutrition, and targeted destruction of health infrastructure that have caused catastrophic and foreseeable harm to pregnant and postpartum women and newborns.

This report opens with an overview of the methodology used for data analysis. It then outlines how methods of warfare in Gaza have led to impeded fertility, suffering, and death for women of reproductive age and newborns, along with an analysis of the foreseeability and preventability of these harms. The report then analyzes how the evidence implicates violations of international humanitarian law, international criminal law, international human rights law, and the Genocide Convention, including a discussion of whether these harms constitute reproductive violence. The report concludes with recommendations for immediate action to address ongoing health risks and care of affected women and children, as well as necessary measures for investigation, accountability, and justice.

With a fragile ceasefire in place in Gaza at the time of publication, this report provides critical guidance to inform humanitarian and legal responses to address past, current, and possible long-term harm to survivors and families of victims of reproductive violence.

Methodology

The report examines how women across the reproductive health spectrum, including those trying to conceive as well as pregnant, postpartum, and lactating women, experienced violations of their reproductive rights during the conflict, including through the collapse of maternal and neonatal care, severe shortages of medical supplies and food, and the degradation of essential health services. It assesses whether the resulting harms, including preventable maternal and infant deaths and obstetric and neonatal complications, were foreseeable based on established medical and humanitarian evidence. Finally, the report evaluates whether these patterns of harm constitute violations of international law, including the obligations to protect the health and reproductive rights of civilians in armed conflict.

The report draws on 78 semi-structured interviews with clinicians deployed to Gaza on short-term medical missions between December 2023 and October 2025. The primary focus of the analysis for this report is the period from January to October 2025. However, interviews conducted before this period were included to contextualize and illustrate the cumulative impact of Israel's policies, including those in place before the March 2025 complete humanitarian aid blockade.

These interviews were conducted by researchers at GHRC and the Section of Trauma and Acute Care at the University of Chicago. Interviews were coded and analyzed by GHRC and PHR researchers. PHR medical experts supplemented interview findings by reviewing existing medical literature on the impacts of acute malnutrition on reproductive and neonatal health. The study triangulates interview findings with open-source data and scientific medical evidence to reveal the intersecting and predictable impacts of health system destruction, medical supply restrictions, and food deprivation on women's fertility, pregnancy, childbirth, and neonatal outcomes. Finally, PHR and GHRC legal experts analyzed these findings to determine whether Israel's policies and practices and their consequences have led to foreseeable destruction of reproductive capacity in violation of international law.

Our findings present new evidence of the continued and deepening impacts of the conflict on fertility and on women trying to conceive, pregnant, postpartum, and lactating women and their newborns through October 2025. The report analyzes how the impacts of attacks on health and humanitarian aid have translated into violations of the rights of women and infants in Gaza and outlines urgent recommendations to ensure proper medical care and nutrition assistance, accountability, and justice.

Limitations

This report focuses on the impact of three factors on maternal and neonatal health outcomes: (i) destruction of health infrastructure, (ii) restrictions on medical supplies, and (iii) acute malnutrition. It is important to acknowledge that the effects of these factors extend far beyond these groups. This report is limited in scope to maternal and neonatal health outcomes because of the immediacy of risk, these populations' particular and heightened vulnerability to harm, the availability of testimonial and medical evidence, and the established scientific literature linking famine conditions, acute malnutrition, and health system collapse to prenatal, postnatal, and neonatal mortalities and morbidities. While the medical analysis addresses broader aspects of reproductive health, including menstrual disruption and infertility, the testimonies analyzed in this report primarily reflect the experiences of clinicians providing obstetric and neonatal care, with the majority of these accounts focusing on women who presented for pregnancy-related care, delivery, or treatment of perinatal complications.[67] While the reproductive health of men and boys has also likely been impacted by the compounding factors of attacks on health and malnutrition in Gaza, these impacts are under-documented in the scientific literature and are outside of the scope of this report. Accordingly, this report does not capture the full spectrum of reproductive and sexual health impacts resulting from the systematic destruction of health infrastructure, restrictions on medical aid, and deliberate food deprivation.

Finally, due to the near-complete collapse of Gaza's health information systems, systematic data collection was severely limited, constraining the ability to obtain comprehensive, standardized maternal and neonatal health data. As a result, the report could not reliably compare key indicators – such as maternal mortality and infant mortality rates – between the pre- and post-October 7, 2023, periods.

Damage to oxygen stations and to the exterior of Indonesian Hospital, a facility that provides maternity services in north Gaza, following an attack on the hospital in December 2024

Findings

Three key intersecting factors harmed reproductive autonomy and health for Palestinians living in Gaza: (i) destruction of health infrastructure, (ii) restrictions on medical supplies, and (iii) acute malnutrition.[68]

The findings below indicate that the compounded impacts of these three factors have significantly contributed to the collapse of the conditions necessary for international minimum standards for reproductive health in emergencies to be met. *See text box: Standards of Nutrition and Reproductive Health Care*.

Standards of Nutrition and Reproductive Health Care

While humanitarian crises and conflict often pose risks to sexual and reproductive health,[69] technical experts, UN agencies, and humanitarian organizations have jointly developed well-established international standards that outline minimum and essential standards for the protection of reproductive health and nutrition in emergencies, including conflict settings.

Global humanitarian frameworks, such as the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings and its Minimum Initial Service Package, clearly define the essential services and supplies required to prevent excess maternal and neonatal deaths from predictable causes like hemorrhage, sepsis, and obstructed labor.[70] Under internationally recognized humanitarian standards, people affected by humanitarian crises, including armed conflicts, remain entitled to sufficient, safe, and culturally appropriate food to sustain their lives and health.[71] Additionally, humanitarian aid and services must be distributed equitably and based on need.[72] These standards require the design of food assistance programs that take into account the specific nutritional needs of pregnant and breastfeeding women and infants, ensuring adequate caloric intake and the establishment of predictable, reliable delivery systems for continuous access to food and nutritional support.[73]

Generally, Israel's Ministry of Health, at the national level, adopts higher standards, specifying nutritional and clinical requirements for pregnant women and recognizing them as a distinct group with specific health and nutrition needs.[74] Even during emergencies, including war, the ministry emphasizes the importance of supporting breastfeeding and ensuring that lactating women have safe and comfortable spaces to reduce stress and maintain their well-being.[75] These standards include ensuring pregnant women eat regular meals and increase their caloric intake as pregnancy progresses; advising regular tests, screening, and supplementation during pregnancy; and providing care for the newborn and mother during the postpartum period.[76]

Sexual and reproductive health often deteriorates in conflict,[77] but the complete collapse of reproductive health systems is not inevitable when humanitarian principles are respected. In other conflicts, when humanitarian corridors or limited aid operations are supported, parties can mitigate the worst outcomes.[78] In Gaza, the systematic targeting of health care infrastructure, the severe restrictions on medical supplies, and the deliberate deprivation of food with the resulting widespread acute malnutrition have significantly contributed to the collapse of the conditions necessary for international minimum standards for reproductive health in emergencies to be met.

Destruction of Health Infrastructure

The war in Gaza has severely damaged Gaza's already weak health care system, including reproductive and maternal health facilities. As a result, vulnerable populations such as pregnant and lactating women and newborns have been left with even more limited access to essential health services, despite increased health risks from active conflict.

Before October 7, 2023, 35 hospitals in Gaza were fully operational with 3,412 beds, providing health care to more than 2 million people living across Gaza's five governorates.[79] Gaza had eight neonatal intensive care units (NICUs) with a total of 178 incubators, which were already not enough to meet the population's needs. According to the UN Children's Fund (UNICEF), the number of incubators decreased by 70 percent, to 54 incubators, between October 7, 2023, and November 5, 2024.[80] According to the World Health Organization (WHO), as of March 14, 2025, maternity services were provided at eight out of 21 partially functioning hospitals and four field hospitals.[81]

The loss of these facilities harmed women of reproductive age, including pregnant and postpartum women, and newborns. As of October 2025, 25 percent of women of reproductive age lacked access to reproductive health care services such as prenatal care, postnatal care, and family planning, and 700,000 faced challenges in managing their periods due to a lack of supplies.[82]

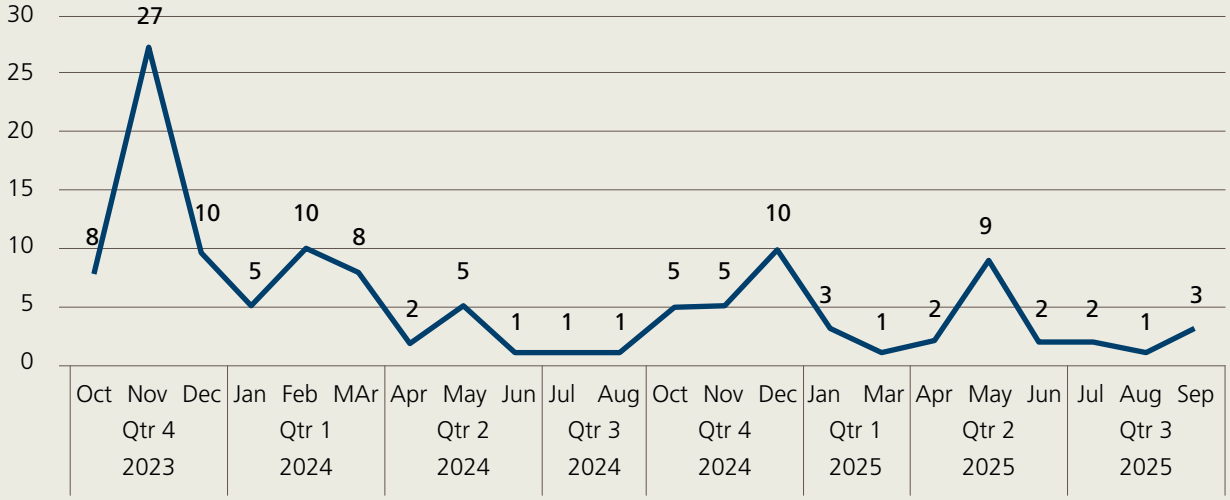
Prior to October 7, 2023, Gaza's official health statistics showed low maternal and neonatal mortality rates compared to regional standards, with 17.4 maternal deaths per 100,000 live births in 2022 and 26.3 deaths among children under five years old per 1,000 live births in 2023.[83] After October 7, 2023, systematic data collection has been severely limited, making it impossible to accurately estimate the impact of the conflict on maternal and neonatal mortality rates, though proxy indicators suggest an extremely negative impact. For example, between May and June 2025, the Palestinian Ministry of Health reported a 41 percent decrease in birth rates in Gaza compared to the same time in 2022, with a significant increase in miscarriages that affected more than 2,600 women. The ministry also reported that over 1,460 babies were born prematurely, while more than 2,500 were admitted to neonatal intensive care.[84]

Attacks on Medical Facilities

According to the WHO, as of October 31, 2025, there have been 840 attacks on health care in Gaza. Those attacks killed 991 people and injured more than 1,650, impacting 169 health facilities, including 34 hospitals.[85]

The massive damage to Gaza's health care system has impacted all levels of care, from trauma care to primary health care to maternity and pediatric services.[86] Despite extensive documentation by UN agencies, humanitarian organizations, and medical teams of the harm inflicted on Gaza's already fragile health system, attacks on health care continued throughout 2025.[87] Amid an intensified humanitarian blockade, which began in March 2025, 80 medical points and facilities that provide outpatient sexual and reproductive health services were affected by the conflict and 65 remain non-functional.[88] Graph 1: Number of Attacks on Maternity and Neonatal Medical Facilities Since October 2023, illustrates the number of attacks on maternity and neonatal medical facilities from 2023 through 2025.[89]

Number of Attacks on Maternity and Neonatal Medical Facilities in Gaza Since October 2023



Destroyed incubators and equipment at the Kamal Adwan Hospital Neonatal Intensive Care Unit in north Gaza, following the targeting and raid of the facility by the Israeli forces in December 2024 (February 2025).

Direct attacks on health care facilities offering or specializing in reproductive health care across Gaza have been extensively documented.[90] For over two years, Israel has repeatedly attacked hospitals providing broad reproductive services, as well as more specialized units.[91]

The UN Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel (UN COI) has found that Israeli forces have been responsible for most of the attacks on health care in Gaza and that such attacks have been part of the war tactic aimed at destroying Gaza's physical infrastructure, which has included deliberate targeting of health care providers and medical vehicles and limiting access to health care facilities by destruction or blockade.[92] Israel has justified these attacks by stating that these facilities were being used by Hamas for improper military purposes.[93] Health professionals who spoke with PHR and GHRC consistently reported that they did not witness signs indicating that any Palestinian armed groups used the medical facilities where they were working for improper military purposes.[94]

Regardless of the legal liability for these attacks, direct strikes on and damage to health care facilities offering or specializing in reproductive health care have been extensively documented, and all parties to the conflict must take into account the conditions of health care facilities in Gaza as part of their assessment of the appropriateness of an attack on any health care provider or facility.[95]

General Reproductive Health Care Services

Al-Awda Hospital, the primary reproductive health care facility operating in northern Gaza, was directly targeted repeatedly from November 2023 to January 2024, even though Médecins sans Frontières (MSF) had identified and shared the hospital's geolocation with Israeli authorities.[96] In April 2024, the maternity wards at the two remaining hospitals offering reproductive health care – Al-Shifa Hospital and Nasser Hospital – were directly attacked and rendered inoperative by Israeli forces.[97] The UN COI also identified Emirati Maternity Hospital and Sahabah Hospital as facilities that were specifically designated as reproductive health care facilities and were directly targeted or forced to cease operations.[98]

Attacks on Specialty Services

Additionally, Israeli attacks on facilities decimated specialty reproductive health services in Gaza. In December 2023, Israeli forces directly struck and rendered inoperable the Al-Basma in vitro fertilization (IVF) clinic, the largest IVF clinic in Gaza, which resulted in the destruction of 4,000 embryos and 1,000 sperm samples and unfertilized eggs.[99] GHRC documented that Al-Basma served 2,000 to 3,000 patients and carried out 70 to 100 IVF procedures per month before its destruction.

After being hit by Israeli airstrikes on October 30 and 31, 2023, Turkish Hospital, which was the only facility providing oncology services in Gaza, was forced to cease operation, leaving 10,000 cancer patients without treatment.[100] This ended the availability of already limited treatment for cancers that could affect reproductive health, such as cervical and ovarian cancer.[101]

A gynecologist who worked in Gaza summarized the impact of attacks against reproductive health care on pregnant women and families trying to conceive:[102]

> "All the fertility or the assisted reproduction units in Gaza were taken down. You're not just taking down human beings, you're taking down a hope of life."

Using UN reports and Airwars data, PHR and GHRC identified several incidents since January 2025; in addition, one significant incident was identified that occurred in December 2024, which was not included in the UN COI's report.[103] In these incidents, Israeli forces directly targeted facilities offering general or specialized reproductive health care services and their vicinities, rendering them temporarily or permanently inoperable.

On December 23 and 26, 2024, Kamal Adwan Hospital, which had been one of the few facilities providing emergency obstetric and neonatal care in northern Gaza, was targeted repeatedly with detonations of "booby traps" and "remote controlled vehicles carrying boxes of explosives," resulting in extensive damage to the facility and multiple injuries and deaths.[104]

In May 2025, Al-Awda Hospital, one of the few operational hospitals in northern Gaza, sustained damage due to airstrikes in its immediate vicinity between May 15 and 19, 2025.[105] On May 23, 2025, Al-Awda Hospital was directly hit by Israeli drones, resulting in the death of three medical staff.[106]

In May 2025, the Indonesian Hospital, another facility providing maternity services in northern Gaza, was attacked repeatedly by Israeli forces who destroyed the front gates, bulldozed the courtyard, and struck the generator, causing a fire and blackout.[107] The structural damage from the repeated attacks made the hospital partially inoperable.[108] During the attacks on Al-Awda Hospital and the Indonesian Hospital in May 2025, only seven hospitals and four field hospitals provided obstetric and newborn care.[109]

Additionally, Nasser Hospital, which provided maternity care in Khan Younis, was directly hit by Israeli strikes in March and May 2025, resulting in damage to the hospital's surgical unit and leaving inpatient and intensive care unit beds out of service.[110] On June 19, 2025, Nasser Hospital closed its maternity ward, which had treated 900 pregnant women and newborns in its last month.[111]

On September 28, 2025, Al-Helou International Hospital, which provided maternity services in Gaza City, sustained damage due to strikes in its vicinity.[112] No injuries were reported, however, these strikes and subsequent damage to the facility endangered the 12 newborns in the neonatal intensive care unit and two obstetric patients in the hospital at the time.[113] During the assault, patients and medical staff remained trapped in the facility, and MSF reported that patients had to be relocated to the basement, where one patient went into labor and experienced complications.[114]

UN COI Findings Related to Attacks on Reproductive Health Care: The UN COI's recent report found that Israel's targeting and destruction of Gaza's reproductive health care infrastructure has caused serious bodily and mental harm to Palestinian women and girls on an unprecedented scale, with around 50,000 pregnant women giving birth in high-risk and "inhumane conditions" and babies dying when forcefully abandoned in facilities that were targeted and attacked by Israel.[115] According to the report, as a result of Israel's violent acts, women and girls in Gaza are at a heightened risk of injury and death in addition to gender-specific harms relating to pregnancy, lactation, and maintaining menstrual hygiene and dignity.[116]

Attacks on Hospitals with Reproductive Health Care Capacity

Our research also identified examples of attacks on reproductive health care facilities by Israeli forces after December 2024. During these attacks, Israeli forces encircled health care facilities and prevented patients and medical personnel from entering or evacuating the facilities. These blockades were often accompanied by direct attacks on facilities.

May 15 to 29, 2025, Al-Awda Hospital

According to press reports, as Al-Awda Hospital faced heavy gunfire and repeated airstrikes from May 15 to 29, 2025, Israeli forces stationed themselves 900 meters from the premises and flew drones overhead, which would fire on anyone attempting to enter or leave the facility, including ambulances transferring patients, according to news reports.[117] Drones also are reported to have targeted any movement detected within the hospital.[118] On May 21, 2025, 47 patients – including 20 children and several pregnant women – and 140 medical personnel were trapped in the hospital with critically low medical supplies.[119] Al-Awda Hospital was forcibly evacuated by Israeli forces on May 29, 2025 after the facility was blockaded, with no justification or warning given ahead of time.[120] According to the hospital's director, Israeli forces "informed us that either we evacuate the hospital immediately or they will forcibly evacuate it."[121]

May 16 to 18, 2025, Indonesian Hospital

A similar strategy was employed by Israeli forces during their assault on the Indonesian Hospital in May 2025. After the hospital was attacked repeatedly from May 16 to 18, 2025, Israeli forces stationed themselves 500 meters away, surrounding and blocking access to the facility.[122] Like the blockade of Al-Awda Hospital, Israeli drones allegedly flew over the Indonesian Hospital, monitoring movement in and out of the facility.[123] According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), patients were unable to enter the hospital and two patients were injured attempting to leave.[124] One drone strike killed an individual inside the facility.[125] Israel claimed that it was "operating around the hospital and targeting Hamas infrastructure but that troops had not entered the facility and ambulances were allowed to move."[126]

December 2024, Kamal Adwan Hospital

In addition to blockades, PHR and GHRC identified incidents where Israeli forces raided reproductive health care facilities, resulting in structural damage to the facility and its departments as well as medical equipment and supplies. After the assault on Kamal Adwan Hospital at the end of December 2024, Israeli forces raided the facility. The raid caused severe damage to the facility's laboratory, surgical unit, and medical store.[127] On December 28, 2024, Kamal Adwan Hospital was rendered out of service until the end of February 2025, when it began receiving and treating patients. However, its director, Dr. Hussam Abu Safiya, remains in Israeli detention.[128] On March 2025, UNICEF reported that approximately 4,000 newborns in Gaza could not access lifesaving health care due to the impact of the conflict on medical facilities.[129]

A health care provider interviewed by PHR and GHRC who visited Kamal Adwan Hospital in early 2025 described how the facility looked after being attacked and raided by Israeli forces:

> "Kamal Adwan was repeatedly attacked and raided. Patients had been killed in the facility by artillery and tanks. Health care workers have been killed in the facilities. And then there was a sort of final raid. We walked through [the hospital] and it was chilling. I've never walked through a health care facility that has been a target of war. All this was deeply foreign to me, but walking through one that has burned was especially chilling. It was just toxic. There is this poisonous smell in the air, acrid smoke still hanging, everything burned and charred, crunching medication vials under our boots. Kamal Adwan had one of the only functioning neonatal ICUs in the North at the time. We walked through the neonatal ICU, which hadn't been burnt, but had been destroyed. There were sort of incubators that had been smashed and strewn about."

These patterns of violence committed by Israeli forces against reproductive health care facilities caused significant damage to these facilities, resulting in their temporary or permanent closure, affecting the availability of and access to lifesaving reproductive and neonatal services for an already vulnerable population, straining the limited number of operational facilities, and overwhelming the remaining health care workers with patient loads far exceeding their capacity.[130]

Restrictions on Medical Supplies

In addition to attacks that impeded the functioning of health facilities, Israel has also greatly restricted entry of different types of medical supplies into Gaza, further limiting the functionality of an already damaged system to meet the reproductive health needs of women and newborns.

PHR and GHRC's previous research has shown that Israel's restrictions on medical supplies are extreme, inconsistent, and deliberately opaque.[131] A broad range of essential items, from medications to non-pharmaceutical products, have been denied under the "dual-use" designation or delayed under unclear bureaucratic policies.[132] Israel's denial of items with medical end use is not in line with standards for "dual-use" items set by international export and sanctions regimes, which contain detailed language clarifying that items on their "dual use" lists that are intended for medical purposes are not subject to import and export control.[133]

Those denials have not been limited to isolated shipments, but were arbitrarily enforced at land crossings, leaving medical teams unable to bring clinically necessary items – including those specifically for reproductive health care – into Gaza. Volunteer health care providers and humanitarian partners reported repeated denials or extended delays for anesthesia and strong analgesics; surgical instruments; contraceptives and hormonal medications; oxytocin and other obstetric emergency drugs; point-of-care testing; ultrasound equipment; and basic infection-control supplies, such as sterilization equipment, sutures, dressings, and antibiotics.

Restrictions on baby formula entering Gaza provide a striking example of the arbitrary and deliberate denials of humanitarian aid, encompassing both food and medical supplies, which resulted in foreseeable harm to newborn health. While breastfeeding remains the safest and preferred method of infant feeding, including in humanitarian emergencies,[134] health care providers reported that extreme conditions in Gaza, including severe stress, dehydration, war injuries, and maternal anemia resulting from extreme food insecurity and malnutrition, have compromised lactation for many mothers despite clinical support to initiate and maintain breastfeeding. In situations where breastfeeding was not possible or sufficient, premature babies and those born with medical issues or low birth weight were unable to get age-appropriate therapeutic formulas, even with a valid medical indication. These specialized formulas were already scarce due to restrictions on humanitarian aid and the humanitarian blockade between March and May 2025.[135] Even after the ceasefire agreement, in October 2025, infant formula remains in short supply.[136] This shortage forced parents to turn to harmful coping practices, such as feeding infants complementary food that is unsuitable for their age, despite the potential health harms.[137]

A gynecologist who worked in Gaza in the summer of 2025 explained the situation she witnessed in one of the neonatal intensive care units:

> "The lack of infant formula, if they needed a special infant formula, was evident. The availability of breast milk was noted to be decreased by the neonatologists. But also I could see in each baby, I was able to track their growth and read their charts. There was a documented acute shortage of both mothers that were able to breastfeed, which is when not possible, would require supplemental nutrition for babies that are already at risk. And the lack of that nutrition was noted. So it's not just formula, it's also the specialized nutrition needed for babies that couldn't take a bottle."

On September 19, 2025, the Coordinator of Government Activities in the Territories (COGAT) said that Israel allows entry of vital baby foods into Gaza and that Hamas was stealing baby food to profit from reselling to the public.[138] Similarly, health care providers entering Gaza witnessed restrictions on baby formula being imposed by the Israel Defense Forces (IDF) firsthand. In April 2025, UNICEF also reported that complementary food for infants had run out due to the humanitarian aid blockade.[139] In one example, an Israeli officer confiscated powdered baby formula that had been packed in a health care worker's luggage.[140] A health care provider who visited Gaza following the complete blockade in May 2025 described the instructions they received from the IDF via WHO, including not to bring baby formula, to ensure they were able to pass Israeli checkpoints and enter Gaza.

> "We were specifically told not to bring baby formula with us, because it was not allowed. We were specifically told not to bring antibiotics or pain medications with us because it is not allowed by the Israeli soldiers, and if we're caught, we risk being basically denied entry."

Even when infant formulas were permitted to enter Gaza, only limited quantities of generic, non-specialized products were available. This was insufficient to meet the diverse nutritional and medical needs of newborns. A neonatologist who worked in Gaza explained that the absence of specialized baby formulas for premature infants forced health care providers to rely on a single, inadequate option for all newborns:

> "Prior to the war, there were different formulas for different situations. So formula for a preterm baby is different from a formula that you give term baby with the amount of fortifier. So to increase the caloric content, formulas are customized based on the degree of prematurity. They didn't have fortifier. They may have had some ready-to-feed formulas with a fortifier, but they're

not customized to the patient's needs. It's just like one for all, whether the baby is preterm or term, but the degrees of prematurity can vary drastically. You're just feeding all these babies the same."

Baby formula serves as a therapeutic substitute for breastmilk when breastfeeding is not possible under very specific clinical indications.[141] In these circumstances, access to appropriate formula, clean water, and sterile supplies for its preparation is critical for the infant's survival and well-being. The lack of baby formula, with the absence of breastmilk as the primary source of nutrition, leaves infants at severe risk of malnutrition, dehydration, and death during their most vulnerable developmental period. This is why standards for humanitarian aid during famines prioritize supporting nursing mothers with adequate nutrition and providing safe alternatives like therapeutic feeding programs and medical intervention when breastmilk substitutes are the only acceptable and available option for the infant's survival.[142] Restrictions on baby formula are among the most powerful examples of the complex and unprecedented supply challenges humanitarian organizations face in Gaza.

A lack of supplies ultimately harms the quality of care that health care workers can provide. According to MSF, the quality of health care their medical teams have been providing inside Gaza could "have been significantly improved under better supply conditions."[143] The severe shortage in some basic supplies forced the organization to stop distributing hygiene kits to postpartum mothers as well as essential items such as sanitary pads, soap, and other basic products needed for maternity care. In their August 2025 report, MSF highlighted the onerous process of moving medical supplies into Gaza, noting that shipments are subject to constant and unexpected delays, multiple layers of inspection, poor storage conditions at inspection points, and the risk of restarting the entire process if a single item is rejected.[144]

The shortages in medical supplies have forced health care providers to delay lifesaving interventions and resort to unsafe alternatives, with severe consequences for civilians, particularly pregnant and lactating women, newborns, and infants.[145] Humanitarian organizations and health care providers reported that Israel's obstruction of shipments has led to preventable maternal and neonatal deaths, increased complications during delivery, and forced medical staff to make impossible choices to ration limited supplies.[146]

It was particularly difficult for health care workers because they were acutely aware that if supplies had been available, these newborns would have had a much better chance of survival. As one pediatrician who worked in Gaza in the spring of 2024 reported:

"There was a lack of medicines in general; they just didn't have adenosine or prostaglandin. These medications are lifesaving medications."

The cumulative impact of these restrictions has left already overburdened medical facilities struggling to provide reproductive and neonatal care without essential drugs, sterile equipment, or anesthesia. For pregnant and lactating women and their infants, these shortages have transformed manageable complications into life-threatening emergencies and rendered otherwise treatable conditions frequently fatal.

Deliberate Food Deprivation and Acute Malnutrition

The harm caused by a decimated health care system has been compounded by deliberate restrictions on food. Israel has long implemented policies and practices to limit the ability of people living in Gaza to obtain and produce food.[147] Hamas has also exacerbated conditions with steep taxes on food and poor governance.[148] Even before the current conflict, nearly two-thirds of Palestinians living in Gaza were considered moderately or severely food insecure and required food aid. Longstanding Israeli policies, such as those restricting the entry of "dual-use" items, have restricted the import of types of food and necessary food-growing implements.[149] These actions have made access to healthy food for sustained periods nearly impossible.

The start of the war in October 2023 and the resulting restrictions have led to a new level of food and medicine deprivation.[150] Between October 2023 and the imposition of the complete humanitarian aid blockade in March 2025, Palestinians living in Gaza experienced massive and frequent internal displacement caused by Israel's military operations and evacuation orders. These conditions have made it nearly impossible for Palestinians in Gaza to produce their own food.[151] At the same time, restrictions on shipments entering Gaza limited the quantity of food available for purchase, which subsequently led to drastic price increases for basic food due to scarcity, making purchasing food exceedingly difficult.[152]

The complete humanitarian aid blockade imposed by Israel in March 2025 continued until May 20, 2025, at which time Israel permitted extremely limited quantities of aid to enter Gaza.[153] However, humanitarian aid access to the Gaza Strip continued to be highly restricted. After Israel partially lifted the blockade, the UN announced a five-point aid plan to ensure delivery of aid to Gaza.[154] At that time, the UN stated that "[t]he personnel, the distribution networks, the systems and community relationships [are] in place to act…160,000 pallets, enough to fill nearly 9,000 trucks – are waiting."[155]

A health care provider who worked in Gaza during that period described the dire lack of food and the desperate conditions faced by the population:

> "A 28-year-old female was telling me; she lives in a tent. They used to have four homes, they all got bombed; they used to have three grocery stores, all got bombed. And now they live in a tent, because that's all they've got. And she was like; I have not eaten in three days. And these people were staying in the hospital…there was no food. We were not providing patients anything, not even a meal."

Israel, backed by the United States, established the Gaza Humanitarian Foundation (GHF) in February 2025 to bypass UN-supported distribution systems and coordinate aid distribution through four hubs located in central and southern Gaza. Israel claimed that the establishment of GHF was necessary because of the diversion of aid provided through UN channels by Hamas.[156] This claim has been widely rejected as false, including by some senior Israeli military officials.[157]

The Israel-U.S. distribution plan through GHF was criticized by UN officials as "engineered scarcity"; with the aid allowed into Gaza by GHF characterized as far from enough to meet basic needs of Palestinians in Gaza and the minimum requirements of international humanitarian standards.[158] The significant increase of violence and death caused by the GHF aid delivery system has also raised alarm, with UN experts and other international aid organizations consistently warning that the militarized aid for civilians "has turned aid distribution into regular bloodshed".[159] The October 2025 International Court of Justice advisory opinion also found that the food distribution system established through GHF was far from adequate to meet Israel's obligations under international humanitarian law.[160] In late November 2025, GHF announced that it was permanently closing.[161]

GHF's delivery model made it very difficult, if not impossible, for children, pregnant and lactating women, and people with disabilities to access food.[162] They had to cross through dangerous and destroyed locations, including areas within the Israeli line of fire, to reach only four GHF distribution locations. Once there, aid distribution was uncontrolled and was offered on a first-come, first-served basis, with reports that the military fired on aid seekers as crowd-control measures.[163] Reports and testimonies indicate that food deliveries, instead of providing relief, had been accompanied by mass-casualty events.[164] Since May 27, 2025, and as of September 2, 2025, at least 2,146 Palestinians were killed while seeking food with 1,135 of those killed being near GHF distribution sites and 1,011 along the supply roads.[165]

A health care provider who worked in Gaza in the summer of 2025 described how GHF's food distribution points were widely known to result in deaths and injuries among people simply trying to access humanitarian aid. Doctors described receiving mass casualties with over 200 patients at one time, all from GHF sites, most of whom had suffered gunshot wounds.

> "[We responded to] mass casualties most days. The staff [tells you] if there was a food distribution scheduled at a GHF [location] and they tell you what time it was going to be at and they said that's when the mass casualty will happen and…it seemed to inevitably happen."

Extreme Israeli limitations on access to food for Palestinians living in Gaza have led to a man-made famine. In July 2025, the Integrated Food Security Phase Classification (IPC)[166] confirmed that at least two of the three thresholds for famine have been reached in Gaza with widespread acute malnutrition in most of the Gaza Strip, particularly Gaza City, and hunger-related deaths are increasing.[167] Eighty-one percent of households in Gaza have reported poor food consumption, and in July 2025, 24 percent of households reported experiencing very severe hunger.[168]

"Every single woman I've seen pregnant or not was malnourished," said one gynecologist who worked in Gaza in February 2024.

As of July 2025, UNICEF has placed the entire population of children in Gaza under age five (over 320,000) at risk for acute malnutrition.[169] In Gaza City, from April to July 2025, over 20,000 children were hospitalized for acute malnutrition.[170] More than 3,000 of those hospitalized children were reported to be severely malnourished.[171] With Gaza reaching such a level in a few months, it underscores the severity and magnitude of this crisis. The UN COI has established that starvation has been used in Gaza as a weapon of war.[172]

As of September 2025, the IPC declared that IPC Phase 5 (Catastrophic food insecurity) has been confirmed in Gaza governorate, with more than 640,000 of the 1.98 million people in Gaza falling in that level, 1.14 million falling in Phase 4 (Emergency food insecurity), and the remaining 198,000 facing Phase 3 (Crisis level of food insecurity).[173] Underlying the findings of acute famine is the fact that the entirety of Gaza has been at IPC Phase 4 for more than a year.[174] At that level, more than 20 percent of the households were already facing malnutrition, extreme hunger, and related high mortality.[175] See Image 2; The IPC Acute Food Insecurity Scale.

IPC Phase 1 None/Minimal	IPC Phase 2 Stressed	IPC Phase 3 Crisis	IPC Phase 4 Emergency	IPC Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unstainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: Have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: Have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households experience an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.

Source: The IPC Famine Fact Sheet. Last Update October 2025

Physiological Impacts of Acute Malnutrition on Women and Newborns

Clinicians deployed to Gaza and interviewed by PHR and GHRC observed widespread physiological signs and symptoms of acute malnutrition, including disruptions to menstruation, pregnancy, and lactation, as well as impacts on infants' survival. These effects are consistent with the known medical mechanisms of acute malnutrition and starvation and their impact on reproductive health. *See Table 1: Physiological impacts of acute malnutrition on fertility, pregnancy, childbirth, lactation, and infant health.*

For further detailed information on the medical literature related to the physiological impacts of acute malnutrition on women and newborns, see Annex: Health Consequences of Starvation Compounded by Limited Access to Health Care.

Table 1: Physiological impacts of acute malnutrition on fertility, pregnancy, childbirth, lactation, and infant health

	MEDICAL EFFECTS OF ACUTE MALNUTRITION
Impact on fertility	Reduced ovulatory maturation, amenorrhea, and increased infertility.[176]
Impact on pregnancy	Acute malnutrition increases the risk of intrauterine growth restriction, low neonatal birthweight, preterm birth, and birth defects.[177] Early-life famine exposure during childhood and adolescence is associated with poor mental health, including schizophrenia and depression, a high rate of type 2 diabetes, and coronary heart disease.[178]
Impact on delivery and labor	Increased risk of antepartum and postpartum hemorrhage, sepsis, and need for cesarean or assisted delivery.[179]
Impact on lactation	Altered breastmilk composition.[180]
Impact on infants	Acute malnutrition results in stunting (permanent impaired weight gain and development that causes adverse functional consequences) and wasting (severe and life-threatening weight, muscle, and fat loss). Exposure to famine increases the risk for chronic diseases and result in increased mortality from infection, gastrointestinal disorders, and respiratory system diseases.[181]

Acute malnutrition and severe food insecurity have profound effects on women of reproductive age, particularly those seeking to conceive.[182] Prolonged undernutrition disrupts the body's hormonal balance, leading to irregular or absent menstrual cycles and reduced fertility.[183] In response to acute malnutrition, the body prioritizes survival over reproduction by conserving energy and suppressing the processes required for ovulation and conception. As a result, women experiencing prolonged hunger often face infertility and other reproductive health complications linked to hormonal disruption and nutritional deprivation.[184]

Many health care providers noted that women frequently presented with menstrual irregularities, including amenorrhea (the absence of menstruation), linked to malnutrition. For example, one provider who worked in Gaza in the spring of 2024, prior to the complete humanitarian aid blockade, described observing firsthand how malnutrition disrupted women's reproductive health.

> "[W]e clinically saw it in women not having periods because they're so severely malnourished."

Another health care worker who worked in Gaza in February 2024 spoke of the serious complications arising from malnutrition compounded by prolonged and irregular bleeding among women who had no access to menstrual products, clean water, or medications to manage infection.

> "I saw a woman who'd been bleeding for three months without access to anything. She ended up being anemic. She's still bleeding, and that is because of the sanitary conditions that led her to developing infections, vaginal infections, urogenital infections, and she ends up [having] a recurrent case of infection."

Nutritional Deficits in Pregnancy

During pregnancy, women need more food and nutrients to maintain their own health and support the growth of the fetus.[185] When food is scarce and essential nutrients are lacking, women become weak, anemic, and more vulnerable to infections and other illnesses. Acute malnutrition forces the body to break down its own tissues for energy, leaving even fewer nutrients for the developing baby.[186]

As a result, famine conditions greatly increase the risk of serious complications, including miscarriage, preterm birth, and life-threatening conditions such as high blood pressure and severe bleeding during childbirth.[187] The rate of miscarriages increased by 300 percent in Gaza between October 2023 and July 2024, according to the International Planned Parenthood Federation.[188] These harms are intensified when women cannot access regular medical care or adequate nutrition throughout pregnancy.

Interviewed health care providers who interacted with pregnant women reported seeing severe cases of anemia that impacted women's health and well-being. An emergency physician who worked in Gaza in 2025 before the complete blockade shared:

> "Mothers were very anemic…it was obvious that they were paler than they should have been and weaker and more tired. And we kept hearing over and over again that 'I'm just really tired. I'm really tired, I'm exhausted.' And you would take kind of those basic measurements and say, okay, well yeah, your hemoglobin is really low and that's why you're really tired and maternal anemia is obviously dangerous to [the] fetus because your red blood cells are what carries oxygen to your growing fetus."

A health care provider recounted treating a woman with severe anemia, whose hemoglobin level had dropped to a critical 4.3 g/dL, less than half the clinical pregnancy cutoff of 10.5 g/dL typically used to diagnose anemia.

> "[W]e did a blood test for every pregnant woman who came in either towards her third trimester or when she came in for delivery. I can roughly tell you that most of the women we saw were iron-deficient. Most of these women were anemic. We had a woman come in one day, and she was a bit paler than the others… And then we do a blood test. She's 32 weeks pregnant and she's walking with a hemoglobin (HB) of 4.3. How can a human being walk with an HB that's 4.3?"

Acute Malnutrition and Lack of Access to Pre- and Post-Natal Care

Clinically, labor and delivery are among the most demanding physical experiences in a woman's life.[189] When women are weakened by hunger, dehydration, and malnutrition, their bodies are less able to cope with the stress of giving birth. Under acute malnutrition and stress conditions, women face a much higher risk of preterm labor, complications during delivery, and the need for emergency procedures such as cesarean sections.[190] Acute malnutrition and stress also contribute to prolonged or difficult deliveries that can result in stillbirth or death for both mother and child.[191] Without access to emergency obstetric care, blood transfusions, and basic infection control, what would normally be manageable complications become life-threatening.[192]

Health care providers working in Gaza described the extreme psychological distress experienced by pregnant women, noting how trauma and fear have become inseparable from the process of giving birth. Many women entered labor already in a state of profound shock after witnessing violence or losing family members, which severely affected both their mental health and the course of their labor. As one midwife who worked in Gaza in the summer of 2024 recounted:

> "A woman came in. And she was really in agony and screaming, but her cries didn't seem like someone just in labor. There was something more that's happening. So, it turned out that she had witnessed her husband and five children die as a result of a raid and then she was in labor with her sixth baby and obviously she was just howling. And because it was the sixth delivery, she was eight centimeters dilated. She was in transition. So, we were about to deliver the baby. Luckily, we had some medication, and we were able to sedate her after she had the baby because it just was like the trauma and the pain that she was going through and the suffering that she had to endure while she's giving birth. It wasn't the safest. Obviously, this was a psychological condition [from shock], it's really something I've never seen before. And midwives and the doctors, they were like, this is not the first time we've seen this. This is unfortunately a recurring event."

Health care workers saw the impact of malnutrition and lack of access to prenatal care in the number of preterm deliveries and cesarian sections that were required. Decisions to use surgical interventions were difficult to make because of the lack of medical supplies and equipment, as well as the lack of sanitation and infection control, which health care workers

saw all around them and knew would lead to poor outcomes for preterm babies and their mothers. One gynecologist who worked in Gaza during the summer of 2025 recalled:

> "[We were] rounding on a pregnant patient who was probably about 33-34 weeks with complications, and the discussion [was whether] we deliver her now or try to get another week knowing that she's at increased risk of infection and sepsis. [But we are] putting her and her baby at risk knowing that they need more beds because everything was full and above capacity. As we are rounding deciding whether to deliver her, the window is open, and we have a clear view, and we hear the very distinctive sound of an explosion. Immediately, I look outside and see a massive explosion just a block away. Thinking about bringing life into this now is a daily concern that everybody has…that really struck me. That these conversations are happening with bringing new life into the world. And meanwhile, these are the conditions, not to mention this acute shortage of food and formula, if the baby needed the formula."

Health care workers repeatedly emphasized that women's nutritional deprivation, extreme stress, and lack of medical support severely compromised postpartum recovery and their ability to care for their newborns. As one pediatrician who worked in Gaza in spring 2024 explained:

> "When you have multiple children, for example, or just the fact that you're living in a tent and you have a ton of things to worry about getting water, getting food, it's really hard to get moms to be able to afford the time to come in and spend time with their babies and give them the care that they need to, especially when you're in a NICU that doesn't have enough nursing staff to take care of your baby all the time. So yeah, I would say one, maternal health was affected by malnutrition; two, stress factors from the conflict leading to likely increased risk of preterm birth; three, inadequate growth of your fetus prior to birth – babies were in general on the smaller side; and four, postnatal care with kangaroo care was affected. The ability to be present for your baby while in the ICU was definitely affected."

Even when pregnant women managed to carry their pregnancy successfully, the collapse of the health system made it impossible to provide women with the care they need post-delivery, subjecting them to life-threatening complications that otherwise would be preventable and treatable. Health care providers working in Gaza repeatedly described the compounding effects of malnutrition, overcrowded hospitals, and lack of resources on maternal outcomes. One obstetrician explained:

> "These women go home two hours after giving birth because I don't have space to accommodate them for longer, because we need a space to accommodate the next woman who comes in labor. So basically, I have to let go of every woman after giving birth two hours later. And that led us to getting women who have delivered, let's say, in a public hospital, coming to us with secondary postpartum hemorrhage because she had to go home two hours later."

Acute Malnutrition and Lactation

Famine and acute malnutrition have devastating effects on women's health during pregnancy, childbirth, and the postpartum period, with significant implications for breastfeeding. The severe maternal malnutrition in Gaza, which is often accompanied by micronutrient deficiencies, dehydration, severe maternal anemia, and extreme mental and physical stress, can compromise the lactating woman's overall health, her ability to initiate and sustain breastfeeding, and the milk composition.[193] Acute malnutrition also weakens mothers, slowing their recovery after childbirth and putting both their own health and their infant's survival at risk.[194]

Health care providers described how food insecurity and cumulative stress of conflict directly undermined women's ability to breastfeed, even when they had successfully breastfed in previous pregnancies. A nurse who worked in Gaza in May 2024 reported:

> "We saw it in women who were having miscarriages, women who weren't lactating, because when you're pregnant or lactating, your caloric intake requirement increases. And these otherwise healthy women with no comorbidities were not producing any breastmilk, even though they had in previous pregnancies."

Health care providers also witnessed and described widespread disruptions in lactation and the potential consequences for newborns. A physician who worked in Gaza in December 2024 described how the inability to breastfeed infants resulted in harmful coping mechanisms:

> "There were babies that were brought to the emergency room because they were being fed sugar water because mom had no milk to produce and couldn't find formula."

Outcomes for Infants

Maternal health is inseparable from fetal and infant well-being. When pregnant women are malnourished, they are more likely to give birth to premature or underweight babies

who struggle to survive and develop normally and rely on additional basic supplies and medications for survival.[195] In July 2025, UNICEF reported that one in five newborns in Gaza was born premature or underweight.[196] These infants face higher risks of infection, poor growth, and developmental delays due to a lack of essential nutrients. Micronutrient deficiencies due to extreme food insecurity and acute malnutrition also have a direct impact on breastfed infants' health and development, especially during the first six months of life.[197]

An interviewed neonatologist shared the compounding effects of malnutrition, stress, and attacks against health care on health outcomes for premature babies:

> "I saw a lot of preterm babies. Babies born anywhere from 28 to 33 weeks. We had a baby that had suffered a brain injury from a lack of oxygen during delivery. That baby did not get the treatment that baby needed or standard of care because they didn't have the right equipment to take care of that baby. And also because Al-Shifa [hospital], [which] would've been where the baby would've been transferred to, was destroyed."

Health care providers highlighted the impossible decisions clinicians faced when caring for premature infants without functioning NICUs or essential supplies. The neonatologist recalled:

> "So even before I got there, you could tell they had already triaged this baby and essentially said, okay, this baby is going to pass away. We don't have the resources to keep this baby alive. That decision has already been made. We had already gone down that pathway. We did our best to keep the baby alive as much as possible because the mom still hadn't met her. And so I put an umbilical line in that baby to get IV access when she lost her IV access, and we were able to keep her alive enough, long enough for the mom to see her. And then after I left, I received word that, yeah, the baby had naturally passed away."

The loss of medical infrastructure left providers acutely aware that many infants could have survived under normal circumstances. Before October 7, 2023, Al-Shifa Hospital's neonatal intensive care unit was able to provide effective care for preterm infants, achieving positive outcomes. According to a former obstetrician-gynecologist who worked at the hospital, infants born after 34 weeks had "very good" outcomes, those at 32-34 weeks had "good" outcomes, and even babies as young as 30-32 weeks had "not bad" outcomes. This lifesaving capacity for this vulnerable group of infants has been largely destroyed over the past two years. The neonatologist shared:

> "I had babies that would've survived if they had proper supplies that we had [in other countries]. A baby that was born in 25 weeks that we essentially kept alive because it was the only surviving family member for the mom, who went into preterm birth after her house was bombed, and all her family members were killed. She survived, and her baby survived via a C-section, but the baby will ultimately die a week after. They don't have the supplies to keep this baby alive. …But in the context of being in Gaza at that time, they don't have the capability of keeping that baby alive because they didn't have parental nutrition, like customizable parental nutrition. They're triaging their own ventilators, trying to keep a 25-weeker alive in that scenario and sacrificing a ventilator for that baby when you only have a limited supply and have limited supply of breathing tubes. The chances [of] that baby surviving in general was very low because they didn't have things like surfactants. They didn't have, again, specialized nutrition."

Clinicians' testimonies show how three intersecting factors have created compounded harms. Israel's destruction of Gaza's health infrastructure, its severe restrictions on medical supplies, and its deliberate deprivation of food have created an interconnected cycle of harm that devastates reproductive health. The collapse of hospitals and clinics prevents the delivery of safe and lifesaving health care; the absence of essential medicines, sterile equipment, and neonatal supplies renders treatment impossible even where facilities remain partially functional; and widespread malnutrition weakens the bodies of pregnant and lactating women, increasing the risk of complications that can no longer be managed. These factors reinforce one another, with each one deepening the impact of the others, producing overlapping and compounding pathways of suffering that transform preventable maternal and neonatal complications into predictable deaths.

Analysis of Foreseeable and Preventable Harms to Reproductive Health in Gaza

The biological and medical consequences of food deprivation and famine, health system destruction, and limited medical supplies in Gaza were predictable and foreseeable. The pathways of harm – from menstrual disruption and infertility to pregnancy complications, preterm labor, postpartum hemorrhage, and infant malnutrition – are well-documented in decades of medical research. *See Annex: Health Consequences of Starvation Compounded by Limited Access to Health Care*.

The Israeli government has recognized the importance of nutrition and access to health care as essential to maternal and newborn health in the standards of care laid out by the Israeli Ministry of Health for pregnant and lactating women and newborns, even in conditions of war and natural emergency.[198] Furthermore, the government of Israel has recognized the importance of provision of humanitarian aid to support civilians in other crises around the world.[199] The consequences of food deprivation, restriction of humanitarian supplies, and destruction of health care are precisely the foreseeable negative impacts that Israel's own policies and practices aim to avoid, demonstrating awareness of the harmful results of these tactics.[200]

Multiple organizations, including the World Health Organization (WHO), UN Office for the Coordination of Humanitarian Affairs, UN Relief and Works Agency for Palestine Refugees in the Near East, Oxfam, the UN COI, and others documented and warned of the distinct impact of the conflict, malnutrition, and reduced access to health care on women and newborns.[201] These policies and practices also violate recognized humanitarian obligations, making the resulting maternal and neonatal suffering the predictable outcome of disregarded humanitarian norms.

The testimonies of health care workers confirm that acute malnutrition and its predictable harms to reproductive health are occurring in Gaza, despite the government of Israel's consistent denial. These are not speculative, projected harms, but harms that were foreseeable, have already occurred, are ongoing, and will continue to unfold over the coming months and years unless urgent and consistent intervention is made. In Gaza, health care workers are seeing patients experiencing delayed menstruation, dangerous pregnancy complications and births, and an inability to produce breast milk; infants are dying from dehydration and preventable complications; and those who survive are left with long-term physical and psychological consequences. The destruction of Gaza's health infrastructure, combined with restrictions on food and medical supplies including baby formula, has created an environment in which the fundamental biological processes of reproduction and survival have been systematically destroyed, resulting in known and foreseeable harm, pain, suffering, and death.

Cardiologist Dr. Marwan Sultan, then Director of the Indonesian Hospital in north Gaza, in February 2025 showing damage to hospital equipment following an Israeli attack on the facility a few months prior. In July 2025, Dr. Sultan was killed in an Israeli strike on the apartment where he was sheltering with his family

Typology of Harms

Women and children in Gaza have experienced specific harms that implicate specific legal frameworks and pathways for justice, accountability, and reparations, which are enumerated below.

Serious Physical and Bodily Harm

The report reveals the serious physical and bodily harm inflicted on civilians in Gaza due to Israel's deliberate destruction of medical infrastructure, denial of humanitarian aid, and campaign of starvation, particularly for women of reproductive age; pregnant, postpartum, and lactating women; and infants.

Women of Reproductive Age

Women of reproductive age have been denied essential health care and supplies, including products for menstrual hygiene.[202] The serious health risks associated with this denial are compounded by acute malnutrition's impact on women of reproductive age, particularly on those who are seeking to become pregnant. Acute malnutrition can cause irregular menstrual cycles, impaired ovulation, higher risks of infertility, and the inability to carry a pregnancy to term.[203] Irregular menstrual cycles can lead to prolonged bleeding, which, along with limited access to menstrual hygiene and clean water, can result in recurrent infections that cannot be treated due to the lack of medication, with lasting impacts on health and long-term infertility.

Pregnant and Postpartum Women

The intentional targeting and destruction of medical facilities, including those providing reproductive and maternal health care, along with severe restrictions on medical supplies – including essential items for safe labor and delivery such as anesthesia, obstetric emergency drugs, ultrasound equipment, wound care supplies, antibiotics, and infection control materials – have caused serious, preventable harm to pregnant women throughout their pregnancies, including during labor and delivery.[204] Pregnant women have also been denied basic postpartum care, including maternal and fetal monitoring, due to limited hospital capacity, which increases the risks of sepsis, hemorrhage, and other serious postpartum complications.[205] Denial of access to appropriate medical care during pregnancy and labor, including the increased need for emergency obstetric care, can also impair future reproductive capacity and fertility.

Pregnant women are also at a higher risk of physical harm due to malnutrition. Acute malnutrition, dehydration, and micronutrient deficiencies, coupled with conflict-related stress, raise the likelihood of health complications and high-risk pregnancies, including increased susceptibility to infection and hemorrhage; preterm, prolonged, or complicated labor; and adverse pregnancy outcomes such as miscarriage or stillbirth.[206] Acute malnutrition during the postpartum period can impair recovery, including delayed wound healing and increased infection risk. Acute malnutrition also has profound implications for fetal health, growth, and development.[207]

Lactating Women

Food insecurity, dehydration, micronutrient deficiencies, and physical and mental stress have serious health consequences for lactating women, impairing not only their own maternal recovery due to the inability to meet their increased nutritional needs, but also the quality and volume of their breast milk, with serious health consequences for their newborns.[208]

Infants

Newborns in Gaza face serious, often life-threatening, physical harm due to the adverse medical conditions their mothers experience during pregnancy and labor, including health vulnerabilities caused by impaired fetal development and prematurity.[209] Harm is then further compounded by the lack of essential, specialized medical supplies and facilities for newborns, such as neonatal intensive care unit (NICU) services and equipment, which inhibits the ability to provide appropriate medical care to infants.[210]

Malnutrition has particularly severe consequences on the health of newborns. Poor quality breast milk leads to insufficient nutrient intake for newborns, with long-term implications for infant development and health, particularly in the first six months of their life.[211] Risks to infant health are compounded by restrictions on baby formula, including specialized formulas, by the lack of access to clean water needed to prepare formula where available, and by the health consequences of introducing inappropriate foods as a coping strategy. The UN Population Fund has found that "thousands of newborns face the risk of death or irreversible health damage."[212]

Harm to Reproductive Capacity

Conditions in Gaza – ranging from limited access to reproductive health care and the deliberate targeting of health care infrastructure, including reproductive health facilities, to serious physical and mental harms that hinder fertility – have all directly and indirectly compromised the reproductive capacity of Palestinians in Gaza. The destruction of reproductive health facilities and restrictions on essential medical supplies have directly affected women's ability to become pregnant and safely carry a pregnancy to live birth. Furthermore, the targeting and destruction of all infertility treatment facilities, which destroyed all reproductive material stored there,[213] directly impacts the future reproductive

capacity of Palestinians living in Gaza depending on that service. For example, Israel's targeted attack on the Al-Basma in vitro fertilization clinic, which destroyed all embryos, sperm samples, and unfertilized eggs held there, destroyed not only the reproductive capacity but also, as one provider summarized, took down "a hope of life."[214] Conflict-related stress, combined with acute malnutrition, increases the physical risks for pregnant and postpartum women, leading to both short- and long-term effects on their fertility. Similarly, physical harms to women from traumatic pregnancies, labor and delivery, delayed or unsafe obstetric care, and unmanaged postpartum complications can also affect future fertility. Finally, these experiences, individually and collectively, along with experiences of newborn harm and death, may influence future decision-making about reproduction, including the desire to become pregnant.

Serious Mental Suffering and Harm

In addition to serious physical harm, the denial of health care and the effects of malnutrition also manifest in preventable mental suffering and harm for women of reproductive age, pregnant and postpartum women, and lactating women.

Women of Reproductive Age

Women of reproductive age suffer severe mental health harms from the destruction of reproductive health care facilities and denials of appropriate health care, including access to menstrual supplies. Additionally, the destruction of all infertility treatment facilities in Gaza compounded the short- and long-term mental harms already suffered by patients experiencing infertility.[215] Women and girls in Gaza have also reported that limited access to menstrual hygiene products has caused them severe psychological suffering and harm from anxiety, shame, stigma, and loss of dignity.[216]

Pregnant and Postpartum Women

The inability to access and/or the denial of medical care compounds the stress and anxiety faced by pregnant women in Gaza. The psychological impacts of miscarriage and reproductive loss have been well-documented, even outside the context of conflict.[217] Conflict exacerbates these consequences. For example, one woman who went into preterm labor after her house was bombed and all her family members were killed also lost her newborn a week after birth due to a lack of medical and food supplies to care for the preterm baby.[218] In such circumstances, the psychological toll of the loss of her home and family was only further compounded by witnessing the suffering and eventual death of her child. Furthermore, the lack of basic supplies has forced health care providers to delay lifesaving interventions and resort to unsafe alternatives, resulting in the unnecessary suffering – both physical and mental – of pregnant and postpartum women, as well as newborns.[219]

Lactating Women

Lactating women who are unable to produce quality or sufficient breastmilk experience shame, stigma, and trauma, including from fear of harm or death of their newborns.[220] Additionally, in the absence of sufficient access to breastmilk substitutes for infants who meet the medical indications outlined by the WHO and UN Children's Fund (UNICEF), women were often forced to resort to unsafe practices to feed their infants, including using animal milk, sugar water, rice water, or tea despite potential health harms.[221]

Maternal and Neonatal Mortality

The lack of appropriate health care infrastructure, as well as a shortage of necessary medical supplies and equipment, and lack of access to food and clean water have resulted in the deaths of pregnant and postpartum women and infants.

Pregnant and Postpartum Women

Attacks on health care and restrictions on medical supplies have forced doctors in Gaza to delay care, ration limited supplies, and resort to suboptimal clinical practices.[222] This has turned complications and treatable conditions into life-threatening emergencies with fatal consequences for pregnant and postpartum women.[223] Additionally, food insecurity, stress, and acute malnutrition create risks of serious maternal complications for pregnant women.[224] During labor and delivery, their bodies weakened by malnutrition, women may face prolonged labor; need emergency obstetric care, including cesarian sections; and experience postpartum complications such as hemorrhage and sepsis. With limited ability to treat such conditions due to the lack of medication or facilities for monitoring, and the performance of emergency services without sanitary and necessary medical supplies, including anesthesia, women face foreseeably high rates of maternal mortality in Gaza.[225]

Newborns

Newborn and neonatal deaths in Gaza can result from numerous factors, including maternal complications during labor, lack of proper and specialized newborn care, and malnutrition and acute malnutrition. Women in Gaza are experiencing preterm or prolonged labor due to malnutrition, which requires emergency obstetric care such as cesarean sections. These factors are all associated with neonatal death and higher rates of neonatal mortality.[226] Additionally, the lack of functioning NICUs or other specialized equipment, such as ventilators, has directly led to newborns' deaths.[227] Finally, deaths have been recorded of newborns who are malnourished due to the inability of their mothers to breastfeed them, compounded by the lack of availability of baby formula or other sources of supplemental nutrition.[228]

Legal Analysis

In Gaza, the destruction of health infrastructure in conjunction with the Israeli government's restrictions on food and medical supplies have caused immense, foreseeable harm, pain, suffering, and death to newborns and women trying to conceive, pregnant, postpartum, and lactating women in Gaza. This assault on health care in Gaza has also interrupted menstruation, impacting fertility. Where such acts have led to violations of reproductive autonomy or harm reproductive capacity, they constitute reproductive violence.

Reproductive violence is prohibited under international humanitarian law, international human rights law, and international criminal law and can constitute acts contributing to genocide. Parties to conflicts and occupying powers have specific obligations to ensure the right to health, including reproductive health and autonomy, and protect pregnant women and children in particular. Critically, obligations to ensure reproductive health and autonomy extend into ceasefire and post-conflict periods and require parties to fulfill core obligations to ensure maternal health.

Notably, several international courts are considering allegations of violations of international law arising from Israel's conduct in Gaza, where evidence of reproductive violence is pertinent.[229] In response to a December 2024 request from the UN General Assembly, the International Court of Justice (ICJ) issued an advisory opinion on October 22, 2025, finding that "as an occupying power, Israel is obligated to ensure the basic needs of the local population, including the supplies essential for their survival" and specifically referencing the importance of ensuring medical supplies for the population as well as items such as "incubators for newborn babies."[230] The ICJ warned that Israel had both a positive obligation to ensure essential supplies for the population and a negative obligation to not impede access to humanitarian aid. Further, the ICJ has issued provisional measures three times in a case related to the duty to prevent genocide, brought by South Africa against Israel.[231] The International Criminal Court has also issued arrest warrants for senior Israeli officials for allegations of war crimes and crimes against humanity, and continues to investigate allegations.[232]

This section outlines how the documented harms suffered by women trying to conceive, or women who are pregnant, postpartum, and lactating women and their newborns in Gaza implicate war crimes, crimes against humanity, genocide, and human rights violations, and identifies necessary measures for reparation and recovery. Our findings align with and supplement the legal conclusions made by the UN COI and other actors who have extensively documented gender-based harms in the conflict in Gaza and indicate that patterns of reproductive violence have persisted in the period of January to October 2025.

Victims and survivors of reproductive violence in Gaza deserve justice and care, including reparations and a tailored humanitarian response to remedy malnutrition and mitigate short- and long-term health harms suffered. Further, investigations and accountability proceedings for violations of international law in Gaza must include a gender analysis that comprehensively considers the devastating and, at times, deadly harm caused by reproductive violence.

International Humanitarian Law

Israel's systematic targeting and destruction of facilities offering or specializing in reproductive, maternal, and newborn health care in Gaza has decimated access to medical care for women trying to conceive, pregnant, postpartum, and lactating women and infants, with serious consequences for their physical and mental health. These attacks violate Israel's obligations not to target civilian objects, including medical facilities, as well as provisions related to its conduct of hostilities, including to take precautions and ensure that attacks are proportionate.[233]

Gender considerations, in conformity with the non-discrimination requirements of international law, must inform the conduct of hostilities, including with respect to the principles of proportionality and precaution.[234] IHL grants health care facilities broad and durable protection.[235] Hospitals only lose protection if they commit or are used for acts harmful to the enemy outside their humanitarian function and after due warning.[236] Once unprotected and classified as a military object under IHL, attacks must still follow the principles of proportionality and precaution.

The doctrine of proportionality prohibits attacks that would be expected to cause incidental loss of civilian life, injury to civilians, damage to civilian objects, or a combination thereof, which would be excessive in relation to the concrete and direct military advantage anticipated. Such calculations are increasingly understood to require consideration of reverberating effects of attacks, including foreseeable consequences when patients are unable to receive adequate medical care.[237] Determinations of proportionality must consider the gendered impacts of attacks on hospitals, aligning with the special protection of pregnant women under IHL. For instance, the International Committee of the Red Cross has argued that failing to recognize that an attack on "the only hospital with gynecology and obstetrics services (in addition to other health care services), such that the damage to it would spike mortality, particularly among women and

girls" may hinder a proper understanding of what constitutes excessive harm.[238]

The doctrine of precaution requires constant care and all feasible precautions to be taken in military operations to minimize incidental loss of civilian life, injury to civilians, and damage to civilian objects. This, too, requires a gender analysis. For example, an assessment and understanding of "whether certain medical services are more accessible or important to women than others (i.e., availability of gynecology and obstetrics services)" can help not only to understand the potential harms to civilians that could result from a particular attack, but also how to mitigate such risks.[239]

While Israel has stated that its attacks on hospitals may be justified because of "militarization" of hospitals by Hamas, this justification has not been supported by humanitarian actors in Gaza or other observers.[240] Our data does not confirm any finding of militarization of hospitals in Gaza. Regardless of the legal accountability for any attacks on health care facilities, the overall damage to Gaza's health care system is incontrovertible and must be factored into any decision regarding the proportional harm of such an attack and the standards of precaution necessary. The harm to pregnant and postpartum women and newborns documented as arising from the direct and reverberating impacts of strikes must be considered in any assessment of adherence to the principles of proportionality and precaution.

Moreover, Israel's blockade, and restrictions on humanitarian aid, including essential medical supplies for reproductive health, maternal and newborn care, as well as critical foodstuffs, including baby formula, all violate Israel's obligations to ensure access to the food and medical supplies needed by people in Gaza,[241] especially for pregnant and lactating women and newborns,[242] and facilitate the provision of humanitarian aid where they cannot adequately supply the population.[243] In addition, these acts deliberately deprive women trying to conceive, pregnant, postpartum, and lactating women and newborns of objects indispensable to survival for the purpose of denying the sustenance value of those objects to them, in violation of the prohibition of starvation as a method of warfare.[244]

Taken together, the attacks on health care, in particular reproductive health care facilities, as well as the denials of adequate medical and nutritional supplies, also violate the special protections granted to women and children during conflict and occupation, requiring that their specific protection, health, and assistance needs are met.[245] These obligations specifically extend in the contexts of pregnancy, childbirth, and as long as the mother and child are in need of assistance or care.[246] The harm caused by Israel's failure to ensure the food and medical supplies needed by the population of Gaza as well as its deliberate dismantling of health care, with its attendant severe consequences for mental and physical health, including death, on this category of women and newborns, also violates IHL dictates to ensure humane treatment.[247]

International Human Rights Law

The harms inflicted on women trying to conceive, pregnant, postpartum, and lactating women and newborns violate the rights of people living in Gaza, including their interconnected rights to health, life, an adequate standard of living, and freedom from torture and other cruel, inhuman, or degrading treatment (TCIDT).[248] Situations of conflict cannot be used to discharge obligations to respect, protect, and fulfil these rights,[249] and the ICJ has confirmed that when Israel's actions diminish the ability of other actors, including UN agencies, to fulfill these rights, Israel's obligations increase by a commensurate degree.[250] These obligations must be fulfilled based on equality and non-discrimination, including with respect to gender and age.

Israel's actions that result in the denial of appropriate health care to both women and children are in clear violation of their right to health.[251] For women of reproductive age, the right to health encompasses sexual and reproductive health care, including appropriate medical services in connection with pregnancy, labor, and postpartum recovery,[252] and actions to address preventable maternal mortality and morbidity.[253] Such services are, as this report documents, largely unavailable or routinely denied to women in Gaza. For newborns, this includes measures to reduce infant mortality and support their development.[254] The right to health also requires meeting the underlying determinants of health, including access to clean water, adequate sanitation, food, and nutrition,[255] including adequate nutrition during pregnancy and lactation. Connected to the violations of their right to health, the serious bodily and mental harms caused by the denials of appropriate medical care to pregnant, postpartum, and lactating women in Gaza – including the lack of emergency obstetric services – violate women's reproductive autonomy and integrity, constituting reproductive violence, as well as their right to life and to be free from torture, inhumane, cruel, or degrading treatment.[256]

The deprivation of the basic necessities of life – food, water, medicine, and sanitation – also implicates victims' rights to life, to be free from torture, inhumane, cruel, or degrading treatment,[257] and an adequate standard of living.[258] Israel's restrictions and blockade of humanitarian aid deny these necessities of life to women trying to conceive, pregnant, postpartum, and lactating women and newborns; this

Cardiologist and director of Indonesian Hospital in north Gaza, Dr. Marwan Sultan, standing outside the facility, which sustained multiple attacks throughout the war. Dr. Sultan was killed in an Israeli airstrike in July 2025

(February 2025)

includes, in particular, denial of adequate nutrition and medical care and supplies to support their specific needs, with serious impacts on their physical and mental health.

International Criminal Law

The harms documented in this report, on their own and/or in conjunction with violations documented elsewhere, can be used to substantiate war crimes, crimes against humanity, and genocide under international criminal law. Acts that constitute reproductive violence may be crimes on their own or may serve as evidence for a wide range of international crimes. This section highlights key examples of crimes implicated by the evidence in this report but is not intended to be exhaustive.

War Crimes

This report documents actions that could constitute a number of war crimes, including – starvation as a method of warfare,[259] inhuman treatment,[260] and willfully causing great suffering.[261]

To the first, Israel's deliberate restrictions on humanitarian aid have deprived Palestinians in Gaza of objects indispensable to their survival, suggesting the purpose of restrictions is denying the sustenance value of those goods to them.[262] Women trying to conceive, pregnant, postpartum, and lactating women, as well as newborns, who have distinct medical and nutritional needs, are particularly vulnerable to the harm caused by such denials. The distinct effects on maternal and neonatal health, along with their potential impact on the survival prospects of the next generation of Palestinians in Gaza, have been observed throughout Gaza, as confirmed by the providers interviewed for this report. Understanding how these groups have been specifically affected is crucial to understanding the campaign of starvation in Gaza,[263] since starvation of these groups not only targets those most vulnerable to its effects but also, as documented in this report, impacts the survival prospects of the next generation of Palestinians in Gaza.

Furthermore, the report documents serious injuries to the bodies and health, including reproductive harm, of women trying to conceive, pregnant, postpartum, and lactating women and newborns. These injuries involve grave and long-term damage that underpin the acts of both war crimes of inhuman treatment and willfully causing great suffering.[264]

Crimes Against Humanity

The distinct harms and rights violations, including of their right to health and reproductive rights, experienced by women trying to conceive, pregnant, postpartum, and lactating women, support, at minimum, a gender-competent and intersectional understanding of the crime against humanity

of persecution based on nationality and political affiliation, and may also support a finding of persecution based on gender itself.[265] The conditions of life imposed on women of reproductive age and newborns in Gaza (see analysis below under genocide), coupled with the mass casualty events associated with accessing aid through the Gaza Humanitarian Foundation,[266] may also meet the threshold of the crime against humanity of extermination.[267]

In addition, the reproductive violence inflicted upon women trying to conceive, pregnant, postpartum, and lactating women, through restrictions on medical supplies – especially those necessary for safe labor, delivery, and postpartum care, as well as menstrual hygiene and care – may implicate the crime against humanity of 'other inhumane acts.'[268] These shortages in medical supplies forced health care providers to delay lifesaving interventions, make difficult choices about rationing limited supplies, and resort to suboptimal clinical practices in their treatment of women trying to conceive, pregnant, postpartum, and lactating women and newborns, leading to preventable maternal and neonatal deaths and increased complications during labor, delivery, and in the postpartum period, all resulting in severe and unnecessary pain and suffering.

Legal Prohibitions on Genocide

The harms to women of reproductive age documented in this report, including impact on their reproductive capacity, as well as newborns, implicate three aspects of the allegations of genocide in Gaza – (i) the intent to destroy; (ii) the acts of causing serious bodily or mental harm; and (iii) inflicting conditions of life calculated to bring about physical destruction.[269]

Intent: Israel's patterns of attack, targeting, and deprivation that have had an impact on the regenerative capacity of Palestinians in Gaza may substantiate the specific intent of genocide.[270] The impact on the reproductive capacity of Palestinians living in Gaza is not only foreseeable but also apparent in Israel's attacks, including blockade, raids, and the destruction of facilities that provide reproductive services and health care.[271] The UN COI found that destruction of the Al-Basma in-vitro fertilization clinic, which not only destroyed the facility but also all reproductive material stored there, had a direct impact on the reproductive capacity and fertility of Palestinians in Gaza.[272] Attacks on reproductive care documented in this report should also be viewed alongside the destruction and denial of medical supplies and facilities, including NICU units, which have caused predictable, life-threatening harms and the death of newborns – directly threatening the survival of the next generation of Palestinians in Gaza.

Serious bodily or mental harm: Women trying to conceive, pregnant, postpartum, and lactating women have faced serious, often life-threatening consequences and suffered severe physical harm due to both lack of access to appropriate medical care and Israel's restrictions on food and humanitarian supplies.[273] These consequences have, in many cases, caused both immediate and long-term physical damage, affecting future health and fertility. These physical harms are compounded by the psychological trauma they endure, stemming from the intersecting issues related to conflict stress, lack of medical care, physical pain and injury, and distress over adverse reproductive outcomes such as miscarriage and stillbirth.[274] Newborns also experience specific physical harm caused by various factors, including impaired fetal development due to conflict-related stress and harm to their mothers, as well as lack of medical care and the severe effects of acute malnutrition on both their immediate and long-term physical health.

Conditions of life: The distinct impacts on women trying to conceive, pregnant, postpartum, and lactating women and newborns of Israel's targeting of health care facilities and denials of humanitarian aid can surface key elements of how the conditions of life in Gaza physically destroy the Palestinian population.[275] These conditions are the result of Israel's restrictions on humanitarian food aid, including essentials such as baby formula, and attacks on health care. Newborns and pregnant, postpartum, and lactating women face increased and acute vulnerabilities from food deprivation and malnutrition, including severe physical harm and death. Taken together, the destruction and denial of reproductive health care and adequate food for over two years to these populations in Gaza – a population with specific vulnerabilities and needs in this regard – demonstrate an objective probability[276] that the conditions of life imposed on them in Gaza can lead to their physical destruction.

Right to Remedy and Reparation

Israel should urgently implement interim reparations designed to address immediate needs and mitigate irreparable harm. This could include immediate measures to facilitate the entry into Gaza of the necessary medical supplies for reproductive and newborn health care, as well as support for the rapid restoration of reproductive, maternal, and neonatal health care facilities and services. Such measures should be complemented with long-term measures that can fully restore and redress the victims of Israel's reproductive violence, including long-term medical care to treat physical and medical harms and restore fertility or support reproduction as desired, as well as economic compensation and restitution. See text box: Health Care as Justice for Reproductive Violence.

Health Care as Justice for Reproductive Violence

Justice for survivors must include the rehabilitation of the collapsed health system by rebuilding destroyed infrastructure and restoring services, with priority given to maternal, neonatal, reproductive health services and other related care for these populations include pediatric and trauma care. Similarly, reparations must address collective harms and survivors of reproductive violence.

Resumption of adequate supply of humanitarian aid, including aid tailored to support positive reproductive health outcomes, is also an essential means of justice for survivors who may have ongoing needs for care. The recently adopted UN Security Council Resolution 2803 establishes a Board of Peace (BoP) that is intended to support delivery of humanitarian aid into Gaza. The BoP has a critical role to play in ensuring care for those harmed due to methods of warfare utilized in Gaza. Additionally, the resolution establishes a temporary transitional governance body in the form a technocratic, apolitical Palestinian committee, which will be essential in delivering the daily public services for the people in Gaza.

The current ceasefire and peace process provides a critical opportunity to address the harms documented in this report. Immediately, pregnant and lactating women and their children need access to food and medical care. There must be unconditional and unhindered humanitarian access to deliver food, medical supplies, fuel, and clean water at the scale needed to cover the health and nutritional needs; restore reproductive and neonatal medical services; and reverse the negative impact of acute malnutrition.

Unrestricted humanitarian access includes the removal of any supplies with medical end use from the "dual use" items list and allowing baby formula and medical supplies that are essential for reproductive and neonatal care, such as menstruation kits, surgical supplies, anesthesia medications and strong pain killers, wound care supplies, antibiotics, and diagnostic supplies and equipment, to enter Gaza unconditionally and to be distributed in accordance with international humanitarian principles. One immediate priority is to implement high-dose micronutrient supplementation protocols (specifically for iron, folate, and calcium) for all women of reproductive age to reverse the physiological effects of prolonged acute malnutrition beyond just ensuring caloric needs are met. Additionally, it will be critical to prepare facilities and staff to manage refeeding syndrome, including developing protocols for gradual nutritional rehabilitation, electrolyte monitoring, and medical stabilization, and to ensure that therapeutic foods, micronutrient supplements, and therapeutic milks for infants with severe wasting are readily available.

In the longer term, significant investment is needed to address the impacts of acute malnutrition and reestablish systems to provide reproductive and neonatal health care aligned with international standards. This includes rebuilding and restoring damaged or destroyed health facilities, including maternity wards, neonatal intensive care units, and nutrition services, and restoring access to lifesaving medications, equipment, and reproductive health services, including destroyed assisted reproductive and fertility centers. Additionally, efforts should be made to ensure specialized treatment for complex, conflict-related obstetric trauma is available, including surgical repair for obstetric fistulas, severe pelvic floor trauma, and chronic reproductive tract infections.

Finally, while this report shows the short-term biological effects of acute malnutrition compounded by health system collapse, there is a need for further documentation to study the long-term impact and the potential mental health and intergenerational harms on the affected population and to devise reparations and remedies to address these long-term and intergenerational harms.

Conclusion

Over the past two years, Israel has been repeatedly warned that its military actions and policies, including attacks on health facilities, coupled with continued and escalating restrictions on medical aid and food, would have catastrophic effects on the civilian Palestinian population in Gaza. Women of reproductive age, including women trying to conceive, pregnant, postpartum, and lactating women, as well as infants, have been among the most severely affected groups, facing heightened risk of morbidity and mortality due to their physiological vulnerability and their dependence on medical care and adequate nutrition, which has become increasingly difficult to access throughout 2025.

PHR and GHRC's analysis suggests that the documented adverse maternal and reproductive health outcomes are neither unexpected nor unpreventable. They reflect well-established and scientifically documented consequences of siege, malnutrition, and health system collapse on fertility, pregnancy, childbirth, and newborn health care. The compounded effects of famine, the humanitarian blockade, and the denial of medical services resulting from systematic attacks on health care have produced precisely the devastating reproductive health outcomes that the medical and humanitarian community has long warned would occur under such conditions, where even the most basic minimum standards of care cannot be met.

The resulting preventable maternal and neonatal death, the potential loss of reproductive capacity, and the risk of intergenerational health consequences constitute clear manifestation of reproductive violence, consistent with the UN COI findings in their recent reports. The destruction of health infrastructure, deliberate obstruction of humanitarian aid, and sustained deprivation of food and medical supplies collectively amount to policies and practices that target reproductive health and reproductive autonomy, thereby inflicting harm on present and future generations.

Given the overwhelming medical and humanitarian evidence, alongside Israel's acknowledgment of the need for humanitarian aid in Gaza, PHR and GHRC conclude that Israeli authorities could foresee the consequences of their policies and practices on the people of Gaza, particularly women of reproductive age and newborns. Yet, Israel continued its attacks on health care and expanded its restrictions on food, medications, and medical supplies. The pathways of suffering and death detailed in this report are not hypothetical projections of potential harm; they are unfolding realities that are visible through the increasing toll of preventable maternal and neonatal complications and deaths. In whole, these documented harms constitute reproductive violence and implicate war crimes, crimes against humanity, genocide, and human rights violations, for which thorough investigation, accountability, and meaningful justice are required.

Recommendations

This report demonstrates the suffering and biological damage inflicted on women of reproductive age and their infants, and the urgent need – particularly given the ceasefire reached in October 2025 – for justice, accountability, and interventions to restore and repair services and support Palestinians living in Gaza with rehabilitation and recovery. It is incumbent on all parties to the conflict, the United Nations and other international actors, and health care workers and systems to prioritize these recommendations.

To All Parties to the Conflict:

- Immediately cease all forms of violence against health care facilities, medical transport, health care workers, and humanitarian personnel in compliance with international law;
- Ensure the protection and unhindered functioning of humanitarian actors, including UN agencies, the International Committee of the Red Cross, and local relief organizations, and facilitate their safe and sustained access throughout Gaza;
- Provide all necessary resources and support to ensure that people in Gaza have access to the aid necessary to address the short- and long-term impacts of starvation and reproductive violence, including facilitating the rebuilding of health services; and
- Grant full and safe access to independent international investigative mechanisms to assess the humanitarian situation; document and investigate all alleged violations – including those related to starvation; reproductive harm; attacks on medical facilities, transports, and personnel; militarization of medical facilities; and misuse of humanitarian aid – and preserve evidence where relevant; and evaluate the impacts of parties' policies and practices on civilians' rights.

To the Government of Israel:

- Immediately cease targeting civilians and civilian objects and revise military protocols to conform to the principles of discrimination, proportionality, and precaution, including the reverberating impact of attacks on health care, in order to ensure effective and adequate protection of pregnant and lactating women, infants, and other at-risk populations;
- In accordance with UN Security Council Resolution 2803, facilitate relief operations by all means without interference and ensure the protection of all humanitarian and medical personnel;
- Respect and implement the orders of the International Court of Justice requiring that Palestinians in Gaza have access to supplies necessary for daily life, including medical supplies andservices, food, electricity, and clean water;
    - o This should include establishing clear and consistent medical evacuation corridors for critical patients, including high-risk pregnant women and others, to hospitals outside of Gaza for treatment this is not available locally.
- End the application of sweeping "dual use" restrictions on medical-related supplies, transparently share the list of dual use items currently being used, and establish a transparent process for the review of materials requiring special clearance;
- Immediately lift all restrictions on the entry of specialized neonatal nutrition products, including hydrolyzed formulas and liquid ready-to-feed formulas, indicated in medically recognized situations where breastfeeding is not possible or sufficient;
- Facilitate unhindered access for emergency medical teams, UN agencies, humanitarian personnel, and relief organizations, including those providing maternal, neonatal, and reproductive health services; and
- Fully cooperate with international accountability mechanisms and facilitate their access to Israel and the occupied Palestinian territory to conduct independent and impartial investigations.

To Hamas and Other Palestinian Armed Groups:

- Refrain from any conduct that places civilians, health care workers, or humanitarian personnel at risk, and facilitate the safe, neutral, and unhindered delivery of humanitarian assistance throughout Gaza;
- Ensure that humanitarian aid, including food and medical supplies, reaches civilians without diversion or interference, in line with obligations under international humanitarian law; and
- Refrain from any actions, including militarization, that compromise the neutrality of health facilities and humanitarian sites.

To the Transitional Palestinian Body governing Gaza:

- Prioritize the rehabilitation and rebuilding of Gaza's health system, including restoring essential reproductive, maternal, and neonatal services;
- Support Palestinian health workers in Gaza by providing adequate training, protection, and compensation;
- Prioritize facilitating systematic documentation of reproductive health harms resulting from the conflict, including maternal and neonatal deaths, miscarriages and stillbirths, and reproductive health consequences; and
- Strengthen coordination with humanitarian partners to ensure continuity of care for pregnant and lactating women and newborns.

To the United States and Other members of the Board of Peace:

- Ensure the unconditional entry of humanitarian aid, including medical supplies, fuel, clean water, and food, through all viable routes, without restrictions or delays, and at a scale sufficient to meet current needs and enable long-term recovery;
- Support UN-led efforts, including by the World Health Organization, UN Population Fund, and UN Children's Fund programs focused on reproductive, maternal, and neonatal health;
- Utilize diplomatic leverage to ensure compliance with IHL, including cessation of attacks on medical facilities and personnel and removal of barriers to humanitarian access; and
- Monitor and publicly report compliance of all parties with UN Security Council Resolution 2803.

To UN Member States:

- Urge all parties to the conflict to abide by international humanitarian law and all UN Security Council resolutions on humanitarian aid, access, and reconstruction;
- Strengthen the implementation of UN Security Council Resolution 2286 to protect health facilities and personnel, investigate attacks on health care, and hold perpetrators of these violations accountable;
- Ensure all state parties fulfill their obligations under Common Article 1 of the Geneva Conventions to "ensure respect" for IHL, including by refusing to provide material support or diplomatic cover for violations;
- Pursue accountability through all relevant avenues for violations of international law in Gaza;
- Support the reconstruction of Gaza's health system and ensure the reinstatement of the right to health as a human right in Gaza; and
- Support the rehabilitation of all systems required to achieve food security and ensure sustainable nutrition for pregnant and lactating women.

To International Accountability Mechanisms and UN Human Rights Mechanisms:

- Investigate, pursue accountability, and secure reparations for reproductive harms resulting from attacks on health care, restrictions on humanitarian aid, and starvation;
- Ensure that reproductive harms, including maternal and neonatal deaths linked to malnutrition, denial of care, and health system collapse, are recognized and pursued as part of accountability efforts;
- Support reparations mechanisms for victims of rights violations, including those who suffered reproductive or neonatal harm; and
- Recognize reproductive harms – such as preventable miscarriages, stillbirths, maternal morbidity and mortality, neonatal deaths, and long-term health consequences of starvation and denial of care – as a distinct category of injury warranting appropriate reparative measures. This includes harms resulting from attacks on health care infrastructure, deliberate obstruction of humanitarian aid, and the collapse of reproductive and neonatal services.

To Health Actors and Donors, in coordination with the Ministry of Health and local health care providers:

- Prioritize the rapid scale-up of maternal and neonatal services, including emergency obstetric care, neonatal intensive care units, safe delivery services, postnatal care, and mental health and psychosocial support services in accordance with internationally recognized humanitarian standards;
- Deploy medical teams with specialized expertise in obstetrics, neonatology, malnutrition treatment, and

trauma-informed care to support the collapsing health system in Gaza;

- Ensure that clinical protocols for the management of malnutrition in pregnant and lactating women and newborns are updated, disseminated, and fully integrated into all service delivery points;
- Support and prioritize the rebuilding of fertility services in Gaza destroyed during the war;
- Prepare facilities and staff to manage complex heath presentations related to reproductive health harm, acute malnutrition, and refeeding challenges, including through ensuring the availability of necessary supplies including food aid and therapeutic food products;
- Enhance the systems for data collection, surveillance, and documentation for maternal deaths, stillbirths, miscarriages, neonatal deaths, birth complications, and malnutrition-related outcomes; and
- Support Gaza's local health workforce by offering training, remote supervision, and continuous medical education in maternal and neonatal care, with a focus on techniques that are applicable in low-resource and conflict settings.

Destruction of the emergency room at Al-Shifa Hospital in Gaza City (February 2025)

Annex: Health Consequences of Starvation Compounded by Limited Access to Health Care

Deliberate restrictions on food and starvation of Palestinians living in Gaza, combined with the destruction of Gaza's health system and restrictions on medical supplies, have destroyed the systems in Gaza that are necessary to grow and sustain life with real and measurable impacts on outcomes for women of reproductive age, including women trying to conceive, pregnant, postpartum, and lactating women, and their newborns. These overlapping forms of deprivation have well-established medical effects on menstruation, fertility, pregnancy, lactation, and neonatal outcomes. The harms experienced in Gaza are wholly foreseeable because of the known pathways through which acute malnutrition increases the risk of reproductive health complications, while the destruction of health care and denial of medical supplies simultaneously remove any means of care or treatment. These outcomes are predictable physiological reactions that have been consistently observed in populations subjected to malnutrition and famine.

This section outlines the pathophysiology of how acute malnutrition impacts reproductive health from menstruation and fertility, through the phases of pregnancy and childbirth, to infancy and maternal health, and how lack of access to medical care compounds these impacts.

Impacts of Acute Malnutrition: Delayed, Interrupted, or Irregular Menstruation or Early Menopause

Food insecurity has profound health effects on women of reproductive age, particularly those trying to conceive. Severe weight loss and deficits in critical nutrients disrupt hormone production and the balance of the reproductive system, resulting in menstrual irregularities and problems with ovulation.[277]

Prolonged acute malnutrition primarily impairs ovulation and fertility due to disruption of the hormonal system that regulates reproduction and development (hypothalamic-pituitary-gonadal axis).[278] Chronic undernutrition, even at milder levels, suppresses gonadotropin-releasing hormone (GnRH) secretion, which is essential for normal reproductive function.[279] The suppression of GnRH leads to reduced secretion of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), which are insufficient to support the production of eggs and ovulation, thereby preventing pregnancy.[280] Without GnRH, the normal processes of egg ripening in the ovary, moving to the uterus, and monthly menstruation are suppressed. What results is women who have amenorrhea (periods cease or become irregular), infertility, and low estrogen levels (which can lead to irregular period, decreased sex drive, and painful intercourse). This neuroendocrine adaptation is a survival mechanism, prioritizing energy conservation over reproduction during periods of nutritional deprivation.

Impacts of Acute Malnutrition: Infertility

Beyond these hormone disruptions, acute malnutrition results in nutritional deficiencies, which exacerbate the risk of infertility. Deficiencies in iron, folate, and B12 can cause anemia, make conception less likely, and can cause temporary infertility that can only be fixed when these deficiencies are corrected. Iron is essential for oocyte maturation and endometrial receptivity, making anemia a common cause of infertility in contexts of famine.[281] Vitamin B12 deficiency, which often co-occurs with folate deficiency in malnourished women, can further impair fertility by causing hyper-homocysteinemia,[282] defective DNA synthesis and abnormal oocyte development,[283] which decreases the likelihood of the pregnancy ending with a live birth.[284] These and other nutrients are critical in the process of fertility. Even when caloric intake is adequate, the lack of essential vitamins and nutrients can seriously disrupt fertility so a well-balanced diet is important for fertility.

Medical studies of anorexia and other forms of nutritional deprivation demonstrate that women with very low body weight have a significantly reduced chance of conception.[285] Long term, a modest but persistent reduction in reproductive capacity, increased risk of sterility, and earlier onset of menopause are major concerns.[286]

Impacts of Acute Malnutrition: Pregnancy Complications

War, famine, and acute malnutrition have profound impacts on pregnancy. Pregnant women require, on average, a total of 2,500 calories a day, which is greater than the needs of a non-pregnant adult, to support both their own health and the development of the fetus.[287] Food scarcity, compounded by deficiencies in essential nutrients, results in anemia, poor immune function, and poor fetal growth and health.[288]

Acute malnutrition in pregnancy leads to significant maternal metabolic and endocrine adaptations, including increased catabolism (the breakdown of body tissues for energy), hypoglycemia (low sugar levels), hypoinsulinemia (low insulin levels), and hypoaminoacidemia (low levels of the building blocks for all proteins required for life). With low levels of these nutrients, hormones such as placental lactogen and corticotropin-releasing hormone can be disrupted, resulting in low energy in the pregnant women and impaired placental function, resulting in even fewer nutrients for the fetus.[289]

Acute malnutrition also increases the risks of maternal complications such as anemia, poor glucose control, gestational diabetes, and increased susceptibility to infection and hemorrhage.[290] Maternal malnutrition is also associated with higher risks of high blood pressure, leading to the life-threatening disorders of pre-eclampsia and eclampsia (with seizures) via insulin and other metabolic disturbances.[291] Increases in stress hormones like cortisol can also increase the risk of preterm labor. All of these impacts are further compounded when there is no access to prenatal care and regular monitoring.

While nutritional demands vary across the 40 weeks of pregnancy and each woman's response is unique, malnutrition increases the likelihood of infections, miscarriage, preterm labor, and serious maternal complications, in addition to complications impacting infants.[292]

Impacts of Acute Malnutrition: Labor and Delivery Complications

Labor and delivery are already among the most physically demanding events in a woman's life and under conditions of acute malnutrition, they become extraordinarily dangerous. The principal effects of acute malnutrition during pregnancy on labor and delivery include an increased risk of preterm birth, higher rates of labor induction, and more frequent cesarean sections, largely driven by endocrine and metabolic disruptions as well as perinatal hemorrhage. Women deprived of sufficient food and water often suffer from dehydration, fatigue, and anemia and enter labor in a weakened state. This makes it more difficult to withstand the stress of childbirth and increases the likelihood of complications. Malnourished women are more likely to require emergency interventions such as cesarean sections, yet in resource-deprived settings these procedures carry even greater risks.[293] Clinicians we interviewed reported that even basic standards of care were not available for women after giving birth due to the lack of resources and the inability to even keep women in hospitals for monitoring.

The principal effects of acute malnutrition on labor and delivery include an increased risk of preterm birth, higher rates of labor induction, and more frequent cesarean sections, largely driven by endocrine and metabolic disruptions as well as perinatal hemorrhage.[294] Preterm birth is triggered in part by the release of stress hormones such as corticotropin-releasing hormone (CRH), a key driver of labor onset.[295] Malnutrition triggers the hypothalamus and pituitary glands to release more stress hormones, including CRH. There is a well-established, inverse linear relationship between CRH levels and timing of labor: as stress and acute malnutrition raise CRH, labor tends to occur earlier, resulting in preterm delivery.[296] Preterm labor – particularly before 38 weeks – is associated with a heightened incidence of obstetric complications and adverse neonatal outcomes, risks that are further magnified in contexts where access to comprehensive obstetric and neonatal care is limited.[297] Neonatologists who worked in Gaza and were interviewed highlighted the increased rate of preterm deliveries and attributed it to different factors, including stress, malnutrition, infections, and dehydration. However, they also emphasized the fact that the capacity to treat these cases of prematurity was limited by the lack of appropriate supplies.

While stress-induced activation of the initial labor process precipitates preterm birth, this process is frequently complicated by impaired labor induction in conditions of acute malnutrition. In cases of malnutrition, especially chronic malnutrition, neuronal hormones like oxytocin are suppressed.[298] Oxytocin's normal role in labor is to initiate and sustain effective uterine contractions, facilitate cervical ripening, and support placental expulsion in a cyclical pattern. When this cycle is suppressed, labor is impaired at its most critical juncture, resulting in failure of labor to progress. This paradoxical process of activation of labor, which can then stall out when the uterus does not contract, can be catastrophic for the fetus and frequently for the pregnant woman. Prolonged or complicated labors raise the risk of stillbirth and neonatal death.[299]

When obstetric services are available, this failure of labor to progress would result in interventions such as the administration of synthetic Pitocin or, for more severe cases, initiating moving toward a surgical birth via cesarean section (C-section). In contexts like Gaza, where health has been systematically undermined, these interventions may not be available or will carry higher risk. Restrictions on supplies, include lifesaving medications like Pitocin, and C-section, especially when performed under emergency conditions, are associated with worse neonatal outcomes, including higher neonatal mortality rates.[300]

Impacts of Acute Malnutrition: Postpartum Complications

The normal process of postpartum recovery is multidimensional, encompassing physical, psychological, social, and cultural dimensions over a period that typically extends beyond six weeks and may last up to six months or longer.[301]

Typically, under normal conditions, women experience uterine contractions, spotting or light ongoing bleeding, perineal or surgical wound healing, and hormonal shifts in the days and weeks after delivery.

Inadequate food intake can affect all these processes in harmful ways, including longer wound healing times. This delayed healing increases the likelihood of wound infections, which, when combined with a weakened immune system, can create a compounding cycle of poor wound care, poor recovery, and worsening health outcomes. [302]

Impacts of Acute Malnutrition: Impaired Lactation

Lactating women require adequate hydration and increased nutritional support to meet the energy and protein requirements to produce breastmilk. The caloric needs for a breastfeeding woman during the postpartum period are an additional 330 kcal per day above pre-pregnancy requirements for the first six months of lactation, and an additional 400 kcal per day for the second six months.[303] Failure to meet these increased requirements and a prolonged period of suboptimal maternal food intake can impair maternal recovery and affect milk quality and volume.[304]

Chronic undernutrition and food insecurity are associated with lower concentrations of key breast milk components. Deficiencies in maternal intake of vitamins (A, D, B12, folic acid), minerals (calcium, iron, iodine), and omega-3 fatty acids (DHA, EPA) are reflected in reduced levels of these nutrients in breast milk, potentially increasing the risk of infant undernutrition and developmental deficits.[305]

Impacts of Acute Malnutrition: Infant Morbidity and Mortality

Maternal health is inseparable from fetal and neonatal health, and the dangers around pregnancy and labor extend directly to newborns. Weak, malnourished mothers often deliver growth-restricted or premature infants who are less resilient to the stresses of birth. Infants of mothers who are malnourished are at higher risk for low birth weight, small for gestational age, and prematurity, which further compound risks for poor growth and developmental delays.[306] The lack of adequate maternal nutrition also increases the risk of micronutrient deficiencies in the infant, particularly iron, iodine, vitamin A, and zinc, which are linked to impaired cognitive and physical development and increased susceptibility to infectious and metabolic diseases.[307]

For breastfed infants, maternal malnutrition can have severe downstream effects. Poor maternal nutrition is associated with both reduced quantity and compromised quality of breast milk, including documented decreases in key nutrients such as fatty acids, amino acids, retinol (vitamin A), and human milk oligosaccharides.[308] These nutrients are essential for infant growth, immune function, and neurodevelopment. In a healthy context, infancy – the first year of life – is typically marked by rapid growth, with infants expected to triple their birth weight and grow 50 percent their length.[309] When infants are deprived of adequate nutrition, however, this growth is impaired. Poor weight gain is accompanied by increased susceptibility to infections and a significantly higher risk of long-term outcomes such as stunting (permanent impaired weight gain and development that cause adverse functional consequences) and wasting (severe and life-threatening weight, muscle, and fat loss).

In many humanitarian contexts, nutrition programs provide nutrient-rich formula for infants at risk. Reports from Gaza describe how formula imports are restricted and, when available, may not have the components required for the specific age and stage of the infant. Feeding inappropriate types or quantities of formula or mixing it with unclean water can result in life-threatening electrolyte disturbances, acute and chronic nutritional deficiencies, and increased risk of infection.[310] In some cases of food scarcity or low availability of formula, parents will overdilute formula to make supplies last longer. Overdiluting formula can result in diarrhea, water intoxication (babies should not be drinking water directly), nutrient deficits, or even death from electrolyte imbalances.[311] In young infants, improper formula can result in necrotizing enterocolitis, which is a severe disorder that affects the baby's intestines and has a mortality rate of up to 50 percent.[312]

Chronic malnutrition in infants frequently results in stunting (inhibition of proper growth, often resulting in shorter and smaller adults), as well as protein-calorie malnutrition and diseases linked to specific vitamin and mineral deficits.

These conditions are not unique to conflict settings, but their prevalence and severity may increase in situations of overall malnutrition, famine, restrictions on humanitarian aid, and limited access to health services.

Impacts of Acute Malnutrition: Long-term Harms and Intergenerational Trauma

Beyond the immediate impact of conflict and crisis and the resulting deprivation and trauma, the effects can perpetuate across generations. The psychological and social impacts

of enforced deprivation have been well-documented in survivors of the Holocaust and their descendants, and second generation survivors of Dutch famine and other more recent events.

Children exposed to famine frequently experience stunted growth, delayed puberty, and diminished reproductive potential in adulthood, a serious concern given the conditions in Gaza.[313] These issues existed in Gaza prior to the current conflict and are likely to be further intensified by it.[314]

There is also growing evidence showing that traumatic experiences can be biologically "scarred" into the body and passed on to descendants. This process occurs through epigenetic mechanisms – changes in DNA function and gene expression without altering the DNA sequence itself. These epigenetic markers can leave traces in both the DNA of subsequent generations, but also in their health risks and outcomes. Infants exposed to famine in utero or during the first two years of life show persistent epigenetic changes. which alter the regulation of genes involved in growth, metabolism, neurodevelopment, and immune function.[315]

Acute malnutrition does not end with the individual but leaves physical, social, and even molecular marks that may be carried into the lives of children, grandchildren, and great-grandchildren.

Exterior of Al-Shifa Hospital in Gaza City (February 2025)

Endnotes

1 We recognize that those with reproductive capacity include cis-gender women, non-binary, and other gender-diverse individuals. Throughout this report, we will use the term women to refer specifically to females with reproductive capacity, which may include where relevant, adolescent girls, while acknowledging the limitations of this terminology.

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malnutrition, and specialized neonatal nutrition products. We sought information on steps taken to facilitate humanitarian access and address the immediate and long-term impacts of acute malnutrition and disruptions to reproductive health care, including efforts related to the restoration or rebuilding of health services following the adoption of UN Security Council Resolution 2803 and measures to facilitate access for emergency medical teams, UN agencies, humanitarian personnel, and relief organizations. PHR also requested access to current lists governing the entry of goods into Gaza, including the "dual-use" list and any other lists identifying medical and health-related supplies requiring special authorization, and sought clarification on plans to review and make more transparent the application of dual-use restrictions.

COGAT responded on December 23, 2025, asserting that Israel has not imposed obstructions or restrictions on humanitarian aid, including baby food, medical equipment, and medical supplies. The response did not provide the requested lists of restricted items and did not include details regarding decision-making processes concerning military operations affecting hospitals and health facilities providing reproductive and neonatal care. The full correspondence is available at: https://phr.org/cogat-letter-and-response/; See also: COGAT [@cogatonline], "Exposed: Hamas Terrorists Brazenly Robbed 4 @UNICEF Aid Trucks Carrying Baby Formula at Gunpoint. The Trucks Were Commandeered Right Outside the UNICEF Compound in Gaza City, a Direct Assault on Humanitarian Work. According to UNICEF, This Violent Theft Has Deprived 2,700 Https://T.Co/fMgbtrkWn8," X, X, (September 19, 2025), https://x.com/cogatonline/status/1968986200028369311.

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251 *See* International Court of Justice, Advisory Opinion on the Obligations of Israel in Relation to the Presence and Activities of the United Nations, Other International Organizations and Third States in and in Relation to the Occupied Palestinian Territory, para. 151 and 158, Oct. 25, 2025, providing a non-exhaustive list of human rights obligations, including the right to health, that occupying powers should ensure.

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