



The IPC's Failed Defense of its False Famine Declaration

December 31, 2025

Introduction

On 19 December, the IPC published a new [Special Brief on Gaza](#) alongside an accompanying [statement by the Famine Review Committee \(FRC\)](#) regarding the August famine designation, which was widely criticized for [serious methodological violations](#).

Rather than addressing that criticism seriously, the FRC statement dismisses substantive methodological objections as matters of “confusion”, repeats false arguments, and fails to correct errors that directly contradict the IPC's official methodology and guidelines.

These problems are also prevalent in the December Special Brief. Taken together, the two documents not only repeat the methodological errors identified in the August analysis, but also fail to incorporate newly available retrospective data directly contradicting its claims.

Therefore, while the new IPC report acknowledges that there is no famine in Gaza and that there has been a notable improvement in the humanitarian situation in Gaza, its analysis is still distorted and misleading, and so are its food insecurity classifications and projections.

This document sets out to explain in detail key systematic flaws in the IPC's December 2025 report. It follows similar documents published by Israel on the IPC reports of [March](#) and [June 2024](#), and [August 2025](#). Like those documents, the purpose of this publication is to enable and encourage



independent scrutiny of the IPC's reports on Gaza, given their significant impact on international public opinion and policymaking.

The IPC's core mission – to monitor food insecurity around the world, alert on risks of famine and issue policy recommendation to avert such catastrophes – is too important to be politicized. A serious independent review of the IPC's reporting on Gaza in the past two years is essential to salvage its credibility and rectify the damages it caused, starting with a full retraction of the August 2025 famine classification.

This document focuses on the following key errors and manipulations in the December 2025 IPC Special Brief and FRC statement:

- **Reframing the IPC's forecast failure as Effectiveness:** Claiming falsely that the IPC's alarmist projections did not materialize because they supposedly prompted a policy shift – a recurring pattern in the IPC's reporting on Gaza.
- **Systematic bias in the analysis of food prices:** Reliance on outdated price data—already obsolete even within the stated analysis period—and systematic downplaying of improving market trends, resulting in assessments and projections that were demonstrably false at the time the December report was released.
- **Continued non-compliance with IPC methodology regarding malnutrition evidence:** The continued misrepresentation of much higher age-nonweighted malnutrition rates as representative of the general population, despite explicit IPC requirements to apply age adjustment.
- **The ongoing reliance on malnutrition data from non-representative sources:** Treating data collected at health facilities as outcome evidence despite explicit IPC guidance that restricts such data to be used only as supporting indicators.
- **Obscuring non-compliance in malnutrition data through reduced transparency:** In the December 2025 materials, previously identified violations of IPC malnutrition data admissibility rules were partially concealed through the anonymization of data sources and the removal of key metadata that had previously enabled external scrutiny, quality assessment, and independent verification.
- **The introduction of new non-trauma mortality data while ignoring its evident conclusion.** The data refutes both the August famine classification and the far more moderate claim that most of the Gaza Strip has been experiencing at least IPC Phase 3 food insecurity.



I. Reframing Forecast Failure as IPC Effectiveness

Following criticism of the August projections, which claimed that famine would persist and expand in Gaza during the projection period through September 2025, the IPC and the FRC argue that the divergence between forecasted deterioration and the actual improvement does not reflect analytical failure. Instead, they claim that IPC alerts—particularly the 29 July alert—successfully triggered improvements, thereby validating the original analysis.

This is not the first time the IPC and the FRC have relied on this argument. The same reasoning was used in earlier IPC outputs and was addressed in detail in [Critical Analysis of IPC’s August 30 Response](#). In particular, similar claims were made in relation to the [March 2024](#) and [June 2024](#) IPC reports, both of which were published **after** substantial policy changes and improvements on the ground were already underway, but which did not acknowledge those positive developments.

Similarly, available data show that increases in supplies entering Gaza began well before the 29 July alert, as part of an ongoing improvement trend that started in late May. The temporary, short-term decline in aid volumes observed in the week beginning 20 July did not result from restrictions imposed by Israel, but from logistical and distribution challenges inside Gaza. These challenges were promptly addressed with Israeli assistance and resolved before the IPC alert was issued, resulting in a renewed upward trend in the volume of aid entering Gaza that resumed before—and independently of—the IPC alert published on 29 July. Moreover, while this continued improvement during early August is now partially acknowledged in the December 19 FRC response, it was systematically ignored at the time the previous analysis was published on 22 August, despite being clearly visible within the reporting period of that analysis.

Taken together, this reveals a recurring sequence.

1. The IPC and the FRC exhibit a pattern of selective evidentiary reliance: data indicating deterioration are emphasized, while data showing stabilization or improvement are ignored or downplayed.
2. As a result, the IPC issues an alarmist report pointing to drastic deterioration in food insecurity with correspondingly stark projections.
3. In the subsequent report, when the projections failed to materialize, the IPC takes credit for supposedly soliciting policy changes which averted the predicted catastrophe.

This pattern reflects a lack of analytical rigor and runs counter to core IPC principles on evidence use and accountability. As a result, the resulting analyses cannot serve as a reliable basis for policy decisions and for effective humanitarian assistance in Gaza.



The cycle of exaggerated alarmism caused real harm in additional ways. It fed false narratives about Israel, fostering anger, hatred, and violence toward Israelis and Jews around the world. The IPC's analyses and projections, unreliable as they are, were instrumental in promoting political and legal actions against Israel. In this way, these reports, alongside numerous other misleading publications, encouraged Hamas to repeatedly reject ceasefire offers in the hope that Israel would capitulate under mounting international pressure. Hamas was mistaken, but the war was tragically prolonged as a result, inflicting greater pain and hardship on civilians on both sides.

II. Food Prices: Evidence of Systematic Analytical Bias

The pattern of disregarding positive trends is particularly conspicuous in the IPC's treatment of food prices data, which are widely considered as strong indirect indicators for food availability. In IPC reports on Gaza, data pointing to a significant decline in food prices were either ignored, downplayed or misrepresented. This practice had already been explicitly flagged in Israel's response to the IPC report of [June 2024](#), was repeated in the [August 2025 report](#) that resulted in a "famine" designation for Gaza governorate, and it recurs once again in the December 2025 report.

The analysis below unpacks how this broader pattern translates into three distinct but related problems that together distort the IPC's characterization of market conditions:

1. Misleading framing inconsistent with referenced price data.
2. Reliance on outdated price data, despite the availability of more recent information.
3. Projections detached from observed market trends.

II.1 Misleading framing inconsistent with referenced price data

In its 19 December report, the IPC acknowledges that food availability in Gaza has seen some improvement yet claims that "[prices remain significantly above pre-conflict levels](#)." This framing is highly misleading since it both understates the significance of the drop in food prices in Gaza in recent months and portrays falsely their relation to pre-conflict levels. A closer examination of the [WFP price tables referenced by IPC](#) reveals a very different picture, with several core staple foods, such as rice, red lentils, oil and WFP-subsidized bread, already **at or well below their pre-war price levels**. Other staples such as flour and sugar, while still elevated at that point, showed a clear



downward trajectory. At a minimum, the evidence cited pointed to a steady decline in food prices, albeit at varying rates, resulting in rapid normalization rather than sustained price stress.

The IPC also uses the comparison to pre-conflict levels to create a false impression of deterioration in food availability. Page 16 of the report contains an infographic misleadingly titled "Price trends in November 2025", even though the arrows don't show actual month-to-month trends, but rather differences relative to much earlier baselines—September 2023 (pre-conflict) and February 2025 (the previous ceasefire). The result is a perceived upward trend in prices across most food items, as visually implied by the arrows, concealing the actual sharp downward trend. A comparison of the same items to their prices in July 2025 would have shown all to have declined, most of them significantly, over the past five months.

II.2 Reliance on outdated price information

The problem is further compounded by the use of outdated price data. Although the IPC report states that the overall analysis is based on information available up to November 21, the food price tables it relies on effectively cover **only the first week of November**. This means that by the time the IPC report was published, its price analysis relied on information that was already **six weeks old**. In a rapidly evolving humanitarian and market environment, this discrepancy between the stated reference period and the effective observation window materially limits the relevance of the conclusions drawn. However, the IPC was not transparent about this major limitation in the report.

When more fine-grained and contemporaneous data are considered, a clear discrepancy emerges between the IPC's sweeping pessimistic characterisation and the actual market conditions prevailing within its own stated analytical period. [Local market information published by the Gaza Chamber of Commerce on 20 November](#)—one day before the stated cut-off date—shows that by that point, the price of flour had further decreased to roughly half its level in the first week of November, while the prices of sugar and basic vegetables, such as potatoes and onions, were trading close to their pre-war baselines. These observations underscore that even within the IPC's chosen timeframe, its portrayal of food prices was misaligned with publicly available information.

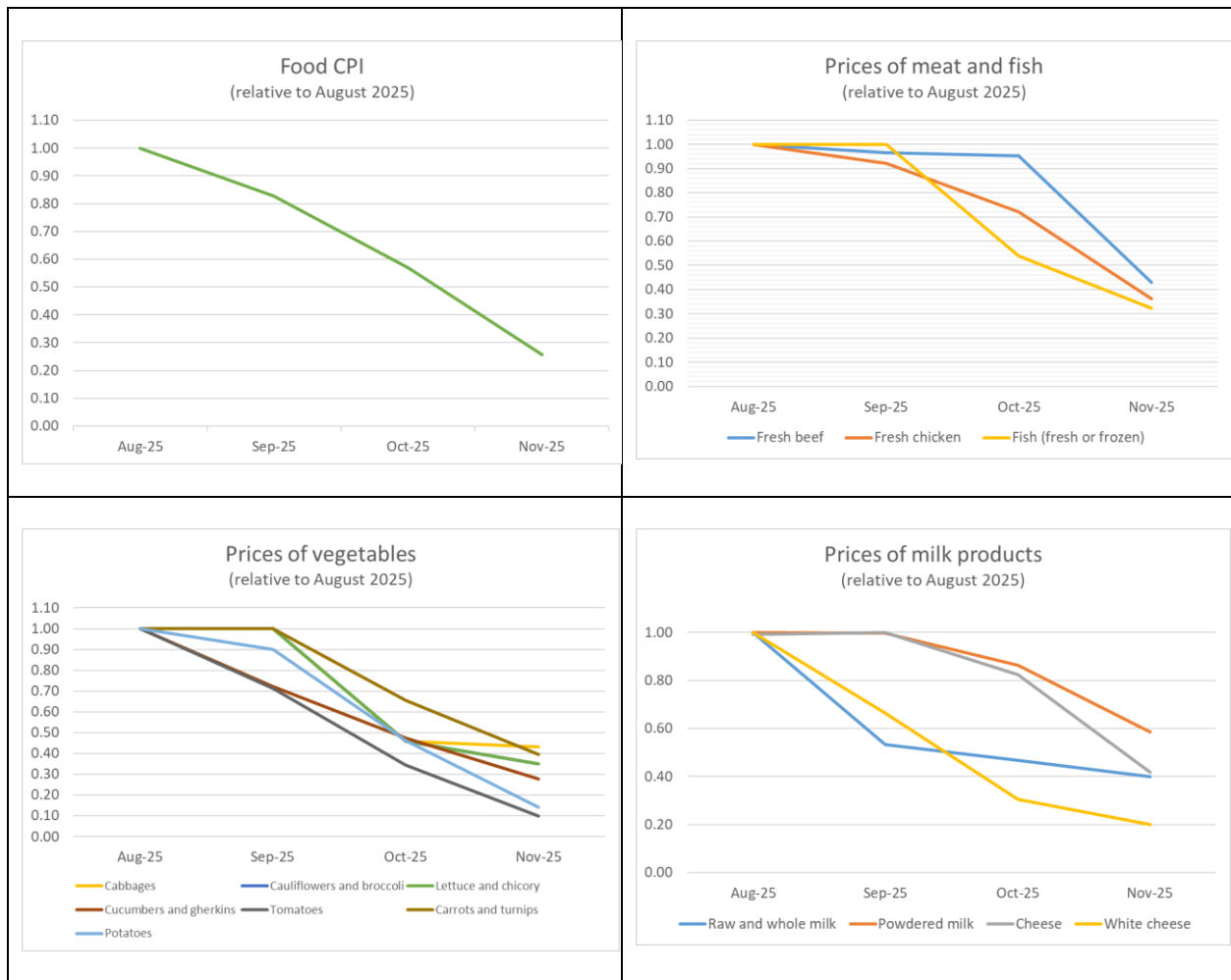
II.3 Projections detached from observed market dynamics

This dismissal of clear trends and more recent information directly feeds into the IPC's forward-looking assessment. In the projection section of the same report, the IPC states that prices are "expected to remain similar or decrease compared to the current period but will still be higher than pre-conflict levels." This projection rests on the same outdated price snapshot and implicitly



assumes, without providing any justification, that the normalization of food prices already well underway would stall before reaching baseline levels.

However, multiple independent data sources available prior to the publication of the IPC report consistently contradict this unfounded assumption.



(1) First, as illustrated in the above charts based on [official consumer price data](#) published monthly by the Palestinian Central Bureau of Statistics, both the aggregate food Consumer Price Index (CPI) and prices across a wide range of individual food items across key food groups exhibit a sustained and broad-based decline through November, relative to peak summer levels. By the end of that month, prices for additional staple foods—including powdered milk, baby formula, macaroni, and flour—had already returned to their pre-war levels. Moreover, some products—such as canned tuna and local



white cheese—had declined sharply and were trading **well below their pre-war baselines**.

- (2) Second, [WFP market price updates](#) covering the first two weeks of December confirm the continuation of this trend. These data show further reductions across core staples, reinforcing continuation of the downward trend evident in November, rather than stabilization above pre-war levels.
- (3) Finally, local market data from the Gaza Chamber of Commerce—[released on December 18](#), one day before the IPC report—provide further evidence of a steady downward trend, with the prices of flour and oil having fallen 30% below their pre-war benchmark, and rice - 20%.

Taken together, these sources demonstrate that the IPC’s December 2025 analysis and projection are not merely inaccurate in hindsight but were already refutable by contemporaneous publicly available evidence at the time of the report's release.

This selective use of information is in contradiction to the IPC’s own technical manual, which emphasizes the importance of trend analysis as a means "*to facilitate an understanding of the evolution of situations as they unfold.*" Rather than drawing on multiple available data sources to assess the direction, pace, and consistency of price changes, the analysis essentially relied on a static outdated snapshot and treated it as representative of conditions over a much longer and very dynamic period. In doing so, the assessment departs from best analytical practice and reaffirms previous concerns regarding the credibility of the IPC’s food price analysis, with critical implications for the reliability of its broader analysis and projections.

III. Malnutrition Evidence: Continued Non-Compliance with IPC Methodology

III.1 Continued Use and Concealment of Age-Nonweighted Malnutrition Rates

The August IPC analysis presented malnutrition prevalence estimates derived from non-representative data sources without age weighting, in direct violation of IPC methodological requirements.



The distinction between weighted and unweighted prevalence estimates is methodologically critical. An unweighted average simply treats the sample as if it reflects the population as a whole. A weighted estimate, by contrast, adjusts the calculation so that each age group contributes in proportion to its actual share of the population. When screening data are skewed towards younger children, failing to apply age weighting inflates prevalence estimates, sometimes substantially, when malnutrition is assessed using absolute Mid-Upper Arm Circumference (MUAC) cut-offs, as in Gaza. This effect arises because [arm circumference increases with age](#), meaning younger children naturally tend to have lower MUAC values and are therefore more likely to fall below fixed anthropometric thresholds.

The Famine Review Committee itself explicitly recognized the need to correct for such age imbalance in its August 2025 Gaza review, stating that “[weighted analysis corrects for unequal representation of the two age groups – it is assumed that children over two should make up two thirds of the sample](#)”. However, the prevalence figures actually used for analysis and classification—based on a dataset that was not included in the original August report and was only shared later following criticism highlighting inconsistencies between the data initially presented and the claims being made—were, in practice, derived from unweighted estimates.

This error was explicitly identified in responses to the August report and independently corroborated by [official Nutrition Cluster data](#) published in September, which showed materially lower age-weighted rates for the same underlying July 2025 data and [confirmed that the 15% threshold has never been breached](#). Rather than acknowledging this finding, the FRC sought to dismiss the discrepancy by asserting in the December Statement, incorrectly, that the datasets used by the IPC and the Nutrition Cluster are not the same, despite both drawing on the same underlying July sample of precisely 19,431 observations.

Rather than correcting this error, the December Special Brief continues to present the age-nonweighted values and omits the corresponding age-weighted figures, while obscuring this malpractice through anonymization of data providers that complicates external verification. Despite these steps to make matching IPC figures with publicly available Nutrition Cluster data more difficult, some samples remain clearly identifiable. For example, in the second half of October, malnutrition data from Gaza City collected by UNRWA—an organization [deeply infiltrated by Hamas](#) whose screenings in that area consistently report higher malnutrition rates than those of other providers—can be identified in the IPC tables as "Data provider #3", with an alleged malnutrition rate of around 21%. However, the [Nutrition Cluster presentation from November 12](#) shows that this figure corresponds to an age-unweighted value for the same period, while the correct age-weighted rate for the same UNRWA data is approximately 14%—a substantial difference that materially affects IPC phase classification.



When the correct age-weighted malnutrition data are considered, the picture is materially different from that presented in the IPC analysis. Official Nutrition Cluster data show that in Gaza Governorate (Gaza City), the age-weighted malnutrition rate fell below 10% already in September and continued on a clear downward trajectory, declining to 9.8% in September, 8.2% in October, and 5.4% in November. Under IPC thresholds, this places Gaza City firmly within Phase 2-3, and by November approaching the Phase 1–2 boundary rather than any emergency classification. In the Middle Area and Khan Younis, age-weighted malnutrition rates remained below 10% throughout 2025 and declined further below 5% from October onward. In the Middle Area, rates fell to 3.7% in October and 2.1% in November, while in Khan Younis they declined to 3.9% in October and 1.5% in November. These values correspond to at most Phase 2 conditions. These phase implications derived from the correct age-weighted Nutrition Cluster data stand in direct contradiction to the December IPC Special Brief, which designates Gaza Governorate as experiencing “critical” acute malnutrition (AMN Phase 4) and classifies Deir al-Balah and Khan Younis as facing “serious” acute malnutrition (AMN Phase 3).

III.2 Lowering the Evidential Bar by Using Incorrectly Calculated Malnutrition Rate Threshold

In its December Statement, the Famine Review Committee (FRC) demonstrates clear awareness of the criticism directed at the way it has sought to justify the continued use of a 15% malnutrition threshold—particularly criticism focused on how regional data were used to derive the relationship between for-height z-score (WHZ) and mid-upper arm circumference (MUAC), two distinct anthropometric indicators of acute malnutrition in children, and how that relationship was then used to define the MUAC-based famine threshold.

It is important to recall the 30% threshold specified in IPC guidance applies to WHZ-based estimates, while the 15% MUAC threshold—which was an essential element in the IPC’s case that famine was occurring in Gaza in July—is described in the guidance only as a provisional proxy, subject to calibration against the observed WHZ–MUAC relationship. In its August review, the FRC offered a purported justification for the use of this threshold, claiming that it was grounded in both globally and regionally observed WHZ–MUAC relationships; however, the previous critique demonstrated that the calculation underlying the claimed regional ratio was mathematically and statistically unsound.

Rather than addressing that critique on its merits, the FRC sought to minimize its significance by portraying the choice of calculation method as a marginal technical detail, suggesting that alternative approaches would produce only minor variation. This framing downplays the substantial impact of the calculation used and fails to acknowledge that the chosen method



produced a dramatically different threshold that effectively lowers the evidential bar for famine designation in absolute terms.

At a basic level, the calculation used by the FRC is not merely debatable but conceptually flawed. Instead of examining how WHZ and MUAC relate within the same population in the global dataset from [Leidman et al. \(2019\)](#) on which it relies, the method combines unrelated information across countries. In practical terms, it amounts to taking WHZ prevalence data from one country (Iraq) and dividing it by MUAC prevalence data from another (Jordan), then presenting the result as if it captured a meaningful relationship for the Middle East as a whole. This approach ignores local context and breaks the population-level link between the two indicators.

The problem is evident in the numbers themselves. The observed WHZ–MUAC ratios in the Middle East subset are approximately 0.69 for Iraq, 1.28 for Jordan, and 1.33 for Yemen. By contrast, the ratio calculated by the FRC—around 1.9—is not observed in any of these countries and exceeds even the highest country-level ratio by a wide margin. A figure that is higher than every underlying observation it purports to represent cannot reasonably be treated as statistically coherent.

When the ratios are applied correctly, the implications for thresholds are stark. Using the IPC’s standard WHZ benchmark of 30% and converting it with the locally observed ratios yields implied MUAC thresholds of roughly 44% for Iraq ($30\% / 0.69$), about 23% for Jordan ($30\% / 1.28$), and about 23% for Yemen ($30\% / 1.33$). None of these figures are close to the uniform 15% MUAC threshold defended by the FRC. What the FRC characterizes as modest methodological variation therefore translates into a dramatic reduction of the implied MUAC threshold by roughly 8–30 percentage points, depending on the country.

This is not a technical nuance but a substantive distortion. The 15% threshold does not reflect any country-level relationship observed in the Middle East data; it is an artefact of an erroneous aggregation that inflates the WHZ–MUAC ratio and then uses that inflated figure to justify a much lower MUAC threshold.

The FRC further attempts to justify continued reliance on the 15% MUAC threshold by arguing that, across five FRC reviews conducted over the past two years in Gaza, consistent use of this threshold together with contextual information did not lead to an IPC Phase 5 classification in four out of five cases. This is presented as evidence that the threshold does not generate false positives.

This argument is logically misplaced. The fact that the 15% MUAC threshold was not exceeded in several earlier reviews does not validate the threshold itself, nor does it address the specific evidence showing that the cutoff is miscalibrated for the Middle East context. An incorrectly specified threshold does not become valid simply because it was not crossed in some previous



cases; its correctness must be assessed by whether it is appropriately calibrated to the underlying WHZ–MUAC relationship.

III.3 Data Admissibility, Quality Requirements, and the Use of Facility- and Programme-Based (“Non-Standard”) Data

The FRC Statement asserts that the use of “non-standard data” is acceptable in highly constrained contexts. IPC methodology, however, draws a clear distinction between *admissibility for contextual understanding* and *admissibility for classification*. While non-standard data may be referenced descriptively, IPC guidance and established practice require that data used to establish outcome indicators and phase classifications meet [minimum methodological and reliability requirements](#). There is no justification in the IPC rules for relaxing those requirements in the absence of alternative, higher-quality data.

A. Absence of reliability scoring

At the outset, it is necessary to note a fundamental procedural omission. Contrary to the explicit requirement set out in the IPC Technical Manual—and to established FRC practice in recent reviews—no reliability scores were assigned to the malnutrition screening datasets used in the Gaza analysis, either in the August 22 FRC report or in the December Special Brief. The IPC manual is unambiguous on this point: “*Evidence should be evaluated and an R score assigned for each piece of evidence used in the analysis*”, and “*all evidence used for IPC classifications is to be assigned a reliability score.*” This requirement applies equally to nutrition evidence, including MUAC-based malnutrition data, and has been consistently applied in FRC practice in other countries. For example, in the Sudan FRC October 2025 report, individual malnutrition datasets are systematically assigned reliability scores—such as “Assessed Reliability R0”, “Assessed Reliability R1”, and “Assessed Reliability R2”—and these scores directly determine whether the evidence is admissible for classification or restricted to descriptive use. **No comparable reliability scoring is provided for the Gaza malnutrition datasets, despite their use as outcome indicators for phase determination.** This omission alone prevents verification that the minimum IPC admissibility requirements were met and represents a direct departure from both IPC methodology and recent FRC/IPC precedent.

B. Omission of quality checks

In addition, in its 30 August response, the FRC characterized the MUAC screenings as acceptable substitutes under constrained access, stating that “These screenings are rapid population assessments that serve as a valid alternative **when complemented by data quality checks** and contextual interpretation.” In other words, FRC acknowledge that the use of such data is conditional, not automatic.



However, the way data quality checks were handled reveals a two-step procedural failure. First, the FRC explicitly acknowledged that data quality checks are required and accordingly published the metadata and criteria necessary to conduct those checks, including acceptable ranges for standard deviation, digit preference, and age and sex ratios. Yet, despite this acknowledgement, those criteria were not applied in practice: datasets that exceeded the stated thresholds were neither excluded nor formally downgraded. This failure to operationalize the declared quality assurance framework was already documented in our [September review](#), and mirrors the same recurring pattern observed earlier in the treatment of age weighting: methodological safeguards are acknowledged in principle but not applied in practice.

Second, rather than correcting this practice to bring the analysis in line with the procedures the FRC itself claimed to be following, the December Special Brief removed the very data needed to independently assess whether any quality assurance had been carried out at all. By omitting the quality diagnostics entirely, the December analysis eliminated external scrutiny instead of remedying the underlying methodological breach. Taken together, this sequence constitutes a clear methodological violation and further undermines the legitimacy of using this kind of MUAC data that the FRC itself has characterised as “non-standard”.

C. Health facility-based and central-point screening data

These broader concerns intersect directly with the treatment of **sampling modality**, particularly the use of health-facility and central-point screening data. IPC guidance draws a clear and non-negotiable distinction between **community-based** and **facility-based** data for acute malnutrition classification. The IPC [Technical Guidance Note on Data Sources for IPC Acute Malnutrition Analyses](#) states explicitly that “*only community-based Sentinel Sites are compatible with the IPC (Health Facility-based sentinel sites are not allowed)*”. The simple logic behind this requirement is that children sampled at such sites are likely to include a higher share of children with illnesses or other medical conditions than their share in the general population.

Following criticism that the IPC report of August 22 2025 relied on facility-based data, the August 30 FRC response attempted to reframe hospital-based screenings as effectively “community-based” because of displacement, insecurity, and the proximity of refugee or IDP camps. IPC methodology does not support this reinterpretation. Whether data are community-based is determined by how individuals are selected into the sample, not by geography, humanitarian necessity, or surrounding population density. A hospital or clinic remains a service-based site regardless of context. And even if one were to accept this reframing for the sake of argument, such screenings would still, at best, qualify as **central-location screenings**, which - as we show below - have been considered by the FRC in the past to be inadmissible for classification purposes.

For example, in the [South Sudan FRC \(November 2020\) review](#), MUAC data collected at the health center in Pibor Payam were explicitly assessed as not meeting IPC reliability requirements



and excluded from classification use. The same review treated several central-location screenings in the same way, assigning them low reliability and using them only descriptively.

IPC methodology allows departure from these minimum standards only under a narrowly defined exception: the **exceptional limited-humanitarian-access protocol**. Under this protocol, less-than-reliable (R0) evidence may be used only when exceptional access constraints are formally verified through activation of a Real-Time Quality Review (RTQR), as specified in the [IPC Famine Guidance](#). However, none of the publicly available Gaza IPC or FRC reports indicate that this protocol was formally invoked or that an RTQR was activated at any point in the analysis.

It is also notable that, following early criticism regarding the use of health-facility and central-point screening data contrary to IPC guidance, the response, yet again, was not to correct the underlying practice but to reduce transparency. Specifically, in the December report information about the locations and modalities in which screenings were conducted has been completely removed, making it impossible for independent reviewers to assess whether the data originated from inadmissible facility-based or central-location sites.

D. Aggregation across screening modalities and loss of admissibility

A further defect concerns the definition of datasets themselves. The datasets presented in the August 22 FRC analysis aggregate measurements drawn from multiple screening processes without establishing that they originate from a single, coherent assessment design. IPC methodology requires that evidence be defined and appraised as discrete analytical units, stating that **“Evidence should be evaluated and an R score assigned for each piece of evidence used in the analysis.”** Where data from different screening modalities are pooled, it is no longer possible to identify a single “piece of evidence” to which reliability criteria can be meaningfully applied.

IPC guidance further makes clear that admissibility of a dataset depends on the **screening modality** under which it was collected—specifically, the type and purpose of the screening activity, the nature of the site where screening takes place, and how individuals are selected into the sample. Minimum sample-size rules, site requirements, and quality diagnostics are modality-specific and cannot be applied when data-collection characteristics are undefined or mixed. In the Gaza analysis, key metadata needed to establish screening modality—most notably the screening activity and, in some cases, the nature of the screening location—are missing or recorded as “not available”.

Under IPC methodology, such indeterminacy has clear consequences: datasets whose assessment type cannot be established cannot be assessed against minimum requirements and should therefore be excluded from outcome classification or restricted to contextual reference only. This



determination must be made prior to classificatory use and cannot be remedied post hoc by aggregation or by appeal to constrained access conditions.

E. Implications for the use of malnutrition evidence in classification

Taken together, these procedural shortcomings—(i) the absence of explicit reliability scoring, (ii) the inconsistent and ultimately opaque application of data quality checks, and (iii) the failure to define datasets and screening modalities with sufficient clarity—undermine the admissibility of the malnutrition screening data for use as decisive outcome indicators. Importantly, they also reveal a recurring pattern in the handling of adverse methodological findings: rather than correcting identified deviations from IPC requirements, the response has been to reduce transparency by withholding or removing the information necessary for independent verification, thereby obscuring the extent to which prescribed safeguards were applied in practice. While IPC methodology allows analysts to proceed under conditions of severe access constraints, it does so by relaxing confidence thresholds, not by suspending core requirements of evidence definition, reliability assessment, and transparency.

Accordingly, even under the most charitable interpretation of the available data and the constraints under which they were collected, the use of these malnutrition datasets as outcome evidence for phase determination clearly exceeds what IPC methodology permits.

IV. Mortality Evidence Introduced in December and Its Implications

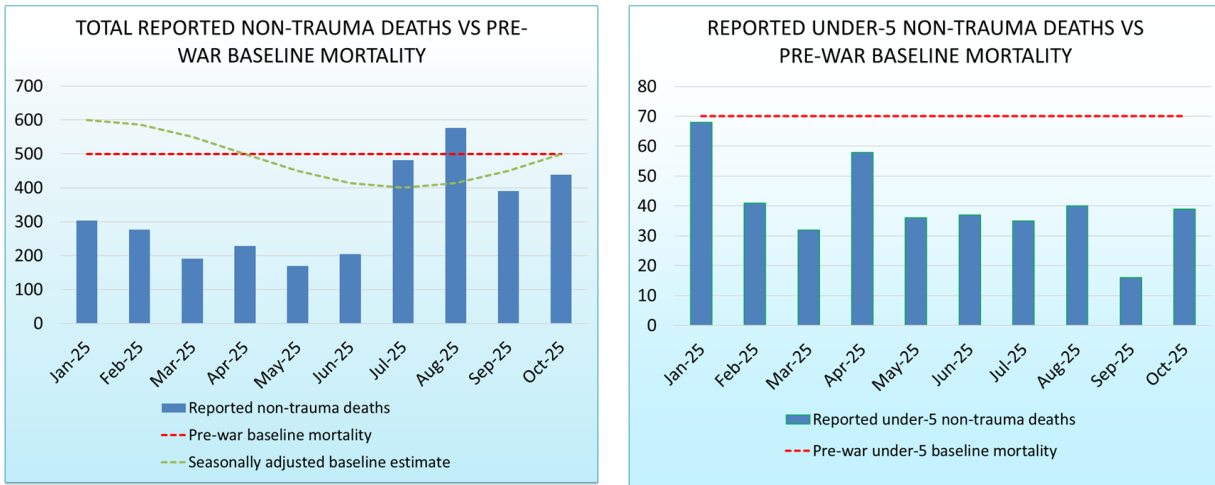
The December IPC Special Brief introduces, for the first time, monthly non-trauma mortality counts for Gaza for 2025, drawing on mortality data reported by the Gaza Ministry of Health through the civil registration and vital statistics (CRVS) system

The IPC presents these figures as supposedly corroborating evidence for its earlier famine designation and for claims of continued catastrophic conditions. However, when these data are compared to pre-war baseline mortality from natural causes, the comparison points in the opposite direction and directly undermines those claims.

Official baseline mortality can be derived directly from Palestinian Central Bureau of Statistics (PCBS) vital registration data. In 2022, Gaza recorded 5,774 registered deaths, corresponding to an overall baseline of roughly 500 deaths per month. The same year saw 57,877 live births, which



implies—using the official under-five mortality rate of 14 deaths per 1,000 live births—approximately 800 under-five deaths per year, or about 70 per month.¹



Against this baseline, the reported non-trauma mortality in 2025 is strikingly low. During the first half of 2025, total non-trauma deaths reported in the IPC table remain below roughly 300 deaths per month, well below the pre-war baseline, even allowing for seasonal variability in mortality. Under-five non-trauma deaths during the same period do not exceed roughly 70 deaths per month, also remaining at or below baseline levels. And while reported non-trauma mortality does increase in July–August, even at its peak the total non-trauma deaths only slightly exceed the 500 deaths per month baseline, while under-five non-trauma deaths remain well below the 70 deaths per month pre-war baseline.

More importantly for IPC purposes, these reported levels are nowhere near the mortality implied even by IPC Phase 3 (Crisis) conditions, let alone the more severe phases that IPC has at various points claimed to be prevalent in parts of Gaza during 2025. IPC reference thresholds place Phase 3 crude death rates at 0.5–1.0 deaths per 10,000 people per day. With Gaza’s population size in 2025 (~2.1 million), that corresponds to roughly 3,150–6,300 deaths per month—order of magnitude above the monthly non-trauma death counts actually reported in 2025, which range from roughly 170 to 580 deaths. For under-five mortality, Phase 3 thresholds are 1.0–2.0 deaths per 10,000 under-five children per day, implying about 750–1,500 under-five deaths per month.

¹ The under-five mortality rate is defined as the probability of a child dying before reaching age five, expressed per 1,000 live births, and formally applies to a birth cohort over its first five years of life. In a population with relatively stable fertility and mortality, annual under-five deaths can be reasonably approximated by applying the under-five mortality rate to the number of live births in a given year. This approach is used here to derive an approximate pre-war baseline estimate.



By contrast, the reported non-trauma under-five death counts in 2025 are on the order of a few dozen per month—typically around 30–70—again an order of magnitude lower than Phase 3 expectations.

Crucially, this assessment does not rest on a rigid or mechanical reading of IPC mortality thresholds. It is well understood that IPC methodology treats mortality thresholds below Phase 5 as soft reference ranges, allowing for some deviation where there is strong convergence of evidence across food consumption, malnutrition, and livelihoods indicators. Reasonable departures from the reference ranges are therefore not, in themselves, methodologically disqualifying. However, the discrepancy observed here is not marginal—the reported non-trauma mortality levels are at least tenfold below what IPC Phase 3 (Crisis) conditions would imply, let alone the more severe phases that have been claimed for parts of Gaza during 2025. Such an extreme divergence exceeds anything that can plausibly be absorbed by softened thresholds or evidentiary flexibility and represents a fundamental incompatibility between observed mortality data and the phase classifications being advanced. Under IPC analytical rules, deviations of this magnitude cannot be set aside, discounted, or explained away through generic appeals to uncertainty or under-reporting—they must be treated as a decisive anomaly that materially constrains, and in this case contradicts, higher-phase classifications.

Even allowing for some degree of under-reporting under wartime conditions, no plausible reporting deficit can bridge a gap of this magnitude. Speculative attempts to explain the discrepancy by invoking a supposed “collapse of health and civil registration systems”, or by claiming that the data focus mainly on trauma-related deaths and therefore miss over 90% of non-traumatic mortality, are indefensible. In particular, they ignore the fact that since 29 April 2025 an [online self-reporting system](#) has been in place, allowing relatives to report non-trauma deaths, including malnutrition-related deaths, without reliance on hospital or morgue functioning. Taken together, these mechanisms make it untenable to attribute the observed order-of-magnitude gap to reporting failure alone.

Overall, the non-trauma mortality series introduced in the December Special Brief directly contradicts the August famine designation and the continued framing that large shares of Gaza experienced at least Phase 3 conditions throughout 2025. Rather than supporting an extreme classification narrative, the reported mortality levels point to a substantially less severe outcome profile than IPC and FRC asserted in August and continue to imply in December.



Conclusion

The December IPC publications do not correct the methodological failures identified in the August famine analysis. Instead, they attempt to rationalize them and carry them forward into the December analysis.

Errors identified in August—many of which were later corroborated by official data—remain unaddressed. New evidence introduced in December, particularly on mortality, directly contradicts both the August famine designation and the continued over-dramatization of conditions, yet is not used to revise the underlying assessment.

Every round of the IPC’s efforts to justify its methodological manipulations marks a further departure from its core principles and from the professional standards it purports to uphold. Rather than correcting past errors in a credible and transparent manner, the IPC has instead entrenched itself more deeply in anti-scientific territory, where methodological non-compliance is normalized, contradictory evidence is dismissed, and conclusions are advanced without the evidentiary support required by its own framework.