

Technical Note

Invisible No More:

Estimating the Death Toll, Injuries, and Long-term Disability for Women and Girls in Gaza as of 31 December 2025

The human cost of the war in Gaza extends far beyond recorded fatalities. Recent evidence and analysis across mortality, injuries, and long-term disability suggest a much broader and distinctly gendered impact that remains largely unseen in the official figures report.

Three independent analytical approaches, a population-representative household mortality survey¹, demographic reconstruction and life expectancy modelling², and register reconciliation using capture-recapture methods³ converge on a consistent finding: official death counts significantly understate fatality, with an estimate undercounting ranging from approximately 35-42 per cent.

The peer-reviewed evidence published in [February 2025 in the Lancet Global Health](#) significantly strengthens earlier conclusions that official fatality figures reported by the Gaza Ministry of Health (GMOH) understate the true mortality burden of the war. Based on converging correction factors and sex-disaggregated distributions, **UN Women estimates that more than 38,000 women and girls were killed between 7 October 2023 and 31 December 2025**. Killings have continued in recent months despite the ceasefire, including of women and girls, underscoring the persistence of threats even during periods of supposed reduced violence. Killings have continued in recent months despite the ceasefire, including of women and girls, underscoring the persistence of threats even during periods of supposed reduced violence.

While some fatality data include partial age and sex breakdowns, they fail to capture where and under which circumstances women and girls are killed. The visibility gap is even more pronounced in injury statistics, which have been reported entirely as aggregate figures, without disaggregation by sex or age. **As a result, women and girls remain largely invisible among the injured**, limiting the understanding of the full, long-term impact of the war, including permanent disability, health deterioration, and socioeconomic vulnerability. Since the ceasefire, the invisibility persists, with women and girls largely absent from aggregate statistical reporting.

These data gaps are challenged by the collapse of the health system⁴ and basic infrastructure, which have severely disrupted death registration, injury treatment, and follow-up care, resulting in widespread under-recording of both direct and indirect harms.

¹ Spagat, M., Pedersen, J., Shikaki, K., Robbins, M., Bendavid, E., Hegre, H., & Guha-Sapir, D. (2026). Violent and non-violent death tolls for the Gaza conflict: new primary evidence from a population-representative field survey. *The Lancet Global Health*. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(25\)00522-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(25)00522-4/fulltext)

² Gómez-Ugarte, A. C., Chen, I., Acosta, E., Basellini, U., & Albrez-Gutierrez, D. (2025). Accounting for uncertainty in conflict mortality estimation: an application to the Gaza War in 2023-2024. *Population Health Metrics*, 23(1), 55. <https://doi.org/10.1186/s12963-025-00422-9> <https://link.springer.com/article/10.1186/s12963-025-00422-9>

³ Jamaluddine, Z., Abukmail, H., Aly, S., Campbell, O. M. R., & Checchi, F. (2025). Traumatic injury mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: a capture-recapture analysis. *The Lancet*, 405(10477), 469-477. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)02678-3/fulltext?gsid=0c696a58-c931-4806-8774-645919edf5c1](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02678-3/fulltext?gsid=0c696a58-c931-4806-8774-645919edf5c1)

⁴ As of 7 August 2025, at least 772 attacks on health facilities have been recorded, affecting 125 health facilities, including damage to 34 hospitals and 197 ambulances. WHO EMRO, Emergency Situation Update, Issue 62, 7 August 2025

Within this context, the World Health Organization (WHO) estimates that approximately 42,000 people are living with life-changing injuries requiring long-term rehabilitation following two years of war⁵. In the absence of disaggregated data, the specific impact on women and girls cannot be directly assessed, despite their share among overall casualties. Even under the most conservative estimation, ***UN Women estimates that there are close to 11,000 women and girls with lifelong injuries***⁶.

This persistent lack of demographic visibility across injuries and disability gap constitutes a structural blind spot, obscuring the full extent of harm experienced by women and girls and limiting evidence base for planning for recovery, protection, and long-term social and economic support.

METHODOLOGY

I. Fatality Estimates

UN Women's estimates follow the Lancet Methodology and parameters:

1. Base data: Fatalities reported by the GMOH, updated as of 31 December 2025⁷.
2. Underreporting rate: The 2025 Lancet study demonstrated that GMOH underreported traumatic injury deaths by 41%, or capturing only 59% of the estimated total deaths. Correction factor: $1/0.59 = 1.69$ ⁸
3. Application: Fatalities reported by GMOH are multiplied by 1.69 to estimate true deaths
4. Sex-disaggregated: Female death rates by age group (children under 18=44.6%; elderly over 65 =39.9%) derived from the Lancet study's datasets are applied

Calculation:

Based on the data from OCHA/GMOH as of 31 Dec 2025:

Estimated men fatalities accounting for underreporting = $34,078 \times 1.69 = 57,592$

Estimated women fatalities accounting for underreporting = $10,983 \times 1.69 = 18,561$

Estimated children fatalities accounting for underreporting = $21,283 \times 1.69 = 35,968$

Estimated elderly fatalities accounting for underreporting = $5,100 \times 1.69 = 8,619$

⁵ [Estimating Trauma Rehabilitation Needs in Gaza](#) | WHO | September 2025

⁶ This estimate is derived in the technical annex using the World Health organization's September 2025 assessment of trauma rehabilitation due to life-changing injuries. In the absence of sex and age disaggregated data, proportions from the Ministry of Health retrospective injury survey, used by WHO as a core evidence source, were applied to model the distribution by sex and age. This was further cross-validated using rehabilitation service provider data indicating an approximate 2:1 male-to-female ratio among severe injury cases. Together, these conservative scenarios suggest that women and girls comprise roughly 28-33% of those living with life-changing war-related injuries. Additional details can be found in the technical annex.

⁷ [Reported impact snapshot | Gaza Strip \(11 March 2026\) at 15:00 | OCHA](#)

⁸ This estimate is based on the Lancet (January 2025) using estimates between 7 October 2023 and 30 June 2024

- Apply the female death rates of children under 18 (44.62%) and elderly over 65 (39.91%) from the total identified mortality with age and sex information of the three lists and reported by at least one list
- Estimate women and girls' fatalities, including adult women, girls, and female elderly: 38,000

Final estimate of women and girls' fatalities, including adult women, girls, and female elderly: Exceeds 38,000⁹

The war continues to claim lives at a staggering rate, yet the toll on women and girls remains unseen in official data. By applying rigorous statistical modelling aligned with the Lancet, UN Women brings visibility to this impact. Recognition of women and girls' deaths is not only about numbers, but also central to ensuring accountability, and safeguarding the right to life and dignity.

II. Disability estimates

WHO (Sep 2025): ESTIMATING TRAUMA REHABILITATION NEEDS IN GAZA.

<https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>

1. The report estimates the number of people requiring long-term rehabilitation ("life-changing injuries" refers to long-term rehab needs) due to injuries has almost doubled from 22,500 in July 2024 to at least 41,844 by 24 September 2025. This is equivalent to 25% of the total injuries, 167,376, reported by MoH since October 2023 (as of 24 September 2025).
2. The injury estimate in the WHO report draws on data from four sources:
 - The EMT "Red" Minimum Data Set4 (source 1)
 - The MoH retrospective injury survey (source 2)
 - A centralised list of trauma patients who have been medically evacuated (source 3)
 - Data either shared with WHO or published by rehabilitation actors in Gaza (source 4)

The WHO report also uses additional qualitative data from semi-structured key informant interviews conducted with five participants from MoH supported facilities, UN agencies, and international NGOs providing direct patient care.

The WHO report acknowledges that there remains no definitive data on injury type, severity or distribution in Gaza. All data sources in this analysis have limitations.

⁹ Independent demographic reconstruction by MPIDR estimates approximately 78,318 excess deaths by end 2024, published in [October 2025](#). Survey-based estimates from the Gaza Mortality Survey covering a similar period (through January 2025) also indicate total mortality substantially exceeding official counts at approximately 83,650 deaths, published in February 2026. Although based on different methodologies, demographic life-table modelling versus household survey recall, both approaches converge on a magnitude of mortality consistent with the scale identified in peer-reviewed Lancet analyses.

3. Based on data source 2 from the MoH retrospective injury survey, it is reported that: “A total of 3,664 patients were registered on the portal between September 2024 and June 2025. Of these, 57% were adult males and 13% were adult females; 22% were children, and 8% were adults over the age of 60.”

These proportions were part of the same evidence set that WHO used to model the total 41,844 people with long-term disability. So it is methodologically reasonable to scale these proportions to the total.

Apply the proportions to the total of 41,844 people injured

Adult males (57%): $0.57 \times 41,844 \approx 23,851$

Adult females (13%): $0.13 \times 41,844 \approx 5,440$

Children (22%) – need to split male/female: $0.22 \times 41,844 = 9,206$ children. Applying the ratios from Lancet study above for female children 44.62%, sex split among children:

→ Female children $\approx 4,108$

→ Male children $\approx 5,098$

Older adults (8%) – also split by the ratios from Lancet study above for female elderly 39.91%, $0.08 \times 41,844 = 3,348$

→ Female older adults $\approx 1,336$

→ Male older adults $\approx 2,012$

- Females by age
 - Adult women (15–59): 5,440
 - Girls (0–17): 4,108
 - Older women (60+): 1,336

Total females with long-term war injuries: 10,884 ~ 10,900

- Males by age
 - Adult men (15–59): 23,851
 - Boys (0–17): 5,098
 - Older men (60+): 2,012

Total males with long-term war injuries: 30,961 ~31,000

Table summary

(Sex- and age-disaggregated; derived from WHO + MoH severe-injury dataset)

Group	Estimated number	Method / assumption
Adult women (15–59)	5,440	13% of total
Girls (0–17)	4,108	44.62% of child group (22% of total)
Older women (60+)	1,336	39.91% of ≥60 group
Adult men (15–59)	23,851	57% of total
Boys (0–17)	5,098	55.38% of child group (22% of total)
Older men (60+)	2,012	60.09% of ≥60 group (8% of total)

Source: WHO (Sep 2025): ESTIMATING TRAUMA REHABILITATION NEEDS IN GAZA.

<https://cdn.who.int/media/docs/default-source/hq-whe/estimating-trauma-rehabilitation-needs-in-gaza-september-2025.pdf>

Sex	Total
Female	10,884
Male	30,961

4. Based on data source 4 of key rehabilitation providers, it is stated that: “Gender disaggregation is relatively consistent between all partners, with a 2:1 ratio (male: female), although there are variations seen between age ranges. This is broadly consistent with MoH mortality data.”

The WHO report stated its limitation of this source: “As with MoH data, information from rehabilitation service providers only reflects patients who were able to access and be accepted into services. It therefore does not capture the full scope of rehabilitation needs, as those unable to reach services or who did not meet emergency prioritization criteria are excluded. While this limits its use in estimating the overall injury burden in Gaza, the data remains an important contribution to the report and helps inform the final injury estimate.”

Apply this 2:1 ratio into estimation

Total people with life-changing injuries (WHO): 41,844

- Male $\approx 2/3$ of cases $\rightarrow 0.667 \times 41,844 \approx 27,910$
- Female $\approx 1/3$ of cases $\rightarrow 0.333 \times 41,844 \approx 13,934$

Rounded:

- Male: $\sim 27,900$
- Female: $\sim 13,900$

These numbers are very close to our earlier estimate (31,000 male, 10,900 female), but using Data Source 4 gives a slightly higher female share (33% instead of 28%).

This is **probably more accurate** because it is based on multiple providers, not a single MoH registry.

Table summary

Sex	Estimated number with life-changing injuries	Basis
Male	27,900	2:1 ratio from all rehabilitation partners (Data Source 4)
Female	13,900	Consistent with OCHA/MoH mortality patterns
Total	41,844	WHO estimate