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REVIEW ARTICLE



Medical education in Gaza: navigating disruption during the 2023–2025 Israeli military assault and beyond

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ABSTRACT

Before October 2023, Gaza's medical education, offered by Al-Azhar University and the Islamic University, enrolled around 2500 students and played a vital role in training local physicians despite the blockade-related challenges. The ongoing military assault has since devastated both the educational and healthcare infrastructure. Medical schools and hospitals have been damaged, destroyed, or militarized, while students and faculty have faced displacement, resources scarcity, and severe psychological distress. Education has been further disrupted by power outages, internet restrictions, unsafe travel and harsh living conditions. Despite these obstacles, students and faculty continue to adapt. Many have completed courses online, relocated abroad, or even managed to fulfill graduation requirements. Yet credentialing barriers and mental health burdens persist. Urgent global collaboration is needed to restore Gaza's medical education. Key priorities include expanding online programs, offering diverse training opportunities, creating safe learning environments, and supporting mental health. Recognizing Gazan medical students' frontline

volunteering experience is also essential. This paper documents the state of medical education in Gaza before and during the 2023–2025 assault, examines its disruptions, and outlines recovery strategies drawing from available reports and academic literature.

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KEYWORDS Medical education; conflict; war; higher education; public health

Introduction

Medical education is amongst the cornerstones for the development of society and its ability to care for its population (Cardinal and Kaell 2017; Quintero 2014; Rabin, Mayanja-Kizza, and Rastegar 2016). This education is crucial for the sustenance of human life, as it cultivates the development of skilled professionals dedicated to safeguarding public health, allowing local healthcare workers to care for their community with minimal reliance on foreign volunteers. In the besieged Gaza Strip, this fundamental measure has been severely undermined by the repetitive Israeli military assaults. Before October 2023, Al Azhar University-Gaza (AUG) and the Islamic University of Gaza (IUG) were the only two universities that offered medical education (Shellah 2025). Al-Israa University, located in the middle of the Gaza Strip, had also announced plans to build a medical school, shortly before the escalation of armed hostilities (Palestinian Press Agency 2023). As of October 2023, records indicate that approximately 2500 medical students are enrolled in the two universities (AUG and IUG) at various stages of their academic journey (PCPA 2024). The challenges to medical education in Gaza extend beyond physical destruction (Iriqat et al. 2025). The continuous displacement of students and faculty, the killing and abduction of healthcare professionals, and the depletion of medical resources have compounded the crisis (Asi et al. 2024; Khanji et al. 2025; Kunichoff et al. 2024). The collapse of these institutions raises critical questions regarding the future of medical education and healthcare in Gaza.

This article examines the state of medical education in Gaza before and during the crisis, analyzes the impacts of the Israeli military assault, highlights the legal and ethical implications of targeting educational and healthcare institutions, and proposes strategies for recovery.

Methods and approach

This article employs a narrative review design of published and grey literature up to October 2025, synthesizing evidence from academic publications, institutional reports, and humanitarian agency releases. Sources

were identified through targeted searches in PubMed and Google Scholar, as well as organizational websites and reputable media outlets reporting on medical education in Gaza. Search terms included combinations of 'medical education', 'higher education', 'university', and 'healthcare' with 'Gaza' and 'Palestine'. Information was triangulated across multiple sources to enhance reliability. Testimonies and qualitative insights from published accounts and professional networks were also incorporated to contextualize findings. Sources were primarily in English, with selective inclusion of Arabic materials translated when necessary. Items were included if they addressed medical education systems, health professional training, or the broader educational and healthcare context in Gaza. Given limited peer-reviewed data, institutional and media reports were used cautiously to fill evidence gaps.

The review is thematically structured to cover: (i) the pre-war medical education landscape, (ii) the impact of the 2023–2025 military assault, (iii) ethical and legal implications, (iv) resilience and adaptation mechanisms, and (v) recommendations for global action, concluding with proposed recovery pathways. This methodology prioritizes breadth, inclusivity, and contextual depth over systematic quantification.

Medical education prior to October 2023

In the 20th century, medical education in the Gaza Strip primarily relied on external training programs and didactic teaching in the West Bank or abroad. The inception of a faculty of medicine in 1999 through the Al-Quds University – Abu Dis branch in Gaza, in collaboration with Al-Azhar University, marked a pivotal moment in establishing a locally-based medical degree pathway (AUG/History & Future [n.d.](#)). The program envisioned a six-year medical education, split evenly between pre-clinical and clinical years, culminating in an M.D. degree, followed by a 12-month internship period before receiving an official licence from the Palestinian Ministry of Health (MoH)- Gaza Branch to practice Medicine.

Similarly, IUG founded its medical school in 2006 (About the Faculty [n.d.](#)). Despite being relatively new, its journey has been remarkable, particularly through its affiliated Hayat Center for emergency and crisis management (Hayat Center for Emergency and Crisis Management [n.d.a.](#)). Accredited by the American Heart Association (AHA), the centre provides first aid training and essential courses such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS). Additionally, both medical schools have successfully organized several conferences featuring international experts and delegates (IUG [2021](#); Naser [2023](#)).

The medical admission process in Gaza, as in many parts of the world, was highly competitive. It required a combination of strong academic records,

high scores in the Al-Tawjihi examination conducted at the end of high school, and financial capacity. However, scholarships were available to support students based on merit or specific circumstances.

Graduates of the program received training from local professors and doctors. The curricula were modelled and benchmarked to international standards, combining pre-clinical instruction with hospitals-based clinical rotation in different specialities. It was further enriched by international visiting professors, who provided specialized training initiatives to broaden students' knowledge and clinical expertise.

Despite these advancements, Gaza's medical education system faced significant obstacles even before the escalation of violence post October 2023. The blockade imposed severe restrictions, limiting access to updated medical materials, human models, and other essential resources. This environment limited practical exposure for students, particularly to working in well-resourced services related to anatomy and laboratory-based courses such as pathology, which is crucial for developing clinical skills. Public hospitals functioned as the primary clinical training sites. However, exposure to certain advanced subspecialties that were unavailable locally was restricted. Moreover, financial constraints and resource scarcity further compounded these challenges, placing immense strain on students and faculty alike. All of this was against the background of the agendas of donors and foreign aid providers that prioritize international scholarships while neglecting local avenues and possibilities, or if they do support these, support is fragmented and sporadic (Barakat, Heleta, and Cochrane 2025).

In recent years, the healthcare system in Gaza has significantly relied on graduates from the IUG and AUG to serve as general physicians within the local healthcare system. As these graduates advance in their careers and pursue specialization, they typically follow one of two pathways: enrolling in local speciality training programs or seeking international postgraduate training opportunities in countries such as Jordan, Egypt, Qatar, Germany, United Kingdom, or United States. Those who pursue international training acquire advanced qualifications in their respective specialities and often return to Gaza to contribute to the local healthcare system, thereby addressing critical gaps in specialized medical care and strengthening the overall healthcare infrastructure.

Impact of the 2023–2025 military assault on medical education

The war in Gaza has profoundly disrupted the continuity of medical education, therefore disrupting both the training processes and the ability of medical students and trainees to complete their education (Shellah 2025). The hostility has resulted in a humanitarian crisis with a staggering casualty toll of over 65,000 deaths, 167,000 injuries, and extensive infrastructure

damage as of late September 2025 (OCHA 2025). This military escalation, the most severe in recent memory, has interrupted the educational journey of medical students, dismantled and destroyed the functioning of medical schools and teaching hospitals, internally displaced the vast majority of students multiple times, and pushed medical students to the brink of their capacity (El-Khodary and Aboudagga 2025; Shellah 2025). Healthcare workers, including physicians serving as instructors, as well as medical students, have been repeatedly targeted, abducted, and killed by Israeli forces (Khanji et al. 2025). According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), over 1500 healthcare workers have been killed since October 2023 as of September 2025 (Doctors Without Borders - USA 2024). The World Health Organization (WHO) reported 735 attacks on healthcare in the Gaza Strip, affecting 125 health facilities, and resulting in almost 2500 deaths and injuries among medical staff and civilians (OHCHR 2025a). These strikes have caused extensive damage and destruction to many of the targeted healthcare and education buildings. So, by systematically destroying the educational facilities and its faculty, the healthcare system will be deprived of the most important element: the workforce training needed to sustain the healthcare provision in the region (Figure 3).

Destruction of educational infrastructure

According to the United Nations Special Rapporteur on the right to education, Farida Shaheed, more than 90% of schools in Gaza have been completely or partially destroyed (Law for Palestine 2025). This systematic targeting of educational institutions, termed 'scholasticide', is a clear attempt to dismantle the Palestinian education system (Dader et al. 2024; OHCHR 2024a). The resulting crisis has led to profound systemic disruptions, severely affecting the provision and accessibility of education across all disciplines, including medicine, and disrupting the flow of new students into the medical education system (ACAPS 2024; Hassoun et al. 2025).

All 19 institutions of higher education in Gaza, which collectively serve approximately 90,000 students, have been either completely or partially destroyed (Rabaia and Habash 2024a). In most instances, the destruction from the air or distance has been followed by invasion, ensuring their complete destruction (Weizman et al. 2024). Before the ceasefire in Jan 2025, the Islamic University of Gaza's Medical School and Turkish-Palestinian Friendship Hospital, which is just next to it and specialized in cancer care, were damaged and repurposed as a military base by the Israeli Defense Forces (IDF) (Haartz 2024; MEE 2024). Less than a week after the ceasefire agreement breach, in March 2025, both the school and the hospital were blown up (Burki 2025). Similarly, both of Al-Azhar University's campuses, in Al-Mughraqa town and Gaza City, including its medical school, were

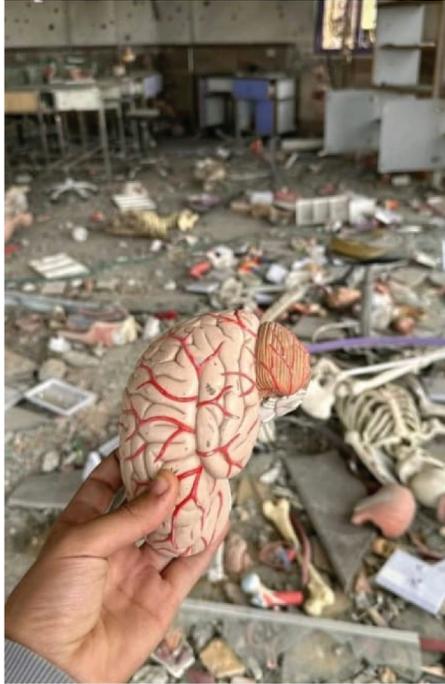


Figure 1. Laboratory destruction at Al-Azhar University in Gaza.

completely destroyed, in February 2024 and October 2025 respectively, after sustaining extreme damage in previous Israeli bombardment (MEE 2025) (Figure 1). Al-Israa University, which had just announced the formation of a medical school, was destroyed in January 2024 through the detonation of 315 mines by Israeli forces after reportedly having used it as a military base and detention centre for several weeks (Hedges 2024; Rabaia and Habash 2024a). Gaza's largest hospital, Al-Shifa, which housed the most extensive medical library used for training, was also destroyed following two successive sieges in November 2023 and April 2024 (Dağdeviren, Akyön, and Ünal 2024; Dyer 2023; Mahase 2024).

Disruption to medical education

The destruction of physical infrastructure has created barriers to in-person and virtual education. Medical students and faculty face unimaginable challenges as they are physically separated from structured learning environments and forced to navigate the abrupt demands of survival in a conflict zone (abo Mostafa 2024). Many have been forced to repeatedly relocate into makeshift camps and overcrowded tents, under constant threat to their personal safety, with limited access to basic necessities such as potable

water and adequate nutrition (IPS 2024; Irfan et al. 2024; Migdad, Migdad, and Buheji 2024; Ziyad and Changyit-Levin 2024). Even United Nations (UN) shelters, where some medical students have also taken refuge, have been repeatedly targeted and subject to smear campaigns (Al-Jadba et al. 2024; Hamad et al. 2024).

Transportation has become another significant hurdle, as students struggle to travel between temporary shelters and hospitals. Families, once a financial backbone for funding medical education for their students, are now largely unemployed, forcing some students to seek income in stagflation conditions to support their displaced families (Hassoun 2025). Others have stepped into frontline roles in under-resourced hospitals and health points, exposing themselves to traumatic injuries and infectious disease outbreaks (Alser, Asharaf, and Sami Kishawi 2024; The Hanoon Foundation/FQMS. Foundation 2025; Shaikhkhalil 2025). In such environments, ethical dilemmas arise for students who lack supervisory frameworks and mentorship, as they attempt to deliver critical care amidst rampant deficits in clinical guidance (Broussard et al. 2019).

During conflict, virtual education has also been severely hampered by unreliable power outages and internet connectivity associated with infrastructure destruction (Chamaa and Ledur 2024; El-Khodary and Aboudagga 2025; Stack and Shbair 2024; E-MHRM 2024a). Those challenges were present before the current escalation but to a lesser extent (Ismail et al. 2023). As a temporary solution, some medical students have resorted to charging their phones using solar energy to download essential educational materials. However, this approach is constrained by limited battery life and storage capacity, forcing students to be highly selective about the content they choose to download (abo Mostafa 2024). Additionally, the displacement of faculty and the lack of consistent access to reference materials have further hindered the educational process. Reports indicate instances where pages from medical textbooks were repurposed as fuel for cooking or for wrapping items (as in Figure 2), highlighting the dire resource constraints (Aljazeera 2023).

The prolonged military assault on Gaza, an almost two years war, has delayed graduations, deprived students of critical knowledge and skills, and compromised their preparedness for clinical practice at a time when their contributions are most urgently needed. These cascading effects underscore this war's devastating toll on a highly specialized field such as medicine.

Psychological and physical tolls

The repercussions on these students' well-being are profound, extending beyond physical dangers to encompass severe psychological distress (Abed Alah 2024). As of September 2025, estimates from internal reports

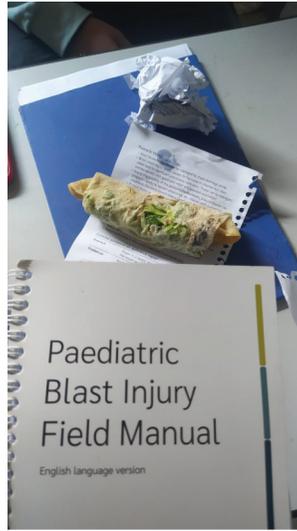


Figure 2. Medical textbook material used for food wrap.

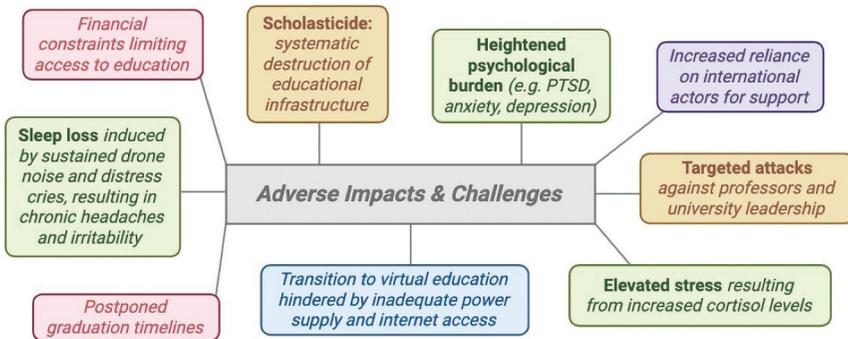


Figure 3. Adverse impacts and challenges of hostilities on medical education.

of both medical schools and student associations suggest 58 medical students and 8 faculty instructors have lost their lives, 8 students have been abducted and are in Israeli prisons, and more than double that figure have sustained injuries during the conflict. It also shows about 250 students have lost first degree family members. As of mid-February 2024, over 450 academic and administrative university staff have been killed. This includes three university presidents, seven deans, and sixty-four professors (Rabaia and Habash 2024b). While exact and most recent numbers remain elusive, the breadth of the trauma is unmistakable: almost everyone has lost a colleague, friend, or family member to the direct effects of conflict or healthcare inaccessibility.

Recent research highlights the mental health challenges faced by these students (Aljarousha et al. 2025; El-Khodary and Aboudagga 2025; Farajallah and Alkaseh 2023; Zughbur et al. 2025). A study by Aldabbour et al. found that nearly all displaced medical students surveyed exhibited at least mild depressive symptoms, with 63.4% meeting criteria for post-traumatic stress disorder (PTSD), far exceeding baseline rates observed prior to October 2023 (Aldabbour et al. 2024). Everyone in this sample who met the criteria for PTSD had at least one other comorbidity, be it anxiety, stress, or depression. Chronically elevated stress, uncertainty about housing and relocation, and daily confrontations with human suffering have led to a precipitous decline in life satisfaction among these trainees. It also highlights that most students who lived in Northern Gaza or Gaza City have moved to southern governorates or outside Gaza during the war, and that about 9% have been displaced more than 10 times, showing the scale of mass and repetitive displacement. Forced displacement and exposure to severe trauma are associated with heightened levels of depression, anxiety, and PTSD, with certain factors, such as living in overcrowded shelters, predicting more severe psychiatric morbidity. Such data serves to underscore not only the urgent need for an end to the conflict and mental health interventions but also the need to continue documenting the effects of the humanitarian crisis on the different layers of society (Abu-Ras et al. 2024; Jabr and Berger 2024; Jamei and Barbui 2024).

Another major obstacle facing medical students and the civilian population of Gaza as a whole is the ceaseless whirring of drones and reconnaissance planes, which permeate the skies day and night at all hours. This auditory torment is described by many as a ‘zanzana’, denoting the unrelenting hum that gnaws at one’s psyche, contributing to a profound sense of irritation, dread, and impending doom (Ahmed and González Paz 2024). Some testimonies recount how the drones intermittently amplify their menace by transmitting disquieting sounds, such as cries of infants, pleas from women or threat chants (E-MHRM 2024b). The psychological repercussions from this barrage of intrusive noise are immense: students have shared experiencing chronic headaches, irritability, and an entrenched inability to concentrate, with many forced to delay their studies or entirely forsake them during critical examination periods (Safi 2023). Meanwhile, the shrill hum that persists through the night intensifies feelings of claustrophobia and foreboding, generating profound sleep disturbances that leave students and health-care workers perpetually exhausted at a time when their alertness is critical (Badawi 2014). In a place already grappling with incessant bombardment, unstable power, and a dearth of resources, the incessant overhead humming of drones, especially at night, constitutes an

omnipresent psychological assault, amplifying the collective trauma and deepening the sense of vulnerability among Gaza's aspiring physicians.

Legal and ethical implications

Violations of International Humanitarian and Human Rights laws

Gaza's medical education system has faced systematic attacks that undermine the existence and development of the Palestinian healthcare system (Ahmed 2023). The destruction of medical schools, teaching hospitals, and educational infrastructure eliminates the capacity to train future medical professionals (Salehi et al. 2024; Shellah 2025). Concurrently, the forced displacement and deaths of medical students and educators compound this destruction, forcing a higher degree of reliance on international actors (Abusamra 2024; Khanji et al. 2025). This combination of infrastructural devastation and educational gaps severely damages the ability to treat Palestinians affected by systematic bombardment, and a long-term incapacity to address public health crises in any post-conflict scenario. It is worth noting that internationally recognized legal frameworks, the International Covenant on Economic, Social and Cultural Rights (ICESCR) and Geneva Conventions, are legally binding on Israel as a signatory nation (HRW 2001; ICRC 1977a; OHCHR 1966). The Rome Statute, while not legally binding on Israel, is part of international common law that has been used by signatories to hold nations accountable through the International Criminal Court (ICC) (ICRC 1998). As an occupying power, Israel bears not only an affirmative duty to protect hospitals and medical institutions but also an obligation to refrain from their destruction (Itamar Mann 2024; Mansour 2023).

The Geneva Conventions explicitly protect civilian infrastructure, including educational and medical facilities. Articles 52 and 53 prohibit attacks on civilian objects unless absolutely required for military operations (ICRC 1977a; ICRC 1977b). The destruction of medical schools at Al-Israa University, Al-Azhar University, and the Islamic University of Gaza violates these provisions, especially in the absence of evidence suggesting legitimate military use (E-MHRM 2024c). Similarly, the repurposing of the Turkish-Palestinian Friendship Hospital and Al-Israa University as military bases and detention centres undermines their humanitarian purpose and constitutes a grave breach of international law.

Under the Rome Statute of the International Criminal Court, the intentional targeting of buildings dedicated to education is classified as a war crime. The destruction of Gaza's medical schools and teaching hospitals exemplifies this classification, emphasizing the severity of these violations (OHCHR 2024a). Additionally, these actions contravene international human rights law. Article

12(d) of the ICESCR mandates the creation of conditions that ensure access to medical services, while Article 13(e) requires the development of a comprehensive education system (UN 1998). These provisions emphasize the obligation to uphold access to education and healthcare, even in conflict zones.

An analysis of Article II(c) of the Genocide Convention, in light of repeated strikes on Gaza's largest hospital, Al-Shifa, illustrates deliberate actions aimed at creating conditions to physically destroy a group (UNGA 1951). The targeted destruction of medical education and healthcare systems suggests a calculated strategy to undermine the survival of the Palestinian population in Gaza. Amnesty International and Human Rights Watch have characterized deliberate attacks on civilian life in Gaza as part of the genocide, or acts thereof, being committed by Israel against Palestinians (Amnesty International 2024; HRW 2024). In September 2025, the UN Independent International Commission found that what Israel is doing in Gaza Strip is a Genocide (OHCHR 2025b).

In short, Israel has systematically:

- Destroyed conditions that would allow Gaza's 2.3 million internally displaced residents to access medical aid and blocked international medical aid supply chains.
- Targeted Gaza's healthcare workers including Ministry of Health staff, international NGOs' personnel, ambulance workers, and medical professionals in critical specialities, affecting both healthcare and the continuity of medical education.
- Prevented the development and continuity of medical education through continuous bombardment, infrastructure destruction, and limited internet and electricity outages, hindering access to vital information.

These actions constitute a failure to meet obligations under international law. Accountability for these violations is imperative. Legal mechanisms, including the International Criminal Court (ICC) and the International Court of Justice (ICJ), offer avenues for justice. Rigorous documentation and detailed investigation of these crimes are essential to establish evidence, ensure accountability, and prevent recurrence. Global organizations bear an ethical responsibility to advocate for the protection of medical education and healthcare systems in conflict zones.

Silence of medical and educational bodies

The muted response from global medical and educational institutions to Gaza's crisis reveals an ethical failure (Abbas and Mitchell 2024; Shekhani and Jafarey 2024; Sidhwa et al. 2025; Vitale et al. 2025).

Despite credible reports of genocidal actions and the systematic disruption of health education, these institutions have largely refrained from taking a strong stance or demanding accountability (Malik, Chandra & Belkin 2024). Their silence forfeits the moral leadership that their stature and influence command. In some instances, it was not only silence but a tactic or full endorsement for the conduct of the Israeli military in the Gaza Strip. For example, after the Jabalia camp massacre in November 2023, there was a petition signed by 100 Israeli doctors 'demanding' the bombing of hospitals based in the besieged Gaza Strip (Mint 2023). At the time, what had been over a month of targeted strikes with thousands of civilian casualties, attacks on hospitals, and alarms by genocide experts regarding the unfolding crimes, those who swore a Hippocratic oath backed the continuation and escalation of such atrocities.

Instead of condemning the destruction of educational structures and the targeting of faculty and future practitioners, these bodies tacitly normalize violence against a profession dedicated to healing (Abi-Rached and Reinhart 2024). This silence is not without precedent. Historical failures, such as the delayed response of medical organizations during the Holocaust, highlight the dangers of inaction (Cedars-Sina 2024; Wald and Hildebrandt 2022). Prominent organizations' failure to denounce the systematic destruction of Gaza's medical infrastructure weakens their credibility and undermines their moral obligations.

Selective advocacy, condemning violence in other recent conflicts such as in Ukraine, but avoiding addressing the issues in Gaza, erodes trust and undermines the profession's ethical mandate (Harmon 2022; Suann et al. 2025). Such inaction recalls moments in history when neutrality or avoidance allowed injustices to persist unchallenged. Medical and educational bodies must embrace their responsibility to protect vulnerable populations and take decisive action against systematic violence targeting healthcare and education.

Medical Student Associations, particularly the International Federation of Medical Students' Associations (IFMSA), can play a significant role in strategizing solutions and advocating for their colleagues, Gaza's affiliated medical students who have faced severe human rights violations. Although the Federation of Israeli Medical Students (FIMS) was suspended due to reports of hate speech, online harassment, and threats against fellow medical students, IFMSA must take a firmer stance in support of its members in Gaza, who have faced profound losses (IFMSA 2024a). This includes addressing the profound losses experienced by these students and graduates, such as the killing of Dr. Maysara Azmi Al-Rayyes, a former IFMSA president in Gaza (Green 2024). Unfortunately, the IFMSA's response thus far has been limited,

issuing a report after 10 months that fails to address the full scope of the crisis (IFMSA 2023; IFMSA 2024b). More decisive actions are required from IFMSA to uphold its principles and commitments, particularly in advocating for Palestinian medical students, during this critical moment in history.

Resilience, adaptations, and efforts in medical education

Adaptive education pathways for students in Gaza

In response to the destruction of educational infrastructure, medical students in Gaza have sought alternative means to continue their education (Abo Helow 2025). Many have enrolled in remote online courses offered by universities in the West Bank through initiatives such as the Technical Education Support for Higher Education Students Initiative (TESI) led by An-Najah National University, or through Al-Quds University and Palestine Polytechnic University (Dader et al. 2024; The New Humanitarian 2024). Additionally, initiatives like the Gaza Educate Medics (GEM) program, led by PalMed, aim to provide a platform for medical students to access online teaching or opportunities abroad (The New Humanitarian 2024). In December 2024, the GEM program introduced a Mentorship Scheme to address gaps in personal and professional development for medical students during the crisis. Plans include supplementary training courses aimed at enriching the educational experience for both students and mentors (Palmed Academy 2024). Organizations such as FAJR Scientific, a U.S.-based NGO, are making efforts in both humanitarian and educational aspects, including teaching local volunteer medical students at hospitals where the FAJR team is working (FAJR Scientific 2024). However, these efforts faced obstacles in adapting to a new education environment as internet access remains erratic, varying by location, time of day, and the classification of areas as 'safe' or 'red' zones. Limited digital proficiency among faculty members poses additional barriers.

Despite these obstacles, Gaza's medical students and faculty have demonstrated extraordinary resilience in attempting to bridge those gaps (Abo Helow 2025; Migdad, Migdad, and Buheji 2024; Reuters 2024). For instance, on 29 December 2024, fourth-year medical students sitting for their internal medicine exam at the Al-Wafa Hospital were disrupted by an airstrike at the hospital building they were in, resulting in injuries to some students (HWW 2024). Despite this, the exam was rescheduled and completed the following day at another venue. Moreover, sixth-year medical students at both universities completed their examinations amidst the military assault as of January 2025 (Palmed Academy 2024). This batch of final-year medical students is the

first cohort to complete and fulfill all graduation requirements under these conditions. Approximately 260 medical students graduated at the beginning of 2025, 200 from within Gaza and 60 displaced outside the Strip, while an additional 300 students (about 230 inside Gaza) are expected to graduate by the end of the year. These examples showcase the unwavering dedication and resilience of Gaza's medical students and their faculty towards seeking medical knowledge and their commitment to serve their community.

Support for displaced medical students

Current available data estimate that over 90% of students have been displaced with 20% externally displaced, mainly residing in Egypt (Palmed Academy 2025). Efforts to support displaced medical students have been spearheaded by both local and international organizations. Before the Rafah invasion and the total obstruction of the Gaza-only crossing in May 2024, many families and individual students evacuated Gaza for safety and the continuity of their studies (Abusamra 2024). Externally displaced medical students have pursued education abroad or through remote courses offered by various universities, including their home institutions. For students in their clinical years, efforts have been made to integrate or host them at regional or international universities, with Pakistan, South Africa, and Turkey serving as primary destinations. These countries have provided support through funding and tuition waivers (Khan 2024; University of Cape Town 2024). Other host countries include – but are not limited to – Norway, Egypt, Qatar, and even the United States, with many students opting to pursue internships, intercalated master's degrees, or find an appropriate pathway to finish their medical education (Government.no 2024; Khoury et al. 2024). Hanoon Foundation, formerly known as Al-Quds Foundation of Medical Schools (FQMS), launched its emergency campaign to raise funds for immediate financial aid for displaced Gazan medical students studying abroad (The Hanoon Foundation 2024). Launched in January 2024, initial emergency financial support was provided to 20 students in Egypt to assist with their living expenses. By August 2024, this was expanded to include 94 medical students in Turkey, Russia, and Egypt. The National Arab American Medical Association (NAAMA) and the Jordanian Medical Association (JMA) organized the First International Conference dedicated to rebuilding Gaza's healthcare system, held in Amman on 7 February 2024, and launched a fundraiser with the aim of supporting medical students in nearby countries in collaboration with organizations already involved in such support (NAAMA 2025). Despite these opportunities, displaced students face significant challenges, including credentialing incompatibilities, repeated coursework, and psychological strain.

Locally, Samir Foundation, founded in November 2023 by Izzeddin Lulu, a medical student from Gaza, has provided immediate financial and emergency aid to medical students during the crisis (Samir Foundation 2024). To date, the Foundation, in coordination with Human Concern International (HCI) and local partners (like Palmontada and IFMSA-Gaza), has supported 761 medical students in their clinical years, displaced internally across Gaza. It also aims to expand its initiatives by offering support for accessing educational resources and training programs, and has conducted a basic suturing skills course so far (Samir Foundation 2025). Similarly, Hanoon Foundation has provided financial aid and logistical support to internally displaced medical students. PalMed-Academy is also leading efforts to establish the International Alliance to Support Medical Schools in Gaza (AIMS-G) (Palmed Academy 2024). This initiative aims to address the critical educational needs of displaced students, support the rebuilding of medical schools, and foster long-term knowledge exchange between Gaza and global medical faculties. Membership opportunities will be created, and active collaboration with international medical schools will ensure sustained exchange of academic and professional development. It is also in the process of developing a mental health and well-being scheme which will provide much-needed psychological support to traumatized students registered with the universities. Further initiatives such as capacity-building and research skills will be implemented, ensuring smoother integration into global medical systems and effective contributions to healthcare, both in Gaza and beyond.

Recommendations for further global efforts

International medical education institutions and student organizations have a pivotal role in leveraging their influence and resources to support those most impacted in Gaza. Key medical platforms like AMBOSS, Up-To-Date, PassMedicine, and Osmosis could offer free access to students and healthcare professionals in Gaza, improving access to medical knowledge and their associated question banks. Additionally, publishers of medical textbooks and scientific journals might also consider providing free access to resources and waiving publication fees for Palestinian and Gaza-based researchers, especially for studies on the health impacts of conflict.

Collaborations with local and international NGOs could also play a key role, offering Gaza's medical students' opportunities in research or part-time roles like medical translation, providing both financial and professional support for students. Advocacy efforts, including petitions, open letters, and public awareness campaigns, should be amplified to highlight the plight of Gaza's education system and protect educational institutions during conflicts.

Globally, there is a pressing need to establish an international accreditation system and credit transfer mechanism to facilitate the continuing education of

displaced students from the point at which it was interrupted. Additionally, given the extensive surgical experience gained during the military assault, the medical councils need to consider how this would be acknowledged when they proceed to train overseas. Such recognition would enhance the professional development of Gaza's medical students and ensure that their unique experiences contribute to shaping the advancement of healthcare systems. Medical organizations and medical schools should also come together to prioritize the establishment of scholarship programs aimed at the postgraduate level of medical training for graduates from Gaza, particularly targeting medical specialities that require immediate reinforcement due to the loss of expert physicians in the Gaza Strip. For instance, prior to October 2023, Gaza had only four practicing pathologists, two of whom were tragically killed during the war. Their deaths have created a dire gap, a 50% loss, in diagnostic services that are essential for effective patient care (Ali 2024). A notable example of a two-year postgraduate medical training program was established in 2009 by Hanoon Foundation in collaboration with the UK Department of Health (The Hanoon Foundation n.d.). This program, encompassing the Medical Training Initiative (MTI) and the International Surgical Training Programme (ISTP), aimed to enhance the clinical expertise of a select group of doctors through NHS training (AMRC n.d.). Those schemes allow international doctors, especially from lower-income countries, in this case Palestinians, to come to the UK, train and share knowledge (RCSE (n.d.)). Upon returning home, these doctors improve healthcare in their fields and contribute to the quality and scope of teaching in Palestinian medical schools and residency programs. From a UK perspective, organizations such as the General Medical Council (GMC), Health Education England, and Royal Colleges could play pivotal roles in facilitating Gazan students' integration into such training pathways. This would provide urgently needed capacity-building. If similar programs are established with more countries, then more Palestinian medical graduates from Gaza can get training in the specialities of choice and need. Furthermore, the scholarships would play a pivotal role in rebuilding the healthcare workforce, ensuring the continuity of essential medical services, and therefore sustaining healthcare provision for the Palestinian population in Gaza. Together, all these global initiatives must be integrated into broader strategies for healthcare system recovery, focusing on capacity building and resilience strategies for Gaza.

In summary, to rebuild and completely restore the medical education and healthcare system in Gaza, it is important to establish short-term and long-term solutions. The Interim Rapid Damage and Needs Assessment (IRDNA), conducted jointly by the United Nations, European Union, and World Bank, has provided comprehensive evaluation and needs assessment along with recovery strategies for Gaza's key sectors including education (UN 2025). From our findings, short-term

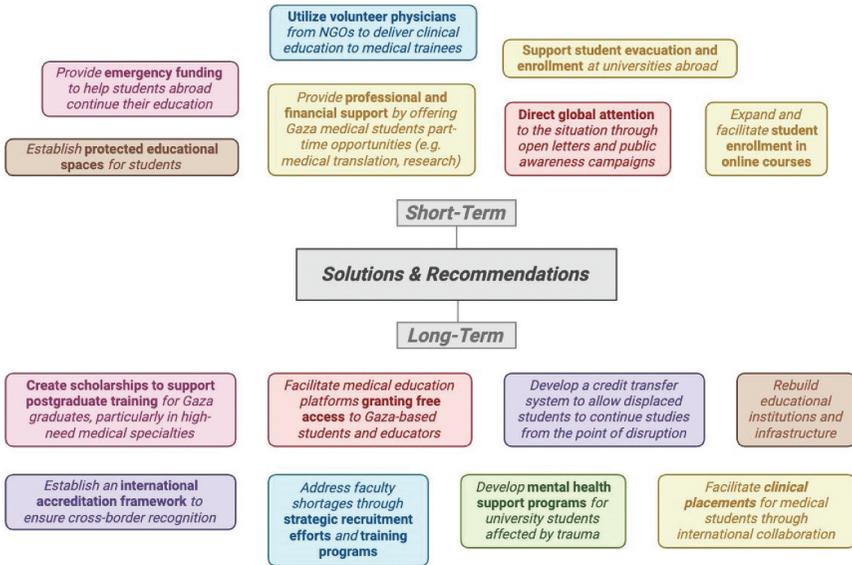


Figure 4. Short and long-term recommendations for medical education in Gaza.

solutions should focus on expanding online education through reliable platforms, establishing safe learning spaces, providing funding to support the students financially, and international collaboration on providing clinical placements for medical students in their clinical years. Further strategies must also provide psychological and resilience-building initiatives to support the students and faculty in tackling the unresolved psychological trauma from the devastation they have endured. This will ensure that the immediate financial, educational, psychological and training needs are sustained. Similarly, the long-term strategies must prioritize the rebuilding of educational facilities, addressing faculty shortages through recruitment programs, implementing targeted training programs for faculty members, and developing standardized credit transfer frameworks for regional and international integration. Strategic planning and global collaboration are essential to revitalizing Gaza’s medical education system and ensuring its sustainability post-crisis (Shellah et al. 2025). The recent shift towards social medicine education in Palestine is slightly changing how medical professionals and students view their health and training in the context of structural determinants imposed by Israel (Mills et al. 2024). The success of these measures depends heavily on safety on the ground and a halt to the conflict, the rebuilding process, and the involvement of relevant local and international stakeholders – all of which remain uncertain at the time of writing (Figure 4).

Conclusion

Gaza's medical education system has been deliberately and systematically dismantled, violating international law and jeopardizing future healthcare provision. Despite profound adversity, students and faculty continue to demonstrate resilience. Rebuilding medical education requires coordinated short- and long-term strategies, but above all, it depends on international solidarity and accountability. Safeguarding the right to education and healthcare in Gaza is not only a moral imperative but also a prerequisite for sustainable recovery.

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