



Reopening the humanitarian corridor from Gaza to the West Bank and East Jerusalem for medical evacuations

In late November, 2025, five human rights organisations petitioned the Israeli High Court of Justice to allow for the evacuation of patients from the Gaza Strip into the West Bank and East Jerusalem. Gaza's health-care infrastructure faces near-total breakdown, with WHO reporting that only 18 of the 36 hospitals in Gaza are partially functioning.¹ Essential services, including chemotherapy, intensive care, paediatric care, advanced imaging, and oncological surgery, are almost entirely inaccessible. The situation has been exacerbated by Israel's recent decision to block numerous leading international aid organisations from providing relief in the Gaza Strip on the grounds that they have refused to adhere to newly imposed requirements to list all employees by name to Israeli authorities, which has drawn significant criticism from the humanitarian sector and several of Israel's allies.^{2,3} According to a UN's press briefing as of mid-December, 2025, 18 500 patients, including 4096 children, are awaiting medical evacuation for treatment of conditions that cannot be treated in Gaza, including paediatric cancer and corrective surgeries.¹ The petition is awaiting a High Court hearing and was not signed by the Israeli Medical Association, which argued that the issue is political. Allowing patients' access to medical treatment is a fundamental medical and humanitarian obligation, grounded in the right to health and in professional medical ethics.

Under international humanitarian law, an occupying power has a duty to act "to the fullest extent of the means available to it", to "ensure the food and medical supplies of the population", and to "ensur[e] and maintain...[medical] services, public health and hygiene in the occupied territory."^{4,5} The International Court of Justice (ICJ) has determined that Israel bears the obligations of an occupying power that are "commensurate with the degree of its effective control" in Gaza.⁶ The health system in the West Bank and East Jerusalem is funded by the Palestinian Authority. It is designed and committed to care for Palestinian patients at scale, both in response to urgent medical emergencies and as an integrated system capable of providing continuity of care to those who return to Gaza.

The Coordinator of Government Activity in the Territories (COGAT) is the Israeli authority responsible for vetting medical transfers of Palestinians from Gaza into the West Bank and East Jerusalem. Before the beginning of the war, thousands of patients were approved by COGAT to travel from Gaza to East Jerusalem and the West Bank for treatment in the East Jerusalem Hospital Network (EJHN) and hospitals in the West Bank. Approximately 400 patients from Gaza per year were treated in Israel, and another 800–1000 patients in the West Bank and East Jerusalem. During the current war, 10 600 patients were evacuated primarily to Egypt, Qatar, and the United Arab Emirates, but since the closure of the Rafah Crossing on May 24, 2025, the mechanism for evacuating patients to third countries has become nearly impossible to operate. The announcement on Feb 2, 2026, of the "pilot" reopening⁷ of the Rafah crossing has not proved sufficient to address the crisis. The crossing operated only briefly: in the days immediately after reopening, only 12 Palestinians were allowed to return to Gaza, while just five of the 18 500 patients awaiting medical evacuation were permitted to leave for treatment in Egypt. In total, only 300 patients crossed via Rafah into

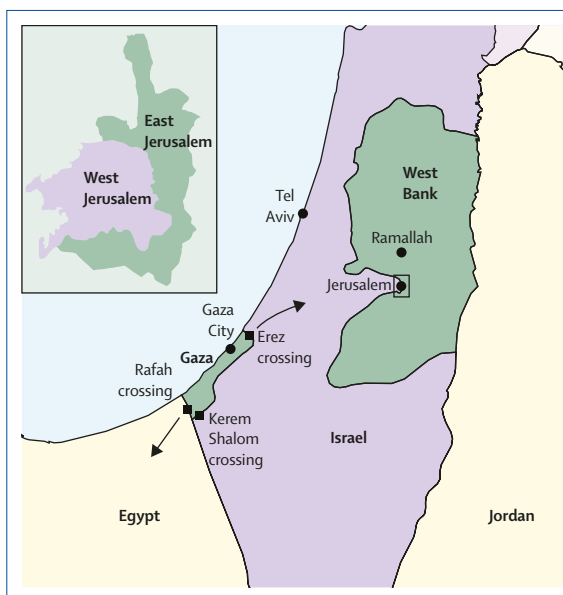


Figure: Possible routes for patient evacuation from Gaza

Egypt before all crossings were again closed on February 28, following the outbreak of US–Israeli attacks on Iran. Although the border reopened on March 20, this route remains unreliable as a stable long-term mechanism for medical evacuations (figure).⁸

Thousands of patients have died waiting for medical evacuation between July, 2024, and November, 2025. Over the past 3 months, only a few hundred patients have been approved by COGAT for evacuation into overwhelmed third countries such as the United Arab Emirates, Egypt, and Jordan. Europe and the US have imposed visa restrictions and limited acceptance quotas on patients from Gaza. The health-care systems of third countries are not designed or funded to care for Palestinian patients. Their availability is contingent, potentially capricious, and subject to external political considerations. Treatment in third states' systems can entail prohibitive expense, language and cultural barriers, and fragmented care, rather than the continuity that is essential to realising long-term medical imperatives. Leaving Gaza also carries the substantial risk that Israel will deny patients and their caregivers the right to return once care is completed.⁹ This possibility risks family separation and de facto deportation in violation of Article 49 of Geneva Convention IV. The ICJ has emphasised that deportation is forcible “not only when it is achieved through the use of physical force, but also when the people concerned have no choice but to leave” and that the narrow exceptional circumstances under which such transfers can be lawful do not apply to transfers or deportation of a “permanent or indefinite character.”⁶ It is hard to imagine a clearer example of having “no choice but to leave” than that of a patient whose only path to life-saving medical care involves doing precisely that.

On January 11, 2026, the Jerusalem District Court allowed one Palestinian patient with cancer from Gaza to travel to Nablus in the West Bank for treatment.¹⁰ This is the first person to be granted permission to receive care in the West Bank since October 7, 2023. This could set a key precedent for similar requests. However, its systemic implications are not yet clear. Moreover, judicial proceedings are lengthy, and tens of thousands of Gaza's patients need immediate medical assistance; they cannot wait for the courts.

Israeli airstrikes, shelling, and gunfire against Gaza continue despite the ceasefire, with devastating effects.¹¹

The recent ceasefire began on October 10, 2025. Since that date, 523 Palestinians in Gaza have been killed and 1443 have been injured by Israeli forces, bringing the known total death toll since the start of the war to 71667 and injuries to 171343. As of Jan 29, 2026, the Israel Defense Forces recognised the Palestinian Ministry of Health in Gaza's death count as being accurate.¹²

The safest, most effective, and most lawful solution is to transfer to Palestinian hospitals still within the occupied territory in the West Bank and East Jerusalem. The EJHN is ready to receive patients, as is Augusta Victoria Hospital, the second-largest hospital in East Jerusalem, which can accommodate 50 new oncology patients per day. Where medical care is available within Palestine and is preferred by the patients in question, there is no justification for forcing transfer to third countries for medical purposes or continuing to block travel between the Gaza Strip and the West Bank and East Jerusalem, the two separated parts of Palestine. The most pressing imperatives regarding medical care in Gaza are two-fold. Israel needs to stop blocking patients from transferring to EJHN and West Bank hospitals and must provide guarantees that patients can return to Gaza unimpeded after treatment.

We declare no competing interests. One of our Palestinian coauthors had to be removed from this Comment due to threats to their safety related to publishing on this issue. Cartography by David Medeiros from the Stanford Geospatial Center at Stanford University.

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Editorial note: The Lancet Group takes a neutral position with respect to territorial claims in published maps and institutional affiliations.

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