Politics Disguised as Science:

Systematic distortions in the IPC's Gaza report of August 25

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Key Findings

The IPC Famine Review Committee (FRC) declared famine (IPC Phase 5) in Gaza Governorate on 22 August 2025 — the first such declaration in the Middle East. This report was immediately criticized for serious methodological flaws, prompting the IPC to issue a formal response on 30 August meant to address these concerns. Instead of resolving them, the response introduced new problems and reinforced the pattern of distortion. The main flaws across both the August 22 report and the August 30 response can be summarized as follows:

- **Misuse of MUAC Thresholds**

  The famine declaration was based on a 15% MUAC threshold presented as equivalent to 30% WHZ. However, analysis of the very dataset IPC cites shows that this threshold is far more permissive — flagging six times as many cases as famine compared with the 30% WHZ line — and that, contrary to the IPC's claim, the actual WHZ/MUAC prevalence ratio in the Middle East is about 1.3, not 1.9, implying a famine cut-off closer to 23%.

- **Undisclosed and Distorted Malnutrition Screenings Dataset**

  There was a mismatch between the charts supposedly showing a sharp increase in malnutrition rates and the data presented in the annex of the FRC report. In its August 30 response, the IPC admitted that a separate, undisclosed dataset had been used. Upon close inspection, this "new" dataset was found to be riddled with major methodological violations, distortions, and misrepresentations — bordering on outright fraud.

- **Biased and Unrepresentative Sampling**

  Much of the data was drawn from hospital settings and children involved in Blanket Supplementary Feeding Programme (BSFP) malnutrition prevention programs. This is at odds with IPC guidelines, introduces profound selection bias, and renders the findings unsuitable as indicators of the wider population’s nutritional status.

- **Cherry-Picking of Food Security Surveys**

  Two July food security surveys diverged (36% vs. 12%), but the FRC highlighted only the higher, even though the annex characterized both as equally reliable. The response admitted relying mainly on the higher survey without sound methodological justification or explanation for previous lack of transparency and sought to reinforce its conclusions by leaning on non-defining

indicators like Food Consumption Score (FCS), artificially inflated by non-standard cut-offs irrelevant to Gaza.

- **Improbable MUAC/MUACZ ratios**
  Survey results show extreme variability in MUAC/MUACZ ratios across groups and sites, as well as unusually high values — some of them, such as UNRWA's Gaza City figures, surpassing anything observed in the published literature on the subject by a large margin. These anomalies could stem from different populations being surveyed or from inconsistent measurement methods, but either way they raise serious doubts about representativeness. Since the most extreme ratios coincide with the highest reported malnutrition rates, presented as key evidence of "exponentially growing malnutrition," selective data manipulation cannot be ruled out.

- **Absence of Mortality Evidence**

  Famine classification requires clear evidence of excess deaths. Yet the independent surveys cited in the report as supposed evidence of approaching the famine threshold show the opposite: mortality rates were nowhere near it. Similarly, Gaza Ministry of Health figures were not only almost two orders of magnitude lower than the IPC protocol threshold, but also flat over time — directly contradicting the IPC's claim of exponential growth.

- **Ignoring Signs of Improved Aid Entry and Food Prices**

  The IPC cited rising food prices as evidence of deterioration up to mid and late July, but then selectively ignored the reversal of this trend and a dramatic drop in food prices from late July into early August, alongside rising aid flows and new access measures — all clear signs of improvement omitted from the analysis.

- **Politicization and Neutrality Concerns**

  Membership of the FRC included individuals with known partisan affiliations — including public expressions of support for groups involved in the October 7 attacks and for Houthi assaults on international shipping. This not only undermined the neutrality and credibility of the analysis but also introduced clear biases into the interpretation of evidence.

Executive Summary

The **Integrated Food Security Phase Classification (IPC)** and its **Famine Review Committee (FRC)** constitute the internationally recognized UN-based framework for assessing the severity and scale of food insecurity in crisis settings. The IPC was established to provide analyses that are scientifically rigorous, transparent, and systematically comparable across countries. Its credibility rests on strict adherence to a carefully designed methodology, which includes standardized procedures, transparent documentation, triangulation of multiple data sources, independent peer review, and final verification by the FRC. These safeguards are intended to ensure that IPC analyses are grounded in valid evidence, applied consistently, and protected from political interference or distortion.

Notably, the **Famine Review Committee (FRC)** is designed to operate as an independent body of scientific experts. It is convened whenever an analysis suggests that famine (Phase 5) or near-famine conditions may be occurring, in order to scrutinize the data, methodology, and conclusions of the IPC teams before any famine classification is confirmed or dismissed. The FRC is supposed to ensure that famine declarations are consistent with the IPC Technical Manual, transparent, and evidence-based, and it provides "consensus statements" about whether evidence meets the criteria for famine. These measures are essential for the IPC to fulfill its stated purpose of providing **scientifically rigorous, objective, and impartial assessments** of food insecurity, so that decisions about humanitarian response are grounded in empirical evidence rather than advocacy or bias.

However, in the context of the current war between Israel and Hamas in Gaza, the IPC and FRC have repeatedly issued reports that were both methodologically flawed and tendentious, consistently repeating—and failing to correct—obvious errors. This pattern culminated in the recent August 2025 report, which represented an inexcusable departure from the guidelines for analyzing the most critical famine indicators. On the basis of this flawed analysis, the report erroneously declared that famine (IPC Phase 5) was occurring in the Gaza Governorate (including Gaza City), with reasonable evidence—the first such official famine declaration in the history of the Middle East.

The IPC/FRC declared a famine despite evidence to the contrary, shaping both their data and methodology to support that conclusion. This is not to minimize the very real hardships faced by the civilian population in Gaza. Israel is making immense efforts to mitigate these hardships, paying a heavy price in terms of imposing limitations on operations and provides resources, financial as well as material, to a criminal adversary that thrives on the diversion and monetization of aid.

The core issue is that the IPC failed to uphold its own safeguards and released reports that were egregiously flawed. In doing so, it has undermined its credibility and eroded the trust essential for cooperation across all sides to protect the vulnerable populations the reports are intended to serve.

The discussion that follows will examine several of these flaws, demonstrating that the analytical failures of the FRC are multi-layered, with each error compounding and amplifying the others. Even when considered individually, each mistake is highly problematic from a scientific perspective; taken together, they render the report untenable. It is important to note that in its report submitted on August 4 the IPC analysis team itself did not recommend classifying the Gaza Governorate as Phase 5, but rather suggested "at least an IPC AFI Phase 4." While there is no basis even for this recommendation, it did not breach IPC guidelines as egregiously as the FRC's August 22 report. Moreover, it was issued earlier, before the full impact of the improving supply situation had become evident. For this reason, this document focuses primarily on the FRC report of August 22, though it will occasionally address the two bodies together. Unless otherwise specified, references to the IPC/FRC herein pertain specifically to the FRC's August 22 report. It should also be noted that the FRC responded to criticism directed at its initial report – albeit in a manner which revealed new evidence of, at the very least, professional negligence. As both the initial report and the attempt to defend it are revealing of issues afflicting FRC conduct, they will be addressed separately, with the response to the FRC's response attached in the appendix.

The following conspicuous errors in the report will be addressed in this document:

1. **The IPC/FRC report relied on selective and misleading malnutrition data to justify a famine declaration.** The annex tables attached to the original report did not match the charts presented in the body of the document. Crucially, the annexed numbers showed no upward trend in malnutrition, with roughly the same average prevalence in the first and second half of July. The Israeli government's initial criticism further noted that the annex tables did not match the full July evidence released by the Nutrition Cluster on August 8; when that complete dataset is considered, the prevalence of acute malnutrition falls well below the 15% threshold required for Phase 5 Famine — or even for Phase 4 Emergency. Under pressure from this critique, the FRC issued a clarification on August 30, admitting that the data annexed to its report were not the data actually used in its analysis, and claiming instead that the analysis was based on a later "full" dataset received on August 12. Yet, as the detailed analysis below shows, this so-called new dataset is riddled with methodological violations, distortions, and misrepresentations — bordering on outright fraud.

2. **The IPC/FRC violated IPC guidelines by drawing from data largely collected in hospital settings composed in a large part (according to the FRC report) of children being screened for inclusion, or participating, or after participation, in BFSP malnutrition prevention programs**. Regardless of the exact inclusion/exclusion process, which the FRC report leaves vague, this approach is completely at odds with IPC guidelines and introduces a profound selection bias that severely compromises the validity of the findings, even had they not been cherrypicked, and renders them unsuitable as an indicator of the general population's nutritional status.

3. **Even setting aside the failures to follow the guidelines in the analysis of the malnutrition data, the practice of substituting the MUAC 15% threshold for the WHZ 30% threshold is faulty**. The MUAC (Mid-Upper Arm Circumference) standard is far more permissive than the original WHZ (Weight-for-Height Z-score) standard, with the best available evidence suggesting that it yields over six times more positives. Moreover, the IPC did not meet the requirement to further anchor the MUAC threshold in geographically-relevant data and based it on an apparently misunderstood regional average of medians anchoring that was all but meaningless – and certainly misleading. Hence, the malnutrition criteria for famine declaration was almost certainly unfulfilled, even based on the incomplete cherrypicked data presented in the FRC report.

4. **Improbable MUAC/MUACZ ratios**

   Measurements by the Data providers of IPC/FRC have presented a high variability of MUAC/MUACZ ratios between sampling groups and between sampling sites. UNRWA measurements in Gaza city in particular surpass any previously published ratio. This is at the very least indicative of very different population groups being sampled or of inconsistency in measurement methodology. Either way, it raises serious doubts about how well the results reflect the wider population. Moreover, since these "off-the-charts" ratios also happen to coincide with the highest reported malnutrition rates – that are driving the narrative of "exponentially growing malnutrition" – it is also possible that some of the data were selectively manipulated.

5. **The IPC/FRC violated scientific standards by dismissing the critical indicator of non-traumatic mortality associated with malnutrition**. As will be demonstrated, had a famine truly existed under established IPC/FRC standards—even in Gaza City alone—there should have been daily mass deaths from malnutrition of about 100–200 people. Yet even the highly problematic

data published by the Gaza Ministry of Health show nothing of the kind. Nor are the findings of the family surveys published to date in wartime Gaza consistent with either the 2024 IPC/FRC reports or the August 2025 FRC report. Neither are the results of the WFP-mediated CATI (Computer-Assisted Telephone Interviewing) survey, performed in accordance with FRC recommendations between 20 April and 9 June 2024. In light of the problems outlined above, the declaration of Phase 4 emergency or Phase 5 famine in the absence of evidence for malnutrition-related mortality strips the concept of all meaning and redefines it beyond recognition.

6. **The second pillar of FRC declaration of famine "with reasonable evidence"—the food security surveys in the Gaza Strip—was presented in a highly misleading manner**. As the Network Contagion Research Institute (NCRI), affiliated with Rutgers University, revealed in a recent report, the IPC/FRC conducted two separate surveys but chose to disregard the one that showed lower rates of malnutrition.[1] Such selective omission is scientifically indefensible and appears designed to support a predetermined conclusion of famine.

7. **The IPC/FRC underestimated the amount of food entering Gaza in July and August 2025**. It did so by relying on equivocal and imprecise language and by miscalculating caloric content of incoming aid. This, too, renders its analysis highly problematic.

8. **The IPC/FRC also obscured the sharp decline in prices during late July and August—**a clear indication that goods were becoming increasingly available across Gaza and driving prices downward. At the same time, it overlooked the concurrent drop in the premium charged for application-based payments, another signal of improving market conditions.

9. **The IPC selected members to the FRC committee who have publicly expressed extremely biased views in support of October 7 and Houthi attacks on international shipping.** This almost certainly played some role in the report's scientific sloppiness and politicized character. The influence of these committee members on the contents of the report aside, the inability of the

[1] Network Contagion Research Institute (NCRI), "Starving for the Truth: Fraud, Famine and the Collapse of Rigor in IPC's Gaza Declaration", Contagion and Ideology Report, B-25-25 (August 2025), pp.3-4.

FRC to immunize itself from the infiltration of individuals expressing such morally abhorrent positions, if only for the sake of appearances, suggests a worrying deterioration in the professionalism of the organization.

Each of these flaws alone casts serious doubt on the analysis and findings of the report. Collectively, they reinforce and amplify the biases of the report and undermine its credibility. The evident politicization of the IPC erodes trust and defeats its founding purpose. It creates barriers to the effective delivery of humanitarian aid, rewards intransigent extremism, and ultimately harms the people of Gaza.

A Critique of the IPC/FRC Gaza Report of August 22, 2025

The Integrated Food Security Phase Classification (IPC) partnership and its **Famine Review Committee (FRC)** form the internationally recognized UN-based system for classifying the severity and magnitude of food insecurity in crisis situations. The IPC was established to deliver scientifically rigorous, transparent, and systematically comparable analyses of food security across countries. Its credibility depends on strict adherence to a carefully designed methodology, including standardized procedures, transparent documentation, triangulation of multiple data sources, independent peer review, and final verification by the FRC—measures intended to ensure that assessments are evidence-based, applied consistently, and shielded from political distortion.

The FRC itself is designed to function as an independent body of scientific experts, convened when an analysis suggests that famine (Phase 5) or near-famine conditions may be occurring. Its role is to scrutinize the data, methods, and conclusions of IPC teams before a famine classification is either confirmed or rejected. The FRC is charged with ensuring that any declaration of famine adheres to the IPC Technical Manual, is transparent, and rests on a sound evidentiary basis. It does so by issuing "consensus statements" on whether the evidence meets the criteria for famine.

Together, these safeguards are essential for the IPC to fulfill its mandate: providing scientifically rigorous, objective, and impartial assessments of food insecurity, so that humanitarian responses can be based on empirical evidence rather than advocacy or bias.

In March 2024, the IPC issued a dire projection of famine in the Gaza Strip, built on flawed assumptions about pre-war food supply—specifically, the claim of "500 daily trucks," prewar, of which 150–180 were food trucks. The implied mortality in these reports and those that followed, both in its forward projections and in its contemporaneous situation assessment, never materialized.

Now, a year and a half later, the IPC and the FRC have repeated the same methodological errors, compounding them with an inexcusable lapse in the analysis of the critical indicators used to classify food insecurity and famine. The IPC/FRC committee members, it seems, were determined to declare a famine regardless of the evidence—selecting data and stretching its methodology to fit that conclusion.

The discussion that follows examines fundamental flaws, showing that the analytical failures of the IPC/FRC are multi-layered, each one reinforcing and amplifying the others. Even when viewed apart, each of these mistakes is highly problematic from a scientific point of view. Taken together, they render the report untenable. Since the IPC's findings were formally endorsed by the FRC on August 22, the two bodies will

be addressed together. Unless otherwise specified, references to the IPC/FRC pertain to the definitive FRC report of August 22.

Part 1:

Relying on partial and misrepresented data

The most important and, indeed, astonishing failure of the IPC/FRC report is its reliance on selective and misrepresented data to arrive at a predetermined conclusion — namely, the existence of famine — despite the availability of other evidence that points in a very different direction. As the Israeli government emphasized in its initial response,[2] the dataset included in the annex covered only about half of the July MUAC (mid-upper arm circumference) screenings — five sub-samples covering about 7,500 children — while the full dataset of over 15,700 children was already available at the time. Second, the report's claim of a sharp rise in malnutrition between the first and second half of July is not supported even by the incomplete annexed data, in which the averages for the first and second halves of July were essentially flat.

By contrast, the full July dataset, published by the Nutrition Cluster on August 8, showed a weighted GAM rate of 12.2% — well below the 15% famine threshold. Parsing the data by publication date (8.8 versus 23.7) and Nutrition Cluster dating of the samples indicated a **decline** in GAM prevalence between the first and second half of July, without surpassing the 15% threshold in either half of July. In short, based on the data in the annex itself, it appeared that the IPC disregarded the complete July dataset—which placed Gaza City below the threshold—and instead claimed malnutrition rates for the first and second halves of July that were not consistent with the data included in the report, portraying them as evidence of an "exponential growth" in prevalence.

It's worth emphasizing that this supposed "exponential growth" is the main fulcrum on which the entire report swings. It is used to justify the catastrophic projection for the upcoming months, in spite of increasing food supply and indisputable evidence of plummeting food prices in both North and South Gaza, trends which are incompatible with a famine situation (see parts 5 and 6). The urgency of the situation—illustrated by this supposed exponential rise in malnutrition indicators—is invoked as justification for stretching the IPC/FRC protocol to the breaking point. Hence the criticism outlined above undermines the very foundations on which the whole justification for famine designation was built.

Only a week after being confronted with this critique did the FRC issue a "clarification" on August 30. In it, they first admitted that the annexed July data did not match the

[2] https://govextra.gov.il/mda/ipc/gaza/

charts presented in the report. More importantly, they acknowledged that the data contained in the annex was not the dataset actually used in their analysis. Instead, they claimed that the famine classification was based on an additional, larger dataset they received on August 12 — a dataset that was never disclosed in the original August 22 report and was not published by the Nutrition Cluster. This amounts to a fundamental shift in their narrative: the annexed July malnutrition screening results, which readers were led to believe formed the evidentiary basis of the famine classification, were not the actual basis at all. Rather, the analysis was supposedly carried out on a later and undisclosed body of evidence. As will be shown in detail in the appendix of this critique, which is dedicated to the August 30 "clarification", the "new" dataset of August 12 is itself riddled with major methodological violations, distortions, and misrepresentations — bordering on outright fraud, including:

- Claiming to provide age-weighted estimates while in fact presenting simple averages that systematically inflated results.
- Reintroducing samples previously excluded from Nutrition Cluster analyses for poor quality and retaining other data that, under the IPC's own rules, should have been discarded.
- Retroactively shifting the dates of the largest sub-sample to exaggerate the supposed increase in malnutrition rates between the first and second halves of July.

Here, it is sufficient to underline the core point: the FRC's famine classification rested on data that was neither transparently presented nor properly validated, and the subsequent clarification only underscores the extent to which the process departed from the IPC's own standards of transparency and methodological rigor.

Furthermore, as will be demonstrated below, this was only the most glaring of many oversights, omissions and outright breaches of ICP guidelines. All these deviations compound upon each other to misleadingly validate a narrative — **unsupported by the actual data** — of an exponentially growing crisis.

Part 2:

Unrepresentative Sampling

According to the FRC report, many of the MUAC measurements it cites come from children admitted for malnutrition prevention treatment. There are no clear indications whether measurements are performed on screening, on admission, during treatment, upon release, or some combination thereof. Indeed, there is no indication of standardization of measurements in either the IPC/FRC report or the Nutrition Cluster report, contrary to IPC protocol concerning reliance on MUAC. **The sample was**

therefore inherently biased, since children admitted to malnutrition programs, or screened for admission, cannot be considered representative of the broader population. The use of hospitals as staging grounds for malnutrition surveys is in any event expressly forbidden by IPC protocol and directives from June 2025. [3]

Although the use of non-representative surveys is permitted under IPC protocols, such an approach is explicitly recognized as inferior to representative surveys, which themselves are regarded as less reliable than broader surveys encompassing the majority of the population. In this case, however, the reliance on non-representative surveys utilized precisely those clinics offering treatment for the very malnutrition whose prevalence in the general population the FRC intended to determine. **This constitutes an especially egregious example of inherently biased sampling**. Furthermore, use of such surveys requires rigorous standardization which the practices collected under the auspices of the Nutrition Cluster simply do not meet. It would be more accurate to refer to these samples as "convenience sampling", as Zeina Jamaluddine, one of the authors of the FRC report, did in an article she submitted for publication in December 2024:

> "Humanitarian actors have instead relied on rapid community-based screening based on middle-upper-arm circumference (MUAC), an anthropometric index that, while predictive of the risk of death, **does not correlate well with WHZ**. These screenings have, to our knowledge, **relied on convenience** rather than population representative samples"[4]

It is worth noting that Gaza possesses a comprehensive, internationally funded medical system comparable to that of developed countries and is saturated with international humanitarian organizations. Medical personnel make up 2 out of every 1,000 individuals, about two thirds of the Israeli ratio. It is not beyond the capability of either these organizations or the Gaza Ministry of Health (GMOH) to perform analysis based on selected, representative clusters rather than "convenience clusters" which conveniently happen to overrepresent the very condition whose prevalence they seek to define. Indeed, FRC recommendations at the beginning of the war called for exactly this.

Indeed, during the war, the WHO, in partnership with the GMOH, conducted three massive polio vaccination campaigns that achieved nearly 100% coverage. It strains

[3] IPC-AMN-Compatible-Data-Sources.pdf ; pg 2. Only community-based Sentinel Sites are compatible with the IPC (**Health Facility-based sentinel sites are not allowed**).

[4] https://www.researchgate.net/publication/386991370_Evolution_of_child_acute_malnutrition_during_war_in_the_Gaza_Strip_2023-2024_retrospective_estimates_and_scenario-based_projections

credulity that the IPC or other international actors on which it regularly relies elsewhere could not take advantage of this effort — even once — to conduct a representative survey and compare its findings with those of its convenience surveys, if only as a means of assessing their validity.

Part 3:

The MUAC 15% threshold: a faulty criterion for malnutrition

In IPC methodology, WHZ is regarded as the gold standard for measuring GAM. Accordingly, the IPC guidelines permit the use of MUAC measures only when WHZ data are unavailable, applying what is defined as "preliminary threshold" of 15%, The key questions, then, are whether this substitution is valid - both globally, and in Gaza in particular —and if not, in what ways it biases the conclusions.

While the practical challenges of accurately measuring weight and height in humanitarian crises are understandable (though they may not be as prevalent in the specific case of Gaza), applying a 15% MUAC threshold not only lacks a scientific basis but is also fundamentally flawed, severely biasing conclusions toward false positives.

First, the IPC's own guidelines (version 3.1) emphasize that the MUAC standard lacks scientific basis, and that in particular, there are no established thresholds that could be used to measure GAM:

> "However, *global thresholds for GAM based on MUAC are unavailable at present* and reporting on combined prevalence estimates of GAM based on MUAC and GAM based on WHZ is currently not a standard practice. The IPC urges the nutrition community to work towards developing global standards for a more inclusive approach when determining the magnitude of the acute malnutrition problem by including all forms of acute malnutrition. […] Because the preliminary thresholds have been developed by the IPC Global Partnership, and *authoritative thresholds are still missing*, GAM based on MUAC can only be used in the absence of GAM based on WHZ." (p. 160, emphases added).[5]

[5] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf?utm_source=chatgpt.com

For practical reasons, MUAC may be used. However, the 15% threshold appears to have been chosen in an ad hoc manner, based on limited empirical data, primarily from Africa.

The FRC report (p.20) makes a scant attempt to justify the use of the 15% threshold:

> "The relationship between the median prevalences from nutrition surveys in the Middle East has been reported by Leidman et al. (2019). The analysis from this paper showed that the ratio of the median prevalences from these surveys was 1.9, indicating that prevalence of acute malnutrition measured using GAM by MUAC is likely to be about half of that measured using WHZ."[6]

In other words, supposedly, one-half of 30% should be approximately the right threshold. However, a closer look at Leidman et al. (2019),[7] the paper on which the report relied, reveals that the figure of 1.9 – which does not explicitly appear in the paper, but was rather derived from its data by the FRC report's authors – is all but meaningless. This survey includes 882 samples from around the world, each with both WHZ and MUAC measures. Only 9 (!) of these are from the Middle East (Jordan, Iraq and Yemen), and therefore 1.9 is simply the ratio of the respective median WHZ and MUAC prevalences (2.28%/1.23% = 1.85%;)[8]. Taking the ratio of medians of 9 observations only is uninformative, particularly considering the very large degree of variability in these measures and their ratios reported in this paper. The becomes evident when comparing the claimed value to the actual country-level ratios: Yemen - 1.33, Jordan - 1.28, and Iraq - 0.68,- all three well below the claimed 1.9 ratio. There is also no basis for using an average that includes distant Yemen and Iraq when data is available for nearby Jordan, most of whose population is Palestinian, but in any case, the Jordanian ratio is also the median of the three countries, providing an additional justification for using it as a plausible regional proxy for Gaza.

Regardless of the correctness of this regional ratio, the report justifies its reliance on it—which conveniently dovetails with their assumption that a 15% MUAC corresponds to a 30% WHZ—by claiming that "there is no survey data available from the Gaza Strip that can be used to compare the relationship between the prevalence of acute

[6] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf, p.20.

[7] Leidman, Eva, Alexia Couture, Erin Hulland, and Oleg Bilukha. 2019. "Concordance Between Estimates of Acute Malnutrition Measured by Weight-for-Height and by Mid-Upper Arm Circumference After Age Adjustment: Population-Representative Surveys from Humanitarian Settings." *BMC Nutrition* 5 (August): 39.

[8] see Leidman et al. 2019, Table 1

malnutrition measured using MUAC and WHZ."[9] Yet such data do, of course, exist, given the extensive health coverage in Gaza prior to the war**.**

A variety of other studies have indeed examined MUAC and WHZ in Gazan and Palestinian children. Thus, the MSNA survey found a MUAC GAM of 4.0% and a GAM WHZ of 3.8% in children under 5 years of age.[10] Another UNICEF study specifically examined the existence of malnutrition in Palestinian refugee camps in Lebanon.[11] Other studies have examined the average MUAC and WHZ in Gazan children from different nutritional backgrounds[12] with the authors stating that "The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation." Indeed, UNRWA has carried out routine measurements of Gazan children from which one of the authors of the article derived an extensive database:

> "Table 2 and Figure S20 compare the model's simulated pre-war distributions of HAZ, WAZ and WHZ to those obtained from the UNRWA growth monitoring dataset and the 2019-2020 MICS, indicating reasonable concordance, albeit with a lower modelled-than-observed variance. Figure S21 compares the model to a pre-war survey done among children"[13]

While the FRC may have had valid reasons not to rely on the data of any one of these studies, or to mine their data to construct a more robust model, there is no valid reason to misleadingly claim in the text of their report that "In the absence of WHZ data, which is the case of Gaza" and "there is no survey data available from the Gaza Strip that can be used to compare the relationship between the prevalence of acute malnutrition measured using MUAC and WHZ". It is likewise difficult to comprehend the absence of any FRC recommendation over the past two years to carry out a validation survey, utilizing the same preexisting programs, to determine the genuine relationship between WHZ and MUAC in Gaza over nearly two years, including during the January 2025 ceasefire – a precaution which IPC guidelines themselves would seem to mandate.

Returning to the question of the general substitutability of the two thresholds, consider Figure 1b in Leidman et al. (2019), reproduced as Figure 2 below, which plots WHZ against MUAC for a global dataset of 882 samples, many of which from contexts of

[9] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf; pg 8

[10] https://www.unicef.org/sop/media/1091/file/Nutrition%20Assessment.pdf

[11] https://www.unicef.org/mena/media/15741/file/National%20Nutrition%20SMART%20Survey%20Report%20.pdf; pg 84, table 29

[12] https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2022.808700/full

[13] https://www.medrxiv.org/content/10.1101/2024.12.10.24318783v1.full.pdf; Pg 11

malnourished populations in sub-Saharan Africa. The highlighted rectangle centers on the MUAC threshold of 15%, covering the range of 14–16%. Within this range, there are dozens of samples (more than 60, based on an AI-assisted query), yet only four exceed the WHZ threshold of 30%. Moreover, WHZ levels within this range vary widely, with the mean appearing to fall between 15% and 20%. In other words, if the purpose of the MUAC threshold is to predict exceedance of the WHZ threshold, then within this critical range (just above which Gaza Governorate is presumably situated), approximately fifteen out of sixteen cases would be false positives. Another way to see the difficulty is to note the very large share of samples with MUAC > 15%. To be sure, many of these come from high-risk areas such as the DRC or South Sudan. But can it really be the case that so many famine-level GAMs have gone unnoticed?

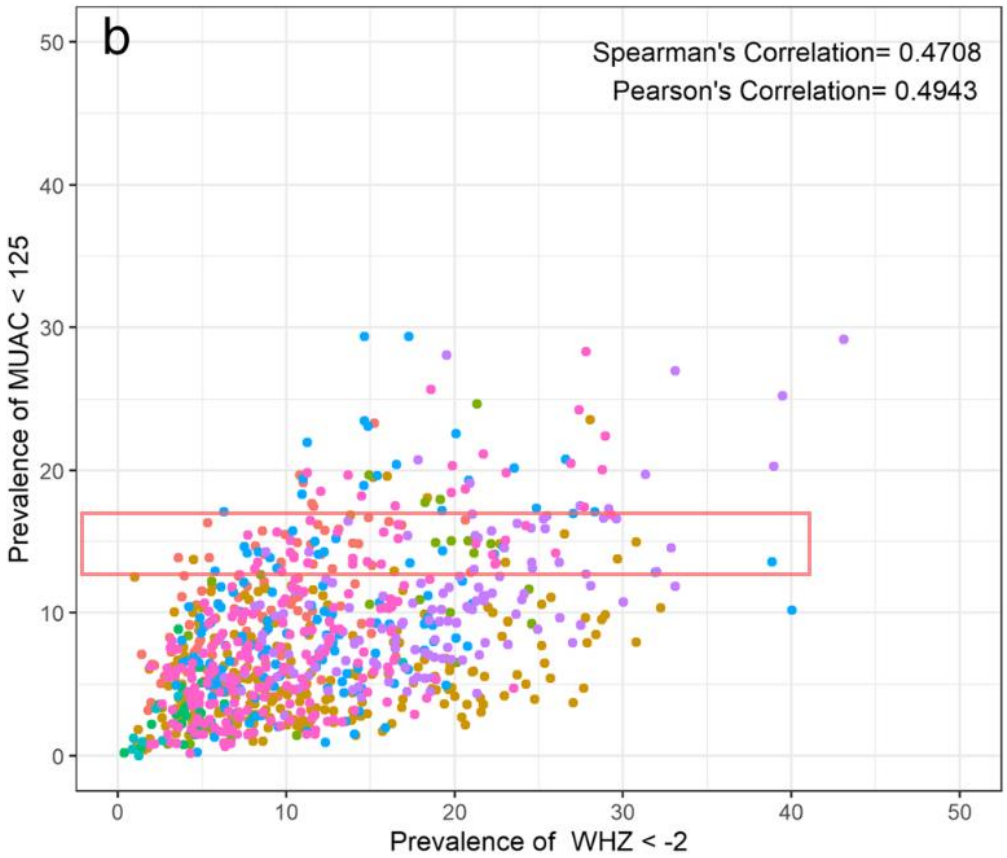

Figure 1: Correlation of MUAC<125 with WHZ<-2 (Leidman et al. 2019, Figure 1b)

While WHZ is preferred by the IPC over MUAC, one could argue that both are merely proxies for an unobserved variable: the true prevalence of GAM. The fact that a 15% MUAC threshold produces an absurdly high rate of false positives may, in part, reflect noise in WHZ itself or noise inherent to MUAC, not only the choice of an excessively low MUAC threshold. This possibility cannot be ruled out without a much-needed expansion of scientific knowledge on the relationship between the two measures and

their ability to predict other outcomes, such as morbidity and mortality. However, it is apparent from the data that a threshold of MUAC ≥ 15% is far more permissive than WHZ ≥ 30%. Applying these thresholds to the sample used in Leidman et al. (2019) yields fifteen positive cases for WHZ and as many as ninety-five positive cases for MUAC. In other words, the criterion used by the report is 6 1/3 times more likely to yield a positive outcome than the one for which it was designed to substitute. In other words, these two criteria are plainly not equivalent – it is precisely for this reason that IPC guidelines state the 15% MUAC threshold is insufficiently grounded for universal use and requires local calibration.

Furthermore, in an earlier study using most of the same dataset as the sole paper on which the IPC/FRC report relied, Bilukha and Leidman (2018) examined the correspondence between MUAC and WHZ.[14] While they found that the MUAC threshold should indeed be somewhat lower than the equivalent WHZ threshold, they also demonstrated that the variation is far too great to make MUAC a credible substitute for WHZ: "Developing an algorithm for conversion between prevalence of wasting by MUAC and WHZ, or converting WHZ-based thresholds to MUAC-based thresholds, is inadvisable given the observed correlation and high heteroscedasticity" (p. 9).

Furthermore, the paper concludes that:

> "Estimates of wasting from MUAC-only assessments, such as those collected in humanitarian contexts with great insecurity, cannot be reliably converted to estimates of wasting by WHZ as prevalence of wasting assessed by MUAC is poorly correlated with prevalence wasting assessed by WHZ. As such, data presented in this analysis does not support the development of MUAC-based crisis thresholds corresponding with the current WHZ-based thresholds" (p. 9).

And yet this is precisely what the IPC guidelines mandate.

To summarize, not only is there insufficient scientific basis for using MUAC thresholds as a substitute for WHZ thresholds, but the best available evidence clearly indicates that MUAC simply cannot serve as a replacement for WHZ. Moreover, when it is being used regardless, the 15% threshold is excessively permissive and bound to produce an extraordinary share of positives, far larger than WHZ.

[14] https://pubmed.ncbi.nlm.nih.gov/31911840/

It is worth noting that in recent years, in war-torn Yemen (2024) and Somalia (2022) — both of which have far less developed medical systems than Gaza — the FRC reviewed and ultimately rejected calls to declare famine, despite the presence of much higher MUAC measurements accompanied by verified non-traumatic mortality rates that far exceeded anything claimed by the GMOH in Gaza. In both cases, MUAC-based GAM prevalence above 15% was recorded. In both cases, however, WHZ-based GAM levels were lower, or roughly equivalent, disqualifying the 15% MUAC threshold as a reliable global indicator of widespread malnutrition. And in both cases, very high mortality rates were documented — far higher than anything reported in Gaza or claimed by the GMOH. Notably, in neither case was the possibility entertained that these figures represented only the "tip of the iceberg" of unreported mortality, as the FRC assumes without solid evidence to be the case in Gaza.

Specifically, according to the FSNAU SMART survey conducted in Somalia in July 2022, GAM based on WHZ was at 24.9% (95% CI: 21.6-28.6) and GAM based on MAUC was at 28.8% (95% CI: 21.2- 33.3). The crude death rate was 1.69 per 10,000 and 3.72 for children under 5. And yet the FRC concluded that:

> "With the high degree of uncertainty and volatility of drivers at this point in time, the FRC is unable to endorse the TWG classification with a sufficient degree of confidence." [15]

In 2024, children in Yemen's Adh-Dhalaea district recorded a MUAC-based GAM of 25.6%. Yet the WHZ-based GAM was only 7.6%, and thus did not warrant concern. By contrast, in Al-Khokha district of Hodeida province, a MUAC GAM of 26.0% corresponded to a WHZ-based GAM of 33.2%. However -

"nevertheless, the crude and under-five mortality was very low, at 0.28 and 1.03 per 10,000 per day respectively, which is below the threshold for emergency IPC classification."[16]

Nor do the claims in the report that the declarations of famine in South Sudan (2020) and Sudan (2024) exclusively relied on MUAC data for their GAM measure acknowledge the fact that MUAC rates were far higher than in Gaza Governorate. They

[15] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Report_Somalia_Dec2022.pdf

[16] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Yemen_Acute_Malnutrition_Nov2023_Oct2024_Report.pdf

exceeded 20% in all units in which famine was declared, and in most cases by a large margin. Therefore, the claim that, regardless of the merit of the MUAC threshold, the same standard was applied equally in previous cases, conceals the fact that in all previous cases in which the MUAC standard was exclusively used to assess GAM, either the indicators were considerably more alarming, famine was not declared, or both occurred.

Part 4

Impossible MUAC/MUACz ratios

Thus far, we have addressed the MUAC measurements presented by the FRCs data providers as if they were legitimate. However, a review of the MUAC/MUACz measurement ratios reveals results that surpass anything observed in the published literature on the subject—including the data cited by the FRC itself—by a large margin.

This is most egregious in the UNRWA data for Gaza City among children aged 25-59 months (figure 2):

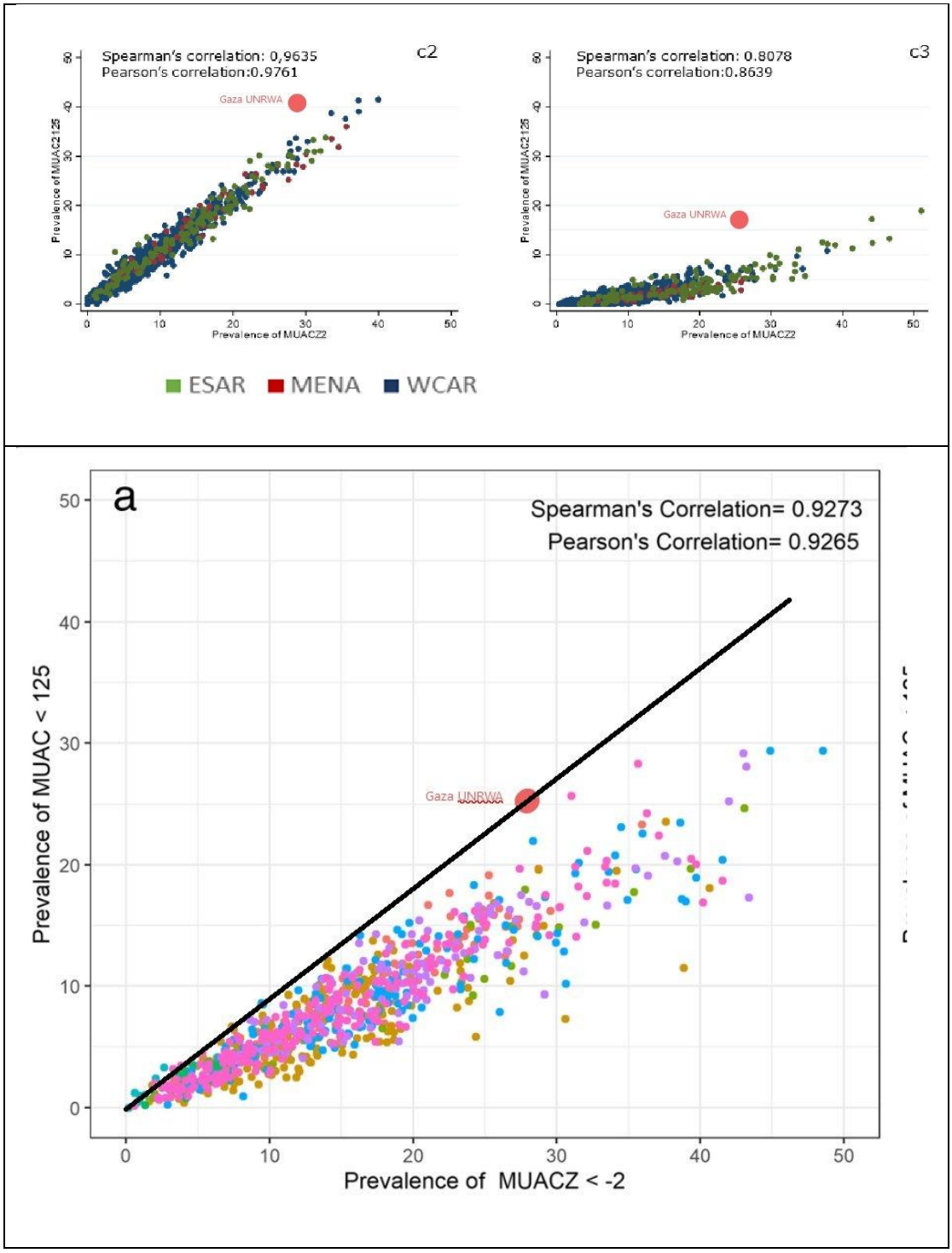

Figure 2: MUAC 125/ MUACZ2 prevalence in UNRWA Gaza Governorate measurements Vs the data samples presented in a UNICEF study (for ages 6-24 months (top left), ages 25-59 months (top right) and Liedman et al 2019 for 6-59 months (bottom)

Moreover, all sampling groups show inexplicable variance in MUAC/MUACZ ratios between both each other and different sampling sites (figure 3).

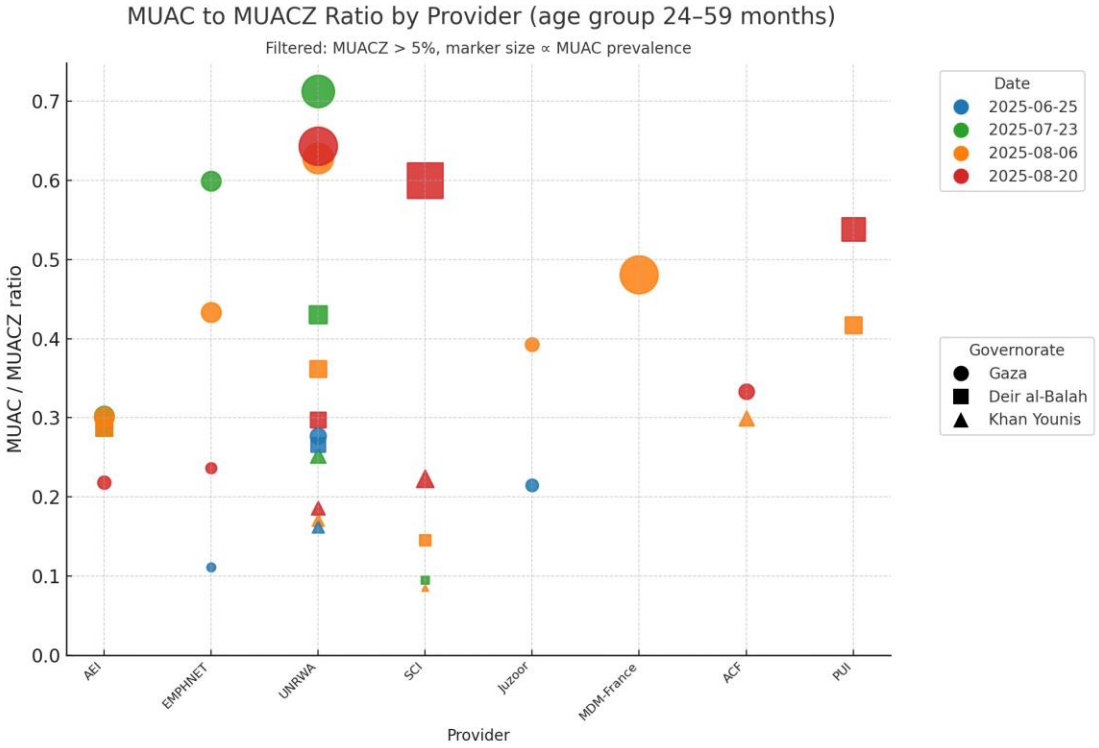

Figure 3: MUAC/MUACZ ratio by organization, governorate and Nutritional Cluster report date.

At the very least, the extreme variability observed here suggests that different organizations were sampling very different population groups, which raises further concerns about the representativeness of those samples. Moreover, unlike MUAC/WHZ, MUAC/MUACz ratios are generally stable across populations, including those with high levels of malnutrition. Given this background, the unprecedented nature of some of the more extreme MUAC/MUACz results — which also happen to coincide with the highest reported malnutrition rates that drive the "exponentially increasing malnutrition" narrative — makes it possible, indeed likely, that they reflect selective data tampering.

Part 5:

Famine Without Lethal Consequence? The Missing Evidence of Large-Scale Non-Traumatic Mortality from Malnutrition

The most astonishing omission in the IPC/FRC report on Gaza (August 2025) is its failure to present evidence of significant non-traumatic mortality, the essential hallmark indicator of famine. In March 2024, nearly a year and a half before this latest report, the FRC claimed that "For the reasons described above, it is expected that non-trauma

deaths will rapidly increase and the Famine thresholds for under-five (U5DR) and crude death rates (CDR) will be exceeded. Excess non-trauma mortality is expected to rise due to a combination of malnutrition, infection, non-communicable disease, and unmet reproductive health needs."[17]

And yet, it was unable to produce any positive evidence of this mortality actually occurring, save by referring to GMOH data – whose reports claim to include only traumatic deaths. Nonetheless, the FRC stated that "All evidence points towards a major acceleration of death and malnutrition. **Waiting for a retrospective Famine classification before acting is indefensible**. The FRC concludes that **Famine is imminent unless there is an immediate cessation of hostilities**".[18]

Implicitly recognizing the problematic nature of its analysis, the FRC stated that:

"[The FRC] remains available to support any effort to update the analysis, including providing technical guidance regarding realtime monitoring and analysis systems as well as other data collection, such as nutrition and mortality surveys and surveillance systems" and called to "record and report deaths in a way that, as far as possible, allows for disaggregation by age and cause of death." [19]

During the 18 months that followed the FRC appears to repeatedly blame restrictions on access by Israel on the inability to perform such measurements:

> "Analysis of food insecurity, malnutrition, and mortality has been severely hampered by lack of physical access to affected populations. It is the responsibility of the controlling authorities to ensure that access is opened not only for humanitarian response but also for accurate, reliable, and representative assessment of the current humanitarian situation."[20]

[17] https://www.un.org/unispal/wp-content/uploads/2024/03/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf pg 12
[18] https://www.un.org/unispal/wp-content/uploads/2024/03/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf; pg 2
[19] https://www.un.org/unispal/wp-content/uploads/2024/03/IPC_Famine_Committee_Review_Report_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf; pg 16
[20]https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_June2024.pdf

And again:

> "Assessment of mortality in the Gaza Strip is constrained by the collapse of health and civil registration systems, **severe restrictions** of humanitarian access, and the protracted conditions of the war. In the absence of face-to-face household surveys and a functioning vital registration system, the FRC has reviewed and triangulated available sources"[21]

This is false on several levels. **First, throughout the war the IPC has never applied for entry of its personnel, or coordination of personnel movement within Gaza for the purpose of conducting surveys. It has certainly not referred to such requests being blocked in its latest communications with COGAT**. There are currently 268 international humanitarian workers in Gaza, and COGAT has coordinated 3,402 entries and 3,365 exits throughout the war.

Second, no such special requests were necessary, as humanitarian personnel are perfectly capable of carrying out surveys without COGAT permission or coordination with the IDF. Such a family survey was carried out in the Gaza Strip by Prof. Michael Spagat and Dr. Khali Shikaki of the PCPSR in December 2024-January 2025.[22] Though findings of their survey are questionable in several respects (massive overrepresentation of prisoners amongst the surveyed, small household sizes indicating split households and double reporting of casualties, breached sampling protocols, high casualty counts associated with specific survey teams in the same area),[23] their findings do not indicate significant malnutrition associated child mortality prior to the January ceasefire. The overall excess nonviolent death count extrapolation amounts to 8,405 – almost all middle aged and elderly adults. Excess non-violent child death was negligible. This is indicative of adults with chronic diseases losing access to what was, prior to the war, an extremely comprehensive medical system.

As one of the authors of the paper stated, these mortality figures are far below what famine or even near-famine conditions in 2024 would imply, and volunteer physicians testifying to the contrary were never in a position to make an objective birds eye view assessment.[24] This alone should have caused the IPC/FRC to question their methodology, which had previously repeatedly forecasted such mortality. And yet,

[21] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf; page 22

[22] https://www.medrxiv.org/content/10.1101/2025.06.19.25329797v3

[23] https://www.haaretz.com/opinion/2025-07-06/ty-article-opinion/.premium/no-100-000-people-havent-died-in-gaza/00000197-df88-d78d-a39f-dfdc47470000

[24] https://x.com/michael_spagat/status/1940066829197578677?s=46&t=Qv30LfjJ5zUMpA4IUSu10A

though referenced in the text of the report, the numerical values of these findings, and their significance is obscured and misconstrued.

Another family survey was carried out by the MSF amongst their employees. Unlike Spagat and Shikaki's survey, it extends into July 2025 and the period covered by the IPC/FRC report. Again, the author's reference the study in order to support their contention of invisible mortality. But it does the exact opposite. The study finds that 2% of the individuals covered by the survey who were alive on October 7th 2023 were dead by early July 2025. Extrapolated to the USCB 2023 mid-year Gaza population (2.1 million)[25], this is 42,000 individuals - **lower** than 56,156 fatalities listed by the GMOH casualty with a 90% overlap between the lists. A quarter of those deaths — about 10,500 — are claimed to have occurred over those 21 months from non-traumatic causes. This translates to an annual non-trauma mortality of roughly 6,000 – remarkably close to the natural pre-war mortality rate (5500 to 6000 per annum). In short, there is no evidence here of either the GMOH undercount nor of the IPC-4 and IPC-5 projections endorsed by the FRC throughout the war, nor of the famine claimed by the FRC to have existed by the time of the conclusion of the study.

And yet, the FRC refers to the study, without precise citation of its numerical findings, as if it supports their case of widespread mortality greater than that reported by the GMOH. It does the exact opposite.[26]

Of course, neither of these surveys is fully representative of the population of Gaza. But mis-citation of these studies, and failure to account for their quantitative rather than polemical findings is more than bad-faith "research". It is a breach of IPC data convergence guidelines.

But third, and most egregiously, the FRC **has** sponsored a mortality survey, in the framework of the CATI surveys conducted by the WFP. Its results were (very partially) provided in the June 2024 FRC report. As the FRC stated: "There has been significant work done to improve the WFP CATI survey so that mortality data results can now be disaggregated by area and cause of death (trauma or non-trauma). Therefore, direct estimates of CDR and U5DR after exclusion of trauma deaths were possible using this data source." Unfortunately, while estimates might have been possible, they were not provided in the report –

[25] https://www.census.gov/data-tools/demo/idb/#/dashboard?dashboard_page=country&COUNTRY_YR_ANIM=2022&CCODE_SINGLE=XG&subnat_map_admin=ADM1&CCODE=XG&COUNTRY_YEAR=2022

[26] https://www.msf.org/survey-finds-high-mortality-rate-among-msf-staff-and-families-gaza

> "1,104 household interviews were conducted, and data was collected on 5,707 individuals with a total of 767,281 days at risk. 42 deaths were recorded which yielded an all-cause CDR of 0.55 (95% CI 0.31, 0.96) deaths/10,000/day and an all-cause U5DR of 0.72 (95% CI 0.23, 2.26) deaths/10,000/day. Exclusion of deaths caused by violence resulted in **lower** estimated death rates, confirming that there was no evidence from the CATI surveys that the Famine thresholds for mortality had been breached during the current analysis period."[27]

How much lower? On this the FRC chose to stay silent, and inquiries have been rebuffed [28]. However, even the **traumatic** + **non traumatic** death rate recorded in this study has failed to reach not only IPC-5, but even the IPC-4 levels. Which did not stop the FRC from endorsing IPC 4 classification for all regions of the Gaza strip.[29]

Regardless of past FRC breaches of data convergence protocol, the point is this: The State of Israel is not preventing any entity from carrying out a mortality survey in Gaza, or openly publishing the results, and has never been asked to cooperate with any such survey. It is the FRC and WFP that have chosen, for their own reasons, not to publish or continue the survey they initiated.

By the same measure, it is absurd to suggest that the Hamas-controlled GMOH — an institution with every incentive to produce evidence, true or fabricated, that would promote ending the war without ending Hamas' rule — would not go to extraordinary lengths to present verifiable evidence of widespread non-traumatic mortality if such evidence existed. It has not done so, despite declaring its intent to do so prior to the January - March ceasefire, and despite having ample opportunity to do so during said ceasefire.

Finally, it must be noted that while the IPC report states that "as of 15 August, the five-day moving average death rate was six deaths per day" — supposedly as evidence of "a rapid increase in deaths caused by malnutrition" — it omits one crucial fact. From 20 July, when the Gaza Ministry of Health began publishing daily updates on "malnutrition-related deaths," up to the report's cut-off date of 15 August, there was no sign of any increase. On the contrary, the average rate remained broadly stable and even showed a slight downward drift (figure 4). Not only do the authors of the report insist that non-traumatic mortality is a "dark matter", which is 95% unreported, the implication of the juxtaposition of their claims and the actual data is that, the unreported

[27] IPC_Famine_Review_Committee_Report_Gaza_June2024.pdf pg 19
[28] Mark Zlochin https://t.co/gAprvh4idp" / X
[29] IPC_Famine_Review_Committee_Report_Gaza_June2024.pdf

deaths making up their pronounced IPC 5 level mortality is not reflected by trends in reported mortality – even if the GMOH reports are taken at face value.

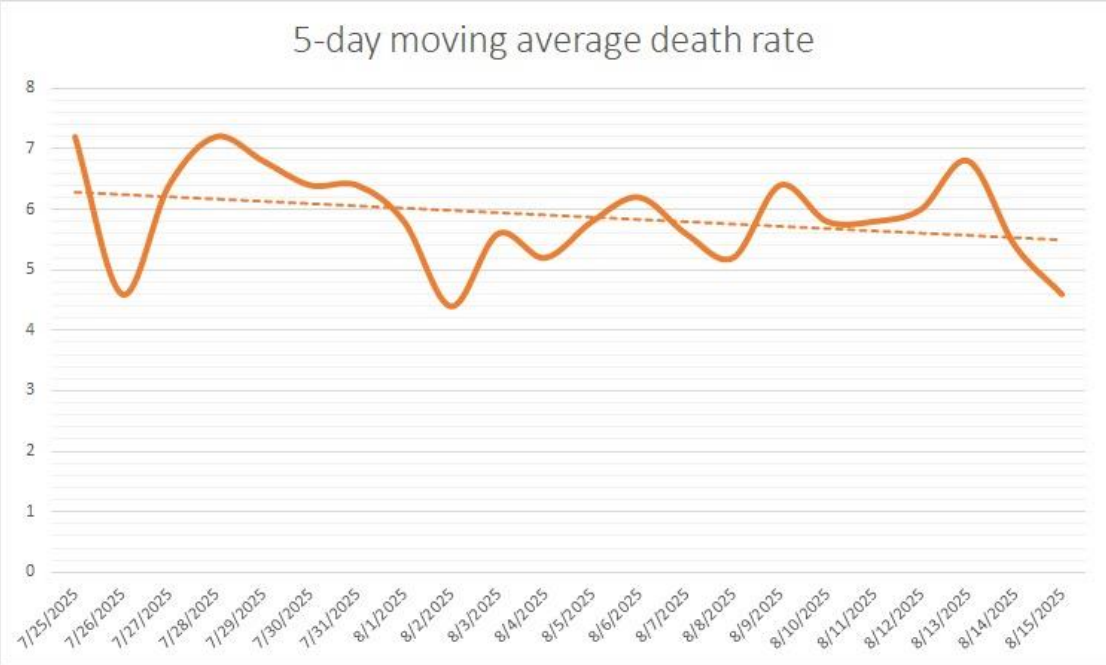

Figure 4: GMOH 5 day running average starvation associated death reports

Given all of the above, the IPC/FRC's claim that the "absence of data should not be interpreted as an absence of mortality" is both untenable and factually wrong.[30] There is evidence — but it clearly contraindicates non-traumatic mortality at anything even remotely approaching the IPC 5 thresholds, or indeed those of IPC 4 or IPC 3.

Notably, the gulf between observed mortality and IPC's phase classifications — both current and projected — has been a defining feature of its analyses since the beginning of the war. Across successive reports, IPC projected that large shares of households would fall into Phase 4 (Emergency) or Phase 5 (Famine), and paired these projections with repeated warnings of "imminent famine". Had these projections materialized, the malnutrition-related deaths implied by the forecasted percentages of households in IPC5 and IPC4 would have reached around 80,000 by March 2025 — over one thousand times higher than the seventy deaths reported by the Gaza Ministry of Health up to that date.

Advocates of IPC's projections have sought to rationalize this staggering gap by attributing it to humanitarian improvements supposedly triggered by IPC's stark alerts.

[30] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf, p.24.

However, this narrative fails on two counts. First, there is a recurring pattern of documented improvements already occurring prior to publication of IPC reports, as shown in the COGAT dashboard (see Part II, Chapter 9 for details). Second, even the IPC's **current** assessments implied that more than 20,000 malnutrition-related deaths should have occurred. Yet those extreme mortality levels never materialized. During the January–February 2025 ceasefire, when conditions allowed any possible gaps in mortality documentation to be closed, no evidence emerged of anything even remotely similar to the massive death toll IPC's classifications would have entailed.

Part 6:

Concealing Less Alarming Nutrition Surveys

Soon after the publication of the FRC report, the Network Contagion Research Institute (NCRI), affiliated with Rutgers University, exposed another glaring methodological abuse — one difficult to attribute to mere negligence.[31] In the absence of direct mortality evidence, the FRC was required to present evidence of both malnutrition (utilizing the problematic MUAC based GAM measurements described above) and nutrition surveys. In July 2025, the IPC/FRC had in its possession two surveys on malnutrition in Gaza, both described by the report's own authors as "showing a good degree of representativeness," each assigned the highest reliability score (R2), and conducted at roughly the same time. The first survey reported that 36% of surveyed households registered "very severe" Household Hunger Scores, indicative of Phase 5.[32] The second, by contrast, found only 12% in this category. [33] What followed cannot be described in any terms other than scientific malpractice: The IPC/FRC chose to highlight only the first survey — which reported higher levels of nutritional insecurity — in the main text of the article, while relegating the second, less alarming survey to an appendix.

It remains unclear whether, and in what manner, the findings of the second survey were considered in the FRC report's deliberations on whether Gaza Governorate had reached the IPC 5 threshold. If they were discussed and subsequently dismissed, the grounds for doing so are not specified.

[31] Network Contagion Research Institute (NCRI), "Starving for the Truth: Fraud, Famine and the Collapse of Rigor in IPC's Gaza Declaration", Contagion and Ideology Report, B-25-25 (August 2025), pp.3-4

[32] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf Table 3; pg 38

[33] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf Table 4; pg 39

Worse still, for another food security indicator — the Food Consumption Score (FCS) — the IPC applied higher thresholds intended only for populations with daily oil and sugar consumption. These thresholds were plainly inappropriate for Gaza, where such consumption was low according to data cited in the famine report itself. This misapplication inflated the share of households classified as having "poor FCS," further distorting the picture of the actual food security situation.

Taken together with the misrepresentation of MUAC data (Chapter 1), the biased sampling (Chapter 2), the flaws in the measurement itself (Chapter 3), and the failure to demonstrate elevated mortality rates (Chapter 4), this misapplication of thresholds, along with the selective use of survey results renders the IPC/FRC Gaza report untenable. It also underscores the potential for abuse inherent in the looser quantitative benchmarks incorporated into IPC practice and protocol between 2017 and 2021.

Part 7:

Overcounting nutritional requirements, undercounting aid provided, inventing restrictions

The FRC/IPC has a track record of incorporating and propagating completely erroneous data into its assessments, asserting that 500 trucks entered Gaza daily before the war, 150–180 of them carrying food.[34] In reality, throughout 2022 the daily average was 272 trucks, of which only 73 carried food[35], with extremely low pre-war malnutrition, as the Nutrition Cluster asserts.

From June 2024 onwards the IPC/FRC ceased repeating this erroneous claim. However, at no point did it issue a public retraction or correction of its earlier reports, which has allowed the erroneous figure to be repeatedly cited — including by some of the current report's authors as late as October 2024. Their calculations relied on this flawed datum, as well as on UNRWA data that were later 'retroactively corrected,' and on estimates of incoming tonnage based on Egyptian Red Crescent pallet weights rather than

[34] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf; pg 2 "From a pre-escalation average of 500 trucks a day of which 150 carrying food, in the period between 7 October 2023 to 24 February 2024, only 90 trucks per day, of which only 60 carrying food, entered the Gaza Strip."
https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Report_Gaza.pdf; pg 2. Of the 150-180 food trucks typically entering daily pre-escalation.

[35] https://www.ochaopt.org/data/crossings

UNRWA figures or a composite of the aid shipments,[36] and so on, ad infinitum) an erroneous analysis of an aid deficit in the Gaza Strip[37].

In 2025, the FRC did not repeat this glaring mistake. Instead, it made a new one, by referring to 60–62 tons of food per month as necessary to meet "minimum daily caloric requirements."

In fact, as presented to IPC representatives in a meeting with COGAT held on the 18.8, the caloric content of aid provided in July 2025 (47,116 metric tons) amounted to 145,332,959,423 kcal—equivalent to 2,106 kcal per person per day, consistent with UNHCR requirements for adults. This is not to suggest that the target of 60 tons per month is unworthy or unattainable. Indeed, COGAT far exceeded this benchmark in August 2025, facilitating the passage of 85,506 tons of food aid as up August 20, prior to the publication of the report and 123,526 tons of food aid throughout August. Yet, as it did previously in March 2024,[38] the FRC report once again disregards data reflecting current conditions.

The FRC report goes further than that, as it cites an unpublished paper claiming that the total number of calories per capita supplied to Gazans up to January 2025 amounted to no more than 1,604 calories per capita:

> "A recent analysis on the declining food availability in the Gaza Strip showed that the October 2023 to December 2024 period had a considerable caloric deficit as only 1,640 kcals per person per day were estimated to be available, from the metric tonnage reported in this analysis. This total quantity does not fully reflect monthly variability, periods of blockades and localized shortages. As a result, estimates on the pre-January 2025 food stocks are considered to be minimal."[39]

The supposed pre-publication analysis on which the FRC relies on for this key claim (a reliance which is, in and of itself, dubious) appears to be unavailable for public review. However, it is noteworthy that elsewhere the authors of this supposed pre-publication had claimed that "At least 2,297 tons of food, the equivalent to 120 food trucks per day

[36] Ibid; pg 3 "records the number of pallets was provided in lieu of weight; pallets' standard load was 637.5 Kg [23] and should not have exceeded 750 kg [31, 32]."
pg 16; [31] Logistics Cluster. Standard Operating Procedures for Accessing Services from the Egyptian Red Crescent (ERC). 2023. https://logcluster.org/en/document/standard-operating-procedures-accessingservices-egyptian-red-crescent-erc-5-november-2023.

[37] https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf; pg 6 "As shown in Figure 1, over the analysis period the number of food-transporting trucks that entered the Gaza Strip appeared consistently lower than the pre-war baseline of 150-180 per day"

[38] https://www.gov.il/en/pages/transparency-and-methodology-issues-in-the-ipc-special-brief-of-18-march-2024

[39]https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf ; pg 10

are required to meet the most basic caloric requirements of the population"[40]. This calculation, amounting to 68,900 tons per month, is at odds with the 60,000 ton benchmark FRC authors themselves claim in this report. The authors seem to at least be relying on COGAT data concerning average truck tonnage (19.14 tons). However, as even a cursory examination of COGAT dashboard would indicate the average tonnage per **truck** is not the same as the average tonnage per **food truck,** which is 21.55 tons up to January 17 2025.

And yet, even extrapolating this extraordinary claim, according to which 2297 tons amounts to only 2,100 kilocalories per capita (the WFP, UNHCR, UNICEF and WHO recommendation for **adults**[41]), to aid entry up to December 30th 2024, does not yield this result. Over 451 days, 969,000 tons of food entered the strip[42], representing 1964 Kcal per capita according to their presumed calculations.

In fact, of course, these calculations are utterly false. The actual caloric content of 942,589.5 tons of aid (packaged) entering Gaza between December 1st 2023 - December 30 2024 (395 days) was 2,875 Kcals per day per capita, assuming a Gazan population equivalent to 2,226,544 (a significant overestimate based PCBS pre-war statistics, and discounting those who left at the beginning of the war, in order to preserve a safety margin). Extrapolated (based on packaged food tonnage) to include the entire period between October 7 2023 to January 17 2025 (1,010,613 tons over 468 days[43]), this translates into roughly 2,601 Kcal per capita per day. The FRC is advised to refer to the article of Naomi Fliss-Isakov et al. to deepen their understanding of the calculations[44].

After all, one of the report's authors had previously submitted a rejected an article in which she calculated the volume of aid entering Gaza on the basis of multiple flawed premises: reliance on UNRWA's undercounted truck data (retroactively corrected shortly thereafter)[45], pallet content calculations based exclusively on the Egyptian Red Cross[46], an uncited assumption of 150-180 **daily** food trucks prior to the war which she

[40] https://www.linkedin.com/posts/annarita-macchioni-giaquinto-phd-68028b16b_food-pipeline-disruption-and-declining-food-activity-7330609793755144193-bLre

[41] Since implementation of revised Memoranda of Understanding (MoUs) (UNHCR/WFP, July 2002; WFP/UNICEF, February 1998), the three agencies have adopted 2,100 kcal as their initial planning figure for calculating energy requirements and designing food rations

[42] https://govextra.gov.il/cogat/humanitarian-efforts/main/

[43] https://govextra.gov.il/cogat/humanitarian-efforts/main/

[44] https://ijhpr.biomedcentral.com/articles/10.1186/s13584-025-00668-6

[45] Compare figure 1, here https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf with the updated OCHA dashboard https://www.ochaopt.org/data/crossings.

[46] https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf

31. Logistics Cluster. Standard Operating Procedures for Accessing Services from the Egyptian Red Crescent (ERC). 2023. https://logcluster.org/en/document/standard-operating-procedures-accessingservices-egyptian-red-crescent-erc-5-november-2023.

conflated with April 2024 levels of supply[47] (this was apparently based on the erroneous FRC March 2024 report [48]). That same article cited Fliss-Isakov, noting only that it was prepared by 'Israeli academics,' yet made no attempt to evaluate their methodology or findings.[49]

In any event, presenting 60,000 tons, let alone 69,000 tons as the minimum required to meet basic caloric needs is misleading. As the OCHA report from March 17, 2025, indicates, 50,000 tons was considered sufficient to feed Gaza for a month.[50] 60,000 tons is designed to provide a safety margin against aid 'interception' and diversion — an issue the IPC report itself is forced to acknowledge, albeit obliquely, as widespread. Even during the January–March ceasefire, the August 2025 FRC report concedes that distribution was inadequate, leaving many Palestinians — particularly in Northern Gaza — without access to food packets or cooked meals.[51]

Likewise, the claim that 60,000 tons "would exclude additional fresh food, additional diversification options and other specialized commodities such as therapeutic or specialized nutritional products" is unfounded. Neither pre-war nor wartime demand for therapeutic nutritional products, as presented to COGAT by OCHA and other humanitarian organizations, would come close to making a dent in such tonnage. Moreover, COGAT has never prevented the transport of these goods into Gaza; the decision of what nutritional products to bring in — or not — rests with the humanitarian organizations themselves.

Using the 60,000 tons per month yardstick, which actually provides 30% more Kcal per day per capita (on average) than required by the international guidelines, the 338,000 MT of food aid provided from January 19 to March 2 2025 alone should have sufficed until early July, even had aid not been resumed in May. Non-diversion of aid delivered during the ceasefire, and widespread food shortages thereafter, are mutually incompatible - and yet IPC recommendations notably omit any requirements for transparent publication of all aid tracking data throughout the war.

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[47] https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf; pg 6: "As shown in Figure 1, over the analysis period the number of food-transporting trucks that entered the Gaza Strip appeared consistently lower than the pre-war baseline of 150-180 per day. While the number of trucks rose steadily between late October 2023 and early January 2024, it then fell again, only reach pre-war levels in late April 2024."

[48] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Report_Gaza.pdf ; pg 5.

[49] https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf; pg. 2: "while Israeli academics, working with data from the Israeli Ministry of Defence's Coordination of Government Activities in the Territories (COGAT) agency, put this figure at 3160 for all of Gaza during January-April 2024 [25]."

[50] https://www.ochaopt.org/content/report-humanitarian-response-un-and-humanitarian-partners-during-phase-one-ceasefire

[51] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf. Pg 15; figures 8-9.

Regardless, aid was resumed on May 19th, as presented to the IPC in a meeting held by COGAT with their representative prior to the publication of the report, aid for May-June amounted to 48,162 MT over 41 days. Though this amounted to only 1600 Kcal per capita per day, this amount must be viewed as supplemental to food supplies already provided earlier, not as an exclusive source of nutrition. The reason no more passed into Gaza during these months was not limitations imposed by COGAT, but inability or unwillingness of the humanitarian organizations to collect cargo unloaded on the Gazan side of the border crossing, or permit third parties to transport the aid for them. This reluctance which was overcome one week **before** the IDF's implementation of a unilateral 10-hour humanitarian pause each day, as table 1 demonstrates. This, rather than any of the other numerous, and unattributed or verified complaints in the FRC report, was the bottleneck for aid entry and distribution in Gaza.

week	Dates	Offloaded truckloads	Collected truckloads	ratio
1	19.5-25.5	495	212	0.43
2	26.5-1.6	487	188	0.39
3	2.6-8.6	345	74	0.21
4	8.6-15.6	351	375	1.07
5	16.6-22.6	438	186	0.42
6	23.6-29.6	561	489	0.87
7	30.6-6.7	518	330	0.64
8	7.7-13.7	576	113	0.20
9	14.7-20.7	663	137	0.21
10	21.7-27.7	392	534	1.36
11	28.7-3.8	1182	940	0.80
12	4.8-10.8	1430	1577	1.10
13	11.8-17.8	1691	1911	1.13
14	18.8-22.8	1307	1517	1.16

Table 1: truckloads offloaded collected at Gaza border crossings – data indicates a growing backlog which only began to be cleared up in late July. Note truckloads are not identical at offloading and collection (smaller at collection), and hence the ratio between them offers only an approximation of the resultant bottleneck.

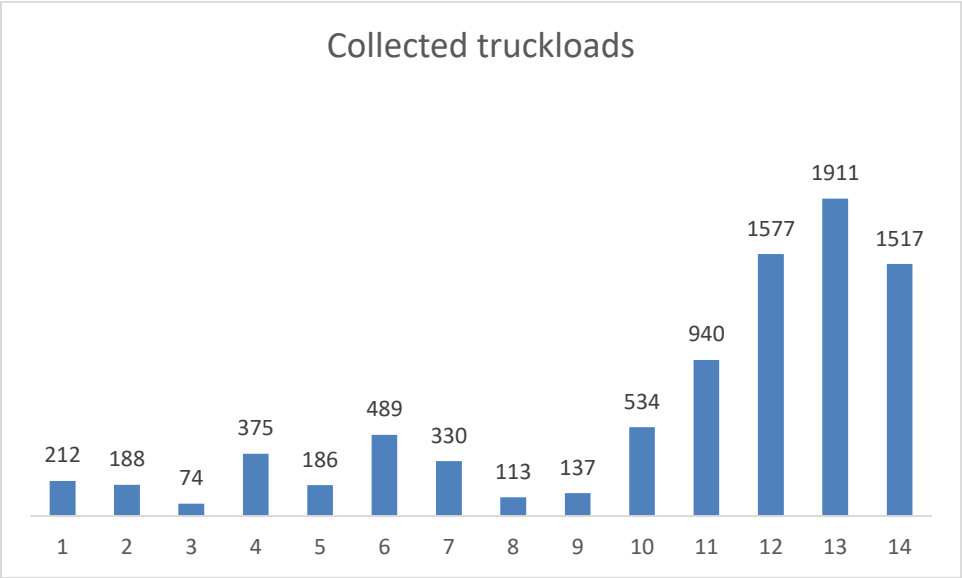

Table 2: **Truckloads collected from Gaza border crossings – data indicates an absolute growth in the trucks collected starting mid-July.**

However, by July, even before the IDF's unilateral 10-hour humanitarian pause, the backlog began to clear up and the provision of a daily average of 2106 Kcal per capita per day (53,671 MT per month), above the recommended intake recommended by the international standards **for adults**, was achieved. For August, by the 13.8 an average of 4458 Kcal per day was reached (48,270 MT over 13 days). The calculations underlying these figures were presented, and no further requests for clarification, or counter-calculation were presented to COGAT. A total of 338,676 tons of food aid entered Gaza during the January 19- March 2 ceasefire, and neither the aid organizations nor the IPC reported aid diversion (or "looting" or "spontaneous distribution") during that period. This amount was sufficient to feed all of Gaza from January 19 to early July according to the 60 tons/month metric. Widespread shortages by May-June are therefore incompatible with the claims of non-diversion. And yet, the FRC recommendation notably fail to include calls for transparency of aid tracking data - to date made available only for May 2025 onwards.

Source for COGAT assessment on incoming aid tonnage and nutritional value

For May 2025 onwards, COGAT recorded the tonnage of incoming aid trucks on the basis of individual reports by the POCs of the relevant humanitarian organization, which accounted for the vast majority of incoming data (table 3). When granular reports were not provided, COGAT used an approximation based on the average of reports provided by each organization between May-December 2024 (which showed negligible differences from the average organization specific tonnage reports provided between October 2023 - April 2024). The granular organizational report-based tonnage for August 2025 indicates 1.5% more tons/truck than the 2024 average (table 3). COGAT is currently in the process of revising its October 2023-March

2025 data to conform with the current methodology and will be updating the dashboard accordingly and making the data available in the near future.

	Percent of tonnage data relying on granular POC reports	Percent of tonnage data relying on 2024 organizational average
May 2025	98	2
June 2025	98	2
July 2025	93	7

Table 3: Source of data on aid tonnage May-August 2025

	Trucks – tonnage declared	tonnage	Trucks - tonnage undeclared	2024 average
GEM	10	20	7	22.86
UAE	1	36	368	20.45
WFP	250	20	1034	20.08
Samaritan Purse	2	20	2	21.00
Latin Patriarchy	3	20	1	17.00
Egyptian Red Crescent	594	20.34	153	16.48
Private sector	129	20	1761	20.00

Table 4: Tonnage declared, August 2025 Vs 2024 average. organizations which did not present tonnage declarations for August 2025 not shown.

Finally, the report claims that "Despite a tactical pause announced on 27 July, operational partners have not reported any effective improvement of security conditions affecting transport of humanitarian operations"

The pause, of course, was not just "tactical". The IDF specifically and unilaterally halted combat operations for 10 hours every day for the express purpose of jumpstarting humanitarian aid. The military costs of such a pause, in the absence of any guarantees from Hamas or other armed groups not to exploit it, do not concern the authors of the report. Yet one might reasonably expect them, at a minimum, to demonstrate the professional rigor to acknowledge these realities honestly.

Regardless, rather than relying on the descriptions of operational partners, the FRC needs only examine the record of coordinations, as documented by COGAT.

Between July 1st and August 26, 2025, 1083 applications for coordination were submitted (517 in July, 566 in August). Of these, 155 were rejected (101 in July, 54 in

August), 137 were cancelled (83 in July, 54 in August) and 799 were successfully executed (333 in July, 466 in August). The weekly breakdown is as follows:

	Average successful coordination's per day	percent of approved coordinations**:**
1.7-7.7	12	79.7%
8.7-14.7	11.3	77.4%
15.7-22.7	11.4	80.6%
23.7-31.7	13.7	81.9%
1.8-7.8	13.6	91.2%
8.8-14.8	17.1	92.3%
15.8-21.8	16.7	91.7%
21.8-26.8	22.6	90.1%

Table 5: successful coordinations July – August 2025.

Even without relying on COGAT's information, the UN's own data clearly shows that both the operational partners' claim quoted earlier and the following FRC's statement on humanitarian coordination are factually incorrect:

"*According to OCHA, following the resumption of hostilities on March 18, 1,445 humanitarian missions requiring coordination with Israeli authorities were requested until 12 July. Only 506 missions (35%) were facilitated by Israeli authorities, while 810 missions (56%) were impeded or denied. From 1-12 July, 62 of the total 130 missions (48% of requested missions) were denied or impeded.* ***While data after 12 July is not available,*** *access constraints for humanitarian missions are expected to have continued in the July and August periods*."

First, those statistics use a highly misleading framing, misrepresenting any delay in mission fulfillment as an "impediment," while ignoring the reality that in a war zone temporary postponements are often necessary for mission success and for the safety of humanitarian staff. And second, despite the claim that there's no data after 12 July, the very reference provided by the IPC for the paragraph cited above (FN 14) points to an OCHA report from 13 August with monthly coordination statistics **through 12 August**.

These data, in fact, show **a clear decline in denials**:

- May: 57% denied, 26% approved, 5% aborted by UN
- June: 44% denied, 33% approved, 13% aborted
- July: 20% denied, 41% approved, 14% aborted
- August (through 12.8): 10% denied, 45% approved, 7% aborted

In sum, had the FRC wished to objectively evaluate the actual trend in access coordination, it could have drawn from the very OCHA source it cited, which shows that approvals increased, denials fell sharply, and—on the other hand—the share of

missions **aborted by the UN itself** between May and July nearly **tripled**. Thus, if operational partners reported no change in late July and early August, the real question is why they would misrepresent the situation on the ground, and—more importantly—whether the FRC's reliance on such second-hand inquiries — when it had at its disposal published UN statistics — constitutes a sound methodology. This is especially so given that the FRC never requested from COGAT the opportunity to directly observe border crossings and independently record operations — an opportunity COGAT proactively extended to OCHA/UNRWA on several occasions throughout 2024, just as it had to the IPC/FRC.

To summarize, the context in which the FRC evaluated the medical and nutritional data it collected was fundamentally flawed from the outset. Even more troubling, however, was its analysis of food prices — a critical indicator of shortages and a key driver of malnutrition and famine — which was undermined by even more serious methodological flaws.

Part 8:

How the IPC/FRC ignored declining food prices

Like any other commodity, food prices are determined by the balance of supply and demand. **In famine situations, when food becomes scarce, prices typically rise sharply.** This is especially true in Gaza, where, by the UN's own admission, most incoming aid is looted and resold [52]— whether by Hamas or by other groups. **In any case, an increase in supply exerts downward pressure on prices, lowering them as food availability improves. Unlike many other indicators, the prices of essential food commodities serve as a relatively reliable marker of availability.**

And while the IPC explicitly used food prices in its analysis as a key indicator of food access, it yet again cherry-picked the data that fit its narrative — citing price increases up to the second half of July — while completely ignoring the sharp price reversal that, as shows below, began at the end of July and continued into the first half of August.

This part of the analysis shows that food prices in Gaza have declined significantly since late July, drawing on three sources: COGAT estimates based on OSINT analysis; reports from the Gaza Chamber of Commerce, which advises consumers on prices; and AI-based assessments by Sentiment Intel (Nisaba Technologies Ltd.), which analyze references to food prices in Gazan social media. As will be shown below, all three sources show the same sharp downward trend in prices.

[52] UN2720 Monitoring & Tracking Dashboard;

COGAT OSINT based assessment

For both North and South Gaza (tables 6 and 7, respectively), COGAT OSINT assessment has shown peak prices in mid-July, already declining by the end of the month and plummeting in early August, during the period covered by the report – a phenomenon incompatible with famine and which is not significantly addressed or acknowledged in the IPC/FRC report.

Date	Sugar	Rice	Oil	Salt	Flour
23.6 [53]	300	50	50	10	34
[54]1.7	270-300	25	35	5	40
8.7 [55]	340	50	45	X	38-40
16.7 [56]	220	80	60	8	70
23.7 [57]	400	90	60	10	60
31.7 [58]	230	55	40	5	40
7.8 [59]	55-60	45-50	35	5	18
12.8 [60]	30-40	20	20	X	10-15
23.8 [61]	13	10-20	20	1	10

Table 6: South Gaza price assessment (COGAT, OSINT-based; prices in NIS).

[53] **https://t.me/Market_eyes7120/7784**

[54] https://t.me/Market_eyes7120/8592
[55] https://t.me/Market_eyes7120/9239
[56] https://www.facebook.com/share/16m8E2VYYX/
[57] https://t.me/gaza197/32953
[58] https://t.me/Market_eyes7120/11179
[59] https://t.me/Market_eyes7120/11703
[60] https://t.me/Market_eyes7120/12820
[61] https://t.me/Market_eyes7120/12822 https://t.me/Market_eyes7120/12804

Date	Sugar	Rice	Oil	Salt	Flour
28.6 [62]	38-40	20-30	35-40	X	20-30
7.7 [63]	33	X	35	8	300
8.7 [64]	35	40-60	200	7	350
17.7 [65]	75	65-80	200	8	220
23.7 [66]	55-60	X	50-60	3	X
2.8 [67]	30-35	40	55	7	240
7.8 [68]	18	50	35	8	55
11-13.8 [69]	17	25	25-28	X	30-35
22.8 [70]	12	15	27	6	14

Table 7: North Gaza price assessment (COGAT, OSINT-based; prices in NIS).

In parallel to OSINT, this analysis used an external AI based analysis of prices in the Sentiment Intel system, based on analysis of conversations in Gazan social media, including telegram groups (tables 8 and 9):

[62] https://t.me/asarsook/523
[63] https://t.me/Market_eyes7120/9176
[64] https://did.li/PMuOf
[65] https://did.li/EB3aa
[66] https://did.li/5vjmC
[67] https://www.facebook.com/share/1C8vMcJCxu/
[68] https://t.me/Market_eyes7120/11691
[69] https://t.me/Market_eyes7120/12120 https://t.me/Market_eyes7120/12209
[70] https://t.me/Market_eyes7120/12768

week	North Gaza	South Gaza
7/13/2025	70	45
7/21/2025	55	15
7/28/2025	55	25
8/4/2025	45	10
8/11/2025	14	
8/18/2025	13	

Table 8 – flour prices (in NIS) in North and South Gaza

week	Flour	Sugar	Rice	Lentils
7/7/2025	40	200		
7/14/2025	65.08	220	100	45
7/21/2025	56.66667	460	63	46
7/28/2025	36	230	48	38
8/4/2025	13.77778	128.3333	35.33333	30
8/11/2025	12	21.1	22	10
8/18/2025	13	17.19231	18.8029	7.5

Table 9 – Flour, sugar, rice and lentil prices (in NIS) in Central Gaza

In addition, the sources above were juxtaposed with the reports of the Gazan Chamber of Commerce, both flour prices (figure 5) and consumer price index (figure 6):

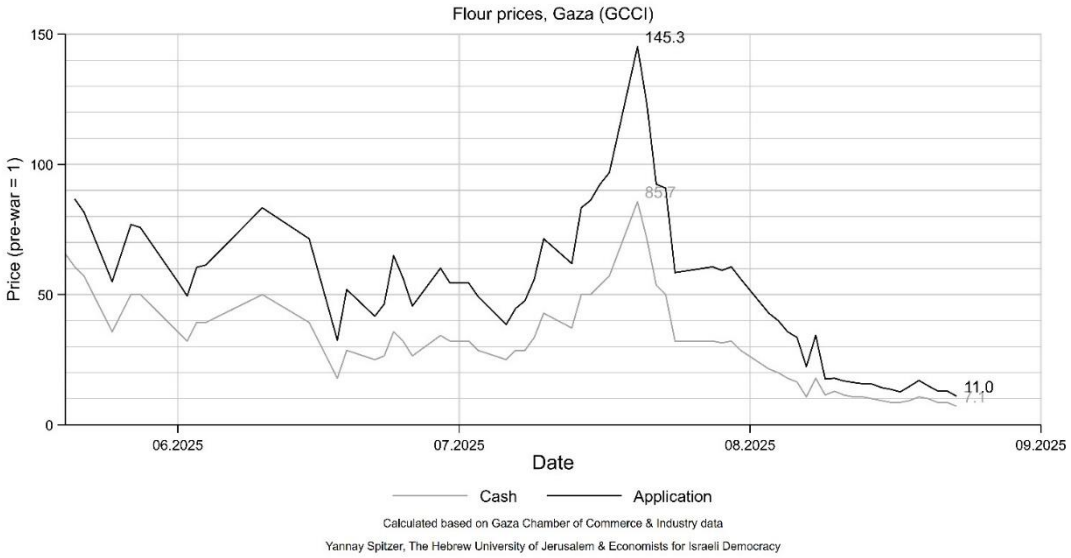

Figure 5: Gaza Chamber of Commerce: flour prices

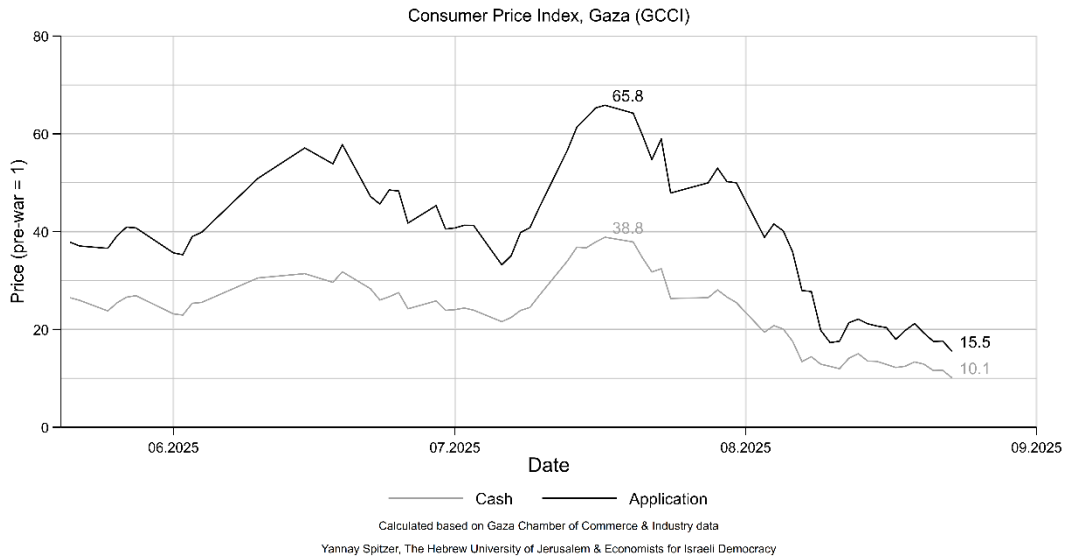

Figure 6: Gaza Chamber of Commerce: Consumer Price Index (considering premium of using application money over cash)

The cut-off date of the August 22 FRC report was August 15. The trend in price changes was readily apparent by then – and yet, it was effectively ignored in the report.

Now that the crucial data ignored by the IPC/FRC—evidence showing significant improvements in both food inflows and food prices — has been established, this report will conclude with the issue of political bias on the part of two of the report's authors. This aspect of the criticism of the IPC's report was deliberately placed at the end of this

document, based on the belief that the FRC report should be assessed on its own merits, independent of the identities or views of its authors. However, after examining the report in detail and finding it to be both deeply flawed and biased, it is only fair to ask why this was the case.

Part 9:

The Political Bias of FRC Committee Members

This response to the IPC/FRC's flawed report cannot be concluded without noting the extreme anti-Israeli political bias of some of its authors — bias that, in certain cases, **extends to implicit or even explicit support for war crimes and crimes against humanity directed against Jews and Israelis**. First, there is Dr. Andrew Seal, a senior lecturer at University College London, who — barely three weeks after 1,200 Israelis were raped, massacred, mutilated and kidnapped on October 7, 2023, and even before Israel entered Gaza to remove the threat—was already accusing Israel of genocide. His mind, it seems, was made up long before he was called upon to assess the situation in Gaza as a scientific expert supposedly committed to objectivity, impartiality, and neutrality.

Seal also disseminated Iranian regime propaganda, supported Russian aggression against Ukraine, and defended the Houthis — a designated terrorist organization — in their attacks on Israeli and international commercial shipping, in clear violation of international law. Outrageously, he even portrayed these attacks as the enforcement of ICJ rulings:

Seal also protested against any attempt to bring down the Hamas government in Gaza, while sharing a video in which a Hamas leader openly declared that the October 7 attacks would be repeated until Israel was destroyed. In other words, Seal's response to a video explicitly endorsing mass murder was to call for the preservation of the very Hamas regime that carried it out—and vowed to do so again and again.

Then there is Dr. Zeina Jamaluddine, a researcher in the London School of Hygiene and Tropical Medicine - who joined the FRC board only in the lead-up to this most recent report. Immediately after the deadly events of October 7 she tweeted that Israel was committing genocide. She went even further, responding to the massacre with the comment, "if not now, when do we 'decolonize,'" thereby clearly endorsing the murderous Hamas attack:

"Experts" who entered the discussion with such blatantly biased and murderous preconceptions — declaring that Israel was committing "genocide" immediately after the most murderous attack on Jews (as well as Israeli Arab civilians and internationals) since the Holocaust, before Israel had even launched its counteroffensive in Gaza — and who, in some cases, openly supported war crimes that were committed against Jews and Israelis, ought to be wholly disqualified from serving on an allegedly objective body of experts such as the IPC or the FRC. It is little wonder, then, that they produced a report so distorted, misleading, and falsified.

After all, as was shown throughout this report, Jamaluddine has produced an astoundingly sloppy piece of scholarship which is only partially explained by relying on false figures supplied by earlier FRC reports.[71]

Likewise, this same author, upon obtaining dated and governorate-specific mortality data from GMOH contacts, presented women, child and elderly casualties in that

[71] https://www.medrxiv.org/content/10.1101/2024.10.21.24315753v1.full.pdf. pg 3 "records the number of pallets was provided in lieu of weight; pallets' standard load was 637.5 Kg [23] and should not have exceeded 750 kg [31, 32]."
pg 6 "As shown in Figure 1, over the analysis period the number of food-transporting trucks that entered the Gaza Strip appeared consistently lower than the pre-war baseline of 150-180 per day"
pg 16; [31] Logistics Cluster. Standard Operating Procedures for Accessing Services from the Egyptian Red Crescent (ERC). 2023. https://logcluster.org/en/document/standard-operating-procedures-accessingservices-egyptian-red-crescent-erc-5-november-2023.

database as higher than it appears to be[72] while overlooking that women and child fatalities in the early months of the war were far lower than those officially claimed by the GMOH.[73] The habit of presenting findings at odds with the supporting dataset, and disregarding data at odds with the desired narrative, runs deep, it seems.

It is hardly surprising that she carried this bias and flawed scientific practice into her work for the FRC. What is surprising is that the FRC chose to actively bring her into its ranks. The debacle represented by this report should serve as both a warning and an occasion for reflection. The shift away from rigid, quantitative famine thresholds toward greater reliance on expert opinion entails serious risks. The introduction of categories such as "likely famine"— later redefined as "famine with reasonable evidence" — which no longer require mortality data exceeding established thresholds, opens the door to subjective judgments and consensus-building driven more by personal advocacy than by professional standards.

[72] https://github.com/ZeinaJamaluddine/gaza_mortality_capture_recapture "Women, children (aged <18 years), and older people (aged ≥65 years) accounted for 16 699 (59·1%) of the 28 257 deaths for which age and sex data were available." In fact, women of all ages make up for 10,655 deaths, males (<18) make up 5272 deaths and males 65 and above account for 1002 deaths – 58.2% of 28,257 deaths, not 59.1%.

[73] https://github.com/ZeinaJamaluddine/gaza_mortality_capture_recapture. GMOH provided data for October and November 2023 indicates women and children accounted for 61% and 57% respectively of all fatalities, not 70% as claimed by the GMOH up to April 2024.

Conclusion

This document has shown that the IPC/FRC report departs from any conceivable scientific standard expected of a respected agency charged with famine evaluation. Driven by a preconceived determination to declare famine in Gaza, the authors relied on partial data from July 2025 rather than the complete dataset, justifying this omission with a fraudulent claim of an exponential rise in late July. They employed a skewed sample, a scientifically dubious cut-off point, and disregarded the absence of non-traumatic mortality data — a crucial indicator of famine in previous IPC/FRC reports. They further distorted the reality by underestimating the volume of humanitarian aid entering Gaza in July and August 2025 and by ignoring the decisive indicator of sharply declining food prices.

Moreover, it was demonstrated that at least two of the report's authors expressed extreme anti-Israeli and pro-terrorist views, including open support for war crimes and crimes against humanity—such as endorsing Houthi attacks on international shipping and describing the October 7 massacre as an act of "decolonization." Such evidence not only explains the production of a distorted and misleading report but also casts serious doubt on the credibility of future IPC famine projections, to the detriment of vulnerable populations who depend on their accuracy.

Appendix: Review of the FRC "clarification" following criticism directed at the August 2025 report:

In its response to the extensive criticism of the August 2025 report, the FRC attempts to whitewash the many professional flaws that were exposed. Yet the response itself only underscores the depth of professional negligence and highlights the erosion of the few remaining standards the organization had managed to preserve, even after the changes to its practices and protocols between 2017 and 2021.

1. Admission to presenting incorrect data in the August 2025 report

First, the FRC concedes that the MUAC-based GAM data included in the study's appendix—and cited in the body of the text—were not in fact the actual data sources used in its analysis. Yet it cloaks this admission in vague language, masking the true scale of the professional failure.

"The FRC reviewed the data on children's nutritional status used by the IPC analysis team, as referenced in the annex of the FRC report. This dataset was supplemented by additional data provided to the FRC on 12 August. The graphical analysis presented in the IPC Special Snapshot and FRC report uses the dataset supplied by the Nutrition Cluster on 12 August.[74]"

Needless to say, citing an analysis against the wrong data—or conjuring up new figures after critics expose discrepancies between the data and the analysis—is not a minor lapse. It is an anti-scientific practice, the methodological equivalent of claiming that "the dog ate my homework." When the data in question is neither granular nor transparent, but instead a summary compiled from multiple bodies—some infiltrated by Hamas, and none equipped with mechanisms to exclude its operatives from staff or survey work—the result is a fundamental professional failure. It not only undermines confidence in the organizations on which the FRC relies, but casts grave doubt on the reliability of the FRC itself.

2. Inconsistency between the data collection dates presented in the FRC clarification and the Nutrition Cluster publications

Beyond that, there is no way to reconcile the dating of the samples in the FRC response with that publicly released by the State of Palestine Nutritional Cluster. As a comparison between the publicly available data published by Nutrition Cluster on July 27, August 6, August 8, and August 20[75] (Tables 1 and 2) shows the trend of the reports between July 23 and August 6, in each sample group and on average, is one of decline,

[74] Response_to_Issues_Raised_Following_IPC_Famine_Classification_in_the_Gaza_Strip.pdf; pg. 2
[75] Aug. 20, 2025 – Google Drive

without exceeding the threshold value of 15%. Additional AEI samples, which also show a downward trend in July, Nutrition Cluster, have been added in this newly revealed data presentation. However, though ACF's July samples had been excluded from the Nutrition Cluster average MUAC analysis due to data quality issues, and though it was absent from the August FRC report, it was included in the "clarification" addendum, with 12 (!!) samples assigned to late July showing an upward trend compared to the first half of the month – in violation of IPC guidelines (and simple scientific common sense) prohibiting the use of samples with an N of under 200 in malnutrition prevalence analysis.

However, this technical violation is not the primary suspicious datum in the FRC response - examination of the sampling dates now presented by the FRC and the date of publication of the old data reveals an irresolvable a contradiction between the chronology of the samples presented in the FRC response to that presented in the original August 25 report, and the Nutrition Cluster reports on which it is based:

a. Juzoor:

- The **State of Palestine Nutrition Cluster (Nutrition Cluster) bulletin of July 23** contained **no Juzoor data at all**.
- In the **FRC August report**, IPC initially claimed that its analysis was based on data available **by July 31**. It stated that 1,892 samples were collected **between July 15–31**, with a MUAC GAM of 12.65%. This will be referred to as **subsample #1**.
- **Nutrition Cluster bulletin (Aug. 8):** It likewise stated that data were collected **between July 15–31**, but reported a much larger dataset of 5,450 samples, with a MUAC GAM of 8.29%. The difference between these totals (5,450 – 1,892) is 3,558 samples, henceforth referred to as **subsample #2**, with an implied MUAC GAM of about 5.8%.

In other words, those three separate sources imply that **all Juzoor data were gathered in the second half of July** and that **subsample #2 was collected after subsample #1**.

Yet the IPC response retroactively changes the sample in both respects:

- The larger, low-GAM subsample #2 that appears later in the published bulletins is moved to the **first half of July**.
- The smaller, high-GAM subsample #1 that was available earlier is now claimed to have been collected **after** subsample #2.

Timeline Table of Reported Juzoor Data

Source	Publication Date	Claimed Collection Period	Reported Sample Size	MUAC GAM (%)	Notes
Nutrition Cluster bulletin	July 23	–	–	–	No Juzoor data reported
FRC August report	Aug. 15 (claimed to include all data received up to July 31)	July 15–31	1,892 (**subsample #1**)	12.65	First appearance of Juzoor data
Nutrition Cluster bulletin	Aug. 8	July 15–31	5,450 total (incl. additional 3,558 = **subsample #2**)	8.29 (total) (implied % for subsample #2 – 5.8)	Larger dataset appears a week later
IPC Response to Criticism	Aug. 22 (claimed to include all data received up to Aug. 12)	1st half: 3,558 (**subsample #2**), 2nd half: 1,892 (**subsample #1**)	5,450 total	5.7 (subsample #2), 14.0 (subsample #1)	Reverses order of subsamples and backdates subsample #2 to 1st half of July

The only part of the data that could conceivably have been described as belonging to the first half of July is the data collected on July 15. However, this would imply the implausible scenario that two-thirds of the sample (3,558 cases) were gathered in a single day. And even if the FRC were now to claim that the earlier dating was incorrect and that collection extended from the very beginning of July, this still would not explain the reversal in the reporting order between subsample #1 and subsample #2, nor the absence of any Juzoor data in the Nutrition Cluster bulletin of July 23.

b. MDM France:

The 1,708 MDM France samples are presented in the FRC report and the Nutrition Cluster report from July 23 as being **entirely** collected between July 15 and July

27, during the second half of July. But in the FRC's "clarification", 117(!) of the samples are shown as having been collected at the beginning of the month with a MUAC GAM of 13.7%, while in the second half of the month it is now claimed that 1,591 samples were collected with a 20.2% MUAC. This is perhaps semi plausible if these 117 samples were all collected on July 15th. However, IPC protocol prohibits analysis based on sample size smaller than 200. Furthermore, defining "July 15th" data as stemming from the "first half" of July is misleading and bad science – a proper analysis of malnutrition trends over time would have required plotting a curve by sample day.

According to the IPC collection criteria, the entire MDM France data set should have been excluded because the internal variability in it is too great according to the IPC protocol.

c. UNRWA samples:

according to the Nutrition Cluster data from July 23 UNRWA samples were characterized as distributed between 1,336 samples at the beginning of the month with MUAC GAM of 19.22%, and according to the Nutrition Cluster data from August 8 as including an additional 2,101 samples with MUAC GAM of 18.05% (by subtracting from the total of 3,437 samples with MUAC of 18.51%), reflecting a moderate yet noticeable decline, were redefined as distributed between 1,587 samples with MUAC GAM of 21.7% at the beginning of the month and 1,850 samples with MUAC GAM of 22.1%.

This retroactive alteration of sample collection dates—made without any statement or acknowledgement—represents a gross violation of the most basic principles of scientific publication. Moreover, the new timeline is implausible: one-third of the Juzoor samples reported on July 23 are now reassigned to the second half of the month, while all of the samples added on August 8 and also attributed to late July were in fact collected earlier, yet somehow processed after later ones. On top of that comes the inclusion of ACF and MDM France data, and its splitting into N=12 and N=117 sample sizes to retroactively claim a time-based trend while concealing the more granular dating of the samples which would be required to make even a rough approximation of such a trend. Conceivably, this could be explained by delayed Nutrition Cluster reports first cited, then corrected by the FRC, all in an undeclared and non-transparent manner and in ignorance or disregard of the IPCs own guidelines. This would be merely professionally negligent. But it is not the only explanation that suggests itself.

3. Relying on non-age-weighted indicators

A quick check shows that the percentage of MUAC GAM in all samples where no samples were added in the FRC response is higher in the FRC clarification than in the Nutrition Cluster data from 8.8. This appears to be due to the fact that the FRC chose to present in its "clarification" MUAC GAM data that is not age-weighted, and that the calculation and charts presented in the August 22 report are based on this data. Children under the age of two tend to show a higher MUAC GAM percentage than older children, and they have been over-sampled by most FRC data providers, led by UNRWA. Therefore, it is mandatory to make an age adjustment and failure to comply with this obligation constitutes a serious and blatant violation of the IPC protocol itself, which also requires that the number of children older than two years be twice as high as the two-and-a-half-year-old to two-year-old (a benchmark which has not been met in the FRC report). Moreover, presenting non-age-weighted data as if they were age-adjusted constitutes a misrepresentation, since the title of the table in question explicitly claims to show age-weighted GAM percentages ('GAM MUAC, 6–59 months, age-weighted').).[76]

	23.7 Nutrition Cluster/ FRC 22.8 report		8.8 Nutrition Cluster minus 3.7 Nutrition Cluster Representing 15.7-31.7 samples		8.8 Nutrition Cluster data		FRC addendum July 1st Half		FRC addendum July 2nd Half		FRC Addendum		8.8 Nutrition Cluster
	N	GAM MUAC 6- 59	N	GAM MUAC 6- 59	N	GAM MUAC 6- 59	N	GAM MUAC 6- 59	N	GAM MUAC 6- 59	Additional samples	July Average GAM	Unweighted GAM 8.8
ACF	392	absent	absent	absent	absent	absent	392	2%	12	91.70%	0	4.66	????
AEI	1807	15.49%	X	X	1807	15.49%	2143	15.70%	2942	12.40%	3278	13.79	18.26%
EMPHNET	384.00	14.26	152	12.5	536	13.83%	368	17.90%	168	13.70%	0.00	16.58	16.60%
Juzoor	1892 (collected 15.7-23.7) +	12.65%	3558 recorded after 23.7).	5.97%	5450	8.29%	3558	5.70%	1892	14.00%	0	8.58	*8.61%*
MDM-France			1708	19.69	1708	19.69%	117	13.70%	1591	20.20%	0	19.75	*19.79%*
MedGlobal	?	?	?	?	2811	5.26%	2518	4.30%	293	13.30%	0	5.24	5.23%
UNRWA	1336	19.22	2101	18.51	3437		1587	21.70%	1850	22.10%	0	21.92	21.88%

[76] IPC_Famine_Review_Committee_Report_Addendum_Gaza_Aug2025.pdf; table 18b

Table 3: Comparison between the FRC "clarification" data [77], FRC report, [78] and the data in the Nutrition Cluster reports[79]

4. Non-transparent and non-granular data and methodology

By refusing to act transparently and continuing to withhold its granular data—a practice strikingly similar to that of the Gaza Ministry of Health—the FRC preserves room for denial and retroactive revisions of its contested claims. Only when granular data is exposed, as happened inadvertently in one author's publication on GMOH casualty counts up to June 2024, does the organization's space for evasion and denial begin to narrow. For this reason, there is little point in pursuing further debate over data manipulations or requesting additional clarifications.

5. Misrepresentation of global and regional WHZ - MUAC ratio, ignoring Gazan and Palestinian WHZ data

In their response, the FRC claimed that "WHZ generally identifies about twice as many malnutrition cases as MUAC" and further asserted that the regional MUAC-to-WHZ ratio is 1.9, using this as justification for relying on a 15% MUAC threshold for determining IPC-5 in Gaza City (where a 30% WHZ threshold is required for declaring IPC-4 or IPC-5). This response is misleading on a variety of levels:

a. The country-level ratios between MUAC and WHZ in the dataset cited by IPC (Leidman et al.2019) are widely dispersed with a median value of 1.6, so a universal threshold value, in the absence of specific information on the crisis environment (a practice admonished against in IPC protocol), should be probably around 19%, not 15%, based on the calculation method of the FRC report itself.

b. The claimed 1.9 "regional ratio" – or, 1.85, to be exact - was (mis)calculated as the ratio of region-wide median WHZ and MUAC prevalences across three Middle Eastern countries in the dataset: Yemen, Jordan, and Iraq. This approach completely ignores regional variability and produces a statistically meaningless result. The flaw is evident when comparing the claimed value to the actual country-level ratios: Yemen - 1.33, Jordan - 1.28, and Iraq - 0.68,- all three well below the claimed 1.9 ratio. There is also no basis for using an average that includes distant Yemen and Iraq when data is available for nearby Jordan, most of whose

[77] IPC_Famine_Review_Committee_Report_Addendum_Gaza_Aug2025.pdf; table 18b
[78] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Report_Gaza_Aug2025.pdf; Tables 16 and 18 pg. 50-51
[79] Nutrition Cluster presentation Aug. 6, 2025 VF.pptx - Google Slides; 2025 – Google Drive

population is Palestinian, but in any case, the Jordanian ratio is also the median of the three countries, providing an additional justification for using it as a plausible regional proxy for Gaza.

c. The FRC's response fails to acknowledge its omission of known WHZ and MUAC data for Gaza—data from a UN study cited by one of the document's own authors. Even if those figures were unsuitable for reliance and a regional average might have been more appropriate, it is misleading to claim that no other data exists. These data were not only known to the authors but also to the Nutrition Cluster, which had supplied the sample data. This omission is inconsistent with the report's own assertions.

d. The FRC response is at least accurate in pointing out that most of its critics were dwelling on a study that showed a WHZ of 0.8% in a group of children that was different from the observed MUAC of 4.0%. It ignores however, the fact that a variety of other studies have indeed examined MUAC and WHZ in Gazan and Palestinian children. Thus, the MSNA survey found a MUAC GAM of 4.0% and a GAM WHZ of 3.8% in children under 5 years of age.[80] Another UNICEF study specifically examined the existence of malnutrition in Palestinian refugee camps in Lebanon.[81] Other studies have examined the average MUAC and WHZ in Gazan children from different nutritional backgrounds,[82] with the authors stating that "the raw data supporting the conclusions of this article will be made available by the authors, without undue reservation."

It is hard to believe that the IPC, with access to all the data from those studies, could not have built a model for the correlation of MUAC with WHZ based on nothing more than a regional median average of Jordan, Yemen, and Iraq. Seemingly, this is simply sloppy scholarship. However, as indicated throughout this rebuttal, this sloppiness somehow always slants the compounding errors of the FRC report in the same direction.

6. A blanket cessation of WHZ measurements throughout the war

Before the war, the UN had continuously monitored the WHZ data of Gaza children, as detailed in a study by one of the authors of the FRC report.[83]

> "Before the war, **UNRWA collected electronic data from routine growth monitoring visits of children in Gaza** (note that all children are targeted for

[80] https://www.unicef.org/sop/media/1091/file/Nutrition%20Assessment.pdf
[81] https://www.unicef.org/mena/media/15741/file/National%20Nutrition%20SMART%20Survey%20Report%20.pdf; pg 84, table 29
[82] https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2022.808700/full
[83] https://gaza-projections.org/docs/gaza_projections_methods_annex.pdf

monitoring, not just those presenting to health facilities for illness). We had access to the 2019 growth monitoring dataset, which we restricted to the most recent visit for each child and ages 6 to 59 months. The data made public is an aggregate of the growth monitoring data. Of the 150,060 child growth monitoring observations, 123 (0.1%) had missing age, gender, height/length or weight, and were thus removed, leaving 149,937 in the analysis. For computational efficiency, we worked with a random sub-sample of 10,000 observations, which we checked had negligible deviations from the full dataset Gaza projections – methods annex Page 21 of 74 in terms of SAM and GAM prevalence. We assumed this reduced dataset provided baseline anthropometry for children in Gaza. We **computed the weight-for-height/length Z-score (WHZ) for each child** using the anthro R package, developed by WHO and consistent with the WHO Growth Standards [56]. We excluded flagged observations (Z-score <> 5SD) from computation of GAM and SAM prevalence. "

It is possible that in Gaza, which enjoys 2.2 medical personnel per 1000 population it proved completely impossible to carry out WHZ measurements under wartime conditions (notably, they continued during the 2014-2015 conflict), including during the eight week cessation of hostilities between January-March 2025, whereas it somehow proved possible to do so in South Sudan (<0.2 medical personnel per 1000 individuals) in 2017, even in the absence of a ceasefire or a combatant designated humanitarian area – which encompassed at least some of Gaza's hospitals. Another possibility is that as reaching the 15% MUAC threshold is easier than reaching the 30% WHZ-based threshold, even representative sampling to validate MUAC results were avoided by organizations invested in promoting an end to the fighting. As already noted, in South Sudan (2017), Somalia (2022), and Yemen (2024), parallel measurement of WHZ and MUAC continued, both under combat conditions and in the absence of the extensive medical personnel and infrastructure in Gaza.

7. **Conflicting claims about sampling children enrolled into malnutrition prevention programs**

In the original report, the IPC claimed that a large proportion of MUAC measurements come from children who were found to be enrolled in feeding programs to prevent malnutrition at the time of measurement .

"…much of the data comes from children who are enrolled in BSFP (Blanket

Supplementary Feeding Program) and have been receiving nutritional products, it is likely that the results obtained from these convenience samples underestimates the severity of the nutritional situation."

In their clarification, however, the report's authors claim the opposite:

"…children who were diagnosed with malnutrition were then enrolled in a community-based management of acute malnutrition (CMAM) programme and were not included in subsequent screenings; and (2) children who were not diagnosed with acute malnutrition were enrolled in the BSFP and received supplementary feeding to try to prevent malnutrition."[84]

In other words, the children were enrolled in the BSFP program only **after** the screening, not before, as was claimed in the August 22 report.

8. Misrepresenting health facility-based screenings as "community-based screening"

The IPC tries to bypass the criticism that many of the screening were conducted in hospitals and health clinics by misleadingly describing them as "community-based screening:"

"In conflict zones, where representative surveys are not feasible due to insecurity and access constraints, the IPC protocols… permit the use of community-based screenings... These screenings are conducted in locations where people typically gather, facilitating access to a broad sample. In Gaza, **hospital surroundings** are considered relatively safe, and provide access to children from nearby communities, making them **suitable sites for such assessments**."

This misleading framing must be addressed on two levels:

a. IPC directives from **June 2025** absolutely reject the use of medical facilities as a basis for conducting nutritional surveys.[85] This directive arises for the simple reason that, regardless of official protocols, it is not possible to separate the population of respondents who are not injured or ill from the patient population, and because people who cluster in hospitals are not representative of the general

[84] Response to Issues Raised Following IPC Famine Classification in the Gaza Strip.pdf; pg. 2
[85] IPC-AMN-Compatible-Data-Sources.pdf ; pg 2. Only community-based Sentinel Sites are compatible with the IPC (**Health Facility-based sentinel sites are not allowed**).

population. Regardless, hospital-based surveys constitute a clear, and unacknowledged, violation of the directive.

b. The authors acknowledge, albeit in vague language, that these screening sites also function as malnutrition prevention and treatment centers, which naturally make them a point of attraction for the more desperate families in the Strip. This highlights another major way in which those screenings are not representative of the general population.

9. Retroactive claims about the reliability of an omitted and concealed food security survey

The FRC defined two nutrition reports as reliable and representative in Appendix 3 of the report. Yet, the August 2025 famine report highlighted only the results of one survey in its main text. Only a reader who scrutinized the annex closely would have realized that there were in fact two surveys, and that they produced a critical discrepancy in the Household Hunger Scale (HHS) — the only quantitative food-consumption indicator capable of distinguishing Phase 4 (Emergency) from Phase 5 (Famine).[86] This was the survey that showed severe hunger among 36 percent of the city's residents – 3 times the rate identified in the second survey. In the clarification document, the FRC claimed that the first survey enjoyed certain qualitative advantages and belatedly admitted that only it was used for statistical analyses. Regardless of the frequency and quality metrics that the FRC used before choosing to ignore half of the results from its food security models, excluding data from the calculation requires an open and transparent explanation. It certainly does not require underestimating the significance of the gap in results between them in the only index relevant to distinguishing between IPC-4 and IPC-5 status. Worse still, the IPC applied higher FCS thresholds intended only for populations with daily oil and sugar consumption — thresholds plainly inappropriate for Gaza, where such consumption was low, according to data cited in the famine report itself. This distortion increased the share of households classified as having "poor FCS", particularly in the second survey, and this exaggerated figure was later used to claim a false consistency between the two surveys.

10. Rewriting History: The FRC's Defense of Unrealized Catastrophic Projections

The IPC's response sought to explain why its Gaza projections have so often proven alarmist, predicting severe deteriorations in food insecurity and impending mass mortality that never materialized. Its justification was that such projections were

[86] IPC_Famine_Review_Committee_Report__Gaza_Aug2025.pdf; Pg 15. Figure 13–16: "Food security outcomes are informed primarily by the Source 1 remote survey"

supposedly followed by increases in humanitarian assistance, which then alter outcomes. This argument rewrites history — attempting to recast repeated forecasting failures as evidence of success, rather than acknowledging that the original projections were unsound.

In reality, the record of incoming aid, both by COGAT and the "retroactively corrected" UNRWA/OCHA data shows that extremely alarmist IPC projections were repeatedly published **after** Israel had already adopted major policy measures to expand humanitarian access. Instead of recognizing these measures, the IPC ignored or downplayed them, issuing worst-case scenarios detached from the reality on the ground.

For example:

- **March 2024 report** - Published on March 18, it ignored a wide range of Israeli measures already in place, including the opening of the land route from Jordan, the establishment of six new field hospitals, the opening of additional crossings to northern Gaza (Crossing 96), flour shipments through Ashdod, and the operation of 20 bakeries producing over two million pita breads per day. It also disregarded data from WFP's Gaza Market Monitoring Report of March 1, which documented falling prices for key staples such as flour, milk, and vegetable oil, as well as significant reductions in the prices of canned food products.
- **June 2024 report** – Released after Israel had shifted policy in early May to allow large-scale private sector food imports, a major mitigating step following Egypt's closure of Rafah. IPC criticized this as favoring commerce over aid, rather than acknowledging its stabilizing impact.

In other words, the reason the IPC's projections proved inaccurate was not that aid increased in response to them, but that they systematically ignored or discounted measures already in place at the time of the analysis. By presenting worst-case scenarios as likely outcomes, the IPC abandoned the requirement in its own manual to produce "most likely" projections. This consistent bias towards alarmism further undermines confidence in the credibility and neutrality of the IPC's analyses on Gaza.

This bias was most clearly on display in the August 22 2025 report, which completely ignored signs of improvement in the second half of July and the first half of August. Among the positive trends disregarded were:

- A sharp rise in aid deliveries and distributions from late July onward, with expanded mechanisms reaching much wider portions of the population.

- A steep decline in food prices at the end of July and into early August, a strong indicator of improving availability and access.

- Documented measures by Israel to expand humanitarian access, including daily humanitarian pauses (misleadingly referenced as a single event in the report), the opening of crossings and supply routes, and repairs to water and electricity lines.

By disregarding these clear signs of improvement, the report misrepresented the actual trajectory of food security and reinforced a predetermined famine narrative — precisely the kind of selective use of evidence highlighted throughout this rebuttal.

However, the actual errors of prior IPC reports run deeper, as does the revisionism of the FRC response. This is because it is not merely future projections made by the IPC/FRC that failed to materialize – so did the mortality reflected in the "current assessments" made in each report.

It has been 18 months since the March 2024 report was issued. That report implied 6690 fatalities by the assessment of 677,000 individuals in IPC-5 and 876,000 in IPC-4 for the period of February 15- Match 15 2024 preceding the report.[87] Notably, one of the authors of the current report, relying on IPC data, projected 6,550 – 11,580 non-traumatic fatalities in the event of an immediate ceasefire, and 74,290 – 85,760 fatalities in the event of an escalation (presumably the Israeli operation in Rafah) which did indeed occur by August 2024.[88] Now, this very same author claims that these fatalities remain undocumented, either by the GMOH or in any of the family surveys carried out in the Gaza strip since– including the May-June 2024 CATI survey carried by the WFP in line with earlier IPC recommendations and exhortations [89]. As further discussed in section 4 of the main response, the claim that these deaths occurred but that almost all remain unreported does not hold water.

[87] https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Gaza_Strip_Acute_Food_Insecurity_Feb_July2024_Special_Brief.pdf; pg.1
[88] https://gaza-projections.org/gaza_projections_report.pdf; table 3; pg. 18
[89] https://www.medrxiv.org/content/10.1101/2025.06.19.25329797v3; https://www.msf.org/survey-finds-high-mortality-rate-among-msf-staff-and-families-gaza; IPC_Famine_Review_Committee_Report_Gaza_June2024.pdf pg 19

Conclusion:

The FRC admits in its response document to making serious errors in presenting the data in the main report – and then justifies its conclusions by a variety of improper practices from retroactive correction and retroactive dating of data that had already been published separately from it (MUAC indices), changing assessment indices for the food security surveys, contradictory claims regarding MUAC measurement participants while admitting to violating IPC procedures, and more. Throughout, a consistent pattern emerges. The IPC's response does not resolve the criticisms raised; it confirms them. Whether in the misuse of MUAC thresholds, the concealment of an undisclosed dataset, the selective presentation of survey evidence, or the production of alarmist projections, each deviation reflects a general departure from transparency, neutrality, and methodological rigor, in order to promote a predetermined goal. Instead of correcting errors, the FRC doubled down on practices that inflated famine signals and buried inconvenient evidence.

In its response, as in its original report, the FRC abused its expert status — deflecting criticism onto irrelevant issues and misrepresenting the significance of indicators used in its own analysis. Both tactics rested on the assumption that the general reader would not notice the deflection or the misrepresentation, an abuse of authority that further eroded trust in both the process and the conclusions. Taken together, these flaws undermine confidence not only in the August 22 declaration but also in the credibility of the IPC process more broadly.