



Health Crisis in Gaza: The Urgent Need for International Action

*Fatemeh Beiraghdar*¹, *Javad Momeni*^{2,3}, *Elham Hosseini*², **Yunes Panahi*⁴, **Sajad Sahab Negah*²

1. Nephrology and Urology Research Center, Baqiyatallah University of Medical Sciences, Tebran, Iran
2. Neuroscience Research Center, Mashhad University of Medical Sciences, Mashhad, Iran
3. Student Research Committee, Mashhad University of Medical Sciences, Mashhad, Iran
4. Pharmacotherapy Department, Faculty of Pharmacy, Baqiyatallah University of Medical Sciences, Tebran, Iran

***Corresponding Author:** Email: Sahabnegahs@mums.ac.ir, yunespanahi@yahoo.com

(Received 05 Nov 2023; accepted 21 Nov 2023)

Abstract

The current and ongoing conflict imposed in Gaza has led to severe environmental challenges in Gaza, resulting in a health crisis that demands immediate attention and intervention. A comprehensive study has evaluated the pressing mental health, water and sanitation, access to healthcare, and infectious disease challenges plaguing the region. Mental health issues, particularly among children and adolescents, have surged in the wake of the conflict, with trauma-related symptoms expected to persist. The water and sanitation crises pose severe public health hazards, with an overwhelming majority of water unfit for consumption and escalating infectious diseases. Shortages of medicines, fuel, and breakdowns have profoundly affected access to healthcare in healthcare facilities, significantly impacting women and girls. The academic society is responsible for conducting research, providing education, and training, and advocating for policy changes. At the same time, the united nation's (UN) role is vital in providing aid, advocating for policy changes, and monitoring human rights and health situations. Urgent action is imperative to stabilize the environmental and health impacts and allow humanitarian aid into Gaza to alleviate the severe health problems. This study underlines the critical need for international support and intervention to address the multifaceted health crises in Gaza and prevent further deterioration.

Keywords: Health; Crisis; Children

Introduction

The current issue of Gaza imposed a severe and dramatic impact on the health of its population. It has made existing health problems worse and created new ones, affecting both physical and mental well-being (1-4). The health system, which was already strained before the conflict, is now at the point of collapse, which significantly affects the population's health (3-6). The conflict has overwhelmed hospitals, imposed movement restrictions, and caused a lack of hospital space, all

contributing to the deterioration of the health situation (3). Women, children, and newborns in Gaza are particularly affected by the conflict. They suffer both as casualties and due to limited access to essential maternal, newborn, and child health services (4). The bombings have severely affected health facilities, causing damage and rendering them non-functional. Additionally, large-scale displacement, interrupted water and electricity supplies, and restricted access to food



and medicines have contributed to the disruption of maternal, newborn, and child health services (4). The water and sanitation crises in Gaza have trapped residents in the daily consequences of Israeli strikes and sieges, leading to infections (2, 6). Infections have increased due to the lack of clean drinking water and the spread of pollutants through waterways following infrastructure failures (2). The conflict has also resulted in a rise in infectious diseases like diarrhea and chickenpox, with medical organizations warning of the risk of cholera and epidemics (2). The psychological toll of the conflict directly affects reproductive health, leading to an increase in pregnancy and birth-related complications (2). Children in Gaza with pre-existing mental health problems now have a higher risk of developing long-term post-traumatic stress and other mental health issues due to the conflict (1). The conflict also jeopardizes people's lives and health in various ways, including evacuation orders that endanger the most vulnerable, hospitals unable to function without fuel and electricity, and individuals with chronic illnesses facing life-threatening complications due to the shortage of medical supplies (5). The conflict has given rise to a growing humanitarian crisis in Gaza, demanding urgent action to address the immense needs of civilians, especially pregnant women, children, and newborns (4).

The purpose of this study is to raise awareness within the international academic community regarding the necessity to condemn and take action to prevent human disaster. This will be achieved through a comprehensive review of current news and international online data sources, such as the WHO. This should be pursued by the international United Nations and academic societies in response to the military occupation by the Israel in Palestine. In the following outlines, we will present major health-related problems and define how the academic society can act against this human disaster.

Health Problems

Mental Health

The mental health system in Gaza is in urgent need of reform to respond to the increasing men-

tal health consequences of the conflict (7). The conflict has triggered a 'tsunami' of mental health issues, with trauma-related symptoms likely to persist for a long time (8). The continuous trauma experienced by the population, especially children and adolescents, has led to high rates of mental health disorders like post-traumatic stress disorder (PTSD) and depression (8-10). Economic deprivation, resulting from Israel's blockade, has further exacerbated these issues (10). To cultivate and enhance community-based mental health services, Gaza's health authority should allocate more resources to mental health. In areas impacted by conflict and post-conflict scenarios, the aftermath of such conflict significantly hampers the prioritization of mental health reform in the health agenda. It is uncommon to see mental health reform prioritized by health planners in emergency-affected zones (7). Despite the numerous challenges, the mental health system in Gaza has made strides by concentrating on community-based services and incorporating mental health into primary healthcare.

The ongoing conflict in Gaza has had a severe impact on the mental health of children. Nearly half of Gaza's population, primarily young residents, face cognitive and behavioral health challenges (11). These children have grown up in an environment characterized by violence and conflict. According to a 2011 review (11), Palestinian children had high rates of PTSD, with percentages ranging from 23% to 70% in various studies. Before the previous conflict in 2021, UNICEF stated that one in three children in Gaza required assistance for trauma caused by the conflict. In 2022, Save the Children conducted a study, interviewing around 500 children and 160 parents in Gaza. The findings indicated that 80% of the children in the study exhibited symptoms of emotional distress. Approximately half of them reported suicidal thoughts, while three out of five children engaged in self-harm (1). The ongoing conflict will likely exacerbate mental health issues within the Gaza population. Additionally, this situation will have repercussions for other countries due to the disregard for human rights and international law by Israel.

Water and Sanitation

Gaza is facing a severe water and sanitation crisis. Less than four percent of fresh water is drinkable, and the sea is polluted by sewage (12). The dual water crisis, combining a shortage of potable water and a lack of wastewater sanitation, poses extreme public health hazards (13). The chronic water crisis in Gaza predates the war and requires a massive injection of funds and equipment to provide clean water and sanitation facilities (3). Before the conflict, the citizens of the West Bank and Gaza had access to only 80 liters of water per day, below the WHO's recommended standard of 100 liters. Since the conflict began, the average water usage for all purposes in Gaza has dropped significantly to between two and three liters per person each day. Unfortunately, most of this water must be purified or safe to drink. The community heavily relied on a polluted aquifer and a limited number of desalination plants that could not meet local demand. As a result, 97% of Gaza's water is now deemed unfit for human consumption, which is deeply concerning (14). The blockade has severely limited materials from entering Gaza, making it challenging to develop water and sanitation infrastructure (14, 15).

Due to fuel shortages and Israeli airstrikes damaging the wastewater network, people in Gaza are resorting to drinking a mixture of salty water and seawater as the regular water sources are polluted with sewage. Common symptoms of illnesses caused by contaminated water are stomach pain, fever, nausea, vomiting, and diarrhea. Children are especially susceptible to these illnesses (14). The escalating sanitation crisis in Gaza has become a cause for concern as clean water is becoming increasingly scarce. Families without access to proper sanitation facilities are facing severe health risks. Every day, millions of liters of sewage are being discharged onto the coast of Gaza, resulting in polluted water and a dangerous lack of sanitation. Unfortunately, there is little hope on the horizon for better conditions (12). All five of Gaza's wastewater treatment plants and 65 sewage-pumping stations have been forced to close. Untreated sewage is now being discharged into the sea, and in some areas, solid

waste accumulates in the streets (16). This complex issue is a ticking time bomb for public health (12).

Access to Healthcare

Access to healthcare has been severely affected by the conflict. The blockade and the war have led to a shortage of medicines and fuel, affecting the functioning of hospitals and other healthcare facilities (4, 16, 17). There are 350,000 patients in Gaza with chronic conditions, such as cancer and diabetes, in addition to 50,000 pregnant women who are struggling to access necessary care (17). The conflict in Gaza has disproportionately affected women and girls. Services and protection mechanisms in Gaza are breaking down, leading to more tensions and gender-based violence risks. It is estimated that about 160 pregnant women will give birth every day in the coming month, with limited access to emergency obstetric care and other health services. The WHO reports that almost two-thirds of health clinics are non-functional (18). The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has reported that fewer than half of its health centers could offer primary care to patients (19, 20).

Significant obstacles still hinder the right to health for Palestinians. The fragmentation of the Palestinian people, implementation of a permit system, physical barriers to movement, and gaps in protection create health inequities and pose significant challenges to healthcare provision in the occupied West Bank, including East Jerusalem and the Gaza Strip. The Palestinian health system suffers from the effects of long-term displacement, refugeehood, and occupation. A shortage of health workers, equipment, medicines, and supplies affects public revenues, health expenditure, and health services. In the Gaza Strip, only 55% of essential drugs were available in the Central Drugs Store of the Ministry of Health from 2019 to 2021. The conflict has led to a 51% decline in outside medical referrals in Gaza and an 8% decline in the West Bank from 2019 to 2020. Referrals for cancer care continue to be the most significant reason for referring

patients outside the Palestinian territories (21). The ongoing conflict in Gaza will likely exacerbate the drug crisis for patients who require daily medications. This issue must be brought to the attention of the UN and academic societies to urge a cessation of the war.

The conflict has also led to an increase in infectious diseases. Respiratory diseases, diarrhea, and chickenpox are on the rise, with concerns about the risk of cholera and other epidemics. The water and sanitation crises have contributed to these infections (2). Amid the Israeli bombardment in Gaza, Palestinians are seeking refuge in shelters or relocating southward for safety. Unfortunately, the besieged enclave is also grappling with a surge of infectious diseases such as diarrhea and chickenpox. Medical organizations are sounding the alarm about the potential for cholera and epidemics to spread in the area (2).

Contaminated water supply, overcrowding, and poor hygiene lead to infectious disease outbreaks (2). The situation for civilians is already intolerable, with up to 70 people crammed into a single room in some cases (22). Upper respiratory infections have been prevalent in Gaza, with a staggering 54,866 cases reported to date. It is worth noting that respiratory illnesses were the sixth leading cause of mortality in the Gaza Strip even before the onset of the conflict (2). People are not just being killed in the attacks but also from diseases caused by unsanitary conditions and lack of food (22).

Duties of Academic Society

The academic community has a crucial role in addressing these health problems. It can research the extent of these issues, develop interventions to address them, and advocate for policy changes. It can also provide education and training to healthcare professionals in Gaza to enhance their capacity to respond to these health challenges faced by the population, particularly in areas such as mental health, infectious diseases, and maternal and child health (4). By researching the extent and nature of these issues, academics can provide evidence-based recommendations for interventions and policy change (3). This research can

also help raise awareness of the health crisis in Gaza, both within the academic community and among the public, leading to increased advocacy for the rights and needs of the affected population. The academic community can foster collaboration and partnerships between local and international institutions, organizations, and experts. These partnerships can facilitate the sharing of knowledge, resources, and best practices, as well as the development of joint research projects and initiatives to address the health problems in Gaza. By working together, the academic community can contribute to developing more effective and sustainable solutions to the health crisis in Gaza.

The Role of UN

The UN should aid Gaza, including providing life-saving medicines and equipment (4). However, more needs to be done. The UN must advocate for lifting the blockade to allow more medicines, food, water, and fuel into Gaza. It should also coordinate international efforts to support the health system in Gaza and monitor human rights (4). This includes working closely with local and international NGOs and other UN agencies to ensure a coordinated and effective humanitarian response.

The UN can use its diplomatic influence to advocate for policy changes that can improve the health situation in Gaza. This may involve engaging with relevant stakeholders, including regional and international actors, to promote dialogue and cooperation on health-related issues. The UN can also support efforts to address the root causes of the health crisis in Gaza, such as the ongoing conflict and the blockade, by promoting peace-building initiatives, advocating for a just and lasting resolution to the conflict.

The UN can play a crucial role in monitoring and reporting on the health situation in Gaza. This includes collecting and analyzing data on health indicators and documenting and reporting on violations of international humanitarian law and human rights related to health. By providing accurate and up-to-date information on the health crisis in Gaza, the UN can help raise awareness

of the issue and inform the development of targeted interventions and policy responses.

The UN can provide technical assistance and capacity-building support to the health sector in Gaza. This may involve providing expertise and resources to help strengthen health systems, improve service delivery, and enhance the skills and knowledge of healthcare professionals. The UN can also support the development and implementation of evidence-based health policies and programs and the monitoring and evaluation of their impact on the health of the population in Gaza.

Response to the Crisis

The Gaza Health Authority should increase its funding for mental health to support and expand community-based mental health services (23). The international community must address and stabilize the worsening environmental and health impacts. Taking preventive measures can create a foundation for significant long-term improvements (24). However, Israeli-imposed restrictions are hindering major donors from providing the necessary equipment to repair and develop Gaza's infrastructure. Ongoing airstrikes are also causing significant damage to vital water facilities across Gaza. Between November 4th and 5th alone, bombs hit seven water facilities across Gaza, including reservoirs in Gaza City, Jabalia refugee camp, and Rafah (14). Urgent humanitarian aid must be allowed into Gaza, as people are not only suffering from the attacks but also diseases due to unsanitary conditions, lack of food, and overall unhealthy living conditions for men, women, and children (22). The health problems in Gaza are severe and multifaceted, affecting both physical and mental health. The academic community and the UN have crucial roles in addressing these issues. There is an urgent need for international action to alleviate these health problems and support the health system in Gaza.

Conclusion

The health problems in Gaza following the Israel conflict are a humanitarian crisis that requires urgent attention. The international community,

including the academic community and the UN, must take immediate action to address these issues and support the health system in Gaza.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

Conflict of Interest

The authors declare that there is no conflict of interests.

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