

Policy Brief

Innovative Dimensions for Health Resilience Amidst War and Humanitarian Crises in Gaza and Beyond

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Author,
Dr Mona Jebril



Author

Dr Mona Jebril,
Research Associate,



Centre for Business Research,
Judge Business School
11-12 Trumpington Street,
Cambridge, CB2 1QA
University of Cambridge

Contact Emails:

m.jebril@jbs.cam.ac.uk |

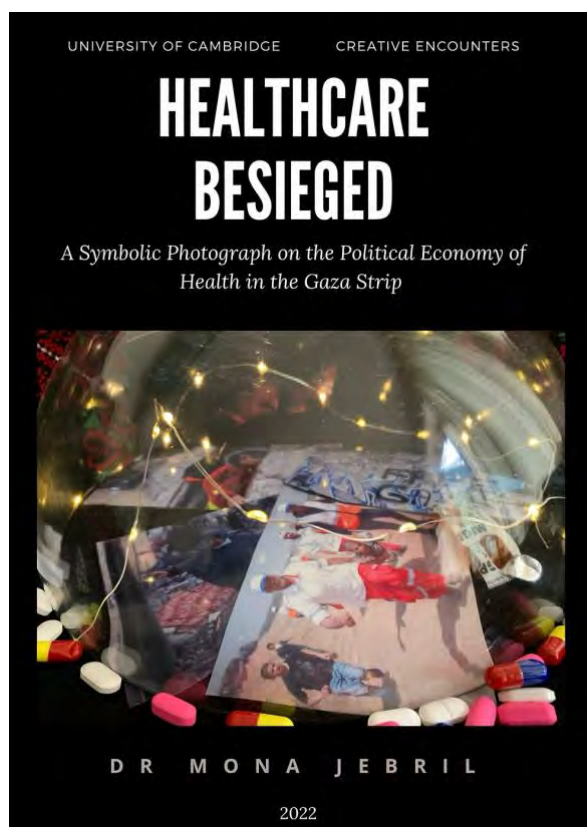
mon4jebril@gmail.com

About the author

Mona Jebril is a Research Associate at Centre for Business Research and a Bye-Fellow in Education and Academic Development at Queens' College, University of Cambridge. She is an interdisciplinary social scientist focused on the Gaza Strip (Occupied Palestinian Territories) and other conflict-affected areas in the Middle East. Previously, Mona worked as a lecturer at two of Gaza's universities. Mona completed her MSc in higher education, and her PhD in Education, from the Universities of Oxford and Cambridge, respectively.

[This policy brief reflects the views of the author and not those of the Centre for Business Research, the R4HC-MENA project, or Queens' College]

- **About the Cover Image:** This snapshot entitled “Healthcare Besieged” was produced by Mona Jebri in 2022. The author wishes to acknowledge support from Cambridge University Creative Encounters and the photography trainer: Chris (Kip) Loades.



This snapshot is a symbolic photograph produced by the author to communicate themes from the R4HC-MENA project on the political economy of health in the Gaza Strip (Occupied Palestinian Territories). The snapshot highlights some of the difficulties that jeopardize people’s right to health in this coastal enclave. Symbolically, the image portrays a poignant scene of scattered pictures of people including patients and health providers, trapped beneath a glass bowl, with a dark background that is merely lit by the war fire and bombardment. With an empty drug tablet and a pale patient hand calling the ‘outside world’ for help, the snapshot aims to draw attention to the predicament of healthcare for cancer (and other NCD) patients in the besieged Gaza Strip, who are constantly denied access to essential drugs and medical treatment that may be available on their doorsteps!

Innovative dimensions for health resilience amidst war and humanitarian crises in Gaza and beyond

Dr Mona Jebril (June 2025)

Summary

Since the start of the current war in the Gaza Strip in October 2023, the area has been struggling with the absence of both state and nonstate actors. Even though many were (and are still) present physically in Gaza, due to the war conditions, they may have been unable to function effectively, limiting their ability to provide adequate support that is essential to maintain the health of the Gaza population. This suggests that a significant part of the responsibility of securing public goods and services has been reverted to the 'commons', meaning here, social practices of self-governing members of the community, whether individuals or groups. Although formal institutions may also have a commons type logic since ultimately, they depend on the people in them, it might be argued that, during extreme conditions of chaos and complexity caused by the war, there became no hard distinction between formal institutions and self-organisation initiatives as both trying to work in solidarity with each other, to address the scale of needs for survival. At the time of writing, the ceasefire, which was announced on 19th of January 2025 has ended, as Israel has unilaterally resumed its strikes and blockade on the Gaza Strip on the 18th of March 2025, with aggravating consequences to the health of the Gaza population.

This policy brief highlights the importance of considering self-organisation commons-style initiatives as a valuable resource for their communities, at times of war and crises. This does not erode the need to enable the functioning of formal channels of public and humanitarian support in the Gaza Strip and to stop the war completely. It argues for thinking innovatively to deal with war context challenges and increase health resilience among the population in Gaza and conflict-affected zones, when this ideal is lagging. Future planning for conflict worldwide, should work to empower local individuals and groups, who might find themselves on their own, facing protracted challenges on daily basis. Recommendations include supporting them with a consultation lab, conflict-sensitive contingency design planning, and creative education.

The policy brief draws on findings and insights from my large-scale research, on [the Political Economy of Health in the Gaza Strip](#), which I conducted as part of the R4HC-MENA project at the Centre for Business Research (CBR) – University of Cambridge. It also builds on two other pieces of work, a policy brief on [the role of world universities at times of war and crisis in the Gaza Strip](#) which I published at CBR in August 2024, and my PhD research on Gaza's universities (2012-17), which I conducted at the Faculty of Education at the University of Cambridge, as well as benefiting from more than two decades of my first-hand experience in living and working in the Gaza Strip.

Thinking innovatively on how to empower individuals and groups (on both institutional and noninstitutional levels) in the Gaza Strip and conflict-affected zones, is a practical necessity that could be lifesaving at times of war and crises. I urge policy makers and the relevant actors, to consider the recommendations in the policy brief for implementation and to generate other novel ideas that could support health resilience in the Gaza Strip and beyond.

Thinking innovatively could be lifesaving at times of war and crises

The immense challenges that the people in Gaza endure at times of war and crises, particularly in conditions such as those during Israel's ongoing war on the Gaza Strip, post October 2023, simply cannot be handled without creativity and innovation to overcome a context of political limitations as well as offering a lifeline of international support to the besieged population in the Gaza Strip.

Over decades, the Gaza Strip has witnessed successive wars and crises, while simultaneously suffering conditions of state fragility and lack of reliable delivery of public goods including health, because of prolonged Israeli occupation and siege and the Palestinian schism between the Fatah-dominated Palestinian National Authority (PNA) in Ramallah (the West Bank) and Hamas government in the Gaza Strip. But Israel's ongoing war on the Gaza Strip is unprecedented in its scale of violence and destruction with the result that over the past nearly 20 months, it has compromised the delivery of health services and existential humanitarian needs for more than 2.3 million people who live in the besieged enclave, with little prospect for this to improve significantly in the foreseeable future, given that the scale of damage and that the situation in Gaza remains dangerous.

This is despite the International Court of Justice (ICJ) declaration on 26th of January 2024, that "at least some of the acts and omissions alleged by South Africa to have been committed by Israel in Gaza appear to be capable of falling within the provisions of the [Genocide] Convention". (International Court of Justice, 2024a, p. no pagination). The ICJ issued further provisional measures on 28th March 2024 demanding Israel "take immediate and effective measures to enable the provision of urgently needed basic services and humanitarian assistance to address the adverse conditions of life faced by Palestinians in the Gaza Strip" (International Court of Justice, 2024b, p. no pagination). According to Amnesty International, "Israel has failed to take even the bare minimum steps to comply" (Amnesty International UK, 2024, p. no pagination). (see also: Human Rights Watch, 2024, p. no pagination).

The dynamics of this war and the effects of repeated crises over many years in the Gaza Strip seem to have increasingly reverted the responsibility of providing public goods and services to the 'commons', i.e. social practices of community of self-governing individuals and groups (see: Ostrom, 1990). These individuals and groups were simultaneously, struggling with unprecedented circumstances including fearing for their children, multiple-time displacement, violent killings, home and neighbourhood destructions, and severe shortages in existential resources, such as food, water, and fuel. Since thousands of employees working in formal institutions, including governmental institutions have not been able to go to their offices or/and assume their full work responsibilities due to these conditions, this suggests that during Israel's ongoing war on the Gaza Strip, the boundaries between formality and informality have become even more blurred than ever before. Thus, despite the informality suggested by the term the 'commons' being not necessarily about the informal as opposed to the formal as successful formal institutions also have a commons type logic for they ultimately depend on the people in them, the devastation of the war has caused a significant collapse of Gaza formal institutions' systems, increasingly giving predominance to self-organisation commons-style initiatives as an 'alternative' mode for governance and the delivery of public goods to the Gaza population.

The brutal and chaotic nature of the current war on Gaza, and its complexity, coupled with challenges of transportation and phone and internet connectivity, have resulted in the internal fragmentation of public institutions, so often necessitating personal judgement on matters of concern, and *ad hoc*, on the spot, decisions and actions, that rely less on institutional structures and boards, and more on individual and groups' dedication and solidarity. That said, I use individuals and groups to indicate the fragmentation of the Gaza society into smaller entities, although among these individuals and groups maybe persons who have formal roles and assignments.

Empowering individuals and groups (within institutions and out of institutions) for constructive actions during the war to maintain their health resilience, is indeed empowering the whole of the Gaza community at this critical time. Similarly, lessons from the Gaza experience could be useful to consider in supporting communities in other world conflict-affected regions.

Health and De-development in the Gaza Strip Prior to October 2023

The Gaza Strip, a refugee majority area of the Occupied Palestinian Territories (OPT), with approximately 73.5% registered refugees at UNRWA, is a young society in which 50% of its population is under 18 years old. The Gaza Strip has been suffering from a rapid epidemiological transition with an "increasing burden of non-communicable diseases". (Jebril, 2021b, p. 10)

In my CBR report on the *Political Economy of Health in the Gaza Strip (Occupied Palestinian Territories)*, (Jebril, 2021b), I outline how the status of health in the coastal enclave was on the verge of "implosion" even before the October 2023 Israeli war on the Gaza Strip. Despite the relative expansion (compared to previous eras) of the Gaza health sector during Hamas ruling as a government (Jebril, 2021b, p. 61), the provision of health services remained fragmented between at least four actors, so often with weak coordination between these providers. That said, "there are four main health providers in Gaza (UNRWA, Health NGOs, Palestinian health ministry/ies, and the private sector). For specialized tertiary health care, however, patient transfers to Israel and neighbouring Arab countries are essential." (Jebril, 2021b, p. 11). Transfers to Israeli hospitals was described as a lengthy and bureaucratic process, that also included harassments. (Jebril, 2021b)

The fragmentation of the health sector in the OPT is a historical legacy, inherited across time, from decades of occupation in this area of the world, and continues to affect the Gaza health sector with contested political agendas and resource competition, which obstructs service delivery and increases coordination costs (Jebril & Deakin, 2022). It is one of the manifestations of a structure of de-development in the Gaza Strip, which runs across all sectors and also manifested in geographical and economic fragmentation (Roy, 1995, 1999), as well as in a simultaneous process of construction and destruction on a higher education level (Jebril, 2021a). (see also Jebril, 2021b; Jebril & Deakin, 2022)

After the election of Hamas as a government in 2006, a devastating siege and severe sanctions were imposed on Gaza by Israel, the international community and the Palestinian National Authority (PNA).

This has crippled the economic conditions in Gaza, exacerbating poverty, and unemployment, as well as impeding the flow of essential expertise, equipment and drugs for the health sector. It has also increased Gaza's reliance on donor aid, particularly given the fragility of the PNA's economy.

After the Palestinian schism in 2007, the PNA continued to pay the salaries of thousands of PNA employees in the health sector in Gaza. However, the status of PNA's funding remains uncertain since "changes in transfers, reductions in donor funds and the escalation of the conflict can cause serious decline in the Palestinian National Authority's (PNA) budget that limits its ability to contribute to Gaza Ministry of Health (Gaza- MOH)" (Jebril, 2021b, p. 10). The Palestinian schism had negative repercussions on the sector - on the planning, managerial and operational levels.

The health sector in Gaza was also affected by repeated Israeli wars. Overflowing emergency cases resulting from the wars in 2008, 2012, 2014, 2021 (and substantially increasing, post October 2023), has led to chronic capacity shortages in everything, often forcing the Gaza health care system to prioritize whom to give health to, with very often people with NCDs [noncommunicable diseases] being returned to receive care at home, mostly in unsuitable conditions such as long hours without power. But Israel's ongoing war on the Gaza Strip has further caused several killings, injuries, and life-changing disabilities including among children. Simultaneously, the war is having a detrimental psychological impact, very likely increasing mental health diseases. Thus, "exposure to trauma is one of the causes of mental health diseases and disability, which also shows that the conflict has far-reaching repercussions on the population health in Gaza" (Jebril, 2021b, p. 10), and other sectors (see for example: Jebril, 2024).

Israel's ongoing war on the Gaza Strip and its population health

Israel's war on the Gaza Strip since the 7th of October 2023 has "virtually depleted an already under-resourced health system" (World Health Organization, no date, p. no pagination). According to (United Nations Human Rights Office of The High Commissioner, 2024), "Israel's pattern of deadly attacks on and near hospitals in Gaza, and associated combat, pushed the healthcare system to the brink of total collapse, with catastrophic effect on Palestinians' access to health and medical care." (no pagination). For example, "The wars in Gaza have led to the immediate and evident destruction of healthcare facilities, including hospitals, clinics, and medical supply centers, often targeted directly or damaged as collateral. This has left the fragile healthcare system in disarray, reducing its ability to provide care" (Ahmed, 2023, p. 1). Professional staff were also detained by the Israeli forces, for example, "the director of Gaza's Kamal Adwan Hospital has been subjected to various forms of intense torture and inhumane treatment in an Israeli military prison, says his lawyer" (AlJazeera, 2025, p. no pagination). The lack of staff and "of beds, equipment, and medications, making it challenging for medical professionals to deliver essential services, leaving the wounded and sick without proper care and reducing their chances of survival" (Ahmed, 2023, p. 1).

Starvation has also been used by Israel as "a method of warfare in the Occupied Gaza Strip" (Human Rights Watch, 2023, p. no pagination). On 9th of October 2023, the Israeli Defense Minister

Yoav Gallant has made a public video statement saying: “We are putting a complete siege on Gaza ... No electricity, no food, no water, no gas – it’s all closed”(AlJazeera, 2023a, p. no pagination). Thus, “Israeli forces [have been] deliberately blocking the delivery of water, food, and fuel, while willfully impeding humanitarian assistance, apparently razing agricultural areas, and depriving the civilian population of objects indispensable to their survival.” (Human Rights Watch, 2023, p. no pagination).

People are not just being killed in the attacks but also dying from diseases caused by unsanitary conditions and lack of food (Beiraghdar et al., 2023, p. 2481). That said, the “large-scale displacement, interrupted water and electricity supplies, and restricted access to food and medicines have contributed to the disruption of [...several] health services. The water and sanitation crises in Gaza have trapped residents in the daily consequences of Israeli strikes and sieges, leading to infections (Beiraghdar et al., 2023, p. 2480). This is exacerbated by the fact that “the situation for civilians is already intolerable, with up to 70 people crammed into a single room in some cases” (Beiraghdar et al., 2023, p. 2481). That said, “medical organizations [have been] sounding the alarm about the potential for cholera and epidemics to spread in the area (Beiraghdar et al., 2023, p. 2481). Also, families without access to proper sanitation facilities are facing severe health risks [...particularly as] all five of Gaza’s wastewater treatment plants and 65 sewage-pumping stations have been forced to close. Untreated sewage is now being discharged into the sea, and in some areas, solid waste accumulates in the streets. This complex issue is a ticking time bomb for public health (Beiraghdar et al., 2023, p. 2480).



Courtesy: Pixabay- No Attribution Required.

Amid these conditions, many people have found themselves in situations where they must look for solutions to daily intractable and complex problems, with little or no possibility at all to seek

support from formal bodies and institutions, which have been similarly struggling in a context of danger, multiple displacement, and total siege. On 19th of January, a ceasefire was announced, but it did not last long, as Israeli strikes on Gaza resumed on 18th March 2025. Whether another ceasefire could be reached soon, and if so, would it persevere or not remains uncertain. In any case, given the scale of damage and destruction in the Gaza Strip, the process of post-war reconstruction, even if it starts today, is projected to take several years, this is an optimistic estimate.

Innovative dimensions to supporting community health resilience at times of war and crises in the Gaza Strip and Beyond

This section aims to provide a few ideas about what else could be done, to support people for their health resilience, at times when formal systems collapse, in contexts of war and conflict. The current obstacles facing the communities in the Gaza Strip, has highlighted the need to think innovatively, and create additional and alternative ways for survival. Below, I try to do that by offering a few recommendations that could be helpful for policy makers and the relevant actors, to consider for implementation in the Gaza Strip and conflict-affected zones. These include establishing/ supporting the following:

- I. An International War and Crisis Consultation (IWCC) Lab*
- II. Conflict-sensitive contingency design of health and humanitarianism*
- III. Investment in creative thinking and education*

Firstly (I) An International War and Crisis Consultation (IWCC) Lab

While there are many medical and mental health organisations that are dedicated to assisting people in conflict-affected areas, such as Doctors Without Borders (Médecins Sans Frontières, MSF), International Medical Corps, and War Child and others, people in the Gaza and conflict zones, may not, be able to practically access these organisations, due to these institutions' limited capacities or emergency conditions, such as continuous displacement, and fear from air attacks and bombardment. Establishing an International War and Crisis Consultation (IWCC) Lab could offer a vital international lifeline of *inter alia* medical support to individuals and groups (both within and beyond institutions) in situations where there is an absence of formal and informal channels. This IWCC Lab is a hybrid (physical and virtual) space that should have a legal status and an international protection, and be hosted in a selected country of political, economic and social stability, which is also a member of both the International Criminal Court (ICC) and the ICJ.

Although IWCC Lab may offer a variety of medical and mental health support to people in conflict zone, it would primarily focus on exploring contingency strategies. The IWCC Lab would consult with international experts for answers on alternative strategies, as well as conducting its own research. That said, at times of war and crises, the health sector usually suffers from chronic shortages of materials, drug, equipment, and access to expertise. Under such circumstances, people as well as health professionals may have to take decisions that are guided by relativity, rather than accuracy, considering how to do less harm, when doing good is not possible. That said, if ideal treatments are not available, then thinking about options from traditional medicine or alternatives from whatever is available could be necessary, but this should be based on scientific and medical consultation. For example, what would a patient of Type 1 diabetes do, if they could not find insulin at all? What would a kidney dialysis patient do if they were not able to reach the hospital to use kidney dialysis machine or have treatment or drinkable water? Such questions may not be thinkable in normal situations, but under war circumstances, they are very common, and the lack of alternatives could endanger the lives of many people. For example, in response to the lack of medical supplies which resulted in painful procedures without anaesthetic, Dr Ghassan Abu Sittah explains that “patients’ wounds were cleaned with store-bought washing liquid and vinegar”, whenever that was possible (The Guardian, 2023, p. no pagination). Sometimes ‘better than worse’ alternatives do exist, but this information may not be accessible to the people who need it in conflict zones. Other times, these alternatives do not exist at all, so it would be then important for the lab to initiate discussions with world experts on them and communicate outcomes to relevant/trusted contact points in conflict zones or make them accessible through other means to those who need them. Establishing an ‘International War and Crisis Consultation Lab’ could offer a lifeline to people and institutions who were cut off from other possibilities.

Secondly (II): Conflict-sensitive contingency design of health and humanitarianism

The architectural design of health and humanitarian facilities in conflict zones, and particularly in the context of the Gaza Strip, should be conflict-sensitive and adaptable to deal with the circumstances of war violence and displacement. For example, there is no area in the Gaza Strip that was spared shelling and bombardment by Israel’s ongoing war. The damage has led to the complete or partial destruction of hospitals, and health clinics, including those that belong to UN agencies and other international bodies that were on the ground. Therefore, in designing humanitarian and health facilities, international organisations should consider an underground building strategy, where clinics, hospitals and humanitarian spaces are established in designated areas beneath that are protected by international observers, from attacks from all parties, when everything on surface becomes a target, and susceptible to damage. In fact, Israel worked to ensure that such services remain accessible for its population in Israel, through “sheltering patients underground, in what is normally [the hospital’s] car park”. (France24, 2023, p. no pagination)

The distribution of warehouses and the establishment of clinical points across the different areas of the Gaza Strip (both on the ground and underneath it), as well as preparing mobile clinics is essential. For example, people and institutions such as UNRWA were ordered to evacuate from Northern Gaza and move to the Southern of the Gaza Strip, but then the Southern areas became dangerous too, receiving further evacuation orders from the Israeli military. Moving storage from one area to another

at times when transportations are obstructed by destroyed road conditions, the lack of fuel and the lack of safety is difficult, particularly when considering multiple times of displacement. Alternatively, if the design that was implemented in the early planning of these facilities, has been distributive, accounting for such circumstances from the start, this would have possibly improved, at least slightly, the ability of the communities in Gaza to navigate the war obstacles more effectively.

The same applies to water wells and other service points in Gaza. While people may know where water wells exist from their common knowledge of the area, the current war in the Gaza Strip has resulted in displaced people moving into areas where they have never lived before. Also, some water wells have likely been buried under the rubble. Pre-emptively, considering these possibilities in conflict zones is necessary. Creating and distributing maps to the population in advance of where resource points exist, could be useful to supporting the needs of displacement and to the restoration of these resource points, in due course.

A contingency design should also be pursued by other sectors that support the health sector. For example, according to (AlJazeera, 2023b), PalTel network, one of the largest telecommunication companies of the OPT, has been preparing for war over 15 years, and also developed an emergency protocol. PalTel experience of a prolonged siege on Gaza borders, made it difficult for it to secure repair pieces, but repeated wars on Gaza would have resulted in damage to the available ones as well. Therefore, the network was built in a distinctive way that takes these challenges into consideration. For example, “while most telecom networks bury cables 60cm (about 2ft) underground, PalTel buries its cables up to 8 metres (26ft) deep. In case the Israelis cut off electricity, its data centres in Gaza also have three layers of redundancy: generators, solar panels and batteries. The company has also developed emergency protocols to direct workers remotely from the occupied West Bank, and if severed communications make this impossible, Gazan staff are empowered to act autonomously.”(AlJazeera, 2023b, p. no pagination). Israel’s war on the Gaza Strip post- October 2023, has crippled the network despite these preparations and contingencies, through physical damages as well as affecting its staff and operations. Nonetheless, had it not thought innovatively and pre-emptively about protection, the impact would have been even much worse. Telcom networks are important to the work of medical, aid, and service professional, as well as connecting people to their loved ones, and to the world. Under the war circumstances, a functioning network could be lifesaving. (AlJazeera, 2023b, p. no pagination).

Thirdly (III): Investment in creative thinking and education in conflict zones

Amidst severe lacks in the provision of essential material and services, stories of how people/institutions have used innovation and commons-style initiatives, for resilience, have also been reported. These empowering stories remind us of the reciprocal and interconnected link between health and education; triggering our imagination to think of the creative potential of education and higher education and the extent to which they could contribute to strengthening health resilience, in practical ways at times of war and crises. Below are a few examples that show how creative thinking was essential for survival and continuity:



Source: Photo of Engineer Enas Al-Ghoul with the solar powered desalination device
@ZUMA Press, Inc. / Alamy Stock Photo. Licensed Image - Standard Individual Use, purchased [28th.05 .2025]

Case #III.1: Enas Al-Ghoul, a female engineer who made a solar-powered desalination device that makes seawater drinkable.

Al-Ghoul used her knowledge to support displaced people, particularly those in the north of Gaza, to deal with water shortages and pollution. Al-Ghoul made a solar-powered desalination device that makes seawater drinkable, creating this in a way that is also adaptable. In a video recording for AlJazeera posted on X, (AlJazeera, 2024, p. no pagination), Al-Ghoul explains that this device can even replace water filters as it turns water clean %100, not even including salt. It works on the energy of water to remove impurities like calcium deposits, salts, and everything else and it comes as fresh water through this natural process. It can be made by using recycled materials that can be found in Gaza (e.g. wood, broken glass, leather or tarpaulin), and therefore it is accessible for families to make under the war circumstances. It is also easy to use and to transport, which is necessary to suit continuous displacement conditions. It can be made flexibly to suit different needs for homes, or camp's use, for example, it can be made 4 meters long or 7 or even 20 meters. (AlJazeera, 2024, p. no pagination).

Case #III.2: Teenager Hussam Al- Attar created a system to light up his family tent, that he became known by the nickname: Gaza's Newton.

After the 15-year-old Al-Attar fled to Rafah, he spent 20 days living in darkness, which prompted him to create light, he explained in an interview with Reuters. (Salem & Abu Mustafa, 2024, p. no pagination). Al-Attar, picked up two fans from the scrap market which he used as to create windmills to generate electricity. He connected the fans to wires and lit bulbs through them. Failing a few times, his efforts worked at the end. He says: "I am very happy that people in this camp call me Gaza's Newton, because I wish I can achieve my dream and become a scientist like Newton and have an invention that's not only for the benefit of the Gaza Strip and Palestine, but for the whole world" (Salem & Abu Mustafa, 2024, p. no pagination).



Photo of Teenager Hussam Al-Attar

Source @QudsNen, shared on X (Feb, 2024)- (see full article: Quds News Network, 2024, p. no pagination)

While Al-Ghoul and Al- Attar's examples could not alleviate the large-scale suffering and destruction in Gaza, they are important to zoom in on. These two cases highlight a potential for empowering health resilience in conflict-affected settings through strengthening individual (and groups and institutions') capacities for innovative thinking and acting. Documenting and sharing these nontraditional ways of coping under war and severe existential resource shortages could also be useful to inspire others for similar resilience under similar conditions. Supporting Gaza and conflict-affected zones with education and higher education activities that centre creative thinking, foster innovation and encourage people's agency is essential. In fact, this could provide opportunities for supporting a large part of the affected community at times when other possibilities are depleted or/and closed.

In conclusion

This policy brief highlights the importance of looking for innovative approaches to supporting health resilience at times of war and crises, particularly in the absence of state and nonstate actors such as has been the case in the Gaza Strip. Israel's ongoing war on the Gaza Strip is unprecedented to the extent that many of the ways that have previously managed - somehow - to sustain conditions of health and humanitarianism in the coastal enclave, have been completely or partially obstructed, falling disastrously below the scale needed to alleviate suffering in Gaza. Therefore, there is a need for global learning from the Gaza experience and working to find ways of prevention and mitigation. While there is no substitute for formal and nonformal channels to deliver a large-scale response, in writing this policy brief, I am considering the self-organisation entities, individuals and groups (institutional and noninstitutional), who found themselves, on their own, having to deal with precarious and novel conditions, without adequate access to international or local support. The recommendations I put forward in this document are only a few, but I believe they are important. I urge policy makers to consider them for further implementation, and to encourage further research and discussions on new ones. Thinking innovatively as well as in collaboration with a lifeline of international support could be lifesaving for many families at times of war and crises in the Gaza Strip and beyond.

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Author

Mona Jebril is a Research Associate at Centre for Business Research and a Bye-Fellow in Education and Academic Development at Queens' College, University of Cambridge.

Contact Emails:

m.jebril@jbs.cam.ac.uk

mon4jebril@gmail.com



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Centre for Business Research, Judge Business School

11-12 Trumpington Street, Cambridge, CB2 1QA

Tel: +44 1223 765320 Fax +44 1223 765338

Email: cbrenquiries@jbs.cam.ac.uk

Website: <https://www.jbs.cam.ac.uk/centres/business-research-cbr/>