

A roadmap for healing Gaza's battered health system

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Healthcare has been a primary casualty of the recent conflict in Gaza, a 365-square-kilometre territory of 2 million residents (1). By the time a tenuous ceasefire agreement was reached in late January 2025, after more than 500 days of bombardment and heavy artillery attacks, at least 47 354 Palestinians had been killed and 111 563 others injured (1,2). More than 92% of the housing units had been destroyed or damaged, and practically the entire population had been displaced, requiring emergency shelter and essential household items (2).

As of 1 February 2025, only half of Gaza's 36 hospitals and 11 field hospitals were still in use, most of them only partially, and fewer than 40% of its primary health centres were functioning (3). WHO had recorded 670 attacks on patients, health workers, health facilities, ambulances, and other aspects of healthcare (4).

WHO supported service delivery in Gaza throughout the escalation of violence, however, the constant bombardment and restrictions on aid delivery made access to services extremely difficult. The destruction of, and damage to, health facilities further increased pressure on the few remaining understaffed facilities, which had limited or no medical supplies. This caused a sharp decline in the management of chronic diseases and a decrease in access to other health care services.

The poor sanitation and crowded shelters have provided a favourable environment for the transmission of infectious diseases such as typhoid fever, scabies, chickenpox, hepatitis A, respiratory infections, skin infections, diarrheal diseases, polio, etc (5). In 2024, polio re-emerged in Gaza for the first time in 25 years because vaccination coverage had decreased below 90% due to the hostilities (6).

Stress, displacement, poor nutrition, violence, movement restrictions, confinement, and increasing unemployment have been significant contributors to poor mental health and poor cognitive function in Gaza (7–9). Albelbeisi et al found more than 99.5% prevalence of depression and anxiety, and 93.7% prevalence of stress among 400 internally displaced study participants aged ≥18 years in Gaza, indicating that almost all the refugees were experiencing mental disorders (10).

The environmental pollution caused by the conflict has serious implications for public health, with a high risk

of triggering and exacerbating cardiovascular and other diseases (5). An estimated 45 000 people already lived with cardiovascular disease in Gaza before the war (3). By December 2024, more than 50 million tonnes of debris is estimated to have been generated in the territory (2).

Food insecurity triggers nutrition-related diseases. Before the escalation of hostilities, many families relied heavily on humanitarian assistance due to years of blockade and conflict (11,12). The war has severely worsened food insecurity, which currently affects over 96% of the population, with near-famine conditions for many (12).

This special issue of the *Eastern Mediterranean Health Journal* – the first of a 2-part series – provides a comprehensive overview of the health implications of the war in Gaza. It documents the impact of the war on health and provides scientific evidence and practical recommendations for policy, advocacy and interventions, as well as baseline information for further research.

The ceasefire agreement presents an opportunity to restore the health system in Gaza, but this will be a highly complex, challenging and financially costly task, given the immediate needs, the scale of the destruction and other constraints.

Rebuilding and restoring damaged health facilities and infrastructure is a must if we are to improve health outcomes in Gaza. To provide essential services and stop the spread of diseases, hospitals need clean water, functional equipment, uninterrupted supply of medicines, medical supplies, electricity, ambulance services, access roads and reliable internet service (13).

WHO and partners are working to strengthen referral networks and evacuate critically ill patients to hospitals outside Gaza, and this needs to continue unhindered. However, the management of chronic diseases and critical cases must be prioritised, while advancing prevention efforts and the provision of care for other conditions.

Mental health services should be scaled up and integrated into relief efforts to mitigate the psychological impact of violence, bereavement and displacement on the population (7,14). Health workers also need both mental and physical attention so that they can continue providing services (15).

In the short-term, remote consultations and the use of mobile clinics should be scaled up to urgently extend and increase access to services and compensate for damaged health facilities (16). In the long-term, a permanent cessation of hostilities is needed to provide a conducive

environment for reconstruction and restoration. Importantly, the international community must urgently step up support for a resolution of the conflict, the lifting of blockades, and financing of Gaza's health system recovery.

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