

Managing Ultimate Critical Resources Shortages - Case of Hospitals Emergency Departments During War on Gaza (2023-2026)

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ABSTRACT

This study examines the reality of medical care in emergency departments in the Gaza Strip under the effects of the Israeli assault during 2023–2026, with a focus on managing medical resources in an environment marked by severe scarcity and persistent pressure. From a health economics perspective, the study explains how medical teams deal with shortages in medicines, consumables, diagnostic tests, and equipment, and how these shortages affect service quality and sustainability. The study also discusses the changing role of emergency departments after the decline of primary care services, as these departments became a quasi-comprehensive point of access for a wide range of patients.

The study adopts a descriptive analytical approach supported by field observations from the hospitals emergency departments. It presents several clinical cases that highlight the effect of time and resources on medical decision-making, such as hypertensive emergency, suspected chest pain, and acute stroke. The study concludes that the crisis in Gaza is not only about the lack of resources, but also about how these resources are distributed, coordinated, and linked to the needs of the health system. It also shows that medical teams still play a central role in maintaining service continuity despite the pressure. The findings highlight how structural deficiencies and the destruction of health infrastructure, including medical laboratories and specialized services, have created new challenges to the delivery of health care, calling for innovative approaches to resource management and enhancing the resilience of the health system in this besieged sector, which has been embroiled in the most horrific genocide in modern history.

Keywords: Emergency Care, Resource Management, Gaza Hospitals, Health Economics, Health Resilience, Structural Scarcity, Moral Distress, Conflict Medicine.

INTRODUCTION

Emergency departments are among the most sensitive units in any health system because they represent the first point of contact between the patient and the treatment facility. They also serve as a direct indicator of the system's ability to respond in both normal and exceptional circumstances. In conflict-affected settings, these departments gain even greater importance because they move beyond their traditional therapeutic role and become spaces for managing crises, resources, and time simultaneously (WHO, 2024; WHO, 2025; Shorrab et al., 2024).

In the Gaza Strip, this role became more complex after the Israeli assault during 2023 and 2026, when the health system came under exceptional pressure due to infrastructure damage, disrupted supply chains, shortages of medicines and consumables, and a rising demand for care (WHO, 2024; WHO, 2025; Migdad et al., 2025). The destruction of health infrastructure, including medical laboratories and specialized cardiac catheterization services, has created cascading effects on emergency care delivery (Ahmed et al., 2026; Alaff et al., 2026). With these effects continuing, the issue is no longer limited to the presence of patients or the need

for treatment. Instead, it is linked to the health institution's ability to continue providing care within extremely narrow limits (WHO, 2025; WHO, 2026a; Abu-Sittah & Al-Khaldi, 2024).

This study begins from the basic assumption that medical care in emergency departments cannot be separated from the logic of health economics, as shown in Figure (1). Every treatment decision in a scarcity environment involves prioritization, allocation of resources, and an assessment of cost and benefit, even if this is not expressed in economic language (Rosenbloom and Leff, 2022; WHO, 2024; Buheji, 2025b). For that reason, studying this field reality is important because it offers a practical model for understanding the relationship between health needs and operational capacity during prolonged crises.

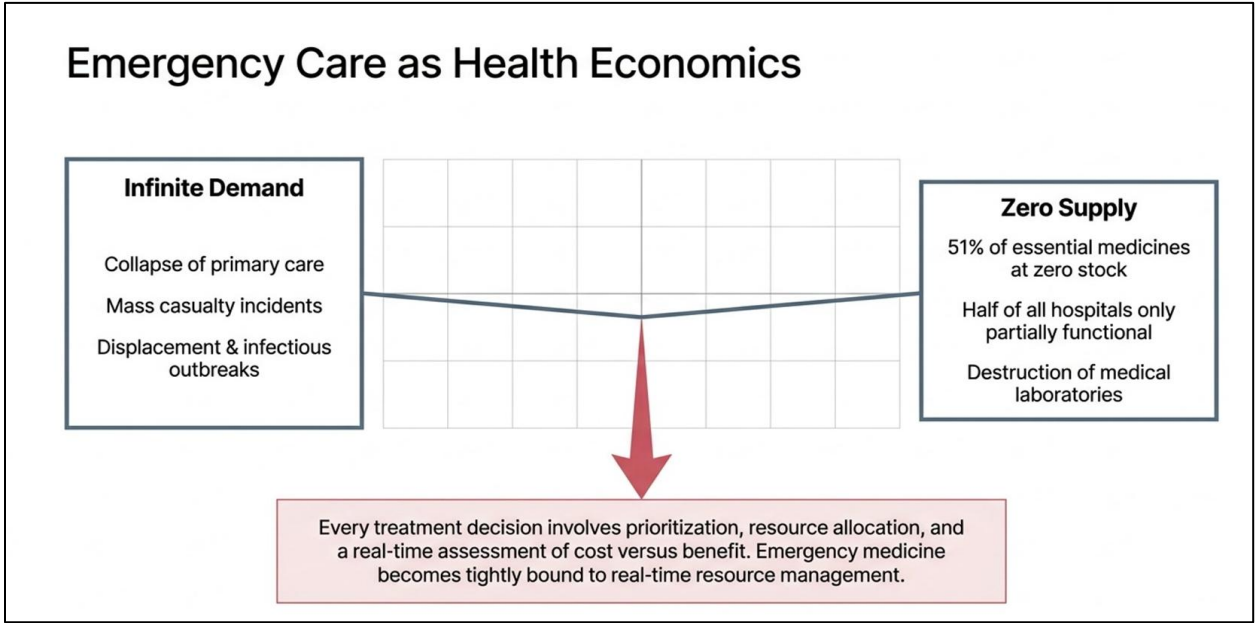
Addressing human factors in Gaza is essential for understanding the challenges facing the health system and for developing effective solutions for post-war recovery. The human dimension of the crisis extends beyond the immediate clinical needs to encompass the psychological, social, and organizational factors that shape how healthcare workers and patients experience the conflict. Understanding these human factors is critical for developing sustainable recovery strategies that address both the material and psychological dimensions of the crisis (Buheji, 2024a).

The concept of agile resilience is particularly relevant in the Gaza context, where the health system must adapt rapidly to changing circumstances while maintaining essential functions. Agile resilience involves the capacity to anticipate, absorb, adapt to, and recover from shocks in a flexible and responsive manner, which is essential for emergency departments operating under extreme conditions (Buheji & Mushimiyimana, 2023).

Qualitative insights from Gaza during the war reveal the profound resilience of healthcare workers and communities in the face of devastation. As shown in Figure (1), despite the destruction of infrastructure, shortages of supplies, and the constant threat of violence, healthcare workers have demonstrated remarkable adaptability and commitment to maintaining care. These insights highlight the importance of understanding the lived experiences of those on the front lines of the health system (Migdad & Buheji, 2024).

The unprecedented humanitarian impact of the recent war on public health has created a health emergency that exceeds the capacity of the existing health system to respond effectively. The destruction of hospitals, primary care centers, and medical infrastructure has left the population with limited access to essential health services, while the displacement of large numbers of people has created new health risks and exacerbated existing vulnerabilities (Ashour et al., 2025).

Figure (1)



Healthcare workers have been forced to develop new coping strategies and adapt their practices to meet the needs of a population facing mass casualty incidents and systematic destruction of health infrastructure. Drawing on lessons learned from responding to previous mass casualty incidents between 2018-2021, healthcare workers have developed remarkable resilience and innovative approaches to care delivery, though the scale and intensity of the current crisis have exceeded previous experiences (Ismail et al., 2026).

The war on Gaza has created new necessities for healthcare development, including the urgent need for adapted health insurance models and resilient health systems that can function under conditions of intentional scarcity (Abu Nada et al., 2026; Al-Muhannadi & Buheji, 2024). The economic dimensions of the crisis extend beyond immediate clinical needs to encompass the broader destruction of health infrastructure, the cost of illness, and the long-term burden on the population (Ahmed, Migdad & Buheji, 2026; Ashour et al., 2025; Buheji & Buheji, 2024).

The challenges facing Gaza's health system are not only clinical but also administrative and structural, requiring a comprehensive approach to recovery that addresses both immediate needs and long-term sustainability. The war has created complex public health challenges that extend beyond the immediate casualties to encompass malnutrition, infectious disease outbreaks, mental health crises, and the collapse of essential health services (Al Bakri et al., 2025).

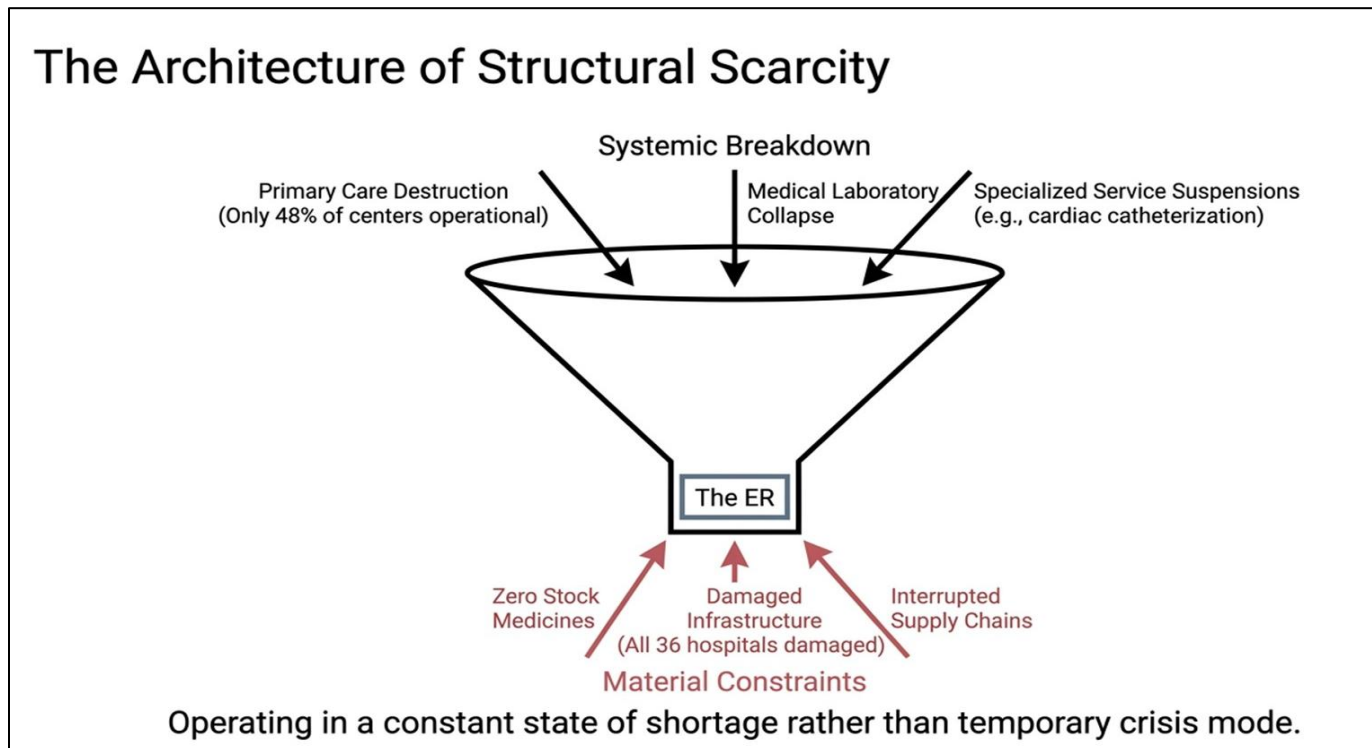
The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities. This has created a situation where the available resources must be stretched to serve a population that is larger, sicker, and more vulnerable than before the conflict, with fewer facilities and less capacity to meet their needs (Oukal, 2024).

Sustaining resilience in Gaza requires employing social problem-solving approaches that engage communities in identifying solutions and building capacity for recovery, Buheji (2024c). The rhythm of social problem-solving—involving collective identification of challenges, collaborative development of solutions, and sustained implementation—has been essential for maintaining resilience during the genocide, Buheji (2024c). This approach recognizes that resilience is not merely an individual attribute but a collective capacity that emerges from social networks and community engagement (Al-Muhannadi & Buheji, 2024a).

Navigating the tension between 'collective pain' and 'collective happiness' is essential for avoiding resilience fatigue in Gaza. The experience of collective pain—the shared suffering of the population—must be balanced with moments of collective happiness that sustain hope and social cohesion. This balance is critical for maintaining the psychological and social resources needed for long-term resilience (Buheji, 2024c).

Figure (2) shows how the war on Gaza has created new necessities for emergencies department, including the urgent need for adapted healthcare models and more resilient health systems that can function under conditions of intentional scarcity (Abu Nada, Migdad & Buheji, 2026; Al-Muhannadi & Buheji, 2024). The economic dimensions of the crisis extend beyond immediate clinical needs to encompass the broader destruction of health infrastructure, the cost of illness, and the long-term burden on the population (Ahmed, Migdad & Buheji, 2026; Ashour, Migdad & Buheji, 2025; Buheji & Buheji, 2024).

Figure (2)



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RESEARCH PROBLEM, OBJECTIVES, AND IMPORTANCE

Background

The central problem of this study is how medical resources can be managed in Gaza's emergency departments in a way that preserves service continuity and quality under the effects of the Israeli assault during 2023–2026 (WHO, 2024; WHO, 2025; Migdad et al., 2025). In health economics terms, this problem reflects the challenge of allocating scarce resources across competing clinical needs in a setting where demand has increased while supply has sharply declined (WHO, 2024; WHO, 2026a; Ahmed et al., 2026).

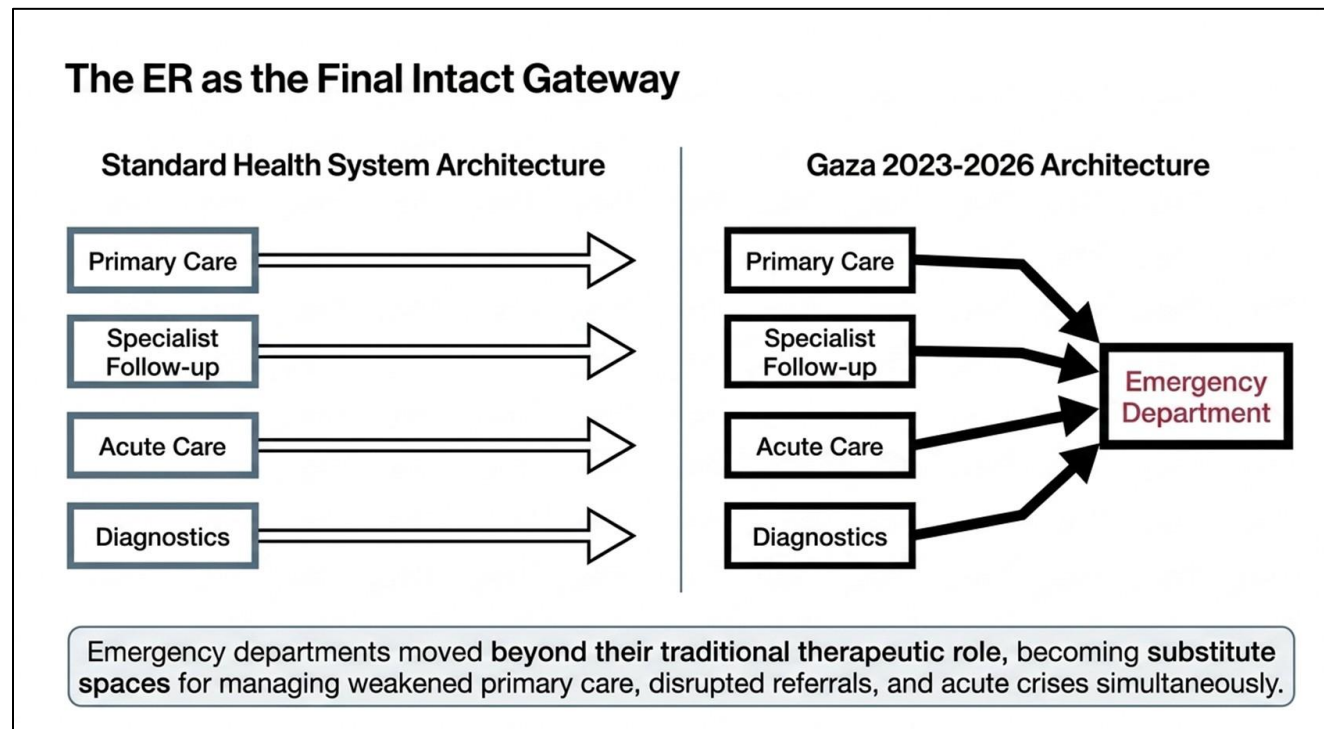
The study seeks to answer several related questions: What kinds of operational challenges did emergency departments face during and after the assault? How did resource scarcity affect medical decision-making and response time? What coping strategies were adopted by health workers? And what lessons can be drawn for health system resilience and emergency resource management in conflict settings (Rosenbloom and Leff, 2022; WHO, 2024; Shorrab et al., 2024)?

The objectives of the study are (1) to analyze the reality of emergency care in Gaza after the assault, (2) examine the effect of medical scarcity on service efficiency, and (3) identify the administrative and clinical practices used to maintain continuity of care. The study also aims to provide practical recommendations that may support emergency management in fragile and conflict-affected settings, where quality of care depends not only on staff competence but also on system capacity and resource coordination (WHO, 2021; WHO, 2024; Buheji, 2025a).

The importance of this study lies in its ability to connect field reality with health economics with focus on Emergency Department performance during ultimate crisis and resource shortages. It does not merely describe a crisis; it analyzes how scarcity shapes prioritization, workflow, and patient outcomes. In doing so, the study contributes to a better understanding of how emergency departments function when they become the primary gateway for care in a health system under severe strain, as shown in Figure (3) (WHO, 2025; WHO, 2026; Alaff et al., 2026). The study also addresses the growing recognition that health systems in conflict settings

must be understood not only through the lens of humanitarian response but also through the economic realities of resource allocation and system sustainability (Buheji, 2025b; Buheji, 2025c).

Figure (3)



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Post-war recovery in Gaza requires addressing the human factors that shape how healthcare workers and communities experience and respond to the crisis. The psychological and social dimensions of the conflict have profound implications for health system functioning, as healthcare workers face moral distress, burnout, and the challenge of maintaining professional commitment under extreme conditions (Abbasi et al., 2014; Buheji, 2024a).

Qualitative insights from Gaza during the war reveal the profound resilience of healthcare workers and communities in the face of devastation. Despite the destruction of infrastructure, shortages of supplies, and the constant threat of violence, healthcare workers have demonstrated remarkable adaptability and commitment to maintaining care. These insights highlight the importance of understanding the lived experiences of those on the front lines of the health system (Migdad & Buheji, 2024).

Overcoming feelings of betrayal and let-down is essential for sustaining resilience in Gaza. Healthcare workers and communities have experienced profound betrayal through the systematic destruction of their health system and the failure of the international community to provide adequate protection. Extending shows of resilience requires acknowledging these feelings while simultaneously building hope and agency for recovery (Buheji, 2024b).

Healthcare workers in Gaza have developed remarkable coping strategies in response to mass casualty incidents and the systematic destruction of health infrastructure, drawing on lessons learned from previous conflicts. However, the scale and intensity of the current crisis have exceeded previous experiences, creating new challenges that require innovative approaches to health system resilience and recovery (Ismail et al., 2026).

The pathways to recovery require a comprehensive approach that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health (Al Bakri et al., 2025).

The functional and operational status of medical facilities has been severely compromised, with many facilities operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities (Oukal, 2024). The unprecedented humanitarian impact of the war on public health also has created an urgent need for evidence-based strategies to rebuild Gaza's health system and address the long-term health consequences of the conflict (Ashour, AbuJlambo & Hassoun, 2025).

Research Objectives and Significance

The study aims to (1) analyze the reality of emergency care in Gaza after the assault, (2) examine how medical scarcity affects service efficiency, (3) identify the administrative and clinical practices used to maintain continuity of care, and (4) provide practical recommendations for emergency management in fragile and conflict-affected settings (WHO, 2021; WHO, 2024; Abu Nada et al., 2026). These objectives are grounded in the broader understanding that quality of care in such settings depends on system capacity, resource coordination, and the ability to respond to rapidly changing needs (WHO, 2021; WHO, 2026; Ashour et al., 2025).

The significance of this study lies in its ability to link field reality with health economics. Rather than describing the crisis only as a humanitarian emergency, the study analyzes how scarcity shapes prioritization, workflow, and patient outcomes. In that sense, the emergency department becomes a practical case for understanding how health systems function when they are forced to operate under prolonged strain and limited supply (Rosenbloom and Leff, 2022; WHO, 2025; Buheji, 2025b).

Agile resilience, which involves the capacity to anticipate, absorb, adapt to, and recover from shocks in a flexible and responsive manner, is essential for health system recovery in Gaza. Building agile resilience requires investment in flexible systems, adaptive capacity, and community engagement (Buheji & Mushimiyimana, 2023).

Post-war recovery in Gaza must address the human factors that shape health system functioning, including the psychological well-being of healthcare workers, the social dynamics of communities affected by conflict, and the organizational challenges of rebuilding health services. Addressing these human factors is essential for developing sustainable solutions that promote health system resilience and community recovery (Buheji, 2024a).

The unprecedented humanitarian impact of the war on public health has created an urgent need for evidence-based strategies to rebuild Gaza's health system and address the long-term health consequences of the conflict (Ashour, AbuJlambo & Hassoun, 2025).

Healthcare workers' experiences and lessons learned from responding to mass casualty incidents provide valuable insights for health system strengthening and emergency preparedness. The challenges facing Gaza's health system require a comprehensive approach to recovery that addresses both immediate needs and long-term sustainability (Al Bakri et al., 2025).

Understanding the functional and operational status of medical facilities during conflict is essential for planning effective humanitarian responses and health system recovery. Healthcare workers have developed remarkable coping strategies in response to these challenges, drawing on lessons learned from previous conflicts and adapting their practices to the current context (Ismail et al., 2026).

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities (Oukal, 2024).

Building agile resilience in Gaza requires investment in flexible systems, adaptive capacity, and community engagement. The concept of agile resilience is particularly relevant in the Gaza context, where the health system must adapt rapidly to changing circumstances while maintaining essential functions (Buheji & Mushimiyimana, 2023).

Study Limits and Methodology

This study is limited thematically to medical resource management in emergency departments in Gaza under the consequences of the 2023–2026 assault. Its spatial scope includes emergency departments within the Gaza Strip, while its temporal scope extends from the assault period into the years that followed, as the effects of damage, shortages, and operational disruption continued to shape emergency care (WHO, 2025; WHO, 2026; Ahmed et al., 2026).

Methodologically, the study uses a descriptive analytical approach supported by field observation. This approach is suitable because it allows the researcher to examine how scarce resources shape clinical decisions, workflow, and service continuity in real time. It also helps connect frontline experience with existing literature on quality of care in fragile, conflict-affected, and vulnerable settings (WHO, 2021; WHO, 2024; Al-Muhannadi & Buheji, 2024).

EMERGENCY CARE REALITY AFTER THE ASSAULT

Situation of Hospitals Emergency Departments in Gaza

Emergency departments are the front line of any health system, and in Gaza they became even more visible as the main point of contact for urgent and non-urgent patients alike. After the Israeli assault, these departments were no longer functioning simply as acute care units; they had effectively become the last operational gateway for a health system under severe strain (WHO, 2024; WHO, 2025; Migdad et al., 2025).

The most important change was not simply the increase in patient numbers, but the change in the nature of care itself. Emergency departments began receiving patients who would normally be managed in primary care or specialist follow-up services. This shift created a structural mismatch between demand and the available capacity of the emergency system, especially as medicines, diagnostics, and staff support became increasingly limited (WHO, 2025; WHO, 2026; Shorrab et al., 2024).

Qualitative insights from Gaza during the war reveal the profound resilience of healthcare workers and communities in the face of devastation. Despite the destruction of infrastructure, shortages of supplies, and the constant threat of violence, healthcare workers have demonstrated remarkable adaptability and commitment to maintaining care. These insights highlight the importance of understanding the lived experiences of those on the front lines of the health system (Migdad & Buheji, 2024).

The unprecedented humanitarian impact of the war has created a health emergency that extends beyond the immediate casualties to encompass the broader population health needs. The destruction of primary care services and specialist facilities has forced patients with chronic conditions and routine health needs to seek care in emergency departments, creating a crisis of demand that exceeds the capacity of the remaining functional facilities (Ashour, AbuJlambo & Hassoun, 2025).

The challenges facing Gaza's health system are not only clinical but also administrative and structural. The war has created complex public health challenges that extend beyond the immediate casualties to encompass malnutrition, infectious disease outbreaks, mental health crises, and the collapse of essential health services (Al Bakri et al., 2025).

Healthcare workers have been forced to develop new coping strategies and adapt their practices to meet the needs of a population facing mass casualty incidents and systematic destruction of health infrastructure. Drawing on lessons learned from previous conflicts, healthcare workers have developed remarkable resilience and innovative approaches to care delivery (Ismail et al., 2026).

From a health economics perspective, the problem is no longer limited to a shortage of resources; it is also about the imbalance between health demand and health supply. Demand rose sharply because other parts of the health system weakened, while supply fell because of damage to facilities, shortages in supply chains, and

interruptions in operational continuity (WHO, 2024; WHO, 2026; Ashour, Migdad & Buheji, 2025). The destruction of medical laboratories has further compounded these challenges, as the inability to perform essential diagnostic tests has increased the cost of illness and complicated clinical decision-making (Ahmed et al., 2026).

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities. This has created a situation where the available resources must be stretched to serve a population that is larger, sicker, and more vulnerable than before the conflict, with fewer facilities and less capacity to meet their needs (Oukal, 2024).

With concepts as agile resilience that is particularly relevant in the Gaza context, health system can adapt rapidly to changing circumstances while maintaining essential functions. Agile resilience involves the capacity to anticipate, absorb, adapt to, and recover from shocks in a flexible and responsive manner, which is essential for emergency departments operating under extreme conditions (Buheji & Mushimiyimana, 2023).

Scarcity and Resource Allocation

Resource scarcity is one of the central issues in health economics because it determines how limited inputs are distributed among competing needs. In Gaza's emergency departments, scarcity became more severe because it was not limited to one category of supply. It affected medicines, consumables, diagnostics, beds, equipment, and even the time available for clinical decision-making (WHO, 2024; WHO, 2026; Alaff et al., 2026).

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities. This has created a situation where the available resources must be stretched to serve a population that is larger, sicker, and more vulnerable than before the conflict, with fewer facilities and less capacity to meet their needs (Oukal, 2024).

In such a setting, medical decisions are also economic decisions. Choosing one treatment over another is not only a matter of clinical suitability; it is also a matter of whether the decision can actually be implemented. This means that emergency medicine becomes closely tied to real-time resource management, where every action is shaped by what is available at that moment (Rosenbloom and Leff, 2022; WHO, 2024; Buheji, 2025b).

The triage process also changed under these conditions. Instead of focusing only on clinical severity, triage increasingly involved judgments about what could be acted on immediately, what had to be delayed, and what could only be monitored. This does not reduce the ethical responsibility of the clinician; rather, it shows how scarcity forces emergency departments to make difficult decisions while trying to preserve the highest possible level of care (WHO, 2021; WHO, 2026; Buheji, 2025a). The collapse of cardiac catheterization services, for example, has forced emergency teams to manage acute coronary syndromes without access to life-saving interventions, increasing mortality and long-term morbidity (Alaff et al., 2026).

External Support and Supply Chains

Although international support played an important role in sustaining some health services in Gaza, its operational effect in emergency departments remained limited. One reason was that the type of assistance often did not fully match actual clinical needs. Another reason was the logistical difficulty of keeping supplies flowing consistently into a setting where transport, clearance, and coordination were all under pressure (WHO, 2024; WHO, 2025; Abu Nada et al., 2026).

Healthcare workers have repeatedly emphasized that the support provided during past conflicts was often insufficient to meet the needs of the population, and the current crisis has only exacerbated these challenges. Drawing on lessons learned from responding to mass casualty incidents between 2018-2021, healthcare

workers have identified gaps in the humanitarian response that continue to affect care delivery (Ismail et al., 2026).

The destruction of health infrastructure has created additional barriers to the effective delivery of humanitarian aid, as damaged roads, disrupted supply chains, and security concerns have made it difficult to reach affected populations (Al Bakri et al., 2025).

A further problem was that part of the support was directed toward field hospitals or specialized emergency interventions, while the daily needs of government emergency departments remained underfunded and under-supplied. As a result, some resources worked in parallel systems rather than reinforcing the main public health structure. In economic terms, this reduced the efficiency of aid because the system's weakest points were not always strengthened first (WHO, 2025; WHO, 2026; Shorrab et al., 2024).

This shows that the crisis in Gaza is not only a crisis of quantity, but also a crisis of distribution, coordination, and sustainability. Any health economics analysis of the situation must therefore examine not only how much support arrived, but how effectively it was integrated into the health system's core emergency functions (WHO, 2024; WHO, 2026; Migdad et al., 2025). The intentional destruction of health infrastructure, including water and food systems, has created conditions of scarcity that extend beyond medical supplies to affect the basic determinants of health (Al-Muhannadi & Buheji, 2024; Abu-Sittah & Al-Khaldi, 2024).

Clinical Decision-Making Under Scarcity

The gap between what a patient medically needs and what can actually be provided is what shapes decision-making in Gaza's emergency departments. In critical cases, time may matter more than the decision itself, because any delay can change the clinical outcome. This means that the clinician is not only treating the patient, but also asking a more complex question: what can be done now within the limits of what is available? (WHO, 2024; WHO, 2026; Ahmed et al., 2026).

The human factors affecting healthcare emergency workers in Gaza include moral distress, burnout, and the challenge of maintaining professional commitment under extreme conditions. Addressing these human factors is essential for sustaining the health workforce and ensuring the continuity of care during and after the conflict (Abbasi et al., 2014; Buheji, 2024a).

Healthcare workers have developed remarkable coping strategies in response to these challenges, drawing on lessons learned from previous conflicts and adapting their practices to the current context. These strategies include extended clinical observation, reliance on bedside assessment rather than diagnostic tests, and the use of alternative treatments when standard options are unavailable (Ismail et al., 2026).

However, these adaptations come at a cost, as they increase the burden on healthcare workers and may compromise the quality of care. The challenges facing Gaza's health system require a comprehensive approach to recovery that addresses both immediate needs and long-term sustainability (Al Bakri et al., 2025).

In practice, the absence of certain diagnostic tests pushes clinicians toward extended clinical observation and reliance on accumulated experience, bedside assessment, and available vital signs. This type of practice reflects what WHO frameworks describe as care delivery under resource constraints, where the clinician's judgment becomes a key survival tool rather than a mere professional skill (WHO, 2021; WHO, 2024; Buheji, 2025a).

However, this approach should not be understood as a permanent replacement for a complete health system. Rather, it is an emergency response to an exceptional reality. That is why health economics is important here: it examines not only the presence of resources, but also the cost of their absence, the cost of delays, and the burden placed on health workers when they are forced to do more with less (WHO, 2025; WHO, 2026; Ashour et al., 2025). The moral distress experienced by clinicians in such settings has been well documented, with health workers facing daily ethical dilemmas as they are forced to provide care without adequate resources (Buheji, 2025a; Abbasi et al., 2014).

GAZA'S HEALTH EMERGENCY SYSTEM IN PROLONGED CRISES

The Theoretical Framework of Gaza's Prolonged Crises

The conceptual foundation of this study focus on the reality of Gaza's emergency departments during the genocide where the theoretical concepts explain how health systems behave under pressure. In the Gaza context, medical care cannot be understood apart from the concepts of health resilience, structural scarcity, and economic decision-making within health institutions (WHO, 2021; WHO, 2025; Buheji, 2025b). These concepts do not only describe what is happening; they also help explain why it is happening in this specific form.

Health systems in conflict settings are not usually hit by a single shock and then returned to their former state. More often, they enter a long phase of depletion in which essential functions are gradually weakened. This is why the concept of health resilience is important: it refers to the system's capacity to continue delivering essential services despite disruption, damage, and sustained demand (WHO, 2021; WHO, 2026; Shorrab et al., 2024).

In the case of Gaza, resilience is not limited to the institutional level. It also depends on the adaptability of health workers, the internal coordination of teams, and the minimal continuity of administrative organization. The WHO's framework on quality of care in fragile, conflict-affected, and vulnerable settings emphasizes that quality must be supported by system-level planning, access, and coordination rather than by clinical competence alone (WHO, 2021; Migdad et al., 2025).

The unprecedented humanitarian impact of the war has created new challenges for health system resilience, as the scale and intensity of the destruction have exceeded the capacity of existing coping mechanisms. The destruction of hospitals, primary care centers, and medical infrastructure has left the population with limited access to essential health services (Ashour, AbuJlambo & Hassoun, 2025).

Healthcare workers have been forced to develop new strategies for maintaining care under extreme conditions, drawing on lessons learned from previous conflicts while adapting to the unique challenges of the current crisis. These strategies include innovative approaches to triage, resource allocation, and care delivery (Ismail et al., 2026).

The pathways to recovery require a comprehensive approach that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health. The challenges facing Gaza's health system require a comprehensive approach to recovery that addresses both immediate needs and long-term sustainability (Al Bakri et al., 2025).

The economic dimensions of the crisis extend beyond immediate clinical needs to encompass the broader destruction of health infrastructure, including medical laboratories and specialized services (Ahmed et al., 2026; Alaff et al., 2026). The cost of illness has increased dramatically as patients require more complex care with fewer resources, and the long-term burden on the population continues to grow (Ashour et al., 2025; Buheji & Buheji, 2024).

Structural Scarcity in Emergency Settings

Scarcity in Gaza's emergency departments is not temporary or accidental. It is structural, meaning that it results from multiple connected factors such as blockade conditions, damaged facilities, interrupted supplies, and the rapid reshaping of referral pathways. In practical terms, this makes the emergency department operate in a constant state of shortage rather than in a temporary crisis mode (WHO, 2024; WHO, 2026; Abu-Sittah & Al-Khalidi, 2024).

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service. This has created a situation where the available resources must be stretched to serve a population that is larger, sicker, and more vulnerable than before the conflict, with fewer facilities and less capacity to meet their needs (Oukal, 2024).

In stable health systems, alternatives usually exist. In conflict-affected settings, however, alternatives shrink quickly, and medical decisions become closely tied to what is actually available. This is why scarcity cannot be treated only as a logistics problem; it must also be understood as a clinical, administrative, and ethical condition that shapes everyday care (Rosenbloom and Leff, 2022; WHO, 2025; Buheji, 2025c).

In emergency departments, this scarcity becomes visible in cases requiring fast diagnostics, specific medications, or urgent specialist intervention. When those resources are unavailable, the department must decide what can be treated immediately, what can be delayed, and what can only be monitored. That kind of prioritization reflects the core logic of health economics: directing limited resources toward the greatest immediate health need (WHO, 2021; WHO, 2026; Al-Muhannadi & Buheji, 2024).

Prioritization and Emergency Care Triage

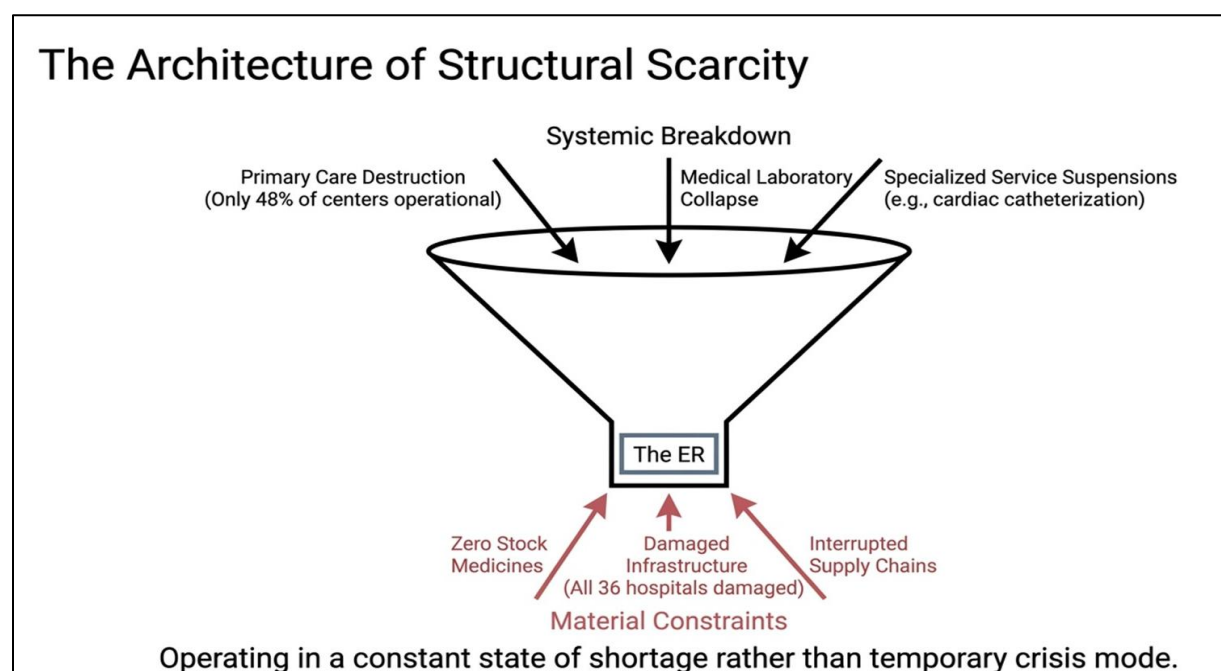
Triage is one of the central tools in emergency care, but in resource-poor environments it takes on greater significance. In Gaza, triage is no longer only about identifying the most severe medical cases. It also includes deciding what can realistically be treated now, what should wait, and what can be referred or monitored under constrained conditions (WHO, 2024; WHO, 2025; Shorrab et al., 2024).

This does not reduce the ethical responsibility of clinicians. Instead, as Figure (4) shows, scarcity forces health workers to make hard decisions while attempting to preserve the best possible standard of care. The WHO has repeatedly stressed that quality in fragile settings requires reducing harm, improving clinical care, and ensuring access and basic infrastructure at the same time (WHO, 2021; WHO, 2026; Buheji, 2025a).

Healthcare workers have developed remarkable coping strategies in response to these challenges, including innovative approaches to triage and prioritization that draw on lessons learned from previous conflicts. However, the scale and intensity of the current crisis have created new challenges that require ongoing adaptation and learning (Ismail et al., 2026).

Agile resilience, which involves the capacity to anticipate, absorb, adapt to, and recover from shocks in a flexible and responsive manner, is essential for health system recovery in Gaza. Building agile resilience requires investment in flexible systems, adaptive capacity, and community engagement (Buheji & Mushimiyimana, 2023).

Figure (4)



Type of External Support and Its Limits

International support has played an important role in sustaining parts of Gaza's health response, but its operational effect in emergency departments has remained limited. One reason is that assistance is not always aligned with the most urgent clinical needs. Another is that the logistics of entry, distribution, and coordination are difficult in a setting where the health system is already under severe pressure (WHO, 2024; WHO, 2026; Abu Nada et al., 2026).

A major issue is that some support is directed toward field hospitals or specialized interventions, while the daily needs of government emergency departments remain underfunded. As a result, some resources operate in parallel systems rather than strengthening the core public health structure. From an economic point of view, this lowers efficiency because the weakest parts of the system are not always addressed first (WHO, 2025; WHO, 2026; Migdad et al., 2025).

This means that the crisis in Gaza is not only a crisis of quantity, but also a crisis of distribution, coordination, and sustainability. Any health economics analysis must therefore examine not only how much support arrived, but how effectively it was integrated into the health system's emergency functions (WHO, 2024; WHO, 2026; Ahmed et al., 2026).

The pathways to recovery require a comprehensive approach that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health (Al Bakri et al., 2025).

Healthcare workers' experiences and lessons learned from responding to mass casualty incidents provide valuable insights for health system strengthening and emergency preparedness. These lessons highlight the importance of coordination, communication, and adaptive capacity in maintaining care under extreme conditions (Ismail et al., 2026).

Field Study and Clinical Practice Under Pressure

To move from theory to practice the authors examine how common clinical cases in Gaza's emergency departments reveal the effect of scarce resources on medical decision-making and response time. Here we realise that 'health economics' become an everyday reality in a highly stretched and constrained clinical environment (WHO, 2024; WHO, 2026; Ashour et al., 2025).

The research goes through field observations and descriptive analysis of frequent emergency situations, especially those in which time and logistics interact closely. Some cases cannot tolerate delay, while others require tests and medications that are not consistently available. In such conditions, clinical judgment and resource allocation become inseparable (Rosenbloom and Leff, 2022; WHO, 2021; Buheji, 2025b).

The unprecedented humanitarian impact of the war has created new challenges for clinical practice, as healthcare workers must manage not only the immediate casualties of conflict but also the broader health needs of a population facing displacement, malnutrition, and the collapse of essential services (Ashour, AbuJlambo & Hassoun, 2025).

Healthcare workers have developed remarkable coping strategies in response to these challenges, drawing on lessons learned from previous conflicts and adapting their practices to the current context. These strategies include extended clinical observation, reliance on bedside assessment rather than diagnostic tests, and the use of alternative treatments when standard options are unavailable (Ismail et al., 2026).

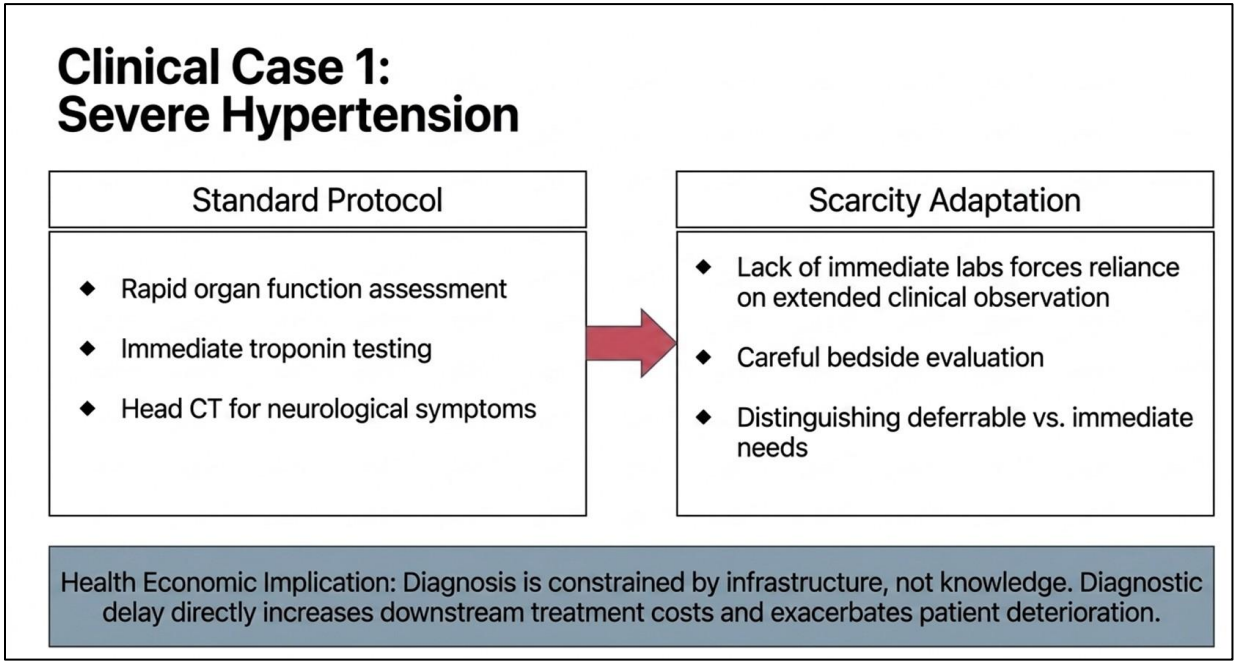
Case of Severe Hypertension

Severe hypertension is a clear example of a condition that requires rapid response and specific investigations to detect complications. As shown in Figure (5), under normal conditions, management includes quick assessment of organ function, cardiac evaluation, and imaging when needed, along with close monitoring of neurological and vascular status (WHO, 2021; WHO, 2026; Alaff et al., 2026).

In Gaza’s current field context, however, not all required tests may be available at the same moment. This forces the team to rely on extended clinical observation, careful bedside evaluation, and the distinction between what can be delayed and what must be addressed immediately. Health economics is visible here because any delay may increase later treatment costs and worsen the patient's condition (WHO, 2024; WHO, 2026; Ahmed et al., 2026).

In one observed practice, an elderly patient arrived with markedly elevated blood pressure, headache, and blurred vision. Ideally, immediate troponin testing, renal function tests, and head CT would have been considered if neurological compromise was suspected. Yet limited capacity led the team to depend on close clinical follow-up instead, showing how diagnosis is constrained not by knowledge alone but by available infrastructure. This case is based on one of the authors' direct clinical management during 2026 and is included with all identifying information removed in accordance with ethical standards.

Figure (5)



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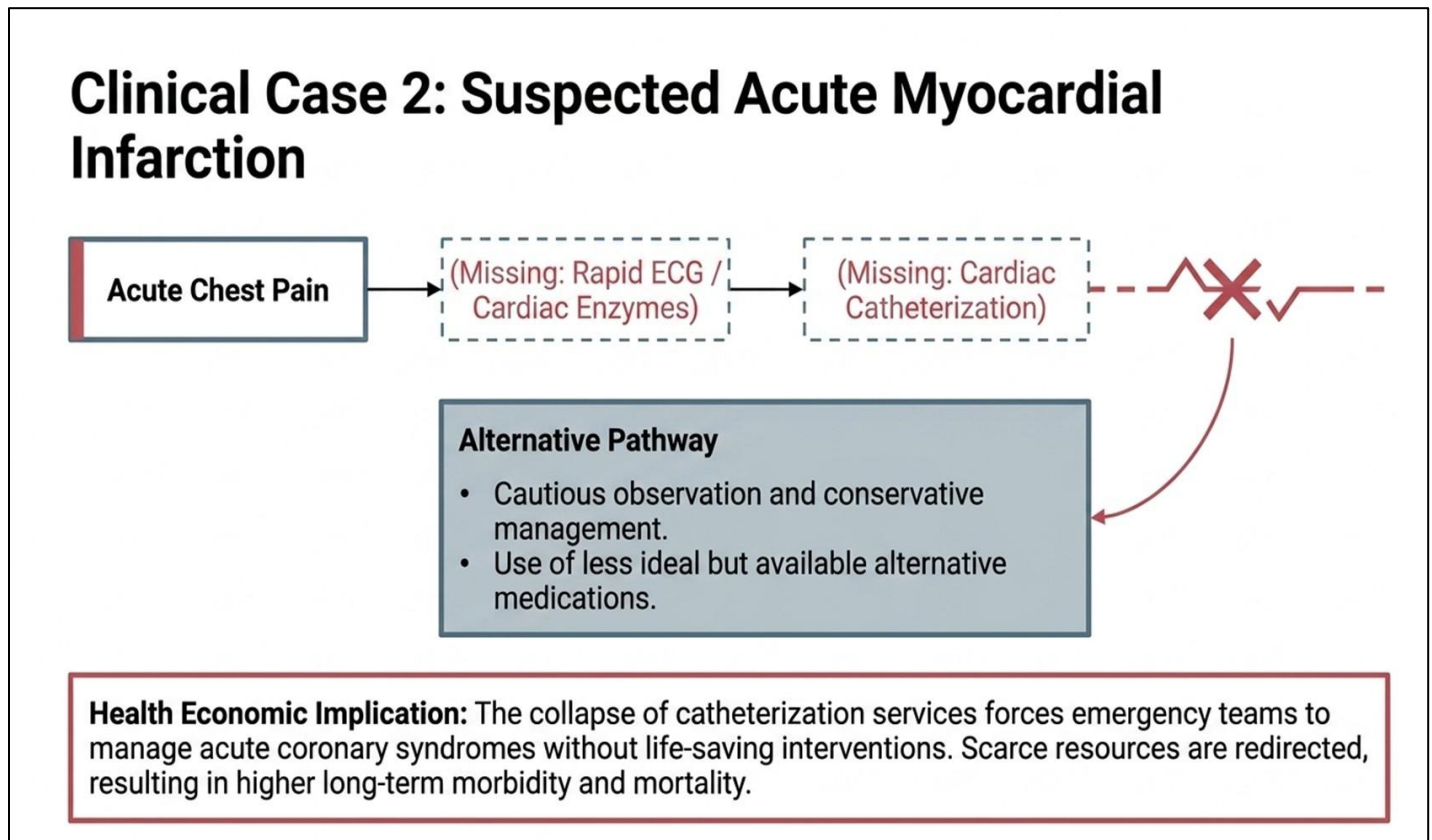
Cases of Suspected Acute Myocardial Infarction

Chest pain is one of the most time-sensitive presentations in emergency medicine because it may indicate an acute myocardial infarction. In standard settings, management requires rapid ECG acquisition, cardiac enzyme testing, and a structured decision about medication, monitoring, or specialized intervention (WHO, 2021; WHO, 2024; Alaff et al., 2026).

In a resource-constrained environment, delays in diagnostics or shortages of consumables can alter the entire decision pathway. Some patients may require prolonged monitoring instead of rapid confirmation, while the team may have to use less ideal but more available alternatives. Figure (6) illustrates a core health economics principle: scarce resources should be directed to cases where they can produce the greatest immediate benefit (Rosenbloom and Leff, 2022; WHO, 2026; Buheji, 2025b).

In one observed case, a patient presented with acute chest pain, sweating, and shortness of breath. Because these symptoms could indicate myocardial infarction, the patient had to be treated as high risk. Yet pressure from other cases and limitations in diagnostic availability meant that the team used cautious observation until further assessment became possible. The case shows how time and resources jointly shape clinical safety. This case is based on the authors' direct clinical management during 2026 and is included with all identifying information removed in accordance with ethical standards.

Figure (6)



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Cases of Acute Stroke

Acute stroke is a condition in which every minute matters because diagnostic delay may lead to permanent functional loss. In stable health systems, the pathway is clearer: quick clinical assessment, rapid imaging, and timely transfer or treatment. In Gaza, however, the pathway is more complicated because access to imaging, transport, and referral may all be constrained (WHO, 2025; WHO, 2026; Shorrab et al., 2024).

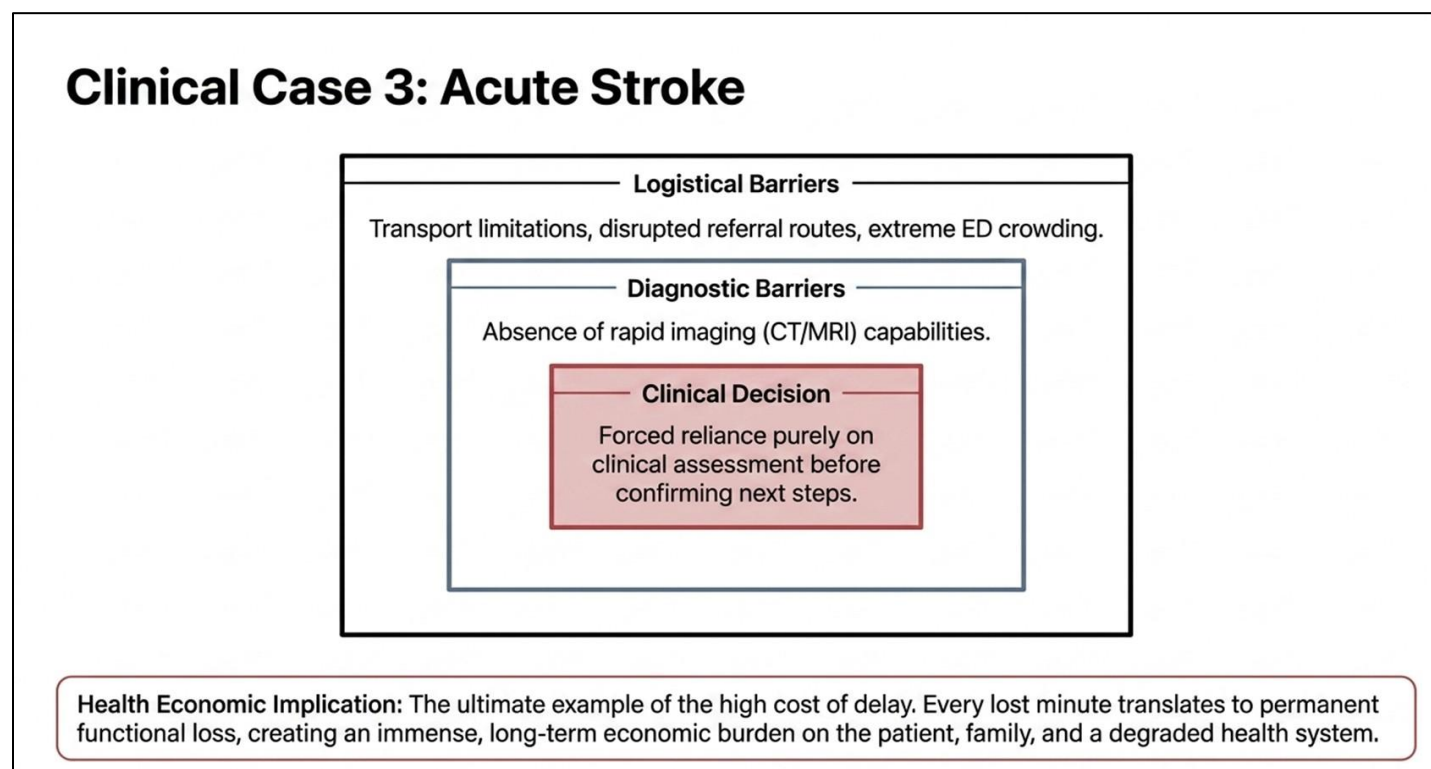
From a health economics standpoint, stroke is a clear example of the high cost of delay. Every lost minute can translate into a larger long-term burden for the patient, the family, and the health system. Therefore, improving the response to stroke is not only a matter of quality; it is also a way to reduce future costs and disability (WHO, 2021; WHO, 2026; Ashour et al., 2025).

In one observed situation, a patient arrived with sudden weakness in one limb and speech disturbance, which strongly suggested stroke. The team faced logistical challenges related to imaging, transport, and crowding in the department, and therefore relied first on clinical assessment before confirming the next step. The case demonstrates the importance of coordination between clinical judgment and system support. This case is based on one of the authors' direct clinical management during 2026 and is included with all identifying information removed in accordance with ethical standards.

As shown in Figure (7), Gaza emergency healthcare workers have developed remarkable coping strategies in response to these challenges, drawing on lessons learned from previous conflicts and adapting their practices to the current context. However, the scale and intensity of the current crisis have created new challenges that require ongoing adaptation and learning (Ismail et al., 2026).

The pathways to recovery require a comprehensive approach that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health (Al Bakri et al., 2025).

Figure (7)



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FIELD FINDINGS

Interpreting the Observations

These clinical cases are not merely medical examples. They are practical indicators of how the health system functions under strain. Severe hypertension, chest pain, and stroke all show how time and resources interact in shaping clinical decisions and outcomes (Rosenbloom and Leff, 2022; WHO, 2024; Alaff et al., 2026).

They also show that a shortage of tests and supplies affects more than diagnosis. It affects workflow, length of stay, staff pressure, and the overall operational cost of the emergency department. For that reason, emergency resource management is not a secondary issue; it is central to care quality and patient safety (WHO, 2025; WHO, 2026; Ahmed et al., 2026).

Service Disruption and Operational Strain

During our field observations, we find that emergency departments in Gaza were working under severe operational strain. While WHO reports (2026) indicate that power outages and medical supply shortages persisted, our engagement with the field revealed how these challenges manifest: emergency teams were often forced to manage patients in conditions where even basic continuity of service could not be guaranteed.

One of the clearest findings was the extreme shortage of essential medicines. In January 2026, WHO reported that 51% of essential medicines were at zero stock across Gaza, with emergency and surgical care among the services most affected (WHO, 2026). This shortage did not remain an abstract statistic; it shaped triage, delayed treatment, and reduced the range of safe options available to us as clinicians. Furthermore, we observe that the damage in the hospitals and primary care centers was extensive. WHO reported that all 36 hospitals and most primary health care centers in Gaza had been damaged, while only half of all hospitals were partially functional and just 48% of primary health care centers remained operational (WHO, 2026). This meant that emergency departments were absorbing demand that would normally be distributed across the wider health system.

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service, placing an overwhelming burden on the remaining functional facilities (Oukal, 2024).

The destruction of medical laboratories has further compounded these challenges, as the inability to perform essential diagnostic tests has increased the cost of illness and complicated clinical decision-making (Ahmed, Migdad & Buheji, 2026). The collapse of cardiac catheterization services has created a crisis in the management of acute coronary syndromes, with patients who would normally receive life-saving interventions being managed conservatively with poor outcomes (Alaff, Migdad & Buheji, 2026).

The unprecedented humanitarian impact of the war has created a health emergency that extends beyond the immediate casualties to encompass the broader population health needs. The destruction of primary care services and specialist facilities has forced patients with chronic conditions and routine health needs to seek care in emergency departments, creating a crisis of demand that exceeds the capacity of the remaining functional facilities (Ashour, AbuJlambo & Hassoun, 2025).

The challenges facing Gaza's health system are not only clinical but also administrative and structural. The war has created complex public health challenges that extend beyond the immediate casualties to encompass malnutrition, infectious disease outbreaks, mental health crises, and the collapse of essential health services (Al Bakri et al., 2025).

Human Factors, Pressure and Staff Experience

Through our interactions with challenges and observation within the unit, we identify that the pressure was not only material but deeply human. Emergency department staff were working in environments marked by crowding, uncertainty, and constant moral pressure. Research on emergency clinicians shows that moral distress is common when professionals feel under pressure to provide the care they know patients need with the resources available to provide it (Buheji, 2025a; Abbasi et al., 2014).

In our practice, this moral pressure was intensified by the collapse of normal referral pathways and by the inability to assure patients and families that the next step would be available. The result was a daily environment in which clinicians had to explain delays, lack of drugs, and limited diagnostic capacity while still maintaining trust and calm. The experience of moral injury among observers of the war on Gaza has also been documented, with health workers and others witnessing the systematic destruction of the health system experiencing profound psychological distress (Buheji, 2025a).

A further finding was that nurses and clinicians continued to report a generally high sense of professional commitment despite the strain. A recent study in Gaza's emergency departments found that nurses rated the overall quality of healthcare as high, even though the environment remained difficult and operationally constrained (Assessment of the quality of health care in emergency departments, 2025). This suggests that staff resilience remained one of the system's most important protective factors.

Healthcare workers have developed remarkable coping strategies in response to these challenges, drawing on lessons learned from previous conflicts and adapting their practices to the current context. These strategies include innovative approaches to maintaining morale, supporting colleagues, and preserving professional commitment under extreme conditions (Ismail et al., 2026).

Coordination and Adaptation to High Emergency Challenges

Another important finding was the need for continuous adaptation. Emergency departments were not operating according to a stable protocol alone; they were constantly adjusting their workflow according to what was available at the moment. This kind of adaptation reflects the broader WHO view that quality in fragile settings depends on practical intervention, flexible planning, and coordination across levels of care (WHO, 2021; WHO, 2025; Migdad et al., 2025).

The observation throughout our study was also found that the emergency department had become a substitute for weakened primary care functions. As shown in Figure (8) patients who could not reach outpatient follow-up or specialized services were increasingly directed to emergency units, which increased crowding and stretched resources further (Rosenbloom and Leff, 2022; WHO, 2026; Shorrab et al., 2024). This shift is important because it shows that the emergency department was not just treating emergencies; it was compensating for system-wide breakdown.

These findings confirm that emergency care in Gaza during this period was shaped by three simultaneous pressures: material shortage, operational overload, and psychological strain. Together, these pressures explain why resource management became central to survival, not just to service quality. The findings also highlight how the war has created new necessities for healthcare insurance development, as the traditional models of health financing and service delivery are no longer adequate to meet the needs of the population (Abu Nada et al., 2026).

The pathways to recovery require a comprehensive approach that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health. Healthcare workers' experiences and lessons learned from responding to mass casualty incidents provide valuable insights for health system strengthening and emergency preparedness (Al Bakri et al., 2025).

Figure (8)

Standard Care vs. Crisis Adaptation Matrix			
Condition	Standard Pathway	Crisis Pathway	Health Economic Impact
Hypertension	Immediate labs & CT	Extended bedside observation	Increased future intervention costs due to missed complications.
Myocardial Infarction	Rapid enzymes & Cath Lab	Conservative medical management & prolonged monitoring	Drastically increased mortality and long-term cardiac morbidity.
Acute Stroke	Immediate imaging & thrombolysis	Delayed assessment pending transport/imaging availability	Permanent functional loss and maximum long-term system burden.

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CONCLUSION AND RECOMMENDATION

The Gradual Resilience and Adaptation of Emergency Department During the Genocide

The field findings show that Gaza's emergency departments were operating as the final line of defense in a severely degraded health system. The shortage of medicines, the damage to hospitals, the limited functionality of primary care, and the pressure on staff all combined to create a setting where every decision had immediate operational consequences (WHO, 2026; WHO, 2025; Migdad et al., 2025).

Thus, this work shows that resilience in Gaza was not simply a matter of individual endurance, it was produced through constant adaptation, teamwork, and a determination to maintain care despite the absence of normal conditions. This is why the emergency department should be understood not only as a clinical space, but also as a site of health system survival (WHO, 2021; WHO, 2026; Buheji, 2025c).

This study concludes that emergency care in Gaza after the 2023–2026 assault cannot be understood simply as the delivery of medical services. It must be seen as a daily struggle to manage scarcity, maintain continuity, and preserve a minimum level of health dignity under extreme pressure (WHO, 2026; WHO, 2025; Abu-Sittah & Al-Khaldi, 2024).

The main problem was not the absence of medical staff, but the erosion of the environment that allows them to work effectively. For that reason, the findings support a broader policy shift toward resilient, coordinated, and well-monitored emergency systems that can function in conflict settings without losing their essential role (WHO, 2021; WHO, 2026; Shorrab et al., 2024).

The emergency care in Gaza can only be improved through a combined strategy that addresses supply, staffing, coordination, and protection simultaneously. WHO guidance on health systems recovery in fragile and conflict-affected settings emphasizes that rebuilding must go beyond emergency relief and move toward stronger, more resilient health systems through coordinated planning, sustainable financing, workforce support, and monitoring (WHO, 2025; WHO, 2026; Ashour et al., 2025).

The destruction of health infrastructure, including medical laboratories and specialized cardiac services, has created cascading effects on emergency care delivery that will require long-term investment and reconstruction (Ahmed et al., 2026; Alaff et al., 2026). The war has also created new necessities for healthcare insurance development, as the traditional models of health financing and service delivery are no longer adequate to meet the needs of the population (Abu Nada et al., 2026).

The unprecedented humanitarian impact of the war on public health has created an urgent need for evidence-based strategies to rebuild Gaza's health system and address the long-term health consequences of the conflict (Ashour, AbuJlambo & Hassoun, 2025).

The challenges facing Gaza's health system require a comprehensive approach to recovery that addresses both immediate needs and long-term sustainability. The pathways to recovery include the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health (Al Bakri et al., 2025).

Healthcare workers' experiences and lessons learned from responding to mass casualty incidents provide valuable insights for health system strengthening and emergency preparedness. These lessons highlight the importance of coordination, communication, and adaptive capacity in maintaining care under extreme conditions (Ismail et al., 2026).

The functional and operational status of medical facilities has been severely compromised, with many hospitals and primary care centers operating at minimal capacity or completely out of service. Reconstruction and recovery efforts must prioritize the restoration of functional health facilities and the strengthening of health system capacity (Oukal, 2024).

Recommendations

A first recommendation is to create more flexible emergency protocols that allow clinicians to make safe alternative decisions when standard resources are not available. In a setting where the supply of medicines and diagnostics is unstable, care pathways must be adaptable without lowering the minimum standard of safety (WHO, 2021; WHO, 2026; Buheji, 2025a).

A second recommendation is to strengthen the supply of essential emergency medicines, particularly those used in internal medicine, cardiology, and stroke care. WHO reports for Gaza show that essential medicines and supplies remain critically limited, so emergency priorities should not focus only on trauma or surgery but also on chronic and life-threatening internal conditions (WHO, 2026; WHO, 2025; Alaff et al., 2026).

A third recommendation is to improve coordination between government hospitals and field hospitals so that they function as one integrated system rather than separate islands of care. The WHO has repeatedly stressed

that emergency access, referral pathways, and continuity of care are central to quality in fragile settings (WHO, 2021; WHO, 2025; Migdad et al., 2025).

A fourth recommendation is to invest in stronger health information systems and real-time monitoring of service availability, stock levels, and referral capacity. Recovery frameworks increasingly emphasize the importance of data, accountability, and early warning systems so that health managers can make better decisions under pressure (WHO, 2025; WHO, 2026; Ahmed et al., 2026).

A fifth recommendation is to preserve and expand humanitarian corridors for essential medical supplies and patient referrals. WHO situation reports stress the need for unimpeded movement of health workers, supplies, and critical patients, as well as the restoration of referral routes for patients who cannot be treated locally (WHO, 2026; WHO, 2025; Abu Nada et al., 2026).

A sixth recommendation is to develop adapted health insurance models that can function in conflict-affected settings, providing financial protection for patients while ensuring sustainable financing for health services (Abu Nada et al., 2026).

A seventh recommendation is to invest in the reconstruction of medical laboratories and specialized services, including cardiac catheterization facilities, as part of a comprehensive health system recovery plan (Ahmed et al., 2026; Alaff et al., 2026).

An eighth recommendation is to address the nutritional crisis affecting children and vulnerable populations, as malnutrition significantly increases the burden on emergency departments and undermines health system resilience (Ashour et al., 2025; Al-Muhannadi & Buheji, 2024).

A ninth recommendation is to adopt a comprehensive approach to health system recovery that addresses both immediate needs and long-term sustainability, including the reconstruction of health infrastructure, the strengthening of health systems, and the addressing of social determinants of health (Al Bakri et al., 2025).

A tenth recommendation is to incorporate lessons learned from healthcare workers' experiences in responding to mass casualty incidents into emergency preparedness and health system strengthening efforts. These lessons highlight the importance of coordination, communication, and adaptive capacity in maintaining care under extreme conditions (Ismail et al., 2026).

An eleventh recommendation is to conduct comprehensive assessments of the functional and operational status of medical facilities to inform reconstruction and recovery efforts. Understanding the current status of health facilities is essential for planning effective humanitarian responses and health system recovery (Oukal, 2024).

A twelfth recommendation is to develop evidence-based strategies to address the unprecedented humanitarian impact of the war on public health, including the long-term health consequences of the conflict and the needs of vulnerable populations (Ashour, AbuJlambo & Hassoun, 2025).

Health Economics Implications

From a health economics perspective, these recommendations are not only clinical; they are also efficiency measures. Flexible protocols reduce wasted time, better supply planning reduces stockouts, staff support reduces turnover and burnout, and improved coordination reduces duplication and delay (WHO, 2021; WHO, 2025; Buheji, 2025b).

In other words, the goal is not simply to spend more. It is to spend better under conditions of scarcity. The Gaza case shows that every improvement in coordination, access, and workforce resilience can produce a disproportionate benefit because the system has so little margin for waste (WHO, 2026; WHO, 2025; Shorrab et al., 2024).

The economic implications of the crisis extend beyond the immediate health system to encompass the broader destruction of infrastructure, the cost of illness, and the long-term burden on the population (Ahmed et al.,

2026; Ashour et al., 2025; Buheji, 2025b). The transition from an occupation economy to a genocide economy has fundamentally altered the economic landscape of Gaza, creating new challenges for health system sustainability and recovery (Buheji, 2025c; Buheji, 2025b).

The development of adapted health insurance models and resilient health systems is essential for ensuring that the population can access care in the future, even under conditions of ongoing conflict and scarcity (Abu Nada et al., 2026; Buheji, 2025b). The experience of Gaza demonstrates that health systems in conflict settings must be understood not only through the lens of humanitarian response but also through the economic realities of resource allocation and system sustainability (Buheji, 2025c; Migdad et al., 2025).

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