

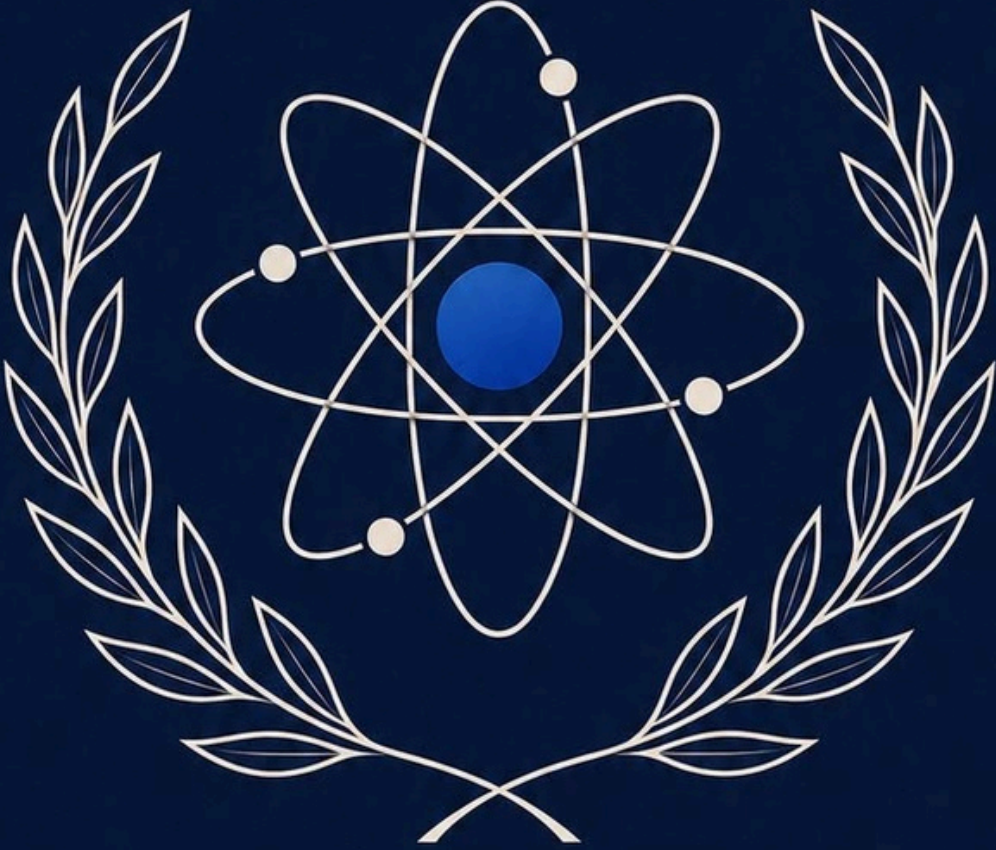
Defne Açıkgöz

WHO

17-18.10.2026



. K F L M U N .



World Health Organization

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MODEL UNITED NATION ACADEMIC INTRODUCTION

Model United Nations (MUN) is an academic simulation of the United Nations in which students represent different countries and participate in discussions concerning international issues. The primary purpose of MUN is to develop students' understanding of international relations, diplomacy, global affairs, and international law. It also strengthens academic research, critical thinking, formal writing, negotiation, and public speaking skills.

In MUN, each participant is called a delegate and is assigned a country to represent in a specific committee. Delegates are expected to research their assigned country's foreign policy, national interests, and position on the agenda. They must represent their country's official stance rather than their personal opinions. Through formal debate and diplomatic negotiation, delegates seek to identify common interests and develop solutions to international problems.

The General Speakers' List (GSL) is the primary speakers' list used during formal debate. Delegates recognized by the Chair deliver speeches presenting their country's position, explaining the significance of the issue, and discussing possible approaches. GSL speeches allow delegates to establish their arguments, identify areas of disagreement, and contribute to the committee's academic discussion. An **opening speech** is an introductory statement delivered at the beginning of committee proceedings when the conference includes an opening-speaker round. It generally introduces the agenda, explains the country's position, and identifies its main concerns. Although opening speeches and GSL speeches may overlap in content, opening speeches primarily establish a delegation's initial position, whereas GSL speeches contribute to the continuing debate. During committee sessions, delegates use **points and motions** to participate in proceedings according to the Rules of Procedure. A Point of Personal Privilege addresses personal discomfort that prevents effective participation, such as difficulty hearing a speaker. A Point of Parliamentary Inquiry allows delegates to ask the Chair questions about parliamentary procedure. A Point of Order is raised to identify a possible procedural error. The Right of Reply may allow a delegation to respond to a serious personal or national insult, depending on the conference rules. A **motion** is a formal proposal intended to direct or change committee proceedings. One common example is a Motion for a Moderated Caucus, which proposes a structured discussion focused on a specific subtopic. Delegates speak individually after being recognized by the Chair. In contrast, a Motion for an Unmoderated Caucus proposes an informal discussion period during which delegates can negotiate, exchange ideas, form alliances, and collaborate on documents. Other motions may concern the introduction of draft resolutions or the closure of debate. A typical MUN committee begins with roll call, followed by opening speeches or formal debate. Delegates then participate in discussions, negotiate during caucuses, prepare working papers, and develop resolutions.

1. Letter from the Secretary General

Dear Delegates,

It is my great pleasure to welcome you to the World Health Organization (WHO) of KFLMUN'26.

WHO is one of the committees that holds a particularly important place within our conference. At its core, this committee is about people. Behind every statistic, every report, and every policy discussed in this room, there are individuals whose lives can be changed simply by whether they can access the medical care they need. Our agenda, "Addressing the Shortage of Medical Supplies and Health Services in Conflict Zones," asks us to examine one of the most difficult challenges facing healthcare in times of conflict. Hospitals can become inaccessible, medical supplies can become scarce, healthcare workers can be placed under immense pressure and entire communities can be left without the care they depend on. As delegates, I encourage you to look beyond the political dimensions of the issue and remember the human beings at the centre of it. Consider how medical supplies can reach those who need them, how healthcare services can remain available in difficult circumstances, and how international cooperation can help protect access to healthcare when it matters most. I would also like to personally thank my USG, Defne, for taking on the responsibility of leading such an important committee. I am genuinely grateful to have her as part of this conference and trust that she will give WHO the care, dedication and energy it deserves. I hope WHO becomes more than simply a committee where resolutions are written. I hope it becomes a space where you can understand the human impact behind the issues you debate, challenge your own perspectives and work together towards solutions that place human life at the centre. KFLMUN'26 has been a dream of mine for years and every committee becomes a meaningful part of that dream through the people who bring it to life. I am truly proud to see WHO take its place within that vision.

I wish you all an engaging, thoughtful and meaningful committee experience.

Remember what is at the heart of this agenda.

Every decision you make is ultimately about a life.

Sincerely,

Tufan Kaan Karagöz
Secretary General
KFLMUN 26

2. Letter From the Under Secretary General

Dear Delegates,

As the Under Secretary General of the World Health Organization Committee, it is my utmost pleasure to welcome you all to KFLMUN'26. I am truly honored to accompany you throughout this committee as we explore one of the most pressing health related challenges faced by conflict affected populations today.

Our agenda item, "Addressing the Shortage of Medical Supplies and Health Services in Conflict Zones," calls for a comprehensive examination of the challenges faced by healthcare systems during armed conflicts. Conflict can severely disrupt the delivery of essential healthcare through shortages of medical supplies, damaged healthcare facilities, displacement of healthcare personnel, and limited access to essential health services. These challenges can have significant consequences for civilians, particularly vulnerable populations who already face limited access to healthcare.

As delegates of the World Health Organization, your responsibility will be to analyze the factors contributing to shortages of medical supplies and healthcare services in conflict zones, examine the impact of disrupted healthcare systems on affected populations, and consider the role of international cooperation in addressing these challenges. During the debate, you will be expected to balance humanitarian needs, national capacities, international cooperation, and the principles governing global health while remaining committed to the purposes and principles of the United Nations.

I highly recommend that you carefully review the study guide, as it contains essential background information, relevant data, and frameworks that will assist you throughout the committee sessions and contribute to more informed and productive debates. I encourage you to approach the agenda with diplomacy, critical thinking, and a strong understanding of the responsibilities of the World Health Organization.

I sincerely hope that this committee will challenge you academically while also providing you with a meaningful and engaging experience through diplomacy, collaboration, and problem solving. I look forward to witnessing your ideas, negotiations, and contributions throughout the conference.

If you have any questions, please do not hesitate to contact me via the email address provided below.

Best Regards

DEFNE AÇIKGÖZ

Under Secretary General of the World Health Organization Committee
defneacikgoz6@gmail.com

3. Introduction to the Committee

The World Health Organization (WHO) is a specialized agency of the United Nations (UN) established in 1948 with the broad mandate to promote the attainment of "the highest possible level of health" for all people and to further international cooperation for improved public health conditions. WHO defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". WHO works with Member States and other international partners on a wide range of public health issues. Its activities include developing health guidelines and standards, collecting and analyzing health data, supporting disease prevention and control, and providing technical assistance to countries. WHO also coordinates international responses to health emergencies and supports countries in strengthening their healthcare systems.

The organization operates through cooperation with national governments, international organizations, healthcare institutions, and other relevant stakeholders. Its work covers areas including communicable and non-communicable diseases, health emergencies, access to essential medicines, maternal and child health, environmental health, and health system development.

WHO is governed by its Member States through the World Health Assembly, which is the organization's highest decision-making body. The World Health Assembly determines WHO's policies, appoints the Director-General, approves the programs of work and budget, and establishes priorities for the organization's activities. WHO also operates through regional offices and country offices to support the implementation of programs at regional and national levels.

4. Introduction to the Agenda Item

4.1 Addressing the Shortage of Medical Supplies and Health Services in Conflict Zones

There are still many unanswered questions about the safety of affected communities' health in conflict zones, including access to healthcare. The main obstacle is the profound disruption that conflict causes to the healthcare system, which leads to a shortage of medical supplies, the destruction of buildings, and a large-scale evacuation of medical personnel. Security hazards also exacerbate this critical situation by impeding the safe delivery of help and the impacted communities' access to healthcare services. The entitlement of the wounded and sick to receive medical care is a foundational principle of international humanitarian law (IHL). Medical facilities and personnel are granted legal protection that allows them to serve their functions.

Healthcare facilities are most likely to become military objectives by virtue of their use or location, as an example if they are used to store weapons or to provide cover to fighters actively engaging in hostilities. Significantly, it is just the part of the facilities where these activities are taking place that becomes a military objective. As conflicts continue to devastate civilian lives across the globe, healthcare systems in war zones face unprecedented challenges. In the past decade alone, over 180,000 civilians have been killed in armed conflicts worldwide, with regions like Syria experiencing a mass exodus of healthcare workers over 70% have fled due to violence. In Ukraine, recent reports indicate that over 17 million people require humanitarian assistance, with healthcare facilities frequently targeted and damaged, leading to significant shortages of medical supplies and personnel. In Palestine, the situation is even worse, with access to healthcare severely restricted due to ongoing violence.

Reports show that over 50% of medical facilities in Gaza are non-functional or operating at reduced capacity due to conflict, significantly affecting patient care. Also several pieces of evidence indicated that approximately six months into the war, only 12 out of the 36 hospitals remained operational.

In Yemen, more than 122,000 people have been displaced by the recent escalation of conflict across eight governorates, many of them families who have already experienced displacement and are arriving with limited resources and interrupted access to health care. Between 6 August and 18 September, 3,672 casualties were reported, including 674 deaths and 2,998 injuries. Between 13 and 18 September alone, 680 new casualties were recorded. The escalation comes as Yemen's health system is already struggling to meet existing needs. Of 5,415 health service delivery units assessed for functionality, around 60% are fully functioning, 35% are partially functioning and 4% are non-functioning. Full trauma care services are available in only 6% of assessed facilities. These rates clearly show the scale and

urgency of the challenges faced by healthcare systems in conflict zones. Shortage of medical supplies, healthcare personnel, and access to essential health services strongly increase the health risks faced by victims of conflicts.

4.2 Keywords and Definitions

Medical supplies: Materials, equipment, medicines, and other essential products needed by healthcare workers to provide medical treatment and care to patients.

Public health: The organized efforts of governments, healthcare institutions, and communities to protect and improve the health of the population and prevent diseases.

Conflict zones: Areas where armed conflicts, wars, or violent clashes are taking place, often causing serious risks to civilians, healthcare systems, and access to essential services.

Outbreaks: The sudden increase or spread of a disease within a particular population, community, or geographical area.

Trauma: A physical or psychological injury or severe emotional distress caused by a highly stressful, frightening, or dangerous event.

Post-Traumatic Stress Disorder (PTSD): A mental health disorder that may develop after experiencing or witnessing a traumatic event, causing symptoms such as anxiety, intrusive memories, nightmares, and avoidance.

Tsunami-related Psychological Trauma: A psychological response to experiencing or witnessing a tsunami, often involving fear, anxiety, distress, sleep problems, and traumatic memories.

4.3 Historical Background

Medical shortages in conflict zones have existed for a long time. During the 20th century, major wars showed how seriously armed conflicts can affect healthcare systems. When diplomats met to form the United Nations in 1945, they also discussed the need for a global health organization. After this discussion, the Constitution of the WHO was adopted by the International Health Conference held in New York from June 19th to July 22nd 1946. On July 22nd, it was signed by the representatives of 61 states. Now, the WHO works with 194 member states. It entered into power on April 7th 1948. April 7th is now celebrated annually as World Health Day.

After the WHO was established on 7 April 1948, many conflicts continued to create serious challenges for healthcare systems and the WHO became an important organization in responding to health crises and conflicts around the world. During conflicts such as the Korean War, Vietnam War etc. healthcare systems faced serious challenges. In these conflict zones hospital and medical facilities were damaged and access to medicines and medical supplies became difficult.

In 1949, the Geneva Conventions also established important rules for the protection of sick people, medical personnel and hospitals in armed conflicts. These rules showed the importance of protecting healthcare during the wars.

The WHO has also worked closely with humanitarian organizations, governments and other international agencies in conflict-affected areas. The WHO has cooperated with UNICEF since the early years of the United Nations system, while its cooperation with the ICRC has developed over many decades. These organizations help deliver essential medicines, medical equipment etc. to people in need. This cooperation is especially important when local healthcare systems are damaged.

5. The Challenges caused by the shortage of medical supplies

Hospitals may not have enough medicines, bandages, blood or medical equipment. This makes it difficult for doctors to treat sick people. During the wars, hospitals could be damaged or have limited access to electric and clean water. The shortage of medical supplies can increase the number of preventable deaths. Serious injuries, chronic diseases or infections may not receive enough treatment. Especially childrens, elderly people or pregnant people could be harmed. Some patients may also have to wait for treatment because of enough treatment, enough medicines or enough hospital beds.

During wars, delivering medical supplies is also difficult, roads can be damaged or unsafe. Wars can delay the delivery of important medicines and equipment. For this reason medical supplies may not reach hospitals on time. This can be dangerous for patients who require regular medication or emergency treatment.

International organizations and humanitarian groups play an important role while providing medical supplies to people in conflict zones. They can provide medicines, medical equipment and clean water just in case by working with local hospitals and healthcare organizations. They can collect medical supplies from different countries and transport the medical supplies to areas where they are needed. They can also organize emergency deliveries to hospitals and health centers. Also they can support healthcare workers by providing medical training. These organizations can help hospitals repair damaged facilities and continue providing basic healthcare services during conflicts.

5.1 Disease Outbreaks in Conflict Zones,

1. Dirty Water Sources and Broken Sanitation

When warfare destroys water treatment plants, pumping stations, and sewage pipes, municipal water delivery stops working. Power outages and fuel shortages make water cleaning impossible. As a result, untreated sewage flows into streets and rivers, contaminating clean water wells. Displaced people are forced to drink, cook, and wash with dirty water, which leads to sudden disease outbreaks. A bacterial infection from dirty water that causes severe diarrhea and rapid dehydration. During the war in **Yemen**, destroyed water systems caused a massive outbreak with over 2.5 million cases. In **Gaza**, clean water shortages caused acute diarrhea cases to increase by over 2000% among displaced children. A bacterial disease transmitted through contaminated food and water. It causes high fever, severe weakness, and stomach pain. During the **Syrian Civil War**, people in besieged cities

had to drink unsafe well water, causing large typhoid outbreaks. An infection of the intestines caused by unsafe water, leading to severe diarrhea with blood and painful stomach cramps. In 1994, over 50,000 **Rwandan** refugees died from dysentery and cholera in refugee camps. Viral liver infections that spread through dirty water and poor hygiene. They cause jaundice (yellow skin) and extreme tiredness. In **Gaza**, the lack of clean water and soap in overcrowded tent shelters led to more than 40,000 cases of acute Hepatitis A.

2. Overcrowded Living Conditions and Respiratory/Contact Diseases

Conflicts force millions of refugees to leave their homes. Displaced families must stay in crowded shelters, school classrooms, or tent camps where hundreds of people share limited space. Poor ventilation, lack of clean clothes, and no access to soap allow airborne viruses and skin parasites to pass easily from person to person. A bacterial infection that spreads through the air and attacks the lungs, causing chronic coughing and fever. During the **Chechen Wars**, people lived in cold, crowded shelters for months, which caused a large TB outbreak. A similar increase in TB happened in **Ukraine** as civilians hid in crowded underground metro stations. A highly contagious virus that causes high fever and skin rashes. It is dangerous for young children. In the **Democratic Republic of the Congo (DRC)**, ongoing fighting prevented vaccination teams from working, leading to a measles outbreak that killed over 7,000 children. A serious infection of the brain and spinal cord membrane, spread through coughs and sneezes in tight spaces. In overcrowded refugee camps across **Nigeria**, periodic meningitis outbreaks spread quickly among young people. Parasitic skin conditions caused by tiny mites and lice that cause severe itching and skin sores. In **Gaza**, where 1.9 million displaced people live in crowded tents without showers or laundry, over 150,000 cases of scabies and parasitic skin infections were reported.

3. Vaccine-Preventable Diseases (Healthcare System Collapse)

During wars, clinics are damaged, medical workers flee, and medicine supplies are blocked. Electricity blackouts break the "cold chain" (refrigerators needed to store vaccines). When routine childhood vaccination stops, children lose their protection, and dangerous diseases from the past return. A dangerous virus that attacks the nervous system and can cause permanent muscle paralysis. In **Syria**, after 14 years without polio, stopping child vaccinations during the war caused the virus to return. In **Gaza**, after 25 years without polio, a 10-month-old baby became paralyzed in 2024, forcing international health organizations to start an emergency vaccination campaign. A bacterial infection that affects the nose and

throat, making it very hard to breathe. During the war in **Yemen**, blocked medical shipments caused a serious diphtheria outbreak. Unvaccinated **Rohingya** refugee children fleeing **Myanmar** also suffered a diphtheria outbreak in Bangladeshi camps. A contagious disease causing violent coughing fits that make breathing difficult. In **Somalia**, where long-term conflict dropped child vaccination rates below 30%, whooping cough frequently harms unimmunized infants.

4. Vector-Borne Diseases (Environmental Damage and Pest Proliferation)

When city services stop during a war, trash collection ends, leaving tons of garbage in the streets. Broken pipes create pools of dirty, stagnant water. Without pest control or spraying, these garbage dumps and stagnant pools become breeding places for mosquitoes and flies. A skin disease spread by sandflies that breed in garbage dumps and open sewage. It causes painful, disfiguring skin sores. During the **Syrian Civil War**, uncollected trash caused sandfly numbers to explode, infecting hundreds of thousands of people. In **Gaza**, sandflies in garbage piles near tent camps have infected many children with leishmaniasis skin sores. A serious blood disease transmitted by mosquitoes that breed in stagnant water. In the **Democratic Republic of the Congo**, ongoing conflict disrupts mosquito net distribution, making malaria a main cause of death. In **Yemen**, war-created water pools caused malaria cases to increase by 300%. A virus spread by mosquitoes that causes sudden high fever and severe body pain. During the civil war in **Sudan**, uncollected urban waste and open water containers in Khartoum led to widespread dengue fever outbreaks.

5. Fatal Complications from Malnutrition

Military blockades, food shortages, and disrupted supply lines lead to severe hunger among civilians. When human bodies lack proper food, their immune systems become too weak to fight off basic illnesses. In war zones, people rarely die from hunger alone; instead, their weak bodies cannot survive simple, treatable infections. In severe food shortages such as in **Somalia** and **South Sudan** malnourished children have very weak lungs. Simple colds quickly turn into severe pneumonia, making it fatal without oxygen or basic antibiotics. In healthy children, mild diarrhea disappears in a few days. However, in malnourished infants living in conflict zones like **Yemen** or **Northern Gaza**, basic gastrointestinal infections cause rapid fluid loss, organ weakness, and death within a single day.

6. The conflict in Gaza

The protracted conflict in Gaza, marked by extensive Israeli attacks, has devastatingly crippled the healthcare system. Hospitals, clinics, and essential facilities have been directly targeted or damaged, leading to critical shortages in beds, equipment, and medications. The strain on healthcare workers has resulted in burnout, trauma, and mental health disorders. Moreover, repeated conflicts have triggered widespread psychological trauma among residents, exacerbated by a lack of mental health professionals and the stigma surrounding seeking help. Israel airstrikes destroyed 18 of the 35 hospitals, 32 primary care centers, and 11 water sanitation facilities. Attacks on healthcare facilities lead to 166 unsafe childbirths daily and result in the admission of 50 Palestinians, including children, per hour. Israeli airstrikes damaged 205 educational facilities, 69 healthcare centers, and 24 ambulances. Regrettably, 46 medical personnel lost their lives. There were over 1.4 million displaced people, 21 healthcare facilities experienced disruptions due to fuel shortages. This has left the fragile healthcare system in disarray, reducing its ability to provide care. Consequently, there's a shortage 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. As in previous winters in Gaza, the enclave's residents are expected to face a heightened risk of preventable disease outbreaks, linked to the absence of safe shelter, a lack of clean water and the high number of rats, whose bites transmit infection. The destruction of public health laboratories has complicated the task of identifying potential epidemics addressed by WHO. Moreover, in the last six months, one shipment of prosthetics and assistive devices was rejected four times. "Every rejection means another delay for someone who has already lost a limb and is simply waiting for the chance to walk again," stressed the WHO official.

The mental health system in Gaza is in urgent need of reform to respond to the increasing mental health consequences of the conflict. The conflict has triggered a 'tsunami' of mental health issues, with trauma-related symptoms likely to persist for a long time. The continuous trauma experienced by the population, especially children and adolescents, has led to high rates of mental health disorders like post-traumatic stress disorder (PTSD) and depression. According to a 2011 review, Palestinian children had high rates of PTSD, with percentages ranging from 23% to 70% in various studies. Before the previous conflict in 2021, UNICEF stated that one in three children in Gaza required assistance for trauma caused by the conflict. In 2022, Save the Children conducted a study, interviewing around 500 children and 160 parents in Gaza. The findings indicated that 80% of the children in the study exhibited symptoms of emotional distress. Approximately half of them reported suicidal thoughts, while three out of five children engaged in self-harm.

The conflict in Gaza has also disproportionately affected women and girls. Services and protection mechanisms in Gaza are breaking down, leading to more tensions and gender-based violence risks. It is estimated that about 160 pregnant women will give birth

every day in the coming month, with limited access to emergency obstetric care and other health services. The WHO reports that almost two-thirds of health clinics are nonfunctional. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has reported that fewer than half of its health centers could offer primary care to patients. The conflict has also led to an increase in infectious diseases. Respiratory diseases, diarrhea, and chickenpox are on the rise, with concerns about the risk of cholera and other epidemics and outbreaks.

7. Major Country Roles

Syria

The prolonged civil war in Syria caused massive destruction to city infrastructure, destroyed water networks, and stopped basic municipal services across war-torn regions. Because municipal water pipes were destroyed in besieged cities like Aleppo and Deir ezZor, hundreds of thousands of residents had to drink dirty, untreated well water, which led to widespread outbreaks of Typhoid Fever that caused high fevers and severe stomach problems. At the same time, tons of uncollected garbage built up in the streets because municipal trucks stopped working, creating ideal breeding places for sandflies. The bites of these sandflies transmitted Cutaneous Leishmaniasis (locally known as "Aleppo Evil"), infecting hundreds of thousands of people with painful, disfiguring skin sores. In addition, after 14 years without any polio cases, destroyed health clinics and interrupted routine childhood vaccination programs allowed Poliomyelitis to return in Deir ezZor and Raqqa, leaving many unimmunized children permanently paralyzed.

Israel

The ongoing conflict caused a complete breakdown of basic sanitation systems, power grids, and living conditions, forcing over 1.9 million displaced civilians into extremely crowded tent camps without access to clean water, soap, or waste management. Due to ruined sewage systems and contaminated wastewater, Type 2 Poliomyelitis returned after 25 years of absence, infecting the water supply and paralyzing a 10 month old baby, which forced international health agencies to organize emergency mass vaccination campaigns. In these overcrowded temporary shelters, the lack of clean running water and hygiene supplies caused more than 40,000 cases of acute Hepatitis A and infectious jaundice, alongside a dangerous surge in acute diarrheal diseases, which increased by over 2,000% among displaced children. Furthermore, the lack of showers and clean laundry facilities caused an epidemic of over

150,000 severe cases of Scabies and parasitic skin infestations. Sandflies breeding in huge piles of unmanaged trash near tent camps also infected many children with Cutaneous Leishmaniasis skin sores. Finally, severe food shortages caused widespread acute

Ukraine

Healthcare services in Ukraine faced several problems since the outbreak of the Russian-Ukraine war on 24 February 2022. Buildings such as hospitals, ambulances and other medical institutions suffered damage in Ukraine. These damages made it very difficult to deliver healthcare services to those who require them. Hospitals and healthcare centers of Ukraine got affected badly due to war. The Russian forces destroyed Ukraine's energy and water supply systems, making it extremely difficult to transport electricity, fresh water, medicines and other medical instruments required to perform healthcare activities. Lack of medical facilities causes trouble when accessing medical facilities becomes extremely difficult during wars. Transportation of medical items also poses challenges. The destruction of transportation networks caused disruptions while transporting medical goods. Blood and protective equipment are examples of essential items which may face a shortage inside hospitals. People living in regions close to conflict areas may find it very difficult to reach hospitals or drugstores. War results in increased demands for emergency medical facilities. Several individuals may need medical help because of injury, surgery or rehabilitation purposes. Healthcare personnel must conduct medical practices under difficult conditions in wartime situations. Medicines, medical apparatuses, ambulances and generators can be delivered via international organizations.

Russia

Healthcare services in Russia have also faced several problems since the outbreak of the Russian-Ukraine war. Healthcare facilities in areas affected by attacks or security problems may face difficulties in providing normal medical services. There is also an increased need for health center services for people affected by the war. The conflict can put additional pressure on hospitals and healthcare workers because more people may need medical treatment at the same time. Sometimes the provision of health services gets impacted due to destruction of infrastructure or transportation issues in certain locations. Destruction of infrastructure causes issues for patients accessing hospitals and receiving treatment. International organizations can help affected populations by providing medical supplies and supporting healthcare services. They can deliver medicines, medical equipment etc. They can also support hospitals with generators and help healthcare workers continue providing medical care.

8. Questions to be addressed

What are the main causes and effects of shortages of medical supplies in conflict zones?

What measures can be taken to ensure the continuity of essential healthcare services during conflicts?

How can NGOs and governments cooperate to address healthcare shortages during conflicts?

What role should UN bodies play in preventing shortages of medical supplies in conflict zones?

What measures can be implemented to reduce the risk of possible disease outbreaks in warfare areas?

How can the international organizations and governments cooperate to address the disruption of healthcare services and shortages of medical supplies in Gaza?

What agreements can be strengthened to ensure the delivery of essential medical supplies and healthcare services to conflict zones?

How can international cooperation be strengthened to address shortages of medical supplies in conflict zones?

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