



Gaza's New Coronavirus Fears

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What's new? After months during which authorities halted COVID-19's spread with rigorous quarantine measures, the virus appears to have taken root in the Gaza Strip. Dozens of new cases are being diagnosed every day.

Why does it matter? A major outbreak in Gaza would likely be disastrous. Years of conflict and Israeli blockade have left the strip's health care facilities in a parlous state. Enforcing lockdowns and social distancing is difficult in the densely populated enclave.

What should be done? Israel should take urgent steps to both allow Gaza to acquire the medical supplies it needs to deal with COVID-19 and let the strip's residents who are seriously ill travel abroad to seek care. Donor countries should heed the calls of local and international organisations for financial and medical assistance.

I. Overview

The humanitarian situation in the Gaza Strip is reaching a crisis point after health authorities reported four cases of community-spread coronavirus on 24 August. Fears are growing that the virus containment policy in place since early in the pandemic has failed. Health organisations have long warned that a COVID-19 outbreak in Gaza would be catastrophic: the strip simply does not have enough ventilators or other crucial instruments to save lives if numerous residents contract the disease. It is crucial that the Israeli government allow Gaza to import necessary medicines and medical equipment, including ventilators; refrain from withholding fuel and other goods necessary to alleviate humanitarian suffering; and facilitate the exit of patients requiring medical assistance outside Gaza. Donor countries should heed the call of local and international organisations, including the UN Relief and Works Agency (UNRWA), which are scrambling to provide medical and other services to vulnerable communities throughout the strip.

II. The Virus Appears in Earnest

On 24 August, four individuals tested positive for COVID-19 in al-Maghazi refugee camp in the centre of the Gaza Strip – the first cases of infection recorded outside the quarantine facilities constructed by the Hamas government in February for trav-

ellers entering the territory.¹ The four were members of the same family; they were tested after a relative, a middle-aged woman who had left the strip to escort her daughter to al-Maqased hospital in East Jerusalem five days prior, tested positive for the virus upon arrival there.² It remains unclear when and how she contracted the virus, and to whom in Gaza she may have passed it on before her departure other than her immediate relatives.

Since March, authorities in Gaza had feared that a COVID-19 outbreak would have devastating implications. With a population density among the highest in the world and a poverty rate of more than 80 per cent, effective social distancing measures and quarantine procedures are difficult to implement. In pre-coronavirus times, water scarcity, electricity cuts and under-developed sewage treatment facilities undermined hygiene and sanitation in the strip's congested towns and refugee camps. During a pandemic, authorities believed, these conditions would facilitate the virus' spread.

These problems are compounded by a crumbling health care sector that has struggled under the weight of an Israeli-imposed blockade since 2006, when elections brought Hamas to power. Over the past fourteen years, the blockade has created a critical shortage of supplies in hospitals and clinics, as Israel restricts the entry of materials required for medical treatment in accordance with an 8,500-item dual-use list of ordinary goods that it alleges could also have military purposes.³ Israel has also targeted health care facilities and personnel during periods of military confrontation, including live fire against medics participating in the Great March of Return protests

¹ Medical facilities throughout Gaza reported unrelated cases very soon after this initial discovery. These cases prompted health care professionals to conclude that the virus has been spreading unnoticed for a number of weeks. Crisis Group interview, health care professional, Gaza City, 4 September 2020. For background, see Crisis Group Middle East Briefing N° 75, *The Gaza Strip and COVID-19: Preparing for the Worst*, 1 April 2020.

² The woman in question had been allowed to accompany her under-age daughter to receive treatment in Jerusalem on humanitarian grounds. Yet even with her medical permit, her exit was not straightforward; she had been denied passage the day before and was forced to return home, before trying again the following day. In order to leave the strip for medical treatment, patients in Gaza must apply for a permit to pass through the Erez crossing. This can be done only after the Palestinian Authority (PA) in the West Bank approves a referral. The World Health Organization (WHO) estimates that Gaza residents file more than 2,000 applications monthly on average, around 30 per cent of which fail to receive an answer or receive one too late, and 10 per cent of which are denied. See "In 2018, 31% of applications filed by Gaza patients to travel via Erez Crossing for medical treatment were answered too late, or not at all", Gisha: Legal Center for Freedom of Movement, 11 February 2019. Since 2018, Israel has been cutting down the number of medical permits it offers Palestinians in Gaza. "Israel cuts medical permits for Gazans to halt migration to West Bank — report", *Times of Israel*, 13 September 2019. Since the PA announced its suspension of security coordination with Israel in May, ahead of the potential Israeli annexation of portions of the West Bank, permits dropped even further, with thousands of cancer patients and others requiring specialised surgeries unable to travel. See "Patients in the Gaza Strip unable to obtain Israeli-issued permits to access the healthcare", *ReliefWeb*, 20 June 2020. Local and international human rights organisations have long protested Israel's sweeping restrictions on movement, including for health purposes, which have resulted in patients dying as a result of lack of access to life-saving treatment outside of Gaza. "Israel: Record-Low in Gaza Medical Permits", *Human Rights Watch*, 13 February 2018.

³ "Following Gisha's Legal Battle and Advocacy, COGAT [the Coordinator of Government Activities in the Territories] Has Published the 'List of Dual-Use Items'", Gisha, 2 April 2017. See also "Contrary to reports about 'easing' of restrictions, Israel has not removed any items from its list of 'dual-use' materials requiring special permission to enter Gaza", Gisha, 3 November 2019.

that began in 2018. Israel's fire upon protesters has overwhelmed an already weakened health sector, with thousands of injured requiring urgent or long-term care.⁴

When the coronavirus first appeared in both Israel and the Israeli-occupied West Bank in February, the Hamas government in Gaza promptly adopted emergency measures, shutting down mosques and schools and initiating lockdown procedures. Authorities built sixteen quarantine facilities to house hundreds of Palestinians returning from abroad.⁵ These measures succeeded in containing the virus. As of 20 August, the health ministry had recorded a total of 109 cases of infection, all detected among those returning to Gaza, 71 of whom had recovered; only one person had died. On that date, 2,257 returnees were still being held in 21-day quarantine.⁶ By all measures, it seemed that Gaza had escaped disaster.

Thus, the four cases – apparently unrelated to Palestinians returning from abroad – sparked fear that the strip was seeing community spread and that the virus had arrived in earnest. On 26 August, officials recorded eleven new cases that appeared unconnected to the other four.⁷ By 28 August, the number of those placed in quarantine facilities had risen to 2,334, while another 520 were isolated at home.⁸ The next day, the health ministry reported an additional 36. On 7 September, the total was 1,054 cases, with 182 recorded in the previous 24 hours, suggesting a rapid increase.⁹ Some of these infections were contracted in hospitals, where cancer patients were receiving treatment, suggesting both that the virus had spread and that the health care sector itself was ill equipped to contain the virus in its wards.¹⁰ Officials have estimated that if and when Gaza experiences 280 new infections per day, the number of people requiring treatment will exceed the capacity of local hospitals.¹¹ Gaza's current bed capacity for treating COVID-19 is 350.¹²

Authorities responded promptly with a reinvigorated focus on containment. On 24 August, the health and interior ministries instituted a 48-hour curfew throughout Gaza and the authorities placed more than 10,000 police officers on the streets to enforce it. The Crisis Group analyst on the ground observed that while most residents are adhering to the curfew, enforcement is difficult in crowded areas such as al-Maghazi. Adherence is more prevalent in Gaza City, where the now globally recognised communal activity of cheering health care professionals every evening has also taken

⁴ "Israeli Soldiers Deliberately and Fatally Shot Palestinian Paramedic Rozan a-Najar in the Gaza Strip", B'tselem, 17 July 2018; "Gaza Health Sector Still Struggling to Cope with 'Great March of Return' Injuries", UN Office for the Coordinator of Humanitarian Affairs, May 2019; and "Emergency Trauma Response to the Gaza Mass Demonstrations, 2018-2019", World Health Organization, May 2019.

⁵ "Daily Report for COVID-19 Virus", Ministry of Health, 25 August 2020.

⁶ "Daily Report for COVID-19 Virus", Ministry of Health, 20 August 2020.

⁷ Between 25 and 26 August, the cumulative number of cases rose from 114 to 125. "Daily Report for COVID-19 Virus", Ministry of Health, 26 August 2020.

⁸ "Daily Report for COVID-19 Virus", Ministry of Health, 28 August 2020.

⁹ "Daily Report for COVID-19 Virus", Ministry of Health, 7 September 2020.

¹⁰ Crisis Group interview, health care professional, Gaza City, 4 September 2020.

¹¹ Press conference for Deputy Health Minister Yousef Abu al-Rish, attended by Crisis Group, 26 August 2020.

¹² There are 250 beds in the Turkish hospital and 100 beds in the Rafah field hospital. A push to make more beds available is under way. See "Coronavirus Disease 2019 (COVID-19) WHO Update 41", UN, 27 August 2020.

hold.¹³ The authorities have thus isolated the refugee camp entirely from its surroundings, allowing no one in or out.¹⁴ This full closure is the first since the Israeli army imposed a curfew in 1994, when it pulled out of most of Gaza (leaving garrisons at Jewish settlements, which remained in the strip until 2005). Gaza health authorities also expanded testing, carrying out more than 2,500 tests in the two days following the four cases' diagnoses on 24 August.¹⁵

UNRWA, the main non-governmental service provider for refugees in Gaza – who constitute more than 70 per cent of the strip's two million residents – supplemented public health efforts with its own emergency response, moving its in-person health services to telemedicine in order to relieve public hospitals, switching schooling to remote learning and delivering food to homes to avoid overcrowding at distribution centres. It coordinated with the health ministry, the World Health Organization and other actors to home-deliver medicines and other services where needed throughout the strip. While Israel has allowed the transfer of humanitarian aid into Gaza, UNRWA has noted that the real challenge is the dearth of medical equipment such as ventilators and the poor state of Gaza's health care sector. On 4 September, it made an appeal for \$95 million to assist with COVID-19 coverage for Palestinian refugees in the region until December.¹⁶

III. “Calm for Calm” vs. “Calm for Access”

The outbreak began at a sensitive time, as another military escalation between the armed factions in Gaza and Israel appeared increasingly likely. The COVID-19 crisis has exacerbated economic distress in the Gaza Strip, not least because of increased restrictions on the movement of people and goods, beyond the already restrictive policies of the blockade, and delays in the transfer of monthly grants from Qatar. Longer-term measures to loosen the restrictions of the blockade and offer a more sustainable resolution to Gaza's economic distress, which were ostensibly the terms of the indirect ceasefire negotiated in November 2018, had also stalled.¹⁷ Throughout 2019, people in Gaza doubted that the Israeli government, mired in political paralysis, was concerned about the humanitarian and economic catastrophe unfolding in the strip; Israel's preoccupation with its own epidemic this year further increased those worries.¹⁸

In early August, Hamas and other factions in Gaza resumed daily actions against Israel, mainly through incendiary kites and flammable balloons that caused scores of fires on agricultural lands around Gaza's periphery in southern Israel. They demanded

¹³ Crisis Group observations, Gaza City, 5 September 2020.

¹⁴ Curfews were announced by the interior ministry spokesman on 24 August. Crisis Group observations, Gaza City.

¹⁵ “Daily Report for COVID-19 Virus”, Ministry of Health, 24 August 2020.

¹⁶ “UNRWA calls for unimpeded passage into Gaza for vital goods”, *Middle East Monitor*, 25 August 2020; and “UNRWA delivers medicines, other services to homes of Palestinians in Gaza”, *Middle East Monitor*, 27 August 2020. Crisis Group exchange, UNRWA spokesperson, 4 September 2020.

¹⁷ Crisis Group Middle East Report N°191, *Rebuilding the Gaza Ceasefire*, 16 November 2018; and Crisis Group Commentary, “Stopping an Unwanted War in Gaza”, 26 March 2019.

¹⁸ Crisis Group interview, senior Hamas member, 17 August 2020.

that Israel carry out the provisions of the 2018 ceasefire agreement, including increasing the number of Palestinians from Gaza allowed to enter Israel to work, expanding what Israel allows Gaza to export, upping the fuel supply to the strip's sole power plant and advancing major infrastructure projects, including health care facilities and water treatment plants.¹⁹

Without publicly acknowledging the terms of the ceasefire agreement, Israel has taken some measures in this direction since 2018. It has allowed the construction of a field hospital funded by a U.S. Christian evangelical group, issued around 500 permits for Palestinian labour, and authorised the transfer of Qatari fuel and monthly payments.²⁰ In February, Israeli intelligence officials flew to Qatar to ensure Doha would continue its monthly payments to Gaza, seeking economic measures that might ensure the continuation of calm from the coastal enclave.²¹ These steps carried with them political cost in Israel, where those vying for power accused government officials of offering political concessions in the face of military pressure from Gaza.²² At the same time, these measures fall far short of the steps needed to effectively lessen the humanitarian and economic impact of the blockade, and have therefore typically succeeded in ending the immediate threat of escalation rather than securing a lasting ceasefire.²³

The escalation in August was therefore predictable, with the factions seeking to disrupt Israel's decade-old "calm for calm" strategy, by which it refrains from attacking Gaza as long as it is not attacked from the strip, even as the blockade makes life difficult for Gaza's two million people. The army initiated reprisal attacks in an effort to reinstate the "calm for calm" formula.²⁴ After air raids on suspected Hamas military sites – a stock Israeli deterrence tactic – the Israeli army issued a statement saying: "The strikes of these terror sites constitute a significant blow to Hamas' terror infrastructure and force generation capabilities. The [army] is ready to operate as necessary in order to defend Israeli citizens living in the Gaza envelope and in southern Israel".²⁵ The factions, for their part, demanded "calm for access", as per their interpretation of the November 2018 agreement, offering to ground their projectiles if Israel were to substantively lift the blockade, which they argue is the main act of violence.²⁶

Israel's response was more severe than Hamas expected. In addition to the air raids and the shutting of the Kerem Shalom crossing from Israel into Gaza, the Israeli government imposed a total ban on the entry of fuel into the strip on 13 August, and three days later closed the fishing zone off the Gazan coast in an apparent effort to persuade the armed factions in Gaza to desist.²⁷ On 16 August, the latter began firing

¹⁹ Crisis Group interview, government official, 17 August 2020.

²⁰ "Field hospitals 'only option' to treat Gazans sick with coronavirus", *Jerusalem Post*, 25 March 2020.

²¹ "Liberman: Netanyahu sent Mossad head, general to Qatar, 'begged' it to pay Hamas", *Times of Israel*, 22 February 2020. For more on Israeli measures to stabilise the Gaza Strip, see "UAE deal shows Arab-Israel conflict starting to come apart before our eyes", *Times of Israel*, 4 September 2020.

²² For example: "Bennett rejects potential truce deal with Hamas as 'reward for terrorists'", *Times of Israel*, 14 August 2018.

²³ Crisis Group Report, *Rebuilding the Gaza Ceasefire*, op. cit.

²⁴ "Report: Gaza militant factions looking to end ceasefire with Israel", I-24 News, 9 August 2020.

²⁵ "Hamas announces ceasefire understandings with Israel", *Jerusalem Post*, 1 September 2020.

²⁶ Crisis Group interview, senior Hamas official, 5 September 2020.

²⁷ "As Israeli restrictions tighten, Gaza's sole power plant to shut down on Tuesday", *Times of Israel*, 16 August 2020.

rockets into Israel, causing injuries among civilians. Within two days, the electricity supply in Gaza dropped to below four hours a day, affecting residents in all aspects of their lives, most dangerously in the health care sector.²⁸ Israeli human rights organisations petitioned the High Court of Justice protesting the collective punishment inherent in these policies: “Despite the clear distress of the situation, Israel’s defense minister and the coordinator of government activities in the territories chose to take additional steps intended to directly harm the civilian population, while they are fully aware of the impact of their decisions on the inhabitants of Gaza”.²⁹

During this period, Qatari, Egyptian and UN mediators shuttled between Israel and Gaza in an attempt to prevent further escalation. The coronavirus outbreak on 24 August occurred in the midst of this turmoil and appeared to make Hamas’s call for an easing of the blockade only more urgent. Since March, various Israeli officials had advocated linking the transfer of medical support into Gaza with concessions from Hamas.³⁰ The Hamas government urged the UN and other international bodies to pressure Israel to allow the passage of all the medical supplies and equipment Gaza health authorities would need to respond effectively to the virus.³¹ Mediation efforts expanded as fears of a greater outbreak increased. On 25 August, Qatar’s envoy to Gaza, Mohammad El-Emadi, entered the strip on a pre-planned trip to deliver the monthly funds that Doha had been unable to transfer for two months because of the pandemic. As he handed over \$34 million, he announced that Qatar would increase its monthly subvention from \$25 million to \$40 million to include money designated for the COVID-19 response.³²

Mediation paid off. On 27 August, Israel allowed the entry of humanitarian aid and goods through the Kerem Shalom crossing, and on 31 August, UN mediators announced that Israel and Hamas had reached another indirect ceasefire agreement.³³ Having secured immediate relief, Hamas’s officials noted privately that this was not the right time to escalate, despite their readiness to do so, given the pandemic.³⁴ Israel’s army, responding to Hamas’s statement on the ceasefire, said that, “At the end of the day, the strikes, sanctions, corona, and money is what brought [Hamas] to make their statement”.³⁵

The ceasefire did not achieve a major breakthrough, of course. Rather, it took the parties back to where they were at the beginning of August. Israel lifted the restriction on fuel entry and allowed the transfer of humanitarian aid and goods necessary for the authorities in Gaza to meet the immediate demands posed by the pandemic. Israel also reportedly agreed to increase the number of permits for Palestinian workers from

²⁸ “Gaza fears the worst as Israel ratchets up its siege”, Al Jazeera, 26 August 2020.

²⁹ “Gaza struggles to bring coronavirus infection under control amid warning of community spread”, *Haaretz*, 31 August 2020.

³⁰ “Israel links coronavirus aid for Gaza to recovering soldiers”, Reuters, 1 April 2020.

³¹ Crisis Group interview, senior Hamas official, 5 September 2020.

³² “Qatar paid \$34m to prevent humanitarian crisis in Gaza, says Al-Emadi”, *Middle East Monitor*, 3 September 2020.

³³ See the statement by the UN Special Coordinator for the Middle East Peace Process Nikolay Mladenov.

³⁴ Crisis Group interview, Hamas senior official, 5 September 2020.

³⁵ “Hamas announces ceasefire understandings with Israel”, *Jerusalem Post*, 1 September 2020.

Gaza to 7,000.³⁶ In return, Hamas ceased the use of incendiary balloons, rockets and flammable kites in its protests.³⁷ Hamas sources say they are giving Israel up to two months to substantively ease the blockade.³⁸ Similarly, the military unit in charge of civilian affairs in Gaza, the Coordinator of Government Activities in the Territories (COGAT) noted that the “decision will be tested on the ground: if Hamas, which is accountable for all actions that are taken in the Gaza Strip, fails to stand its obligations, Israel will act accordingly”.³⁹

IV. Conclusion

With the threat of an escalation averted for the moment, Gaza is now bracing for the possibly calamitous outcome of a further COVID-19 outbreak. On 30 August, the Hamas government isolated the Shati refugee camp after tests signalled the possibility of a further spread in the face of residents’ poor compliance with curfew.⁴⁰ So far, the majority of cases appears to be in the territory’s northern parts and Gaza City, which remain under heavy lockdown.⁴¹ Even with the entry of goods and humanitarian aid, Gaza’s health care sector remains severely underequipped to deal with spiralling contagion. If it wishes to avert a humanitarian catastrophe – and a possible violent escalation in its wake – Israel should allow the entry into Gaza of needed equipment and supplies, including ventilators; refrain from withholding humanitarian aid or fuel; and allow patients requiring medical attention to travel abroad for treatment through the crossings it controls.

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³⁶ “Qatar paid \$34m to prevent humanitarian crisis in Gaza, says Al-Emadi”, *Middle East Monitor*, 3 September 2020.

³⁷ “Hamas says deal reached to end escalation of violence with Israel”, Al Jazeera, 31 August 2020.

³⁸ Interview with Hamas Political Bureau Deputy Head Khalil al Hayya, Political Office, 1 September 2020.

³⁹ “Israel and Hamas agree to cool hostilities, for now”, *The New York Times*, 31 August 2020.

⁴⁰ Interior ministry spokesman Iyad al-Bazum announced the closure on 30 August. The Crisis Group analyst on the ground noted that dozens of people had gone down to the beach from Shati on 4 September, a particularly hot day. Crisis Group observations, Shati, 4 September 2020.

⁴¹ Crisis Group observations, Gaza City, 4 September 2020.



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