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To:

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Email: fcdo.correspondence@fcdo.gov.uk
Your reference: TO2024/21288

CC: Chris Carter by email (chris.carter@fcdo.gov.uk)

24 October 2025

Re: Scheme for urgent medical evacuations from Gaza

Dear Madam or Sir,

We continue to act on behalf of our client, Maternal & Childhealth Advocacy International ('**MCAI**'), an international medical charity based in Scotland.

We write further to the meeting between MCAI representatives and Mr. Chris Carter Deputy Director (Head of Human Development Department, FCDO) on 25th June 2025 and the Government's recent policy of medical evacuations out of Gaza for '*critically ill'* patients, to receive specialist treatment in NHS hospitals across the UK ('**the Scheme'**). The Scheme is operated jointly with the World Health Organisation ('**WHO**') and forms part of the UK Government's stated efforts to '*alleviate the human suffering in Gaza'*.[1] The declared rationale for the Scheme is the Government's recognition that '*all hospitals in [Gaza] are either damaged or partly destroyed, with the vast majority unable to function'* and that '*essential medicines are running out and medical workers are not able to do their jobs safely'*.[2] The Scheme is currently envisaged for a *'limited number'* of sick and injured children (and their immediate family members).[3] MCAI understands that a small number of children arrived in the UK on 17 September 2025.[4]

[1] UK Government response to the situation in Gaza: policy summary - GOV.UK
[2] PM statement on Gaza: 24 July 2025 - GOV.UK
[3] UK Government response to the situation in Gaza: policy summary - GOV.UK
[4] First group of Gazan children arrive for specialist NHS treatment - GOV.UK

MCAI welcomes this new policy and the Government's departure from its previous position of refusing to establish a medical evacuation scheme, including for children.[5] However, MCAI urges the Government to scale up its efforts and expand the Scheme to include (i) at risk pregnant women and (ii)post-partum and lactating women with major complications during pregnancy and/or childbirth and/or previous histories of Caesarean section when giving birth. These patients are particularly at risk of death if they are unable to access suitable healthcare in Gaza ('**pregnant women and new mothers at risk'**). MCAI has consistently been calling for evacuations of pregnant women with complications such as malnutrition since late 2023. According to the WHO, there are an estimated 55,000 pregnant women in Gaza, with around **one-third** facing high risk pregnancies.[6] With the near total collapse of the healthcare system, including the maternal healthcare system, the conditions faced by pregnant women (and newborn children) have been described as *'catastrophic'* and the United Nations Population Fund ('**UNFPA**') has warned that the '*survival of an entire generation'* of Palestinians is under threat. [7]

Given the extreme vulnerability and suffering of pregnant women and new mothers, and the immediate risk to them and their children of loss of life and/or irreparable harm, the expansion called for by MCAI is consistent with the rationale and stated policy aim of the Scheme, and with the WHO's current processes which are not restricted to children but are open to '*patients needing urgent and specialised care not available in Gaza'*.[8] Broadening the Scheme is also entirely in line with the Government's international policy commitments, including the FCDO's '*Women, Peace and Security National Action Plan'* (2023-2027). This articulates, amongst others, the UK's commitment to delivering *'gender-responsive humanitarian action'*, including by addressing *'the sexual and reproductive health impacts experienced by women and girls in crisis'* and strengthening the UK's '*crisis response in conflict scenarios to ensure it responds to the needs of women and girls by reviewing FCDO's crisis response systems through a gender-sensitive lens'*. [9]

MCAI is aware that the Government has pledged (on 31 August 2025) funding to deploy midwives and deliver emergency medical supplies for '*new mothers'* in Gaza.[10] This is simply insufficient to alleviate the scale of the suffering, and prevent the acute risks faced by pregnant women and new mothers (many of whom require urgent and life-saving medical interventions which cannot be met by limited provision of aid on the ground) and so cannot be a substitute for medical evacuations. This is particularly so

[5] Letter from FCDO Correspondence Team, 10 September 2024 (ref: TO2024/2188).
[6] https://www.emro.who.int/media/news/healthy-beginnings-hopeful-futures-on-world-health-day-who-calls-for-an-immediate-ceasefire-in-gaza.html, https://news.un.org/en/story/2025/10/1166023
[7] UNFPA, UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare, 23 July 2025.
[8] WHO EMRO - Medical evacuation of patients from the Gaza Strip
[9] FCDO, UK Women, Peace and Security National Action Plan 2023-2027, at page 22.
[10] UK announces new support for women and girls in Gaza - GOV.UK

in circumstances where it is unclear to what extent restrictions on humanitarian access imposed by Israel will be lifted and given the extent of the destruction to the Gazan health services.

Between 7 October 2023 and 11 June 2025, the WHO reported 735 attacks on health care in Gaza that have killed 917 persons and injured 1411, affected 125 health facilities, and damaged 34 hospitals.[11]

Antenatal . intrapartum and postnatal health services are in a particularly dire state, as Israel's onslaught on Gaza's healthcare system has included the deliberate and systematic attack on and destruction of maternal health facilities across the territory.[12] This includes the main maternity wards in al-Shifa and al-Naser hospitals, as well as al-Emirati Maternity Hospital, al- Awda Hospital, al-Mahdi Maternity clinic and Sahaba Hospital, which are the primary maternal health facilities in the south and north of Gaza.[13] **As of October 2025, only 15 health facilities in Gaza (including four in Gaza city) were able to provide any obstetric and newborn care**.[14]

The breakdown of the maternal healthcare system has had devastating consequences. Pregnant women are forced to travel even greater distances to reach the few remaining facilities, all the while navigating forced displacement, movement restrictions, and lack of transportation, including ambulance services, amongst other challenges.[15] Many have been forced to give birth in life-threatening, precarious and unsanitary conditions, including in shelters and makeshift tents, with little to no antenatal, intrapartum and postnatal care, at great risk to themselves and their babies.[16] Recent estimates indicate that around 15 women a week deliver outside a hospital or health facility and face risks of postpartum hemorrhage, high blood pressure, seizures, prolonged labor, and infections.[17]

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[11] United Nations Special Procedures, UN experts appalled by relentless Israeli attacks on Gaza's healthcare system, 13 August 2025.
[12] United Nations Independent International Commission of Inquiry on the Occupied Palestinian Territory, including East Jerusalem, and Israel, "More than a human can bear": Israel's systematic use of sexual, reproductive and other forms of gender-based violence since 7 October 2023, 13 March 2025, A/HRC/58/CRP.6 ('UN CoI SGBV report'), at paras 40 and 168, see also, Physicians for Human Rights Israel, Position Paper- Destruction of Conditions of Life: A Health Analysis of the Gaza Genocide, July 2025, at page 5,
[13] UN CoI SGBV report, at para 40.
[14] UN Office for the Coordination of Humanitarian Affairs, Humanitarian Situation Update #326 Gaza Strip, 25 September 2025.
[15] Human Rights Watch, "Five Babies in One Incubator" Violations of Pregnant Women's Rights Amid Israel's Assault on Gaza, January 2025, at pages 10-11, 23-24, UNFPA, UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare, 23 July 2025
[16] UNFPA, Attacks on Gaza City are destroying health and protection services for pregnant women and survivors of violence, 15 September 2025.
[17] UNFPA, Attacks on Gaza City are destroying health and protection services for pregnant women and survivors of violence, 15 September 2025, Think Global Health, A Nightmare for Pregnant Women in Gaza, 7 August 2024.

The few hospitals and health facilities that remain partially functional are overwhelmed and '*increasingly losing the capacity to keep mothers and babies alive'*[18]. Due to the siege on Gaza, conditions in the medical facilities are extremely unsanitary, with limited electricity, water, and fuel.[19] There is a chronic and acute shortage of medication and equipment, including analgesia epidurals and other anaesthesia, hypertension medication, and antibiotics leading to entirely inadequate support for women during pregnancy, labour and post-partum.[20] Most pregnant women do not receive a prenatal checkup to monitor the foetal heart or blood pressure, leading to avoidable complications. In October 2024, US healthcare workers who had volunteered in Gaza reported that they had witnessed women undergoing Caesarean sections without anaesthesia and that these women had been given nothing but oral paracetamol afterwards, due to a lack of pain relief medications.[21] Intravenous paracetamol is, however, a valuable and powerful analgesic that must be provided throughout Gaza where severe pain is present. Access to critical newborn care has been reduced by 70 per cent due to lack of essential medicine and damage or destruction of medical equipment (including sterilisation equipment and incubators)[22] and nearly all hospitals lack the electricity to maintain neonatal units.[23]

The above is compounded by the repeated mass displacement of civilians in Gaza, which had led to severe overcrowding in the few hospitals that continue to function.[24] On 22 September 2025, Dr. Ahmed Al-Fara, Director of the Children's and Maternity Centre at Nasser Medical Complex reported serious overcrowding across the entire facility, including in the neonatal units, with up to three neonates sharing a single incubator. He also reported a dramatic increase in the number of premature and low-birth-weight infants, now accounting for 60-70 per cent of newborns, compared with 20 per cent before October 2023. He concluded that *'[t]he conditions are catastrophic in every sense of the word'.* The lack of beds and deprioritisation of obstetrics and gynaecology (in a context where tens of thousands require urgent medical assistance for traumatic injuries) also means that women are being discharged soon after giving birth (within as little as 3 hours after giving birth)[25] often without proper post-natal care. This increases the risk of complications such as infections and postpartum haemorrhage.

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[18] UNFPA, UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare, 23 July 2025.
[19] Human Rights Watch, "Five Babies in One Incubator" Violations of Pregnant Women's Rights Amid Israel's Assault on Gaza, January 2025, pages 2, 33, B'Tselem, Our Genocide, July 2025, at page 36
[20] UN CoI SGBV report at para. 47, Human Rights Watch, "Five Babies in One Incubator" Violations of Pregnant Women's Rights Amid Israel's Assault on Gaza, January 2025, page 20, , UNFPA, UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare, 23 July 2025.
[21] Gaza Healthcare Letters, Letter to President Biden and Vice President Harris, Open Letter from American Medical Professionals Who Served In Gaza 2 October 2024.
[22] A/HRC/58/CRP.6, para 46
[23] Think Global Health, A Nightmare for Pregnant Women in Gaza, 7 August 2024.
[24] Human Rights Watch, "Five Babies in One Incubator" Violations of Pregnant Women's Rights Amid Israel's Assault on Gaza, January 2025, at page p.21.
[25] UN CoI SGBV report at para 54.

Starvation and famine have had a severely and disproportionately detrimental impact on pregnant women and new mothers in Gaza. An estimated 40% of pregnant women were suffering from malnutrition as of September 2025[26] The consequences of malnutrition before and during pregnancy and lactation are well known and include anaemia, haemorrhage, maternal death, newborn death and premature birth.[27] As stated in *The Lancet*, '*without access to proper nutrition or health care, [pregnant women] are forced to carry pregnancies through conditions unfathomable to the human conscience*'.[28]

The psychological consequences for pregnant women and new mothers have also been severe, including because of their lack of access to quality healthcare, direct exposure to armed conflict, the constant fear for their lives, and repeated displacement.[29] Women have reportedly been unable to produce breastmilk due to the lack of food and anxiety and mental trauma caused by ongoing military operations and siege.[30] This is particularly troubling given the lack of formula milk and lack of clean water needed to prepare the formula.

The long-term impacts of such extreme conditions remains unknown but will undoubtedly be profound and persist for years to come.

The conditions faced by pregnant women and new mothers have devastating consequences for their unborn children and babies. According to maternal health experts, the rate of miscarriage in Gaza has increased by up to 300% since October 2023.[31] Between January and June 2025, only 17.000 live births were recorded in Gaza, which represents a 41% decline from the same period in 2022. Of these, 33% of babies - over 5,000 - were born prematurely, underweight or required admission to neonatal intensive care.[32] Increases in congenital malformations, maternal morbidity and neonatal and intrapartum deaths have also been documented.[33]

For the babies who survive, maternal malnutrition will mean developmental delays, weakened immune systems, and an increased risk of chronic disease into adulthood.

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[26] UNFPA, Attacks on Gaza City are destroying health and protection services for pregnant women and survivors of violence, 15 September 2025
[27] UNICEF Programming Guidance, Maternal Nutrition Prevention of malnutrition in women before and during pregnancy and while breastfeeding, January 2022.
[28] Bilal Ifran, Abdallah Abu Shammala, Khaled Saleh, The Lancet, Will there be a future for newborns in Gaza?, Volume 404, Issue 10464p1725-1726, 2 November 2024.
[29] CoI SGBV report at para 58.
[30] CoI SGBV report at para 66.,
[31] International Planned Parenthood Federation, Press release: Gaza nine months on, pregnant women carry the burden of conflict, 9 July 2024.
[32] UNFPA, Press Release: UNFPA warns of catastrophic birth outcomes in Gaza amid starvation, psychological trauma and collapsing healthcare, 23 July 2025.
[33] CoI SGBV report at para 58.

A United Nations Commission of Inquiry recently found Israel's attacks on maternal healthcare amount to reproductive violence,[34] which is a form of gender-based violence. The deliberate targeting and destruction of Gaza's maternal health infrastructure has impacted '*all aspects of reproduction'*[35] and had a '*particularly harmful effect on pregnant, post-partum and lactating women'* [36] with '*irreversible long-term effects on the mental health and the physical reproductive and fertility prospects of the Palestinians in Gaza' (emphasis ours).*[37] Further it is prohibited under international human rights law (including obligations to respect, amongst others, the rights to life, health and to freedom from torture) and international humanitarian law (including the obligation of belligerents to afford special protection to women and children in armed conflict). Such conduct may also amount to crimes under international law, including crimes against humanity as well as the infliction of serious bodily and mental harm and the deliberate infliction of conditions of life calculated to bring about the physical destruction of Palestinians in Gaza as a group, which are categories of genocidal acts under the Genocide Convention.[38]

For the avoidance of doubt, and as is clear from the above, MCAI highlights that the recent ceasefire announcement does not negate the need for an urgent medical evacuation scheme for at risk pregnant women and new mothers. Since the announcement on 10 October 2025, a number of Israeli airstrikes on the Gaza Strip have been reported and restrictions on the flow of humanitarian aid remain in place, including the ongoing closure of the Rafah crossing. Crucially, the WHO has also made clear that it will continue to support medical evacuations for those requiring treatment currently unavailable in the Gaza Strip.

Against this background, MCAI reiterates its call for the Government to widen the medical evacuation scheme to include pregnant women and new mothers at risk.

MCAI understands that the WHO has existing procedures and processes in place for the identification and evacuation of those most at risk. Given that the Government has partnered with the WHO in respect of its implementation of the Scheme, the proposed widening of the Scheme to include the most vulnerable pregnant women and new mothers would not therefore require the Government to set up a new process. The existing WHO procedures could be used to evacuate the women to the UK.

MCAI would welcome a further meeting with the FCDO as soon as practicable in order to understand how the Scheme works, the numbers involved, and how MCAI could

[34] CoI SGBV report at para 171.
[35] CoI SGBV report at para 216.
[36] CoI SGBV report at para 171.
[37] CoI GBV report at para 219.
[38] CoI GBV report at paras 167-178.

contribute with its expertise to assist in the implementation and widening of the Scheme.

The meeting can be arranged through contacting us and/or the Honorary Medical Director of MCAI (Professor Southall).

We look forward to your response.

Jelia Sané and Agata Patyna
Doughty Street Chambers
Instructed on behalf of MCAI under the Bar Direct Public Access Scheme