

Genocide in Gaza and the imperative for immediate ceasefire

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“The nightmare in Gaza is more than a humanitarian crisis. It is a crisis of humanity.”

–UN Secretary-General Antonio Guterres

What is now increasingly characterised as a genocide of the Palestinian people by the Israeli state in Gaza (and increasingly in the West Bank), represents not only a political and military crisis but an unprecedented humanitarian and public health catastrophe. As of May 2025, tens of thousands of civilians, the majority of them women and children, have been killed or injured by Israeli forces. Gaza’s health system—already fragile due to years of blockade and infrastructure decay—has been decimated. Israel has and continues to systematically target or render hospitals non-functional due to lack of electricity, water, and medical supplies [1,2].

More than 70% of Gaza’s population has been displaced. According to United Nations and World Health Organization reports, basic determinants of health—clean water, shelter, sanitation, and food security—have collapsed. The ongoing blockade, which restricts the entry of essential humanitarian aid including food, fuel, and medical supplies, has left over a million people on the brink of famine. Aid convoys have been delayed, obstructed, or denied entry entirely, deepening the suffering of civilians who are already enduring starvation conditions [3,4]. This is not simply a failure of logistics—it is a deliberate restriction on the right to survival of the people of Palestinian by Israel.

Compounding this crisis is the widespread passivity of the international community. Despite the overwhelming documentation of humanitarian law violations by the Israeli authorities and the pleas from aid organizations, most governments have responded with silence, equivocation, or selective outrage. The inaction of powerful nations—many of which provide military, economic, or diplomatic support to the Israeli state—has enabled the continuation of atrocities under the veneer of political complexity [5,6]. In the face of indiscriminate suffering and systemic devastation, neutrality becomes

complicity.

In the field of community health, we understand that systems are interdependent. When sanitation fails, disease spreads. When housing is destroyed, trauma worsens. And to add to that, it is the most vulnerable populations, including children, that are worst hit by. When electricity cuts out, vaccine storage fails. The destruction of Gaza’s health system is not collateral—it is central to the devastation. The cumulative effects of trauma, sorrow, displacement, and prolonged exposure to violence will reverberate for generations [7,8]. There is sufficient evidence from other countries that wars tend to result in collapse of health systems [9]. Apart from directly affecting health infrastructure, wars indirectly affect health systems software such as community level surveillance and response systems, as well as relational and collective action aspects of the health system, which are vital for sustainable community health systems [10,11]. International humanitarian law protects civilians and healthcare systems even during conflict [12,13]. Violations of these principles—by any party—must be condemned and investigated.

As scholars and practitioners in health systems and public health, we have an ethical obligation to speak out. The war in Gaza must stop—not tomorrow, not after more rounds of negotiations, but immediately. Ceasefire is not a political concession; it is a public health imperative.

We call (and join to those who have already done so) on governments, and global agencies to demand an immediate ceasefire, unfettered humanitarian access, and the reconstruction of Gaza’s health infrastructure. We also urge fellow researchers to document and bear witness to the destruction of health systems as a form of structural violence, and to advocate for accountability and long-term support for affected communities.

Silence is complicity. Our collective responsibility is clear: protect life, uphold human dignity, and defend the systems that sustain them.

DECLARATIONS

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Authors' contributions

MSS drafted the manuscript, which was commented on and approved by the rest of the Editorial Board.

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