

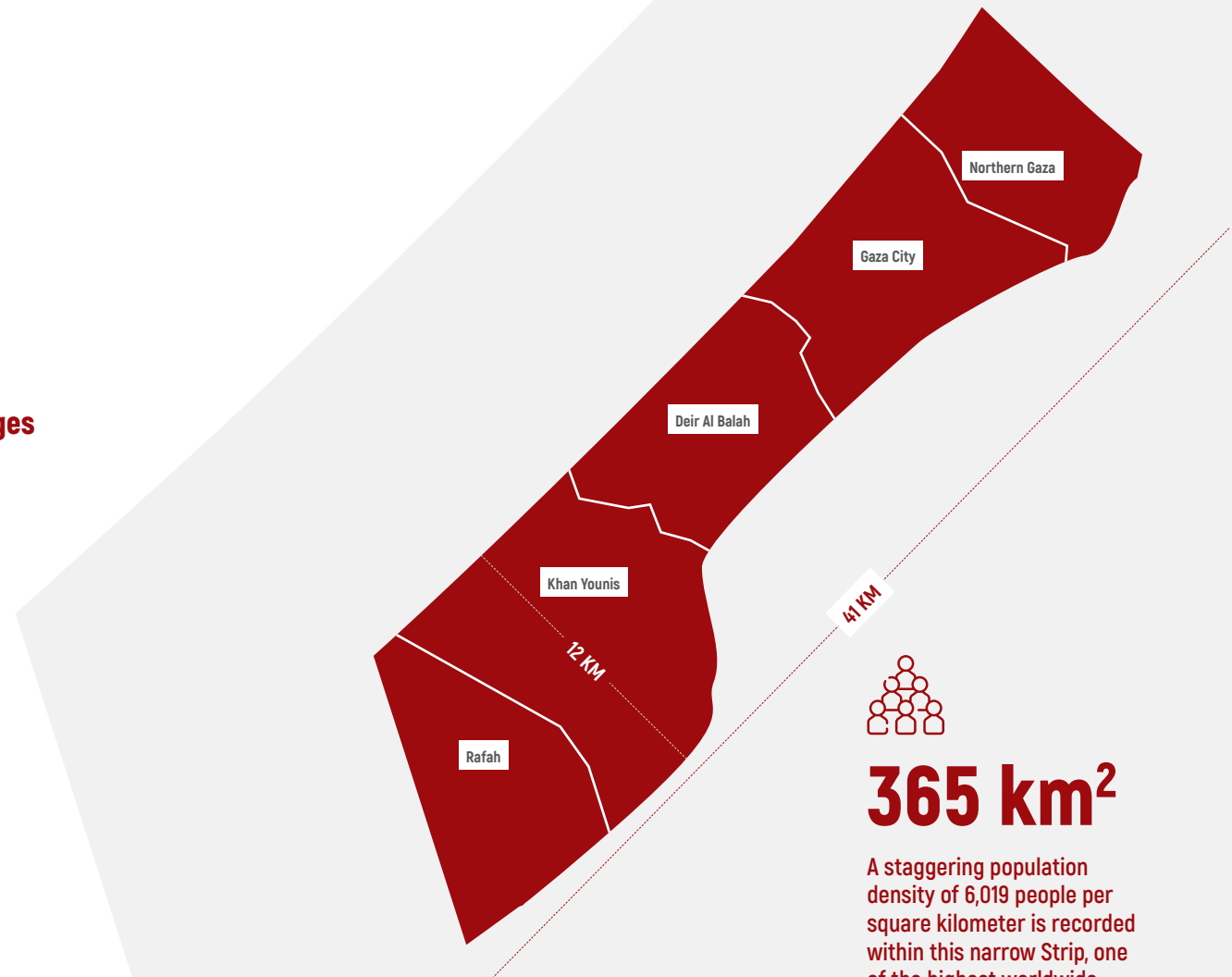
Gaza Under Genocide: The Unfolding Humanitarian Health Crisis



STATE OF PALESTINE
PALESTINE LIBERATION ORGANIZATION
NEGOTIATIONS AFFAIRS DEPARTMENT

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Introduction

Before Israel's current genocide which started in October 2023, the Gaza Strip (Gaza) was suffering from a critical health crisis. As Gaza's healthcare options were limited, many patients were forced to seek medical attention in the West Bank, including occupied Jerusalem, or in Israel, a process hampered by a [demanding permit system](#). In 2022, the World Health Organization (WHO) noted over 20,000 applications for medical permits, a third of which were postponed or rejected. Additionally, there were more than 26,000 applications for companion permits, with [62% encountering similar difficulties](#). The stringent regulations imposed by Israel on Palestinian movement and the flow of goods in and out of Gaza have further intensified the challenges. These restrictions have contributed to rising unemployment, food scarcity, and inadequate sanitation, pushing the already vulnerable population into deeper poverty and compounding the deteriorating healthcare situation.

In 2022



+20,000

Applications for medical permits

33%

Refused

26,000

Applications for companions permits

62%

Refused

Israel's 17-year siege on Gaza has resulted in a decline in the humanitarian situation and essential services have declined significantly. According to a [report released by Euro-med Human Rights Monitor in early 2023](#), power blackouts lasted between 12 and 16 hours daily, severely affecting daily life in Gaza, as well as straining the healthcare system. Before the current genocidal aggression on Gaza, only 14 hospital beds were available per 1,000 people (down from three before the siege), compounded by a 40% absence of essential medicines, a 32% deficit in medical consumables, a 60% deficit in laboratory supplies and blood banks, and a disturbing 66% decline in healthcare services. At that time, five out of ten Gazan families suffered from food insecurity, indicating a dire need for humanitarian intervention even then. Barriers to accessing health care arise from constraints

on movement affecting patients, companions, and health care workers; limitations and inequities affecting medical supplies and equipment; and gaps in protection that contributed to [645 attacks on health care in the Gaza Strip between 2018 and July 2022](#).

In 2023, before Israel's current genocidal aggression on Gaza



1.4 Bed For every 1000 person



40% Absence of essential medicines



32% Deficit in medical consumables



60% Deficit in laboratory supplies and blood banks



66% Decline in healthcare services

Children's health has been a particular and persistent concern even before the current aggression. By 2023, 70% of children in Gaza were suffering from health issues such as malnutrition, anaemia, and compromised immune systems. With Israel's ongoing genocidal aggression on Gaza, this figure has since [soared to over 90%](#). Early in 2023, [a shocking 97% of water sources in Gaza were deemed unfit for consumption](#), contributing to more than 12% of child mortality rates due to waterborne diseases. Thus, Gaza's pre-existing health vulnerability has only been compounded by the ongoing aggression, creating a catastrophic public health reality with enduring effects.



+90% Children in Gaza (today)

suffering from health issues such as malnutrition, anaemia, and compromised immune systems.

Israel's military strategy has consistently involved the targeting of civilian infrastructure. Historical patterns, [evidenced by five Israeli military assaults on Gaza since 2006](#), alongside current reports indicating the use of [AI technologies for civilian target identification](#), suggest a strategy that prioritizes increasing casualties among the civilian population in Gaza. Strategies that target civilian infrastructure, particularly hospitals and medical facilities, constitute a grave breach of international law and severely damage the healthcare system when medical assistance is critical. The dire situation creates a health crisis marked by insufficient essential medical supplies, a lack of doctors and nurses, and overburdened hospitals struggling to manage the surge of patients and casualties. The civilian population of Gaza, of which children (aged 0-14) [make up 40%](#), has borne the brunt of these oppressive actions, seemingly designed to force Palestinian capitulation to Israeli demands for forcible eviction and displacement. This dreadful situation transcends a mere humanitarian crisis, representing a deliberate and human-made disaster that has jeopardized immediate health and safety and severely impacts the long-term welfare and rehabilitation of the Palestinians in Gaza and the State of Palestine as a whole.

Since 7 October 2023, Israel, the occupying Power, has intensified its siege on Gaza by deliberately obstructing access to critical services such as water, fuel, electricity, and medical aid amidst its devastating aggression on Gaza and unprecedented attacks on hospitals and healthcare facilities. The impact of the current destruction of medical service facilities, shockingly condoned by some of the Israeli physicians and Rabbis,¹ has a far-reaching impact, extending beyond the immediate capacity to deal with thousands of casualties and deaths. It has disrupted essential health services, from routine vaccinations to hundreds of thousands of children, to prenatal, natal, and post-natal care to mothers, to chronic disease management, leading to broader health repercussions for the civilian population. The compounded effect of the destruction of medical facilities and the ongoing conflict is creating a public health disaster that appears nearly irreversible, with long-lasting effects on the physical and mental well-being of the population. As Israel's occupation of Palestine continues, the challenge of addressing these complex health issues becomes increasingly daunting, leaving a scar on the region that could last for generations.

This report examines the unfolding health crisis in Gaza, provides an overview of the statistics, reflects on the profound impact on women and children and the population at large, analyzes the repercussions of shortages of fuel, electricity, water, and food, and discusses both the immediate and extended consequences of the ongoing health and humanitarian emergency.

¹ About 90 Israeli doctors signed an open letter recommending the deliberate targeting and bombing of hospitals under the pretext that hospitals in Gaza are harboring threats that should be targeted. Thus, Israel has an "obligation to destroy the wasp nests within hospitals[...]" The Israeli doctors argued that the Israeli army has the "right and duty" to attack hospitals [\[5 November\]](#). Moreover, nearly 50 Rabbis signed a religious advisory opinion demanding PM Netanyahu to bombard Al Shifa Hospital in Gaza, stating that there is "no moral injunction against bombing hospitals." [\[31 October\]](#).

Gaza Genocide: Main Statistics

Since the onset of Israel's genocidal aggression on Gaza on 7 October, the Strip has witnessed a staggering increase in casualties. As of 5 February 2024 (the 122nd day of Israel's genocidal aggression on Gaza), the death toll has reached 27,400 and injuries have soared past 66,700, with children and women comprising nearly 70% of this figure.²

As of 5 February



27,400 Killed



66,700 Injured

The statistics emerging from Gaza sketch a stark and devastating picture: 1.2% of Gazans were killed, 2.9% were wounded, and a staggering [40% are at imminent risk of famine](#). According to the latest figures reported by the Palestinian Ministry of Health, nearly 4.43% of Gaza's population is either killed, wounded, or missing. The infrastructure has suffered colossal damage, with 70% of [Gaza civilian infrastructure damaged or destroyed](#). The situation is exacerbated by the [internal displacement of over 85% of the population](#) within a territory where safety is elusive, particularly following the evacuation orders from north to south – an order which proved futile against the backdrop of indiscriminate bombardment that has not spared civilian lives or infrastructure.

4.43% killed, wounded, or missing

70% Infrastructure damaged/destroyed

+85% Internally displaced

40% Imminent risk of famine

These figures are not just numbers but represent a multifaceted humanitarian crisis and the collapsed state of the healthcare system. Since 7 October 2023 and until early January 2024, Israel has attacked health facilities across the occupied Palestinian territory killing a total of [613 Palestinians \(606 in Gaza, and seven in the West Bank\)](#) within these facilities. Notable among the targeted facilities is [Al Ahli Baptist Hospital](#), where over 470 lives were lost due to bombings, [alongside attacks on Al-Quds, the Indonesian Hospitals, the International Eye Care Center, and the Turkish-Palestinian Friendship Hospital](#). Israel's deliberate and increased attacks on Gaza's healthcare infrastructure has claimed the lives of 374 healthcare professions. This equates to [an average daily fatality rate of five healthcare workers](#) from 7 October 2023 to 1 January 2024.

The WHO reported that Israel [has attacked 304 healthcare facilities in the Strip](#), directly impacting 94 facilities, including 26 out of the 36 hospitals, and 79 ambulances. As of 13 January 2024, the Ministry of Health in Gaza reported that [only six ambulances](#) are available to serve the needs of 2.3 million people over a span of 356 kilometers.



304 Healthcare facilities were attacked directly impacting 94 facilities, including 26 out of the 36 hospitals, and 79 ambulances.

only 15 out of 36 hospitals in Gaza are functioning
(nine hospitals in the south and six in the north)

Moreover, the WHO reported that, as of 18 January 2024, [only 15 out of 36 hospitals](#) in Gaza are functioning (nine hospitals in the south and six in the north). The hospitals operating in the south are functioning at three times their capacity, with occupancy rates [reaching 206% in inpatient departments and 250% in intensive care units](#).

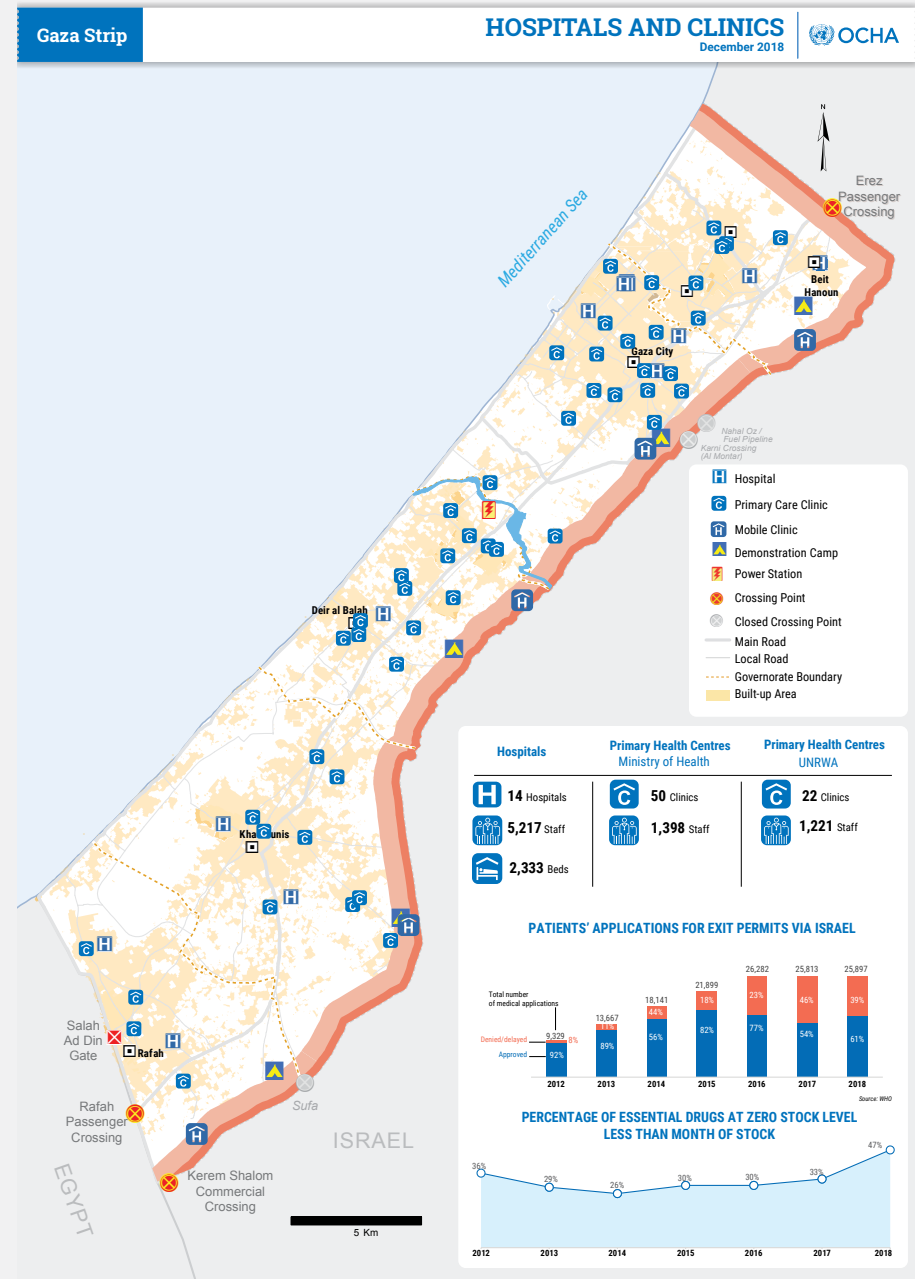
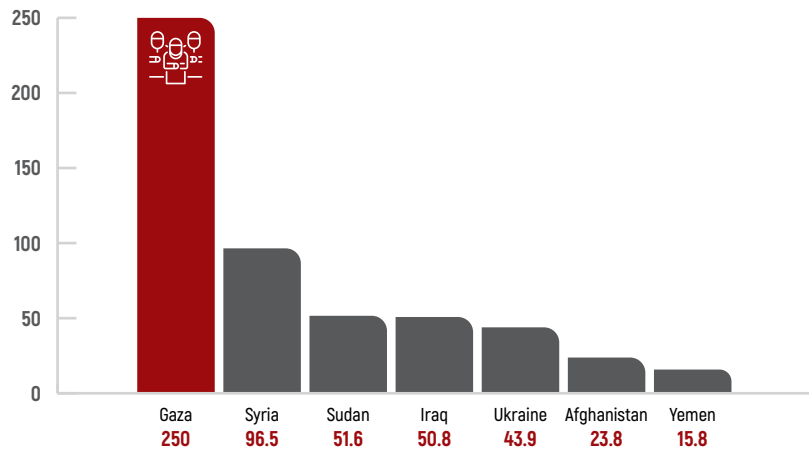
Gaza has the highest daily death rate of any major conflict in the 21st century, with 250 people dying each day.

² Palestinian Ministry of Health.

The rising death toll of fatalities amidst ongoing bombing, widespread destruction, and forced displacement underscored the dire humanitarian crisis in Gaza. According to [Oxfam](#), Gaza has the highest daily fatality rate of any major conflict in the 21st century, killing 250 people a day. This starkly contrasts with the daily fatality rates in other countries experiencing armed conflict, such as Syria (96.5), Sudan (51.6), Iraq (50.8), Ukraine (43.9), Afghanistan (23.8), and Yemen (15.8).

These figures are further compounded by projections from [Professor Devi Sridhar of the University of Edinburgh](#), who posits that war-related conditions would lead to as much as one quarter of Gaza's population dying from disease within the next year. The potential deaths, stemming from preventable health causes and the collapse of the medical system, offer a chilling reminder of the lethal impact of healthcare system failures in war zones. Here predictions, although estimates, are grounded in the grim reality of death tolls from similar conflicts. The convergence of these elements – widespread displacement, infrastructure devastation, and healthcare collapse – signals an urgent need for a robust and immediate international response to avert a catastrophic escalation in mortality.

Gaza's Fatality Daily Rate Compared to Other Countries



Impact of Fuel, Electricity, Water, and Food Shortages

On 8 October, a total blockade was enforced by the occupying Power, Israel, on essential supplies to Gaza, including fuel, water, electricity, and food, with only limited restoration of water supply to southern regions, leaving many without access. This blockade exacerbated an already dire situation, as the UN reports that [over 96% of Gaza's water is unfit for human consumption](#) due to the mid-October shutdown of wastewater and desalination plants, a consequence of fuel and electricity shortages. The resulting water contamination has sparked a public health crisis, hindering the ability to maintain basic infection prevention and control in medical facilities. The crisis has been intensified by the [arrival of winter and the resultant overcrowding](#) in hospitals and shelters, increasing the risk of disease spread.

Gazans are now surviving on just 3 liters of water per person per day, starkly contrasting the [WHO's daily minimum requirement of 100 liters and its emergency minimum of 7.5 liters](#). Additionally, the populace is resorting to saline water from agricultural wells, [containing over 3,000 milligrams of salt per liter](#), posing significant health risks, particularly to children, pregnant women, and individuals with kidney diseases, and generally raising the incidence of diarrhea. The situation is further compounded by the closure of 65 sewage pumping stations due to the lack of fuel and power, leading to an escalation in the volume of raw sewage discharged into the sea.

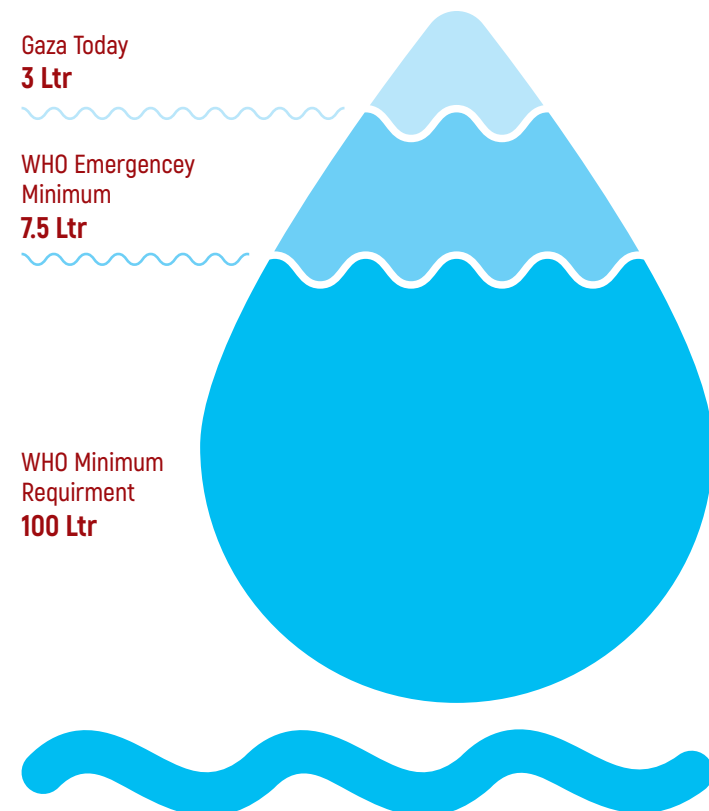
Moreover, Gazans are facing severe food shortages, with many struggling to obtain and ration the limited food available. The closure of UNRWA food distribution centers has exacerbated the situation. The severity of the crisis is underscored by the WFP's April 2023 assessment, which found 64% of Gazans to be moderately or severely food insecure. Compounding these hardships, the Israeli occupation forces have been targeting bakeries since 7 October, [with five directly hit and at least eight others significantly damaged](#), further depleting food resources and services. The deliberate attacks on bakeries have been denounced as crimes against humanity due to their impact on the civilian population's food supply.

[OXFAM](#) has highlighted that merely 2% of the intended food deliveries have reached Gaza since then, characterizing the blockade as a use of starvation as a weapon of war—a serious violation of International Humanitarian Law as outlined in [UN Security Council Resolution 2417](#). Moreover, a [UNRWA spokesperson](#) noted that food aid items like rice and lentils have become almost useless without the necessary water and fuel for cooking.

The compounded shortages of fuel, electricity, water, and food have precipitated a severe health and humanitarian crisis in Gaza, drastically affecting both the population and the medical facilities

struggling to treat the injured. With hospitals grappling with power cuts and resource scarcities, their capacity to provide critical care is severely undermined, exacerbating the suffering of a population already distressed by the dire lack of basic necessities in a context of relentless bombardment. This multifaceted deprivation imposed by Israel is not only a pressing health emergency but also a profound humanitarian predicament requiring urgent attention and action.

Daily Average Water Consumption Per Person



Impact of Overcrowding

Gaza Strip spans 41 kilometers in length and 6–12 kilometers in width, covering 365 square kilometers, [of which Israel has unilaterally annexed 16% for its so-called “buffer zone.”](#) A staggering [population density of 6,019](#) people per square kilometer is recorded within this narrow Strip, one of the highest worldwide. This density escalated to even more pronounced levels in urban hubs such as Gaza City or Khan Younis. Here, the population density soars, becoming akin to that of the most populated cities in Asia, wherein individuals are compacted into dense neighborhoods. The severe [overcrowding amplifies the challenges of daily life](#), severely limiting access to resources, personal space, and privacy and exacerbating the social and environmental stresses on an already struggling population.

Gaza is grappling with severe overcrowding, particularly in the southern region, where hundreds of thousands have congregated after evacuating the north in response to Israel’s warnings. This has resulted in nearly [2 million forcefully internally displaced](#) people seeking refuge wherever possible – with a staggering one million taking shelter in [156 UNRWA facilities](#). The conditions in these overcrowded refuges are dire, with basic amenities such as access to sanitation facilities has become a logistical and hygienic challenge, disproportionately affecting vulnerable groups like children and the elderly.

The situation [is exacerbated during the winter](#) when temperatures plummet to single digits Celsius, and those in tents find little respite from the harsh weather. The elderly, crowded into shelters in Northern Gaza, are particularly vulnerable, facing not only the cold but also the isolation and a lack of access to essential medications for chronic conditions such as hypertension and diabetes. As of early November, [nearly 3,000 older individuals in makeshift centers](#) urgently need medical care. Such pressure underscores the complex interplay between the healthcare system’s readiness and the demands placed upon it by demographic shifts due to displacement.

Environmental degradation within these densely populated shelters contributes to the proliferation of diseases, a phenomenon that is exacerbated by inadequate waste management systems. This poses immediate health risks and indicates the potential for long-term public health crises. Furthermore, the already fragile infrastructure for health, water, sanitation, and hygiene, compromised long before the current escalation, is under unprecedented pressure, highlighting the need to reassess humanitarian aid and infrastructure support in conflict zones. When viewed through an analytical lens, this overburdened system reveals the multifaceted nature of the crisis where logistical, environmental, and health-related challenges are inextricably linked and mutually reinforcing and demanding a multi-pronged and scalable response.



Impact on Women and Children



In Gaza, women and children bear the brunt of the health crisis. Recent Ministry of Health figures show that children and women account for more than 75% of all casualties in Gaza. [Juzoor's report](#) from 10 November points to alarming statistics: 30% of births expected to face complications, a 25-30% surge in premature births, and a distressing situation where 4,600 displaced pregnant women and 380 newborns reside in UNRWA shelters. These women are forced to give birth in dire conditions, be it in shelters, homes, amidst the rubble, or overcrowded medical centers lacking sanitation and poor hygiene, fostering the rapid spread of infections.

In Gaza's population of 2.3 million, the 572,000 women and girls of reproductive age are facing an acute reproductive health services crisis compounded by a severe lack of access to essential hygiene and care products. Approximately 50,000 pregnant women in Gaza are approaching delivery, with about 5,500 anticipated to give birth in a month, which equates to an average of 180 births per day. The critical shortage of vital services, including fuel and medicine, and the declining state of hospital facilities substantially [endangers their ability to obtain safe maternity care](#).

Gaza's population of 2.3 million



572,000

Women and girls of reproductive age



50,000

Pregnant women in Gaza are approaching delivery



5,500

anticipated to give birth in a month, average of 180 births per day

The crisis has also drastically increased maternal and infant morbidity and mortality rates due to overwhelmed healthcare systems, a lack of emergency services, unsafe childbirth environments, and inadequate nutrition for mothers and infants. The psychological toll is starkly evidenced in stress-induced miscarriages, stillbirths, and premature births. Moreover, healthcare facilities and pharmacies are running out of crucial medication, exposing pregnant women to avoidable fatalities. Shortages extend to anesthetics, compelling pregnant women to undergo emergency C-sections without proper anesthesia. [The consequences of inadequate feeding](#) for infants and young children, along with insufficient healthcare during developmental stages, pose long-term risks to cognitive, emotional, and physical health.

[One hundred thirty premature infants in Gaza were at risk due to the shutdown of seven incubators in Al-Shifa Hospital, caused by fuel and medical supply shortages](#). It has been reported that 25-30% overall increase in premature deaths in the past month due to the lack of essential equipment and supplies needed to give premature babies a chance of surviving. The critical depletion of Al Shifa's hospital's fuel tragically resulted in the deaths of eight infants—the Palestinian Red Crescent organized the transfer of [31 vulnerable newborns](#) to the Emirates Hospital in Rafah.

Overcrowded shelters are breeding grounds for [diseases like diarrhea, scabies, and lice](#), especially affecting children and posing severe risks of dehydration and mortality. Dr. Abed Abu Hasira from Al-Shifa Hospital's Obstetrics and Gynecology Department reported a threefold increase in miscarriages, premature births, and fetal deaths since the war's onset. Critical healthcare infrastructure, such as [neonatal intensive care units](#) in North Gaza, is essentially non-functional.

A UN humanitarian assessment team has declared Al-Shifa Hospital a "death zone," with the area around the hospital becoming a mass burial site for 80 people and the facility itself [plagued with unsanitary conditions conducive to infections](#).

The health crisis in Gaza has intensified gender-based violence (GBV), disproportionately impacting women and girls. Nearly one-quarter of Gaza's population are adolescents, [with 238,289](#)

[girls lacking essential health services and menstrual hygiene supplies](#), critically threatening their sexual and reproductive health. Overcrowded shelters and a scarcity of necessities have heightened the risk of violence, with [close to 493,000 women and girls displaced within the first two weeks of Israel's ongoing aggression on Gaza](#) – a figure that is rising. The ongoing genocide has led to an increase in widows and female-headed households. The Humanitarian Needs Overview for 2023 identifies [680,000 individuals \(30% of the population\)](#) needing protection from GBV. This situation exacerbated the risk of physical and psychological violence, loss of livelihood, and housing issues, especially for households led by women and widows. Accordingly, women who are elderly or living with disabilities may experience increased instances of disregard and abandonment. Addressing these multifaceted challenges requires a gender-sensitive approach to health policies during and after the war, recognizing and mitigating the specific threats faced by women and girls in Gaza.

The impact of the war on children in Gaza is particularly devastating, with amputations emerging as a grim marker of its toll. [UNICEF](#) has starkly noted that Gaza is currently "a graveyard for children and a living hell for everyone else", considering the likelihood that diseases will claim more young lives than Israel's bombardment campaign. Since the beginning of the war, over 1,000 children have undergone limb amputation, adding to the already significant population of individuals with disabilities. Before this war, 12% of Palestinian children aged 2-17 already suffered from functional difficulties, [and 21% of households had a member with a physical or mental disability](#).

The long-term implications of this are profound. The sheer number of amputations among children not only signifies a critical need for medical and psychological rehabilitation but also highlights the scarcity of resources, as there is only one prosthetic limb center in Gaza. This center is grossly inadequate to meet the escalating demands, complicating the already arduous journey of recovery for these children. The lack of access to prosthetic limbs severely hampers their ability to navigate the war-torn environment, flee to safety, and reintegrate into their communities.

Impact on Persons with Disabilities



The ongoing aggression on Gaza, exacerbated by Israeli military operations and a stringent siege, has precipitated a humanitarian crisis with severe repercussions for persons with disabilities. The evacuation order issued by Israel on 13 October, which directed all Palestinians to forcefully relocate to Northern Gaza, blatantly disregarded the unique requirements and safeguards necessary for people with disabilities, leaving them to grapple with the overwhelming tasks of seeking shelter and securing essential resources like food, water, and medicine under the duress of Israel's ground incursion. The siege's longstanding restriction on assistive devices critically [undermines the mobility and autonomy of disabled individuals](#), restricting their movement to flee attacks and seek refuge.

In 2022, the Palestinian Center for Human Rights reported approximately 93,000 Palestinians with disabilities in occupied Palestine, [representing 2.1% of the population, with 52% residing in Gaza](#). By [2023](#), this number rose to 115,000, with 58,000, or 2.6% of Gaza population, living with disabilities. In [2022 alone](#), Israel's aggression on Gaza caused mobility disabilities for about 2,000, representing 9% and 3% of women and children, respectively. An UNRWA report highlighted that a third of the injuries from the 2014 Israeli aggression in Gaza led to permanent disabilities. The ongoing aggression in 2023 is expected to [increase disability numbers by an estimated 12,000](#) due to rising injuries, reduced healthcare capacity, border closures, restrictions on medical supplies, and direct attacks on medical facilities.

Furthermore, the 17-year siege on Gaza by Israel has severely restricted movement and access to healthcare and assistive devices for people with disabilities. This situation is compounded by power outages, which limit the use of electric mobility aids and the ability to communicate via sign language in adequate lighting, thereby infringing upon the rights and freedoms of those with disabilities. [The Palestinian Central Bureau of Statistics \(PCBS\)](#) notes that between 7 October and 3 December 2023, injuries from Israeli aggression, particularly among children who make up 17% of the injured, are likely to have severe, long-lasting impacts. These injuries require surgeries and treatments that are expensive and hard to obtain under siege and during the ongoing genocide, potentially leading to permanent disabilities.

Thus, the genocide impact on people with disabilities extends beyond physical hardships; it also encompasses psychological trauma and social isolation. People with disabilities face disproportionate psychological trauma due to the constant fear of bombardment, coupled with the acute awareness that they are unable to evacuate. This fear is a [profound mental health concern](#) that is often overlooked in the discourse on the impacts of Israel's siege and military aggressions on Gaza.

Moreover, the destruction of infrastructure leads to power outages and communication breakdowns, which disproportionately disadvantages those with hearing, visual, or speech disabilities. The lack of electricity, for instance, disables elevators, a critical technology for the mobility of individuals residing in multistory buildings. The indiscriminate nature of bombings, coupled with the reported absence of "advance warning," results in double jeopardy for people with disabilities, who lose not only their homes but also the very devices that facilitate their integration and mobility.

Despite legal frameworks like the UN Convention on the Rights of Persons with Disabilities and UN Security Council Resolution 2475, which Israel has ratified, there appears to be a significant gap between the stipulated protections and their implementation on the ground. The disproportionate impact of forced displacements, the inaccessibility to medications, and the heightened mental health crises underscore the need for an urgent, tailored response that aligns with the established international legal standards.

Stories from Gaza

Dr. Ahmed Moghtabi, who leads the plastic surgery department at Khan Younis's Nasser Hospital, [directed a plea towards the Biden administration](#). Questioning "How many more of us have to die? Really, how many more of us have to die, as civilians? How many more videos do you have to see?" He goes on to say, "Me, as a doctors here, as a surgeon here, I can't live properly as I'm supposed to because I don't have proper instruments," referring to the shortage of essential medical supplies necessary to treat the wounded. Dr. Moghrabi's plea was a response to the US's vetoes against Security Council resolutions, which, although backed by a majority, sought a ceasefire or at least a "humanitarian pause" on [18 October](#) and [8 December](#). This situation signifies a crisis within a crisis: a health system on the brink of collapse while its caregivers are themselves in need of support.

Dr. Yousef Al-Akkad, the director of the European Hospital, [reports](#) an alarming rise in diseases like hepatitis, smallpox, and various skin conditions, exacerbated by the lack of water and sanitation. These outbreaks are a direct consequence of the Israeli bombing and the inadequate medical response that followed. [Reem Abu Daqqa's story](#), a resident seeking refuge in the European Hospital, reflects the collective suffering of Gaza's displaced residents who are struggling to find refugee and face severe shortages. Reem said "we found ourselves with no alternative but to set up tents made from nylon and patient bed covers", she went on to explain that "fires are lit using cloth and shoes, exacerbating pollution and health hazards." The aggression that ensued subsequent to 7 October has led to the mass displacement of nearly 90% of Gaza's population, with families like Abu Duqqa facing dire shortages and living in inhumane conditions.

[Nesma Aby Musameh](#), whose story was reported by Middle East Eye, exemplifies the dedication and adaptability of these workers. As a 21-year-old communications engineering graduate, she pivoted from her field to volunteer at a government clinic in the Al Maghazi refugee camp, taking on administrative duties. In describing her situation, Nesma said "I work from eight in the morning until two in the afternoon in the clinic under extreme conditions. The patient load is exceptionally high, with around 800 individuals seeking care daily." Smaller healthcare facilities like the one where Nesma volunteers have become increasingly critical, especially as larger hospitals, frequently targeted by Israeli forces under the claim of being military operation bases, are rendered inoperative. This underscores a dire need: as large healthcare institutions falter under targeted attacks, the burden shortens to small, often less equipped facilities and their workers.

Foreseen Impact

A. Short-Term Implications

Israel's focus on hospitals during the ongoing genocide on Gaza, amid a critical fuel shortage, has [severely disrupted the movement of rescue teams](#) and ambulances. Inundated and under-resourced hospitals are forced to [treat patients in overcrowded corridors](#). Israel's total blockade on Gaza has drastically reduced the inflow of aid, highlighted by targeting a humanitarian convoy on [8 November](#), which was intended to deliver medical supplies to Al Quds Hospital. Medical professionals are confronted with harrowing decisions, often [operating without anesthesia and critical supplies due to the scarcity of beds and ventilators](#). The Turkish-Palestinian Friendship Hospital, Gaza's sole cancer treatment facility, has shuttered due to fuel deficits, jeopardizing the treatment of its [70 in-house patients and affecting all 9,000 cancer patients](#) across Gaza. This invariably constitutes a death sentence for these patients, similar to the thousands of Gazans who require kidney dialysis for survival, which they can no longer access.

The shutdown of desalination plants due to fuel scarcity leads to an increase in waterborne diseases and bacterial infections, a risk underscored by the thousands of diarrhea cases already reported. The crisis takes an even heavier toll on the nearly 2 million displaced residents, many seeking refuge in ill-equipped UNRWA facilities, hospitals, religious buildings, and schools, where the absence of potable water and proper sanitation portends a sustained public health catastrophe.

Israel's ongoing genocide on Gaza has severely exacerbated an already dire situation, intensified the scarcity of essential supplies, and triggered a sharp rise in food prices. This crisis is the result of both a deliberate strategy of warfare aimed at starvation and targeted assaults on agricultural areas, which are clear attempts to cripple local food production. The strategy of [enforced starvation](#) – a form of warfare that extends beyond mere restriction of food and water access to encompass the “intentional withholding” of vital goods – is effectively another means by which the already bombarded populace faces the threat of death.

Latest data reveals a steep decline in food deliveries, now a mere fraction of what they once were, setting the stage for a surge in malnutrition, particularly among the most vulnerable groups: children and the elderly. Reports from the Office for the Coordination of Humanitarian Affairs (OCHA) and the Euro-Mediterranean Human Rights Monitor indicate that the population is [resorting to desperate measures to cope with food shortages](#). These measures include skipping meals and resorting to unsafe practices for cooking, which are not only detrimental to health but also a reflection of severe resource deprivation.

B. Long-Term Implications

The healthcare sector, stripped of its capacity to provide for the present needs, faces a future crippled by damaged infrastructure and a potential generation of patients with chronic conditions due to untreated diseases and interrupted care. The cumulative effect of these crises threatens to leave an indelible mark on Gaza's societal health and its ability to rebuild a functional healthcare system.

In the immediate aftermath, the genocide impact ravages the already fragile healthcare system in Gaza, leading to dire consequences for individual health and crippling the delivery of medical services. Over the long term, the persistent lack of resources and the ongoing crisis threaten to engrain a legacy of chronic disease and inadequate healthcare, with societal repercussions that extend far beyond the current genocide. This erosion of health infrastructure and societal well-being casts a long shadow, hindering the path to recovery and the restoration of a robust public health system.

The mental health crisis in Gaza, already impacted by a 17-year-old siege, catalyzed by the relentless months-long bombardment of civilian areas, has profoundly affected its youngest inhabitants. The systematic destruction of mental health services, coupled with the harrowing loss of life and the obliteration of once-safe havens such as schools and hospitals, [has left children in a perpetual state of fear and trauma](#). The alarming reports detailing that thousands of children have been killed, are missing, or have been subjected to experiences that have left deep psychological scars. Many face the agony of reactive mutism and bedwetting due to sheer terror, with the loss of family members only deepening the emotional turmoil. [As caregivers struggle with their own distress, they find themselves unable to shield the children](#) from the traumatic events that are devoid of any semblance of security or normalcy, factors that are vital for any semblance of psychological healing.

Thus, the sustained strain on healthcare infrastructure is anticipated to amplify the prevalence of mental health disorders among Gaza's population. The ongoing trauma and stress induced by Israel's siege and continuous aggressions against Gaza have deepened psychosocial distress, [affecting over 70% of the population prior to the ongoing genocide](#). These persistent conditions have particularly severe implications for children, women, the elderly, and healthcare workers, perpetuating cycles of emotional distress and hindering access to adequate care. The collapse of healthcare services not only endangers immediate health needs but also [portends long-lasting developmental, emotional, and physical health challenges](#).

Moreover, Israel's continuous military aggressions and the longstanding conditions of the siege, poverty, and violence have made the children painfully aware of their suffering, [with an overwhelming 95% showing signs of anxiety, depression, and trauma](#). This environment has bred a state of "learned helplessness," where individuals, especially children, perceive no escape from their harsh reality, fostering not resilience but a crippling resignation and sustained psychological harm. The trauma, deeply rooted and pervasive, is at risk of being passed down through generations, embedding a cycle of suffering that threatens to continue indefinitely. This underscores the urgent need to stop the current genocide in Gaza to protect these vulnerable young minds from irreversible damage and to disrupt the cycle of inherited transgenerational trauma.

In addition to the psychological trauma already devastating the young minds in Gaza, the situation is further complicated by the thousands of children who have been rendered orphans by unceasing aggression. These children, stripped of their familial support systems, find themselves in a precarious situation that demands immediate and robust social and institutional intervention. The responsibility to care for these orphans, to provide them not just with basic necessities but also with emotional and psychological support, is monumental. This situation calls for a concerted effort to integrate these children into supportive environments where they can begin to heal and rebuild a semblance of normalcy in their lives.

Furthermore, the impact of this genocide on each child's psyche is unimaginable. They have witnessed the most harrowing scenes: family members, friends, and neighbours killed; homes, places of worship, and cultural sites demolished; and any semblance of recreational facilities destroyed. These children have had their memories of life, even one under siege, erased by devastation. The landscape of their childhood has been irreversibly altered, leaving them in a world where the remnants of their past are buried under rubble. This level of destruction goes beyond physical damage; it annihilates the identity and heritage of a community, leaving indelible scars on the minds of its youngest members. The pressing need to address these issues is paramount to prevent a perpetuation of trauma and despair.

The escalation of disabilities in Gaza, particularly due to amputations, is expected to compound the existing economic challenges by increasing healthcare costs and placing a heavier demand on social

services. The local healthcare infrastructure, already under considerable strain, must now stretch to accommodate the long-term needs of amputees, including prosthetic fitting, rehabilitation, and psychological support. Such adaptations are likely to overwhelm the already resource-strained health sector.

From an economic standpoint, the increase in disabilities can lead to increased healthcare expenditures that the government and families may struggle to cover, thereby necessitating international aid and long-term financial support. With a significant portion of the population potentially unable to engage in traditional employment, the workforce shrinks, productivity declines, and the economic burden grows, particularly as the disabled population requires more social assistance. Unemployment issues are further complicated by the lack of disability-friendly workplaces and insufficient legal frameworks to protect the employment rights of disabled individuals. This creates an environment where people with disabilities are more likely to be unemployed or underemployed, which not only affects individual and family income but also places additional strain on social welfare systems. Thus, the presence of a large disabled population with limited employment prospects can lead to a cycle of poverty and dependency.

There must be a strategic shift towards creating an inclusive economy with accessible job opportunities, vocational training tailored to the capabilities of disabled individuals, and incentives for businesses to accommodate and employ them. Long-term assistance for the disabled in Gaza should include building public spaces to be disability-friendly and investing in technologies that can aid mobility and accessibility. These measures are not only a matter of ethical imperative but also a practical one, as they contribute to the social integration and mental well-being of those affected. Addressing the needs of the disabled in Gaza is a complex challenge that requires a coordinated approach involving healthcare provision, economic policy, workforce integration, social support, and infrastructural development. It demands both immediate action to provide for current needs and long-term planning to secure a more inclusive and supportive society for individuals with disabilities.

All this foreseen impact requires an immediate ceasefire and halt of all aggression forms against Gaza. Rehabilitation of the health care system in Gaza becomes a prime priority tackled in a systematic manner within its interrelatedness with other sectors.

Widespread Diseases and Infections

The sanitary conditions in Gaza, exacerbated by the ongoing genocide, have escalated concerns regarding disease outbreaks, notably fungal infections. This was highlighted by the death of an Israeli soldier on 26 December 2023 from a rare fungal infection contracted after being wounded in Gaza. The incident has led to heightened alarm as it points to a broader issue of such infections among hospitalized soldiers, with [The Times of Israel](#) indicating that these cases may be more widespread than previously acknowledged. Despite the Israeli occupation forces Spokesperson's Office denying any immediate risk of a communicable disease outbreak, public health experts are sounding the alarm about the potential severity of such an outbreak, citing those diseases known no borders. Thus, concern is not new; for years, experts have been warning about the implications of Gaza's deteriorating health system and inadequate sanitation for the public health of the region, including Israel.³

In the months leading up to the current humanitarian and health crisis, Gaza has witnessed a staggering number of acute respiratory infections, with [approximately 160,000 cases reported](#), encompassing COVID-19, influenza, respiratory syncytial virus (RSV), as well as the outbreak of scabies, lice, chickenpox, and various skin rashes. This surge of infections must be understood in the context of pre-existing health conditions within the population. Before October 2023, [Gaza's healthcare system was already stretched thin](#), dealing with nearly 1,100 patients requiring regular kidney dialysis, 71,000 diabetes patients, 225,000 individuals with high blood pressure, over 2,000 cancer diagnoses annually – including 122 children – and significant instances of cardiovascular disease and mental health disorders affecting 45,000 and 485,000 people respectively.

The compounded impact of new infectious diseases on an already overburdened system – beset by chronic health conditions and now further coupled by direct attacks on healthcare facilities – poses a critical challenge to the region's capacity to provide essential medical care. With a substantial portion of the healthcare infrastructure damaged, the road to recovery and the ability to manage both acute and chronic conditions is hindered, threatening to spiral into a full-blown public health catastrophe.

³ For [a health assessment](#) of the Gaza Strip and its impact on the populations of Gaza and Israel, see: Hermesh, B., Ma'ayan, M. and Davidovitch, N. (2019) *Health Risk Assessment for the Israeli Population Following the Sanitary Crisis in Gaza*.



Risk of Famine

The prospect of famine in Gaza is a critical, looming, and unfolding crisis, as detailed in a recent UN report, which states that the entire population faces acute food shortages. This alarming situation is compounded by the besiegement, with the [Integrated Food Security Phase Classification \(IPC\) report](#) indicating that the percentage of families in Gaza experiencing severe acute food insecurity surpasses those in known crisis regions such as Afghanistan and Sudan. The severity of the situation is quantified by the prediction that 90% of the population faces acute food insecurity between 24 November and 7 December, and without a cessation of the ongoing aggression, the entire 2.3 million population of Gaza could reach 'crisis or worse levels of hunger' by 7 February, with more than half potentially experiencing 'emergency' hunger levels, characterized by extreme acute malnutrition and excess mortality.

The WFP raised the alarm on [16 November](#) about the immediate risk of starvation in Gaza, citing the critical scarcity of food and water supplies. Subsequent reports on [3 December](#) and [6 December](#) further emphasized the dire state of affairs, indicating that Gaza's food systems are teetering on the edge of collapse. Alarming, nearly half of all households in the north and 37% of those displaced in the south are suffering from "severe levels of hunger." On 18 December, [Human Rights Watch](#) accused the Israeli government of using starvation as a method of warfare – a war crime under international law – by deliberately impeding the delivery of essential supplies like water, food, fuel, and obstructing humanitarian assistance.

The humanitarian disaster, as described by [Arif Husain of the WFP](#), is unprecedented, with the region meeting the criteria for famine due to the extreme lack of food affecting 20% of the population. The economic impact of the crisis is starkly illustrated by the inflated costs of basic food items. For example, a sack of flour that might have cost [\\$13 before the war sells for nearly \\$200](#). The same applies to tinned and corned beef, which used to cost 30 cents and \$1.40 before the war but are now priced at \$1.40 and \$6.00, respectively. Furthermore, the desperation for sustenance has had tragic consequences, with reports of individuals, including children, being killed while searching for food and water.

The siege's impact on food availability, the destruction of agricultural infrastructure, and the decimation of economic stability have all converged to create a perfect storm for a humanitarian disaster. The ripple effects of this crisis will likely have long-term implications for health, societal stability, and regional security, underscoring the urgent need for international intervention and support for the Palestinian people in Gaza.



Violations of International Law and International Humanitarian Law

Israel's violations of international law across all sectors, including the health sector, did not begin on October 7th but continued systematically and extensively after that date. Violations related to [the imposition of the blockade, the prohibition of access to medical equipment, drugs, and humanitarian aid, and the denial of citizens' permits for medical treatment outside the Strip](#) amount to collective penalties prohibited by customary international humanitarian law, particularly the Hague Conventions of 1907 and the provisions of the [Geneva Conventions of 1949 \[33, 55, 59\]](#).

The Geneva Conventions of 1949, first, second, and fourth, address the prohibition of targeting medical personnel such as doctors and paramedics, medical transportation, and hospitals. This scope is expanded in [Article 15 of the First Additional Protocol](#) to cover civilian and military medical personnel. International criminal law considers these violations to amount to war crimes.

On the other hand, the protection of medical transportation is mandated by [Article 35 of the First Geneva Convention and Article 21 of the Fourth Geneva Convention](#). Its scope is expanded in Article 21 of the First Additional Protocol to cover civilian medical transportation. In international criminal law, the Rome Statute, the founding treaty of the International Criminal Court, prohibits such violations and considers them war crimes in international armed conflicts.

[Rule 35 of customary international humanitarian law](#) states that it prohibits attacks on areas established for the shelter of the wounded, sick, and civilians, protecting them from the effects of the conflict. International humanitarian law also protects everyone inside a hospital, including civilians, wounded and ill individuals, personnel in the medical and religious fields, and humanitarian relief workers. All of them are considered protected categories according to the rules of customary international humanitarian law, specifically Rules 1, 47, 25, 27, and 31, respectively.

The deprivation of the population in the Gaza Strip of food and water for more than a hundred days, reflecting an intention to starve civilians as a method of warfare, is prohibited in international humanitarian law. Using means and methods of war that cause excessive injuries or unnecessary suffering [is prohibited](#) (Protocol 1, Article 35, and Article 22 of the Hague Conventions of 1907 and the St. Petersburg Declaration of 1868). The execution of attacks aimed at not sparing the lives of individuals - that is, without mercy or humanity - is also prohibited (Protocol 1, Articles 40, 41, and Article 35 of the Hague Conventions of 1907 concerning the Laws and Customs of War). Rule 46 of customary international humanitarian law states that ordering the killing of anyone or threatening the adversary with it, or conducting hostile actions on this basis, is prohibited.

Indeed, [the Rome Statute](#), which established the International Criminal Court, considers starvation as a method of warfare a war crime. This is specified in Article 8(2)(b)(xxv) of the Rome Statute, where the intentional deprivation of access to food and water, as a method of warfare, is recognized as a war crime.

[The 1948 Convention on the Prevention and Punishment of the Crime of Genocide](#), particularly its second and third articles, considers the mentioned violations and crimes, including the intentional killing of members of the group, causing severe physical or mental harm to members of the group, deliberately subjecting them to living conditions with the intent to wholly or partially destroy them physically, and imposing measures to prevent childbirth within the group, all as acts that may constitute the intentional commission of the crime of genocide.

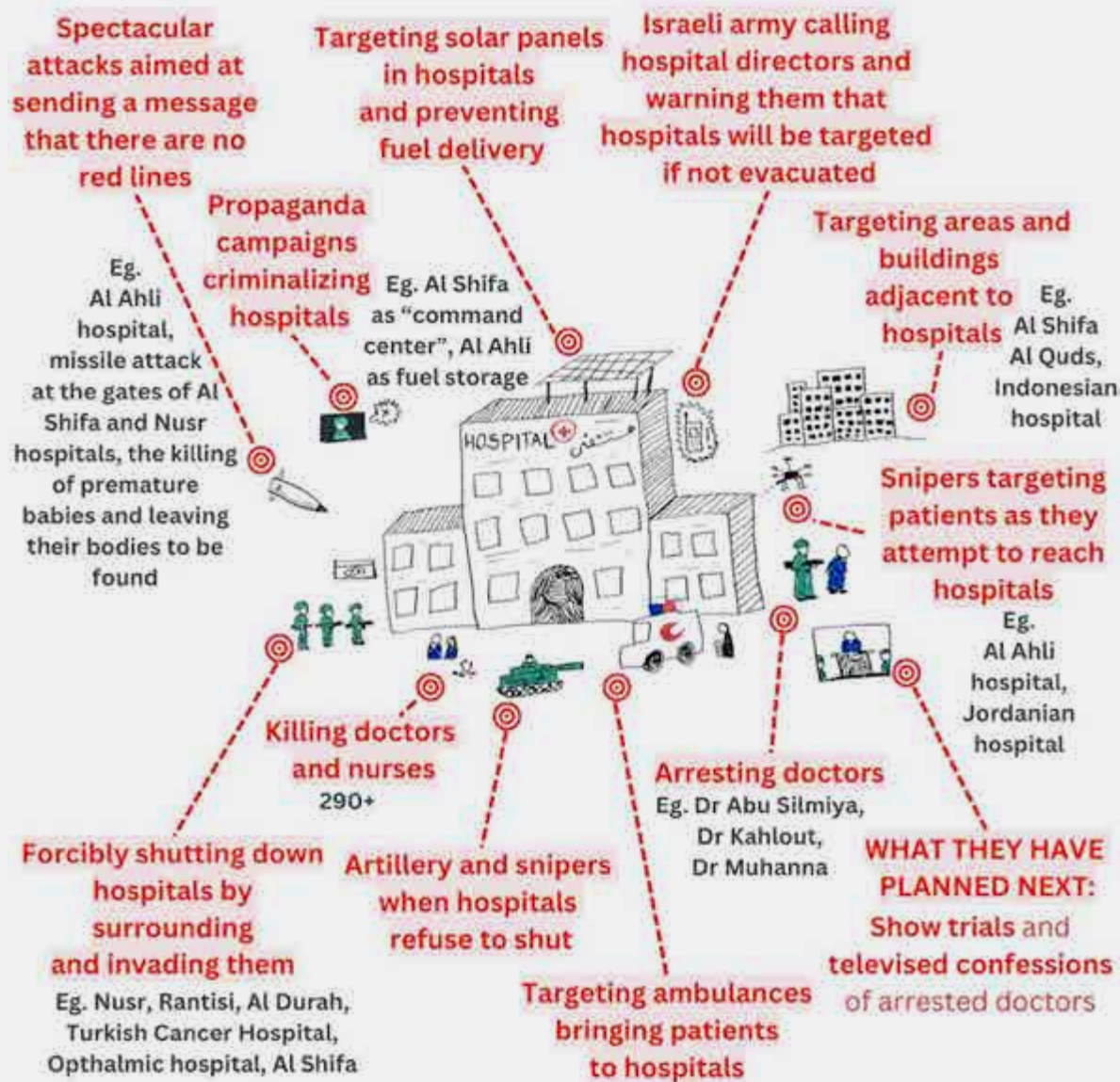
Conclusion

Israel's pervasive siege and genocidal war on Gaza trigger a profound health and humanitarian catastrophe in direct violation of International Humanitarian Law and the Geneva Conventions. By targeting hospitals and aid convoys and withholding basic necessities, these actions have immediate, devastating effects, reducing emergency medical response capacity and increasing disease and mortality rates. The systemic weakening of healthcare capabilities and the entrenchment of chronic diseases also pose long-term consequences.

The international community must urgently acknowledge the severity of these crimes and their repercussions on Gaza's civilian population. There is a pressing need for a ceasefire and swift humanitarian intervention to relieve the current health emergency. It's equally necessary to address the fundamental needs of the devastated Palestinian population in Gaza. Beyond immediate aid, sustained commitment is required to rebuild Gaza's healthcare system and restore its functionality.

Israel, the occupying Power, should "never again" be given carte blanche to attack and commit crimes against the Palestinian people in all of occupied Palestine. The only guarantee to achieve this goal is for the international community to hold Israel responsible for all its violations of Palestinian national and human rights toward ending its prolonged belligerent occupation of Palestine. This entails a comprehensive approach that includes legal accountability for breaches of international law, rehabilitation of vital services, and support for the societal healing of a deeply affected population. Only with a political resolution that halts the continuous infractions against Gaza's civilians and their healthcare infrastructure can there be hope to forestall the long-term degradation of health and welfare in Palestine.

How Israel Destroyed the Healthcare System in Gaza





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