SILENT CRISIS:
The Collapse of Chronic Disease Care in Gaza

MedGlobal

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Executive Summary

> *"My message is simple: Enough. Please look at the patients of Gaza, whose health continues to deteriorate every day. Thousands of patients are at imminent risk of death..."*
>
> *- Dr. Omar Qannan, Consultant in Internal Medicine and Diabetes*

Across Gaza, extreme shortages of medicines and medical equipment are turning chronic manageable illnesses into death sentences. Patients with non-communicable diseases (NCDs) — including diabetes, cardiovascular conditions, and kidney failure — face severe disruptions in care due to constraints on aid flows and a badly damaged health system.

Although the October 2025 ceasefire initially increased aid and commercial supplies, medical supplies remain heavily restricted and aid levels in 2026 remain far below the Gaza population's needs. As a result, the majority of an estimated 350,000 people living with chronic conditions are reducing, skipping or stopping their treatment regimes. The collapse of chronic disease care in Gaza has led to alarming rates of preventable suffering and death.

MedGlobal conducted a rapid assessment from March 3-11, 2026, based on interviews with frontline health professionals in all governorates of Gaza. The findings are stark: Gaza's health system is no longer able to sufficiently sustain chronic care. The simultaneous interruption of essential medicines supply, deterioration and lack of diagnostic and monitoring equipment, and insufficient access to health services has crippled the system of care for chronic illnesses.

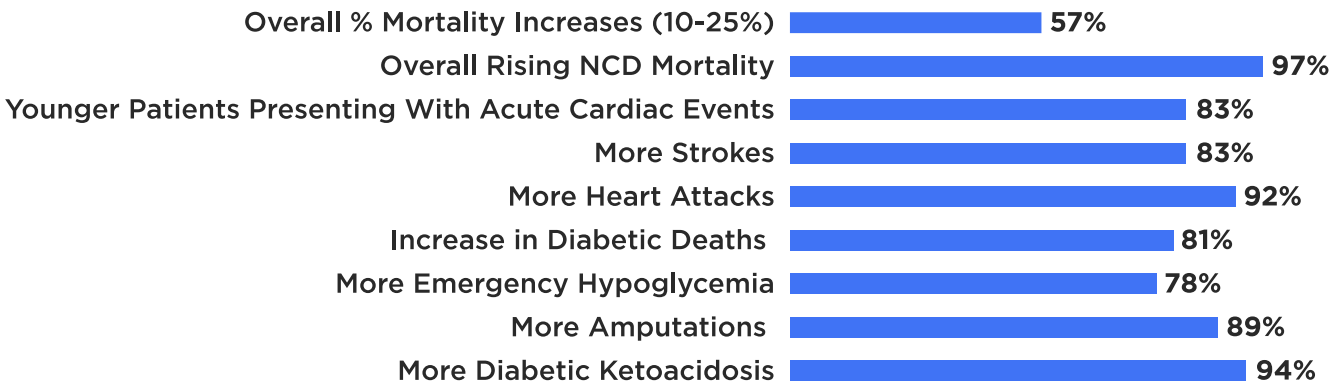
This rapid assessment provides frontline clinical evidence that the conflict and supply restrictions have triggered a system-wide collapse in the continuity of NCD care, transforming manageable conditions into life-threatening emergencies. Without immediate intervention, deaths will accelerate.

An immediate and rapid scale-up of medical supplies, deployment of international medical teams, and extensive investment in health system recovery are critical to preventing further loss of life and delivering on the promises of the ceasefire deal.

Key Findings:

- **Deaths are rising:** 97% of health workers reported rising NCD-related deaths.
- **Collapse of essential medicines supply:** MedGlobal sites and warehouses face critical and widespread shortage of essential medications. For instance, 94% of surveyed health workers report gaps in insulin availability for diabetes care.
- **Gaps in critical medical equipment:** 94% of surveyed health workers report disruption to dialysis and ICU services. A mere 14% report adequate ICU capacity at their health facility and only 35% have functional cardiac diagnostic services. 97% of surveyed health professionals reported their facilities faced cold chain failures, putting available medicines at risk.
- **Constraints on aid entry are a key barrier to treatment:** 64% of surveyed health professionals rate import restrictions as critical, while 86% cite spare parts shortages (e.g., shortages of parts for dialysis machines) and medical referral restrictions each as critical barriers to care.
- **Mass disruptions in treatment:** Over 30% of respondents' patients have stopped treatment entirely due to medicine shortages, while another 17% are reducing and 28% skipping doses to make limited supplies last longer.
- **Widespread deterioration in patient outcomes:** 97% report patients are presenting at later stages in diseases and 94% report more severe complications. Specifically, 92% of health workers report increases in heart attacks, 83% are seeing increases in strokes, and 94% report a rise in diabetic ketoacidosis.

Reported Patterns of Non-Communicable Disease Conditions



Collapse of Healthcare

Effective management of these conditions depends on: (1) uninterrupted access to essential medicines, (2) functional diagnostic and monitoring systems, and (3) reliable physical access to healthcare services. MedGlobal's assessment confirms that all three pillars of NCD care have collapsed simultaneously.

Even before the escalation of conflict in 2023, Gaza's health system operated under chronic structural constraints, including heavy dependence on external supply chains, limited local pharmaceutical production, and restricted access to specialized care. Non-communicable diseases were the leading cause of death in Gaza even before the conflict, accounting for around 70% of mortality before the conflict.

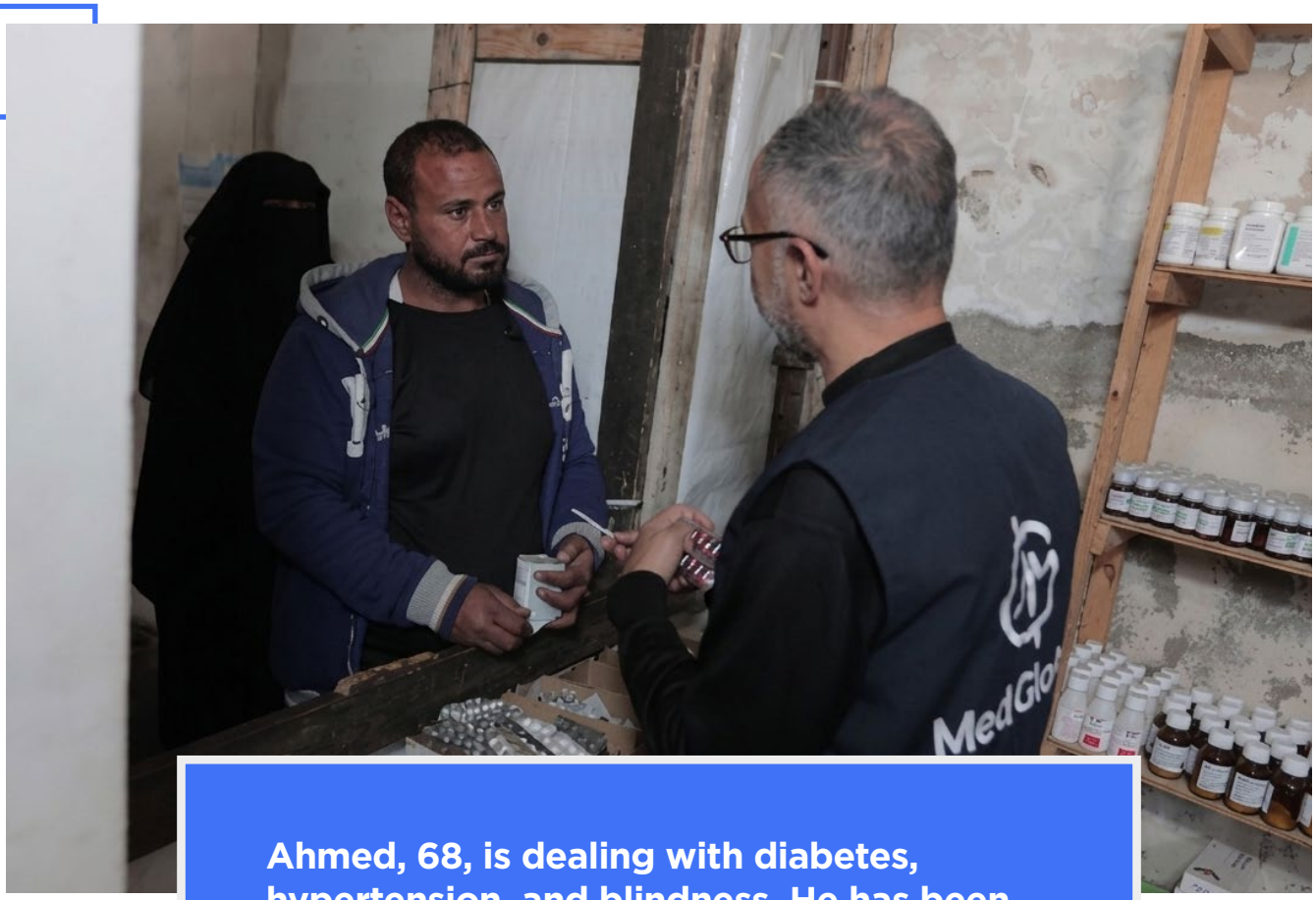
After more than two years of conflict and attacks on health, Gaza's health infrastructure is extensively damaged, significantly undermining the delivery of essential services. There is not a single fully functional hospital left in Gaza, with half of hospitals completely non-operational and the rest only partially functional. Similarly, less than 40% of primary healthcare centers are partially functional. "Gaza urgently requires international medical teams to support the existing healthcare workforce, restore the delivery of essential health services, and help rebuild a comprehensive and resilient health system," warned Dr. Omar Qannan, a consultant in Internal Medicine and Diabetes.

The conflict also created a major forced displacement crisis that has not lessened. Around 90% of people in Gaza remain forcibly displaced, amid continued violence and the destruction of most homes and civil infrastructure in Gaza. Displaced patients often face additional barriers to care, including a loss of medical records, interrupted treatment, financial barriers, and a lack of accessible health facilities nearby. Ninety-four percent of surveyed health professionals observed that internally displaced persons (IDPs) face greater barriers. Moreover, many elderly people lost their caregivers, and people lost even entire families in the conflict, leaving them without support systems. Numerous health workers reported elderly patients and patients with physical disabilities who cannot travel to health sites. One health worker recounted a displaced patient who had both of his legs amputated – one due to an injury in the conflict and the other due to diabetes complications stemming from a lack of access to medication and treatment. With all of his family members killed in the war and no access to regular housing, it is difficult for him to travel to health facilities and get regular care.

Gaza's economic crisis has compounded all of these challenges. Fifty-eight percent of surveyed health workers reported that most patients cannot afford medications. One health worker recounted a patient with heart failure who was repeatedly hospitalized because they could not afford their medication. Others reported their patients already struggled to afford food, so had no ability to pay for expensive medications.

As a result of these developments, MedGlobal teams on the ground report widespread interruptions of chronic disease treatment, forcing many patients to rely increasingly on emergency services for preventable complications. The majority of surveyed health workers (64%) reported a significant increase in patient load related to interruptions in chronic disease treatment.

> *"The economic situation has become catastrophic, with most patients lacking the financial means to purchase medications from the private market, where prices are often prohibitively high."*
>
> *- Dr. Omar Qannan, Consultant in Internal Medicine and Diabetes*



Ahmed, 68, is dealing with diabetes, hypertension, and blindness. He has been displaced for two years, limiting his access to treatment. Harsh conditions from living in a tent also severely worsened his health. Ahmed developed a bacterial skin infection affecting both feet, diagnosed as cellulitis of the lower limbs. The condition caused pain, reduced mobility, and placed him at risk of further complications.

MedGlobal outreach teams identified the seriousness of Ahmed's condition and transferred him to a medical point. With timely treatment and consistent follow-up, the infection subsided, his condition stabilized, and he is currently recovering.

Constraints on Aid

"Every day, we witness patients with cancer, chronic illnesses, and kidney disease struggling to survive without access to the medicines and treatments they desperately need. The prolonged closure of crossings, combined with the near collapse of the healthcare system, has pushed countless lives to the brink.

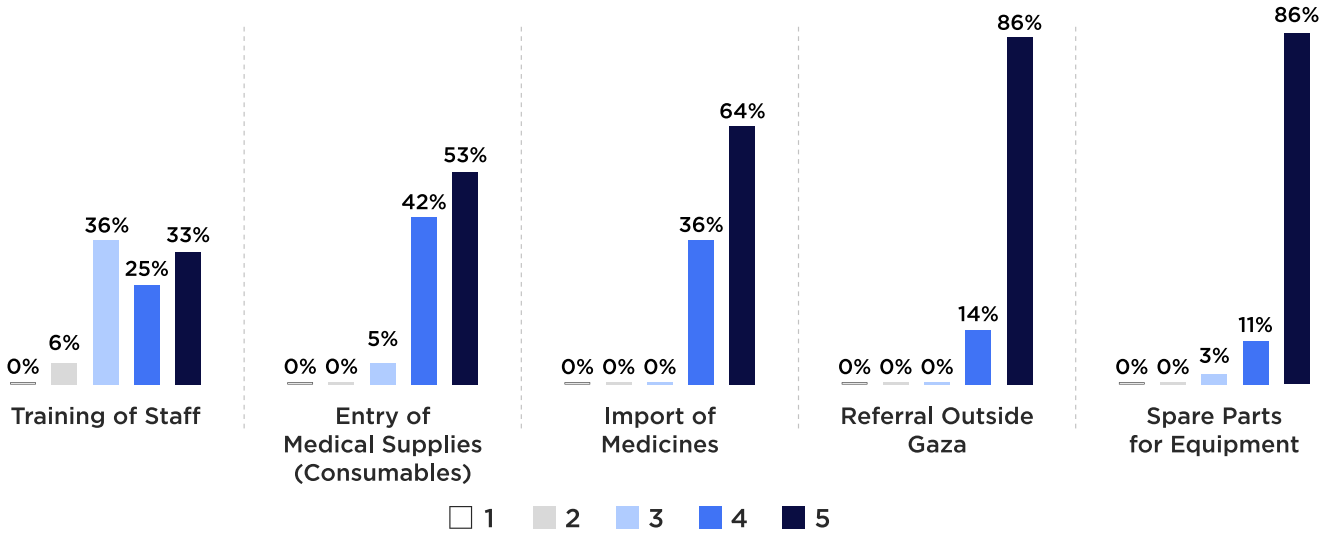
Behind every medicine shortage is a patient whose condition is worsening, whose suffering is increasing, and whose hope is fading. Urgent action is needed to ensure uninterrupted access to lifesaving care."

- Dr. Salwa Al-Tibi, MedGlobal's Country Director in Gaza

Severe constraints on the entry of aid, including medicines and medical equipment, are crippling Gaza's health system. Continued restrictions on "dual-use" medical items have resulted in a dearth of lifesaving medical equipment for the entire health sector. Across the board, surveyed health professionals rated humanitarian access constraints as severe: 64% rated import restrictions as critical, while 86% rated spare parts shortages as critical and the same number rated referral restrictions as critical.

Patients' health conditions are further exacerbated by insufficient access to food, nutrition, clean water or proper sanitation – all of which exacerbate people's vulnerability, including the risk of weakened immune systems and disease outbreaks.

Severity Rating of Humanitarian Access Constraints (1 = No Problem, 5 = Severe Crisis)



Electricity and Fuel Shortages

Fuel shortages have further disrupted hospital operations, limiting the ability of facilities to maintain critical functions and provide continuous care. Ninety-four percent of health workers reported disruptions to dialysis and ICU services due to electricity and fuel shortages, while 89% saw surgical services impacted. Doctors reported patients being forced to have less frequent dialysis sessions due to a lack of fuel and power outages, leading to high levels of stress as patients do not know when their treatment will be available. Nintey-seven percent of surveyed health professionals reported their facilities faced cold chain failures, putting available insulin and other medicines at risk even when available.

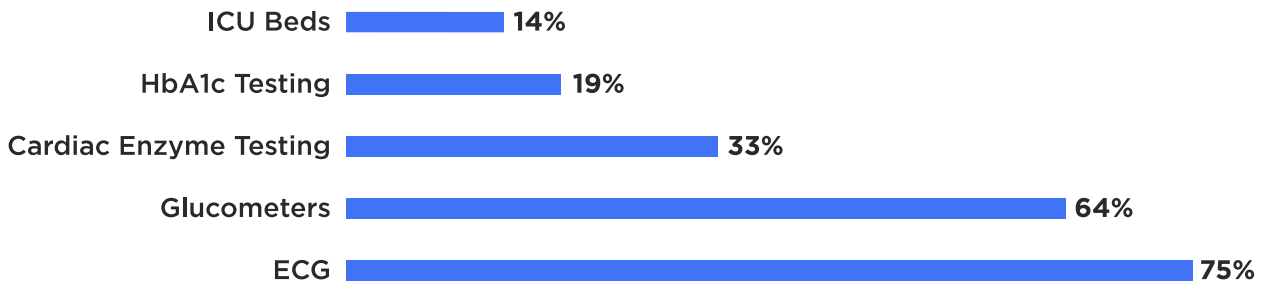
Medication and Medical Equipment Shortages

> *"Every delay in my treatment puts my life at risk. I am living with serious illness, but I cannot reach the care I need."*
>
> *Kamal, a 65-year-old man from Khan Younis, lives with diabetes and chronic kidney failure. Persistent shortages of essential medicines and repeated displacement have significantly disrupted his access to care. His dialysis sessions have been postponed multiple times, while ongoing barriers to reaching health facilities continue to delay treatment. As a result, his condition is steadily worsening, placing him at increasing risk of life-threatening complications.*

Diseases are increasingly underdiagnosed and undertreated in the absence of basic medical supplies. As Dr. Omar Qannan, a consultant in Internal Medicine and Diabetes, noted, "Accurate diagnosis is the foundation of effective treatment." He added, "Before the conflict, laboratory services were functional and diagnostic reagents were readily available, allowing regular laboratory monitoring for patients with chronic diseases. This enabled timely diagnosis, routine follow-up, and evidence-based treatment adjustments. Today, laboratory capacity is severely limited, and when diagnostic tests are available, they meet only a fraction of the overwhelming clinical demand — far less than the needs of the patient population."

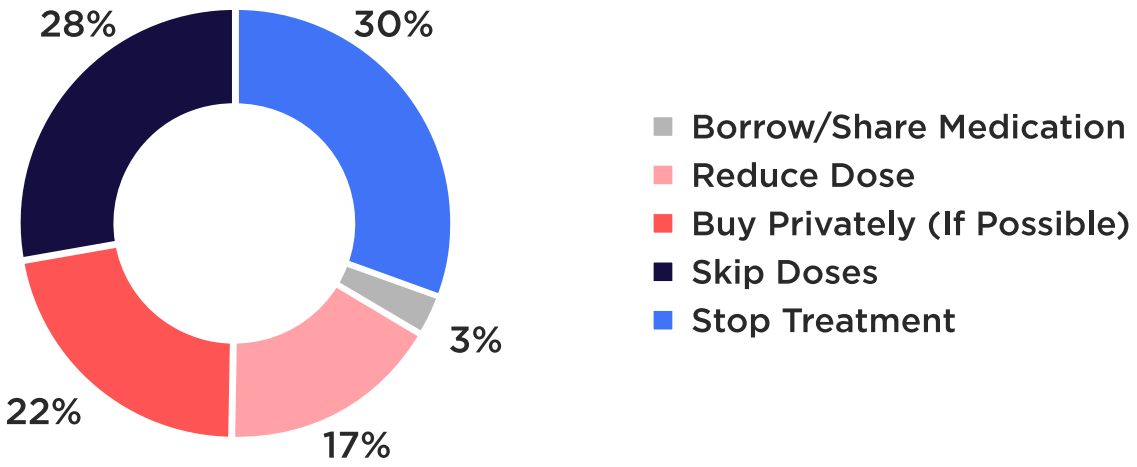
Across Gaza, around 50% of essential medicines are now out of stock, according to the Ministry of Health. MedGlobal sites and warehouses face critical and widespread shortage of the essential medications required for the management of diabetes, cardiovascular diseases, and conditions requiring dialysis. MedGlobal's current level of stock falls substantially below the minimum requirements needed to support even a minimal caseload of patients. The absence of first-line therapies, combined with the limited availability of second-line alternatives, poses a serious risk to continuity of NCD care and increased complications. The result is that patients are forced to reduce, skip or stop treatment at alarming rates.

Availability of Diagnostic Tools and Services in Health Facilities



These constraints reduce the ability of health providers to treat, monitor and manage chronic conditions effectively. For instance, a doctor recounted a patient undergoing an amputation because the health facility lacked the supplies to treat the condition. When care is interrupted, patients' diseases progress, complications arise, and the risk of death increases.

Patient Responses To Essential Medicine Shortages



Diabetes Treatment

"Missing treatment is very dangerous, but I have no other option."

- Mariam, 70, Khan Younis Camp

Mariam lives with multiple chronic conditions, including diabetes and hypertension. Ongoing displacement and shortages have interrupted her access to essential medications, placing her at increased risk of complications.

Before the escalation in conflict in 2023, diabetes was the most common NCD, impacting around 71,000 people in Gaza. Yet first-line treatment options are severely compromised across Gaza. Only 6% of health workers reported consistent insulin availability, with the rest facing supply disruptions for weeks or months at a time. Seventy-two percent of surveyed health professionals reported insulin stock-outs within the previous six months that lasted two or more months.

Even simple diabetic test strips, used to measure blood sugar levels, are increasingly unavailable. Only 19% of surveyed health staff reported availability of Hemoglobin A1c (HbA1c) testing, which measures average blood sugar, while nearly one third (31%) reported no functional diabetes tools. MedGlobal staff report Metformin, a cornerstone of type 2 diabetes management, is entirely unavailable, while only limited quantities of alternative medications, such as Forxiga and Vildagliptin, have been received in recent months. Without insulin, test strips, and other routine care options, diabetes can become fatal.

Abdul, 78, struggled to manage his diabetes after being displaced in Khan Younis. Irregular meals, limited access to insulin and other medications, and constant stress took a swift toll on his health. He presented at a MedGlobal health site with a diabetic foot and a severe infection that ultimately required the amputation of a toe.

He is now under close medical follow-up to stabilize his condition and reduce the risk of further complications. But Abdul still faces major challenges as he requires consistent healthcare, proper nutrition, and uninterrupted access to medication.

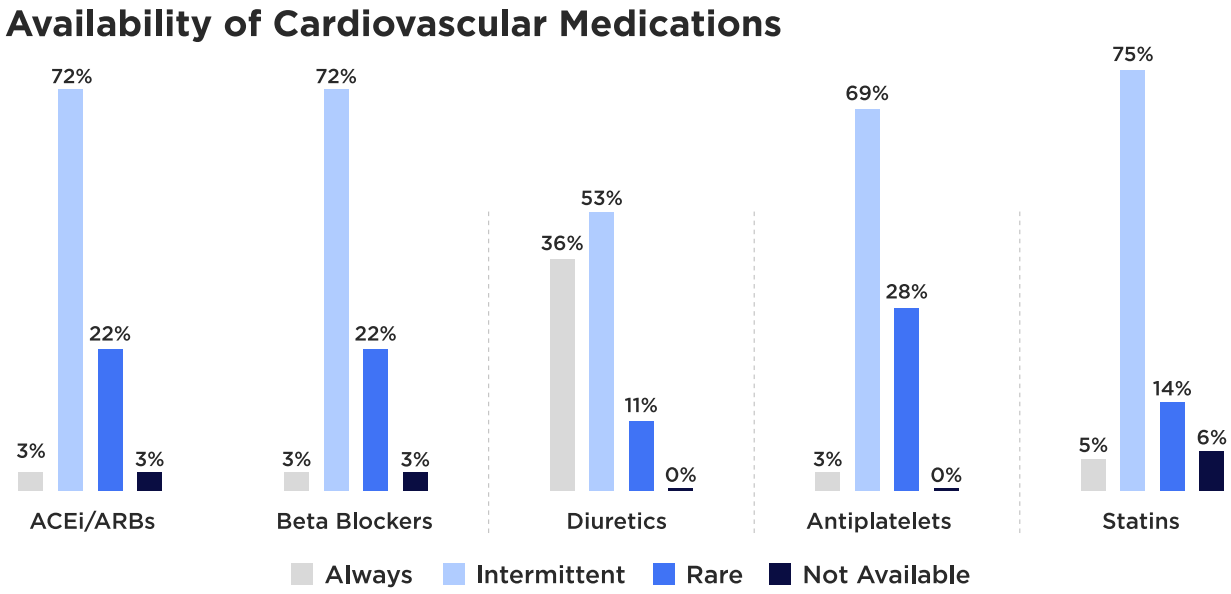
Cardiovascular Treatment

Gaza has only one cardiac catheterization center today, compared to six before the conflict. Most essential medications for cardiovascular treatment (ACE inhibitors, beta blockers, diuretics, etc.) are, at best, only intermittently available. Just over one-third of respondents reported an ability to do cardiac enzyme testing. MedGlobal sites face complete stock-outs of core first-line agents and a growing inability to access even alternative medications.

MedGlobal sites report core first-line agents, including ACE inhibitors and ARBs such as Enalapril, Lisinopril, and Losartan, are not available, with only limited stock of Valsartan (primarily in combination with Amlodipine) and small quantities of Candesartan from recent deliveries. Among beta-blockers, only Bisoprolol is available in limited amounts, while other commonly used medications are entirely absent. Diuretics, including Furosemide, Hydrochlorothiazide, and Spironolactone, are not available at all. Antiplatelet therapy is also critically constrained, with only minimal stock (2–1 boxes) of Clopidogrel and no availability of Aspirin. Furthermore, all statins, including Atorvastatin, Simvastatin, and Rosuvastatin, are completely out of stock.

Dr. Ahmed Nassar, Consultant Cardiologist and Interventional Cardiologist, noted, "Much of the equipment currently in use has exceeded its expected operational lifespan and urgently requires replacement. Due to nearly two decades of blockade, these critical systems have not been adequately renewed or upgraded, substantially limiting our capacity to provide safe, timely, and evidence-based cardiovascular interventions."

These gaps are leading to reductions in cardiac diagnoses, which delay lifesaving treatment for patients, as well as poor control of acute and chronic cardiovascular conditions. Patients face rising risks of preventable complications, including acute myocardial infarction (heart attack), stroke, heart failure decompensation, uncontrolled hypertension, life-threatening arrhythmias, and premature death, while placing additional pressure on Gaza's already overstretched single catheterization center – a specialized unit for the diagnosis and treatment of cardiovascular conditions.



Diabetes Treatment

> *"My life is tied to the dialysis machine. If the machine stops, my life stops."*
>
> *- Abu Mohammed, 57, Northern Gaza*
>
> *Previously receiving regular dialysis, Abu Mohammed now faces reduced access due to infrastructure damage, supply shortages, and transport barriers. His condition reflects the broader risks faced by dialysis patients across Gaza.*

Dialysis is not optional for patients with kidney disease; it is life-sustaining. Around the time of the escalation in conflict in late 2023, there were 1,100 patients in need of kidney dialysis, and centers across Gaza ran around 13,000 dialysis sessions every month. However, today in Gaza, surveyed health workers report to MedGlobal that most patients receive only one session per week. Some surveyed health workers have patients who only receive one half-session a week. At best, they receive two sessions – far below the minimum required for effective treatment.

Capacity is critically constrained, with machines in short supply and breaking down. Within two-and-a-half years of conflict, the number of hemodialysis machines across Gaza had dropped by a quarter, falling from 182 in October 2023 to 134 in January 2026. Replacement machines are urgently required. Additionally, survey respondents reported spare parts for dialysis machines are rarely available, while half reported rare access to functioning water treatment systems, needles, syringes, or sterilization supplies. In one case, a health worker cared for a four-year-old boy with end-stage renal failure without access to any pediatric-sized dialysis catheters, which complicated treatment.

As a result, specialists treating kidney conditions consistently described rising complications, increased mortality, and deaths directly linked to these disruptions in care.

Conclusion: A Rising Death Toll

> *"As a physician, my message is clear: urgent action is needed to save the lives of patients in Gaza through internationally recognized humanitarian and medical mechanisms."*
>
> *- Dr. Ahmed Nassar, Consultant Cardiologist and Interventional Cardiologist*

The worsening crisis in noncommunicable disease care in Gaza is not an inevitable tragedy. It is driven by multiple interrelated factors, including the disruption of essential medicine supplies, shortages of diagnostic and monitoring equipment, and the physical destruction of much of the health system.

Rather than progressing towards recovery, Gaza's health system remains hindered by unnecessary, persistant barriers to care. Despite the collapsed healthcare system, both aid flows into Gaza and the pace of medical evacuations for care abroad remain woefully insufficient. Replacement machines, medicines, and other medical supplies should be surging into Gaza, yet many shortages are getting worse – not better – despite the ceasefire deal in October 2025. As a result, patients living with chronic conditions such as diabetes, cardiovascular disease, and kidney failure are increasingly forced to interrupt treatment or stop it altogether, creating avoidable pain and suffering. Despite these dire conditions inside Gaza, over 18,500 patients are still awaiting clearance for medical evacuation abroad.

Patients across Gaza are running out of time. Nearly all health workers in MedGlobal's survey are seeing a deterioration in patient outcomes. Nearly all (97%) health workers reported patients presenting at later stages, indicating delays in diagnosis and early treatment. These delays are leading directly to an extremely high rate (94%) of severe complications in patients. For example, diabetic patients are facing a rise in diabetic ketoacidosis, amputations, and emergency hypoglycemia. Meanwhile, health professionals treating cardiovascular diseases report seeing more heart attacks, more strokes, and younger patients presenting with acute cardiovascular events.

These gaps in care are now turning manageable diseases into a death sentence. Nearly all respondents (97%) are already reporting an increase in preventable complications and deaths. The majority of health professionals surveyed estimated mortality increases of 10–25%, but some shared figures as high as 50% at their site.

The findings presented in this report reveal a severe deterioration in NCD care across Gaza that should spark urgent action from the international community. An immediate and sustained increase in the entry of essential medicines, medical supplies and equipment, alongside a substantial investment in the restoration of the health system, is vital. An international failure to act would further deepen an already catastrophic health crisis and condemn thousands of Palestinian patients to avoidable suffering, complications, lifelong disability, or even death.

MedGlobal in Gaza

MedGlobal operates 16 medical points and health centers across all five governorates of Gaza, providing primary care, mental health, emergency services, and other health services. The organization also fully supports a maternity and reproductive health hospital in the Middle Area, treating more than 1,400 patients every day. MedGlobal also provides nutrition services, with two nutrition stabilization centers and mobile teams that performed over 163,000 malnutrition screenings in 2025, treated malnutrition cases, distributed supplements, and offered essential medications, therapeutic food, and follow-up care.

In 2025, MedGlobal supported 67 health facilities, supporting over 500,000 direct beneficiaries and more than 600,000 indirect beneficiaries. This work is possible thanks to MedGlobal's team that includes 400+ local Palestinian doctors, nurses, and staff, supported by international medical missions.

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