

## Summary

# The uninhabitable state of Gaza and the urgent need for medical evacuations

**According to The Economist on 3<sup>rd</sup> April 2024**, "*The World Bank has estimated that at least \$18.5bn-worth of infrastructure in Gaza has been destroyed in the war with Israel. That is equal to 97% of the combined GDP of the Palestinian territories in 2022. Damage to housing accounted for about three-quarters of the cost. As of January Gaza's [water and sanitation system](#) were delivering less than 5% of pre-war output, said the Bank*".

A report by The International Rescue Committee (IRC) on 2nd April 2024 outlines the tragic consequences for pregnant women in Gaza. *Pregnant women and mothers in Gaza are fighting to keep themselves and their babies alive amidst healthcare collapse, the IRC warns. Please [click here for link](#):*

Please [click here](#) and see a report describing the excellent work being undertaken by Project Hope in Gaza: Elissa Nadworthy. NPR March 28th 2024. 'Struggle, struggle, struggle.' What new and expecting mothers are facing in Gaza

## Suggested ways forward:

1. Both Israel and Hamas have a responsibility to protect civilians under their care.
2. As a direct result of the continuing conflict, the damage to hospitals, to homes, and the killing of health workers, Gaza is now, for its 2 million survivors, uninhabitable, particular for civilians at high medical risk.
3. Women with high-risk pregnancies, newborn and unborn children, children with severe malnutrition, civilians with life-threatening illnesses, and vulnerable older adults are most in need of medical evacuation to be temporarily placed in a safe environment where they can be properly treated, medically managed, and clinically cared for.
4. For evacuation to occur, an immediate ceasefire is essential, and the hostages held by Hamas must be returned to Israel.
5. We suggest that UN organisations, especially WHO, UNICEF, UNFPA and UNHCR, should organise and facilitate the medical evacuations noting that mothers must never be separated from their children.
6. MCAI is willing to help identify in Gaza those pregnant women and children who are at most risk.
7. Other countries, preferably in the region, must offer places for hospital care and treatment, provide transport, and funding, until Gaza becomes once again a suitable place for Palestinian civilians to live in.

## More detailed information on the maternal screening part of the above proposal.

We, at Maternal and Child Health Advocacy International (MCAI), have 10 years of experience working in Liberia. This is an extremely poor country where malnutrition, lack of medical staff, operating facilities, and essential drugs has led to an obstetric outreach program where experienced obstetric clinicians visit difficult-to-reach clinics to assess whether pregnant women need hospital delivery if they are to survive. A figure of 30% of pregnant women during the last 12 weeks of pregnancy in Liberia need hospital care if they and their unborn babies are to survive. Given the continuing armed conflict in Gaza, and the subsequent malnutrition and health system collapse, we consider that the need for medical evacuation of pregnant women in Gaza is close to if not greater than 30% now and will

increase every week as conditions worsen. We also consider that without Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) most, if not all, of these high-risk pregnant women and their babies are likely to die.

The International Court of Justice (ICJ) [1] has delivered provisional measures [2] against the State of Israel under a claim by South Africa that Israel could have been conducting a genocide against the Palestinian people under their care and protection in the absence of a two-state solution to a long-standing source of conflict. One of the provisional measures indicated by the International Court of Justice (by 15 votes to 2) [2] was as follows:

*The State of Israel shall, in accordance with its obligations under the Convention on the Prevention and Punishment of the Crime of Genocide, in relation to Palestinians in Gaza, take all measures within its power to prevent the commission of all acts within the scope of Article II of this Convention, in particular:*

*(a) killing members of the group;*

*(b) causing serious bodily or mental harm to members of the group;*

*(c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; and*

***(d) imposing measures intended to prevent births within the group***

According to United Nations agencies there are at least 50,000 pregnant women currently trying to survive in Gaza [3]. We propose that for the reasons given below, high-risk pregnant women need to be transferred as a matter of urgency to countries where appropriate hospital care for pregnant women and their unborn and newborn babies can be provided when needed.

Palestinian territory is presently under Israel's occupation and control; the Gaza Strip constitutes an integral part of the occupied Palestinian territory. Action by the State of Israel to ensure provisional (measure **(d)** above) must be undertaken to avoid them being found guilty of Genocide, an action we consider would be detrimental and tragic for the future of Israel given its experience of the Holocaust during the second world war.

According to The United Nations and other humanitarian agencies, the conditions of life in Gaza continue to deteriorate rapidly with catastrophic levels of hunger, a serious shortage of safe water, electrical power and other essential utilities, a collapsing medical and health system, and a looming outbreak of contagious diseases. Women and children are most at risk [3].

Although the majority of pregnant women can undergo childbirth with basic support, such as the Reproductive Health Kits currently being provided by UNFPA and non-governmental agencies, the majority (at least 30%) will need adequate hospital care including emergency surgery during the last 3 months of pregnancy if they, and their unborn babies, are to avoid major damage or even survive. The figure of 15% given by WHO to the recent International Court of Justice (ICJ) was reported as follows: *The World Health Organization has estimated that 15% of the women giving birth in the Gaza Strip are likely to experience complications and indicates that maternal and newborn death rates are expected to increase due to the lack of medical care.*

Health workers, especially those with special obstetric and neonatal skills, are being injured and killed with huge implications for hospital maternity care.

Here are the conditions we consider will identify those pregnant women most at-risk of needing care in third-country maternity hospitals:

1. Severe maternal malnutrition. Severe, because most civilians now in Gaza are malnourished.
2. Placental problems such as placenta praevia (where the placenta is blocking the passage of the baby out of the uterus during labour and where torrential bleeding will follow the onset of labour.) Patients with placental abruption (where the placenta separates partially or completely from the uterus) are also at high risk of heavy bleeding as well as blood coagulation problems after delivery making fatal postpartum haemorrhage a major risk.
3. Severe anaemia which makes, without access to blood transfusion, safe delivery extremely dangerous
4. Severe pre-eclampsia: high blood pressure with high risk of stroke or a major convulsion needing emergency care including life-saving Caesarean section.
5. A previous history of postpartum haemorrhage following an earlier pregnancy.
6. Chorioamnionitis (major infection within the uterus) which can occur because of fetal death or because of malnutrition, lack of safe water and existing high risk of infections created by lack of suitable living conditions. In addition to emergency care involving intravenous antibiotics, sometimes an emergency Caesarean section or instrumental delivery will be needed to remove an infected dead baby and treat maternal sepsis.
7. Obstructed labour in those undertaking delivery of their first baby and where the mother has previously undergone Caesarean section for this complication of delivery. Caesarean section is usually essential here to prevent immense suffering and then death of both mother and baby.
8. The presence of a scar within the uterus resulting from a previous Caesarean section or other uterine surgery creates a high risk of rupture of the uterus during delivery; a condition that without immediate life-saving surgery is usually fatal.
9. Multiple pregnancy where malpresentations are commonly life threatening for the mother and babies.
10. Malpresentations in the last 4 weeks of pregnancy such as breech and transverse positions of the baby in the uterus.
11. Post-date pregnancy where there is a high risk of death for the fetus.

Our suggestion is that all pregnant women in the last 12 weeks of pregnancy in Gaza are urgently screened using clinical assessment, along with a portable ultrasound scanner, to identify those who may need life-saving surgical intervention during pregnancy and delivery.

We would be willing to help undertake the screening component of the work needed to medically manage those at highest risk but would require major logistic, security and political support. We undertake such a maternity screening approach in our program in Liberia, West Africa and have much experience in this work. Or, if more appropriate, we would offer our expertise to help others do the screening and continue to advocate for the need for such a program.

Our proposed approach is to urgently establish a program in Gaza where pregnant women who fulfil certain criteria indicating a high risk of death during late pregnancy or delivery (see list above) be urgently medically evacuated to suitable hospitals outside Gaza.

The evacuated mothers would have to be accompanied by their existing children, if needing the mother's care, and these children would need to be supported in the receiving country by local families. After treatment the families could then, if and when it is safe for them to do so, and if they wish to do so, return to Gaza. As clarified by the International Court of Justice documents, Palestinian territory is presently under Israel's occupation and control. The Gaza Strip constitutes an integral part of the occupied Palestinian territory and evacuation of high-risk pregnant women must **not** be taken to indicate that they are abandoning their current Palestinian homeland now occupied by Israel and its military.

We know exactly what equipment and pharmaceuticals are needed, which should be made available within clinics in Gaza (based close to exits from Gaza to Israel) and used to assess and manage Palestinian pregnant women during their clinical assessment.

**A permanent ceasefire is the only option for adequate maternity and neonatal healthcare provision for the whole Palestinian population.**

We suggest that all women be accompanied by a close female relative such as a mother, aunt, or sister.

All families evacuated must receive safe accommodation close to a maternity hospital within which the mother must be registered for treatment. Healthcare must be provided free of charge. Accommodation could occur within family homes providing refugee care. Subsistence must be provided by international donors.

All evacuated women and children must be given high quality identity papers/badges.

We at MCAI will do all we can to help.

## References

1. International Court of Justice 2017-2024. Accessed 27 Jan 2024. <https://www.icj-cij.org/home>
2. Application of the convention on the prevention and punishment of the crime of genocide in the Gaza strip (South Africa v. Israel). 26 January 2024. Accessed 27 January 2024. <https://www.icj-cij.org/sites/default/files/case-related/192/192-20240126-ord-01-00-en.pdf>
3. A Child Rights Committee statement on children in Gaza from OHCHR providing recent and terrible evidence of what is currently happening to children during this continuing conflict. Ann Skelton. The United Nations Human Rights Office of the

High Commissioner OHCHR. 8th February 2024. Accessed 10th February 2024.  
<https://www.ohchr.org/en/statements/2024/02/child-rights-committee-statement-children-gaza?s=08>

4. Aljazeera News. 50,000 women pregnant in Gaza amid 'decimation' of its health system. WHO chief says the enclave's infrastructure is being destroyed as UN agency warns of soaring healthcare needs. <https://www.aljazeera.com/news/2023/12/24/50000-women-pregnant-in-gaza-amid-decimation-of-its-health-system#>