

Strengthening the healthcare workforce in post-conflict Gaza

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Health workers are the backbone and driving force of an effective healthcare system (1). They provide essential, often lifesaving, services, including diagnosis, treatment and care as well as community-based interventions. They play a crucial role in enforcing order and compliance, and in planning, surveillance, training, and research. The absence or shortage of health workers can cause uncontrolled spread of infectious diseases, increased chronic disease complications and widespread disruption within the health system. However, health workers are in short supply globally, particularly in conflict zones (2). A 2017 assessment found shortages in several health specialties in the West Bank and Gaza (3).

Health workers are protected by humanitarian law, but they have often been targets in conflict settings (4). Before the escalation of the conflict in Gaza in October 2023, the safety and security of health workers was a significant concern in the Eastern Mediterranean Region (EMR). More than half of the countries in the region faced acute and protracted crises, and 70–80% of the total recorded attacks on health facilities globally occurred in the EMR (5).

The situation in Gaza has worsened since October 2023. Many health workers have been killed, injured, arrested and/or detained (6). Since the beginning of the war, 886 health workers have been killed and 1355 injured, a devastating blow to an already fragile health system (7).

Conflicts exacerbate health workforce shortages. Active and prolonged crisis, like the one in Gaza, causes insecurity, forced migration and displacements, which in turn lead to skills imbalances among health workers and limit access to health care (8). Many health workers have been incapacitated or have emigrated from Gaza due to the conflict, and those remaining are finding it very difficult to cope with the increasing and unmet health needs of the population (1).

Extreme pressure due to very high workload, chronic stress and dire working conditions have serious consequences for the performance and productivity of health workers and the quality of service they provide to the community (8,9). A 2024 study found high levels (52%) of emotional exhaustion among health workers in Gaza, which is often linked to lower patient satisfaction, lower quality of care, and increased rates of medical errors (10,11). The study recommends immediate interventions to improve the mental health of health care workers.

A healthy and resilient workforce is essential for achieving Universal Health Coverage and the health-

related Sustainable Development Goals (1). Investing in the development and sustainability of the health workforce is one of the 3 flagship initiatives of the WHO Regional Office for the Eastern Mediterranean, as endorsed during the 71st Session of the Regional Committee for the Eastern Mediterranean (1).

Since the onset of the war in October 2023, WHO-supported emergency medical teams have conducted more than 2.5 million consultations, in addition to over 7.8 million medical consultations by UNRWA and those conducted by other partners (12,13). However, this is only a fraction of the current service needs in Gaza. The conflict has triggered an exponential increase in the demand for health workers in certain specialties such as ophthalmology, orthopaedics, reconstructive surgery, rehabilitation, physiotherapy, burn care, mental care, nutrition, infectious diseases, and antimicrobial resistance (14,15). Therefore, investments in health workforce capacity development are urgently needed, including the retention and scaling up of available workforce, while enhancing technical and psychosocial capacities to increase resilience.

To strengthen the health system in Gaza, we need forward-looking, evidence-based strategies that will strengthen workforce capacity (16,17), beginning with a re-assessment of the current health workforce to identify gaps in terms of numbers, specialties, skills, geographic distribution, retention, and quality of services provided. The assessment should include an evaluation of the psychosocial wellbeing of health workers. It will provide evidence for appropriate interventions and support WHO-led efforts to integrate health worker rehabilitation and capacity strengthening into the health sector recovery plans.

Based on research evidence, WHO will work with the Palestinian health authorities and partners to develop and implement a health workforce recovery and improvement strategy, and through multisectoral, multistakeholder cooperation, support the mobilization of resources for health workforce development in the Gaza Strip (16). The strategy will include training in primary trauma care, mental health care, community trauma care, ambulatory malnutrition case management, rehabilitation, ophthalmology care, resilience building, and disease surveillance. It will seek to strengthen capacity to analyse and report health data, conduct research, adopt innovations, and leverage advances in the use of digital health and mobile technology (17). In the

short-term, other countries in the region need to support workforce development in Gaza by contributing health professionals and offering training to address the current deficit.

As already mentioned in Part 1 of the special issues of EMHJ on Gaza, and in other WHO publications, a permanent cessation of hostilities is critical to create

a conducive environment for the reconstruction, restoration and recovery of Gaza's health system (18).

In conclusion, I commend the extraordinary courage and dedication of the health workers who put their lives at risk, endure long hours and operate under extreme conditions to ensure continued access to health services for the people of Gaza.

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