

The devastating effects of Gaza war on healthcare

Imad Asmar¹

¹Department of Nursing, Faculty of Pharmacy, Nursing and Health Professions, Birzeit University, State of Palestine (Correspondence to Imad Asmar: iasmar@birzeit.edu).

Keywords: war, healthcare, violence, disease, Gaza

Citation: Asmar I. The devastating effects of Gaza war on healthcare. *East Mediterr Health J.* 2025;31(2):77–78. <https://doi.org/10.26719/2025.31.2.77>.

Received: 05/09/2024; Accepted: 08/01/2025

Copyright: © Authors 2025; Licensee: World Health Organization. EMHJ is an open access journal. All papers published in EMHJ are available under the Creative Commons Attribution Non-Commercial ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

The devastation of Gaza's healthcare sector is among the most terrible humanitarian disasters of the war (1). Over 40 000 people, including hundreds of humanitarian workers have died since the war started in October 2023. As of the end of May 2024, almost all of Gaza's population (85% or 1.93 million people) had been forcefully displaced with severe damages to health infrastructure (2). Many of the displaced reside in improvised, overcrowded, filthy, unsafe shelters and camps with inadequate access to food, water, medical treatment, and other essential services (3). As of 1 September 2024, only 17 of Gaza's 36 hospitals were partially operational, with severe shortages of medical supplies (4). One hundred and thirty ambulances had been damaged and about 885 health workers had lost their lives while working (4). During her visit to Gaza, Dr Hanan Balkhy, Regional Director of the WHO Regional Office for the Eastern Mediterranean, said the streets were littered with broken glass and sewage waste, and the air was heavy with the stench of fermenting filth. The ideal conditions for the spread of illness have been created by this circumstance, which has increased the number of acute respiratory and gastrointestinal infections (5). Of the 1.1 million children under the age of 18 at increased risk of malnourishment, 346 000 are at the greatest risk of severe food scarcity, malnutrition and avoidable mortality (6).

The case of Gaza, comparatively during a continued conflict situation, perfectly serves the theoretical framework of “structural violence”, as it shows how systemic inequalities and geopolitical determinants continue to cause discomfort for the masses who find themselves devoid of essential resources. Conflicts often affect displaced populations causing their health to deteriorate due to the disruptions to the health system, and this particularly worsens the conditions of vulnerable populations such as children, women and individuals with chronic conditions.

In Gaza, the outbreak of infectious diseases such as typhoid fever can be attributed to poor sanitation and the absence of clean, potable water. Such trends are not unique to Gaza alone; outbreaks of diseases have been noted in similar situations (7). The spread of health-related crises during conflicts has also been linked to the population's exposure to violent conflict. Studies have shown a high incidence of PTSD among children

who witness violence, further compounding children's depression in war zones (8).

Gaza presents healthcare workers with an ethical challenge: how to continue providing life-saving care with little or no available resources. These developments seem to correspond with crisis management theories, where the healthcare system is seen as operating to mitigate the long-term effects of damage. Without systemic resilience, there will be a total collapse of the health system, just as is currently happening in Gaza where available hospitals cannot operate at full capacity.

Theoretical understandings of disaster response and health equity must be in line with actual solutions to alleviate Gaza's chronic health catastrophe. Using international humanitarian law to gain access to medical supplies, setting up mobile healthcare units to assist displaced populations, and giving local health workers trauma and infectious disease management training are top priority and urgent. Cooperation between local and international institutions is essential to guarantee sustained recovery. Improving community health initiatives may lessen the long-term effects of psychological trauma and starvation. The primary focus of efforts should be on implementing scalable interventions like supplying necessities, conducting mass vaccination and promoting mental health awareness.

The health situation in Gaza requires all-round and urgent action to safeguard the provision of medical assistance to all individuals caught up in the conflict irrespective of their situation. This basic tenet must be the guiding principle for humanitarian response. The recent events in Gaza show that healthcare and health infrastructure should never be disregarded, especially when there is war or crisis. The inevitable collapse of the healthcare infrastructure in Gaza has severe consequences for the health and wellbeing of the people in the short- and long-term. The international community must intervene urgently or else there will be increased strain on the society resulting in higher mortality and morbidity.

All military operations by Israel should be terminated to avoid further loss of lives and protect civilians and medical infrastructure. Gaza should be supported with uninterrupted medical assistance to address the critical

shortage of capacity and medical supplies. Medical evacuation of the severely injured should be enhanced as part of efforts to reduce the pain and suffering of the affected population.

Funding: None.

Competing interests: None declared.

References

1. World Health Organization. Gaza Hostilities 2023/2024: Emergency Situation Reports. Cairo: WHO Regional Office for the Eastern Mediterranean, 2024. <https://www.emro.who.int/opt/information-resources/emergency-situation-reports.html>
2. World Health Organization. WHO's response in the occupied Palestinian territory. Jerusalem: WHO Office for the occupied Palestinian territory, 2024. https://www.emro.who.int/images/stories/palestine/WHO_oPT_Response_Report_March_2024.pdf.
3. World Health Organization. WHO in Occupied Palestine Territory. Cairo: WHO Regional Office for the Eastern Mediterranean, n.d. <https://www.emro.who.int/opt/priority-areas/index.html>
4. United Nations. UNRWA Situation Report #129 on the situation in the Gaza Strip and the West Bank, including East Jerusalem. The Question of Palestine, 21 August 2024. <https://www.un.org/unispal/document/unrwa-situation-report-129-21aug24/>.
5. World Health Organization. Statement by WHO Regional Director Dr Hanan Balkhy on visit to the occupied Palestinian territory. News, 11 July 2024. <https://www.emro.who.int/opt/news/statement-by-who-regional-director-dr-hanan-balkhy-on-visit-to-the-occupied-palestinian-territory.html>
6. United Nations Office for the Coordination of Humanitarian Affairs. Flash appeal for the Occupied Palestinian Territory. Geneva: United Nations Office for the Coordination of Humanitarian Affairs, 2024. <https://www.ochaopt.org/content/flash-appeal-occupied-palestinian-territory-2024>.
7. Al-Nasrawi KK, Al-Diwan JK, Al-Hadithi TS, Saleh AM. Viral hepatitis E outbreak in Al-Sadr city, Baghdad, Iraq. *East Mediterr Health J.* 2010;16(11):1128–1132. <https://www.emro.who.int/emhj-volume-16-2010/volume-16-issue-11/article-04.html>.
8. Attari A, Dashty S, Mahmoodi M. Post-traumatic stress disorder in children witnessing a public hanging in the Islamic Republic of Iran. *East Mediterr Health J.* 2006;12(1&2):72–80. <https://www.emro.who.int/emhj-volume-12-2006/volume-12-issue-1-2/post-traumatic-stress-disorder-in-children-witnessing-a-public-hanging-in-the-islamic-republic-of-iran.html>.