The Response to the Poliomyelitis Outbreak in the Gaza Strip

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INTRODUCTION

After 25 years without reported poliomyelitis, the Gaza Strip experienced a poliovirus outbreak in 2024 amid ongoing armed conflict, mass displacement, collapse of water, sanitation and hygiene (WASH) systems, and major disruptions to routine immunization services. The outbreak posed a serious public health threat within an already overstretched health system.

OBJECTIVES

This study examines policy and operational response,

- To identifies key implementation strategies.
- To explores operational and ethical challenges.
- To highlights lessons for managing infectious disease outbreaks in complex humanitarian settings.

METHODOLOGY

A qualitative policy analysis was conducted using two complementary approaches: (1) a desk review of published and grey literature, including reports from the Palestinian Ministry of Health (MoH), the World Health Organization (WHO), and UNICEF; and (2) two in-depth key informant interviews (KIIs) with senior representatives from the MoH and UNICEF. Findings from both sources were triangulated to examine governance mechanisms, implementation processes, operational barriers, ethical considerations, and policy implications.

RESULT

The response was led by the Palestinian MoH in close collaboration with WHO, UNICEF, and national and international partners. Key interventions included three rounds of oral polio vaccination targeting children under 10 years of age, integration of vitamin A supplementation and nutritional screening, deployment of mobile and outreach vaccination teams, strengthened disease surveillance, and extensive community engagement and risk communication. Despite severe insecurity and logistical constraints, high vaccination coverage was achieved. Major challenges included insecurity, restrictions on humanitarian access, repeated population displacement, destruction of health and public infrastructure, supply chain disruptions, workforce fatigue, and ethical concerns related to equitable service delivery, informed consent, and the safety of healthcare workers. Strong national leadership, multisectoral coordination, and sustained humanitarian advocacy were critical enablers of the response.

DISCUSSION & CONCLUSION

The Gaza polio response demonstrates that effective outbreak control is achievable even during active conflict when national leadership, coordinated partnerships, adaptive service delivery, and community engagement are combined. The experience also underscores the importance of resilient health systems, uninterrupted humanitarian access, robust surveillance, protection of healthcare workers, and adherence to ethical and equity principles. These lessons provide valuable guidance for strengthening preparedness and response to vaccine-preventable disease outbreaks in conflict-affected and other humanitarian settings.