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Proposals for the Forced Displacement of the Population from the Gaza Strip and the Geopolitical Spectrum of a Global Public Health Tragedy

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Abstract

The flight or expulsion of populations exposed to health risks resulting from armed conflicts can become a source of preventable infectious disease spread to other regions. This study examined the potential impacts of a mass forced displacement of the Palestinian population from the Gaza Strip on the public health of host countries. Through a literature review covering 2022 to 2025, it was evident that the conflict has exacerbated the incidence of infectious diseases among the local population due to the destruction of health infrastructure, poor living conditions, and overcrowding. Proposed destinations for the forced relocation of Palestinians include countries with limited or weakened health infrastructure, such as Libya, Somalia, South Sudan, Ethiopia, Indonesia, and Morocco, where the influx could intensify health risks for both migrants and local populations. The vulnerability of the displaced to pathogens, combined with structural challenges and social stigma, may worsen the spread of infectious diseases, resulting in consequences that transcend geographic borders. In this context, there is an urgent need for integrated and effective policies to mitigate health risks, protect the health and dignity of displaced individuals, and prevent a global public health crisis.

Keywords: Public Health, Gaza, Forced Displacement, Infectious Diseases, Armed Conflicts.

1. Introduction

Beyond the dead and severely injured, armed conflicts leave survivors torn apart by pain, trauma, and disease. Furthermore, the flight or expulsion of populations exposed to health risks stemming from such conflicts can become a source of spread of preventable infectious diseases to other areas. In this context, the implementation of mass forced displacement of Palestinians from the Gaza Strip to other countries could become a global public health and sanitary tragedy.

2. Methodology

The objective of this study is to examine how the possible forced displacement of the Palestinian population from the Gaza Strip might impact the public health of the regions receiving these individuals. An analysis was conducted based on scientific articles indexed in the PubMed, Scopus, and Scielo databases, as well as newspaper articles concerning the political context of the potential forced displacement of the Palestinian population from the Gaza Strip. The scientific articles were selected using the descriptors "Gaza" and "Infectious diseases," with a time frame between 2022 and September 2025.

3. Review and Discussion

Since 2022, the Palestinian population of the Gaza Strip has faced a significant burden of infectious diseases exacerbated by the ongoing conflict and deterioration of living conditions. The destruction of health infrastructure and sanitation systems due to military attacks has led to an increase in waterborne and vector-borne diseases, including meningitis and dysentery

caused by various infectious agents, hepatitis A, varicella, and has promoted the resurgence of poliomyelitis (Irfan et al., 2024; Branda et al., 2024; Dardona et al., 2024). The conflict has also resulted in overcrowded shelters with poor sanitation, facilitating the spread of diseases such as cholera (Hussein et al., 2024). Among children under five years old, there has been a notable increase in acute respiratory infections, diarrhea, scabies, lice infestations, and jaundice caused by pathogens (Taha et al., 2024; Dardona et al., 2024). The insecurity of water, sanitation, and hygiene among displaced populations has led to high incidence rates of diarrhea and acute respiratory infections (Abuzerr et al., 2024). Reports of severe infections in Israeli soldiers returning from the Gaza conflict reflect the sanitary precariousness in Gaza: several Israeli soldiers died after contracting infections from multidrug-resistant bacteria such as *Klebsiella pneumoniae* and *Escherichia coli*, as well as cases of aspergillosis (Sebouai, 2023). The calamity in infrastructure, health systems, population overcrowding in unsanitary conditions, and precarious access to water and food create the perfect scenario for uncontrolled dissemination of infectious diseases (Kearney et al., 2024).

Although the World Health Organization states that refugees arriving in Europe represent a low public health risk to the host countries, especially due to constant and effective sanitary and epidemiological surveillance (Gulland, 2015), the countries currently considered as possible recipients of the displaced Palestinian population from Gaza have very different socioeconomic and institutional conditions. The governments of Israel and the United States of America have proposed Libya, the separatist region of Somaliland in Somalia, South Sudan, Ethiopia, Indonesia, and Morocco as destinations for a potential forced displacement (Shalev et al., 2025). Three of these countries - Libya, South Sudan, and Somalia - are considered "failed states": national states unable to perform essential functions such as maintaining security, providing public services, ensuring welfare, or even guaranteeing a minimum standard of health for their population (Day, 2022; Bogale et al., 2024). Ethiopia, Morocco, and Indonesia have stronger institutions but still face enormous public health challenges, especially regarding the control and combat of infectious diseases (Mahdaoui and Kissani, 2023; Simeng et al., 2024; Harianto et al., 2024). The influx of a massive population group with a high prevalence of infectious diseases, vulnerable to pathogens to which they were not previously exposed in their region of origin, combined with critical deficiencies in healthcare infrastructure in the recipient countries, tends to further exacerbate the precarious health conditions of both migrants and the local populations.

Forcibly displaced populations generally face living conditions in unsanitary, overcrowded locations with inadequate sanitation and limited access to healthcare, which exacerbates their vulnerability to infectious diseases (Ching and Zaman, 2023; Thomas et al., 2025). The poor health conditions endured by migrants and asylum seekers were evidenced during the COVID-19 pandemic (Norberg et al., 2022), and the risks are further amplified when prevention of the numerous pathogens to which they are vulnerable requires adopting more robust epidemiological control measures. These groups face numerous structural challenges, such as language barriers, financial constraints,

and unfamiliarity with local health systems, hindering their ability to access healthcare services (Valenti, 2022), in addition to fear and discrimination from nationals of the host countries. Part of this stigma may be associated with the - whether grounded or not - fear of contagion by infectious disease agents (The Lancet Infectious Diseases, 2016).

Individuals from populations subjected to forced displacement and compelled to endure precarious conditions when settled tend to undertake further migrations in search of better living conditions (Shaffer and Stewart, 2021), carrying with them pathogens from their original region, those acquired during transit, and those contracted in destination zones, thus amplifying the diaspora of pathogens to other parts of the planet. Moreover, the dynamics of contact between local populations and settled populations, as well as environmental and sanitary pressures, can drastically change the diversity and prevalence of pathogens, including zoonotic ones, with effects for both communities and the entire environment according to the One Health perspective (Oakley et al., 2024). Considering the broad range of pathogens detected in the Palestinian population of the Gaza Strip and the potentially high prevalence of some of these microorganisms due to the circumstances of the armed conflict, these risks become even more disturbing.

4. Final considerations

In the context of a potential mass forced displacement of the Palestinian population from the Gaza Strip, a significant global public health threat materializes, impacting not only the displaced individuals but also the host regions and the broader international health landscape. Given the possible escalation of the existing humanitarian crisis, it is imperative to implement strategies aimed at safeguarding the dignity, well-being, and health of the displaced populations, thereby mitigating exacerbated vulnerabilities and preventing the transboundary transmission of infectious diseases, which predominantly jeopardize other vulnerable groups.

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