

Suboptimal Attainment of Global Goals of Human Rights, Universal Health Coverage and Sustainable Development Goals in Gaza During 2023–2024

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Abstract: The Israel military occupation, ongoing for over 75 years, has profoundly impacted the health and well-being of Palestinians. Despite longstanding calls for Universal Health Coverage (UHC) and sustainable development, the response of global health systems and organizations to crises such as the recent large-scale military assault on Gaza in October 2023 has been inadequate. There is a critical need to examine why these global health approaches have failed and how they can be restructured to address the unique challenges in Gaza effectively. This analysis aims to analyze the shortcomings of global health strategies in the context of the Gaza crisis during 2023–2024, evaluate their alignment with UHC and the Sustainable Development Goals (SDGs), and propose actionable solutions to enhance their relevance and effectiveness in conflict-affected settings. The ongoing military assault has rendered Gaza uninhabitable, exacerbating mass human loss, destruction, health insecurity, and widespread social inequities. The crisis has highlighted the erosion of health systems and the inability to meet basic population needs. Global health strategies, as currently implemented, fail to address the specific challenges of Gaza, including ensuring human rights for health, achieving UHC, and advancing SDGs. These failures are rooted in a lack of context-specific adaptation, inadequate accountability, and unresponsive global health diplomacy. The analysis concludes that global health entities and organizations have been largely ineffective in responding to the Gaza crisis, resulting in significant inequities and failures in life-saving actions. To address these challenges, there is an urgent need to tackle the factors behind the ineffective role of these organizations and suboptimal attainment of global goals. This role of global health should be redefined. Reforming the existing global health architecture and shaping well-representative alliances by involving influential actors from the Global South is a priority. These alliances should prioritize accountability, advocacy, and diplomacy while developing innovative and context-specific approaches to safeguard human rights, achieve UHC, and promote sustainable development in Palestine.

Keywords: global health, UHC, SDGs, health rights, Palestine, Gaza

Introduction and Overview of the Context

The establishment of Israel in 1948, following the British mandate, has resulted in ongoing geopolitical tensions in the region. The ongoing military assault in the Gaza Strip stems from decades of systemic conflict following the occupation of Palestinian territories. This has led to land dispossession and a significant deprivation of rights for Palestinians. The complexity and multiplicity of factors contributing to global crises, including the conflict in Gaza, have made them increasingly challenging to address. The Palestinian cause has its roots in unresolved issues dating back to 1948, which led to the first Arab-Israeli war and is referred to by Palestinians as the Nakba. This conflict has led to land dispossession and significant deprivation of rights for Palestinians and resulted in over 700,000 Palestinians becoming refugees.¹ The 1967 Six-Day War further displaced Palestinians. Today, over 1.5 million Palestinians in the Gaza Strip are refugees,

highlighting the ongoing impact of historical events on the region's demographics and the injustices faced by Palestinians.^{2–4} These historical challenges have had profound implications for the health and well-being of Palestinians, particularly in the Gaza Strip, where the role of global health organizations has been called into question.

The Gaza Strip, home to 2.1 million people with a density of 5,936 residents per square kilometer, faces severe socio-economic and health challenges.⁵ By late 2022, 81.5% of the population lived in poverty, and unemployment reached 46.6%, rising to 62.3% among youth aged 15–29.⁶ Healthcare struggles due to conflict and resource shortages, with an infant mortality rate of 15.1 per 1,000 live births and a life expectancy of 75.5 years as of 2024.⁷ Prolonged blockades have led to critical shortages of clean water, electricity, and sanitation, leaving 80% of the population dependent on international aid, highlighting the region's dire humanitarian situation.⁸

For decades, conflicts have affected health, impacting disease rates, medical supplies, infrastructure, sanitation, and mental well-being.⁹ In 2006, Hamas gained control of the Gaza Strip and the subsequent Israeli blockade has severely impacted Palestinians' daily life. Decades of conflict and military operations have caused significant damage to Gaza's infrastructure and led to economic crises, high unemployment, and limited access to essential services such as healthcare. The ongoing crisis has strained Gaza's health system with the dysfunction of most healthcare facilities and a severe shortage of workforce and medical supplies.¹⁰ This situation has also taken a toll on the mental health of both the population and healthcare providers. Shortages of electricity and water further hinder medical facilities and overall living conditions, negatively affecting public health. Obtaining medical permits for treatment outside the Gaza Strip is challenging, limiting access to specialized care. Importantly, the current number of deaths reported by MOH and UN agencies is 37,396 but the total death toll is expected to be larger due to the intensity of this conflict. Scholars estimated that both direct and indirect deaths are up to 186,000 or even more deaths which is roughly 7.9% of the total population in the Gaza Strip.¹¹ It is obvious that the direct and indirect implications of this crisis on populations in Gaza are vast and impact them immediately and in the coming months and years due to military assault, reproductive, communicable, and non-communicable diseases, destroyed health system and all systems' infrastructure, and severe shortages of food, water, and shelter.^{12,13} This means that this severe human cost in Gaza is beyond the global health approaches in terms of human rights for health, Universal Health Coverage (UHC), and health-related Sustainable Development Goals (SDGs).

After October 7, 2023, intensive and large-scale military operations in Gaza have disrupted Palestinians' essential systems and needs, like work, leading ultimately to mass military assault and losses, displacement, poor sanitation, worsened health, and increasing poverty.^{9,14,15} This humanitarian crisis perpetuates disparities and risks to health, lives, and dignity, posing threats to global health organizations in guaranteeing the application of global health frameworks/approaches. Examining these frameworks that embrace global health targets and principles in such a unique context is a priority. The Gaza crisis reminds the global health community that new innovative and relevant approaches and interventions to deal with the devastating and unprecedented effects of the crisis are crucial.¹⁶ Health as a human right, health equity and social justice, solidarity, evidence-based public and global health, governance: partnership, inclusivity, and participation, and resilient and responsive health systems are the main common principles and targets that capture the foundational aspects of global health.¹⁷ All historical unresolved causes and challenges profoundly undermine these principles and targets which then make the health and well-being of Palestinians, particularly in the Gaza Strip, ill. This scene brought attention to the role of global health organizations which has been called into question.

Human Rights for Health, UHC, and SDGs are globally recognized frameworks designed to promote health equity, access to healthcare, and well-being for all.^{18,19} Human Rights for Health emphasizes that every individual has the right to the highest attainable standard of health. Yet this principle remains largely unfulfilled in Gaza due to systemic inequities and restrictions.⁴ UHC, which strives to ensure equitable access to quality healthcare without financial hardship, is unattainable in Gaza, where the health system is severely weakened, and essential services are inaccessible to many.²⁰ The SDGs, particularly SDG 3 (ensuring healthy lives and promoting well-being for all ages), aim to address health and social inequalities but are increasingly unrealistic in conflict-affected settings like Gaza.

Therefore, this review aims to critically examine the inadequacies and limitations of global health strategies in addressing the ongoing Gaza crisis during 2023–2024. It aims to assess the alignment of these strategies with the principles of human rights for health, UHC and the SDGs, highlighting their capacity—or lack thereof—to meet the urgent health and humanitarian needs in a conflict-affected environment. By identifying gaps and weaknesses in the

current approaches, the review aspires to develop context-specific, actionable recommendations to enhance the relevance, adaptability, and effectiveness of global health frameworks in fragile and conflict settings. Furthermore, it emphasizes the need for innovative solutions incorporating health equity, human rights, and resilience to support populations enduring prolonged crises like those in Gaza.

Ideal Situation if Human Rights for Health Were Applied to Gaza

In an ideal scenario where human rights for health were applied to Gaza, Palestinians would have unimpeded access to essential healthcare, including timely medical treatments, sanitation, food, and shelter, all of which are vital for survival and well-being. Healthcare systems would function without restriction, with hospitals and clinics fully stocked with essential medicines and staffed with trained professionals. International human rights conventions would ensure that Palestinians' right to health is upheld, and any disruptions, such as sieges or conflicts, would be addressed swiftly through global intervention. Access to quality healthcare would be a universal right, with global health organizations acting to protect medical facilities, workers, and essential infrastructure.

Current Situation in Gaza

Currently, the situation in Gaza starkly contrasts with this ideal scenario. The siege, ongoing since 2007, has decimated the healthcare infrastructure, leading to territorial fragmentation, movement restrictions, fuel shortages, and limited access to medicines and medical equipment. The WHO reported in 2018 that more than 50% of essential medicines were out of stock, and the UN Relief and Works Agency (UNRWA) faced severe challenges in providing adequate healthcare due to the blockade and restricted access to medical supplies. These conditions have led to significant health rights violations, including the denial of life-saving treatments for patients who are unable to leave Gaza. Moreover, the destruction of hospitals, such as Al Shifaa, Kamal Adwan, and Naser, due to attacks during the ongoing conflict, has further exacerbated the crisis, with thousands of displaced people forced into unsanitary conditions. The ongoing conflict since October 7, 2023, has only worsened these conditions, making healthcare access even more difficult. For instance, the evacuation of over 25 hospitals has left the sick and displaced at severe risk, and the widespread destruction of vital health infrastructure, including water and energy facilities, has compounded the health crisis.^{21–26}

Strategies to Address the Situation and Why They Have Not Met the Goals of Attaining Human Rights for Health

Various global health organizations, including the WHO, UNRWA, Médecins Sans Frontières (MSF), Save the Children, Medical Aid for Palestinians, Oxfam, and others, have made efforts to provide medical care and essential services. However, their actions have been severely hindered by political, logistical, and financial barriers. The failure to protect healthcare facilities and ensure the safe delivery of humanitarian aid during conflict has contributed to a lack of access to basic healthcare services. For example, WHO missions to evacuate cancer and wounded patients were often delayed or denied by Israeli authorities, highlighting the failure of international mechanisms to ensure the free flow of humanitarian aid. The absence of meaningful political action to enforce ceasefires or secure humanitarian access further underscores the inability of global health organizations to address the severity of the crisis. Additionally, the collective punishment of Gaza's population, exacerbated by the blockade and attacks on vital infrastructure, has been met with limited response from global health actors.

Recommendations to Meet the Goals of Attaining Human Rights for Health

To meet the goals of human rights for health, the international community must take immediate, coordinated action. First, there should be a stronger political push from global health organizations to ensure the protection of healthcare facilities and staff, as well as the uninterrupted flow of humanitarian aid. Advocacy efforts should focus on holding powerful countries accountable for their role in prolonging the crisis and preventing access to life-saving care. Second, the creation of safe humanitarian zones, monitored by the UN and other international bodies, should be prioritized to protect civilians

and medical infrastructure. Third, global health organizations must strengthen their coordination with local health providers to ensure more effective healthcare delivery, even amidst conflict. Finally, urgent efforts should be made to address the humanitarian blockade, lifting restrictions on the movement of medical supplies, personnel, and patients in need of urgent care.

The global health approaches and principles of dignity, equity, freedom, justice, universality, solidarity, quality, and efficiency outlined in various international conventions and declarations are not being upheld in an ethically acceptable manner. Gaza's current crisis has exposed both severe humanitarian and moral weaknesses in the global health and humanitarian systems. Scenes of decomposing bodies in hospital courtyards, famine, recurrent and forced displacements, and mass graves due to a tightened siege and military assault severity revealed this considerable weakness and prevented all of this from happening. This crisis, described as the worst in history by UN officials, highlights the failure to uphold human rights principles.²⁷ Challenges faced by global health and humanitarian organizations in effectively addressing the crisis underscore the limitations of existing global health approaches and frameworks. Therefore, urgent unified action by all organizations is needed to ensure equal enforcement and actual application of global health and humanitarian approaches, standards, and principles, particularly in regions like Gaza that are most affected.

Ideal Situation if UHC Principles Were Applied to Gaza

In an ideal situation, the application of UHC in Gaza would ensure that all Palestinians, regardless of their socio-economic status or location, have access to quality healthcare services without financial hardship. Healthcare would be universally accessible, equitable, and available to all individuals, including the most vulnerable groups, such as women, children, refugees, and migrants. Health services would be well-integrated, with sufficient facilities, medical staff, and essential medicines. The implementation of UHC would focus on strengthening the health system and addressing barriers such as poverty, movement restrictions, and the lack of essential infrastructure, which would be key to ensuring access to healthcare in times of peace and conflict. Additionally, global health principles would ensure that the most marginalized populations, including those living in Gaza, would be fully covered under UHC initiatives.

Current Situation in Gaza

In stark contrast to this ideal, achieving UHC in Gaza remains a distant reality due to numerous systemic and contextual challenges. Since the blockade began in 2007, Gaza's healthcare system has faced continuous strain from limited resources, shortages of essential medicines and supplies, and extensive infrastructural damage from repeated conflicts. Despite a long tradition of health insurance, many Gazans face high out-of-pocket expenses for healthcare, which exacerbates health inequities. In Gaza, out-of-pocket expenses for healthcare are significant, with many individuals unable to afford even the most basic services. This financial burden is compounded by additional costs such as transportation, bribes to bypass checkpoints, or fees for permits to leave Gaza for treatment. Movement restrictions, poverty, and the lack of access to essential needs have all contributed to the worsening healthcare situation.

Before the conflict escalated on October 7, 2023, the Palestinian Ministry of Health partnered with WHO to improve hospital sector development and policy in Gaza, benefiting 34 hospitals. However, these efforts were insufficient given the dire context of continued war, a strained healthcare system, and massive shortages of supplies. The "post-war" period, starting from October 7, 2023, saw the destruction of hospitals and medical facilities, combined with staff shortages, which severely hampered the capacity to provide essential services, resulting in a substantial increase in maternal and child mortality rates and a heightened risk of infectious disease outbreaks.

Strategies to Address the Situation and Why They Have Not Met UHC Goals

While some strategies have been implemented to address healthcare challenges in Gaza, the ongoing crisis has highlighted the limitations of these efforts in achieving UHC. Key global health organizations, such as WHO, UNRWA, MSF, MAP-UK, Oxfam, Save the Children, and many others have made notable efforts to provide life-saving medical care and support Palestinian

health institutions. However, these interventions are often hindered by political, technical, and logistical challenges. For instance, WHO's efforts to evacuate patients for treatment outside Gaza have been obstructed by permit delays and restrictions imposed by Israeli authorities, leaving many patients without necessary care. Furthermore, the blockade, frequent attacks on health facilities, and the lack of consistent international political pressure have contributed to the systemic failure in addressing Gaza's healthcare crisis. The gap between the rhetoric of "leaving no one behind" in UHC frameworks and the realities faced in Gaza illustrates how UHC principles often fail in conflict-affected settings. The inability of global health organizations to act with sufficient coordination or urgency has left the majority of Gaza's population, especially in the northern areas, without access to even the most basic health services.^{28–30}

Recommendations to Meet UHC Goals

To meet the goals of UHC in Gaza and similar conflict zones, several immediate and strategic actions are required. First, a context-specific UHC strategy should be developed, one that accounts for the unique challenges of conflict and siege conditions in Gaza. This would include the creation of emergency healthcare networks, robust disaster management frameworks, and better integration between humanitarian and developmental efforts. Second, global health organizations must strengthen their coordination with local health systems to ensure that resources are effectively allocated and utilized. Political advocacy must be intensified to pressure powerful actors to lift the blockade on essential health supplies and ensure the protection of medical facilities from attacks. Additionally, establishing safe humanitarian zones in Gaza, monitored by international bodies such as the UN, would provide a protected environment for civilians and healthcare providers. Finally, bridging the humanitarian-development divide by creating long-term strategies that address both immediate health needs, and the structural weaknesses of Gaza's healthcare system is critical. Such interventions would ensure that the most vulnerable populations receive the essential care they need, even amidst ongoing conflict.

Ideal Situation for Achieving Health-Related SDGs in Gaza

In an ideal scenario, the health-related SDGs, particularly SDG 3—ensuring healthy lives and promoting well-being for all—would be achievable in Gaza through comprehensive and coordinated interventions that prioritize health and well-being. Under this framework, women, children, and vulnerable populations would have access to basic healthcare services, protection from violence, adequate nutrition, clean water, sanitation, and the essentials for survival, including shelter and education. In such a scenario, the global community would act decisively to safeguard these fundamental rights, promoting long-term peacebuilding and ensuring that health services are accessible, equitable, and sustainable. The achievement of SDGs would require addressing the interrelated socio-economic and environmental factors that affect health outcomes, including poverty, food insecurity, education, and environmental sustainability. With coordinated international support, Gaza could overcome its current challenges and make strides toward achieving all SDGs, particularly those related to health.

Current Situation in Gaza

The ongoing crisis in Gaza severely impedes progress toward achieving health-related SDGs. In particular, SDG 3, which focuses on ensuring healthy lives and promoting well-being for all, is far from attainable. In the context of the current conflict, women, children, and newborns are bearing the brunt, with women and child mortality rates reaching up to 70% in some cases.³¹ This tragic outcome highlights the failure of global health and humanitarian organizations to protect these populations from the dire consequences of war, including military assault, starvation, lack of clean water, and limited access to healthcare. Health-related SDGs such as food security, education, safety, and shelter have been disrupted, with organizations unable to address the complexities of the situation, including the severe impacts of violence and blockade on civilian infrastructure.³² The lack of a unified, effective global response to these issues has hindered the ability to sustain progress on these goals, revealing the inadequacy of existing interventions in conflict settings.

Strategies to Address the Situation and Why They Have Not Met SDG Goals

While global health and humanitarian organizations, including the UN and various NGOs, have made efforts to address the humanitarian crisis in Gaza, their strategies have largely fallen short of meeting the SDG goals. These organizations have struggled to provide full protection to civilians and maintain access to essential services due to political, logistical, and financial constraints. International human rights organizations have documented various forms of violence, such as urbicide (destruction of cities), domicide (destruction of homes), ecocide (environmental destruction), and culturicide (destruction of cultural identity), which exacerbate the suffering of the population.²⁰ Despite these reports, there has been a lack of effective global intervention to prevent these forms of violence. Safe humanitarian zones, which could have been established with the backing of powerful nations and international guarantees, remain unimplemented. The failure to protect civilians, prevent violence, and ensure access to healthcare and other essential services has further deepened the crisis, rendering the SDGs in Gaza unachievable in their current form.

Recommendations to Achieve Health-Related SDGs

To advance the health-related SDGs in Gaza and similar conflict zones, the international community must take immediate, comprehensive action. This includes increasing the effectiveness of development organizations and ensuring a universal, context-specific approach to implementing SDGs in conflict areas. First, the global community must prioritize securing safe zones for humanitarian aid, which would require strong political guarantees from international actors and enforcement of UN resolutions.^{33,34} Second, there must be a concerted effort to restore and invest in Gaza's healthcare infrastructure, including rebuilding hospitals, providing medical supplies, and ensuring the continuity of health services. Long-term efforts should focus on addressing the root causes of the humanitarian crisis, including the blockade, occupation, and political instability. Lastly, the interconnectedness of various SDGs must be acknowledged, particularly in addressing the socio-economic determinants of health, such as food security, access to clean water, and the restoration of educational and economic opportunities. Empowering local communities through these comprehensive efforts would be essential to achieving sustainable development in Gaza.

Summary

In summary, an ideal situation for human rights in Gaza would guarantee unimpeded access to healthcare and essential resources. However, the current reality is characterized by severe shortages, widespread infrastructure damage, and restricted access due to the ongoing blockade and conflict. Efforts by global health organizations are hindered by political obstacles, and significant action is required to protect healthcare services and effectively address the humanitarian crisis. Similarly, in an ideal scenario, UHC in Gaza would ensure that all individuals, particularly the most vulnerable, can access quality healthcare without financial burden. In contrast, Gaza's healthcare system is deeply constrained by the blockade, conflict, limited resources, and high out-of-pocket expenses. Despite the efforts of global health organizations, these challenges have hindered the achievement of UHC, worsening health inequities. To meet UHC goals, a strategy tailored to conflict zones is necessary, along with enhanced coordination, political advocacy, and the creation of protected healthcare zones. Long-term solutions must address both immediate healthcare needs and the underlying structural weaknesses of the system. Similarly, achieving the health-related SDGs in Gaza would ensure equitable access to healthcare, basic needs, and protection for vulnerable populations. Unfortunately, the ongoing conflict, political instability, and destruction of infrastructure have made these goals unattainable. Women and children, in particular, face high mortality rates and a lack of essential services. Despite the efforts of global health and humanitarian organizations, the international response has been inadequate due to political and logistical barriers. To achieve the health-related SDGs, the international community must focus on establishing safe zones, rebuilding Gaza's healthcare infrastructure, addressing the blockade, and implementing a comprehensive approach that integrates all SDGs, particularly those related to socio-economic health determinants.

The ongoing crisis raises serious concerns about the effectiveness of the global health architecture and its ability to address the health needs of populations in conflict zones like Gaza. While there have been some attempts at

collaboration, such as through the coordination of humanitarian aid and medical support, the lack of a unified, comprehensive response to Gaza's multi-dimensional crisis remains a major obstacle. The global health community must reconsider the design of its frameworks to ensure they are adaptable and effective in conflict settings. There is an urgent need for more innovative approaches that prioritize fragile contexts and consider human rights-based, rule-of-law strategies to promote peace, rights, and well-being for all affected populations.

In conclusion, global health organizations and the international community must acknowledge the severe limitations of current frameworks in conflict zones like Gaza and take immediate, collaborative action to address the root causes of the crisis. Only through a coordinated, context-specific approach can we hope to meet the health needs of the Palestinian population and work toward achieving the SDGs in regions affected by conflict.^{35–37}

Despite some local and international initiatives implemented to provide and support reoperating health services, most of the population remained and is still severely deprived of access not to healthcare but to food, water, a safe environment, education, income, energy, telecommunication, and all vital basics. and the responsiveness of the organizations is modest.

Recommendations for Addressing the Health Crisis in Gaza

The ongoing health crisis in Gaza, exacerbated by conflict, political instability, and the blockade, demands urgent, comprehensive action from the international community. To effectively address the current humanitarian and health needs and to ensure sustainable solutions, the following recommendations are crucial.

1. **Strengthen International Coordination and Political Advocacy:** Global health organizations, such as WHO, MSF, and UNRWA, must enhance their coordination efforts to ensure that their activities are aligned, and resources are effectively allocated. This would help eliminate redundancies and optimize resource usage in the face of overwhelming needs. Additionally, stronger political advocacy is required to lift movement restrictions and to ensure the uninterrupted delivery of humanitarian aid. International laws protecting healthcare facilities and personnel must be enforced, and there needs to be greater political pressure on parties involved in the conflict to uphold these protections. The goal is to improve healthcare access, reduce delays in aid delivery, and ensure that international health and humanitarian principles are respected.
2. **Develop Context-Specific Strategies for Health in Conflict Zones:** Given Gaza's unique circumstances—political instability, blockade, and ongoing violence—a tailored strategy for healthcare provision is essential. Such a strategy should address both immediate health needs and long-term structural weaknesses. This would include creating emergency healthcare networks, establishing disaster response frameworks, and ensuring better integration between humanitarian and development efforts. Additionally, protected healthcare zones and mobile clinics should be prioritized. This approach would help build a more resilient healthcare system that can function effectively under crisis conditions, catering to both immediate and long-term recovery needs.
3. **Create Safe Humanitarian Zones:** One of the most critical steps to protecting Gaza's civilian population and ensuring the continuity of healthcare services is establishing safe humanitarian zones. These zones, overseen by international bodies such as the UN, would offer a protected environment where medical aid could be delivered without fear of attack or interference. Safe zones would safeguard healthcare workers and civilians, enabling medical facilities to operate effectively even amidst ongoing conflict. These zones are vital for maintaining healthcare delivery and reducing civilian casualties.
4. **Invest in Healthcare Infrastructure and Resource Allocation:** The healthcare infrastructure in Gaza has been severely damaged by years of conflict and the ongoing blockade. Immediate investments in the repair and rebuilding of healthcare facilities, as well as the provision of medical supplies, are essential to restoring basic healthcare services. This should also include efforts to address shortages of healthcare workers and ensure that facilities are adequately equipped to handle both emergencies and routine healthcare needs. The international community must take responsibility for rebuilding Gaza's healthcare system to prevent its further deterioration and to ensure a functioning healthcare system for its population.
5. **Address Socio-Economic Determinants of Health:** Health outcomes in Gaza cannot be improved without addressing the broader socio-economic determinants of health. These include food security, access to clean

water, education, economic opportunities, and basic needs such as shelter and energy. Global health organizations and development agencies must coordinate efforts to tackle these underlying issues. By integrating health with social determinants, the international community can foster a more sustainable and holistic approach to recovery. Addressing these factors will be key to ensuring that health improvements are long-lasting and not merely temporary fixes.

6. **Ensure Political Accountability and Legal Protections:** The ongoing blockade and attacks on healthcare facilities in Gaza must be addressed through stronger political accountability and the enforcement of international humanitarian law. The international community must hold accountable those who violate international law, particularly with regard to the protection of medical personnel, facilities, and patients. The failure to protect Gaza's healthcare system during periods of conflict has had devastating consequences. Holding those responsible for these violations accountable will be essential for rebuilding trust in international institutions and for ensuring that humanitarian and health interventions can occur without obstruction.
7. **Rethink Global Health Frameworks for Conflict Zones:** Existing global health frameworks—particularly those related to UHC and the SDGs—must be rethought and adapted to fit the realities of conflict settings like Gaza. These frameworks often fail to account for the complex and dynamic needs of populations in conflict zones, where health systems are destroyed, and access to basic services is severely limited. New frameworks should be more flexible and adaptable, designed specifically to meet the unique challenges posed by conflict and occupation. A comprehensive, context-specific approach that considers both the immediate and long-term needs of populations in crisis is urgently needed.
8. **Foster Global Collaborative Alliances for Health Peacebuilding:** Addressing the health crisis in Gaza requires the formation of a global, multi-sectoral alliance that includes governments, international organizations, civil society, and health professionals.³⁸ This collaborative alliance should focus on resolving the political factors contributing to the crisis, particularly the blockade and occupation. Diplomatic efforts should complement health interventions, ensuring that long-term peacebuilding and human rights goals are prioritized alongside healthcare delivery. Through such a collaborative approach, the international community can address both the immediate health needs and the root causes of the ongoing conflict, promoting long-term stability and peace.
9. **Prioritize Psychological Support and Address Trauma:** The psychological toll of the conflict on Gaza's population is immense, particularly on women and children. Mental health support, including trauma counseling and psychological services, must be integrated into healthcare responses. Addressing the mental health needs of the population is crucial not only for the immediate well-being of individuals but also for the long-term recovery of Gaza's community. Given the deep emotional and psychological scars left by years of violence and uncertainty, this is a critical aspect of any healthcare strategy in Gaza.

There is a pressing need for more innovative and effective approaches that prioritize fragile contexts and consider human rights and moral-oriented and rule-based strategies to promote real peace, rights, and well-being for all affected populations.

This moment presents a critical opportunity to save thousands of innocent lives in Gaza and across conflict-affected regions of the Global South. Without meaningful action, the global goals of creating safer and healthier regions will remain unattainable. We quote Professor Mads Gilbert:

As a doctor, my prescription is very clear. Number one, stop the bombing, and that means stop Israel from bombing civilians and indiscriminately hitting families. Number two, lift the siege. And number three, find a political solution, he stated.

Study Limitations

This study is limited by the complex and evolving political, social, and humanitarian landscape in Gaza. While the recommendations are based on current evidence and expert analysis, the dynamic nature of the conflict, shifting international alliances, and ongoing political instability may impact the feasibility and effectiveness of proposed interventions. Additionally, the study relies on available data from international organizations and reports, which may

not fully capture the real-time situation on the ground. The limitations of access to Gaza, logistical constraints, and restricted movement further hinder the collection of comprehensive and updated data. Finally, the focus on global health frameworks and their application in conflict settings may not fully address all the socio-political factors contributing to Gaza's healthcare challenges, such as the deep-rooted occupation and historical grievances. These factors may affect the ability to achieve meaningful change despite the proposed solutions.

Disclaimer

The views and opinions expressed in this article do not necessarily reflect the views or positions of the institutions that the authors belong to.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work. The first author made a significant contribution to work conception, oversight, and execution.

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