

MSF
April 2024

GAZA'S SILENT KILLINGS

The destruction of the healthcare system
and the struggle for survival in Rafah



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Executive summary

Under the threat of aerial bombardment, an estimated 1.7 million men, women and children have been forcibly displaced to Rafah, a tiny sliver of land in the south of the Gaza Strip. However, even in Rafah the civilian population has not found safety. Military operations are ongoing in Rafah and the confirmed threat of a full-scale imminent military incursion by Israeli forces looms over the population, who now face the risk of death by disease or starvation in a place where the healthcare system has been decimated.

On 13 October 2023, MSF medical teams, alongside the civilian population, were forced to evacuate from north to south Gaza, where they rapidly established emergency medical responses in Rafah and Deir Al-Balah. This report draws upon medical data and the testimony of patients to demonstrate that even in Rafah, conditions for survival are not in place.

MSF has observed a stark deterioration in people's health conditions in Rafah. As a result of the siege on Gaza, acute malnutrition is emerging with alarming rapidity, despite being almost entirely absent prior to the current conflict. From January to March 2024, MSF teams registered 216 cases of moderate and severe acute malnutrition in two primary healthcare centres alone.

The mental health of the population is in tatters. MSF mental health teams are dealing with high numbers of individuals who have been exposed to extreme levels of violence and loss. However, working with these patients to build resilience is difficult when insecurity and violence are ongoing. People with severe mental health conditions, such as bipolar disorder or schizophrenia (an estimated 5% of the population), are often left without treatment, as the only specialised psychiatric hospital in the Gaza Strip – in Gaza City – ceased its services on 6 November 2023 due to the conflict. In some cases, people have resorted to over-sedating family members with severe mental health conditions to keep them safe from harm while living in overcrowded shelters.

The lives of people who fled bombardment are now at risk due to the looming threat of disease outbreaks in Rafah, where living conditions are dire, where there is a desperate shortage of clean water for drinking or bathing, and where rubbish and raw sewage accumulate in the streets. MSF teams are providing more than 5,000 medical consultations every week in two clinics alone. More than 40 per cent of MSF patients have upper respiratory tract infections linked to poor living conditions. Rates of diarrhoea are reportedly 25 times higher than prior to the conflict and hepatitis A is on the rise. As this catastrophe unfolds, the collective capacity of the humanitarian community to respond at the scale required has been hindered by the insecurity and by

restrictions imposed by the Israeli authorities on vital supplies entering the Gaza Strip.

People's needs are skyrocketing and the healthcare system no longer has the capacity to respond. One by one, hospitals in Gaza are being rendered inoperable as they are attacked, damaged or destroyed by Israeli forces, or have insufficient fuel and other supplies to provide services. MSF is gravely concerned about what this devastation of the healthcare system will mean in Gaza for years to come. The few medical facilities that still function are being pushed to the brink, overwhelmed with patients with conflict-related trauma injuries. As a result, people with other types of medical needs, such as pregnant women with complications and people living with chronic conditions, are unable to receive the care they require. Gaza's entire healthcare system has been decimated and the population is under siege. Without access to medical care, thousands more lives will be lost, beyond those killed in the Israeli bombardments seen in the news – these are Gaza's "silent killings".

Introduction

Six months into the devastating war in Gaza, we are standing at a precipice. At the time of writing, more than 32,000 people have been killed, 75,000 have been injured, and an estimated 8,000 remain trapped under rubble.¹ The industrial-scale destruction of civilian infrastructure, compounded by a suffocating siege, has pushed the civilian population to the brink. In Rafah – a place the Israeli authorities described as “safe” – military operations are ongoing and the basic conditions for survival of the civilian population are absent.

Through its humanitarian and medical response, MSF has witnessed first-hand the human cost wrought by the destruction of Gaza’s healthcare system. In Rafah, more than one million internally displaced Gazans are living under the threat of disease outbreaks, starvation and psychological trauma. As this catastrophe unfolds, the collective capacity of aid organisations to launch the full-scale response required to save lives is severely constrained by the ongoing insecurity and by restrictions imposed by the Israeli authorities on the entry of humanitarian aid into Gaza. While MSF’s medical response in Rafah is a drop in the ocean compared to people’s needs, even this limited support is now under threat with the Israeli confirmation of an imminent military invasion of Rafah.

Before 7 October 2023, MSF teams had worked in Gaza for more than 35 years, providing a range of medical services including specialised care for burns victims, mental health support and surgical interventions. Israel’s 15-year blockade on Gaza had already significantly weakened the healthcare system.² On 13 October 2023, MSF medical teams, alongside the civilian population, were forced to evacuate from north to south Gaza under threat of bombardment by Israeli forces. To respond to the urgent healthcare needs of the newly displaced population, MSF swiftly set up emergency medical activities in Rafah and Deir Al-Balah. This included activities in two primary healthcare centres and a post-partum ward attached to Emirati maternity hospital.³ MSF teams, comprising both Palestinian and international staff,

1 OCHA Flash-Update (UN OCHA, 3 April 2024), available [here](#). “Civilians Trapped Under the Rubble” (Al-Haq, Al Mezan, PCHR, 17 December 2023), retrieved from [here](#).

2 “15 Years of Blockade and Health in Gaza” (World Health Organization & Health Cluster, July 2022), retrieved from [here](#).

3 Currently there are three MSF sections working in Gaza: MSF Belgium (OCB), MSF France (OCP) and MSF Spain (OCBA). As of 5 April 2024, OCB is working in Al-Aqsa hospital and the Martyrs primary healthcare centre in Deir Al-Balah. OCP is working in Rafah Indonesian field hospital. OCBA is working in Emirati maternity hospital, Al-Shaboura clinic and Al-Mawasi field primary healthcare centre in Rafah. This report focuses on the medical response of MSF Spain (OCBA).

have been providing thousands of medical consultations every week in these facilities. However, MSF has been unable to resume activities in north Gaza, where the situation is dire. The crisis witnessed by MSF teams in Rafah is just a fraction of a broader, more horrific, reality in the north.

This report draws on MSF medical data from five months providing medical care to the population of Rafah (November 2023 to March 2024). It also aims to amplify the voices of Palestinian patients and healthcare workers in Gaza to humanise the statistics frequently cited in news reports. First-hand accounts by women who have been treated in MSF facilities shed light on the massive struggle to access healthcare safely and with dignity in Rafah.

The road to Rafah

The deadly trio of bombardment, siege and forcible transfer imposed on the population of Gaza since the beginning of the conflict has left the lives of 2.3 million Palestinian men, women and children hanging in the balance.

A INTENSIVE BOMBARDMENT AND BESIEGEMENT OF GAZA

On 9 October 2023, Israel's defence minister announced a complete siege of Gaza, stating: "there will be no electricity, no food, no fuel, everything is closed"

Following Hamas' horrific massacre on 7 October 2023 and the taking of more than 200 hostages into Gaza, Israeli forces launched an intensive campaign of aerial bombardment on Gaza, characterised by disproportionate and indiscriminate attacks. In the first 100 days, civilians were killed at a rate not witnessed in any other conflict in recent history.⁴ To date, 32,000 people have been killed by extensive bombardments and more than 74,000 have been injured. The vast majority of the casualties are women and children, in an enclave where nearly 50 per cent of the population are children.⁵

On 9 October 2023, Israel's defence minister announced a complete siege of Gaza, stating: "[t]here will be no electricity, no food, no fuel, everything is closed."⁶ Israel authorities sealed the borders through which humanitarian aid and commercial trucks usually enter Gaza. Aid deliveries did not resume until 21 October 2023, when a small amount of aid was allowed in through the Rafah crossing between Egypt and south Gaza. Since then, the restrictive process and the limited quantities of humanitarian aid entering Gaza have been entirely insufficient to meet people's needs, as described in detail by MSF in the annex of this report. The suffocating siege imposed by Israeli authorities has continued to restrict humanitarian access, commercial goods and fuel for generators, while bringing the population of Gaza to the edge of starvation. For Palestinians, crossing Gaza's borders is almost impossible.

4 "Gaza Civilians, Under Israeli Barrage, Are Being Killed at Historic Pace" (New York Times, 15 November 2023), retrieved from [here](#).

5 "Gaza and Israel: The Cost of War Will Be Counted in Children's Lives" (UNICEF, 26 October 2023), retrieved from [here](#).

6 "Defence Minister Announces 'Complete Siege' of Gaza" (Times of Israel, 9 October 2023), retrieved from [here](#).



Photo: Shereen recalls her terrifying journey from north Gaza with her three children

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B FORCIBLE TRANSFER OF POPULATION

On 12 October 2023, Israeli forces issued a mass evacuation order for everyone in north Gaza, demanding that hospitals and medical facilities be emptied.⁷ Despite this evacuation order, an estimated 300,000 civilians were unable to – or chose not to – leave their homes and remained in north Gaza.⁸ Since early October, extremely limited aid or commercial supplies have reached the north. As an indication of the desperate situation, an MSF staff member who had remained in north Gaza reported resorting to eating animal fodder to stay alive.⁹ Access to north Gaza to deliver humanitarian aid has become increasingly complicated. This is due to the required approvals being systematically refused by Israeli authorities, as reported by the UN,¹⁰ as well as to the high levels of insecurity resulting from Israeli military operations and the near total collapse of law and order.

7 “WHO Pleads for Immediate Reversal of Gaza Evacuation Order to Protect Health and Reduce Suffering” (World Health Organization, October 13, 2023), retrieved from [here](#).

8 “They Destroyed Us: North Gazans Flee Homes in Search of Food and Shelter” (UN News, 7 March 2024), retrieved from [here](#).

9 “Gaza: We Are Forced to Eat Animal Food Just to Survive” (MSF, 11 March 2024), retrieved from [here](#).

10 “UN Deplores Israel’s ‘Systematic’ Refusal to Grant Access to North Gaza” (Reuters, 12 January 2024), retrieved from [here](#).

Photo: Mona holds her twin babies, born the previous day at Emirati maternity hospital, Rafah

© ANNIE THIBAUT / MSF

Following the evacuation order and under the threat of bombardment (and later starvation), a staggering 1.7 million people, representing nearly 75 per cent of Gaza's population, were forcibly displaced from the north of Gaza to the south.¹¹ MSF teams, alongside the civilian population, were forced to evacuate towards Rafah, although several Palestinian staff chose to remain behind, risking their lives to continue providing medical care to patients. The exodus included older people, people with disabilities, pregnant women and families with young children, all moving southwards in a journey to find safety. However, this journey was anything but safe.¹² MSF's own convoy, despite being clearly marked with the MSF logo, was hit while evacuating staff and their families, resulting in two deaths.¹³

As a result of the evacuation order, the tiny wedge of land that is Rafah, encompassing just 64 sq km and previously home to some 275,000 people, now shelters over one million people.¹⁴ By mid-February 2024, the population

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- 11 "Humanitarian Needs and Response Update 27 February – 4 March 2024" (UN OCHA, 8 March 2024), retrieved from [here](#).
 - 12 "Fearful, Humiliated and Desperate: Gazans Heading South Face Horrors" (New York Times, 28 November 2023), retrieved from [here](#).
 - 13 "MSF Convoy Attacked in Gaza: All Elements Point to Israeli Army Responsibility" (MSF, 1 December 2023), retrieved from [here](#).
 - 14 "Gaza: Israel's Military Operation in Rafah Would be Fatal for Displaced Civilians and Humanitarian aid" (Norwegian Refugee Council, 8 February 2024), retrieved from [here](#).



density of Rafah had soared to an estimated 22,000 people per sq km – a fivefold increase on before the conflict.¹⁵ A car journey that once took 10 minutes can now take an hour, hindered by extreme congestion on the roads and the many tents tightly packed into this narrow strip of land.

The forcible transfer of the population from north to south Gaza is not a legal evacuation under international humanitarian law. In legal terms, the Israeli authorities, as the occupying power, are required to proceed with such an evacuation in the best interest of the population, and to ensure proper temporary accommodation, in conditions of safety and with adequate hygiene and nutrition.¹⁶ The current situation in Rafah, as described in this report, is a far cry from this standard.

C ATTACKS ON DISPLACED CIVILIANS

According to testimonies collected by MSF from women in Rafah about their displacement, it is evident that people's journeys started abruptly and violently. The women described being forced to leave their homes with little time to prepare and no knowledge of what to expect. They and their families were immediately confronted with devastating levels of destruction and violence that displayed complete disregard for civilians trying to flee or find shelter.

Shereen¹⁷, a 42-year-old woman from the Nasser coastal neighbourhood of Gaza City, described the day she and her children left the shelter near their home and walked southwards to escape the violence:¹⁸

Shereen

"We started to hear explosions all around the school. There was thick smoke in the air and a lot of debris around us. I had been scared to leave, but one day I decided we could not stay there and we started walking. I was alone with my three children. The youngest one is six years old. We walked to Nusseirat [middle area, about 14 km south of Al-Shati]. It was dangerous. We heard explosions and shooting around

¹⁵ Ibid.

¹⁶ Fourth Geneva Convention, Article 49; Customary International Humanitarian Law, Rule 129.

¹⁷ All names in this report have been changed to protect the privacy of those who have given testimonies.

¹⁸ Various online accounts corroborate that Israeli forces attacked the area around Al-Shati camp in early November 2023 and forcibly evacuated civilians from the area. As for school shelters, in late-October the UN reported that some 657,000 people were sheltering in around 150 UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East) facilities, including schools, many of which had sustained varying levels of damage due to the conflict. "Hostilities in the Gaza Strip and Israel | Flash Update #21" (UN OCHA, October 27, 2023), retrieved from [here](#).

us as we walked. We passed dead bodies and body parts. We were very scared; I was especially worried for my youngest child. I was scared for them of something happening to me. I felt that at any moment I could die. The army does not let you pick up bodies.

I put my children in front of me so I could see them and told the oldest ones: 'If the army kills me, you need to keep going – just walk straight and don't turn back.' When I arrived at Nusseirat, I just took a deep breath and drank water; we were so thirsty. Many people were looking for missing children. From there we continued the journey and came to Rafah. I spent the first week just crying. I have been here now since early November."

Since this conflict started, civilians have sought shelter from the violence. Refuges have included medical facilities, which people believed would offer a modicum of safety during the intensive bombardment. However, this belief in protection has been quickly swept away. Attacks on medical facilities have been constant, as described in detail later in this report.

Mona is a 31-year-old woman who spoke to MSF staff in the post-partum ward of Rafah's Emirati maternity hospital, where she had given birth one day earlier. She described how she and her family had sought refuge in a hospital, only to suffer a devastating loss just days before her twin babies were born:

Mona

"We went to shelter inside Nasser hospital [in Khan Younis]. Two months later, this shelter was violently attacked. Near the entrance of the hospital lay a dead body. My husband wanted to go and retrieve it as it was already being eaten by stray animals. But as he went to pick up the body, just 20 metres away from me, Israeli forces shot him dead.

We were forced to evacuate the hospital immediately to move south to Rafah [approximately 9 km away]. This was only a few days ago and we were unable to retrieve him; my husband's body still lies in that same position. I left, without my husband, with no money and with just the clothes on my back, nine months pregnant, and started walking to Rafah."¹⁹

¹⁹ Nasser hospital, in Khan Younis, was attacked and besieged in mid-February 2024. At the time it was the largest hospital still functioning in Gaza. Regarding the killing of Mona's husband, several UN OCHA updates mention the presence of snipers in the vicinity of the hospital on 8, 9 and 10 February 2024 (see Flash Updates No. 114, 115 and 116). While it is not possible to verify Mona's testimony, these details do indicate that such killings were taking place. Eg Update No. 116: "On 11 February, two Palestinians were reportedly shot and killed in front of the gate of Nasser Hospital. Meanwhile, reports indicate that several

Dire conditions in Rafah: A window on the wider disaster for Gaza's population

Partly due to the significant influx of people into Rafah, community resources are over-stretched, not only at displacement sites but also in people's homes. An MSF medical staff member from Rafah described the situation:

MSF staff member from Rafah

"Over the last few months, we have had family members and friends seeking shelter with us here in Rafah... we now have 30 to 40 people living in our apartment. Most of them are children, many under seven years old. We want to help those who have had to flee their homes, but this is also a huge pressure on Rafah, to give the displaced people support and medical treatment. The needs are just too high for the services we can offer."

The more than one million Palestinian men, women and children who have risked everything to seek refuge in Rafah remain exposed to serious physical and mental harm, with no information about the future besides the confirmation of an imminent invasion of Rafah by the Israeli army. Healthcare workers are exhausted as they try to address people's growing medical needs. MSF's observations of patients in and around its medical facilities reveal that the necessary conditions for survival are absent in Rafah, where:

- I. There is a marked deterioration in the population's health, with rising rates of acute malnutrition.
- II. Those medical facilities that still function are inundated with patients and operating beyond their limits.
- III. The current medical response is rendered ineffective by the Israeli authorities' siege.

fatalities have been lying on the ground around the hospital, for several days, and have been unreachable due to continued attacks in the hospital's vicinity." Retrieved from [here](#).

A DETERIORATING HEALTH TRENDS

The devastation wreaked by this conflict extends far beyond those killed by Israeli bombardments and airstrikes. Equally tragic are the “silent killings” – the individuals who have died as a result of entirely preventable circumstances or from their critical healthcare being disrupted due to the conflict. A recent study on expected excess mortality in Gaza made some alarming projections, concluding that a continuation of the current situation could result in tens of thousands of non-trauma-related excess deaths in the next six months alone.²⁰ These are the health-related deaths that would not have occurred in the absence of this conflict. Even in the event of a ceasefire in Gaza, thousands of such deaths are likely to take place due to the time it would take to improve water, sanitation and shelter conditions, reduce acute malnutrition and get the healthcare system back on its feet.²¹ This crisis is entirely man-made; what is being witnessed is a situation of deliberate deprivation.

MSF teams have witnessed rising rates of acute malnutrition, untreated chronic diseases and the threat of disease outbreaks linked to dire living conditions in Rafah

Across just two of the primary healthcare centres run by MSF, teams are providing an average of 5,222 outpatient consultations every week.²² Forty per cent of these consultations are for children under 15 and babies. As well as general medical consultations, MSF teams at the clinics provide paediatric care, wound dressings and minor surgery, for both long-term Rafah residents and the newly displaced. Through these medical consultations, MSF teams have witnessed at first hand rising rates of acute malnutrition, untreated chronic diseases and the threat of disease outbreaks linked to people’s dire living conditions in Rafah – currently the safest and most highly serviced location in Gaza.

Acute malnutrition and the spectre of starvation

The siege of Gaza by the Israeli authorities has cut the population off from vital food supplies. Prior to the conflict, 90 per cent of all supplies entering Gaza were commercial goods.²³ Now, almost no independent sources of food production are left, agricultural or otherwise. UN OCHA states: “Most bakeries have been bombed and the few that are left are unable to bake bread as they don’t have flour or fuel.”²⁴ The price of food that is still available on the market has multiplied. As a result, people are dependent on the little

20 “Crisis in Gaza: Scenario-based Health Impact Projections – Report 1”, London School of Hygiene & Tropical Medicine, Health in Crisis Centre, John Hopkins, 19 February 2024 (retrieved from [here](#)).

21 Ibid.

22 Note that the number of consultations provided reflects MSF’s work in two primary healthcare centres only; it is not reflective of the entirety of MSF’s medical activities in Gaza.

23 “Gaza Now the World’s Worst Hunger Crisis and on the Verge of Famine” (Islamic Relief, 9 January 2024), retrieved from [here](#).

24 UN OCHA stated that of the 97 bakeries existing in Gaza pre-conflict, only 15 remained functional as of 17 January 2024 across Rafah and Deir Al-Balah. None remained in north Gaza (Reliefweb, 26 January 2024), retrieved from [here](#).

Photo: People queue to buy food in a Gaza street lined with rubbish in Rafah
© MSF

aid that humanitarian organisations can bring in. However, the number of humanitarian convoys permitted by Israeli authorities to enter Gaza has been far below what is needed. Pre-conflict, an average of 150 trucks carrying food entered Gaza each day; between 7 October 2023 and 24 February 2024, just 60 trucks carrying food entered per day.²⁵ Food insecurity in Gaza is now at critical levels. A recent Integrated Food Security Phased Classification (IPC) warned that famine was imminent in north Gaza and reported that a staggering 25 per cent of the population of Rafah were experiencing catastrophic food insecurity.²⁶

MSF teams have been screening people for acute malnutrition in clinics by measuring the mid-upper arm circumference of those people in the highest-risk categories: children under five, pregnant women and new mothers. MSF has seen acute malnutrition emerging at an alarming rate, especially given that it was previously absent from Gaza. MSF did not detect any cases of acute malnutrition in Rafah until mid-January 2024, when cases of moderate and severe acute malnutrition started being registered on a weekly basis. Between January 2024 and the end of March 2024, MSF registered 216 cases of moderate and severe acute malnutrition in children under five

25 IPC Acute Food Insecurity Special Snapshot (IPC, 18 March 2024), retrieved from [here](#).

26 Ibid.





Photo: People in Rafah search through rubbish for food or other salvageable items

© MSF

at Al-Shaboura and Al-Mawasi primary healthcare centres in Rafah,²⁷ and 25 cases among pregnant women and new mothers. These figures represent only a small part of the larger reality, as they are based on screening of patients coming to the primary healthcare centres, while many people in Rafah do not have access to MSF's services.²⁸ Perhaps most concerning is the blind spot of north Gaza, which has been described by Oxfam as a "siege within a siege,"²⁹ nearly impossible to access.

Mental health in tatters

After almost six months of exposure to potentially traumatic events and extreme loss, people across Gaza are likely to have staggering mental health needs. It is not yet possible to talk about *post*-traumatic stress disorder

27 In medical facilities supported by MSF Belgium (OCB) within the middle area of Gaza, patients with moderate and severe acute malnutrition reportedly coming from north Gaza, where the food situation is particularly desperate. Patients are enrolled in the outpatient therapeutic feeding programme for specialised treatment.

28 In March 2024, due to the alarming rise in cases of acute malnutrition, MSF teams commenced proactive screening for acute malnutrition in local communities around Al-Shaboura and Al-Mawasi primary healthcare centres.

29 "Half a Million Civilians Caught in Northern Gaza 'Siege Within a Siege'" (Oxfam, 3 November 2023), retrieved from [here](#).

(PTSD) as the extreme levels of violence are ongoing. People packed into the densely populated area that is Gaza, living under the threat of a full-scale incursion by Israeli forces, have no sense of safety.

MSF teams are providing mental healthcare and psychosocial support in Rafah, including psychological first aid, individual consultations, and group and family sessions.³⁰ Most patients have symptoms related to anxiety and stress, including psychosomatic and depressive conditions.³¹ With the ongoing extreme levels of violence and insecurity in Gaza, it is very challenging for MSF mental health teams to help these patients build resilience.

Prior to the conflict, an estimated 22 per cent of the population of Gaza were living with mental health disorders, including 5 per cent with conditions such as schizophrenia and bipolar disorder as well as severe levels of anxiety and depression.³² The only specialised psychiatric hospital in the Gaza Strip, in Gaza City, ceased its services on 6 November 2023 due to the conflict. MSF mental health specialists working in Gaza have observed that, as a desperate measure, some people caring for family members with severe mental health disorder have resorted to excessive sedation to keep them safe and prevent them from harming themselves or others, particularly those for whom “home” is now an overcrowded shelter shared with multiple other displaced people.

Children who survive this war will not only bear the visible wounds of trauma injuries, but the invisible ones too

The impact on children is particularly pronounced. As MSF described to the United Nations Security Council during its briefing in February 2024, children who survive this war will not only bear the visible wounds of trauma injuries, but the invisible ones too. In November 2023, MSF staff in Khan Younis met a nine year-old girl named Nour who had survived a bombing attack and was being looked after by a distant uncle. She did not yet know that her entire family had been killed in the bombing. It is hard to imagine the future mental health impact of such a loss on this little girl. MSF teams have heard children as young as five say they would rather die than continue living through this conflict. Other children have shown regressive behaviour such as bedwetting, becoming anxious and withdrawn, and losing previously acquired skills – all common responses in children to high levels of violence. In February 2024, MSF began providing group mental health sessions for children in Al-Shaboura primary healthcare centre due to the critical need for specialised support.

30 MSF provides group sessions aimed at preventing the escalation of reactions and symptoms, and individual and family sessions for people needing additional psychiatric care.

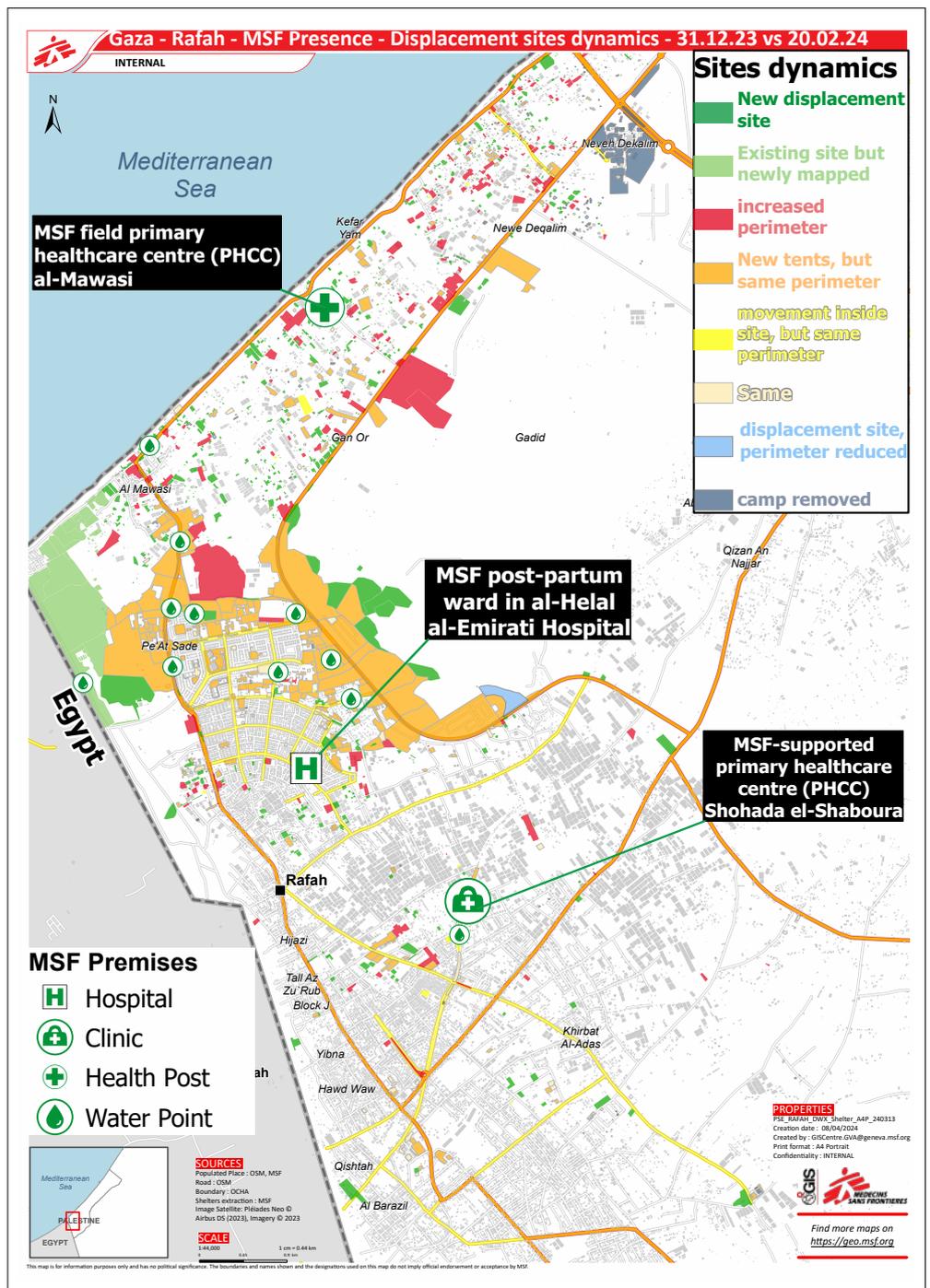
31 MSF data suggests that the overwhelming precipitating factor for mental health conditions was either exposure to violence or loss.

32 “Health Conditions in the Occupied Palestinian Territory, including east Jerusalem” (World Health Organization, 22 January 2024), retrieved from [here](#).

Image: This map shows clusters of sites where displaced people have settled in northwest Rafah
 © MSF

The estimated 8,000 people buried under the rubble of destroyed buildings across Gaza constitute a “shadow death toll”³³ whose mental health impact is often left unspoken. Yet the inability to bury a loved one can have a profound and lasting mental health impact, as it disrupts the grieving process, especially in a context where burial is an essential component of religious practice, as it is for Muslims. This can lead to unresolved grief due to a

33 “Gaza’s Shadow Death Toll: Bodies Buried Beneath the Rubble” (New York Times, 23 March 2024), retrieved from [here](#).



Photos: Poor living conditions in the improvised displacement sites in Rafah present a serious health

© MSF

profound lack of closure and to a sense of guilt at being unable to fulfil the burial rites. Gaza is now being described as a 365-sq-km graveyard.³⁴

MSF mental health teams continue to support the resilience of the Gazan population despite this level of exposure to traumatic events. However, before the process of recovery can begin, a basic sense of safety must be restored – one of multiple reasons for an immediate, sustained and durable ceasefire.

Looming threat of diseases and epidemics

Displaced people in Rafah are scattered across various locations – from tents set up on roadsides or in improvised displacement sites to UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East) schools or other buildings that have been converted into shelters. For those uprooted from their homes and living in precarious plastic tents or severely overcrowded shelters, lacking privacy or warmth, the situation profoundly violates human dignity. Beyond this, unhygienic conditions drastically escalate the risks of the spread of communicable diseases across Gaza.

34 E.g., the European Union (18 March 2024) has described it as an “open-air graveyard”, [here](#); UNRWA (26 October 2023) has described Gaza as “becoming the graveyard of a population trapped between war, siege and deprivation”, [here](#).



In November 2023, the World Health Organization (WHO) warned: “Eventually we will see more people dying from disease than we are even seeing from the bombardment.”³⁵

Tens of thousands of tonnes of rubbish are reported to have accumulated in the streets around hospitals, displacement sites and shelters.³⁶ Due to restrictions by Israeli authorities on fuel entering Gaza, the municipalities’ waste disposal trucks can no longer reliably collect rubbish.³⁷ Along with untreated sewage in the streets, this situation – which worsens as every day goes by – is a serious threat to public health, raising the risk of contaminated water sources and the spread of disease.

People’s access to safe drinking water across Gaza is also severely limited. A functional water infrastructure and distribution system relies heavily on fuel. Without fuel, it is impossible to pump water from Gaza’s underground aquifers, which are the source of 80 per cent of Gaza’s safe, clean water.³⁸ The lack of fuel also affects the ability to desalinate drinking water, pump water through the main supply network, operate Gaza’s power plant and transport bottled water throughout Gaza.³⁹ Moreover, much of the water

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- 35 “Disease Could be Bigger Killer Than Bombs in Gaza – WHO” (Reuters, 28 November 2023), retrieved from [here](#).
- 36 Save the Children joint statement (14 February 2024), retrieved from [here](#). Gaza Municipality update (5 March 2024), retrieved from [here](#).
- 37 Action Against Hunger update on X, formerly known as Twitter, (5 March 2024), retrieved from [here](#).
- 38 “Water Running Out in Gaza” (Action Against Hunger, 15 November 2023), retrieved from [here](#).
- 39 Ibid.

Photo: Teams at MSF clinics frequently receive trauma patients injured in military attacks

© MSF



infrastructure in Gaza has been damaged or destroyed during the conflict and is no longer operable.⁴⁰

MSF is supporting efforts to distribute water to the population via tankers in Rafah to try and meet people's substantial need for clean water for drinking, cooking and washing. In November 2023, the water, sanitation and hygiene (WASH) cluster stated: "To serve the population of 2,226,544 Palestinians with a survival supply of water (...) would require 13,359,264 litres per day."⁴¹

40 Action Against Hunger states: "Of the 655 key water supply facilities, 25 have been completely destroyed and 114 have been damaged by the conflict. The water supply network, the treated water distribution network, and sewage pumping stations have also been damaged." Many people's domestic water tanks have also been damaged, leaving them largely unable to store water. According to the UN, satellite imagery in January 2024 showed that 87 per cent of water, sanitation and hygiene facilities/infrastructure across Gaza governorate had been damaged or destroyed. Rafah had the "least" damage, with 8 per cent levels of damage and destruction (OCHA, 25 January 2024), retrieved from [here](#).

41 "Explainer: Water Supply & Fuel Relationship in The Gaza Strip" (WASH cluster, 14 November 2023), retrieved from [here](#).

Photo: Medical staff in Gaza often work from makeshift health facilities where patients have to queue for hours to get assistance

© MSF



Photos: Left. MSF staff member in Al-Mawasi temporary primary healthcare centre. Right. MSF's Al-Mawasi temporary primary healthcare centre in Rafah opened in January 2024

© MSF



MSF currently distributes some 200,000 litres daily to more than 6,000 families in 10 locations across Rafah, which is clearly insufficient. However, without fuel for transportation, water distribution is inevitably limited, resulting in people receiving far below the basic survival level of 20 litres a day.⁴² People in Gaza are therefore forced to drink from unsafe sources, such as agricultural wells of brackish water contaminated with salt water, or water sources tainted with rising levels of sewage.⁴³ This increases the risk of dehydration and of communicable disease outbreaks.

Shereen, from Gaza City, is staying in a school in Rafah that is being used as an emergency shelter. She describes living conditions there:

42 MSF's emergency standards consider that 20 litres of water per person per day is the minimum survival standard to allow a basic level of human dignity. This figure accounts for the fact that some water is usually spilt/lost during the transportation process.

43 E.g. Reliefweb (8 November 2023), [here](#).

Photos: Sick people, including children and older people, wait to see a doctor in Gaza, where medical facilities are all at full capacity

© MOHAMMAD ABED / MSF
© MSF



Shereen

“There are 30 people sharing one classroom... There is no privacy. We have a few square metres of space, which we separate from other families with makeshift curtains. We don’t have access to clean water and food is scarce. We cannot bathe easily. It is cold. When we arrived here, we slept on the floor for three months before receiving blankets from the aid organisations. The children are always getting sick and we have seen a lot of colds, flu, diarrhoea, and other conditions.”

The direct impact of such poor living conditions on people’s health is evident. In the more than 5,000 medical consultations that MSF provides every week in two clinics in Rafah, upper respiratory tract infections are the most common condition, seen in more than 40 per cent of patients. Diarrhoea and skin diseases, associated with poor sanitation and hygiene, are also common conditions. In the last three months of 2023, cases of diarrhoeal illnesses reported among children under five were 25 times higher than during the same period in 2022, due to overcrowding and people’s sub-standard living conditions in Rafah.⁴⁴ Without improved living conditions, people’s health will deteriorate further. In recent weeks, MSF teams have seen an increasing number of suspected cases of hepatitis A, which is spread by ingesting contaminated water and food or by contact with an infected person. This is consistent with UNRWA’s and WHO’s concerns about hepatitis A and other disease outbreaks in shelters housing displaced people.⁴⁵ Those who fled bombs in the north are now at risk of death by disease in the south.

B MEDICAL FACILITIES OVERWHELMED

Hospitals inundated with trauma patients

MSF is seeing the healthcare system in Gaza overwhelmed by patients with conflict-related injuries and in need of urgent trauma care such as amputations and specialised surgeries.⁴⁶ In locations where widescale attacks have taken place, medical staff and medical facilities often simply do not have the capacity to deal with the volume of injuries.

One woman, Maryam, told MSF of the aftermath of an attack her family suffered on their home at the beginning of the conflict:

⁴⁴ Ibid, note 32 p.3.

⁴⁵ See, e.g. UNRWA (23 February 2024), [here](#); WHO (21 December 2023), [here](#).

⁴⁶ “Hospitals at Breaking Point in Southern Gaza as Bombing Intensifies” (MSF, 4 December 2023), retrieved from [here](#).

Maryam

“The hospital was very crowded, with a lot of injured and dead people around me. I found my neighbour with his head missing. A lot of my neighbours were in pieces. I was lucky, and my parents and brother too, to survive the bombing. But the doctors were overwhelmed.

My mother had burns all over her body and was injured in her leg. Afterwards, she was in so much pain every day, and I kept asking the doctors: ‘Why are you leaving her like this, in pain and with no medication and little food?’ She later died, there at Al-Shifa hospital, and I still believe she died because the doctors were unable to properly care for her.

As for me, I suffered severe burns all over my body and underwent an operation. But according to a specialised plastic surgeon I met at Nasser hospital in Khan Younis, the earlier skin graft at Al-Shifa was badly done, as was the wound dressing done later in Al-Kuwaiti hospital. All these mistakes have caused me a lot of pain. Ever since the attack, I cry at night because I can’t sleep with the pain.”⁴⁷

47 The hospitals mentioned in the above account have since stopped functioning following military operations by Israeli forces (Nasser hospital in February 2024 and Al-Shifa hospital in March 2024), further reducing the capacity in Gaza to care for the wounded and sick.

Photo: MSF’s emergency coordinator and another MSF staff member speak to a woman in the post-partum ward of Emirati maternity hospital, Rafah

© MARIAM ABU DAGGA / MSF



Conflict-related injuries and trauma care usually require treatment at secondary or tertiary medical facilities. However, the teams at MSF's clinics frequently receive people with blast and gunshot wounds, as well as severe burns that require skin grafts.⁴⁸

For medical staff in primary healthcare centres, having to attend to patients with immediate lifesaving needs impedes their capacity to provide general health consultations, which in turn makes waiting lists even longer.

Medical facilities in Gaza are so overstretched that people are forced to wait hours, or even days, to see medical staff. In January, the Ministry of Health reported that many facilities were experiencing an occupancy rate of more than 200 per cent.⁴⁹ Finding adequate bed capacity for patients who are stabilised but remain in critical condition has been a core challenge for MSF and other medical organisations.

With more than one-third of medical facilities across Gaza no longer functioning, patients constantly need to identify new sites to receive medical care. This often disrupts continuity of care for patients and causes their medical condition to deteriorate. To illustrate this, MSF teams at Al-Shaboura and Al-Mawasi primary healthcare centres are seeing more than 100 patients a week with infected wounds due to a lack of adequate follow-up care.

Pregnant women and their search for healthcare

There are 50,000 pregnant women in Gaza, and an average of 180 women giving birth every day.⁵⁰ In Rafah, Emirati is the only hospital providing maternity care. Before the current conflict, hospital teams attending to around 20 deliveries a day, but they now struggle to deal with close to 100 deliveries a day. There is a chronic lack of space, with only six beds for delivery. To alleviate some of the pressure, MSF has set up a semi-permanent structure in the hospital's carpark which serves as a 26-bed post-partum ward. The lack of physical space and restrictions by Israeli authorities on logistics supplies entering Gaza prevent any further expansion.

48 For example, on 12 February 2024, MSF's Al-Shaboura primary healthcare centre received a large influx of trauma patients following an Israeli attack. Several emergency referrals were required, including a patient with multiple gunshot wounds, several patients with infected burns that required debridement, and referrals for plastic surgery consultations.

49 UN OCHA update of 29 January 2024 reads: "According to the MoH in Gaza, on average, occupancy rates are reaching 206 per cent in inpatient departments and 250 per cent in intensive care units." Retrieved from [here](#).

50 "Women and Newborns Bearing the Brunt of the Conflict in Gaza, UN agencies warn" (WHO, 3 November 2023), retrieved from [here](#).

Due to the massive strain on the healthcare system, pregnant women and children are not receiving the standards of care they would have received six months ago. Antenatal consultations and postnatal care have fallen by the wayside.⁵¹

At Al-Shaboura and Al-Mawasi primary healthcare centres in Rafah, MSF teams see 200 to 300 women weekly for gynaecological/obstetric consultations. The most common medical conditions are genito-urinary infections (36 per cent of patients), anaemia/iron deficiency (34 per cent of patients) and gynaecological haemorrhages (6 per cent of patients). Among pregnant women at Emirati maternity hospital, the most frequent condition is premature rupturing of the membranes and amniotic sac.

An MSF gynaecologist described noticing medical conditions during consultations that would normally have been detected earlier, during the regular monitoring of a pregnancy:

MSF gynaecologist

“Recently I evaluated a woman in the seventh month of pregnancy. Until then she hadn’t had any antenatal care at all. When she arrived at the clinic, she was hypertensive [had high blood pressure] and anaemic, and she knew nothing about her baby. She had had no ultrasounds and didn’t even know her due date. Many other women I have seen have been in the same situation. They have shown signs of medical conditions that are contracted during pregnancy, such as diabetes, urinary tract infections, gynaecological infections and vaginitis, but have not been able to monitor the baby.”

MSF staff have heard about the journeys made by women to seek much-needed medical care. Zeinab, 19, from Shija’iya in Gaza City, was displaced from her home to Nusseirat (in the middle area of Gaza). Six months into her pregnancy, she began experiencing severe abdominal pains:

51 On the lack of obstetric care in Gaza and the birthing conditions in Emirati maternity hospital, see “Displaced Pregnant Women at High Risk Amid Dire Conditions in Rafah” (MSF, 29 January 2024), retrieved from [here](#).

Zeinab

“In Nusseirat there was no medication and the hospitals were closed for cases like mine. I went to Al-Awda hospital, but they were only accepting cases of emergency deliveries and people who had been injured in attacks – and there were many injured people there. I could not get treatment there and had to keep going towards Rafah to try and get help.”

MSF’s emergency coordinator in Gaza shared the story of a woman she met in Rafah’s Emirati maternity hospital:

MSF emergency coordinator

“Maha is from north Gaza. She went to a hospital when she felt labour was starting, but all the delivery rooms were full. She knew something wasn’t right, that she needed to be admitted; she had had a caesarean before. But with no other option, she had to go back to her tent. She gave birth to her son in the latrines closest to her tent. Her baby was dead on delivery.”

Although MSF is providing postnatal care in its primary healthcare centres, it is next to impossible to support mothers and follow up on their and their baby’s health in the weeks following the birth. While many women manage to breastfeed effectively, others have difficulty doing so. For these women, formula milk is not easily available, nor is drinking water to mix it with or to properly clean the bottles. In general, nutrition and other supplies for babies are either entirely absent from the market, are not an appropriate type, or are extremely expensive.⁵²

Sub-standard living conditions are particularly hard for women and their newborn babies. When they return from hospital to makeshift plastic shelters in the improvised displacement sites, they face a whole new set of fears. *Will my baby get sick in the displacement site? Will I be able to find the right medication and the right advice? Will I have the privacy to breastfeed? Toilets and showers are few and far away – how will I manage to get there?* Dealing with post-partum bleeding, which can last for many weeks after birth, is a further difficulty for women living in displacement sites, where water is scarce and maintaining personal hygiene is a challenge.

⁵² This includes formula milk and basic products like baby diapers. The women MSF spoke to stated that the cost of baby diapers and formula milk had doubled and sometimes tripled compared to before the war.

Chronic diseases left untreated

In Gaza, an estimated 350,000 people live with chronic diseases.⁵³ These patients constitute 5 to 10 per cent of consultations at MSF's primary healthcare centres in Rafah. They include people suffering from arterial hypertension, diabetes, asthma and epilepsy, but also cancer patients requiring specialised oncological examinations. Numbers of consultations for chronic diseases have been gradually increasing, in part likely due to increased awareness of the health services available, but also possibly due to increasing concern among patients for their declining health and for their desire to have continuity of care. Prior to the conflict, these patients' conditions would generally have been monitored in primary healthcare centres, but now they often require referral to secondary healthcare facilities, with no guarantee that treatment will be available. The closure of kidney dialysis units in the hospitals attacked by Israeli forces – such as Al-Shifa hospital in Gaza City, Nasser hospital in Khan Younis and Rafah Indonesian field hospital – has put a stop to kidney transplant programmes and poses an imminent danger to the life of people formerly treated in those facilities. Today, these patients approach primary healthcare centres, such as MSF's primary healthcare centres in Rafah, seeking monitoring and medication. However, if their condition worsens and they require specialised medication or equipment, which are increasingly difficult to obtain in Gaza, there is little that can be done to help them.

An MSF doctor working in Gaza described the situation faced by patients with chronic diseases:

MSF doctor

"Hospitals are overwhelmed with the wounded, but people with chronic health issues and other medical conditions still have the same needs they had before the war. It's too dangerous for most of them to get to health facilities and it's very difficult to get the medications they need – like insulin for diabetes, hypertensive medications or blood thinners for those hospitalised so they don't develop potentially fatal blood clots. When the shelling stopped during the brief humanitarian pause in November, hospitals saw a lot of patients come in for heart attacks, strokes and diabetic emergencies. These health issues didn't suddenly stop when the fighting resumed on 1 December. Now these patients are probably dying at home."⁵⁴

⁵³ Ibid, note 32 p.3.

⁵⁴ This MSF doctor was working in Nasser hospital in Khan Younis, but the situation he describes is representative of that faced by patients with chronic diseases across Gaza today. The full testimony is available [here](#).

With every new incident where a medical facility is damaged, destroyed or forcibly evacuated, the already limited medical services on offer across Gaza dissipate further. An immediate and sustained ceasefire would bring relief to the overburdened and overstretched healthcare system; however, recovering its previous capacity to address complex medical conditions will require much more than that. Any further military incursion into Rafah would be an unfathomable human catastrophe, jeopardising the fragile lifeline of healthcare for the people living there.

Medical referral pathways broken

Vast numbers of sick and wounded people across Gaza today are in need of specialised diagnosis, treatment or aftercare. MSF's primary healthcare centres in Rafah receive 5-10 severe cases weekly that require medical referrals, such as post-partum complications, severe infections, trauma injuries and orthopaedic procedures. However, the referral pathway is severely obstructed by the fact that medical facilities are continually being rendered inoperable due to the conflict and the siege. Thus medical staff constantly have to adapt according to which medical facility is functioning and which services are available – which can change every day. This is extremely challenging and, as a result, many referrals in Gaza today are delayed or are simply not possible.

Medical referrals are further obstructed by telecommunications blackouts, including those intentionally imposed by Israeli authorities, which can last for more than a week at a time.⁵⁵ MSF's patients have faced life-threatening delays due to these blackouts. Even when medical referrals are made, MSF has little visibility over the patients' transfers and whether they have received the specialised care required.

Israeli authorities have suspended indefinitely the issuance of referral permits, cutting off an estimated 1,500 cancer patients from lifesaving services and putting them at imminent risk

Prior to 7 October 2023, approximately 2,000 patients a month were referred outside Gaza to receive medical assistance in the West Bank and East Jerusalem; the largest cohort were cancer patients requiring specialised treatment.⁵⁶ However, Israeli authorities have suspended indefinitely the issuance of referral permits, cutting off an estimated 1,500 cancer patients from lifesaving services and putting them at imminent risk, a situation exacerbated by the closure of Gaza's sole cancer facility.⁵⁷ According to WHO

55 Telecommunications problems have been caused by both damage to cell towers and by Israeli-imposed communications blackouts, all of which have severely impacted internet and mobile phone services across Gaza. See more at, e.g., OCHA Flash Appeal, 6 November 2023, p33. Retrieved from [here](#).

56 Even prior to 7 October 2023, due to the Israeli government's ongoing blockade, it was extremely difficult for Gazans who required specialised medical care to get the necessary approval from Israeli authorities to access medical care outside Gaza. Permits were often rejected or were not provided in time for patients to receive lifesaving medical care. According to WHO, in 2022 Israeli authorities rejected 34 per cent of applications for such permits (See B'TSELEM, 4 April 2023, [here](#)).

57 The Turkish-Palestinian Friendship Hospital ceased operating on 1 November 2023; see *ibid*, note 32 p.3.

in March 2024, an estimated 8,000 patients need to be medically evacuated from Gaza, including 6,000 patients with trauma-related injuries and 2,000 with chronic conditions such as cancer.⁵⁸ These individuals are risk joining the already overlong list of “silent killings” in Gaza.

58 OCHA Flash-Update No 135 (UN OCHA, 8 March 2024), retrieved from [here](#).

A decimated healthcare system

The healthcare system in Gaza is being methodically dismantled by three main elements:

- I. The violent attacks on medical facilities that are rendering them inoperable;
- II. The obstruction of medical aid and other essential items required for healthcare infrastructure and services to function;
- III. The hindering of humanitarian assistance due to the lack of protection of medical staff and facilities and the blockage of humanitarian aid into Gaza.

A ATTACKS ON HEALTHCARE FACILITIES

Out of 36 hospitals in Gaza, only 10 are “somewhat functional” and of the primary healthcare centres, only 20 of 80 are still operational

During armed conflict, medical facilities must be protected and respected, according to international humanitarian law.⁵⁹ In Gaza, the Israeli authorities as the occupying power have a responsibility to ensure and maintain medical and hospital facilities in the occupied territory, in cooperation with local authorities.⁶⁰ However, the Israeli forces’ military operations over the past six months have repeatedly taken place both inside and in the direct vicinity of hospitals. One by one, hospitals have been rendered inoperable, causing functioning services to cease systematically. According to the UN, out of 36 hospitals in Gaza, only 10 are “somewhat functional” at the time of writing.⁶¹ Of the primary healthcare centres, only 20 out of 80 are still operational.⁶² The situation is even more critical north of Wadi Gaza, where 75 per cent of hospitals and 100 per cent of primary healthcare centres are non-functional.⁶³

Countless healthcare workers and their families have been killed, injured or displaced in the conflict.⁶⁴ Like other aid organisations, MSF has suffered

59 Customary International Humanitarian Law, Rule 28.

60 Fourth Geneva Convention, Article 56.

61 “Six Months of War Leave Al-Shifa Hospital in Ruins, WHO Mission Reports” (WHO, 6 April 2024), retrieved from [here](#).

62 “UNFPA Palestine Situation Report #7” (UNFPA, 6 April 2024), retrieved from [here](#).

63 Ibid, note 32 p.2.

64 According to the Aid Worker Security Database, 196 aid workers have been killed in Gaza since 7 October 2023 (as of 20 March 2024). There have been countless attacks, detailed within UN OCHA updates on Gaza. E.g. on the premises or vehicles of HI, MAP, PRCS, UNRWA and Emergency Medical Teams (EMTs). See UN OCHA Flash updates e.g., No. 105, 109, 110. Even after evacuating south, humanitarians have not been “safe”. In February 2024, an Israeli tank fired on a house sheltering MSF staff and their families in Rafah’s Al-Mawasi area, resulting in the death of two female family members of our team.

numerous horrific attacks. Five MSF staff members have been killed since the start of the war.⁶⁵ MSF has been forced to evacuate nine different medical facilities. Even after evacuating south, humanitarians have not been safe. The level of insecurity and lack of viable safe spaces has made it largely impossible for MSF and others to work effectively in most parts of Gaza.⁶⁶ Teams are constantly required to make complex operational decisions about where and how to operate, knowing they may be forced to evacuate at any minute.

Israeli forces have consistently utilised a narrative of hospitals having “lost protection,” a claim not clearly demonstrated for each attack.⁶⁷ In all cases, attacks must proceed in line with the principles of precautions and proportionality; attacks that would cause excessive harm to civilians are prohibited under international humanitarian law. These attacks on hospitals endanger patients and have resulted in hasty evacuations. But beyond this, it is expected that thousands of lives will be lost as trauma injuries go untreated, diseases undiagnosed and care for chronic conditions discontinued. Such attacks therefore appear disproportionate, not only because of the immediate risks for civilians, but also for the potentially wider and longer-term impact, resulting in Gaza’s silent killings.

B A HEALTHCARE SYSTEM PARALYSED BY LACK OF FUEL AND MEDICAL SUPPLIES

In addition to military attacks, the restrictions on fuel have further crippled the healthcare system, as well as vital public services and humanitarian activities

In addition to military attacks, the restrictions on fuel have further crippled the healthcare system, as well as vital public services and humanitarian activities. On 11 October 2023, Israel’s state-run electricity company discontinued the electricity supply to Gaza, leading to the shutdown of Gaza’s sole power plant. Hospitals are now massively reliant on fuel to run back-up generators, desperately needed to power intensive care units (ICUs) and other lifesaving equipment. A recent humanitarian report showed through satellite imagery that 70 per cent of Gaza’s hospitals had little or no night-time light.⁶⁸

See here. In early April 2024, seven staff members of World Central Kitchen were killed when delivering aid.

- 65 In November 2023, the following MSF staff members were killed in Israeli attacks in Gaza: Lab technician Mohammed Al-Ahel – killed in an airstrike with members of his family; volunteer nurse Alaa Al-Shawa – shot in the head during a planned evacuation MSF convoy; and doctors Mahmoud Abu Nujaila and Ahmad Al-Sahar – killed following a strike on Al-Awda hospital. In December, Reem Abu Lebdeh, an associate trustee of the MSF UK Board, was killed in an attack on her house along with family members. Several members of our staff remain unaccounted for.
- 66 UN OCHA Flash-Update #107 (UN OCHA, 31 January 2024), retrieved from [here](#). UN OCHA Flash-Update #113 (UN OCHA, 7 February 2024), retrieved from [here](#).
- 67 If parties to the conflict believe that a hospital has lost its specific protection, as the facility is being used to commit “acts which are harmful to the enemy”, they must issue a warning whenever appropriate prior to protection of the hospital being lost. This warning must be long enough to allow the unlawful act to be stopped, or to allow for the wounded and sick to be safely evacuated from the facility (Customary International Humanitarian Law, Rule 28 – available [here](#)).
- 68 “CARE Warns: 84% of Gaza’s Lights Extinguished, People Left Sick and Starving” (CARE, 29 February 2024), retrieved from [here](#).

The medical facilities still in operation are grappling with shortages of even basic items on a regular basis due to the ongoing siege and the tight restrictions imposed on aid organisations trying to bring items into Gaza. Various medications for people with chronic diseases and severe mental health conditions are no longer available. MSF staff have described shortages of cleaning materials, bed sheets and medical equipment for childbirth such as umbilical cord clamps. MSF surgeons have described the unacceptable difficulties faced in their work when treating trauma patients:

MSF surgeon

“The lack of medical supplies and equipment was also striking and very difficult to manage. The emergency room at Nasser hospital, which was overflowing with inpatients, only had two trauma bays available for emergency cases and was missing most of its gurneys [hospital beds], leaving most patients to be treated on the floor. Several of the machines for monitoring patients were not working or missing the parts needed to function properly. The limited supply of medication had to be rationed. At Rafah Indonesian field hospital, although we had a surgeon on our team, we didn’t have enough analgesic medication used for numbing and preventing infections, like lidocaine for dressing changes and smaller but essential procedures like removing dead or infected tissue.”⁶⁹

MSF has put many resources into trying to ensure an effective supply chain into Gaza to prevent shortages in the medical services it provides and to support the health infrastructure. However, since the start of the conflict, MSF has consistently faced obstacles to bringing items into Gaza.⁷⁰ The various blockages, described in detail in the Annex to this report, include restrictions and delays for items such as the following, some of which are required for direct lifesaving treatment:

- Fuel to pump and distribute water; fuel to power hospitals via generators providing electricity
- Fridges and freezers for medical cold chains
- Oxygen concentrators
- Ultrasound scanners
- External defibrillators
- Sodium chloride infusions, essential for rehydrating patients and diluting intravenous drugs

69 MSF surgeon speaks about the challenges (7 February 2024), [here](#).

70 MSF comments on the supply challenges into Gaza (27 February 2024), [here](#).

These blockages are compounded by further restrictions on other items, such as telecommunications equipment, vehicles, protective equipment and logistical and construction materials. The overall result is that the healthcare sector is unable to meet people's needs in Gaza and to maintain any meaningful part of what is left of Gaza's devastated healthcare system.

C HUMANITARIAN AID HINDERED

The Israeli government has a binding obligation to allow impartial humanitarian assistance to reach the population in need

Under international humanitarian law, the Israeli government has a binding obligation "to the fullest extent of the means available to it" to allow impartial humanitarian assistance to reach the population in need.⁷¹ Yet the delivery of aid into Gaza has been systematically hindered:

- Only two land-border crossings have been maintained for use by aid organisations,⁷² initially Rafah and then Kerem Shalom (also known as Abu Salem), both in the south of Gaza. Additionally, excessive and lengthy procedures that drastically hinder the flow of aid have been put in place over the past six months (see Annex for further details of the delays faced by MSF).
- Persistent insecurity and inadequacies in the Israeli forces' "deconfliction procedures"⁷³ pose substantial safety risks for humanitarian workers in Gaza.

On 26 January 2024, the International Court of Justice (ICJ) ruled that there was a "real and imminent risk that irreparable prejudice will be caused to the rights" protected under the Genocide Convention. The Provisional Measure issued by the court stated that:

"Israel must take immediate and effective measures to enable the provision of urgently needed basic services and humanitarian assistance to address the adverse conditions of life faced by Palestinians in the Gaza Strip."⁷⁴

71 Fourth Geneva Convention 1949, Article 55.

72 The Israeli government controls the land, sea and air borders into Gaza. In early April 2024, Israel announced that aid would be increased through Kerem Shalom (from Jordan), that the Israeli port of Ashdod would be opened to receive supplies, and that the Erez crossing from Israel would be temporarily opened (see [here](#)). Delivering aid into Gaza in trucks via land borders remains by far the fastest, most cost-effective and most efficient method of aid delivery. Utilising the land crossings at full capacity and opening crossings which are currently closed would allow a rapid scale-up of humanitarian assistance.

73 Humanitarian notification systems (often referred to as "deconfliction") are a process whereby humanitarian organisations notify the warring parties of their locations, activities, movements and personnel in both static and non-static locations to enhance their protection, as they should not be targeted under international humanitarian law. This can involve the sharing of GPS coordinates, addresses of buildings, photos, car licence plates etc.

74 Ruling of the International Court of Justice "South Africa v. Israel" (26 January 2024). Retrieved from [here](#).

Despite the ICJ's ruling, MSF's medical and supply teams have not observed any concrete improvement in the entry of aid or critical supplies into Gaza, nor have the deconfliction concerns been addressed; in fact, the situation overall has worsened.⁷⁵ In February 2024, directly following the ICJ ruling, the UN confirmed that the number of aid trucks entering Gaza had decreased compared to the previous month.⁷⁶ Before 7 October 2023, an estimated 500 trucks of supplies entered Gaza per day; in February 2024, this daily average was down to 90 trucks, which was grossly insufficient to meet the burgeoning humanitarian crisis.⁷⁷ In view of the worsening conditions and spread of starvation in Gaza, the ICJ was compelled to issue a further provisional measure on 28 March 2024, calling on Israel to take "all necessary and effective measures" to ensure the "unhindered provision at scale" of urgently needed basic services and humanitarian aid, including water, electricity, fuel and medical supplies.⁷⁸ MSF reiterates that without adequate aid supplies, the survival of the civilian population cannot be ensured.

In a recent tweet, Israeli authorities asserted: "*There is **NO LIMIT** to the amount of humanitarian aid that can enter the Gaza Strip.*"⁷⁹ For MSF and other humanitarian organisations struggling to get aid into Gaza, these statements clash absurdly with the reality on the ground, given the difficulties that MSF has faced bringing humanitarian and medical supplies into Gaza due to the Israeli authorities' restrictions.

MSF has concerns over the Israeli forces' systems for humanitarian notifications. More than 200 humanitarian aid workers have been killed in Gaza

MSF's concerns over the Israeli forces' systems for humanitarian notifications (also known as 'deconfliction') have not been sufficiently addressed. As MSF writes this report, more than 200 humanitarian aid workers have been killed in Gaza, with the latest attack killing seven members of World Central Kitchen – despite the coordination of their movements with Israeli authorities.⁸⁰ As the catastrophe in Gaza continues to unfold, this ongoing insecurity, coupled with the consistent blockage of aid by Israeli authorities, severely constrains the collective capacity of humanitarian organisations to launch the full-scale response required to save lives in Gaza today.

75 An example was the immediate cut in funding towards the United Nations Relief and Works Agency for Palestine Refugees (UNRWA). Immediately after the ICJ ruling, the Israeli government announced it had evidence showing that 12 staff members of UNRWA were involved in the 7 October massacre. Despite UNRWA swiftly terminating the employment of the accused staff and launching an internal investigation, UNRWA's funding was slashed by several key donors, including the United States. As UNRWA is by far the largest humanitarian organisation in Gaza, this move jeopardised a critical lifeline not only for Gazans, but also for millions of Palestinians across the region. "UN agency investigates staff suspected of role in 7 October attack on Israel" (The Guardian, 26 January 2024), retrieved from [here](#). "UNRWA funding suspensions jeopardise lifeline for millions in Palestine" (MSF, 29 January 2024), retrieved from [here](#).

76 "Israel Defying ICJ Ruling to Prevent Genocide by Failing to Allow Adequate Humanitarian Aid to Reach Gaza" (Amnesty International, 26 February 2024). Retrieved from [here](#).

77 IPC Acute Food Insecurity Special Snapshot (IPC, 18 March 2024), retrieved from [here](#).

78 ICJ Order of 28 March 2024, retrieved from [here](#).

79 COGAT Post on X, formerly known as Twitter, (10 March 2024), retrieved from [here](#). Also, "COGAT says it is working to boost aid into Gaza, claims there is no food shortage in Strip" (Times of Israel, 10 January 2024), retrieved from [here](#).

80 "They Had Just Delivered Tons of Food. Then Their Convoy Was Hit" (New York Times, 3 April 2024), retrieved from [here](#).

Conclusion

On 13 October 2023, more than one million Palestinian men, women and children were forcibly displaced into Rafah, an area the Israeli forces claimed would be safe. However, not only are military operations ongoing in Rafah, but the basic conditions for the survival of the civilian population are not in place. People in Rafah are exposed to serious risks of mental and physical harm, as witnessed by MSF teams within the primary healthcare centres and in the post-partum ward where MSF provides medical care in Rafah.

The Israeli authorities' restrictions on commercial and humanitarian supplies entering Gaza have pushed the population to the edge of starvation. In a country where acute malnutrition was previously unseen, MSF has recorded an alarming upward trend in the number of children, pregnant women and new mothers with acute malnutrition. And yet MSF primary healthcare centres in Rafah give an insight into just a fraction of a much wider crisis, as conditions in north Gaza – to which MSF teams have no access – are reportedly much more dire.

The level of exposure to potentially traumatic events has left the mental health of Gaza's population in tatters. Today in Gaza, even psychologists need psychologists to cope with the loss and trauma. The population has been exposed to six months of gruelling conflict, with a death toll exceeding any other war in the twenty-first century. Even those who have fled to allegedly safe areas are still unsafe. While MSF mental health teams continue to support this traumatised population and maintain a hope that people will eventually recover from their experiences, it is impossible to build resilience and coping mechanisms until a basic sense of safety is restored.

The threat of disease outbreaks looms over Rafah. People's living conditions are horrific, particularly with the lack of clean drinking water and the accumulation of rubbish and untreated sewage in the streets – a direct result of the blockade imposed by Israeli authorities on fuel entering Gaza. Initial predictions anticipate that health-related excess mortality rates caused by this conflict will be in the tens of thousands; these are Gaza's "silent killings". Those who fled the bombardments in north Gaza are now at risk of death by disease or acute malnutrition in Rafah. The situation in Rafah is but a limited glimpse into an even more horrific humanitarian crisis unfolding in the north, where 300,000 civilians remain.

Across Gaza, people's humanitarian needs are escalating rapidly, but the healthcare system is unable to respond. Medical facilities have been inundated with patients with conflict-induced trauma injuries, with the result that regular medical care has been deprioritised. For the more than 50,000 pregnant women in Gaza today, antenatal care is nearly non-

existent. Newborn babies are returning from hospital to flimsy plastic tents in the freezing winter months and exposed very early on to the risk of acute malnutrition. Meanwhile, people living with chronic diseases such as diabetes, hypertension and cancer are left with no place to go for medical care, with the result that their conditions go untreated.

Gaza's health system stands shattered; its road to recovery will be long and uncertain – spanning years, if not decades. For humanity to prevail, policymakers must understand the human cost of destroying an entire healthcare system. For civilians to survive, conditions in Rafah, and across Gaza more broadly, need to change drastically. Rafah today is a last remaining bastion where there is some semblance of medical care – and must be protected. Not only would a further military invasion of Rafah be a catastrophe for the population, but it would also be a stain on our collective humanity. This must stop now. There must be an immediate, sustained and durable ceasefire.

Key recommendations

- **An immediate and durable ceasefire must be reached** to enable humanitarian organisations to massively scale up their activities to meet people’s needs; to allow the population of Gaza to recover from their traumatic experiences of loss and devastation; and to enable the healthcare system to be rebuilt. The “silent killings” anticipated as a result of disease outbreaks and the lack of medical care can still be prevented if action is taken now.
- **An invasion of Rafah must not go ahead.** The more than one million Palestinians packed into Rafah must be urgently protected from a further incursion by Israeli forces. The limited healthcare currently provided in Rafah must be protected, and the population must not be forcibly and unlawfully displaced by an incursion. Conditions for people’s survival must be put in place.
- **At all times, people in Gaza must be protected and respected.** All civilians, including those who have decided to remain in north Gaza, must be protected and be able to access food, healthcare and basic supplies, wherever they are in Gaza.
- **Rapid and unimpeded humanitarian aid must be allowed to enter** Gaza, including critical medical supplies and logistical items required to scale up the humanitarian response. The level of aid entering Gaza must be sufficient to address people’s adverse living conditions. Security checks undertaken by the Israeli authorities on humanitarian cargos entering Gaza must not unduly delay or restrict the assistance reaching the population.
- **Rising rates of acute malnutrition must be halted immediately.** Humanitarian cargos and commercial supplies of food and nutritional products must be massively increased to address the critical levels of food insecurity and the risk of famine. As the occupying power, the Israeli government must foster the conditions to allow these cargos to safely reach and be distributed to those most in need in a timely manner, using all means available, such as opening additional border crossings directly into north Gaza.
- **Medical facilities must be protected and respected** by all parties to the conflict. All necessary precautions must be taken to ensure that medical facilities, medical staff and patients are shielded from the impact of hostilities. In conducting their military operations, parties to the conflict must consider not only the immediate risk of harm to medical facilities, but also the longer-term and foreseeable consequences of rendering medical facilities non-operational.

- **Medical evacuations outside Gaza must resume.** For patients with severe medical conditions which cannot be treated in Gaza, Israeli authorities must resume issuing the necessary referral permits for medical treatment in the West Bank and East Jerusalem. For all medical referrals outside Gaza, patients and their caregivers must be guaranteed a safe, voluntary and dignified return to Gaza.

Annex

The challenges around bringing supplies into Gaza: what MSF has experienced

As of mid-March 2024, MSF has brought six cargos, each of 120m³, transported in a total of 53 trucks, into Gaza through the Rafah crossing point, which is the main functional entry point used so far by humanitarian organisations.

From a supply perspective, the main issues experienced by MSF hindering the delivery of rapid, effective and unimpeded humanitarian aid into Gaza are:

- **An insufficient number of entry points for aid.** Until now, the only two entrances for humanitarian aid have been at Rafah (Egypt route) and Kerem Shalom (Jordan route). The number of trucks allowed by Israel through these crossing points is highly insufficient to meet the needs. Moreover, both crossing points are located in the very south of Gaza. After entering south Gaza, few trucks are currently able to drive through the many checkpoints to north Gaza, due to insecurity or a lack of authorisation from the Israeli government. As a result, very little aid and few basic commercial supplies are arriving in the north of Gaza. Air drops and maritime corridors, while widely publicised and seemingly complementary, have so far been few and far between and are a dangerous distraction that create a number of risks.⁸¹ They do not provide a substitute for land routes.
- **Lack of capacity at the border areas and lack of visibility over the transportation of MSF goods.** After placing an order for supplies, it is never clear to MSF exactly when the cargo will be allowed into Gaza. Once the cargo arrives at Al-Arish in Egypt (the closest airport), it takes four to five weeks on average for it to enter Gaza.⁸² This is an unnecessarily long

81 Aside from the fact that air drops cannot easily be tracked and cannot be guaranteed to reach the populations most in need, they can also cause fatalities, such as the air drop on 8 March that killed five people, retrieved from [here](#).

82 This is due in part to the long screening processes. On arrival at Al-Arish airport, the cargo is offloaded onto trucks and taken to Egyptian Red Crescent (ERC) warehouses, where it is screened by Egyptian authorities. It is then loaded onto a convoy and driven to the Rafah crossing point. Just this step can take five to 10 days. At the Rafah crossing point, all the trucks are scanned, then taken to an Israeli checkpoint (Nitzana) and

delay for a complex emergency with critical humanitarian needs. This clearly demonstrates that the capacity of these entry points, with their current governing procedures, is insufficient for the demand. MSF staff – who are experienced in managing supply and medical cold chains in emergency contexts – are not permitted to be present at the border areas, which makes for longer-than-necessary processes and blocks any visibility for MSF over the logistics and transit processes.

- **Restrictions on logistical and telecommunications supplies.** MSF has frequently faced blockages by Israeli authorities in trying to bring in equipment that is essential for the security of aid workers in a conflict zone, such as MSF vehicles (which are not allowed in for unclear reasons) and vital telecommunications equipment such as telecom satellites. As an example, MSF was recently refused entry of a Starlink device intended to improve internet connectivity, which is essential for communications, staff safety and MSF project activities. MSF has made requests to bring in other devices, such as BGAN, GPS and VSAT, but several weeks later is still waiting for approval. Materials and protective gear needed to construct premises and expand infrastructure are also restricted, which severely limits the possibility of storing goods and medicines and of scaling up MSF’s humanitarian response according to people’s needs.
- **Restrictions and delays in approving other essential items.** Substantial delays – of up to five months – have occurred in obtaining Israeli authorisation for specific items such as fridges and freezers,⁸³ which are necessary for establishing a cold chain for certain medications, vaccinations and other medical items that require cool storage.⁸⁴ Essential solar-powered equipment, such as an electrical systems required for medical facilities, water pumps and water desalination systems, was requested several months ago and is still pending approval, with Israeli authorities requesting increasing levels of detail around specifications and models. MSF has tried to bring in specialised medical equipment, such as oxygen concentrators (for providing oxygen to patients when oxygen plants to refill cylinders are inoperable or electricity is unreliable), but these concentrators have at times been rejected and at other times faced substantial delays in being approved to enter Gaza. All types of humanitarian kits with essential items for displaced populations have been

scanned again. After the Israeli scan, the convoy returns to Rafah and has to be unloaded from Egyptian trucks and loaded onto Palestinian trucks to enter Gaza. The screening machines require all the goods to be put on special-sized pallets to fit in the machine. While MSF has adapted to this, the process adds a lot of time, as goods have to be unpacked and repacked, when there is too little capacity onsite to do so, and with the risk of losing cargo and spoiling cold chains.

83 In early November 2023, MSF made a request to bring in standard fridges, freezers and a solar-powered fridge/freezer. The request has only recently been approved by the office for the Coordination of Government Activities in the Territories (COGAT) and will arrive in Gaza in the next shipment, planned for April 2024.

84 Examples of items that require cold chain include: insulin for diabetes patients; oxytocin for women in labour and to reduce post-partum bleeding; suxamethonium, used in anaesthesia to induce muscular paralysis; reagents for blood transfusions or to recalibrate specialised machinery; and vaccines for pregnant women (when stocks are low, MSF teams can vaccinate children under five only).

difficult to bring in, as have cleaning products for sanitising latrines and other installations.

Items for which MSF is still waiting for approval from the office for the Coordination of Government Activities in the Territories (COGAT) at the time of this report include: desalination kits, tents, solar lamps, a solar refrigerator, vehicles, generators, oxygen cylinders and compressors for an oxygen filling station, and GPS devices. Items that were recently allowed in but faced delays include: oxygen concentrators, an ultrasound scanner, an external defibrillator, latrine blocks, sodium chloride infusion (essential for rehydration of patients and dilution of essential IV drugs), and water tanks. If one item is rejected in a cargo at the Israeli scanning point Nitzana, the entire cargo is rejected and returned to Rafah, where the lengthy process starts all over again.

- **Lack of clear and consistent procedures on what is allowed in.** Israel has issued humanitarian organisations with a list of “dual items”. These items are presumably considered to be potentially detrimental to the Israel military were they to reach the wrong destination in Gaza. However, the list is from 2008 and has not been updated since. The items on the list are often generic and ambiguous and they do not correlate clearly with the specific items that MSF needs to bring in. The restrictions imposed appear arbitrary; sometimes aid organisations have been able to bring in certain items, at other times not. Sometimes an entire cargo is rejected because of one problematic item, but the reasons are not communicated to MSF, which makes it impossible to adapt the cargos accordingly. No alternative plan has been proposed by COGAT – or any other relevant Israeli authority – to find a more effective way to bring in sensitive items, for example, a better tracking and monitoring system for items entering Gaza.

