



مركز شؤون المرأة - غزة
Women's Affairs Center - Gaza



**Research Paper on:
Reality of Female Cancer Patients During the War
on Gaza (2023-2024)
Priorities of Needs and Provided Services**



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2024

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Reality of Female Cancer Patients During the War on Gaza (2023-2024)

Summary:

The paper aims to explore the conditions of female cancer patients during the October 2023 war on Gaza, focusing on the status of healthcare services and the psychosocial bearings of the war on these patients. It also aims to analyze the nature of services provided to them and identify their most pressing needs and priorities in shelters and displacement camps. The paper draws on secondary sources for the theoretical framework and utilizes primary sources, including in-depth individual interviews and focus group discussions (FGDs) with female cancer patients, for the practical framework.

The paper concludes with several key findings, most important of which include:

During the war, healthcare services for female cancer patients were severely disrupted, leading to critical shortages of medications, chemotherapy treatments, palliative care, medical personnel, and early diagnostic services, not to mention the inability to access treatment abroad. Furthermore, female cancer patients have endured continuous psychological pressures and stress owing to their repeated displacement, which has, in turn, negatively affected their health conditions, weakened their immune systems, increased their vulnerability to diseases and health complications, diminished the effectiveness of their treatments, and ultimately led to a deterioration in their overall health.

Female cancer patients also were subjected to various forms of violence by their husbands, in-laws, and other relatives, as well as by strangers in shelters.

The results also highlight their most pressing medical and health needs, which include personal hygiene supplies, medications, supplements like vitamins and painkillers, clean water, hormone therapy, prosthetics like wigs and breast prostheses, and biological therapy, as well as the need for psychological first aid sessions, individual and group psychosocial support sessions, and emotional release sessions.

The paper presents several recommendations, the most important of which are: There is an urgent need to provide medical, health, and psychosocial support services, as well as financial assistance for female cancer patients; increase funding to support projects and interventions that address the needs and priorities of female cancer patients during and after October 2023 war; and advocate for the opening of the Rafah Border Crossing to enable female cancer patients to resume their treatment abroad.

Introduction:

In light of the ongoing war on Gaza that started on October 7, 2023, and the consequential humanitarian crises affecting all segments of the Palestinian society, but particularly women, UN Women has labeled this conflict as a war against women.

Approximately (10,000) women out of (37,000) people have been killed in the Gaza Strip¹, whereas this war has been described by its severe violence against women, including physical, psychological, and even sexual violence².

Because of this war, thousands of people have been displaced from their homes and are now living in shelters and refugee camps, which has had grave repercussions on all women and especially on female cancer patients, particularly in terms of gender-based violence (GBV) incidence.

Even before the war, (668,000) people, expressly women and girls, who constitute nearly 30% of all females in Gaza, were in need of protection from GBV. The ongoing instability in housing, recurring displacement, and persistent rates of violence have significantly impacted women's lives, exposing them to increased levels of GBV. Without a humanitarian ceasefire, these incidents are likely to further increase.³ The systematic destruction of all essential resources in the Gaza Strip has also severely taken its toll on female cancer patients. The destruction of the Israeli war machinery has included hospitals and all health institutions, including the Turkish-Palestinian Friendship Hospital, which houses the Gaza Cancer Treatment Center.

Moreover, the extended closure of border crossings with the Israel Occupation for long periods of time and the limited entry of humanitarian aid trucks when crossings are briefly opened have exacerbated the situation. The closure of the Rafah Border Crossing has also deprived cancer patients of the chance to seek treatment abroad. According to statistics from the Palestinian Ministry of Health for 2022, out of (18,000) cancer patients in Gaza, (9,900) are women, constituting 55%. The incidence rate is 93.1 patients per (100,000) people.⁴

In addition to battling a life-threatening illness, female cancer patients, like other Palestinian women, were also forced to endure the psychological, social, economic, and living challenges brought on by the war, which aggravated their health conditions. The majority of female cancer patients live with their families in shelters and displacement camps, where they have suffered from inadequate healthcare and poor living conditions, particularly for those with chronic illnesses.

Some had already faced GBV before the war, and others are now the sole providers for their families due to the absence of the husband or breadwinner.



1. <https://www.unrwa.org/resources/reports/unrwa-situation-report-102-situation-gaza-strip-and-west-bank-including-east-jerusalem>

2. <https://reliefweb.int/report/occupied-palestinian-territory/forgotten-women-and-girls-gaza-sexual-and-20reproductive-health-catastrophe>

3. UN Women (2023), UN Women Warns of the "Deep Crisis" Repercussions on Women and Girls in Gaza, accessed on 15/07/2024, from <https://news.un.org/ar/story/2023/10/112530>

4. Palestinian Ministry of Health (2023). Report on Cancer Statistics in the Gaza Strip for 2022, Gaza.

Paper Objectives:

1. Understanding the reality and situation of healthcare services for female cancer patients during the war on Gaza (2023-2024).
2. Identifying the psychological and social pressures female cancer patients undergo during the war on Gaza (2023-2024).
3. Determining the most urgent needs and priorities of female cancer patients during the war on Gaza.
4. Providing recommendations to help improve the conditions of female cancer patients and address their needs in shelters and displacement camps.

Methodology:

The paper employs secondary sources to complete the theoretical framework and primary sources for the practical framework, as outlined below:

1. Data collection from secondary sources: The researcher drew on scientific books, conferences, official documents, and previous studies and research papers that addressed the topic.
2. Data collection from primary sources: Data was collected from service providers and female cancer patients as follows:
 - In-depth individual interviews: (8) in-depth individual interviews with service providers for female cancer patients.
 - Focus Group Discussions: (5) FGDs were held, involving (51) female cancer patients from various areas of the Gaza Strip.

Research Paper Limitations:

- Timeframe: July 2024.
- Location: Shelters and refugee camps in all Governorates of the Gaza Strip.

Background:

According to statistics from the Palestinian Ministry of Health for 2022, there are (9,900) female cancer patients in Gaza, representing 55% of the total (18,000) cancer patients, with an incidence rate of 93.1 per (100,000) people. Breast cancer constitutes 33% of cancer cases among women, while colon cancer constitutes 10.7% of cancer cases among men. The Ministry of Health detects and follows up about (2,400) new cancer cases annually, with 55% of these affecting women, which amounts to around (1,100) women. Among these new cases, 25% are diagnosed in the first and second stages of the disease, during which causes of death can be prevented. However, 75% of new cases are detected in the third and fourth stages, which makes them more complex and leads to difficulties in accurate diagnosis and treatment selection, thereby increasing the risk of early death, especially in light of the restricted access to healthy food and clean water. This, in turn, contributes to malnutrition and weakens the immune system, as well as disrupts essential healthcare services, including cancer prevention programs, timely screening, and treatment (Palestinian Ministry of Health, 2023).

The Euro-Mediterranean team has reported that at least (12) cancer patients in Gaza have died after the closure of the Turkish-Palestinian Friendship Hospital, which specializes in cancer treatment, in early November 2023. The closure came as a result of repeated Israeli airstrikes and blockage of fuel and medical supplies entry, which forced the administration to evacuate the hospital, transferring patients to their homes, shelters, or tents where they lacked basic medical services.

The internal displacement of approximately (1.7) million people within the Gaza Strip has led to about (7,700) female cancer patients being among the (14,000) displaced cancer patients, leaving them homeless.

This has increased the workload of relevant organizations since they are now responsible not only for monitoring their situation and alleviating their suffering but also for keeping track of their locations as well as addressing their relief and healthcare-related needs. The suffering of female cancer patients has also been worsened as accessing adequate healthcare and social services has become increasingly difficult after the suspension of health services and scarcity of basic resources such as electricity, clean water, and proper sanitation facilities.

Living conditions in shelters and displacement camps pose significant health risks for female cancer patients whose immune systems are already weakened by their illness. Furthermore, the lack of access to clean water, proper sanitation facilities, and adequate healthcare services in shelters and displacement camps further heightens the vulnerability of female cancer patients, making them more susceptible to infections and diseases.

The ongoing war on Gaza has further strained the healthcare system, which was already facing significant challenges, including severe shortages in cancer care services and a critical lack of essential medications for chronic and seasonal diseases.

The war has forced specialized cancer hospitals to shut down, including the Turkish-Palestinian Friendship Hospital, which used to provide treatment for (15,000) patients per month, and Al-Rantisi Hospital, which used to regularly serve (525) children with cancer. These closures are attributed to the direct Israeli bombardment, the evacuation of patients and medical staff, and the subsequent lack of essential services for approximately (10,000) cancer patients, and thus the functioning health centers have become very limited, overcrowded, and poorly equipped to handle the surge of cancer patients⁵.

The loss of medical records, known as the Personal Health Record (PHR), owing to Israeli attacks and the destruction of the Turkish and Rantisi hospitals has complicated the treatment follow-up process for cancer patients; it has become difficult for doctors to follow up with patients based on their previous cancer treatment plans, creating uncertainty regarding treatment processes.

Such lack of information has hindered doctors' ability to deliver specialized treatments and negatively impacted the quality of care provided to patients, leading to delays in treatment and heightened health risks⁶.

5. Interview with Dr. Mohammed Abu Nada, the Medical Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024, Gaza.

6. Interview with Mr. Abdul Hakim Al-Batta, Administrative and Financial Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024 in Gaza

Situation of Female Cancer Patients During the War on Gaza (2023-2024)

Cancer patients in the Gaza Strip are enduring catastrophic circumstances following the October 2023 war, which has shattered all aspects of life and severely strained the already fragile healthcare infrastructure. Consequently, female cancer patients are left in an exceptionally dreadful and unstable situation.

1- Healthcare Services for Female Cancer Patients During the War:

1.1 Severe Shortage in Medication: Female cancer patients in Gaza are facing a critical shortage of essential medications. The medicines that are available are distributed in limited quantities, offering only symptomatic relief rather than treating the disease itself. For example, Zoladex, a hormonal therapy, and Zometa are available in limited amounts, sufficient for only 40% of the women who need them.⁷ Specialists stress that ensuring the availability of Tamoxifen and Letrozol is a top priority for female cancer patients, as these drugs are vital for effective treatment. Although there are (95) essential drugs available for treating cancer, blood diseases, and thalassemia, hospitals were typically able to provide an average of 50-60% of the needed quantities for female cancer patients under normal circumstances.

1.2 Shortages in Chemotherapy: Female cancer patients in Gaza are undergoing major difficulties in accessing essential chemotherapy treatments due to a shortage of medical staff, which is worsened by frequent displacement and mobility issues. The lack of certain chemotherapy drugs also negatively impacts treatment protocols' effectiveness. For instance, biological treatment protocols like RCHOP rely on drugs like Rituximab and Cyclophosphamide, while the Avastin and FOLFOX protocols become ineffective without Avastin⁸. Finding appropriate locations for chemotherapy is yet another challenge, as overnight stay is required for some patients, but overcrowded hospitals, filled with injured and displaced people, make this impossible. The situation is further exacerbated with (30) out of (32) hospitals currently out of service. Moreover, the absence of essential equipment, such as the Laminar Flow device, which ensures sterilization and safeguards both medical staff and patients from contamination, poses another significant challenge.



7. Interview with Dr. Salam Sharab, Oncological Pharmacist at the Turkish-Palestinian Hospital, dated 19/02/2024, Gaza.

8. Interview with Dr. Mohammed Abu Nada, Medical Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024, Gaza.

1.3 Limited Access to Palliative Care: Female cancer patients in Gaza are also facing immense challenges in accessing necessary palliative care⁹.

The situation is worsened by the absence of specialized facilities and dedicated centers for palliative care services. Additionally, the displacement of medical professionals, such as oncologists, pharmacists, physiotherapists, nutritionists, and psychological support specialists, further complicates the situation, not to mention that the lack of necessary palliative care medications, including narcotic painkillers like morphine and tramadol, adds another challenging dimension to the problem.

1.4 Shortage in Human Resources: The cancer services field in Gaza is undermined by a critical shortage of staff, with just 10% of the staff from the Turkish-Palestinian Friendship Hospital remaining in service. The hospital, which previously employed (280) people, now has only a few specialized doctors and a limited number of administrative staff who can access the clinics. Additionally, Gaza has lost two prominent pathologists, Dr. Hossam Hamada, Head of the Pathology Department at Al-Shifa Hospital, and Dr. Mohammed Al-Dabbour, Consultant Pathologist at the Islamic University. Besides, owing to repeated displacements, which have further impeded their ability to provide care to patients, some specialists have sought refuge outside the Gaza Strip¹⁰.

1.5 Limited Access to Early Cancer Diagnosis: Since the state of emergency was declared at the beginning of October 2023, all early cancer detection and early-stage diagnosis programs in Gaza have been suspended. In addition, all non-war-related surgeries that involve tissue sampling have been halted, resulting in the closure of tissue testing laboratories in Gaza. This critical shortage has significantly impacted the healthcare system's capacity to diagnose new cancer cases among women and others, thus diminishing their chances of survival.

1.6 Increased Risk of Infection and Complications: The war on the Gaza Strip has abruptly heightened the risk of infection and health complications for female cancer patients. The compromised and deteriorating healthcare infrastructure along with overcrowded medical facilities hamper all efforts to maintain a sterile and safe environment, leaving cancer patients vulnerable to bacterial infections. They have temporarily weakened immune systems due to the disease and chemotherapy, making them more prone to potentially fatal infections when proper treatment and care are lacking. Moreover, challenges in maintaining good hygiene and the lack of basic medical supplies, such as disinfectants and anti-infection drugs, contribute to the deterioration of cancer patients' health¹¹.

9. According to the procedures followed for treating cancer patients at the renowned Mayo Clinic, palliative care is "a specialized medical care focused on relieving pain and other symptoms in individuals with serious illnesses. Palliative care services are provided by a team of specially trained doctors, nurses, social workers, and other specialists."

10. Interview with Dr. Mohamed Abu Nada, Medical Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024, Gaza.

11. Interview with Dr. Iman Abu Aoun, Oncology and Hematology Specialist at the Turkish-Palestinian Friendship Hospital, dated 20/02/2024, Gaza.

1.7 Limited Access to Treatment Abroad: Patients approved for treatment abroad are facing increased hardships because of the new restrictions that limit approvals to travel for women to those over 50 years old. From October 2023 to February 2024, there was a notable rise in medical referrals for cancer patients, with monthly registrations showing a substantial increase, as follows: in October 2023, (921) referrals were issued, (1,636) in November, (2,157) in December, (2,666) in January 2024, and (3,422) in February 2024. However, there is no effective mechanism to track whether approved patients were able to travel or not, resulting in a lack of precise data on how many women could or could not, in point of fact, travel.

2- Psychological Situation of Female Cancer Patients During the War:

Findings of the paper reveal that the psychological strain and constant stress resulting from the war on Gaza, recurring displacements, and the associated living conditions have adversely impacted the health of female cancer patients. The intense Israeli bombardments, fear of airstrikes, loss of relatives, neighbors, and friends, as well as the persistent concerns about accessing treatment and the needed medical care have all amplified stress levels for female cancer patients. This increased stress level has compromised their immune systems even further, making them more vulnerable to illnesses and complications; diminished the efficacy of their treatment; and deteriorated their overall health, thereby complicating cancer management and shrinking their chances of recovery.

Female cancer patients have also struggled with the lack of the needed emotional and social support. They have been separated from their families and friends due to recurring displacement and intense bombardment. This, coupled with the lack of specialized psychological support services, significantly hinders their ability to manage the stress and anxiety resulting from both their illness and the ongoing war. The combination of these factors leads to a deterioration in the psychological well-being of these patients. On another hand, they have been deeply impacted by service providers prioritizing urgent health needs, like treating injuries resulting from Israeli airstrikes, which has led to the neglect of long-term cancer cases. This focus on immediate concerns has created a difficult environment for female cancer patients, exacerbating their already challenging humanitarian situation. They have been denied essential support, including medications and medical equipment, which has hindered their ability to manage their illness and worsened their suffering owing to the lack of care and resources (Thabet, 2024).

3- Economic Situation of Female Cancer Patients:

During the 2023/2024 war on the Gaza Strip, female cancer patients are undergoing unembellished social and economic challenges that further intensify their distress and hinder their access to essential treatment.

These challenges include the destruction of livelihoods across various sectors, leading to increased unemployment and poverty rates. As a result, many female cancer patients struggle to afford basic necessities like shelter, food, water, medicine, and personal hygiene products¹².

12. Interview with Dr. Feryal Thabet, Director of Al-Bureij Women's Health Center of the Culture and Free Thought Association, and Representative of the Social Protection Sector in the PNGO Network, dated 25/03/2024, Gaza.

4- Violence Against Female Cancer Patients During the War:

The results reveal that 60.8% of female cancer patients have experienced GBV during the war on Gaza. They indicate that the war has led to a rise in the incidence rate of violence against nearly half of the interviewed female cancer patients, underlining a significant increase in GBV against this vulnerable group due to the war.

D.D, a 41-year-old divorced female cancer patient with two daughters, stated,

"Our house is located in Gaza City, east of Al-Zaitoun area, near the border. Whenever there is an escalation, we evacuate immediately. So, this time, we left our home within the first hour. Initially, we stayed with relatives in Al-Saha area in Gaza City, but after leaflets were dropped on us, we sought refuge in Khan Younis. Displacement brought immense suffering and hardship for me. I had to eat canned food full of preservatives, which is harmful to someone like me who is battling cancer. I also had to deal with the limited access to bathrooms, which caused me urinary retention. On top of this, I faced humiliation and distress when dealing with camp representatives just to get a voucher or a bottle of mineral water."

Dr. Mohammed Abu Nada, Medical Director of the Turkish-Palestinian Friendship Hospital, has confirmed the rise in violence against female cancer patients as a result of the 2023 war on Gaza.

He added that the abating humanitarian conditions due to the war have intensified the suffering of these patients, making them more vulnerable to violence and abuse. Economic violence was pinpointed as the most prevalent form of violence against female cancer patients during the war. The perpetrators ranged from strangers, such as street vendors and aid distributors, to camp representatives, husbands, in-laws, and other relatives.

5- Challenges Facing Service Providers in Delivering Services to Female Cancer Patients:

During the October 2023 war, service providers have encountered a range of compounded challenges in terms of delivering services to female cancer patients.

These include the destruction of health infrastructure, shortages of medications and medical supplies, difficulties accessing patients, lack of specialized medical staff, psychological and social pressures, overcrowding in displacement camps, insufficient funding, increased rates of GBV, disruptions to essential services, and logistical obstacles.

6- Needs and Priorities of Female Cancer Patients During the War:

Interviews and FGDs with female cancer patients have highlighted a set of needs and priorities regarding therapeutic and health services. These include personal hygiene supplies, medications, supplements, like vitamins and painkillers, access to drinking water, first aid supplies, water tanks for bathing and washing, hormone therapy, prosthetics, like wigs and breast prostheses, and biological therapy.

Shifa Hasanin Hassan Hamdan, a 44-year-old cancer patient, is currently residing in a tent with her family of seven in the Mawasi area of Khan Younis after being displaced in the aftermath of the intense Israeli airstrikes. She shared,

"I am experiencing severe hardship as a result of the lack of treatment, insufficient access to nutritious food, and prolonged exposure to the sun. These conditions have caused me kidney problems and a persistent headache."

Naama Jamal Ramadan Ashour, a 44-year-old patient with a family of five, has been displaced and is currently living in a tent with her co-wife in the Moraj area near the European Hospital in Khan Younis. She reported,

"I have been suffering from acute and persistent gastroenteritis due to the lack of hygiene supplies and clean drinking water, as well as reliance on canned food. Despite seeking assistance from relevant institutions and NGOs, I have not received any help."

In the interviews conducted with service providers during the October 2023 war on Gaza, they confirmed the therapeutic and healthcare needs of female cancer patients. They also pinpointed needs related to psychosocial aspects, such as the need for recreational activities, psychological first aid sessions, individual and group psychosocial support, and emotional release sessions, not to mention the need for individual and group psychological counseling, specialized and advanced psychotherapy, family counseling, and awareness sessions on sexual and reproductive health.

Ikram Yousef Nimer Al-Shaer, a 27-year-old displaced cancer patient living in a tent in Al-Mawasi area in Khan Younis with her family of four. She stated,

"I was experiencing intense pain in my breast as if fire was cutting through my flesh. I also felt severe pain in my arm, which felt incredibly heavy. After undergoing chemotherapy, which led to hair loss, I had to have my breast removed because chemotherapy was no longer available. My health has declined, and my mental well-being has significantly worsened. Adding to this, my husband constantly mistreats me and threatens to remarry due to my condition."

Cancer patients have expressed their need for financial support through sustainable cash assistance programs so that they can meet their basic needs, which include purchasing tents equipped to maintain their privacy, providing transportation to ensure their access to clinics and health centers in the south, and providing essential items such as gas tanks, solar panels with batteries, fans, clothing, cooking gas refills, food, and other basic needs.

Ferial Nabhan Rabah Haboush, a 54-year-old displaced woman with a family of eight, is currently living in a tent at a displacement camp in Al-Zawayda owing to the war. She reported,

"My family and I are experiencing immense hardships because of the financial constraints, and no organization or agency has provided us with any assistance, whether cash or in-kind. Although I was referred to Abu Yusef Al-Najjar Hospital and attended weekly check-ups, my name never came up for travel before the Rafah crossing was closed. Also, I am struggling with the lack of cleanliness in the shared bathrooms at the camp."

Recommendations:

In light of the above findings, the paper presents the below recommendations:

- 1- Intensifying efforts of service providers from local NGOs, in partnership with international institutions, to deliver therapeutic and health, psychosocial, humanitarian, and economic services to female cancer patients, taking into account their various needs and priorities during the 2023 war on Gaza.
- 2- Urging donors from the United Nations agencies and international NGOs to fund and support projects and interventions that address the needs and priorities of female cancer patients during the current war on Gaza since October 2023.
- 3- Urgently lobbying for the opening of the Rafah Border Crossing, as it is the only lifeline for female cancer patients amidst the deteriorating health system in Gaza and its lack of resources.
- 4- Urging all relevant players to find alternative ways for female cancer patients to travel abroad for treatment given the humanitarian crisis in the Gaza Strip.
- 5- Unifying used documentation tools and processes and finding a way or designing an electronic platform or portal to regulate data collection and improve information gathering on female cancer patients.

Sources and References:

- 1- Interview with Mr. Abdel Hakim Al-Batta, Administrative and Financial Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024, Gaza.
- 2- Interview with Dr. Iman Abu Aoun, Oncologist and Hematologist at the Turkish-Palestinian Friendship Hospital, dated 20/02/2024, Gaza.
- 3- Phone interview with Dr. Osama Al-Balawi, Executive Director of the Towards Hope and Peace Association, dated 16/07/2024, Gaza.
- 4- Interview with Dr. Salam Sharab, Oncological Pharmacist at the Turkish-Palestinian Friendship Hospital, dated 19/02/2024, Gaza.
- 5- Interview with Dr. Feryal Thabet, Director of Al-Bureij Women's Health Center of the Culture and Free Thought Association, and Representative of the Social Protection Sector in the Palestinian NGOs Network, dated 25/03/2024, Gaza.
- 6- Interview with Dr. Mohammed Abu Nada, Medical Director of the Turkish-Palestinian Friendship Hospital, dated 29/02/2024, Gaza.
- 7- UN Women (2023). UN Women Warns of the "Deep Crisis" Repercussions on Women and Girls in Gaza, accessed on 15/07/2024 from <https://news.un.org/ar/story/2023/10/112530>
- 8- Palestinian Ministry of Health (2023). Report on Cancer Statistics in the Gaza Strip for the Year 2022, Gaza.
- 9- Euro-Mediterranean Human Rights Monitor (2023, November 8). Gaza: Palestinian Cancer Patients Die Due to Hospital Closures and Lack of Medical Care, accessed on July 20, 2024, from <https://reliefweb.int/report/occupied-palestinian-territory/gaza-palestinian-cancer-patients-die-due-hospital-closures-lack-medical-care-enar>
- 10- <https://www.unrwa.org/resources/reports/unrwa-situation-report-102-situation-gaza-strip-and-west-bank-including-east-Jerusalem>
- 11- <https://reliefweb.int/report/occupied-palestinian-territory/forgotten-women-and-girls-gaza-sexual-and-reproductive-health-catastrophe>