



# Save the Children

## Position paper

### Medical evacuations of children from Gaza

**Pim Kraan, CEO**  
**Save the Children**

Save the Children is worldwide providing lifesaving support to children and their families including access to health care and medical support in crisis and emergency situations, according to the highest standards of children's rights. Our Emergency Health Unit with a team of medical experts is deployed where the need are the highest. They have the right people in the rights places ready to save lives. The Emergency Health Unit responds to disasters that wipe out entire communities as well as forgotten crisis to respond to suffering of children.

Save the Children Egypt provides medical assistance to refugees from neighbouring countries, including already more than 8,000 refugees from Gaza. Based on our experience, we would like to inform you about the contribution the Netherlands could make to the acute medical emergency in Gaza.

**Save the Children in cooperation with Medines sans Frontieres call on the Dutch government to pursue a combined strategy of capacity strengthening in the region, diplomatic encouragement, and treatment in the Netherlands.**

In this way, Dutch engagement will be most effective in the short term in saving lives directly and most sustainable in accommodating patients outside Gaza in the longer term.

We urgently ask the Netherlands to make the following contributions:

- The planned support for healthcare in the region, via the task force of the Dutch MFA, is meaningful and important. There are capacity constraints, and with expertise, personnel, material and financial resources, the Netherlands can in time contribute to an increase in the number of places available in neighbouring countries. This is valuable, as it will still take many years before, after a ceasefire, healthcare in Gaza is functioning again.
- However, based on decades of experience in establishing and supporting medical infrastructures, we confirm that it will take enormous amounts of time, effort and resources to achieve this. Care capacity for complex conditions cannot simply be put on a plane; it requires long-term recruitment and training of doctors and nurses, availability of related disciplines (prosthetics, physiotherapy, etc.),

construction of infrastructure, IT systems, referral pathways, and so forth. **In other words, transplanting an ecosystem for complex care from the Netherlands to the region is costly, time-consuming, and therefore inefficient – and certainly not effective enough in the short term.**

- Diplomatic efforts to encourage countries in the region to do more will undoubtedly meet with resistance as long as the Netherlands itself does not accept patients. Netherlands could strongly advocate for, for example, the principle of non-refoulement (so that Jordan does not send patients back as long as the violence in Gaza continues); or a contribution from the Israeli healthcare system (evacuations to hospitals in the West Bank have historical precedent and are particularly important for acute and unstable patients for whom long-distance medical transport is unfeasible).
- It is in the interest of the vast majority of patients that the centre of gravity of care remains within the region. Nevertheless, given the acute shortage of evacuation places, a contribution through providing care in the Netherlands is essential. It will take time to see results from capacity strengthening, and meanwhile patients are dying on the waiting list every day. **This means that for patients who now need acute care, and for whom no beds will be available in the coming days and weeks, the planned strengthening of evacuation capacity in the region will come too late.**
- Furthermore, a contribution by the Netherlands could provide further impetus for other European countries that have not yet offered care. Finally, it would significantly strengthen the credibility and effectiveness of diplomatic efforts aimed at securing greater contributions from countries in the region.
- Given the combination of ongoing violence, attacks on medical facilities, and the now total destruction of the healthcare system in Gaza, the need for medical care will always exceed available resources. The Netherlands should therefore base its approach on its own available capacity. Specialists from University Medical Centres, children's hospitals and the National Acute Care Network suggest that several tranches of 30 evacuees could be received, as this would not come at the expense of acute care for Dutch patients.
- Lastly, The Dutch government has both a moral and legal duty to help evacuate sick and wounded children from Gaza. The Convention on the Rights of the Child clearly states that children are entitled to access to healthcare, protection during war, and that states are responsible for the rehabilitation and reintegration of children. If a state is unable to do so, other states should jump in, a matter of international solidarity. The Geneva Conventions also clearly state: wounded and

ill civilians, specifically children, have a right to health care and, if needed, medical evacuation. The Netherlands has a legal obligation to protect the health, safety and dignity of ill and wounded children in conflict zones. Evacuating these children is therefore not a gesture of goodwill but a binding obligation.