The Role and Performance of the World Health Organization in Managing the Health Crisis in Gaza



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Abstract:

In light of the turmoil the international community is witnessing, characterized by a series of successive and sudden crises of varying nature and magnitude, contemporary organizations such as the World Health Organization are facing significant challenges that necessitate adopting a new strategy to manage these crises. This involves planning for the expected, mobilizing all resources to help mitigate their repercussions, and controlling them. In the same context, the hotspots of tension and conflict - the Gaza Strip - are the most affected by emergency health crises, accompanied by rapid changes in all aspects of life at both the local and international levels. This negatively affected the performance of the latter, as well as the level of services and healthcare provided. Thus, the application of crisis management concepts became the only refuge to offer high-quality health services that align with the various dimensions helping the organization measure the extent of performance compliance with the absent specifications. Consequently, the research package summary revolves around examining the role assigned to the organization as an important policy mechanism to reassure the credibility of the international strategy of the involved states and its ability to mitigate the crisis's impact in conflict situations. And thus, supporting the recovery of human health security in the sector, alongside evaluating the extent to which the organization adopts concepts and techniques of health crisis management, towards addressing the issue at hand. And thus, the possibility of proposing solutions regarding crisis management?

Keywords: *World Health Organization, health crisis management, conflict zones, health situation issues.*

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Introduction:

It should Health, in its broad conceptual sense, reflects a commitment to achieving economic development within states. This necessitates the adoption of new concepts, philosophies, and approaches, particularly those related to crisis management strategies. Given that the Organization is a service-oriented institution, adopting such a concept raises questions about its comprehensiveness and the extent to which it can be institutionalized as a method for improving the quality of healthcare services. As a dynamic and functional framework, this approach is one that the Organization seeks to implement, especially in conflict zones and areas of tension.

For this reason, this research paper aims to shed light on the practical dimension and functional performance of the Organization in managing health crises in conflict areas. It also seeks to highlight the direct and indirect repercussions of war on healthcare services, while proposing appropriate solutions for managing the health crisis. The objective is to develop a comprehensive approach capable of addressing the evolving conceptual dimensions of the Organization's role and performance (initial comprehensiveness). More precisely, can crisis management in conflict zones be effectively implemented by the Organization as a consolidation of the most pressing contemporary challenges?

This is the question we will attempt to answer in some detail by presenting a main axis examining the reference framework of the World Health Organization as an international arena for managing health crises, encompassing the core problem addressed in this study.

Main Axis: The World Health Organization – An International Framework for Managing Health Crises

In affirmation of its central role, we acknowledge the pivotal position of the World Health Organization as a regulatory and coordinating framework in advancing economic development and achieving global health security. This importance is underscored by the current and emerging threats to public health, including pandemics, infectious and chronic diseases, food insecurity, the impacts of climate change on health, and the fragility of healthcare systems.

Accordingly, the Organization, together with its Member States, bears a shared responsibility to ensure the mobilization and delivery of humanitarian assistance and relief in order to achieve health-related development goals and improve health outcomes. This necessitates the adoption of an integrated approach that brings together international governmental interests, ensuring that health—particularly the health situation during armed conflict—becomes an integral component of public policy frameworks.

Objectives of the Study:

1. **To analyze the institutional mandate and legal framework** of the World Health Organization in responding to health emergencies in conflict settings.
2. **To examine the nature and scale of the health crisis in Gaza**, including its impact on healthcare infrastructure, service delivery, and vulnerable populations.
3. **To assess the performance and effectiveness of the World Health Organization's interventions** in managing the health crisis, particularly in terms of coordination, resource mobilization, and emergency response.
4. **To evaluate the application of health crisis management strategies and tools** adopted by the Organization in the context of armed conflict.
5. **To identify operational, political, and logistical challenges** that affect the Organization's ability to deliver healthcare assistance in Gaza.
6. **To examine the extent of collaboration between the World Health Organization and other international, regional, and local actors** in addressing the crisis.
7. **To measure the impact of WHO's actions on strengthening health system resilience and human health security** in the Gaza Strip.
8. **To propose practical and policy-oriented recommendations** aimed at improving crisis management mechanisms and enhancing the effectiveness of future health interventions in conflict zones.

1: The World Health Organization – Diagnosis and Performance Assessment

The World Health Organization formally came into existence in April 1948, after the required number of ratifications of its Constitution, as a specialized agency pursuant to Article 57 of the United Nations Charter. Its fundamental principle affirms that the enjoyment of the highest attainable standard of health is one of the basic rights of every human being, without distinction as to race, religion, political belief, or economic and social condition.

The Organization acts as the directing and coordinating authority in international health work, fostering effective cooperation with the United Nations, its agencies, and other relevant organizations. It assists governments—upon

request or with their consent—by establishing and providing necessary international services, including epidemiological and statistical services, and by proposing conventions, agreements, and regulations concerning international health matters. (Mazouzi, 2024, p.145)

a. The WHO's Mandate and Global Health Governance

Primarily, the Organization seeks to ensure that every individual worldwide enjoys the fundamental human rights guaranteed in international and national instruments, particularly the right to healthcare. It consistently encourages Member States to take appropriate measures to strengthen their public health systems. Moreover, it provides advisory and psychological support services to Member States, trains and guides personnel responsible for combating widespread and infectious diseases, offers international grants in this regard, and works to improve maternal and child healthcare. At the same time, it maintains close cooperation with United Nations bodies and specialized agencies in the health field.

The importance of diagnosing and evaluating the Organization's performance has significantly increased in light of the repercussions of the war launched by Israel on the Gaza Strip since October 7, which has paralyzed the health sector and rendered most hospitals and healthcare institutions non-operational. Armed conflicts have multifaceted consequences, affecting political life, social relations, economic conditions, educational systems, and healthcare services alike. (Shaimaa, 2021, p.25)

The trajectories of wars and armed conflicts demonstrate that their destructive impact extends beyond health and access to medical treatment for physical and psychological injuries. They also exacerbate various risk factors. Deliberate attacks and bombardments of healthcare facilities, treating them as military targets, disrupt the regular functioning of health systems and prevent healthcare personnel from delivering adequate services. Furthermore, restricted access to public and preventive services during wartime exposes civilians to a wide range of short- and long-term risks.

In essence, the issue lies in exploring the direct and indirect effects of wars and armed conflicts on health and access to healthcare, and in examining their implications during the Israeli war since October 7. The Gaza Strip has experienced a critical period affecting the fate of its population, potentially leading to a

situation that threatens the intended objectives and places the future of the entity at stake, particularly if necessary measures are not taken in a timely manner to confront and contain the crisis or control its trajectory. (Meriem, 2020, p.396)

The blockade has created a cycle of deprivation that has profoundly affected the population of the Gaza Strip, to the extent that it has become the primary driver of escalating humanitarian needs among civilians. In practice, blockade policies resemble a form of remote governance over the civilian population, as control is exercised over border crossings and over the entry of goods into the territory across all sectors of life—food security, healthcare, reconstruction, and infrastructure. This has significantly obstructed the delivery of humanitarian assistance and hindered the work of the World Health Organization, which is responsible for coordinating and facilitating the entry of essential healthcare supplies for civilians. (Global Medical and Bioethics, 2024)

b. The Gaza Crisis: Operational Challenges and Systematic Obstacles

This situation places the Organization before a serious challenge, requiring it to adapt to the evolving realities on the ground. Such adaptation entails expanding relief operations, recruiting additional personnel, strengthening coordination between local and international staff, and managing financial procedures in a manner consistent with the conditions of conflict and blockade. It also necessitates adopting decentralized mechanisms to meet civilian needs, prioritizing healthcare activities, targeting vulnerable groups as a primary concern, and implementing flexible programs that respond to the fluctuating and security-unstable conditions in the sector. (World Health Assembly, 2013)

Regarding the role of the Organization, it is important to note that responsibility for realizing the right to health does not rest solely with states; rather, it is shared among multiple actors, as emphasized by the Committee on Economic, Social and Cultural Rights. In this context, the World Health Organization seeks to promote binding legal frameworks through which global health security can be achieved. It has also endeavored to confront epidemics and pandemics worldwide by adopting various mechanisms and measures to address such threats.

The Organization thus functions as the directing and coordinating authority in global health. It is entrusted with establishing international rules and standards, overseeing staff training, and monitoring epidemics. Moreover, it ensures international coordination, epidemiological surveillance, and psychological

support for affected countries. The Organization maintains a specialized unit in Geneva known as the Global Outbreak Alert and Response Network (GOARN), with offices in many countries worldwide. (Independent Commission for Human Rights, 2021, p.04)

c. Evaluative Analysis: Performance Shortcomings and Future Prospects

In this regard, the Organization has taken a leading role in combating global epidemics, particularly in responding to public health emergencies of international concern in numerous Member States. Through its Thirteenth General Program of Work (GPW13), it aims to achieve universal health coverage, strengthen health emergency preparedness and response, and address any emerging global health threat. (Iman, 2023, p.248)

Upon examining and assessing the role and performance efforts undertaken by the World Health Organization, alongside the shortcomings and areas of inaction that have been observed, it may be argued—through a legal and in-depth analytical perspective—that the question of the Organization's international responsibility for inadequate performance arises. It is difficult, however, to assert that the Organization committed an internationally wrongful act, whether by commission or omission, in managing the health crisis during the conflict in the Gaza Strip. Rather, the criticism may center on its inability to effectively manage the health crisis in Gaza. (Hebaz, 2022, p.580)

In light of the foregoing, and after reviewing the various measures and actions undertaken by the Organization, its role may be evaluated as follows:

Despite the efforts made—numerous meetings and conferences, as well as reports and indicators issued—the Organization has not succeeded in unifying international efforts to manage the crisis effectively in the sector. It did not convene a broad international conference bringing together all relevant stakeholders to address the health situation and its serious repercussions, nor to formulate coordinated global responses to this deteriorating reality. Instead, it limited itself to issuing general guidance, including unilateral policies and non-binding recommendations. This reflects a degree of reluctance to undertake exceptional measures aimed at safeguarding global health. (Mohamed, wd, p.211)

Moreover, the Organization did not activate its normative or regulatory authority in this critical juncture. It was unable to mobilize all states—at a time

when most civilians were living in overcrowded shelters and facing severe difficulties in accessing food, water, and healthcare facilities—to deliberate on a binding international agreement containing decisive provisions to address the crisis. (Ali Al-Saadi, 2020, p.626)

On the other hand, it should be acknowledged positively that the Organization issued several guidelines and technical recommendations to deal with the evolving situation. Nevertheless, its efforts to reach mature and effective solutions have remained limited, as the operational space continues to be constrained by ongoing hostilities, blockade measures, and the closure of crossings and borders, which prevent the delivery of humanitarian assistance and relief. (International Committee of the Red Cross, wd, p.04)

Accordingly, it is imperative that the Organization not confine itself to a purely technical role, but rather assume a leadership position in the field of global health. This would entail promoting international legislative initiatives aimed at advancing health as a fundamental pillar of sustainable development. In doing so, the rules of international law could strengthen cooperation and coordination between international organizations and the World Health Organization in confronting future global health crises.

2: Health Crisis Management (As a Normative Value) – A Protected Interest

The rules of international humanitarian law and international human rights law impose binding obligations on states to protect and promote human rights during epidemics and armed conflicts. Foremost among these rights is the right to health, which states are required to guarantee during health crises. The right to health encompasses both physical and mental well-being and is closely linked to the realization of other protected human rights within the framework of international legal personality, all of which are directly affected by health crises or epidemics.

a. Legal Frameworks and State Obligations in Armed Conflicts

In order to preserve healthcare systems during armed conflicts, states are obliged—both in times of peace and during hostilities—to maintain an effective healthcare system. This includes safeguarding essential primary healthcare services, respecting the principles of non-discrimination and equitable access to

services, and developing and implementing comprehensive health strategies. (UN Women, Bulletin on Women's Issues, 2024)

In occupied territories, and within the framework of humanitarian relief under international humanitarian law, if the civilian population is inadequately supplied with essential goods, the concerned party has the duty to ensure the provision of humanitarian assistance or to consent to such assistance. While this obligation is subject to the approval of the receiving party, any refusal must be justified by valid and non-arbitrary reasons.

A general overview of the health situation in the Gaza Strip indicates that the war has generated a catastrophic public health crisis. It has led to a sharp rise in preventable deaths, rapid spread of disease, and increased rates of both physical and psychological illness. After approximately eleven months of war, estimates indicate that more than 177,000 women in Gaza face life-threatening health risks, including non-communicable diseases, hunger, and malnutrition during pregnancy. Approximately 84% of healthcare facilities have been either completely destroyed or partially damaged. Hospitals lack essential medicines, ambulances, electricity, water, and even the capacity to provide the most basic life-saving treatments. (World Health Assembly, 2014)

b. The Impact of War and Blockade on Gaza's Health Infrastructure

Considering the broader determinants of health, it is evident that the health situation has not improved in recent years. The ongoing blockade of the Gaza Strip since 2005, coupled with increasing restrictions on the movement of individuals and goods across borders and crossings controlled by Israel, has produced severe consequences. These include economic stagnation, rising unemployment, and poverty—factors that negatively affect public health. Maternal and child healthcare services have deteriorated, births have increased under precarious conditions, high-risk pregnancies have become more frequent, and maternal and neonatal mortality rates have risen. This has limited the Ministry of Health's capacity to achieve internationally endorsed development goals. (World Health Organization, 2008, p.01)

Regarding the health condition of sick detainees, approximately 1,500 prisoners currently held in Israeli prisons reportedly suffer from medical neglect and inadequate healthcare. Among them, 14 prisoners reside almost permanently in the Ramla prison hospital under extremely poor health conditions, suffering

from serious illnesses such as cancer, heart disease, gastrointestinal disorders, and vascular diseases. Some are partially or quadriplegic paralyzed, while others require urgent surgical intervention. External physicians are reportedly prevented from examining them. Nearly 80 cases of severe chronic illness and more than 25 cases of cancer have been documented. (Human Rights Watch)

Tracking Israeli attacks on the healthcare sector in Gaza over the course of the war suggests a systematic dismantling of healthcare infrastructure. The inability to provide health services renders the territory effectively uninhabitable. Analysis of humanitarian data indicates that the destruction of the health system constitutes part of a broader war strategy aimed at depopulating the area by incapacitating healthcare personnel and preventing them from assisting civilians exposed to war-related risks, including death and infectious diseases. Military orders to evacuate hospitals, direct targeting of medical facilities, attacks on ambulances, and hospital sieges have functioned as tools to obstruct the provision of healthcare services to the population. (Farida, 2021, p.21)

Such attacks constitute violations of Article 12 of the Protocol I Additional to the Geneva Conventions to the Geneva Conventions, which stipulates that medical units must be respected and protected at all times and shall not be the object of attack unless used for military purposes. While the attacking party may invoke this exception to justify operations, reports indicate that these attacks have led to long-term alterations in the social fabric and public health structure. The most vulnerable groups are exposed to heightened risks, with limited access to healthcare and inadequate protection from disease outbreaks. The healthcare sector now faces a real threat of collapse under coercive conditions, as facilities continue to manage an overwhelming number of injuries and illnesses resulting directly and indirectly from the ongoing war. (United Nations Relief and Works Agency for Palestine Refugees, 2024)

Humanitarian reports on urgent medical evacuations issued by the World Health Organization in September indicate that approximately 1,500 patients suffering from kidney diseases, 500,000 patients with hypertension, and 489,000 individuals with infectious diseases are unable to receive the treatment they require. Meanwhile, the rate of medical evacuation for patients in need of specialized treatment unavailable within the Gaza Strip remains at only 35 percent.

The consequences of the healthcare system's inability to fulfill its functions threaten the long-term persistence of war-related injuries. According to WHO analyses of injury patterns in the sector, nearly one quarter of the wounded have sustained life-altering injuries, particularly severe limb trauma estimated at between 13,455 and 17,550 cases. Many of the injured lack access to rehabilitation services and essential assistive devices, such as wheelchairs, especially after the closure of the last rehabilitation center in the Strip following Israeli attacks in December 2023 and the killing of 39 medical rehabilitation specialists. (Gaza Crisis Report, 2024)

Moreover, miscarriage rates linked to stress, fetal deaths, and premature births have risen significantly, producing long-term social consequences that will extend beyond the end of the war. These effects also include shifts in the epidemiological profile of diseases within the community. Several previously controlled diseases have re-emerged, coinciding with a decline in vaccination coverage from 99 percent to 90 percent in the first quarter of 2024. This decline directly contributed to the reappearance of the poliovirus, which had previously been eradicated in the sector.

Medical teams responded to warnings about the risk of viral spread after United Nations agencies issued alerts following positive test results detected in six out of seven examined samples. A vaccination campaign was subsequently launched, targeting 450,000 children under the age of ten. However, the crisis has been exacerbated by the collapse of the health system, severe overcrowding in shelters, the disruption of water desalination plants, and the spread of bacterial infections. These conditions accelerate the transmission of infectious diseases, including diarrhea, chickenpox, skin rashes, and respiratory infections. The risks are particularly severe for children, as such diseases may impair their physical and cognitive development in the long term. Statistics estimate that more than 337,000 children under the age of five are at risk, alongside nearly 50,000 pregnant women expected to give birth in the coming month under deteriorating health conditions across conflict areas. (Hanbali, 2024)

In situations of armed conflict, it is essential to understand the specific context of the health crisis, including the condition of the local healthcare system and the humanitarian response in place. This assessment must incorporate United Nations policies and procedures for medical support. Coordination mechanisms should be established through health clusters led by the World Health Organization

or the Ministry of Health to facilitate referral systems for local patients. It is also necessary to anticipate the likelihood of civilians requiring emergency medical care, including non-conflict-related emergencies such as complicated childbirth, and to ensure adequate staffing and equipment. Such preparedness must be clinically practical and grounded in an accurate understanding of the quality and scope of care available within the local health system.

c. Strategic Response and the Future of International Health Governance

Naturally, the humanitarian crisis in the Gaza Strip continues to escalate with the growing number of casualties and displaced persons. A significant increase in the number of patients and wounded individuals is expected, alongside intensified demand for basic necessities—food, water, shelter, medicines—as well as expanded clinical intervention. This situation requires rapid intervention and response from the World Health Organization, which bears humanitarian responsibilities and must ensure that medical personnel provide impartial and non-discriminatory healthcare, utilizing the full extent of medical capacities to prevent any compromise to patient care. Such measures fall within the framework of special protections afforded to civilians in conflict zones. (Journal of Ethics of the American Medical Association, 2022, p.472)

Managing these health crises is undoubtedly challenging, particularly when disparities exist between the capacity of the local healthcare system and that of field or international military hospitals, as well as the availability of evacuation pathways. In the medical field, it is crucial to consider the realities of war and blockade while organizing healthcare delivery accordingly. International cooperation must be strengthened without undermining human health security, and legal and ethical obligations to provide healthcare to civilians must be upheld. Guidance is required to balance maintaining the Organization's medical system capacity with meeting the urgent needs of populations exposed to direct danger and affected by the conflict. (Bilal, 2020, 48)

Under the right to health, states are obligated to take necessary measures and utilize the maximum of their available resources, including humanitarian assistance. Within this framework, the World Health Organization plays a pivotal role in managing health crises in conflict zones and ensuring healthcare provision for civilians under bombardment and siege. Among the practical and normative measures that may be adopted are:

- Disseminating international law to guarantee free access to healthcare. States must widely publicize their obligations under international humanitarian law and human rights law at all levels, ensuring that armed forces, civil defense units, law enforcement officials, and medical personnel are fully informed.
- At the international level, implementing necessary measures to suppress violations and ensure an effective system of individual criminal accountability for crimes committed against the wounded and sick, medical personnel, medical units, and medical transport, in accordance with applicable international legal instruments.
- Requiring parties to armed conflict to take all feasible precautions to verify that targets are not civilians or specially protected persons, and to ensure that they are legitimate military objectives, while taking all possible measures to avoid harming medical personnel, damaging medical units, or attacking medical transport, or at least minimizing such risks.

Ultimately, treating the Gaza Strip as a remotely occupied territory and addressing its crises solely through humanitarian programs—including those of the World Health Organization—may undermine broader prospects for civilian protection and subject the Organization to the dynamics of the conflict without granting it meaningful influence over its course. This raises critical questions regarding the effectiveness of the Organization's humanitarian system in the sector, particularly in light of the occupying power's control over the conflict's realities on the ground and the continued subordination of humanitarian relief, health security, and food security to imbalances of power. (General Report on the Israeli Aggression on the Gaza Strip, 2024, p.41)

Accordingly, evaluating the Organization's role must remain open to constructive criticism and review. Such an assessment seeks to rebuild trust between the Organization and the affected civilian population, and to reaffirm the fundamental objectives of the Organization: protecting civilians, preserving their dignity, and recognizing them as central actors within the social fabric.

Conclusion:

In light of these challenges, it can be concluded that implementing effective health crisis management in situations of armed conflict—particularly in the Gaza Strip—remains extremely difficult in the short and medium term. Ensuring

comprehensive healthcare service delivery, as one of the strategic objectives of the World Health Organization, requires not only the provision of medical care and services, but also an active role in humanitarian relief, assistance delivery, prevention, and crisis mitigation.

Nevertheless, targeted interventions can still contribute to improving the situation. The following recommendations may be considered:

- Calling upon all relevant actors to demand an immediate and sustainable ceasefire, the release of all hostages, and the safe, unhindered, and large-scale delivery of humanitarian aid—including medicines and medical supplies—throughout the Gaza Strip to effectively address the severe conditions.
- Ensuring the protection of healthcare workers and medical facilities under all circumstances, in order to guarantee that the wounded and sick receive the necessary medical care.
- Providing independent healthcare services within internally displaced communities, supported by early detection of health risks and appropriate treatment and referral mechanisms.
- Integrating local communities into efforts aimed at preventing health crises and strengthening resilience.
- Supporting regional arrangements for crisis prevention and response.
- Enhancing the capacity of the United Nations system during emergencies, while incorporating local communities into prevention strategies.
- Focusing on the gender dimensions of health crises and securing sustainable funding for related interventions.
- Ensuring that health crises are given priority on global political agendas.

Overall, strengthening accountability mechanisms, reinforcing international humanitarian and human rights obligations, and restoring trust between international health actors and affected civilian populations remain essential steps toward safeguarding human dignity and protecting the fundamental right to health in situations of armed conflict.

Bibliography:

1. Mazouzi Mohamed, The Role of Crisis Management in Improving the Quality of Health Services, Al-Sittar Economic Journal, Vol. 10, No. 01, January 2024.

2. Shaimaa Amira, The Role of the World Health Organization in Promoting International Cooperation to Confront COVID-19, Master's Thesis in International Cooperation, Faculty of Law and Political Science, University of Jijel, 2021.

3. Meriem Loukal, The World Health Organization's Response to Cross-Border Health Emergencies, Journal of Legal and Political Sciences, Vol. 11, No. 02, September 2020.
For further reference: Constitution of the World Health Organization, adopted by the International Health Conference, New York, 19 June–23 July 1946, entered into force on 7 April 1948.

4. The Impact of Armed Conflict on Health and Access to Healthcare, 17th International Conference on Global Medical and Bioethics, 6 June 2024, Al-Mayassa Hall, Qatar National Convention Centre, Al Jazeera Centre for Studies.

5. Secretariat Report, Health Action in Relation to Crises and Disasters, 58th World Health Assembly, Agenda Item 2013, Provisional Agenda J6158, 14 April 2008, World Health Organization.

6. Report on the Israeli Aggression on the Gaza Strip and Its Aggravation of the Water and Sanitation Crisis, Documentation of the Aggression 5, Independent Commission for Human Rights, 10 May 2021.

7. Iman Deni, The Role of International Organizations in Addressing Contemporary Emerging Crises, Algerian Journal of Security and Development, Vol. 12, No. 3, July 2023.

8. Hebaz Sanaa, The Role of WHO Guidelines in Preventing the COVID-19 Pandemic, Journal of Rights and Freedoms, Vol. 10, No. 01, April 2022.

9. Mohamed Ramadan, The Role of the World Health Organization in Combating the Coronavirus Pandemic under Public International Law, Journal of Law and Economics, Supplement No. 94, Faculty of Law, Cairo University.

10. Ali Al-Saadi Abdul Zahra, The World Health Organization and the Coronavirus Pandemic: Roles and Challenges, Journal of Legal and Social Sciences, University of Djelfa, Vol. 5, No. 4, December 2020.

11. Healthcare and Its Protection in Armed Conflicts and in Situations Not Covered by International Humanitarian Law, Advisory Service on International Humanitarian Law, International Committee of the Red Cross.

12. According to certain estimates, at least 491 healthcare workers were killed in the Gaza Strip since the beginning of the bombardment on 7 October, including 345 men and 146 women civilians. Source: UN Women, Bulletin on Women's Issues – Gaza: A War on Women's Health, Regional Office publication, September 2024.

13. Estimates indicate that approximately 40% of people suffering from chronic diseases in the Gaza Strip experienced a significant decline in healthcare services, leading to deterioration in their health conditions. Source: Health Conditions in the Occupied Palestinian Territory – Jerusalem – Syrian Golan, 67th World Health Assembly, Agenda Item 19, Document A67/Information-5, 19 May 2014, World Health Organization.

14. Prisoners suffer from numerous psychological and physical illnesses due to poor living conditions, insect infestation, malnutrition, lack of hygiene, poor ventilation, humidity, overcrowding, and cases of torture and abuse following injury. Source: Secretariat Report, Draft WHO Strategy on Research for Health – The Role and Responsibility of the World Health Organization in Health Research, Executive Board, 124th Session, Provisional Agenda Items 4 and 9, EB124/13, 18 December 2008, World Health Organization.

15. In a report, the World Health Organization indicated that at least 521 people, including 16 medical workers, were killed in 137 attacks on healthcare in Gaza up to 12 November. These attacks, along with Israeli decisions to cut electricity and water and obstruct humanitarian aid access, were reported by Human Rights Watch.

16. Farida Qaqi, The Role of the World Health Organization in Safeguarding the Human Right to Health, Master's Thesis in International Law, Faculty of Law and Political Science, University of Biskra, 2021.

17. United Nations Relief and Works Agency for Palestine Refugees in the Near East warns of the risk of collapse of public order in Gaza and its impact on life-saving aid, United Nations, 12 February 2024.

18. Gaza Crisis Report: Scenario-Based Health Impact Projections, First Report Key Points, 7 February–6 April, Gaza Projections.

19. Hanbali Laith, Destruction of the Health Sector in the Gaza Strip, Palestine Studies Institute, Policy Papers 2024.

20. "How Should Access to Military Healthcare Facilities Be Managed During Armed Conflict?", Journal of Ethics of the American Medical Association, Vol. 24, No. 06-477, June 2022, ISSN 2376-6980.

21. Bilal Falah and Jihad Mostaqil, Assessment of the Palestinian Health Sector: A Macro-Level Analytical Study, Palestinian Economic Policy Research Institute (MAS), 2020.

22. General Report on the Israeli Aggression on the Gaza Strip: Humanitarian Situation and Response Rate, Center for Conflict and Humanitarian Studies, October 2024.