MSF
October 2025

Urgent Call on States to Scale Up Medical Evacuations

Executive Summary

Médecins Sans Frontières/Doctors Without Borders (MSF) is calling on governments around the world to drastically and urgently increase medical evacuations for thousands of patients who are unable to access the care they need in Gaza. These evacuations must be accompanied by a sustained effort to maintain the fragile ceasefire which has been violated multiple times, and to ensure a massive, unrestricted influx of humanitarian aid into the Gaza Strip.

After two years of extreme violence, deprivation, and the killing of at least 67,000 (1) people, Palestinians in Gaza are facing immense medical, psychological, and material needs.

The ceasefire must be fully respected, sustained and accompanied by an immediate, large-scale influx of unrestricted humanitarian assistance that is not conditional upon any political agreement. Assistance must include medical equipment, medicines, food, water, fuel, and adequate shelter for approximately two million people, many of whom will face the approaching winter without a roof over their heads.

The destruction of the healthcare system has left tens of thousands of patients including those with chronic illnesses, and life-threatening injuries, in urgent need of medical evacuation. Facilities that once served as the backbone of Gaza's health system have been destroyed and damaged. Hospitals have come under direct attack, with no regard for the protections guaranteed under international humanitarian law. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) report on 17 October (2), only 14 of 36 hospitals remain – none are fully operational.

As of October 7, 2025, more than 1,700 health workers have been killed, according to the Ministry of Health in Gaza (3). Fifteen of our own MSF colleagues are among the dead (4). Since 7 October, 2023, 384 Palestinian healthcare workers have been detained, and at least 115 remain in Israeli custody (5). Among them is Dr. Mohammad Obeid, an orthopaedic surgeon who has worked with MSF since 2018. He was arrested by Israeli forces in October 2024 while performing surgery at Kamal Adwan Hospital and has now spent a year detained in harsh conditions. MSF is urgently appealing for his release.

Gaza's healthcare system must be urgently rebuilt. Until then, medical evacuation remains the only viable solution for many patients who need advanced care. Even if violence stops and the ceasefire holds, follow up care for injuries caused bullets and bombs, along with untreated chronic and life-threatening illnesses, will continue to overwhelm what remains of Gaza's already devastated healthcare system. For many, the wait for chemotherapy, dialysis, or urgent surgery is as long and uncertain today as it was before the ceasefire.

As of October 2025, there are 15,600 people officially registered with the WHO, waiting for medical evacuations, of whom 3,800 are children. These people need urgent lifesaving care. Between July 2024 and August 2025 at least 740 patients – including 137 children – died while waiting (6). For those on the list, time is running out.

People are dying not only because Gaza's healthcare system has been destroyed, but also because states are failing to open their borders to welcome patients in.

Many governments have both the capacity and the medical expertise to save lives yet they continue to stand by. The European Union for example, has taken in less than 5 per cent of the medically evacuated patients from Gaza (see table on page 8 for a detailed breakdown).

Between October 2023 and September 2025, there has been a stark disparity in the willingness of states to act. Egypt has taken in 3,995 patients and Qatar 970 - both are now at the limits of the care they can provide. By comparison, Canada has accepted just two patients, while the UK has taken 39 patients, and Norway 28 by the end of September 2025 (7).

States must not look away from the impact of the genocide and the destruction of Gaza's healthcare system. They must take decisive action now, including opening their borders to allow immediate entry of patients in urgent need of lifesaving care.

Governments should drastically and urgently increase the number of patients they accept for medical evacuation in their countries.

States must also exert pressure on Israel to facilitate medical evacuations through a clear and transparent system that guarantees safe passage, prevents family separation, and upholds the right to a safe, voluntary, and dignified return. This must take place alongside a sustained ceasefire and a massive influx of unrestricted assistance.

The outside of Al Shifa hospital. ©Nour Alsaqqa/MSF

Collapse of Gaza's Health System

Gaza's health system has collapsed under sustained and systematic attacks by Israeli forces. Hospitals have been destroyed, medical staff killed and detained, and supply chains severely undermined. According to WHO figures for October 2025, only 14 hospitals out of 36 in Gaza are functioning, none are fully operational.

Inside Al Shifa hospital, where everything was destroyed by the war. *©Nour Alsaqqa/MSF*

In August 2025, hospital bed capacity stood at 2,085 beds (8) – given the immense scale of the destruction it will take time to rebuild. Humanitarian actors have set up field hospitals and stabilisation points, but these can only offer basic emergency care. They have operated with limited capacity due to the impediments on the delivery of supplies and the constant risk to the safety of staff and patients. Patients with complex trauma related injuries, congenital anomalies, cancer, kidney failure, and other chronic conditions cannot access lifesaving treatment inside Gaza.

Human Cost – Lives Lost While Waiting

As of August 2025, according to the WHO, 15,600 patients are officially registered for medical evacuation, one in four of them are children. Between July 2024 and August 2025, at least 740 patients - including 137 children - died while awaiting medical evacuation (9). In many cases, their deaths were only discovered when families were contacted by the WHO or MSF for updates or to prepare for departure. This figure is likely a significant underestimation, as numerous cases remain undocumented.

Within the MSF Medical Evacuation project, 19 patients from our waiting list of 200 have died while waiting for transfer. Among them were 12 children suffering from congenital heart disease, malabsorption disorders, cancer, and renal disease. Of the seven adults, the majority were cancer patients. These are patients who would have had the chance to survive with timely evacuation.

The deaths of these patients reflect both the destruction of Gaza's health system and the political delays and bureaucratic obstacles that block evacuation. Leaders must confront the human cost of inaction, and act in solidarity by taking this vital opportunity to save Palestinian lives. In this context, delays are a death sentence.

Barriers and Constraints and Ethical Considerations

The medical evacuation process is currently obstructed at every step, yet these barriers can be overcome with genuine political will. With a ceasefire now in place, we hope that crossings such as Rafah will be opened to allow the swift and unhindered evacuation of patients in need of lifesaving care. But these patients must have somewhere to go.

A primary obstacle that could be fixed today is the lack of countries willing to receive patients. Between October 2023 and September 2025, almost all medical evacuations went to just four countries: Egypt, the United Arab Emirates, Qatar, and Turkey, which together received over 87 per cent of all patients. Egypt alone has shouldered nearly half of the total, taking in 3,995 people. A handful of other countries have made efforts, Jordan, for example, has received 240 patients, and Italy has received 196 patients, but these contributions remain small compared to the scale of need.

Meanwhile, many wealthy states have done next to nothing. This inaction cannot be justified while thousands remain in urgent need of lifesaving care.

Karam, 17, from Gaza, receives physiotherapy in Amman after surviving an airstrike that destroyed his home and caused severe burns and an arm injury.
©Moises Saman

Restrictions from the Israeli authorities have to date been a central barrier. It is unclear how this will change in the coming weeks. The Coordinator of Government Activities in the Territories (COGAT) is a unit of the Israeli Ministry of Defence that controls movement and humanitarian access in Gaza. Until the spring of 2025, Israeli (COGAT) exit permits for medical evacuations were denied or delayed in the vast majority of cases, without medical or humanitarian justification. Since the spring 2025, exit permits are granted with less hurdles but approvals remain inconsistent, with authorities blocking treatment even after countries have been found who are will to accept them. Approvals remain unpredictable, and non-transparent, with even critically ill children frequently denied.

Bureaucracy also weighs heavily on patients. Files must pass through multiple layers – Ministry of Health in Gaza, the World Health Organization, transit and host countries. These delays mean conditions that could have been treated become fatal while patients wait for approvals.

Ethical concerns further compound the crisis. Patients returned to Gaza after their initial treatment have faced a deterioration to their health and even death, while restrictions on caregivers separate children from parents and vulnerable patients from their carers. These practices are unacceptable and exacerbate health and protection risks for people who are already especially vulnerable.

The selective approach by some receiving countries risks undermining the purpose of medical evacuation. Many governments signal that they will accept only certain types of patients - often prioritising children. As a result, adults or elderly patients, who make up to 75 per cent of the waiting list, are being abandoned. This is especially true for young boys and men who are neglected but often most vulnerable in conflict settings.

While medical evacuation is urgent and driven by medical need, efforts should still be made to consider patients' preferences regarding destination whenever feasible. Many Palestinians may have legitimate cultural, familial, or safety concerns that shape where they feel comfortable receiving care. Even when options are limited, recognising and documenting these preferences reinforces dignity and autonomy, and should inform coordination between medical, humanitarian, and governmental actors. Upholding this principle strengthens trust in the evacuation process and ensures that lifesaving action does not come at the expense of patient rights.

Medical Evacuations to the West Bank, Including East Jerusalem

Several states have called for the re-establishment of medical referrals from Gaza to the occupied West Bank, including East Jerusalem. Some have offered financial contributions and medical support.

While expanding referrals to the occupied West Bank could form part of a broader health system recovery plan, it is not a viable standalone solution. Not least because the scale of need in Gaza far exceeds the limited capacity of West Bank facilities today. It simply cannot meet the immediate evacuation needs of the 15,600 patients currently waiting and international evacuations remain necessary.

Hospitals in the occupied West Bank currently face chronic shortages of staff, medicines, and supplies along with frequent strikes and closures of facilities, due to lack of salary payments to healthcare staff. Facilities in East Jerusalem such as Augusta Victoria and Al-Makassed provide the only specialised oncology and dialysis services in the Palestinian territories but are already overwhelmed and struggling with a fiscal crisis that limits their capacity.

Repeatedly and drastically increasing military incursions, closures and power disruptions further restrict access to care and threaten the safety of patients and health workers.

The broader context in the West Bank raises serious concerns. For example, in areas such as Jenin, Tulkarem, Hebron and Masafer Yatta, MSF teams have documented systematic violence, raids, demolitions, aimed at forcibly and permanently transferring Palestinians from the area. This has amounted to ethnic cleansing.

In this environment, referring Palestinian patients currently in Gaza to the West Bank without clear protection guarantees would pose an ethical and humanitarian risk.

International engagement should therefore focus on a dual track:

1. Immediate international medical evacuations to save lives now.

2. Immediate and longer-term support for restoring and strengthening Palestinian health services, including in the occupied West Bank and Gaza itself so that care can be provided closer to home, in as safe and protected environment as possible.

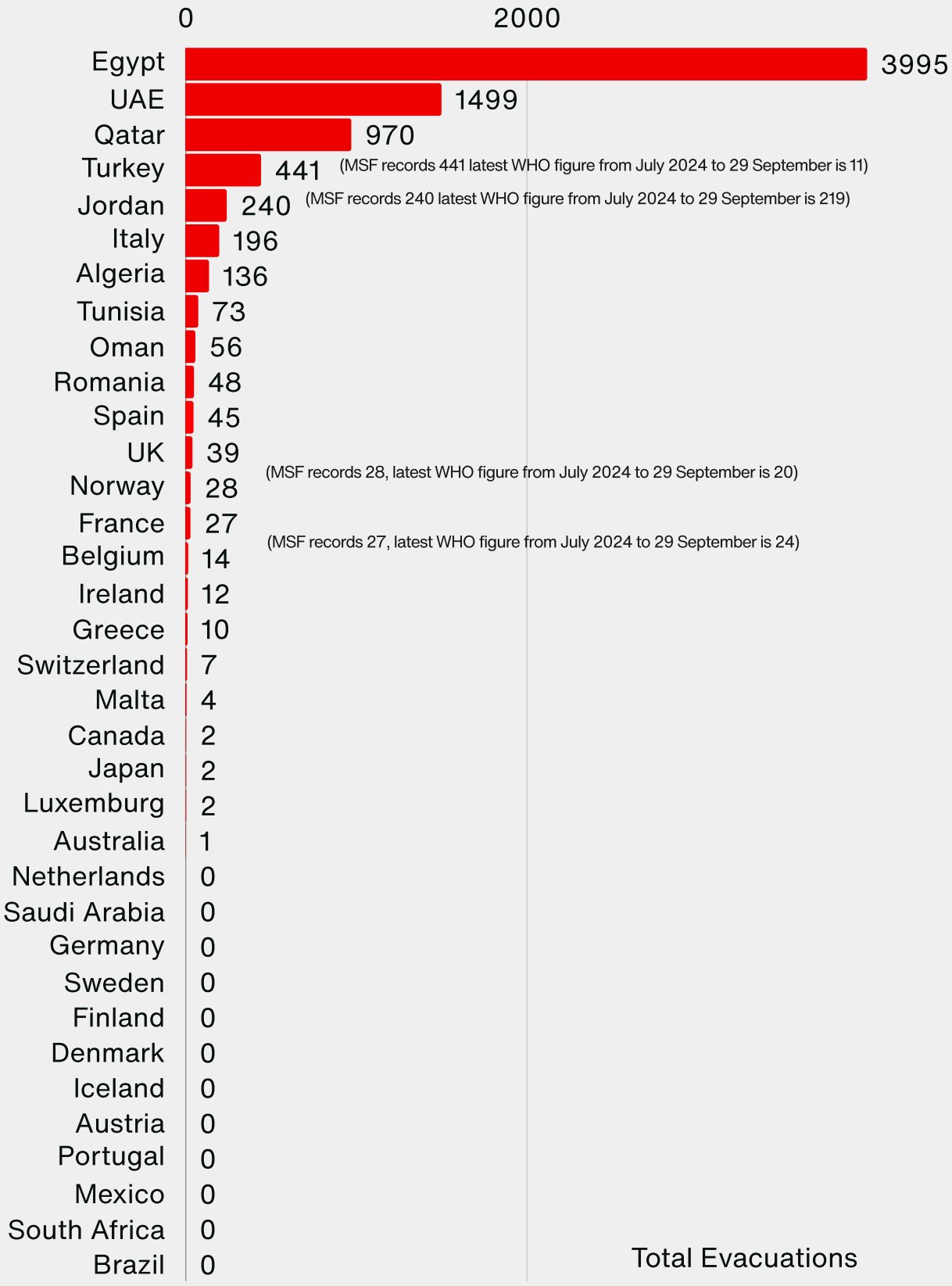
Current Distribution of Medical Evacuation

The table on the following page illustrates the vast and unequal distribution of patients who have been medically evacuated from Gaza. It demonstrates that large-scale medical transfers are both possible yet only a handful of countries have accepted patients in sufficient numbers to meet the urgent medical need.

Note on data: Data is based on WHO-verified figures for officially coordinated medical evacuations as of 21 Oct 2025 (10). Additional patients may have been evacuated via private or NGO channels not captured in WHO reporting. Where Médecins Sans Frontières (MSF) is aware of additional evacuations, the higher figure has been used. Differences between WHO and MSF datasets reflect the fact that MSF has been collecting information since before the Rafah closure on 7 May 2024, whereas WHO data collection began in July 2024. A small number of additional evacuations may also have occurred via secondary countries, but such data are not currently available.

A small number of countries are currently engaged in plans to evacuate additional patients in the last week of October. These are welcome, though limited developments; however, until the evacuations take place, these patients are not included in the figures below.

Abdul Rahman, a boy from northern Gaza, recovering after surviving an airstrike while searching for food; his leg was nearly amputated and has required multiple surgeries. ©Moises Saman .


0
2000
Egypt 3995
UAE 1499
Qatar 970
Turkey 441
(MSF records 441 latest WHO figure from July 2024 to 29 September is 11)
Jordan 240
(MSF records 240 latest WHO figure from July 2024 to 29 September is 219)
Italy 196
Algeria 136
Tunisia 73
Oman 56
Romania 48
Spain 45
UK 39
Norway 28
(MSF records 28, latest WHO figure from July 2024 to 29 September is 20)
France 27
Belgium 14
(MSF records 27, latest WHO figure from July 2024 to 29 September is 24)
Ireland 12
Greece 10
Switzerland 7
Malta 4
Canada 2
Japan 2
Luxemburg 2
Australia 1
Netherlands 0
Saudi Arabia 0
Germany 0
Sweden 0
Finland 0
Denmark 0
Iceland 0
Austria 0
Portugal 0
Mexico 0
South Africa 0
Brazil 0
Total Evacuations

Calls to Action: An Opportunity to Save Lives

The collapse of Gaza's health system is not a natural disaster, it is the direct result of sustained Israeli military attacks on hospitals, medical staff, and systematic blockages negatively impacting supply chains – a part of Israel's genocide against Palestinians. The ceasefire should offer an opportunity for a much more ambitious approach to medical evacuations. Governments must act with urgency, open their borders, share the responsibility, and pressure Israel to allow swift, safe and transparent medical evacuations.

To States and Diplomatic Actors

Ensure the ceasefire is fully respected, sustained, and that unrestricted humanitarian assistance is urgently provided at scale to cover people's basic needs. This must include medical equipment, medicines, food, water, fuel, and adequate shelter for nearly two million people, many of whom who will face the approaching winter without a roof over their heads. Support must also extend to the rehabilitation and rebuilding of damaged health facilities, premises, and essential medical services to restore basic healthcare capacity inside Gaza.

Drastically and urgently increase the number of medical evacuations from Gaza, increase international responsibility sharing to reduce pressure on Egypt, Qatar, and the United Arab Emirates. Use all possible influence to ensure Israel does not block medical evacuations.

Ensure that medical evacuations are carried out strictly based on medical urgency and clinical needs. The focus must be on saving lives, prioritising those facing immediate, life-threatening conditions, in line with international medical and humanitarian standards and must include accepting adults and the elderly who make up 75 per cent of the waiting list.

Fast-track visa issuance, and expedite all administrative procedures for patients and family members to reduce life-threatening delays.

Allow patients especially children and vulnerable adults to travel with their caregivers of choice, recognising that accompaniment is essential for safe and humane medical evacuation. Family unity is a core humanitarian and human rights principle. States should facilitate family accompaniment ensuring that no patient is isolated during treatment abroad and that family reunification is pursued wherever possible after treatment. States should also press Israel to guarantee safe passage for caregivers so that no patient is separated from their family or support during treatment abroad

To States and Diplomatic Actors Continued...

Guarantee patients' right to remain abroad should they wish to, or until a safe return is possible. Secure the right to a safe, dignified and voluntary return to Gaza after receiving care.

Provide dignified living conditions for patients and their caregivers, follow-up treatment, and rehabilitation services while abroad. Care must include much-needed mental health support for all patients and their caregivers.

To Israel

Ensure the ceasefire is respected and maintained.

Allow a massive influx of unhindered access for humanitarian assistance to cover people's basic needs including medical equipment, medicines, food, water, fuel, and adequate shelter for two million people. In line with International Humanitarian Law, assistance should not be contingent on ceasefires or on any political agreements.

Facilitate medical evacuations for all patients needing urgent, advanced treatment unavailable in Gaza.

Ensure COGAT decision-making is transparent, consistent, and based on clear humanitarian criteria.

Allow patients, especially children and vulnerable adults to travel with caregivers of their choice, recognising that accompaniment is essential for safe and humane medical evacuation. This includes facilitating the issuance of exit permits for caregivers and removing restrictions that separate children or dependent adults from their families.

Ensure right to a safe, voluntary, and dignified return after receiving care, should patients wish to do so.

List of References

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10. Ibid.