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## The Humanitarian Crisis that Exists in Gaza

OFFICE FOR THE COORDINATION OF  
HUMANITARIAN AFFAIRS (OCHA)

Background Guide: Prepared by Trevor

**About the Author:**

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**Note:** The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) helps humanitarian organizations respond to crises around the world. They work to understand the needs of affected people and coordinate international support. More information can be found here: <https://www.unocha.org/ocha>

## Intro



The Gaza strip is a narrow piece of land that is settled in between Egypt and Israel. The land spans approximately 363 square kilometers long<sup>1</sup>. The Gaza strip is one of the most populated regions in the world with their population being estimated to be just over 2 million, which accounts for around 6000 people per square kilometer in the strip. Because it is such an extremely dense area

Source: The Economist there have been numerous humanitarian crises from internal or external pressures<sup>2</sup>. Military conflicts and political disagreements have been disrupting living conditions for over a century. The area came to be when the borders were declared after around 750000 Palestinians fled or were displaced from their past homes in modern day Israel, which the Palestinians refer to as Nakba<sup>3</sup>. Shortly after in 1949 the Egyptians took military control over the strip and brought in another 200000 Palestinian refugees who were able to settle into United Nations relief agencies through the UNRWA program<sup>4</sup>. From the massive influx of people arriving in under a decade, the area's economy and demographics drastically changed. Tensions rose between Israel and the newly formed Gaza strip which resulted in a six day war in 1967. Israel took control over the Gaza strip and many other important areas such as East Jerusalem and West Bank. This war resulted in another major displacement event for all of the Palestinians who recently relocated to the Gaza strip and was the start of the longest military control operation in the modern day. Israel set up 20 settlements over the time they controlled the Gaza

<sup>1</sup> Gaza Strip | definition, history, facts, & map | britannica. (n.d.). <https://www.britannica.com/place/Gaza-Strip><sup>2</sup> Abu-Rmeileh, Niveen ME, et al. "Health-related quality of life of Gaza Palestinians in the aftermath of the winter 2008–09 Israeli attack on the Strip." *The European Journal of Public Health* 22.5 (2012): 732-737. <sup>3</sup> Sa'di, Ahmad H., and Lila Abu-Lughod, eds. *Nakba: Palestine, 1948, and the claims of memory*. Columbia University Press,

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<sup>4</sup> Bocco, Riccardo. "UNRWA and the Palestinian refugees: a history within history." *Refugee Survey Quarterly* 28.2-3 (2009): 229-252.

strip and controlled the region with military power up until 1994. The prolonged pressure on the Palestinian people fueled the creation of the well known Hamas militant group<sup>5</sup>. Shortly after in 1993, Israel's long standing military control came to an end as a result of the Oslo Accords agreements. These agreements were between the Israeli government and Palestinian leaders and they transferred ownership of the Gaza strip over to the newly created Palestinian Authority, led by Yasser Arafat. Everyone was happy to have this conflict over, with there being optimistic talks for the future of Israeli- Palestinian relations<sup>6</sup>. However this short spike of optimism would quickly be crushed after Israel's Prime Minister, Yitzhak Rabin was assassinated in 1995. This was followed up by protests and riots held by Palestinians to show disapproval for Israel's still non cooperative military presence in the strip. In 2005 Israel finally disengaged from the region, withdrawing all of their troops and 9000 settlers from Gaza. But yet again this victory did not last long. In 2006 when the Hamas group won Palestinian elections and took control over Gaza, a civil war broke out the year after. This civil war united Israel and Egypt to create a blockade surrounding the land, air and sea of Gaza. This blockade has been extremely detrimental to the health of people living in Gaza as it restricts their movement and access to basic human goods used in everyday society. The restriction of goods from two countries sandwiching them essentially destroyed their economy which led to even more humanitarian crises within Gaza. Since these blockades were put in place tensions between Hamas and Israel have been high, with numerous conflicts happening between 2007 and 2021. The cycle of conflicts damages Gaza's remaining infrastructure and has worsened every issue within the region. The current conflict started from a Hamas retaliation against Israel in 2023, but this time has gained national attention because of the overblown and unprecedented response from Israel.

<sup>5</sup> Abu-Amr, Ziad. " Hamas: a historical and political background." *Journal of Palestine Studies* 22.4 (1993): 5-19.<sup>6</sup> Hassan, Shamir. "Oslo accords: the genesis and consequences for Palestine." *Social Scientist* 39.7/8 (2011): 65-72.

### **Current Crisis & Displacement**

Ever since 2023 Israel has continued to escalate the situation year over year. According to OCHA and the ministry of health in Gaza over 170000 Palestinians were injured, with 75000 of them being killed violently between October 2023 and 2025<sup>7</sup>. The war has destroyed Gaza's infrastructure with many important hospitals, schools and water systems no longer working. The previously growing dense population was yet again displaced. Israel's military had control over 80% of the Gaza strip and they had orders to use fear and power to displace the populations in the areas under their control. In 2025 it was reported that around 1.9 million people were displaced in Gaza, which is an insane 90% of their population<sup>8</sup>. This displaced population turns to displacement sites set up by UNRWA where the humanitarian crisis is not much better due to overcrowding and similar factors. To support the situation the UN tried to reach Gaza to assist in food, psychological and medical aid which out of 164 attempts 148 were denied by Israel. Along with the denials all forms of aid were stopped from March to May 2025, close to 80 consecutive days<sup>9</sup>. This drawn out blockade put the vast majority of the population of Gaza in a famine. After the blockade ended The UNRWA which provided the vast majority of aid, was still limited heavily by Israel on how much aid they were allowed to bring into Gaza. This limitation caused OCHA's head to put out a public statement about how bad the conditions are for people trying to access food in Gaza. The UN followed up with human rights statistics displaying to the public

<sup>7</sup> Spagat, Michael, et al. "Violent and Nonviolent Death Tolls for the Gaza War: New Primary Evidence." *medRxiv* (2025): 2025-06.

<sup>8</sup> Staff, T. (2025). *Senior Hamas official says group's control over Gaza has "completely collapsed"* | *The Times of Israel*. The Times Of Isreal. [https://www.timesofisrael.com/liveblog\\_entry/senior-hamas-official-says-groups-control-over-gaza-has-completely-collapsed/](https://www.timesofisrael.com/liveblog_entry/senior-hamas-official-says-groups-control-over-gaza-has-completely-collapsed/)

<sup>9</sup> UNRWA situation report #152 on the humanitarian crisis in the Gaza Strip and the West Bank, including East Jerusalem | unrwa. (2025).

<https://www.unrwa.org/resources/reports/unrwa-situation-report-152-situation-gaza-strip-and-west-bank-including-east-jerusalem>

that in late 2025 only 40% of Gaza's drinking water facilities were working and 93% of

households were facing major water and food security issues<sup>10</sup>. To further make the situation

worse, only 18 hospitals were functional for the vast majority of 2025, and the majority of

children could not access their education<sup>11</sup>. This conflict has resulted in children, women and

elderly people in Gaza put at major health and exploitative risks.

### **Committee tasks**

The huge scale and major impact to children in Gaza prompted OCHA to bring together the UN

members for discussions about aid and military solutions. The UN system is in place to protect

people and be the group that provides help when needed across the globe. The effort to help

children in Gaza is at the top of their list for the severity of damage against them and the urgency

needed to assist them. The committee members of the OCHA body operate in a specific way and

are limited on assistance they can provide. They cannot deploy military peacekeeping and cannot

impose sanctions so they are left with relief operations, policy development and resource

partnerships to help support communities in need<sup>12</sup>. They are faced with a difficult task to solve,

of ensuring safe and sustainable humanitarian aid to all locations in Gaza. They have to develop

plans around dangerous working conditions for aid providers, the blocking of supplies and the

denial of many movements through the Israeli military. When creating these plans the committee

should be focused on prioritizing the rights and needs of children in Gaza. The solution created

should follow humanitarian principles and respect international law. Their solution would benefit

<sup>10</sup>*"thirst as a weapon": UN experts condemn Israel's deliberate dehydration and starvation of the Palestinian people | ohchr. United Nations. (2025).*

<https://www.ohchr.org/en/press-releases/2025/07/thirst-weapon-un-experts-condemn-israels-deliberate-dehydration-and>

<sup>11</sup> Francia, Guadalupe, and Tabisa Arlet Verdejo Valenzuela. "The Rights to and Within Education in Armed Conflicts: The Case of Gaza 2023–2025." *Social Sciences* 14.9 (2025): 524. <sup>12</sup> HARAKE, MF. "The Implementation of Humanitarian Projects: The "How to" Approach of the United Nations' OCHA." (2024).

from the arrangement of help from external NGO partners and UN agencies. All of these factors together would create the building block to develop an immediate life saving action plan along with a longer term sustainable resilience plan. This must be done quickly as the children in Gaza cannot keep waiting for political tensions to work themselves out. The solutions implemented must act fast and save lives to be an effective support to the modern day's worst humanitarian crisis.

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## Key Military Operations and Escalations

The Gaza Strip is a small, densely populated coastal territory located along the eastern Mediterranean Sea, bordered by Israel to the north and east, Egypt to the south, and the Mediterranean Sea to the west. Home to over two million people within an area of approximately 365 square kilometres, Gaza is one of the most densely populated regions in the world. The majority of Gaza's population consists of Palestinian refugees and their descendants, many of whom were displaced during the Arab–Israeli conflict of 1948. Gaza's geographic constraints, limited natural resources, and restricted access to external markets have contributed to long-standing socioeconomic vulnerability. These structural conditions have been further intensified by recurring cycles of armed conflict, political instability, and prolonged restrictions on the movement of people and goods, rendering the territory highly susceptible to humanitarian crises during periods of escalation.

### Operation Cast Lead (2008–2009)

**Dates:** 27 December, 2008 – 18 January, 2009

Operation Cast Lead marked one of the earliest large-scale military confrontations between Israel and Hamas following Hamas's consolidation of control over the Gaza Strip. The operation occurred in the context of the breakdown of a June 2008 ceasefire (*tahdiy'ah*), alongside worsening siege conditions affecting Gaza's civilian population. According to contemporary assessments, the escalation was triggered by a combination of Israeli incursions into Gaza and an increase in rocket fire from Hamas following the collapse of the truce. Israel's stated objectives included degrading Hamas's military and political infrastructure and resetting ceasefire terms, while Hamas sought to pressure Israel to lift the blockade and strengthen its political control over Gaza. The operation

resulted in large-scale destruction of infrastructure and significant civilian casualties, contributing to long-term damage to housing, public services, and livelihoods that Gaza has struggled to repair in subsequent years (United Nations Human Rights Council, 2009; B'Tselem, 2009).

### **Operation Pillar of Defense (2012)**

**Dates:** 14- 22 November, 2012

Operation Pillar of Defense took place against the backdrop of the Arab uprisings and shifting regional dynamics, including political change in Egypt under President Mohamed Morsi. The immediate trigger for the operation was the targeted killing of Hamas military commander Ahmed al-Jabari, followed by an escalation in rocket fire from Gaza. Israel framed its objectives as restoring deterrence and damaging Hamas's rocket capabilities, while Hamas sought to reassert its relevance and respond to internal pressures from more militant factions. The confrontation ended with a ceasefire that outlined conditions for both sides. Politically, the operation had broader regional implications, as Hamas gained increased visibility and legitimacy through engagement with regional actors, while the Palestinian Authority appeared increasingly marginalized. Despite its relatively short duration, the operation reinforced patterns of cyclical violence and further weakened Gaza's already fragile civilian infrastructure (United Nations Office for the Coordination of Humanitarian Affairs, 2012; International Crisis Group, 2012).

### **Operation Protective Edge (2014)**

**Dates:** 8 July – 26 August 2014

Operation Protective Edge represented the most prolonged and destructive escalation between Israel and Hamas prior to the late 2010s. The operation followed rising tensions after the breakdown of indirect negotiations and an escalation in rocket fire from Gaza. The conflict resulted in extensive civilian harm and widespread displacement, with over 2,000 Palestinians killed, including a large number of civilians and children, and significant destruction of housing and critical infrastructure. Israel experienced sustained rocket fire, leading to civilian displacement and disruption of daily life. The scale of destruction was substantial, with tens of thousands of homes damaged or destroyed, placing immense strain on humanitarian agencies and reconstruction efforts. Politically, the operation was widely assessed as strengthening Hamas's position relative to the Palestinian Authority, particularly in the West Bank, while entrenching Gaza's humanitarian dependence due to reconstruction delays and continued restrictions on movement and materials (United Nations Human Rights Council, 2015; OCHA, 2014).

Taken together, these operations illustrate how repeated cycles of escalation have progressively undermined Gaza's capacity to recover between conflicts. Each confrontation has compounded existing vulnerabilities by damaging infrastructure faster than it can be rebuilt, reinforcing reliance on humanitarian aid, and limiting the effectiveness of ceasefires in addressing underlying structural issues. As highlighted in UN assessments, the cumulative effect of these operations has contributed to chronic humanitarian need, widespread displacement, and the erosion of essential services, setting the conditions for the severe humanitarian crisis that OCHA continues to address today (United Nations, 2020; OCHA, 2023).

### **Developments Between 2014 and October 7, 2023**

Following the conclusion of Operation Protective Edge in August 2014, Gaza did not experience a sustained period of stability. Between 2015 and 2017, reconstruction efforts were slow and uneven, constrained by restrictions on the entry of materials, limited funding, and continued political division between Hamas and the Palestinian Authority. During this period, living conditions deteriorated steadily, with recurring electricity shortages, declining access to clean water, and rising unemployment contributing to increased humanitarian dependence (OCHA, 2016).

In 2018 and 2019, tensions escalated during the *Great March of Return* protests along the Gaza–Israel perimeter fence, resulting in large numbers of casualties and placing additional strain on Gaza's health system. Although ceasefires were intermittently brokered through regional intermediaries, they remained fragile and short-lived. Further escalations occurred in May 2021 and August 2022, involving exchanges of rocket fire and airstrikes that caused civilian casualties and damage to residential and public infrastructure, reinforcing patterns of cyclical violence without addressing underlying structural conditions (United Nations Human Rights Council, 2019; OCHA, 2021).

By the early 2020s, United Nations agencies consistently warned that Gaza's humanitarian situation had become unsustainable. A majority of the population relied on humanitarian assistance, essential services operated under chronic emergency conditions, and economic activity remained severely restricted. Persistent isolation, repeated escalations, and the absence of durable political arrangements contributed to an increasingly volatile environment, setting the conditions for the large-scale attack by Hamas that began on 7 October 2023 (United Nations, 2022; OCHA, 2023). The conflict in 2026 remains highly active, largely due to ongoing hostage negotiations between Hamas and Israel, which have heightened Israel's military posture and prolonged large-scale military operations across the Gaza Strip. Continued hostilities, combined with severe restrictions on access and movement, have prevented stabilization efforts and significantly constrained humanitarian response. As a result, conditions for civilians have continued to deteriorate, with repeated displacement, infrastructure damage, and

disruptions to essential services reinforcing Gaza's status as one of the most acute and complex humanitarian crises globally (OCHA, 2026).

## **Humanitarian Crisis in Gaza**

The humanitarian crisis in Gaza has reached emergency levels as a result of sustained hostilities, repeated mass displacement, and the near collapse of essential civilian systems. By 2026, the majority of Gaza's population has been forcibly displaced at least once, with many families experiencing multiple displacements over short periods of time. Ongoing military operations and evacuation orders have contributed to widespread instability, leaving civilians with limited access to safe shelter and exposing them to heightened protection risks. Displacement has placed overwhelming pressure on already fragile humanitarian infrastructure, including shelters, schools, and informal displacement sites, many of which lack adequate water, sanitation, or medical services (OCHA, 2026).

Essential services across Gaza have been severely degraded or rendered non-functional. Electricity supply remains intermittent or unavailable in many areas, disrupting water pumping, wastewater treatment, health facilities, and communications. Damage to water and sanitation infrastructure has significantly reduced access to safe drinking water, increasing the risk of waterborne disease outbreaks. Solid waste management systems have collapsed in several localities, compounding public health risks and environmental hazards. The cumulative destruction of infrastructure, combined with restrictions on the entry of fuel and spare parts, has limited the capacity of service providers to restore even basic functionality (United Nations, 2025).

Food insecurity has escalated sharply as a result of restricted access, market disruption, and the loss of livelihoods. Agricultural production has been severely constrained by damage to farmland, fishing restrictions, and the destruction of food storage and distribution facilities. Many households are unable to access sufficient or nutritious food, and reliance on humanitarian food assistance has increased significantly. OCHA has consistently reported that access constraints and funding shortfalls have limited the scale and regularity of food distributions, placing vulnerable populations at heightened risk of malnutrition (OCHA, 2026).

The health system in Gaza is operating under chronic emergency conditions. Hospitals and clinics have sustained damage from hostilities, while shortages of medical supplies, fuel, and trained personnel have undermined service delivery. Overcrowding, repeated mass casualty events, and disruptions to referral pathways have further strained

capacity. Preventive and routine healthcare services, including maternal and child health care, have been severely disrupted. As a result, civilians face increased mortality risks from both conflict-related injuries and preventable diseases (World Health Organization, 2025).

Civilian protection risks remain acute. Civilians continue to be exposed to hostilities in densely populated areas, while displacement, overcrowding, and the breakdown of community structures have heightened risks for children, women, older persons, and persons with disabilities. The erosion of civilian infrastructure and limited access to protection services have compounded vulnerabilities, underscoring the severity of Gaza's humanitarian emergency (OCHA, 2026).

## **Humanitarian Impact**

The humanitarian impact of the crisis in Gaza is multidimensional and affects nearly all aspects of civilian life. Food security has deteriorated significantly as households face restricted access to markets, loss of income, and disruptions to food supply chains. Many families have exhausted coping mechanisms and rely almost entirely on humanitarian assistance. OCHA assessments indicate that food consumption gaps have widened, with vulnerable populations increasingly unable to meet minimum dietary requirements, particularly in displacement settings (OCHA, 2026).

Access to water, sanitation, and hygiene services has been critically reduced. Damage to water networks, desalination plants, and sewage systems has limited the availability of safe water for drinking and household use. In many areas, water supply is irregular or contaminated, forcing families to rely on unsafe sources. Sanitation facilities in shelters and displacement sites are frequently inadequate, increasing risks of disease transmission, especially in overcrowded conditions. Public health actors have warned that continued service disruption may result in large-scale health emergencies (United Nations, 2025).

The health sector has been among the most severely affected. Health facilities continue to operate with limited resources amid high demand, facing shortages of essential medicines, medical equipment, and fuel. Repeated displacement has interrupted continuity of care, particularly for patients with chronic illnesses, pregnant women, and children. Mental health needs have increased significantly, with widespread exposure to trauma and loss contributing to long-term psychosocial harm (WHO, 2025).

Shelter conditions remain precarious. Large numbers of displaced persons are living in overcrowded shelters, damaged buildings, or makeshift accommodations that offer little protection from hostilities or environmental exposure. The destruction of housing stock,

combined with limited reconstruction capacity, has left many families without durable shelter solutions. Recurrent displacement has further undermined household resilience and increased dependency on humanitarian support (OCHA, 2026).

Protection concerns are pervasive. Civilians, particularly children, face heightened risks related to violence, family separation, exploitation, and psychosocial distress. The breakdown of education services, limited access to protection actors, and insecurity within displacement sites have exacerbated vulnerabilities. OCHA and protection partners have emphasized that the scale and severity of protection needs in Gaza remain among the highest globally (United Nations, 2025).

## **International Response**

The international response to the humanitarian crisis in Gaza has involved a range of United Nations agencies, international organizations, and non-governmental partners working under severe operational constraints. The Office for the Coordination of Humanitarian Affairs plays a central role in coordinating humanitarian action, facilitating information sharing, assessing needs, and advocating for humanitarian access. OCHA supports the development of humanitarian response plans and monitors funding requirements and gaps to guide donor engagement (OCHA, 2026).

UN agencies active in the response include the World Food Programme, the World Health Organization, UNICEF, UNRWA, and other specialized agencies addressing food security, health, water and sanitation, protection, and education needs. These actors operate through local and international partners to deliver life-saving assistance, often under rapidly changing security conditions. Despite these efforts, humanitarian operations have been repeatedly disrupted by access constraints, insecurity, and damage to infrastructure (United Nations, 2025).

Donor governments have pledged significant financial support to the humanitarian response; however, funding shortfalls remain substantial. OCHA has reported that humanitarian appeals for Gaza have been consistently underfunded relative to identified needs, forcing agencies to prioritize emergency interventions while scaling back or suspending other critical services. Delays in funding disbursement and uncertainty surrounding future contributions have further constrained planning and operational continuity (OCHA, 2026).

Obstacles to aid delivery remain significant. Restrictions on the movement of goods and personnel, damage to roads and border infrastructure, and security risks to humanitarian workers have limited the volume and regularity of assistance entering Gaza. Diplomatic challenges related to access negotiations and coordination among parties to the conflict

have further complicated response efforts. As a result, humanitarian actors have been unable to consistently meet the scale of needs identified, despite sustained international engagement (United Nations, 2025).

## **Tasks of the Committee**

In light of the severity and persistence of the humanitarian crisis in Gaza, the Office for the Coordination of Humanitarian Affairs has called for this meeting to enable Member States to assess current conditions and consider the role of the international community in supporting an effective humanitarian response. The situation presents complex challenges related to access, protection, and coordination, requiring sustained attention and cooperation among UN bodies and Member States.

Delegates should consider the mandate of OCHA as a coordination and advocacy body rather than a direct provider of humanitarian assistance. Within this framework, delegates may examine how humanitarian coordination can be strengthened, how access constraints affect response effectiveness, and how funding gaps impact the delivery of life-saving aid. Delegates should also consider the importance of protecting civilians and humanitarian workers, in accordance with international humanitarian law, and the role of information sharing and needs assessments in guiding response priorities.

Keeping in mind that OCHA does not possess enforcement authority, delegates may not authorize the use of force, impose sanctions, or mandate political outcomes. Instead, deliberations should focus on coordination mechanisms, humanitarian principles, resource mobilization, and engagement with relevant UN agencies and partners. Delegates should also consider the diplomatic and operational constraints faced by humanitarian actors and the implications these constraints have for civilian protection and humanitarian access.

By examining these issues, delegates are encouraged to develop informed, practical recommendations that align with OCHA's mandate and contribute to alleviating humanitarian suffering in Gaza.