captured in our data. Under-reporting of both injuries and deaths could be prevalent in vulnerable populations who are often not able to move away from sites of impact such as infants, children, people with disabilities, and older adults.[8]

MSF teams report that health-care staff do not have the crucial supplies and equipment necessary to treat these complex wounds, resulting in suboptimal care delivery and earlier than required discharge of patients. We observed high percentages of wound infections; on average 18·3% (4143 of 22 637) of patients coming to health facilities for the first time have infected wounds, which is especially concerning considering the high prevalence of antimicrobial resistance in the region and lack of fully functional microbiology laboratories or suitable antibiotics.[9] In one MSF-supported health facility, wound infections were as high as 28%.

Other morbidities included upper respiratory tract infections, diarrhoea, and skin diseases (eg, scabies). There was an increase of upper respiratory tract infections between September and December, 2024, accounting for 25% of all consultations. This increase can be explained due to seasonality and crowding in makeshift shelters, enhancing conditions for transmission. These shelters offer limited protection against fine dust, debris, and pollutants, which are other factors associated with respiratory conditions and longer-term health effects.[10,11]

Since Oct 7, 2023, over 1580 health-care workers (including 12 MSF colleagues) have been killed.[12] Not a single hospital in Gaza is fully functional.[13] From Feb 27 to May 22, 2025, no entry was granted for our (bio)medical and life-saving supplies into Gaza. Restrictions continue on the importation of what Israeli officials consider dual-use items (items that can be used for both civilian and military purposes), which includes essential biomedical equipment. These restrictions reduce our ability to support trauma surgery activities. Consequently, we will be facing critical shortages of essential medical supplies in the weeks to come. We are currently rationing food for patients in our inpatient departments, and are only able to provide one or two meals a day. It is likely we will not be able to offer any food for our patients in the coming weeks.

MSF reiterates our call for an immediate and standing ceasefire, for the protection of civilians, and respect for essential medical and humanitarian work. We urge the Israeli Government to directly allow and protect impartial and unrestricted medical aid into Gaza.

All authors contributed equally to this work.
We declare no competing interests. Data reported in this Correspondence are MSF data from health-care facilities in Gaza and are not publicly available.
All authors had full access to all the data in this Correspondence and had final responsibility for the decision to submit for publication. Providing health care is one of the most apolitical acts, but today carries unacceptable life-threatening risks. As a medical humanitarian organisation, we express our heartfelt solidarity to colleagues who provide life-saving care in some of the most challenging contexts across the globe. We dedicate this writing to our colleagues whose lives were taken and to all health-care staff held in detention without cause and due process.

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See **Online** for appendix

Break the selective silence on the genocide in Gaza

Substantial and well-documented evidence indicates a catastrophic public health emergency in Gaza (appendix pp 1–5), marked by severe food insecurity and alarming levels of malnutrition-related deaths.[1] Life

expectancy at birth reportedly declined by approximately 35 years in 2024.[2] This represents a greater collapse in longevity than that recorded during the genocide in Rwanda, where life expectancy at birth declined from age 42·9 years in 1993 to age 12·2 years in 1994.[3]

Palestinian children have been disproportionately affected. Since October 7, 2023, Gaza has recorded more child deaths than any other conflict zone and has the highest number of children with amputations per person in the world.[4] The health-care system has also been systematically dismantled. Between October, 2023 and May, 2025, there were 720 documented attacks on health-care targets, including 125 health facilities, 34 hospitals, and 186 ambulances.[5] Gaza has recorded the highest numbers of health-care worker fatalities (over 1400 deaths), UN staff deaths (295 deaths), and journalist fatalities (212 deaths) in any recent conflict zone.[6]

Starvation is being used repeatedly and relentlessly as a weapon of war.[7] Leading human rights organisations, UN agencies, and UN Special Rapporteurs have officially recognised the genocide in Gaza.[8] This position is also supported by a broad and distinguished group of genocide scholars.[9] However, most public health, medical, and social science associations have either remained silent or issued vague statements—a response that contrasts sharply with their rapid and vocal support in other conflicts, such as with Ukraine.[10] This pattern suggests a selectively empathic response: a tendency to express solidarity with people who are perceived as being part of a so-called in-group and neglect those classified as an out-group based on nationality, ethnicity, religion, or geopolitical alignment.[11]

To challenge this selective silence, we issued an open letter urging professional and academic associations in the fields of health care, public health, and the social sciences to publicly recognise the genocide in Gaza and to revise their official positions accordingly (appendix pp 6–20).[12] Within days, the letter gathered over 3300 signatures, including 1300 from academics and professionals. Moreover, the initiative prompted three major public health associations—the European Public Health Alliance, the European Public Health Associations, and the World Federation of Public Health Association, who represent over 5 million health professionals globally—to issue a joint statement acknowledging the genocide.[13]

The genocide in Gaza is a defining ethical test for the global public health community, social scientists, and academic associations. Silence is not an option. As scholars and health professionals, we face a stark choice: either we uphold our collective ethical responsibility and speak out to prevent further mass violence and starvation, or we will be remembered for our selective silence and inaction during one of the most urgent moral and public health crises of our time.

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Paediatric meningitis outbreak in Gaza amid health system collapse

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The Gaza Strip is facing a surge in paediatric meningitis cases amid total health system collapse. Since October, 2023, prolonged military assault and blockade have destroyed health, water, and sanitation infrastructure. As of July, 2025, the UN reports that at least 1·9 million people—approximately