



Reality of Gaza Health Sector During the 2023–2025 War

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ABSTRACT

This study examines the reality of the health sector in Gaza during the 2023–2025 Palestinian-Israeli war, shedding light on the devastating impact of the ongoing war and the prolonged blockade on healthcare services and infrastructure. The population of Gaza is suffering from a severe deterioration in health conditions due to the destruction of medical facilities, shortages of medicines and supplies, and lack of access to basic services.

Before the war, Gaza's healthcare system was fragile due to the blockade and repeated wars, with heavy reliance on foreign aid. The situation worsened during the war, with the majority of hospitals and medical facilities destroyed and a large number of medical personnel killed. This has led to a significant increase in infectious diseases, such as acute diarrhea and respiratory illnesses, particularly among children. Patients with chronic diseases such as cancer, kidney failure, and diabetes faced severe shortages of medications, leading to serious complications and increased mortality rates.

Gaza is also experiencing an unprecedented food crisis, with 93% of the population suffering from hunger, resulting in rising malnutrition rates among children and pregnant women. Additionally, the psychological consequences of the war are profound, with widespread mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) among the population, especially children and women.

Therefore, the authors investigate the type of communicable and non-communicable diseases that are spreading in Gaza and with keeping what tackle to mitigate the risk of infections as priority. More precise recommendations are given,

Keywords: Gaza, Healthcare System, Health Status, Palestine, Communicable, Non-Communicable Diseases.

1.0 Introduction

The concept of health is broad, encompassing not only physical health but also mental health, quality of life, suffering, and well-being—all within the general context of life in the Gaza Strip across all aspects. Therefore, it is important to recognise that this war is not the first to target Gaza. The people of Gaza, in particular, and Palestine, in general, have been targeted by the occupying state since its establishment through wars and blockades. Buheji and Khunji (2023)

Thus, the correct approach to understanding and analysing the state of public health in Gaza cannot be achieved without acknowledging the political and social determinants of health, most notably the occupation, under which most of Gaza's population has suffered for 75 years. This began with approximately two-thirds of Gaza's population being refugees displaced from the Palestinian territories occupied in 1948 (the Nakba), followed by direct occupation in 1967 (the Naksa). After the withdrawal of the occupation forces and settlers and the dismantling of settlements in 2005, the occupation imposed a complete blockade on Gaza in 2007, weakening the economy—especially the agricultural and industrial sectors—and restricting freedom of movement, turning Gaza into what resembles a large prison. This blockade has been accompanied by policies of impoverishment, limiting the ability of Gaza's population to work, farm, trade, manufacture, export, and import. Additionally, seven wars and invasions began in 2008 and continued until January 2009, followed by 2012, 2014, 2019, 2021, 2022, and finally, the current war of 2023–2024. These invasions have resulted in killings, destruction, and intense exposure to violence, which affects both physical and mental health (Al-Husseini, 2024).

2.0 Literature Review

2.1 Historical Context of Gaza's Health Reality

Before October 7, 2023, Gaza had endured long years of conflict, wars, blockade, and violence, along with severe restrictions on movement and extremely poor living conditions. For over 16 years, Palestinians in Gaza have been isolated and confined under conditions that prevent them from

building a dignified life or a sustainable future. Even before the recent war, 45% of Gaza's population lived in multidimensional poverty, facing severe hunger, lack of access to clean drinking water, and unemployment. These factors contributed to the spread of diseases, malnutrition, and overall health deterioration. Ashour et al. (2025), Buheji and Hasan (2024)

In 2012, the United Nations published a report concluding that by 2020, Gaza would lack the basic services necessary to provide the minimum acceptable standard of living unless significant investments were made in its infrastructure. Years after that report, conditions have reached unprecedented levels of catastrophe (United Nations, 2012).

2.2 The Healthcare System in Gaza

Over the past decade, Gaza has experienced repeated rounds of hostilities that destroyed its human infrastructure, with the healthcare system being one of the most affected sectors. The healthcare system has suffered from accumulated destruction due to repeated wars, with recent escalations exacerbating the deterioration (Mason, 2009).

Before the war, Gaza's healthcare system was already in severe crisis, with only 36 hospitals and 3,000 beds serving over two million people. This system, still struggling to recover from previous destruction, relied heavily on foreign aid to provide medical supplies and equipment. Due to the blockade and limited funding, the system faced chronic shortages of essential medicines and surgical supplies. Even before October 7, a significant proportion of medicines classified as "essential" were unavailable in Gaza. For example, nearly a quarter of essential medicines had already run out. Between 2019 and 2021, the Ministry of Health was able to provide only 55% of essential medicines in central drug warehouses (WHO, 2023).

Additionally, health conditions worsened due to shortages of vital medical equipment such as ventilators and radiology machines. With the increasing needs resulting from the recent escalation, it became clear that the healthcare system had exceeded its capacity to respond to the crisis. Hospitals faced immense difficulties in handling the influx of patients, especially given the shortage of qualified medical teams due to the blockade, which restricts their ability to travel for advanced training or education. Furthermore, the population suffers from continuous power outages, disrupting the operation of life-saving medical equipment and endangering patients' lives (Wafa Agency, 2023).

2.3 Repeated Israeli Attacks on Gaza's Healthcare System

Over the years, Gaza's healthcare system has been a direct target of war and conflict. Between 2018 and 2022, the healthcare system in Gaza was subjected to approximately 650 attacks on hospitals and health centres. Recent news of attacks on hospitals and medical facilities brings back memories of 2008, when Al-Quds Hospital, Gaza's second-largest hospital, was bombed during the Israeli military campaign of 2008–2009. According to the World Health Organization (WHO), nearly half of Gaza's 122 health facilities were damaged or destroyed during that period. These scenes were repeated in the years 2014 through 2020 and are now recurring once again in the latest wave of hostilities (WHO EMRO, 2022). Shorrab et al. (2024)

Simply put, Gaza's healthcare system has faced a vicious cycle of challenges, where harsh conditions have contributed to the deterioration of health infrastructure and the poor health of the population. This has led to patients overwhelming the healthcare system, further straining health resources, Shorrab et al. (2024). This situation has exacerbated health challenges and worsened the overall state of the healthcare system, causing further decline in patients' conditions (WHO Health Cluster, 2022).

It is no surprise that health indicators in Gaza have deteriorated over the past 15 years. There has been a widespread prevalence of chronic diseases, increased risks of slow child development and children mortality due to poverty, malnutrition, and lack of access to basic services, as well as continuous exposure to violence and psychological stress, Buheji and Buheji (2024). Before the recent war, it was estimated that about 35% of children under five were at risk of stunted growth. Women were also highly vulnerable to maternal health problems. Ashour et al. (2025), Nournews (2023).

2.4 Public Health Indicators in Gaza Before the October 7, 2023 War

If we review the most important health indicators for 2022 in that narrow, blockaded coastal strip, which covers an area of 365 square kilometres and has a population of 2.166 million—66.1% of whom are refugees, with children under 15 years old constituting slightly over 40% of its demographic structure—we would find relatively good indicators, considering the prolonged blockade and successive wars. In 2022, the number of primary healthcare centres in the Gaza Strip was 159, including 52 affiliated with the Ministry of Health, 22 with UNRWA, 80 with NGOs, and 5 with military medical services, in addition to 6 community mental health clinics. As for hospitals, there were 36 operational hospitals, including 16 general hospitals, 16 specialised hospitals, 2 centers for physical therapy and rehabilitation, a maternity hospital, and a psychiatric hospital (Ministry of Health, 2023). Checchi et al. (2023)

Gaza also had seven dialysis units serving 1,034 patients in 2022. Vaccination rates in Palestine, including Gaza, reached approximately 97%. Regarding infectious diseases, there were 84 reported cases of hepatitis A, at a rate of 3.9 cases per 100,000 people. Additionally, slightly over 2,000 cancer cases were diagnosed in 2022. In terms of mortality statistics, the total number of deaths in Gaza was 6,061, with an infant mortality rate of 10.8 per 1,000 live births. The maternal mortality rate in Gaza was 17.4 per 100,000 live births, with only ten maternal deaths. Life expectancy was 72.8 years for males and 75 years for females, while the total number of live births was 57,422 (Ministry of Health, 2023).

As for the number of people with disabilities, it reached approximately 58,000, or 2.6% of the population, according to a press statement issued by the Palestinian Central Bureau of Statistics on December 3, 2023 (Palestinian Central Bureau of Statistics, 2023).

A study on quality of life, human insecurity, and suffering in the Gaza Strip before and after the 2008–2009 war showed a statistically significant increase in feelings of insecurity and suffering after the war (Hammoudeh et al., 2013). These findings are similar to another study that demonstrated that the violence experienced by Gazans during the ongoing war and blockade is a major cause of human insecurity (Ziadni et al., 2011). Another qualitative study conducted in the occupied Palestinian territories confirmed that chronic and acute exposure to violence and war resulting from the protracted conflict across generations significantly reduces quality of life (Mataria, 2009). Another study conducted in the West Bank and Gaza Strip in 2011 found that human insecurity and economic constraints (such as the blockade) have a negative impact on health (McNeely et al., 2014). Researchers have been able to demonstrate that the impact of war and violence on Palestinian communities leads to social suffering beyond the Western pathological diagnosis of PTSD (Giacaman, 2018).

Despite the successive wars, the suffocating blockade, and continuous exposure to occupation violence, the people of Gaza have continued to resist the blockade and build economic, educational, and health institutions, achieving notable successes, particularly in the education and health sectors. Table 1 presents some health indicators.

Table 1: Selected Health Indicators in the Gaza Strip (2022)

Health Indicator	Value
Life expectancy at birth (females)	75.0 years
Maternal mortality rate (per 100,000)	17.4
Infant mortality rate (per 1,000 live births)	10.8
Under-five mortality rate (per 1,000 live births)	13.9
Total fertility rate	3.9
Incidence of all cancers (per 100,000)	94.5

Source: *Palestinian Ministry of Health (2022)*.

These indicators reflect the deteriorating health situation in the Gaza Strip, highlighting significant challenges in improving health infrastructure and delivering medical and psychological services to the population.

2.5 Public Health Indicators in Gaza During the October 7, 2023 War

The systematic bombing and destruction mentioned earlier have had a significantly negative impact on public health indicators in Gaza, Hussein (2024). The destruction of over 60% of residential units, either entirely or partially (OCHA-Reported impact day 107, 2024), has resulted in more than 26,000 deaths in just three months and 20 days of war—over four times the total deaths in all of 2022. Approximately 70% of the casualties were children and women, with over 64,000 injured as of now (Ministry of Health, 2024). It is worth noting that an analysis of mortality data reported by Gaza's Ministry of Health has proven its accuracy and credibility (Jamaludine et al., 2023). Buheji et al. (2024).

Additionally, 7,780 people have been reported missing under the rubble. All this has occurred while 21 out of 36 hospitals have been completely rendered non-functional, with the remaining 15 hospitals providing only partial services (42% capacity). Furthermore, four field hospitals are operating at full capacity. As for primary healthcare centres, WHO reports that only 19% remain functional, with hospital bed occupancy reaching 409% (World Health Organization, 2024).

With the war continuing into 2025, destruction, killings, disabilities, and amputations have multiplied exponentially.

The sector is suffering from severe water shortages and contamination, as well as acute shortages of medicines and medical supplies (anaesthetics, antibiotics, IV fluids, painkillers, insulin), blood and its derivatives (World Health Organization, 2024), disinfectants, and sterilisers. There is also an inability to access health services, including vaccines for children, and the inability to maintain vaccines due to power outages, leading to the collapse of many components of the healthcare system. The remaining parts of the system are overwhelmed with emergency cases from bombing victims.

Compounding these health and environmental problems is the population overcrowding resulting from the forced internal displacement of residents from northern and central Gaza to the south, estimated at 1.7 to 1.9 million people—75–85% of the population. Buheji and Migdad (2025b), World Health Organization (2024), UNRWA (2024).

Indicators of deteriorating public health have begun to emerge, such as increased cases of respiratory diseases, diarrhea, intestinal infections, hepatitis, and lice, Checchi et al. (2023). Respiratory infections, in particular, are expected to rise during the winter due to overcrowding, while epidemic intestinal infections will increase with the continued lack of clean water and personal hygiene supplies. Regarding infectious diseases, given the dangerous environmental conditions and contaminated drinking water, there has recently been a sharp increase in jaundice cases, exceeding 7,400, many of which are likely due to hepatitis A, which is typically transmitted through contaminated water (World Health Organization, 2024).

Infectious diseases are now widespread, particularly diarrhea, upper respiratory infections, and skin conditions. As of January 22, 2024, over 159,000 cases of diarrhea were reported, including more than 84,000 cases among children under five—a 23-fold increase compared to 2022, Buheji and Buheji

(2024). Additionally, there have been over 225,000 acute respiratory infections, approximately 70,000 cases of scabies and lice, over 44,000 cases of skin rashes, and more than 6,600 cases of chickenpox (World Health Organization, 2024).

As for non-communicable diseases, over 350,000 patients are not receiving medications and medical services or are receiving them minimally. These include 225,000 people with hypertension, 71,000 with diabetes, 45,000 with cardiovascular diseases, nearly 10,000 cancer cases (with about 2,000 new cases diagnosed annually), 1,100 dialysis patients, and others. Additionally, more than 485,000 suffer from mental health disorders, mainly due to severe daily psychological stress, including bombings and the inability to meet basic life needs (World Health Organization, 2024).

Food insecurity also poses a major challenge to the health of Gaza's 2.2 million people, including children and pregnant women, Hassoun et al. (2024). Organisations concerned with food security have reported that Gaza faces "catastrophic levels of food insecurity," with 93% of the population experiencing unprecedented hunger (World Health Organization, 2023). About 378,000 people are in Phase 5 (catastrophe) of hunger and food deprivation, with no ability to adapt to the food situation, while approximately 939,000 are in Phase 4 (emergency), according to the Integrated Food Security Phase Classification (World Health Organization, 2024; OCHA Flash Update 100, 2024). International organisations active in food provision can only meet a limited portion of food needs unless immediate and comprehensive measures are taken to supply food. Al-Muhannadi and Buheji (2024), Buheji and Hasan (2024).

Regarding disabilities, they are expected to rise sharply, given the enormous number of war injuries. According to the Euro-Mediterranean Human Rights Monitor, at least 5,000 war-wounded in Gaza suffer from severe disabilities, as stated in the Monitor's press release on December 7, 2023 (Euro-Mediterranean Human Rights Monitor, 2023).

The profound psychological impact on Gaza's population has not yet fully manifested, especially since all community mental health centres have closed and run out of medications, Buheji (2024). Additionally, the only psychiatric hospital was bombed and rendered non-operational (Jabr & Berger, 2023). The massive loss of life and livelihoods, destruction of homes and institutions, and deprivation of basic needs will have long-term mental health consequences. This underscores the need for an apparent effort to restore normal life, rebuild homes, provide water and food, and ensure that mental health is not overlooked. A comprehensive health strategy must address all aspects of mental healthcare and psychological support (Najem et al., 2024, unpublished), with psychological support primarily based on group and community interventions suited to our societies rather than individual interventions. The same applies to children, where group-based recovery approaches are preferred (Jabr & Berger, 2023).

2.6 The Burden of Pregnant Women and Infants During the War on Gaza 2023-2025.

It is not only that pregnant women are victims of bombings, killings, and destruction, or displacement and deprivation of food, medicine, and collapsing water and electricity supplies, Buheji and Migdad (2025b). These women also suffered due to giving birth under harsh conditions. It is estimated that there are about 55,000 pregnant women in Gaza, with more than 180 giving birth daily. However, most of these women cannot access necessary healthcare during pregnancy or childbirth, either because health facilities are non-functional or because they cannot reach care centres and hospitals. The situation is exacerbated by malnutrition and the deteriorating psychological and physical conditions of women, placing them in a cycle of danger with increased risks of maternal and infant mortality. Buheji (2024), Elnakib et al. (2024).

Dozens of women have lost their fetuses, and miscarriage and preterm birth rates have tripled or quadrupled. Many cases of placental abruption have been reported, which can be fatal without emergency medical intervention. Due to blood shortages, doctors have resorted to hysterectomies as a life-saving measure in some cases. Women face life-threatening risks during childbirth, undergoing caesarean sections or emergency deliveries in unsterilised conditions, often without anaesthesia or pain relief, increasing the likelihood of complications and maternal deaths. While suffering is most severe in northern Gaza, hospitals in the south are overwhelmed with pregnant women, particularly those displaced from the north and Gaza City, where services are provided only to the most critical cases. Medical teams are forced to discharge mothers within just three hours after caesarean sections, leading many women to give birth in shelters or unsafe, unhygienic locations, further endangering their health and that of their children Buheji and Migdad (2025a), Al-Khammash (2024).

2.7 Repeated Attacks on Health Facilities During the 2023-2025 War on Gaza

A large number of attacks on healthcare facilities occurred during the 2023 Palestinian- Israeli war. In the first week of the war, 94 attacks were recorded on healthcare facilities in Gaza, resulting in the deaths of 29 healthcare workers and injuring 24 others. These attacks contributed to an acute humanitarian crisis in Gaza. The International Committee of the Red Cross stated that "hospitals are granted special protection under international humanitarian law during wartime" (UNOCHA, 2023).

During the 2023 Palestinian-Israeli war, healthcare facilities in Gaza were subjected to large-scale attacks, leading to severe humanitarian crises. Among these attacks was the bombing of Al-Ahli Arab Hospital on October 17, which killed and wounded many displaced Palestinians (Al-Arabiya, 2023). Some sources indicated that around a thousand patients and displaced people were killed in or around the hospital. At Al-Shifa Hospital, which remained under siege and bombardment, 15,000 people—patients and refugees—were trapped amid Israeli accusations that it was being used as a military base, which Hamas denies (Loveluck et al., 2023; Burke & Michaelson, 2023).

The Indonesian Hospital also suffered from medicine shortages and power outages, being completely besieged on November 20, with bombings killing 12 people (Gritten, 2023; Al-Arabiya, 2023). Al-Quds Hospital was bombed and ordered to evacuate, raising global concern (Uras et al., 2023).

The Turkish-Palestinian Friendship Hospital and the Jordanian Field Hospital were severely damaged, with the latter forced to suspend operations despite airdropped medical aid (Reuters, 2023; Yazbek, 2023). An ambulance convoy leaving Al-Shifa Hospital was targeted in an airstrike, killing 15 people (Al Jazeera, 2023).

In northern Gaza, Al-Awda Hospital was ordered to evacuate, leaving 2,000 patients without healthcare (WHO, 2023). The Sheikh Hamad bin Khalifa Al Thani Rehabilitation Hospital sustained severe damage, worsening the healthcare crisis (Salari, 2023). In total, 198 medical personnel were killed, and 21 of Gaza's 35 hospitals were shut down, with many ambulances destroyed (Ahmed, 2023).

3.0 Methodology

This paper bases its methodology on the collective observations of field researchers from within the health sector in Gaza. Besides the literature review, the researchers analyse the type of diseases available in the strip and the future foresighted solutions and recommendations.

4.0 Collective Observation of the Status of Health in Gaza

4.1 Communicable Diseases During the 2023-2025 War

In addition to the massive loss of life, the destruction of infrastructure and the displacement of millions of refugees have created conditions conducive to the spread of infectious diseases. Nearly two million people have been forcibly displaced, with over one million taking refuge in 156 UNRWA facilities. With the healthcare system's reduced capacity and rising cases of infectious diseases, Gaza lacks the resources to handle a large-scale outbreak without immediate assistance.

In the months preceding the current humanitarian and health crisis, Gaza saw a significant increase in acute respiratory infections, with over 200,000 cases, including COVID-19, influenza, and respiratory syncytial virus (RSV), as well as outbreaks of scabies, lice, chickenpox, and skin rashes (OCHA, 2024).

Overcrowded living conditions, poor access to water and sanitation, and inadequate health infrastructure have exacerbated the health crisis, accelerating disease spread. The UN has pointed to alarming signals of at least 14 diseases with epidemic potential, many of them waterborne, including hepatitis A. As of January 30, 2024, Gaza is currently facing an overwhelming number of infectious disease cases, with over 700,000 officially reported—though the actual number is likely much higher (UN, 2024).

The ongoing conflict has led to an acute health crisis, particularly among children under five, who have experienced a sharp rise in infectious diseases. According to a UN report, over 179,000 acute respiratory infections, more than 136,400 diarrhea cases, over 55,400 scabies and lice cases, and more than 4,600 jaundice cases were recorded among this vulnerable group. Since October 16, 2023, UNRWA has been monitoring 14 epidemic-prone diseases in its shelters. Alerts have also been issued regarding acute hepatitis, with a significant increase in cases compared to the previous year (WHO, 2024).

The consequences of infectious diseases during wartime extend beyond the immediate conflict period, with long-term health effects for both adults and children. Untreated or poorly managed diseases can lead to chronic conditions and disabilities, further burdening Gaza's healthcare system. Similarly, infectious diseases can hinder children's physical and cognitive growth, leading to malnutrition, stunting, and impaired cognitive function. The psychological and economic impact on affected families is immense, and weakened immunity can reduce quality of life into adulthood, exacerbating poverty and hindering social and economic development (Kanoa et al., 2023).

4.2 Non-Communicable Diseases During the 2023-2025 War

Patients with chronic diseases are among the war's hidden victims, as access to water, food, and medicines has become extremely limited. Before October 2023, Gaza's healthcare system was under immense strain, serving about 1,100 patients requiring regular dialysis, 450 needing kidney transplants, 71,000 diabetics, 225,000 hypertensive patients, and over 2,000 annual cancer cases—including 122 children—along with significant numbers of cardiovascular diseases and mental health disorders affecting 45,000 and 485,000 people, respectively.

As of the latest data, 350,000 people in Gaza suffer from chronic diseases, including cancer, diabetes, chronic kidney failure, heart failure, and thalassemia, all deprived of basic healthcare and unable to access medications, signalling serious health complications. Dialysis operations have stopped, insulin supplies have dwindled, and shortages of life-saving medicines are causing rapid increases in deaths (Strzyżyńska & Ahmed, 2024).

Continuous bombardment has forced the closure of many health facilities, making it impossible for chronic disease patients to access specialised medical care, including specialist doctors, diagnostic tests, and advanced treatments they often require. This shortage can worsen illnesses and further deteriorate patients' health.

4.3 Maternal and Child Health

Amid the ongoing war, pregnant women and newborns are among the most vulnerable groups, bearing a disproportionate burden not only in terms of casualties but also due to reduced access to healthcare. At the start of the war, over 50,000 pregnant women were trapped in Gaza, with about 180 births occurring daily. As the crisis continues, 5,500 babies are expected to be born next month with almost no medical support.

Risks for pregnant women are exacerbated by catastrophic living conditions, continuous bombardment, and lack of access to basic health services. With increasing displacement and dwindling resources, infection rates and pregnancy complications have reached alarmingly high levels. Miscarriages and preterm births are rising, and many women are forced to give birth in overcrowded, unsanitary shelters.

4.4 Health Impact Estimates Based on Scenarios

Illustrative summary of estimated data over the next six months (London School of Hygiene & Tropical Medicine, 2024):

4.4.1. Ceasefire scenario:

- Without epidemics: Estimated 6,550 additional deaths.
- With epidemics: Estimates rise to 11,580 additional deaths.

4.4.2. Status quo scenario:

- Without epidemics: Estimated 58,260 additional deaths.
- With epidemics: Estimates rise to 66,720 additional deaths.

4.4.3. Escalation scenario:

- Without epidemics: Estimated 74,290 additional deaths.
- With epidemics: Estimates rise to 85,750 additional deaths.

Notes:

These estimates are supported by 95% confidence intervals, indicating that potential outcomes fall within this range with high reliability.

Table 2: Presents the differences in Each Scenario

Scenario	Without Epidemics (Additional Deaths)	With Epidemics (Additional Deaths)
Ceasefire	6,550	11,580
Status Quo	58,260	66,720
Military Escalation	74,290	85,750

This analysis reflects the expected impact of each scenario on mortality over the next six months.

5.0 Research Findings

5.1 Deterioration of public health before the war

Gaza's population suffered from severe shortages of basic health services, with healthcare infrastructure partially destroyed due to the blockade and repeated wars. Rising poverty, hunger, and malnutrition directly contributed to worsening public health. The healthcare system heavily relied on foreign aid, increasing its fragility during crises.

5.2 Impact of the War on the Healthcare System

Most health facilities in Gaza were destroyed, and a large number of medical personnel were killed, severely limiting the health sector's ability to provide services. There are acute shortages of essential medicines and medical supplies, such as ventilators, painkillers, and antibiotics.

5.3 Infectious Diseases

There is widespread transmission of infectious diseases like hepatitis A, diarrhea, and respiratory illnesses. Overcrowded shelters and water contamination have exacerbated disease spread. Children under five are the most affected, with sharp increases in acute diarrhea and respiratory infections.

5.4 Non-communicable Diseases

Hundreds of thousands of chronic disease patients cannot access medications and medical services, leading to deteriorating health conditions. Dialysis services have stopped, and there are shortages of diabetes, heart disease, and cancer medications.

5.5 Mental Health

Rates of depression, anxiety, and PTSD have risen due to repeated wars and harsh living conditions. Children and pregnant women are the most psychologically affected, with widespread signs of fear, anxiety, and depression.

5.6 Food Insecurity

Over 93% of the population faces unprecedented hunger levels, with acute malnutrition rates rising among children and pregnant women.

5.7 Future Mortality Projections

Multiple scenarios indicate that deaths could rise significantly if the crisis continues without immediate intervention.

6.0 Discussion and Recommendation

6.1 Immediate Humanitarian Aid

Any future international aid should facilitate the unrestricted delivery of medical and food aid to Gaza, prioritising life-saving medicines and essential medical supplies. There is a high need for urgently repairing and reopening damaged hospitals and health centers and providing training and support for healthcare workers to ensure service continuity.

The longevity of the 2023-2025 war makes it a necessity for establishing a deep psychosocial support programs targeting children, women, and the most affected victims, and ensure mental health medications are available in medical facilities.

To control infectious diseases, access to clean water and sanitation, and provide essential vaccines and hygiene supplies. Special care should be given for the pregnant women and newborns, including nutrition programs and emergency obstetric care.

It is highly recommended that investment in health and social infrastructure need to be increased to reduce reliance on foreign aid, and support economic and social development to improve quality of life in Gaza.

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