The Gaza Strip and COVID-19: Preparing for the Worst

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What's new? COVID-19 cases have appeared in the Gaza Strip, where close to two million Palestinians live in 365 sq km, many of them in crowded refugee camps where social distancing is hardly feasible.

Why does it matter? A major outbreak of the illness would swiftly overwhelm Gaza's health care system, which has been devastated by years of war and Israeli blockade. The death toll could be horrific.

What should be done? The Hamas government should maintain its quarantine measures and step up other efforts to contain the virus's spread. Israel should lift the blockade for medical supplies and allow Palestinians out of the strip should they require hospitalisation.

I. Overview

COVID-19 has entered the Gaza Strip, one of the world's most densely populated territories. If efforts by the Hamas government fail to contain it, the virus could rampage through the Palestinian population of nearly two million, the majority of whom live in tightly packed refugee camps. Gaza's health infrastructure – crippled by an Israeli blockade and further damaged in war – will be unable to cope with the worst-case scenario wherein tens of thousands of people require hospitalisation when there are only 2,500 beds available. As long as containment remains possible, the Hamas government should strengthen its lockdown measures and build more quarantine facilities with the means available. Israel, for its part, should lift its blockade on Gaza to allow desperately needed medical equipment and supplies to get in. It should also prepare to help Palestinians in Gaza who contract the virus and require types of care unavailable in the impoverished strip.

As the occupying power in Gaza, Israel has a duty to care for the population under its control. In the case of COVID-19, it also has an interest, as the virus knows no borders. If only for these reasons, Israel should relax the blockade to let in hygiene kits, ventilators and other supplies, and suspend the requirement for transit permits for those who require hospitalisation outside of Gaza. It should also support international efforts to erect field hospitals in and around the Gaza Strip, facilitate the entry of medical personnel willing to volunteer their services, and develop a plan for treating Palestinians from Gaza who need urgent medical attention in Israel.

A catastrophe of massive proportions could await Palestinians in Gaza who already have suffered far too much. Hamas, Israel and others need to take urgent steps to minimise the fallout.

II. Hamas's Quarantine and Containment Efforts

On the evening of 21 March, Gaza's health ministry confirmed the area's first two cases of COVID-19. The men, both Palestinians returning from Pakistan, were placed under quarantine in a field hospital near the Rafah border crossing into Egypt. The authorities assured the public that all those who had been in contact with the travellers were also quarantined.[1] That night, the authorities sent fire trucks to hose down pavements and streets, and police vehicles roamed the strip, calling on people not to gather in groups.[2] Gaza's chief of general security and his deputy were also put in quarantine, given that they had been in contact with the two travellers while inspecting the isolation area. On 25 March, the quarantine facilities where the two were being held announced that seven more individuals had tested positive for the virus.[3] By 30 March, the total number of cases had risen to ten.

Even before 21 March, with cases mounting in Israel, Jerusalem and the West Bank, and stories of the pandemic in Italy and Spain trickling in, the public in Gaza began to turn more vigilant. In the cities, some started wearing gloves and masks, and buying alcohol-based hand sanitisers and thermometers – imported goods that were soon out of stock.[4] In the more densely populated refugee camps, by contrast, life went on with little indication that anyone was taking precautions against the virus. The camps bustled with people. Markets were open, barber shops were doing business as usual, mourners gathered at a memorial service and people ambled in the streets.[5] Overall, the strip remained sheltered from the shock waves felt around the world. People joked on social media that they had been under lockdown for much longer than the two weeks required for self-isolation elsewhere. One tweet read: "Dear world, how does it feel to be quarantined? Yours sincerely, 14-years besieged Gaza".[6]

The Hamas government had focused on preventing the virus's entry. Given that the strip has been under a quasi-hermetic blockade since 2007, with only a handful of tightly monitored crossings into Israel and Egypt, this task appeared more manageable than elsewhere in the world. For once, Gaza's forced isolation appeared to

[1] "Press statement by spokesman for Ministry of Health Yousef Abu al-Rish", Safa News, 21 March 2020.
[2] The night the two men were diagnosed, fire trucks hosed down Shuja'iyya, a neighbourhood east of Gaza City, where one of the two travellers' families resides, sparking speculation as to whether either of the two men had been in contact with relatives at the border before they were taken into isolation. See also Hazem Balousha and Oliver Holmes, "Can Gaza cope with COVID-19 after years under lockdown?", *The Guardian,* 23 March 2020.
[3] "Daily Report for COVID 19 Virus", Gaza Ministry of Health, 26 March 2020.
[4] Crisis Group interviews, medical supply importers, Gaza City, 22 March 2020. While imported goods ran out, by mid-March, local factories were expanding production of soap, disinfectants and non-alcohol-based sanitisers. These items are still available in the markets.
[5] Crisis Group observations, 21 March 2020.
[6] Tweet by Aya Isleem, @AyaIsleemEn, journalist, 23 March 2020.

have a silver lining. On 15 March, Gaza's Ministry of Health announced that travellers entering from either Rafah or the Beit Hanoun/Erez crossing with Israel would be placed under compulsory quarantine for two weeks, subsequently raised to three. Commercial crossings, meanwhile, which are separate transfer points for the import and export of goods, remained open. The authorities began selecting hotels, schools and public venues to be converted into quarantine facilities in case of an outbreak, as well as building new isolation wards.[7] At the time of writing, there were 24 quarantine facilities, with 1,568 individuals held in government quarantine, including the two diagnosed men and any other traveller who entered the strip after 15 March, and another 1,205 in self-enforced home quarantine.[8]

On 21 March, after the two men were quarantined, the police issued a statement noting that authorities would put a halt to wedding gatherings, public celebrations, funeral services and memorials; close cafés and restaurants; suspend Friday noon prayers in mosques; and shut down the port until 27 March, effective the next day. Fishermen were allowed to continue practicing their trade.[9] On 23 March, the Health Ministry suspended all elective surgeries and medical procedures. On 25 March, the Awqaf [religious endowments] and Religious Affairs Ministry closed houses of Muslim worship for two weeks and invited "mothers and fathers [to] turn [their] homes into schools and mosques".[10]

After the diagnosis of the two cases, there was a sense of panic in cities around the strip. Markets were busy, and those who could afford to buy supplies stocked up on food, preparing for long stays at home.[11] These people, however, were the exception. The worry in Gaza is not whether supermarkets might run out of supplies but where families might get the money to purchase them. Poverty is staggering: more than 80 per cent of the population relies on humanitarian aid.[12] Pharmacists report that persons have been coming to buy Paracetamol, antibiotics and other anti-inflammatory medications by the pill rather than the packet.[13] Most Palestinians in Gaza cannot afford even locally manufactured sterilisers, let alone the imported sanitisers, gloves and masks, which are in any case no longer available. Some families bought single masks and gloves for repeated use, thereby rendering them ineffective.

[7] A number of private businesses offered space for quarantine, such as the Palestine Hotel. Other quarantine venues include the Muscat Center, Qazan al-Najjar, the Muscat Jabaliya Centre, al-Amal Hotel of the Palestine Red Crescent Society, the Commodore Hotel, the Blue Beach Hotel, the Rantisi Specialist Hospital and al-Shifa Medical Complex. Many of these buildings are located in densely populated areas, such as Khan Younis in the south or Jabaliya in the north, making the effectiveness of quarantine questionable. One of the hotels used as a quarantine area was surrounded by wedding hall venues that were still functioning as of 21 March. Crisis Group observation, Gaza City, 21 March 2020.

[8] "Daily Report for COVID 19 Virus", Ministry of Health, 24 March 2020.

[9] Statement issued by Gaza's police force, 22 March 2020.

[10] Statement issued by Ministry of Awqaf and Religious Affairs, 24 March 2020.

[11] Crisis Group observations, Gaza City, 22 March 2020.

[12] On 10 March, during the Jewish holiday of Purim, the 5,000 Palestinians in Gaza with permits to enter Israel to work, primarily in agriculture, were barred from entry. Israel has maintained the ban since, citing coronavirus-related concerns, compounding unemployment and poverty in Gaza. Hagar Shezaf, "As Israel prepares for coronavirus in the Palestinian territories, Gaza raises dilemmas", *Haaretz,* 14 March 2020.

[13] Crisis Group interviews, pharmacists, Gaza City, 21 March 2020.

One joke that has circulated is that a mother chided her child for wearing a mask too long: it was the sibling's turn.[14]

III. A Battered Health Care System

After Hamas assumed control of the strip in 2007 (following elections the previous year), the Israeli government imposed a blockade that continues to severely restrict the movement of people and goods into and out of the territory.[15] Apart from devastating the economy – in what the UN has termed a form of collective punishment – the blockade has crippled Gaza's health care sector.[16] The World Health Organization has said that, while Israel generally allows pharmaceuticals and disposables to enter Gaza because of their humanitarian nature, Israel has either delayed or prevented the import of medical equipment, consumables and spare parts.[17] The Palestinian Authority in the West Bank has exacerbated this shortage by reducing the transfer of medicines into Gaza as part of its attempt to bring Hamas to its knees and replace it as the legitimate government.[18] Due to the blockade, many medical staff have left in search of better opportunities elsewhere.[19] The Trump administration's moves to defund the UN Relief and Works Agency (UNRWA), a major health service provider in the strip, have further weakened the system.

[14] This joke was circulating on social media and has become a popular anecdote.

[15] For more on the blockade, see Crisis Group Middle East and North Africa Report N°68, *After Gaza*, 2 August 2007; Crisis Group Middle East and North Africa Report N°73, *Ruling Palestine I: Gaza Under Hamas*, 19 March 2008; and Crisis Group Middle East and North Africa Briefing N°24, *Round Two in Gaza*, 11 September 2008.

[16] In 2018, the UN reiterated that "Israel's 11-year-old air, sea and land blockade has driven Gaza's social and economic conditions steadily backwards. This amounts to the collective punishment of the two million residents of Gaza, which is strictly prohibited under the Fourth Geneva Convention". See "Closure of Gaza commercial crossing: UN expert calls on Israel to reverse decision", UN Office of the High Commissioner for Human Rights, 13 July 2018.

[17] See "Medical Equipment in Gaza's Hospitals", World Health Organisation, July 2009. From the blockade's early days, the WHO has accused Israel of limiting access to proper medical supplies and spare parts, with the result that most of the equipment in Gaza is broken or outdated. "WHO: Israel-led blockade limits medical supplies in Gaza", *Haaretz,* 30 July 2009. These accusations have persisted. In 2018, the UN urged Israel to stop preventing the entry of humanitarian aid and medical supplies to the besieged strip. See Bel Trew, "UN urges Israel not to withhold aid from Gaza, as crisis deepens", *The Independent,* 23 August 2018. For example, Israel does not permit the import of hydrogen peroxide, a medical disinfectant, noting that it can also be used in explosive devices. "List of 'Dual Use' Items", Coordinator for Government Activities in the Territories (COGAT), 2008.

[18] For more on the division between Hamas in the Gaza Strip and the Palestinian Authority in the West Bank, see Crisis Group Middle East and North Africa Briefing N°25, *Palestine Divided*, 17 December 2008; and Crisis Group Middle East and North Africa Report N°110, *Palestinian Reconciliation: Plus Ça Change…,* 20 July 2011.

[19] There are no clear numbers as to how many have left, but estimates run in the thousands. See Bernard Smith, "Gaza brain drain: Woes force thousands to leave", Al Jazeera, 26 August 2018. Israel has worsened the medical staff shortage with measures in 2016 mandating that anyone who leaves Gaza through the Erez crossing must sign a letter agreeing not to return for at least one year. See "Gisha and HaMoked demand that COGAT revoke a new provision conditioning the exit of Gaza residents abroad on agreeing not to return to Gaza for at least a year", Gisha: Legal Center for Freedom of Movement, 19 April 2016.

Israeli military attacks have also badly damaged Gaza's health infrastructure over the years. Human rights organisations have repeatedly accused Israel of targeting Gaza's hospitals, ambulances and health care personnel during conflict.[20] Israel's systematic targeting of civilians during the Great March of Return protests in 2018 and 2019 placed additional stress on the health sector.[21] Siege and serial military assault have taken an enormous cumulative toll. Jamie McGoldrick, who chairs the UN's COVID-19 task force for the occupied territories, said that this pandemic could be a "tipping point" in Gaza, referring to the possible implosion of the health system.[22]

It is not merely the health care sector's weakness that threatens Gaza's ability to manage a COVID-19 outbreak. The precipitous decline in the quality of life as a result of the blockade has undermined basic hygiene, most evident in the shortage of water and sewage treatment facilities, which further hampers efforts to prevent the virus's spread. Furthermore, the Gaza Strip is one of the most densely populated territories on the planet, with close to two million Palestinians living in 365 sq km. Containment efforts, therefore, are likely to face significant challenges, and a comprehensive lockdown, or even effective social distancing, in refugee camps or districts such as Jabaliya, Shati, Shuja'iyya or Khan Younis is almost impossible to imagine.

For these reasons, the discovery of two infected persons on 21 March, and an additional eight cases by 30 March, inaugurated what many deem a nightmare scenario. Everyone knows that the authorities are ill-equipped to contain the spread of the virus or to care for those afflicted. Some estimates suggest that as much as a quarter or half of any population is vulnerable to contracting the disease, and that 20 per cent of these people will require hospitalisation.[23] If correct, these estimates would translate into a need for at least 100,000 beds over the length of the outbreak in Gaza. Yet the territory has only 2,500 beds, give or take a few.[24] Alongside the shortage of beds and basic protective gear and hygiene supplies for medical staff is a stark shortfall of ICU equipment and ventilators.[25] Gaza's health ministry notes that Gaza has 65 ventilators in use or in poor condition, stressing that the strip urgently needs at least 150 more.[26] UNRWA has no hospitals and offers only outpatient care.

[20] See, for example, "Israel and the Occupied Palestinian Territories: Evidence of Medical Workers and Facilities Being Targeted by Israeli Forces in Gaza", Amnesty International, 7 August 2014. In 2014 alone, Israeli fire destroyed seventeen hospitals and clinics. Such actions extend beyond infrastructure to include Israeli targeting of health care professionals. See "Israeli soldiers deliberately and fatally shot Palestinian paramedic Rozan a-Najar in the Gaza Strip", B'tselem, 17 July 2018.

[21] The UN Commission of Inquiry noted that Israel's use of fire against the protesters could amount to war crimes. See "The United Nations Commission of Inquiry on the 2018 protests in the Occupied Palestinian Territory", UN Office of the High Commission of Human Rights, 18 March 2019; and "On unlawful gunfire against protesters in the Return Marches in Gaza", B'tselem, 24 February 2020.

[22] Joshua Mitnick, "Palestinians brace for an outbreak in one of the world's most densely populated territories", *Foreign Policy,* 26 March 2020.

[23] Pien Huang, "How the novel coronavirus and the flu are alike ... and different", National Public Radio, 20 March 2020. While these estimates are based on cases elsewhere, it is impossible to determine the spread of the virus in a specific population, as that will depend on a range of factors.

[24] This number is based on WHO estimates that Gaza has 1.3 beds per 1,000 individuals.

[25] Fedaa al Qedra, "Gaza has no virus cases. How would it cope with an outbreak?", Al Jazeera, 19 March 2020.

[26] Jack Khoury, "On the brink of its own coronavirus crisis, Gaza appeals to Israel and the world for help", *Haaretz,* 24 March 2020.

The lack of capacity to deal with medical emergencies is a familiar challenge in Gaza. Palestinians have had to endure years of seeking permits from Israel to allow them to travel outside the strip for treatment. Of more than 2,000 such applications submitted per month, Israel approves 1,200 on average.[27] Stories of Palestinians losing their lives, or being unable to travel with loved ones, including children who are undergoing major surgery or treatments elsewhere, are frequent.[28] In the face of a global pandemic, Israeli restrictions on medical supplies and travel for medical treatment could result in thousands of preventable deaths. According to an Israeli official, as many as 50,000 Palestinians in Gaza could die in a dire yet plausible scenario of mass contagion.[29] Gaza's UNRWA director has referred to the possibly imminent outbreak as "a disaster of gigantic proportions".[30]

IV. The Need for Urgent Mitigating Measures

There is no sign as yet that Israeli Prime Minister Benjamin Netanyahu's caretaker government might ease the blockade, use its own resources to send medical supplies to Gaza or incorporate Gaza's medical needs in plans to increase Israel's COVID-19 preparedness. An Israeli official explained that the government's role is to act as "a valve" – by allowing international aid to enter in an exception to its closure policy – rather than to provide such support itself or treat patients from Gaza in Israeli hospitals.[31] Even if Israel opened all its hospitals to Palestinians in Gaza who require hospitalisation without caring for its own citizens, it would be able to accommodate only 5,000 of the most severe cases.[32] As a state comptroller's report explained, Israel's own health system is underprepared and overstretched.[33] A former commander

[27] "In 2018, 31 per cent of applications filed by Gaza patients to travel abroad via the Erez crossing for medical treatment were answered too late, or not at all". Gisha Updates, 11 February 2019.
[28] See, for example, "Press release: 54 Gaza patients died in 2017 following denial or delay to exit permits", Medical Aid for Palestinians, 13 February 2018; and Jen Marlowe, "Permission denied: Gaza children struggle to get medical care", *+972 Magazine,* 20 June 2019.
[29] "In Italy, 8 per cent of the severe cases have died. In Gaza, one can assume that figure would be double. This could mean 40 or 50 thousand Gazans dying from the coronavirus". Crisis Group interview, Jerusalem, 26 March 2020.
[30] Adel Zaanoun and Joe Dyke, "Gaza: uniquely shielded, yet ultra-vulnerable to corona", AFP, 20 March 2020.
[31] Shezaf, "As Israel prepares for coronavirus in the Palestinian territories, Gaza raises dilemmas", op. cit. An Israeli official said it might be feasible for the country to procure medical supplies, possibly with Qatari money, given the relatively low costs of the kits and Israel's interest in curbing the outbreak among Palestinians. Israel would deliver these supplies through the Palestinian Authority, however, not in direct shipments to Hamas. Crisis Group interview, Jerusalem, 26 March 2020. A Palestinian Authority official said Ramallah would be likely to cooperate with such an effort. Crisis Group telephone interview, 26 March 2020.
[32] Israel has fewer than 2,500 machines and is working to increase the number to 5,000. Boaz Efrat and Maya Horodnichano, "The ventilators screw-up exposed: Only 1,437 available machines in Israel", Walla News, 26 March 2020 (Hebrew).
[33] Ibid. Israel's health ministry is working with scenarios that place the number of severe cases between 22,000 (lowest) and 54,000 (highest). Ronny Linder and Shelly Appelberg, "Difficult numbers to digest: The horror scenario driving Israel to unprecedented measures", *The Marker*, 17 March 2020 (Hebrew).

of the Coordinator of Government Activities in the Territories (COGAT), the Israeli army unit that deals with civilian needs in the West Bank and Gaza, said: "Israel cannot be blamed, [as] Israel is suffering already from this virus".[34] Accordingly, Israel has thus far limited its response to facilitating the entry into Gaza of 500 WHO-funded testing kits and 1,000 protective suits.[35]

The Israeli government's stance overlooks both Israel's role in creating the medical crisis in Gaza and its responsibility, under international law, to care for the well-being of populations under its occupation.[36] As Israeli lawyer Sari Bashi noted: "Israel exercises control [over Gaza]. It must protect their right to health, to the same extent that it protects the right to health of Israeli citizens".[37] The non-governmental organisation Israeli Physicians for Human Rights has called on Israel's health ministry to provide assistance to medical authorities in Gaza, with its director of the occupied territories noting: "In light of the ongoing siege, Israel is responsible by virtue of international law to provide the required means to the Health Ministry in Gaza".[38] The government rejects the international consensus that Gaza is occupied territory, arguing that it is no longer responsible for the strip, particularly after its unilateral disengagement in 2005. It views Gaza through the prism of its conflict with Hamas, and accordingly, believes that its obligation is limited to channelling humanitarian aid to the strip.

The Hamas government has demanded that Israel lift the blockade to allow it to deal with the pandemic.[39] It has issued statements indicating that it holds Israel fully accountable for whatever happens in Gaza, while at the same time assuming no responsibility for its own contribution to the strip's economic woes.[40] On 19 March, two days

[34] Quoted in Anna Ahronheim, "Will coronavirus cause a ceasefire between Israel and Gaza?", *Jerusalem Post,* 23 March 2020. Israel typically casts its assistance to Gaza, and the Palestinians generally, as "humanitarian" rather than obligatory per its responsibilities under international law. See, for example, "Humanitarian Aid to the Palestinian People", Israel Ministry of Foreign Affairs. Israeli politicians often criticise such aid to Gaza as "rewarding terrorism" and note that Israel must secure a political price. Discussing the decision Israel faces in dealing with Gaza's COVID-19 outbreak, a retired Israeli colonel said, "it's a humanitarian duty". But he added, "Hamas must be told of the price of our assistance", implying that Hamas should make political concessions in return for treatment of Gaza's COVID-19 patients. Anna Ahronheim, "Field hospitals 'only option' to treat Gazans sick with coronavirus", *Jerusalem Post,* 25 March 2020.

[35] See Zaanoun and Dyke, "Gaza: uniquely shielded, yet ultra-vulnerable to corona", AFP, op. cit.; and Khoury, "On the brink of its own coronavirus crisis, Gaza appeals to Israel and the world for help", op. cit.

[36] In accordance with the Fourth Geneva Convention, Article 56, "To the fullest extent of the means available to it, the Occupying Power has the duty of ensuring and maintaining, with the cooperation of national and local authorities, the medical and hospital establishments and services, public health and hygiene in the occupied territory". See "Article 56: Convention IV relative to the Protection of Civilian Persons in Time of War", International Committee of the Red Cross, International Humanitarian Law Database, 12 August 1949.

[37] Mitnick, "Palestinians brace for an outbreak in one of the world's most densely populated territories", op. cit.

[38] Jack Khoury, "Doctors warn of Gaza Strip's collapse after first coronavirus cases surface", *Haaretz,* 23 March 2020.

[39] "Haniyeh demands the lifting of Israel's blockade", *Gaza Post,* 21 March 2020.

[40] Lebanese media reports say Hamas has intimated to mediators who typically facilitate ceasefire discussions between it and Israel that it will not hesitate to fire rockets to pressure Israel into lifting the blockade, which would also complicate Israeli efforts at containment given that Israelis will have to run and congregate in shelters. There is no indication that this is the official policy of Hamas's

before the diagnosis of the two cases, the Hamas government's health ministry called on the international community to pressure Israel to lift the blockade, and on humanitarian organisations to supply needed medical equipment urgently.[41]

Some organisations and donors, anticipating a calamity, have begun to step in. The UN has earmarked $1.5 million for medical interventions in the Occupied Territories.[42] Non-governmental organisations, such as Medical Aid for Palestinians, have begun providing hygiene kits for those in quarantine.[43] But such supplies are clearly insufficient to cope with a major uncontained outbreak. Given the challenges that donor countries are facing domestically, and the hit that international organisations have taken as a result of COVID-19's rapid spread, the safety net is fuller of holes than ever.[44]

Given this reality, efforts to contain the crisis must continue even as the Hamas government takes steps to prepare for the worst-case scenario. The government should sustain and expand efforts to build quarantine facilities and it must be even stricter in enforcing lockdown measures. To succeed at the latter task, it will need to raise awareness in refugee camps and other congested urban areas. Health officials have indicated that containment might still be possible. Indeed, it remains the most practical course of action for the authorities.

The Israeli government, meanwhile, should lift the blockade for medical purposes in the coming days and weeks. The government should immediately allow the untrammelled transfer of required medical supplies, hygiene kits and ventilators into Gaza and suspend the requirement for transit permits for those who require hospitalisation outside of Gaza. Israel should also support international efforts to erect field hospitals in and around the strip, facilitate the entry of medical personnel who could mitigate Gaza's shortage of doctors, and develop a plan within its own medical sector for treating Palestinians from Gaza who contract the virus and require hospitalisation in Israel.[45] Apart from being duty-bound, under international law, to secure the

leadership. See "Corona besieges us, too: messages of escalation from Gaza", *al-Akhbar* (Lebanon), 21 March 2020 (Arabic). This discourse has now made its way into Israeli media, with commentators outlining scenarios of overwhelming rocket fire from Gaza into Israel or the "nightmare scenario" of swarms of Palestinians rushing to the fence separating Gaza from Israel for treatment. See Alex Fishman, "Coronavirus in Gaza is both a threat and an opportunity for Israel", YNet, 29 March 2020.

[41] "Statement by Dr Ashraq al Qudra, Spokesman for Ministry of Health", 19 March 2020. Hamas's health ministry has released a document to funders listing the equipment and medicine it would require to respond to an outbreak. See "Support Preparedness of MOH Hospitals to Act with a Scenario of 2,000 Cases of Corona Infection in the Gaza Strip", Ministry of Health, March 2020.

[42] "Occupied Palestinian Territory: COVID-19 Emergency Situation Report 1", ReliefWeb, 24 March 2020. The UN Office for the Coordination of Humanitarian Affairs (OCHA) has outlined a COVID-19 response plan, noting that $5.8 million would be required for an immediate response in Gaza. See "COVID-19 Response Plan", OCHA, 27 March 2020.

[43] "Only immediate international support can avert catastrophe for Palestinians in Gaza and beyond", Medical Aid for Palestinians, 24 March 2020.

[44] See Colum Lynch and Robbie Gramer, "The coronavirus pandemic", *Foreign Policy*, 23 March 2020.

[45] Reports from the West Bank showing the Israeli army confiscating material for field clinics in the Jordan Valley sustain fears that Israeli occupation practices continue apace as Palestinians try to respond to the pandemic. See "During the Coronavirus crisis, Israel confiscates tents designated for clinic in the Northern West Bank", B'tselem, 26 March 2020.

health of Palestinians in Gaza, Israel should see the value of such measures for mitigating the possibility of further contagion, and another outbreak, within Israel.[46]

V. Conclusion

The arrival of COVID-19 in Gaza is a sobering moment. It reveals just how vulnerable are the two million Palestinians living there. Successive Israeli governments have presented the Gaza Strip as a separate entity under Hamas's jurisdiction since 2007, as part of an effort to isolate the area and disengage from it. But the appearance of coronavirus and the limitations that restrict Gaza's ability to deal with it demonstrate that the enclave remains under Israel's ultimate control. Now perhaps more than ever, Israel should assume its responsibility as the sovereign power largely holding the well-being of Palestinians in Gaza in its hands.

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[46] Crisis Group interview, Jerusalem, 26 March 2020. Moshe Bar Siman Tov, the health ministry's director-general, told the Knesset's coronavirus committee: "The Palestinians very much worry us. Epidemiologically, the Palestinians and us are communicating vessels". Zvi Zerahia, "Moshe Bar Siman Tov: 'We are in a critical moment, very afraid of Passover and Ramadan", *Calcalist*, 26 March 2020.

Appendix A: Reports and Briefings on the Middle East since 2017

Special Reports and Briefings

Counter-terrorism Pitfalls: What the U.S. Fight against ISIS and al-Qaeda Should Avoid, Special Report N°3, 22 March 2017.

Council of Despair? The Fragmentation of UN Diplomacy, Special Briefing N°1, 30 April 2019.

Seven Opportunities for the UN in 2019-2020, Special Briefing N°2, 12 September 2019.

Seven Priorities for the New EU High Representative, Special Briefing N°3, 12 December 2019.

COVID-19 and Conflict: Seven Trends to Watch, Special Briefing N°4, 24 March 2020 (also available in French and Spanish).

Israel/Palestine

Israel, Hizbollah and Iran: Preventing Another War in Syria, Middle East Report N°182, 8 February 2018 (also available in Arabic).

Averting War in Gaza, Middle East Briefing N°60, 20 July 2018 (also available in Arabic).

Rebuilding the Gaza Ceasefire, Middle East Report N°191, 16 November 2018 (also available in Arabic).

Defusing the Crisis at Jerusalem's Gate of Mercy, Middle East Briefing N°67, 3 April 2019 (also available in Arabic).

Reversing Israel's Deepening Annexation of Occupied East Jerusalem, Middle East Report N°202, 12 June 2019.

Iraq/Syria/Lebanon

Hizbollah's Syria Conundrum, Middle East Report N°175, 14 March 2017 (also available in Arabic and Farsi).

Fighting ISIS: The Road to and beyond Raqqa, Middle East Briefing N°53, 28 April 2017 (also available in Arabic).

The PKK's Fateful Choice in Northern Syria, Middle East Report N°176, 4 May 2017 (also available in Arabic).

Oil and Borders: How to Fix Iraq's Kurdish Crisis, Middle East Briefing N°55, 17 October 2017 (also available in Arabic).

Averting Disaster in Syria's Idlib Province, Middle East Briefing N°56, 9 February 2018 (also available in Arabic).

Winning the Post-ISIS Battle for Iraq in Sinjar, Middle East Report N°183, 20 February 2018 (also available in Arabic).

Saudi Arabia: Back to Baghdad, Middle East Report N°186, 22 May 2018 (also available in Arabic).

Keeping the Calm in Southern Syria, Middle East Report N°187, 21 June 2018 (also available in Arabic).

Iraq's Paramilitary Groups: The Challenge of Rebuilding a Functioning State, Middle East Report N°188, 30 July 2018 (also available in Arabic).

How to Cope with Iraq's Summer Brushfire, Middle East Briefing N°61, 31 July 2018.

Saving Idlib from Destruction, Middle East Briefing N°63, 3 September 2018 (also available in Arabic).

Prospects for a Deal to Stabilise Syria's North East, Middle East Report N°190, 5 September 2018 (also available in Arabic).

Reviving UN Mediation on Iraq's Disputed Internal Boundaries, Middle East Report N°194, 14 December 2018 (also available in Arabic).

Avoiding a Free-for-all in Syria's North East, Middle East Briefing N°66, 21 December 2018 (also available in Arabic).

Lessons from the Syrian State's Return to the South, Middle East Report N°196, 25 February 2019.

The Best of Bad Options for Syria's Idlib, Middle East Report N°197, 14 March 2019 (also available in Arabic).

After Iraqi Kurdistan's Thwarted Independence Bid, Middle East Report N°199, 27 March 2019 (also available in Arabic and Kurdish).

Squaring the Circles in Syria's North East, Middle East Report N°204, 31 July 2019 (also available in Arabic).

Iraq: Evading the Gathering Storm, Middle East Briefing N°70, 29 August 2019 (also available in Arabic).

Averting an ISIS Resurgence in Iraq and Syria, Middle East Report N°207, 11 October 2019 (also available in Arabic).

Women and Children First: Repatriating the Westerners Affiliated with ISIS, Middle East Report N°208, 18 November 2019.

Ways out of Europe's Syria Reconstruction Conundrum, Middle East Report N°209, 25 November 2019 (also available in Arabic and Russian).

Steadying the New Status Quo in Syria's North East, Middle East Briefing N°72, 27 November 2019 (also available in Arabic).

Easing Syrian Refugees' Plight in Lebanon, Middle East Report N°211, 13 February 2020 (also available in Arabic).

North Africa

Blocked Transition: Corruption and Regionalism in Tunisia, Middle East and North Africa Report N°177, 10 May 2017 (only available in French and Arabic).

How the Islamic State Rose, Fell and Could Rise Again in the Maghreb, Middle East and North Africa Report N°178, 24 July 2017 (also available in Arabic and French).

How Libya's Fezzan Became Europe's New Border, Middle East and North Africa Report N°179, 31 July 2017 (also available in Arabic).

Stemming Tunisia's Authoritarian Drift, Middle East and North Africa Report N°180, 11 January 2018 (also available in French and Arabic).

Libya's Unhealthy Focus on Personalities, Middle East and North Africa Briefing N°57, 8 May 2018.

Making the Best of France's Libya Summit, Middle East and North Africa Briefing N°58, 28 May 2018 (also available in French).

Restoring Public Confidence in Tunisia's Political System, Middle East and North Africa Briefing N°62, 2 August 2018 (also available in French and Arabic).

After the Showdown in Libya's Oil Crescent, Middle East and North Africa Report N°189, 9 August 2018 (also available in Arabic).

Breaking Algeria's Economic Paralysis, Middle East and North Africa Report N°192, 19 November 2018 (also available in Arabic and French).

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