

LITERATURE REVIEW: Introduction Health systems, population health, and governance are all significantly and permanently war impacted. Thousands human losses, population displacement, highly damage to health infrastructure, and the near collapse of important services are all consequences of the present war on Gaza, which constitutes a serious humanitarian and public health problem (Alkhalidi & Alrubaie, 2025; Hussein, 2024). In post-war environments, health care decision makers must balance immediate humanitarian needs with long-term system repair. Drawing on regional and international post-conflict experiences, this assessment synthesizes research to determine important objectives for Gaza's health care decision makers.

### Impact of War on Health Systems and Population Health in Gaza

Gaza's health system has been severely damaged by the conflict; hospitals and primary care facilities have been destroyed, supply chains have been disrupted, and there are acute shortages of medications and equipment (Balkhy, 2025; Gaza, 2022). Service delivery has been further weakened by the deaths, injuries, displacements, and forced labor of healthcare workers in harsh environments (Balkhy, 2025) general populations, especially women and children, are affected by raising mortality, inadequate nutrition, infectious disease, and psychological trauma (Bendavid et al., 2021). The continuous siege and battles are severely complicated the health system (Hussein, 2024). Decision makers' main objectives are restoring basic amenities and tackling both acute and chronic health needs.

### Immediate Priorities: Emergency Response and Essential Services

Making sure people have access to life-saving medical care is the first step in post-conflict healing. Maternal and child health, emergency treatment, controlling communicable diseases, and basic primary health care are important priority (Newbrander et al., 2007).

Primary health care (PHC) is important for reaching displaced people in Gaza. PHC provided immunization support for managing chronic diseases, and reproductive health before the war; these services are now even more essential. Restoring PHC facilities, mobile clinics, and referral mechanisms must be a top priority for decision-makers. The necessity of intersectoral coordination is highlighted by the importance of having access to clean water, sanitation, nutrition support, and necessary medications (Al Bakri et al., 2025).

### Health Workforce Recovery

A strong workforce is essential to a strong health system. Critical shortages, burnout, migration, and the loss of trained workers are issuing that Gaza is dealing with after the war (Balkhy, 2025). Decision-makers should prioritize staff retention, mental health support, and the reconstruction of training and educational pathways. Reconstruction efforts are undermined when worker needs are neglected, according to evidence from other conflict state (Bendavid et al., 2021). It is both a technical and ethical priority to protect health professionals and avoid international standards.

### Medium- to Long-Term Priorities: System Rebuilding and Sustainability

Health leaders need to create a sustainable health system according to emergency response. Structural flaws like fragmentation, reliance on outside assistance, and inadequate governance capacity should be addressed during reconstruction ((Missoni & Sen, 2025). Suitable planning under resource restrictions is supported by cost estimation and fundamental service priority (Newbrander et al., 2007). Equity and access must be supported by investments in supply chains, infrastructure, health information systems, and governance roadmap. Coordination at the national and international levels is essential. Integrating health rehabilitation with more comprehensive social and economic recovery is a key component of the Egyptian-led Early Recovery, rehabilitation, and Development Plan for Gaza (Egyptian, 2025).

Governance, Equity, and Ethical Considerations Post-war recovery is formed by political situations and governance. Long-term hostilities and blockades limited the rules of decision-making authority and make essential priorities more complicated (Husseini, 2024). While addressing long-term population health requirements, decision makers must negotiate donor-driven agendas. For women, children, the elderly, and those with disabilities in particular, equity is a major problem (Bendavid et al., 2021). Rebuilding trust requires transparent priority setting, community involvement, and data-driven decision-making. Public Health Challenges and Infrastructure Recovery The war severely damaged healthcare facilities and targeted medical personnel, while limitations on medical assistance further curtailed the availability of services. The problem was made worse by hospitals suspending essential services like critical care, surgery, and maternity care. Infectious illness risks have increased due to infrastructure damage in the areas of water, sanitation, and energy. The public health effects of interrupted services are demonstrated by the resurgence of poliomyelitis and the spread of hepatitis A, respiratory infections, diarrheal disorders, and dermatological conditions (Al Bakri et al., 2025; Husseini, 2024). Both the general public and healthcare professionals desperately need mental health and psychological help. Evidence from Other Post-Conflict Settings Starting immunization programs, mental health care, disability services, infection prevention and control, and maternity and child health services might be challenging, according to research from Afghanistan and other involved countries (Newbrander et al., 2007). A suitable evaluation of health needs and sustainable funding are important. Women and children are the most vulnerable to violence, malnutrition, untreated chronic diseases, and psychological trauma during the conflicts, according to (Bendavid et al., 2021). Gender-sensitive, equity-focused policies are therefore crucial. Conclusion After the Gaza War, offering basic services, rebuilding the workforce, addressing the burden of disease, and developing an important health system are all essential for health care decision makers. In addition to create a plan for long period, equitable concerns, and improved governance, effective recovery necessitates prompt humanitarian assistance. Coordinated post-conflict national leaders, foreign aid, and investments in labor, infrastructure, and public trust are all necessary for the reconstruction of a sustainable health system (Al Bakri et al., 2025; Bendavid et al., 2021; Husseini, 2024; Missoni & Sen, 2025; Newbrander et al., 2007