

Reviving and rebuilding the health system in Gaza

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The current situation

By the end of 2024, several prominent organizations had highlighted the severe state of Gaza's healthcare system, particularly in Northern Gaza. The Office of the United Nations High Commissioner for Human Rights (OHCHR) provides a detailed account of the grave concerns regarding the operational capacity of hospitals between 7 October 2023 and 30 June 2024 (1). As of 30 June 2024, 22 of the 36 hospitals across Gaza were reported as non-functional, and by January 2025, only 18 remained partially functional. Despite the continuous, repeated attacks on healthcare in a highly restrictive environment, the health system remains on life support, as a direct result of the combined efforts of WHO, Palestinian Ministry of Health, emergency medical teams, the Health Cluster and other partners whose aim is to provide access to life-saving care.

Prior to the latest escalation, Gaza Strip had endured longstanding humanitarian crisis, exacerbated by protracted blockade since 2007, with approximately 80% of the population dependent on humanitarian aid (2). The health system operated under chronic shortages of medicines, medical supplies, electricity, and skilled personnel. Health facilities struggled to meet the needs of the population, leaving many patients with chronic diseases or severe injuries (3). Critical services such as maternal and child health care were strained (4). Despite these challenges, Gaza had positive health indicators: vaccination coverage for registered refugee children was close to 100% for over a decade, and in 2019, the reported maternal mortality rate (MMR) was 19.9 per 100 000 live births and the infant mortality rate (IMR) was 10.8 per 1000 livebirths—both below the Sustainable Development Goals targets (5).

Healthcare under fire

A study published by The Lancet estimates that between 7 October 2023 and 30 June 2024, a total of 64 260 people died due to traumatic injury in Gaza, representing 2.9% of the pre-conflict population and equivalent to 1 in every 35 inhabitants (6). This mortality rate is 41% higher than the estimate provided by the Palestinian Ministry of Health (MoH) (37 877 deaths) for the same period. The study also

infers that, while the official MoH estimate by 6 October 2024 was 41 909 deaths, if the 41% under-reporting rate persisted from July to October 2025, the actual death toll may now have exceeded 70 000. This figure does not account for deaths caused by non-traumatic injuries or indirect mortality due to disrupted healthcare, inadequate access to essential services, or the broader humanitarian impact of the conflict, which would further increase the total death toll. Between 1 November 2023 and 30 April 2024, nearly 70% of the verified fatalities in Gaza were women and children (7).

Trauma care delivery has been critically impaired and rehabilitation services have been severely limited. Health workers lack the resources to treat surgical cases, leading to higher rates of disability and death. Life-saving amputation has been prioritized over limb salvage, patients have been prematurely discharged due to bed shortages, and wound infections have been prevalent. WHO estimates that by September 2024, more than 24 000 people would have had major life-changing injuries (8).

As of 20 January 2025, WHO had verified 668 attacks on healthcare facilities in Gaza, resulting in 886 fatalities and 1355 injuries. Of these, 438 incidents impacted health facilities and 151 impacted medical transportation. The evacuation orders have severely impacted healthcare, overwhelming facilities outside the evacuation zones with mass casualties and displaced persons.

Forced displacement, overcrowding, limited access to water and sanitation due to the destruction of water, sanitation and hygiene infrastructure has worsened the spread of infectious diseases (10–13). A total of 2006 cases of bloody diarrhoea were reported in June 2024 (9). Surveillance capacities and disease control measures remain severely constrained, resulting in the inability to timely manage the spread of diseases.

The health of about 350 000 people with chronic diseases continues to deteriorate and access to care outside Gaza has been impossible because of the cessation of referral permits since October 2023 (14).

About 485 000 people with mental health disorders, of which an estimated 20 000 are in need of specialized mental health services, continue to experience disruptions to their treatment (15). High-risk pregnancies

have doubled due to limited access to emergency obstetric care (16), and 690 000 menstruating women and girls have faced challenges due to the shortage of sanitary products and clean water (17).

In December 2023, the Integrated Food Security Phase Classification Famine Review Committee warned of imminent famine in northern Gaza, a risk already highlighted in March and June 2024 (18). By September 2024, Gaza health authorities had reported 38 malnutrition-related deaths, and by the end of December 2024, the Nutrition Cluster had reported the enrolment into treatment of over 40 000 children with global acute malnutrition, including hospitalization of 456 children severely malnourished with complications.

Revive and rebuild the health system

The current crisis will have long-term effects on the lives and wellbeing of the people of Gaza, including the future generations, because the health challenges are immense and seemingly insurmountable. Addressing the challenges requires conditions that ensure systematic, unrestricted and sustained access to the whole of Gaza, with unhindered inflow of aid.

With 84% of health facilities reportedly damaged or destroyed, equivalent of about US\$ 554 million damage to the health sector, massive scale-up of funding is urgently required to address the immediate health needs and restore the health system, including the workforce, supply chain and health infrastructure (19).

During the January 2025 ceasefire, WHO and partners successfully delivered medical supplies, including haemodialysis equipment critical for patients with severe kidney conditions. However, certain restrictions and last-minute movement cancellations need to be lifted, such as the restriction on flatbed-only trucks, which impacts the

transportation of temperature-controlled drugs. Global procurement for the provision of essential health care services need to be scaled up. This is very important as lack of equipment (47%) and supplies (34%) and insecurity have been identified as the leading causes of the inability of health facilities to provide services across Gaza (20).

Early recovery efforts should prioritize restoring essential services while fostering a resilient and sustainable health system. They should support long-term peace and development in line with the humanitarian-development-peace nexus framework. Adherence to international humanitarian law and human rights is essential, alongside the integration of locally-driven, conflict-sensitive approaches. The ceasefire presents a unique opportunity to restore and strengthen Gaza's health system through a phased approach that starts with immediate humanitarian aid and progresses toward long-term sustainability and resilience.

Economic recovery is fundamental to achieving a sustainable health system. A robust economy will enable investment in public health and social welfare and reduce dependence on external aid. The international community must act decisively to support economic recovery in Gaza to ensure that the health system—and the people—can build a healthier and more stable future.

As Gaza embarks on recovery, healthcare must remain at the centre of rebuilding efforts, because “there cannot be health without peace and there cannot be peace without health”, according to Dr Tedros Ghebreyesus, WHO Director-General.

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