AMAN
Transparency Palestine

**Factsheet on:**

# The role of the Palestinian Ministry of Health in the file of referrals for treatment abroad and the process of medical transfers of wounded and sick people in the Gaza Strip.

**2024**

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## Introduction

Since the seventh of October 2023, the Israeli occupation army has been perpetrating genocide against the Palestinians in an extensive relentless war in which it destroyed all essentials of life in the Gaza Strip. This carnage has killed over 34,000 Palestinian martyrs, 70% of whom were women and children, and injured over 76,000, with more than 7,000 people missing, buried under the rubble of destroyed buildings, which were demolished over the heads of their inhabitants, and hundreds buried in mass graves dug by the Israeli occupation army in Al-Shifa Hospital and Nasser Hospital in Khan Younis, both of which it raze to the ground.

Nearly one and a half million displaced people have been left helpless and homeless, facing harsh and inhumane conditions. This war has caused an unprecedented humanitarian catastrophe, as it aimed to completely annihilate the Strip's infrastructure, destroy homes, civilian facilities and the health system with its physical and human components. It became clear from the first moments of the warfare that the health system was part of the war strategy Israel waged on the Gaza Strip, and that medical facilities, including hospitals, primary care facilities, and medical staff were its foremost targets.

Since the early days of the war on Gaza, the occupation forces have targeted all health facilities. They began by destroying hospitals and health centers in northern Gaza and Gaza governorate, directly targeting them, threatening doctors and repeatedly ordering the evacuation of hospitals. This is what actually happened with the destruction of hospitals in northern Gaza and all of Gaza City, the latest of which was the complete destruction of Al-Shifa Hospital in March 2024. The Palestinian Ministry of Health reports that 32 out of 36 hospitals in addition to approximately 155 health centers in all governorates of the Gaza Strip are completely or almost completely out of service[1].

The Israeli occupation strategy was not limited to destroying the health system and making it incapable of providing services to the sick and wounded inside Gaza, but also to obstructing any chance of survival for those sick and injured people by closing the Rafah crossing and enforcing a stringent exit procedure, which is incompatible with the large number of those requesting to leave. Acquiring an exit permit for treatment outside the Strip requires prior Israeli security approval for every sick or wounded person, and very small numbers are approved, bearing in mind the large numbers on the lists of applicants. This puts their lives at risk, with reports indicating that there are 11,000 wounded and sick people in need of treatment abroad[2]. The severity of these measures is confirmed by the final numbers of wounded and sick people who were allowed to leave the Gaza Strip until the date of preparation of this paper, where they totaled 3,224 people during the 180 days of war, at a mere rate of 17 wounded/sick per day[3].

[1] Press release issued by the Ministry of Health Office in Gaza, 8 April 2024.
[2] Dr. Ashraf Al-Qudra, spokesman for the Ministry of Health, pamphlet.
[3] Nermin Ibrahim Abu Shaaban, in charge of the file of transfers abroad at the Ministry of Health – Gaza, personal interview 4/4/2024.

## Objective

The paper aims to shed light on the procedures and standards followed by the Palestinian Ministry of Health, Referrals Abroad Department, in transferring abroad the wounded and sick people in the Gaza Strip during the ongoing war on the Gaza Strip, and the extent of transparency and effectiveness of these procedures, in view of the complications caused by the Israeli policy of revenge on all Palestinians, in addition to identifying the most important challenges and obstacles facing the Ministry in performing its tasks in this field.

## Methodology

In preparing this paper, the researcher relied on a set of tools, in as much as were allowed by the conditions of the war and the difficulty of obtaining information from decision-makers and specialists because of the logistical and security conditions, and because the health sector and its workers were the target of the Israeli killing machine. These factors limited the researcher's ability to access these sources. Therefore, within the availability of sources, the researcher followed these steps:

1. Collecting relevant information associated with the Palestinian health situation during this war on Gaza from several governmental and non-governmental sources, where the daily report of the Palestinian Ministry of Health, the reports of the Government Information Office, and the reports of the World Health Organization were the primary sources of information for the researcher. The study also relied on a set of reports issued by non-governmental institutions such as the Coalition for Accountability and Integrity (AMAN), the Euro-Mediterranean Human Rights Monitor, Al Mezan Center for Human Rights, and other institutions, all of which issued reports regarding the violations of the Israeli occupation, especially in the health sector.
2. Analyzing information to help achieve the objective of the paper, which highlights the role of the Ministry of Health in the external transfers of the wounded and sick, and the extent of its commitment to the standards of integrity and transparency, where the researcher linked the outputs of the analysis with those standards.
3. Obtaining secondary data from several sources, especially personal interviews with specialists on the subject of the paper, where 5 interviews were held with officials in the Ministry of Health, the Medical Referrals Committee, the Ministry's Complaints Department and others.

## First: The Reality of the health system in the Gaza Strip[4]

The Palestinian health system consists of four main sectors: the governmental health sector (Ministry of Health and military medical services), the United Nations Relief and Works Agency (UNRWA), non-governmental organizations and the private sector. The number of primary health care centers operating in the Gaza Strip was 159, distributed among the

[4] Ministry of Health, Annual Health Report - Palestine 2022, June 2023.

four sectors as follows: the Ministry of Health with 52 primary health care centers, the United Nations Relief and Works Agency with 22 centers, non-governmental organizations with 80 centers, and military medical services with 5 centers. As for the secondary and tertiary health care, the number of hospitals in the Gaza Strip in 2022 was 36, distributed according to the following table:

**Table 1: Distribution of hospitals by service provider**

| Government Hospital | NGOs | Private sector | Military services |
|---|---|---|---|
| 14 | 17 | 3 | 2 |

It should be noted that the bed capacity of hospitals in the Gaza Strip was 2,614 beds, 7% of which belonged to government hospitals, with a bed capacity of 2,011 beds, at a rate of 12.1 beds per 10,000 citizens, and 1.2 hospitals per 100,000 citizens.

In 2022, the occupancy rate of hospitals in the Strip was 74%, with the highest occupancy rate at Al-Rantisi Hospital at 101.3%, followed by Al-Shifa Hospital at 96.6%., with the number of surgeries performed in all hospitals during 2022 amounted to 12,8431, with an average of 10,703 operations per month.

In total, there were 72,345 major operations, of which Al-Shifa Hospital performed 28,343 operations (39%), followed by Nasser Medical Complex in Khan Yunis with a total of 13,206 operations (18%). It should also be noted that both complexes, Al-Shifa and Nasser, are completely out of service having been totally destroyed by the Israeli occupation forces.

The following table shows the number of surgeries performed in the four health sectors during the year 2022.

**Table 2: Number of surgical operations performed in the Gaza Strip in 2022**

| Ministry of Health | NGOs | Private sector | Military medical services |
|---|---|---|---|
| 88,105 | 34,938 | 2,174 | 3,214 |

As for the conditions of chronic diseases in the Gaza Strip, particularly kidney diseases and cancer, the Ministry of Health has provided what it could of services for these diseases over the past years by developing its structural and human capacities. It tried to ensure the provision of such services in the Gaza Strip, but faced many hurdles because of the difficulty of making external transfers caused by the Israeli occupation, which has often prevented patients and their escorts from travelling. Sometimes, the cause of difficulty is internal, where obtaining remittances is rather complex owing to the bureaucracy in the Ministry's Referrals Abroad Department, which is often the result of political division, or of interventions by parties of influence, which have shown instances of favoritism and mediation (wasta).

The total number of dialysis units in Palestine is 19 units, including 483 machines, with 7 units in the Gaza Strip, and 182 kidney dialysis machines in all units. The number of patients who received treatment in these centers during 2022 totaled 1,034 patients and an overall total of 15,6451 dialyses, with the duration of each individual dialysis anywhere between 2 and 3 hours[5].

It should be noted that the dialysis centers in the Gaza Strip are distributed as follows: Noura Al-Kaabi Center in northern Gaza, Al-Shifa Medical Complex, Al-Rantisi Children's Hospital, Al-Quds Hospital in Gaza, Al-Aqsa Martyrs Hospital in Deir Al-Balah, Nasser Medical Complex in Khan Yunis, and Abu Youssef Al-Najjar Hospital in Rafah[6].

As for cancer, the annual report of the Ministry of Health showed that cancer was the second cause of death in Palestine during the year 2022, where 2,147 cancer deaths were recorded, at a rate of 42.6 deaths per 100,000 people, while in the Gaza Strip the number of deaths due to cancer was 914 deaths, constituting 15.1% of the total deaths in the Strip during the year 2022, at a rate of 42.2 deaths per 100,000 population[7].

Most cancer patients in Gaza who need treatments and surgeries that cannot be performed in the Strip because of lack of equipment are referred to hospitals outside the Strip. Patients who need radiation therapy are given referral abroad application form No. 1 because the hospitals in the Gaza Strip do not have that service. As for chemotherapy, hormonal or immunotherapy, those are provided to patients who need them if available, but if not available, the patient is transferred abroad[8]. It should be noted that these treatments during the past years were located in Al-Rantisi Hospital and the Turkish Hospital for the treatment of cancer diseases, but now, both hospitals have gone out of service, having been destroyed by the Israeli occupation.

**Second: The reality of the health sector during the war on Gaza**

The reports of the Palestinian Ministry of Health, the Government Information Office, and UN health institutions indicated that the war on the medical and health system caused 32 hospitals to go out of service, leaving only 4 hospitals, operating at three times above their capacity. Those are Al-Aqsa Martyrs Hospital in Deir Al-Balah, which was bombed and threatened more than once, the European Hospital in Rafah and the Kuwaiti Hospital, whose surroundings were bombed many times and the occupation forces ordered its director to evacuate it, but the hospital administration refused to do so; the same happened to the Emirati Hospital in Rafah.

[5] Ministry of Health, Annual Health Report - Palestine 2022, June 2023.
[6] Targeting the health system and its impact on patients with kidney failure in the Gaza Strip, fact sheet, Al Mezan Center for Human Rights, Gaza, 2024.
[7] Ministry of Health 2022 report, op. cit.
[8] Challenges of treatment abroad for residents of the Gaza Strip, investigative report, Palestinian Center for Democracy and Conflict Resolution, Gaza.

These remaining hospitals are unable to meet the health needs of the population because its operational capacity was significantly diminished due to the lack of medical supplies and the lack of water, electricity, medicine and medical staff. These hospitals face challenges such as a shortage of medical staff, including specialized surgeons, neurosurgeons, staff working in intensive care units and severe shortage of medical supplies. They are also in dire need of fuel, food and drinking water. In addition, the bed occupancy rate in these hospitals exceeds 350%, and 250% in intensive care units, which has brought about unprecedented challenges in the efficiency and quality of medical services and the hospitals' ability to respond to the population's urgent medical needs.

More than 159 health institutions were also damaged and 126 ambulances were destroyed by Israel's war on the health system. Work has stopped in more than 59 primary care centers, leaving only 13 centers providing services in the southern regions and some central regions. Medical and health staff were also subjected to more than 300 attacks, leaving 484 martyrs among medical staff, in addition to the arrest of 310 medical workers[9].

Dr. Mohammed Zaqout[10] stated in a personal interview that the destruction of the health sector, and the decommissioning of more than 32 hospitals, including the two largest medical complexes in the Gaza Strip, namely Al-Shifa Hospital and Nasser Medical Complex, has placed a very large burden on the health system. It has also created new groups of patients in need of treatment abroad, who, prior to the war, were provided with services in hospitals in the Gaza Strip. This also affected the ministry's ability to determine priorities for treatment services abroad for the wounded and acute cases.

For instance, there are more than currently 10,000 cancer patients in serious need of treatment abroad because health services for them have become unavailable in Gaza hospitals, particularly after the Rantisi and Turkish hospitals were taken out of service, where patients there were transferred to Al-Salam Hospital. This, in addition to the 540 kidney patients who were receiving care in Abu Youssef Al-Najjar Hospital and Al-Aqsa Hospital and are in critical need of treatment abroad, being that dialysis hours were reduced from three sessions per week to one session, not exceeding an hour and a half, which puts their lives at risk, thus requiring rapid intervention.

Moreover, heart operations, which were performed in hospitals in the Gaza Strip in prior years, cannot be performed at this time due to the many of emergencies they receive and the destruction of hospitals where they were performed. All these repercussions of the war have caused a substantial increase in the numbers of wounded and sick people who are in need of treatment abroad, as shown in the following table:

[9] Government Information Office, Statistics of the Genocidal War on the Gaza Strip, April 3, 2024.
[10] Dr. Mohammad Zaqout, Director General of Hospitals in the Gaza Strip, Ministry of Health, personal interview, April 4, 2024.

**Table 3: Numbers of wounded and sick people in need of treatment abroad[11]**

| Injured (for life-saving treatments and serious injuries) | Cancer patients | Kidney patients |
|---|---|---|
| 11,000 | 10,000 | 450 |

## Third: The role of the Ministry of Health in medical referrals for the wounded and sick in times of war

### 3.1 Coordination mechanism for the exit of the wounded and sick in light of the war on Gaza

The start of the war on Gaza on the seventh of October 2023, and later the destruction of most of the health sector in the Strip, altered the mechanisms and procedures in the Health Ministry's Referrals Abroad Department. The Israeli occupation has been refusing to receive any patients in Israeli hospitals and denying exit to the sick and wounded through the Beit Hanoun (Erez) crossing to hospitals in the West Bank and Jerusalem. As a result, the Rafah crossing became the only remaining exit, but that too was completely closed at early in the war and its gate was bombed to prevent Palestinians from getting out.

With the first truce agreement in November 2023, the first humanitarian aid entry came along with allowing some wounded and sick people to exit through the Rafah crossing. With that, a new mechanism for their exit began, in which the Referrals Abroad Department did not have any role. The coordination of departures was initially made between the Ministry of Health in Gaza and the Egyptians, but then the Israelis and the Egyptians took over the entire process for exit of the sick and wounded. Then, and in order to ensure the effectiveness and transparency of that mechanism, committees for treatment abroad were formed and assigned to hospitals so they could coordinate the process of referrals outside the Strip in place of the Ministry's Referrals Abroad Department[12].

### 3.2 Referral procedures and criteria for the wounded and sick

In a circular issued by the Palestinian Ministry of Health on 17 February 2024 regarding medical referrals for the sick and wounded who could not be operated on in functioning Gaza hospitals, the Ministry identified three categories as follows[13]:

- Injuries requiring life-saving surgical intervention.
- Cases of tumors confirmed by medical analysis and imaging.
- Conditions that need urgent treatment, without which a patient would die.

[11] Dr. Mohammad Zaqout, op. cit.
[12] Dr. Mohammad Zaqout, op. cit.
[13] A circular issued by the Director of Al-Aqsa Martyrs Hospital, entitled Medical Transfers, dated 2/16/2024, addressed to the heads of departments in the hospital.

Furthermore, the criteria and mechanisms of referrals under the current circumstances, as specified by the Ministry of Health, is as follows[14]:

- Specialized medical committees have been formed for medical referrals in each hospital.
- Each committee prepares referral statements for the wounded and sick, and sends them to the Ministry's Referrals Abroad Department.
- The Ministry's Referrals Abroad Department reviews the statements; sometimes some reports and cases are sent to an advisory committee on a WhatsApp group created for this purpose to verify the reports and confirm the eligibility of the case for transfer.
- After that, the final reports are sent to the Egyptian side, which in turn sends them to the Israelis, pending their approval for patients and companions.
- They are then sent to the Ministry of Health, which in turn publishes these lists on its available web pages and contacts patients.

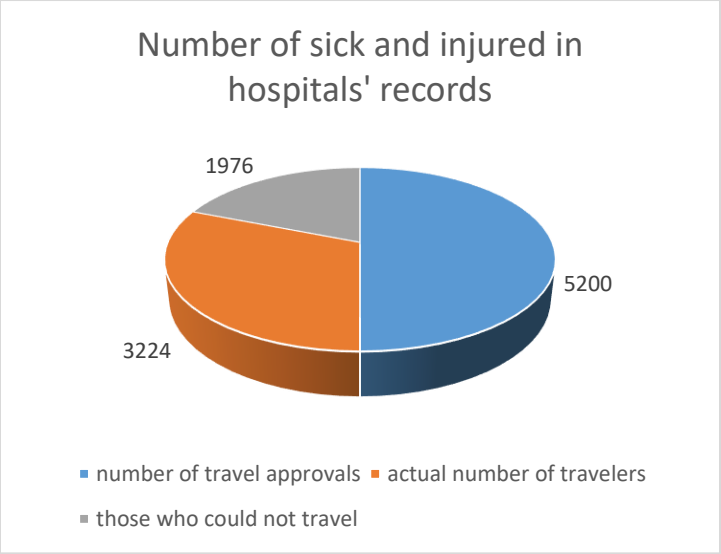
Although the mechanism is simply described, it is plagued with many hurdles. The process of medical referrals is still complex, with the Ministry of Health compiling a list of patients and wounded, which are then shared with the Egyptian authorities, who send them to the Israelis to obtain approval for the exit of those people. According to the Ministry of Health, the final approved list for their travel arrives at the Ministry of Health only one day before the set travel date, and the patient or injured and their companion have to be present at the crossing on the day after that list is issued.

The director of the Ministry's Referrals Abroad Department confirms that this mechanism causes major problems for the sick and wounded. This is because a small number is approved, where some are unable to travel due to the security situation inside the Gaza Strip, and some others being located is different hospitals across the Strip. In most cases, the sick and wounded cannot leave without prior coordination with the occupation authorities, many of whom are denied permission to leave.

According to available statistics at the Ministry, the total number of sick and wounded approved for travel abroad for treatment totaled 5,200 patients, of whom 3,224 who actually traveled, while 1,976 could not travel, i.e. 38% of the total of those who obtained security approval from Israel[15].

[14] Dr. Mohammad Zaqout, op. cit.
[15] Narmeen Abu Shaaban, op. cit.

**Figure 1: Number of wounded and sick people who obtained approval to travel[16]**




The director of the Referrals Abroad Department stated that in some cases, registered patients are allowed to cross the day after the publication of their names along with his/her escort, but is allowed to have only one companion, provided that the Israeli authorities approve that person, which causes more obstacles. In addition, patients who are approved for travel to countries other than Egypt are unfortunately unable to do so because there are no permanent state representatives at the crossing, which deprives these patients from travel and treatment. It is important to note that statistics indicate that half of the sick and wounded cases included in the lists are from the Gaza and the northern governorates.

After the sick and wounded cross into Egypt, they are all placed in North Sinai hospitals, from which they set off to a third country, if they are scheduled to and can travel outside Egypt, otherwise, they are transferred to Ismailia governorate hospitals, where they are supposed to receive the initial assessment, and in some cases a diagnosis. Then, a decision is made for some to remain in the governorate's hospitals while others are transferred to hospitals in other governorates, without a clear system or procedures for their distribution to hospitals or any arrangements for follow-up.

**Note:**

- In the Ismailia Governorate, there are 3 main hospitals that receive patients: Ismailia Medical Complex, Abu Khalifa Hospital, and Tal Al-Kabir.
- In Port Said Governorate, there are 3 hospitals: 30 June (Younyo), Al-Hayat, and Al-Shifa hospitals.

[16] Data from the Ministry of Health in Gaza, April 2024.

- In Cairo Governorate, there are 4 hospitals: Ain Shams, the Administrative Capital, Nasser Medical Center, and Al Salam[17].

It should be noted as well that there is no actual role for the Referrals Abroad Department, affiliated with the Ministry of Health in Ramallah at the present time, except for the department that provides assistance to some cases that are denied travel permits, wherein the department tries to solve some of their problems.

The lists are also dealt with in two ways: some patients and wounded are transferred to the Arab Republic of Egypt and other patients and wounded are transferred to different countries, where some countries decide on a certain number of patients they will take and who will receive them, while other countries do not have a set number of patients they will take; the number of sick and injured patients that might be referred to them is open and unspecified.

The statistics of the Ministry of Health indicate that the distribution of the sick and wounded who traveled until the date of writing this paper was distributed as shown in the following table:

**Table 4: Distribution of the sick and wounded among host countries**

| Egypt | UAE | Turkiyé | Jordan | France | Algeria | Tunisia | Italy | Qatar | Switzerland |
|---|---|---|---|---|---|---|---|---|---|
| 1,035 | 617 | 430 | 20 | 13 | 130 | 73 | 101 | 792 | 4 |

The researcher believes that the ministry bears responsibility for its lack of transparency with the public regarding the complexities of the transfer process, the conditions of the coordination managers and the age of the wounded and patients allowed to travel, as the majority of approved individuals are women and girls, children under 18 years old, and the elderly over 60 years old. Even so, the percentage of applicants approved to travel in the age group of 18-65 years does not exceed 3%, while the percentage of approved children totaled 46%, the percentage of women 39% and the elderly over 65 years 12%[18].

The absence of the role of the complaints unit almost completely, especially after the disruption of communications and the interruption of the toll-free number (103 for complaints) diminished transparency and follow-up procedures, noting that the ministry assigned a personal mobile number to the director of the complaints unit to receive complaints, but the majority of calls were appeals to intervene to save the lives of wounded or sick people[19].

[17] A general situation report on the conditions of the wounded and injured traveling from Gaza to Egypt, or crossing from there to third countries, the Refugee Platform in Egypt, published on the platform's electronic page, https://rpegy.org/editions/7543/

[18] Ministry of Health statistics, April 2024.

[19] Dr. Sami Abu Aziz, Director of the Complaints Department at the Ministry of Health, Gaza, personal interview, April 4, 2024.

**Fourth: Challenges and Obstacles**

There are many challenges and obstacles that reduce the effectiveness of work in medical referrals for the wounded and deserving patients, in addition to a set of subjective and objective challenges and guarantees for transparency of procedures to ensure fairness in referrals. Based on interviews, observations, and appeals, which were reviewed by the researcher, these challenges can be summarized as follows:

- The Israeli occupation completely destroyed the health system with the aim of eliminating all possible forms of life in the Gaza Strip, which constituted a great additional burden on the health system in providing services to the wounded and sick.
- The occupation's refusal to grant security clearances to the sick, the wounded and their companions causes an enormous backlog at the Ministry of Health and lengthens waiting lists, thus posing a threat to the lives of the sick and wounded.
- The coordination system for travel through multiple parties reduces the effectiveness of work for external transfers, especially since the Ministry's role is limited to the first stage, which is solely the preparation of the lists of wounded and sick people, without the ability to effectively participate in determining priorities.
- The small numbers that are allowed to travel daily, as in December and January, did not exceed 10 cases per day, and only after many interventions and appeals, the daily number was increased to 35-40 individuals per day.
- The large number of cancer patients (approximately 10,000 cases[20]) in need of treatment that is not currently available in the Gaza Strip hospitals, after the Al-Rantisi and Turkish hospitals were rendered out of service, thus adding even more to the number of patients who need treatment abroad.
- The cessation of service of 5 centers for the treatment of kidney patients, and the survival of only two centers operating at maximum capacity, despite the lack of electricity, and the necessary medicines, added a new list and two new categories of patients in need of treatment abroad. If these new patients do not receive the medical care they need, they will certainly die a slow and painful death, as many have already.
- The significant disruption of the electronic system and data in the Ministry of Health, as a result of the systematic Israeli destruction of the Ministry's premises and logistical resources, weakened the Ministry's ability to conduct follow-ups.
- The difficulty of informing the wounded and sick of their approval for travel as a result of the disruption of communications, or because they are in areas where movement is difficult and needs coordination with the occupation authorities, who refuse to allow them to move.

[20] Ministry of Health data, published on the Ministry's websites periodically, last updated April 4, 2024.

## Fifth: Conclusions and recommendations

### 5.1 Conclusions

- The absence of an emergency plan to operate the transfers abroad file, especially since the emergency plans of the Ministry of Health, which were prepared after the Corona pandemic, did not include scenarios and assumptions of risks in such a massive and comprehensive destruction of the health system, which has caused many problems in dealing with large numbers of health cases, including treatment abroad.
- The Israeli occupation's determination to completely eradicate the health system in Gaza constitutes a major obstacle to the ability and effectiveness of the Ministry of Health in providing health services to the wounded and sick and in speeding up procedures in the cases of transfers abroad.
- The destruction of the Ministry's premises and human capabilities, i.e. the Ministry's headquarters, hospitals and staff, and especially the destruction of the computerized systems, has significantly diminished the Ministry's ability to manage the transfers file.
- The Ministry has taken a series of measures and decisions to improve the effectiveness of its work on the treatment abroad in response to the increasing demand and numbers of wounded and sick persons. One significant measure is that it decentralized the management of the transfers file by setting up district committees in hospitals whose responsibilities include verifying identity papers for each case and preparing statements/reports for the wounded and sick who need to travel abroad for treatment.
- Despite its attempts to increase the effectiveness in expediting work on external remittances for more than 11,000 wounded and nearly 10,000 sick people, the Ministry has no influence in prioritization travel or modifying travel mechanisms because of the Israeli control over those matters.
- International and popular pressure on the Israeli occupation can contribute to more effective external transfers. The Ministry along with national and international health institutions have succeeded in raising the number of wounded and sick persons who are allowed to travel to 40 per day, up from 10 cases, and at ensuring that a number of serious cases (intensive care cases) are included on a daily basis, with no less than 7 cases per day.
- Israel's violations of international humanitarian law of the Geneva Convention regarding the protection of civilians as well as healthcare providers in time of war have seriously impaired the capacity of healthcare providers, as has happened with the Palestinian Red Crescent, the Red Cross and other health institutions. The Ministry's emergency staff have become unable to do their part in transporting wounded people to safe places, or to where they could travel

to receive appropriate treatment, compounded by Israel's consistent denial of travel and access to treatment to more that 36% of wounded and sick people.

- The absence of a clear role for the Referrals Abroad Department in Ramallah and its failure to facilitate coordination of travel through Egypt has reduced the effectiveness of the Gaza Ministry in the medical referrals abroad. However, some informal attempts to reach out to the Ministry of Gaza in order to overcome some of the obstacles for the travel of wounded and sick people who have been rejected by the occupation have recently begun[21]; noting that those developments began before the ministerial change.
- With regard to the transparency of procedures, the Gaza Ministry has taken a series of measures to enhance the transparency of procedures, particularly with issuing internal circulars setting the criteria for cases requiring treatment abroad, as well as the periodic publication of lists with the names of qualified wounded and sick individuals on various social platforms.
- The Ministry has been unable to play a key role in prioritizing wounded and sick travelers, which has diminished its capacity to insure the fairness and transparency of procedures. There have been cases on the coordination manifests waiting a long time for their turn, while more recent ones have been approved and did travel. This has given rise to much speculation by the people who have been anxiously waiting their turn, more specifically, accusations of lack of integrity and transparency at the Ministry. The public's mistrust of the Ministry stems from the belief that it lacks ethical standards and transparency in determining who is approved for medical services abroad.
- The interference of some officials in the approval of some cases for the wounded and sick in the transfer file undermined the integrity and transparency of procedures[22].
- The disruption of the ministry's official broadcast channels has reduced its ability to disclose and disseminate information that enhances transparency; for example, letting the public know that Israel prevents most people in the age group of 19 to 65 from traveling without officially publicizing this policy.

## 5.2 Recommendations

### At the level of the Palestinian National Authority (PNA)

- All these realities of the health system leave it on the brink of total collapse unless radical measures are taken. The most important of these are: the cessation of the war on the health system, adherence to international treaties, the Fourth Geneva

[21] Dr. Mohamed Zakout, Director of Hospitals in Gaza. Op. cit.
[22] Interviews with a number of doctors working in central and southern hospitals.

Convention and universal laws and treaties, and, of course, the cessation of war and hostilities in general[23].

- Activating the role of the Referrals Abroad Department in Ramallah so it becomes able to pressure the PNA to increase the number of wounded and sick persons allowed to travel, and resolving the problems of preventing large numbers of them from travelling.
- Increasing and improving coordination levels with the Ministry of Health in Gaza, in particular the Referrals Abroad Department, which is currently responsible for that file in Gaza, and to open direct channels of communication in order to resolve outstanding problems that the Ministry in Gaza is unable to resolve.
- Establishing a medical committee from the Service Procurement Department at the Ministry to follow up on cases of wounded and sick people who have been approved for transfer and travel, in order to identify the problems and challenges facing them, thereby enhancing the Ministry's ability to follow up.
- Taking charge of the records for ban of travel for treatment of wounded and sick persons so it is part of the demands for holding the occupation accountable for its crimes in the genocidal war on Gaza, also giving special prominence to this issue.
- Adopting an official information and diplomacy campaign, through the National Authority, to shed light on the Israeli violation of the right to medical treatment, and stimulating the role of the National Authority in United Nations human rights organizations.
- Including the treatment abroad files in the ongoing negotiations for a ceasefire.

**At the level of effectiveness and transparency:**

- Organizing a media campaign involving governmental and non-governmental institutions in order to shed light on Israel’s policy of preventing most of those in the age group between of 19 to 65 from traveling for treatment, which is the largest group of the wounded and sick, as the percentage of those allowed to travel has not exceed 3%.
- Designing and preparing an international advocacy campaign, involving official and non-official human rights institutions, within the human right to medical treatment, who would formulate letters and statements exposing the violations of the occupation in preventing the wounded and sick from receiving medical treatment, in addition to pressuring decision-makers in countries around the world to issue declarations guaranteeing the right of these wounded to treatment.
- Adopting international advocacy campaigns to increase the number of specialized field hospitals and working to bring in volunteer doctors to the Gaza Strip.
- Pressuring Israel to reopen the Beit Hanoun crossing for patients to travel to hospitals in the West Bank and Jerusalem.

[23] Umayyah Khammash, The reality and components of the health sector in the Gaza Strip during the war, Roots Foundation for Health and Social Development, Ramallah, 2024.

- Increasing the channels of disclosure and dissemination of information at the Ministry in Gaza using social media and other means of communication to reveal the obstacles and challenges it faces in the treatment abroad file.
- Developing an integrated referral system that includes the relevant authorities (the Referrals Abroad Department, the Ministry of Health in Gaza, the Palestinian Embassy in Egypt, and the Service Procurement Department in the Ministry) in order to ensure the efficiency of the transfer procedures and better follow-up for the wounded and sick, and to provide the service in the best possible way.
- Preparing lists of names of the sick and wounded people residing in the Gaza and the northern governorates and notifying those selected through hospitals in their governorates, or any other mechanism, to make sure they are not deprived of the opportunity to travel abroad for treatment.
- Setting more precise criteria for cases that need to travel for treatment and moving away from the current general standards; also working on preparing patient data according to priority, namely the risk on their lives and their need for treatment, then sending those reports through the new mechanism, and pushing for the adoption of these critical cases to ensure saving the lives of the patients.
- Expanding the Ministry's role by developing a comprehensive emergency service program to follow up on the wounded and sick who are traveling in order to strengthen the Ministry's effectiveness in providing post-travel services[24].
- Forming a committee to receive complaints by assigning special telephone numbers and communication channels that take into account the situation of war and the interruption of communications and internet service in various areas of the Gaza Strip, a consideration that has been taken by many governmental and non-governmental institutions, such as the civil defense and others. In addition, complaints and appeals submitted by patients and companions who are staying in Egypt should be pursued.
- Using personal Telegram messaging platform, which is highly popular with citizens, as a platform for circulating and publishing ministry data, to disseminate information, and, in particular, to receive complaints.

## Sixth: References


- Umaya Khammash, the reality and strength of the health sector in the Gaza Strip during the war, founded on health and social development, Ramallah, 2024.
- Mohammad Ghafrey, Medical Transfers, Permanent Budget drain for the Ministry of Health, Coalition for Integrity and Accountability, June 2023.


[24] Note that there is only one person assigned by the Ministry in Gaza to follow up on all patients who arrive in Egypt.

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