



ALERT – 2nd April 2020

CARE Palestine West Bank/ Gaza warns of a catastrophe of enormous magnitude with potentially disastrous consequences awaiting the two million Palestinians living in Gaza.

The rapid spread of the Corona Virus globally, as well as nationally, presents a grave concern for Gaza, as one of the most densely populated places in the world, cut off from the rest of the country and severely lacking access to an already teetering healthcare system with limited medical supplies, with natural sources of water largely contaminated, and with malnutrition on the rise, the dire conditions which may spark an extreme humanitarian crisis with potentially disastrous consequences.

Gazans' living conditions are severely undermined, as evidenced by high rates of unemployment, poverty, and food insecurity. 80% of residents have been thrust into perpetual dependency on humanitarian aid, over 50% are unemployed, one of the highest rates in the world, with a staggering 72% of women unemployed and 70% of youth¹. Said fragility has forced many to adopt negative coping strategies such as a decrease in food consumption and diversity, leading to malnutrition and food insecurity, the latter of which was 40% in 2019². According to the 2019 Humanitarian Needs Overview report by OCHA, every second person in Gaza, over one million people, is considered poor, including over 400,000 children.

Even before the COVID-19 outbreak, Gaza's health system had been on a collapse, further accelerated over the past two years due to the high casualty toll from the events surrounding the "Great March of Return". A prevailing sense of hopelessness also has exacerbated a mental health crisis. Moreover, 95% of the population has no access to clean water, as 97% of coastal aquifer water is unfit for human consumption or agricultural use³, and the access to electricity is severely restricted, all of which further increase vulnerabilities of Gazans, placing them at high risk due to a prevalence of chronic diseases, limited access to health care and clean running water, basic sanitation and hygiene. Despite the low number of COVID-19 cases at present, the risk of the rapid spread is very high due to the enclave's blockade, insufficient medical resources, including medicine, equipment, doctors and professional training in the country.

The lack of relevant resources (including critical care beds and artificial ventilators) dramatically raises the mortality rate of COVID-19. According to the Humanitarian Country Team (HCT) Response Plan⁴, while the elderly tend to be most vulnerable, there is a large proportion of high-risk groups with high prevalence of non-communicable diseases. About 1,300 medical cases cannot be referred to hospitals outside Gaza due to crossing closure. Also, over 4,000 people awaiting elective surgeries (in addition to over 8,000 existing cases) in Gaza that are likely to be postponed due to preparedness measures for management of COVID-19 cases.

Furthermore, Palestinian refugees, 1.4 million in Gaza, who live in one of the 8 overcrowded refugee camps, are considered one of the high-risk groups. Around 5,000 – 6,000 day laborers and traders, whose employment opportunities in Israel halted since the border closed, and their families, face additional food security risks. Finally,

¹ Palestinian Central Bureau of Statistics (PCBS), 2019.

² Ibid.

³ Report of the Special Rapporteur on the Situation of Human rights in the Palestinian Territories occupied Since 1967. Human Rights Council. 2019.

⁴ HCT Response Plan, 27 March 2020.



also at high-risk are persons placed in quarantine facilities with inadequate medical equipment, as well as pregnant and lactating women, who are not able to receive essential healthcare due to health service re-prioritization.

It is also important to note, the crisis disproportionately affects women, girls and the most marginalized population groups, such as people with disabilities, as it tends to reinforce pre-existing inequalities, gender-based violence and discrimination, thereby elevating their protection risks. Conflict, poverty, gender and disability are tightly interlinked, and in Gaza in particular, poor living conditions and limited access to basic services, are compounded for the most vulnerable.⁵ As the numbers of COVID-19 increase, their already complex risks may be further exacerbated. Women, for instance, tend to be front-line health workers, and care takers of the elderly, who themselves are in a high-risk category, and, therefore, are at risk of exposing themselves to the virus.

Women also represent 55.3% of all cancer patients in Gaza,⁶ with breast cancer as the most common type of cancer. Current assessments of women cancer patients in Gaza show an urgent need for hygiene kits and medication. Even before the outbreak of COVID-19, the ability of Gaza's hospitals to provide adequate diagnosis and treatment to cancer patients had been severely limited due to chronic shortages of medicines and lack of medical equipment, nuclear medicine scanning that is needed for staging cancers, or radiotherapy equipment. Many patients would seek health care elsewhere in the West Bank or abroad, which is an unpredictable and lengthy process, as permits to exit Gaza were not guaranteed. At present, during the COVID-19 crisis, the already overburdened health services and restricted mobility will likely hamper women's access to health services, including sexual and reproductive health, GBV survivor care, attended childbirth and other natal services.⁷

Due to the increasing vulnerability created in the wake of the COVID-19, CARE fully acknowledges urgent protection risks to all community members, and therefore, calls upon the Israeli government to take immediate action to lift the blockade for medical purposes, in accordance with international law that safeguards people's right to life, survival and health⁸, and ease restrictions on importing an unimpeded flow of essential items to Gaza, including, food, medicine and critical health related materials and equipment to respond to the crisis. In addition, to facilitate the work of humanitarian agencies continuing to provide for essential humanitarian services, including health, shelter, water and sanitation, food, education, and protection.

For the Palestinian authorities in Gaza, to ensure that the response to this epidemic adheres to the highest attainable standards of physical and mental health, and ensures that the containment is still possible, through exerting all efforts to build quarantine facilities, and imposing strict lockdown measures.

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⁵ UKAID Disability Inclusion Helpdesk Report 2019.

⁶ Pathway to Survival: The Story of Breast cancer in Palestine. UNFPA. 2018.

⁷ IASC Guidance: Gender Alert for COVID-19 Outbreak, March 2020.

⁸ Article 56 requires that the occupying power must ensure, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied country with particular reference to the adoption and application of the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics.