



POSITION PAPER

GAZA'S HEALTHCARE COLLAPSE

THE DENIAL OF MEDICAL
EVACUATIONS FROM GAZA

JANUARY 2025

Context and Overview

Since the onset of the assault on Gaza, as of December 17, 2024, the Israeli military has killed over [45,059](#) people and wounded [107,041](#). Among the victims, 59% are women, children, and the elderly. Additionally, [90%](#) of the population has been forcibly displaced, and housing and infrastructure have suffered massive destruction. Gaza's healthcare system, already crippled by years of Israeli occupation and blockade, has been deliberately and systematically targeted during the war. According to the Palestinian Ministry of Health (MoH), more than 1,054 medical personnel and 86 civil defense workers have been killed, and at least 230 medical personnel have been arrested, tortured, and executed while in detention. These actions have devastated Gaza's healthcare infrastructure, leaving it unable to meet even the most basic needs.

A spiraling public health crisis has emerged, disproportionately harming children, the elderly, and those with chronic illnesses who are unable to access life-saving treatment. Widespread drug shortages, compounded by the destruction of medical storage facilities, have further exacerbated this crisis. According to the Palestinian MoH, 45% of essential medicines and 61% of medical supplies are unavailable in Gaza City and northern areas, while the situation in southern and central regions is even worse, with 59% of medicines and 76% of medical supplies unavailable. The lack of access to treatment and medicine, combined with movement restrictions within Gaza, particularly between the northern and southern regions, has intensified the suffering of the population.

One immediate measure to alleviate this crisis is to medically evacuate the sick and wounded from the Gaza Strip. Evacuations provide life-saving treatment to those who cannot access care within Gaza and help reduce the overwhelming burden on the local healthcare system, which is unable to cope with the scale of injuries and illnesses. However, medical evacuations, while vital, are not a sustainable solution. The deliberate targeting of hospitals and blockades that prevent the entry of medicines and equipment have pushed Gaza's healthcare system to the brink of collapse. Patients with chronic illnesses, including cancer

and kidney failure, cannot access the treatment they desperately need, leaving them to suffer or deteriorate unnecessarily.

To address the crisis sustainably, it is imperative to implement an immediate ceasefire, stop targeting healthcare facilities and personnel, and ensure the urgent entry of medicine, equipment, and medical supplies into Gaza. The lifting of movement restrictions to and from Gaza, as well as between its northern and southern regions, is critical to ensuring the free flow of resources and healthcare personnel.

Rebuilding Gaza's healthcare system is paramount for securing long-term solutions. This will require international support to rebuild hospitals and infrastructure, train healthcare professionals, and ensure access to essential services. Safe humanitarian corridors must also be created to evacuate critically ill patients to areas like East Jerusalem, where advanced medical care is available. These corridors offer a temporary measure to save lives, particularly as hospitals in East Jerusalem have the capacity to stabilize critically ill patients and prepare them for further treatment in third countries, if necessary.

However, only comprehensive action—ceasing hostilities, protecting healthcare infrastructure, and lifting restrictions on medical access—will address the root causes of Gaza's healthcare crisis and create a sustainable path forward. This is not only a humanitarian imperative but also an obligation under international law, including the enforcement of ICJ rulings.

The Role and Challenges of Medical Evacuations

The first medical evacuation took place on November 1, 2023, 27 days after the assault on Gaza began. By that time, the healthcare system was already overwhelmed and critically strained, with [8,805](#) people killed and [22,240](#) injured. Between November 1, 2023, and May 7, 2024, [4,895](#) wounded and critically ill individuals were evacuated through the Rafah border crossing, averaging approximately 750 patients per month. In May 2024, Israel destroyed Rafah crossing, Gaza's only access point to the outside world and its sole functioning evacuation route. Following

its destruction and the collapse of the evacuation mechanism, Israel failed to establish an alternative system for medical evacuations, leaving tens of thousands of patients and wounded individuals without access to life-saving care.

The ongoing humanitarian crisis in Gaza is beyond dire, with more than 25,000 individuals urgently requiring life-saving medical care, according to the MoH in Gaza, and [15,600](#) medical evacuation requests submitted to the World Health Organization (WHO). Thousands more cannot be diagnosed for evacuation due to severe shortages of diagnostic equipment, a lack of functional healthcare facilities, and movement restrictions between Gaza's northern and southern regions.

To date, less than 450 patient have been evacuated through the Kerem Shalom border, mainly to the UAE, Jordan, and EU countries, with an average of less than one [child](#) being evacuated per day. Compounding the crisis, family separations are frequent as parents are often denied permission to accompany their critically ill children, further intensifying emotional and logistical challenges.

Israel's approach to medical evacuations, overseen by the Coordinator of Government Activities in the Territories (COGAT), is riddled with delays, arbitrary decisions, and a lack of transparency. The primary challenge in addressing this crisis is the absence of a formal, transparent medical evacuation mechanism. The process remains ad hoc, complex, and dependent on multiple actors, with no consistent criteria in place. Security clearances are frequently delayed, and coordination between organizations, hospitals, and Israeli authorities is unpredictable, leading to frequent last-minute cancellations. This lack of a reliable evacuation system places patients' lives at constant risk, as delays in accessing critical care continue to result in preventable deaths. Another significant challenge is the frequent denial of parents as companions, which leads to two difficult outcomes: either the child is unable to access treatment, or they are forced to travel with a relative instead of a parent, further complicating the process and emotional well-being of the child.

In response to the collapse of medical evacuations following the destruction of the Rafah crossing on May 7, 2024, Physicians for Human Rights Israel (PHRI) filed a petition with the Israeli High Court, demanding the establishment of a clear and permanent medical evacuation mechanism. Despite the urgency, the court has repeatedly delayed action, allowing the state to postpone implementing a mechanism for over seven months. These ongoing delays highlight both the failure of both the state and the court to address the critical need for a functional evacuation system.

The legal proceedings are still ongoing after seven months, with the state maintaining that such a mechanism does exist, citing the limited evacuations occurring through Kerem Shalom. While these evacuations are welcome, they fall far short of addressing the overall need. Every evacuation has been a one-off operation, requiring extensive coordination and effort, and lacking sustainability. Aid organizations must navigate new bureaucratic hurdles with each evacuation, making the process inconsistent and unpredictable. Despite the state's claims, the current process is fragmented, overly reliant on ad hoc coordination, and subject to frequent delays and denials.

In its latest submission to the court, the state presented a written procedure titled Medical Evacuation Mechanism of Gaza Residents to Third Countries Through Israel. The publication of this procedure, after such a prolonged period during which thousands of evacuations were already needed, constitutes a severe failure. The procedure itself does not guarantee that the pace and process of evacuations will improve, and its expanded implementation on the ground is of critical importance.

Reopening Critical Pathways

A crucial step toward addressing Gaza's healthcare crisis is reopening a safe humanitarian corridor to hospitals in East Jerusalem. These six referral hospitals are not just vital to the region—they represent a unified Palestinian healthcare system. Providing specialized tertiary care,

including cancer treatments and pediatric oncology, these facilities offer services largely unavailable in the West Bank and Gaza Strip. Before October 2023, hospitals like Augusta Victoria Hospital (AVH) served as a critical lifeline, with over [30%](#) of patients referred from Gaza.

Access to East Jerusalem hospitals, however, was never straightforward. Even before the current war, the restrictive Israeli permit system created significant barriers, requiring patients and their companions to obtain travel permits. These permits were frequently delayed or denied, disrupting diagnostic appointments and life-saving treatments. Since October 7, 2023, the situation has worsened dramatically. Israel revoked all permits for patients and their companions from Gaza, effectively halting all medical referrals to East Jerusalem. The acceptance of new applications ceased entirely, and travel to Jerusalem became impossible. This complete closure has compounded the crisis, leaving thousands of critically ill patients in Gaza without access to the treatments these hospitals are equipped to provide.

East Jerusalem hospitals are located less than 80 kilometers from Gaza, making them an ideal destination for patients who need immediate, specialized care. Hospitals in the West Bank and East Jerusalem are a crucial part of the Palestinian healthcare system, and patients from Gaza should be able to receive treatment there despite the challenges posed by restrictions on movement. These hospitals are well-positioned to provide critical care, stabilize patients, and offer trauma-informed support, significantly improving survival rates. Additionally, these hospitals have the capacity to prepare patients for transfer to third countries if needed, thereby addressing Gaza's most urgent medical needs and reducing preventable death and suffering.

Reopening a humanitarian corridor to East Jerusalem would not only alleviate the immediate burden on Gaza's decimated healthcare system but also restore a vital part of the Palestinian healthcare network. Such a step is crucial for reducing preventable deaths and offering hope to families and patients facing unimaginable hardships.

Key Figures and Trends

Following the closure of the Rafah Crossing on May 7, 2024, medical evacuations have been nearly halted. In the past eight months, fewer than 450 patients have been evacuated, despite an estimated 25,000 individuals urgently needing life-saving medical care.

Since October 2023, a total of 15,600 medical evacuation requests have been submitted from Gaza. However, only [34%](#) of these requests have resulted in actual evacuations, with just [5,325](#) patients successfully evacuated. The approval rates for medical evacuation requests are alarmingly low, particularly for children. For example, among children aged 0-5, only [51.7%](#) of requests are approved. The rates drop significantly for children aged 6-18, with just [37%](#) receiving approval. Approval rates also vary based on diagnosis; for instance, in the case of cancer treatment, only [50%](#) of the 4,919 submitted requested have been approved. These figures underscore the severe systemic barriers to accessing timely medical care, leaving Gaza's most vulnerable populations at critical risk.

One organization, Children Not Numbers, has been working to support ill and injured children in Gaza. Among the children assisted by the organization, nearly 60% require medical evacuation, with approximately 46% classified as needing "super-priority" (urgent) evacuation. However, evacuation rates for certain specialties, such as cardiothoracic cases, remain critically low—under 6%. Tragically, lack of access to cardiothoracic surgery has accounted for the highest number of children who have died before receiving medical evacuation. Among the cases managed by Children Not Numbers, 10 children (45%) requiring cardiothoracic surgery died because the life-saving treatment they needed was unavailable in Gaza.

Lives Behind the Statistics

Chronic Conditions: The Fight for Dialysis Treatment

Individuals in Gaza with chronic conditions suffer enormously due to the lack of medical infrastructure, personnel, and equipment, along with fuel shortages and an insufficient, contaminated water supply. One stark example is the dire situation faced by those with renal disease and failure, who urgently require dialysis.

A nine-year-old's journey to evacuation (*Medically Evacuated*)

Child A, aged nine, requires dialysis care several times a week due to a kidney condition. In late August and early September 2024, the failure of their vascular access line, crucial for dialysis access, turned their condition into a medical emergency. They applied for medical evacuation in early September 2024, with Children Not Numbers pushing to expedite the process. Meanwhile, short-term dialysis was administered via a central line, but the child's condition remained critical, and the only sustainable solution was medical evacuation. Their condition continued to deteriorate between September and November, with infections developing in their dialysis line, leaving them critically ill. They were finally evacuated from Gaza in early November 2024. The impact of the evacuation delay on their long-term prognosis and recovery is still unknown.

An eight-year-old's struggle for approval (*Not Evacuated*)

Child B, aged eight, suffers from end-stage renal failure due to polycystic kidney disease and requires regular lifesaving dialysis while awaiting a kidney transplant. In August 2024, their condition became life-threatening due to a blocked vascular line and the unavailability of the necessary equipment in Gaza to insert a new line. During this time, the child was unable to undergo dialysis for several days, a delay that could have been fatal. They applied for medical evacuation, yet despite the critical nature of their condition, the request for medical evacuation was rejected. Children Not Numbers, along with additional organizations,

was able to obtain medical equipment to resume dialysis. There have since been numerous complications with the child's dialysis line and a deterioration in their condition, causing frequent pain and distress.

Despite legal intervention by PHRI in November 2024, Child B has still not been approved for medical evacuation. Evacuation from Gaza is urgently needed for a kidney transplant and to secure access to vital medical equipment needed to manage their condition until surgical intervention can occur. The continued delay in medical evacuation jeopardizes their health and long-term prognosis.

Trauma Injuries

A five-year-old's road to recovery (*Medically Evacuated*)

Child C, aged five, suffered an explosive injury in April 2024, including head trauma, burns to the face, head, and left arm, as well as third-degree burns to their back and a shrapnel injury. Their injuries also caused vision and hearing loss. While some emergency procedures were performed in Gaza, the child's condition remained poor and continued to worsen-experiencing seizures and an inability to move their right leg. In addition, they endured psychological trauma after losing multiple family members.

In May 2024, shortly before the Rafah crossing was closed, Child C was evacuated. Since then, they have received medical treatment, undergone numerous medical procedures, and received physiotherapy. While recovery has been slow, involving rehabilitation for walking and speech, they have shown continued improvement. Though not yet fully recovered, Child C is now enrolled in school and no longer experiences hearing or vision issues. Medical evacuation allowed them to receive the treatment and care they vitally needed, offering them a chance at life that they deserve.

A 13-year-old's fight for limb-saving treatment (*Not Evacuated*)

Child D, aged 13, sustained an explosive injury in July 2024, resulting in comminuted fractures of the femur and hip, along with an abdominal injury that required a colostomy. The treatment they require for these injuries is not currently available in Gaza. Given the severity of their condition—multiple complex fractures and large infected wounds—recent recommendations have suggested the need for a full lower limb amputation. This has understandably caused them significant psychological distress. In addition, Child D has experienced episodes of convulsions and loss of consciousness, possibly due to electrolyte derangement caused by severe malnutrition, and is enduring severe pain and distress.

Despite legal intervention by PHRI in November 2024, Child D has still not been approved for medical evacuation. Medical personnel are currently working to maintain the viability of the child's leg until evacuation is possible, allowing them to undergo vascular grafting. Child D requires evacuation from Gaza to receive limb-saving treatment.

Conclusion

Israel has systematically targeted hospitals and healthcare facilities while intensifying the blockade over the past 14 months, leading to the collapse of Gaza's healthcare system. This collapse is marked by deliberate destruction, severe shortages, and movement restrictions, with catastrophic consequences: over 45,000 killed, more than 100,000 wounded, and 25,000 individuals urgently requiring life-saving care outside Gaza because essential treatment is unavailable within the Strip.

The denial of medical evacuations and the absence of a functional evacuation mechanism blatantly violate Israel's obligations under international humanitarian law, particularly its responsibilities as an occupying power to ensure civilians have access to medical care. Reopening humanitarian corridors to East Jerusalem hospitals—integral to the Palestinian healthcare system and equipped to handle complex

medical cases—is an urgent step to address this crisis. However, sustainable solutions must also include a ceasefire, halting the targeting of healthcare infrastructure, lifting movement restrictions, and ensuring the unimpeded flow of medical resources and personnel to address the root causes of Gaza’s healthcare emergency. Despite internal pressure, including legal petitions filed with the High Court, Israel has failed for over seven months to establish a medical evacuation mechanism or permit patients access to East Jerusalem hospitals. This highlights the urgent need for international action to pressure Israel to uphold its obligations under international humanitarian law.

Steps to Alleviate the Crisis

Implement a ceasefire and halt attacks on healthcare workers and facilities, including ambulances, especially those on the front lines of health service delivery, including the immediate release of healthcare workers detained during the conflict.

Establish a clear and permanent medical evacuation system while ensuring patients’ right to return to the Gaza Strip after treatment.

Establish safe corridors for the medical evacuation of critically ill patients to East Jerusalem and the West Bank, alongside humanitarian corridors for safe passage from northern Gaza to the south.

End family separations during medical evacuations and while traveling internally in Gaza, ensuring no sick or wounded child is separated from their loved ones.

Ensure the safe return of Palestinians who have left Gaza, allowing them to seek medical care without being forced to choose between their lives and their homeland.

