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A pandemic is not necessarily a development concern insofar as its effects are meant to be worldwide and boundless. Writing about the outbreak of HIV/AIDS in Africa, Jean Comaroff was thus accurate in noting that a “pandemic is savagely cosmopolitan, making blatant the existence of dynamic, translocal intimacies across received lines of segregation, difference, and propriety” (Comaroff, 2007, p. 198). But the outbreak of COVID-19 has also shown that what makes a pandemic relevant for development policies and practices are the vast inequalities in the way in which it impacts communities across the world (Nkengasong & Mankoula, 2020; Liem, Wang, Wariyanti, Latkin, & Hall, 2020). These inequalities are in turn an outgrowth of political realities that were in place before the onset of the pandemic and now determine how the pandemic “is experienced and for whom...[it] is indeed a crisis” (Sen, 2020, p. 1). The Gaza Strip is one such place, facing an impending crisis as a consequence of the COVID-19 pandemic. The outbreak is still in its earlier stages in the Palestinian coastal enclave. But, I go on to argue that with the Gaza Strip’s healthcare, sanitation and waste management infrastructure already impoverished due to the siege imposed by Israel and Egypt since 2007, a pandemic would prompt an severe public health crisis among an already vulnerable population. In the end, as is often the case, the donor policy response to the pandemic in Gaza is likely to be devised as dependent on the ebbs and flows of the Israeli-Palestinian conflict (Wildeman & Tartir, 2014). However, I propose that seeing as the pandemic is not a direct consequence of the conflict, it provides us an opportunity to reformulate the (development) policy approach to the Palestinian enclave in a way that it is contingent, not on the trajectory of the conflict, but on the development needs of Gazans.

1. The anatomy of an impending crisis

When asked about the impact of the COVID-19 pandemic on the Gaza Strip, a high-ranking member of the Palestinian Ministry of Health in Gaza responded, “At this moment we have everything under control. Incoming travelers are being quarantined. We are getting a lot of help from ICRC [International Committee of the Red Cross] and we are taking all the needed precautions.” “But,” he added, “if it gets worse, we will be helpless. Because of our situation we cannot stop the spread of the disease if there is a major outbreak” (Phone Interview, May 2020). Indeed, the Gaza Strip has yet to be confronted with a widespread outbreak of the pandemic. As of July 3, 2020, there are only 72 COVID-19 cases, with 11 active cases and 1 COVID-19-related casualty (Palestinian Ministry of Health, 2020). But, my interviewee was also accurate in his diagnosis that the Palestinian territory may not be prepared to weather a wider outbreak of the pandemic.
In part, Gaza’s vulnerability is rooted in its historical positionality in the wider nexus of the politics of Israel-Palestine. The violent establishment of the State of Israel led to the expulsion of 750,000 Palestinians or the Nakba [i.e. catastrophe] (Pappe, 2006). While this loss (of the homeland) left an indelible mark on the Palestinian national community in general, it was the Gaza Strip that was acutely impacted by the Palestinian exodus as it was now home to 250,000 Palestinian refugees (Gunning, 2007, p. 27). Refugees, as a consequence, became the demographic majority in a now densely populated enclave (Efrat, 2006, p. 167). Gaza also faced dire economic conditions and until 1967 its “economy lacked the vibrancy, capital, or infrastructure to provide for the needs of its burgeoning refugee population” (Sen, 2020, p. 24). As Israel assumed direct control over the Gaza Strip following the Six-Day War in 1967, there was an increase in economic activity since Gazans were now able to work in Israel. Yet, in the long-term, this economic dependence on Israel resulted in the steady deterioration or the “de-development” of its “internal economic base” (Roy, 1987, p. 58). This process of de-development persisted through the 1990s as the Oslo Accords, while ostensibly meant to have established the institutional foundations of the Palestinian state, did little to secure Palestinian political and economic sovereignty (Roy, 1999).

This political history led Edward Said to call Gaza the “essential core” of the Palestinian liberation movement and the reason for its political intransigence against Israel (Said, 1995, p. 47). Gaza’s presumed inability to contend with a major outbreak of COVID-19 is, however, more directly a consequence of an ongoing siege. In 2006 the Islamist faction Hamas unexpectedly emerged victorious in the Palestinian Legislative Council elections, ending the secular nationalist organization Fatah’s longstanding dominance in Palestinian politics. Following an outbreak of hostilities between the two factions, and as a way of preempting a Fatah-led coup, Hamas assumed full military control of Gaza in June 2007 (Sayigh, 2007). While this created a still-persistent fracture in the Palestinian political landscape, it also led to an Israeli and Egyptian-imposed blockade by land, air and sea that has severely limited the movement of goods, capital and people. As a consequence, with the economy at a standstill, Gaza has recorded high levels of unemployment (45.1 percent) and poverty (53 percent) (Palestinian Central Bureau of Statistics, 2020). Moreover, armed conflicts between Israel and Palestinian factions have led to the loss of life, the destruction of essential infrastructure (Bruck, d’Errico, & Pietrelli, 2019) and left Gazans severely traumatized (Thabet, Tawahina, El Sarraj, & Vostanis, 2008).

That said, it is the blockade’s impact on issues related to public health and infrastructure that further stands as an embodiment of the extent to which Gaza is vulnerable to the COVID-19 pandemic. For instance, the World Health Organization advises that provisions for safe water, sanitation, hygiene and waste management are essential for limiting an outbreak (World Health Organization, 2020). Yet, Gaza’s water infrastructure is unable to meet the needs of its population as the siege has ensured that only 16 percent of the materials needed to “construct vital water infrastructure” has been able to reach the Palestinian enclave. As of now, 4 percent of the fresh water is drinkable and the lack of clean water, in part, has led to a 13–14 percent yearly increase in kidney related diseases among Gazans (Oxfam International, 2020). The scarcity of funding for infrastructural development as well as postwar reconstruction has also led to a sanitation and hygiene crisis. For instance, a report by the RAND Corporation noted that the limited financing available for waste treatment along with chronic energy shortages has meant that 108,000 cubic meter of untreated sewage flows directly into the Mediterranean Sea. This wastewater has infiltrated 97 percent of the aquifers, making it unfit for human use (Shira Efron, Fischbach, Blum, Karimov, & Moore, 2018, p. 2). Consequently, the report added, Gaza is particularly vulnerable to the spread of diseases as well as waterborne pathogenic bacteria, viruses and parasites (Efron et al., 2018, p. 32).

Gaza’s healthcare infrastructure is equally ill-equipped. Aside from the infrastructural damage and depletion of essential resources that occurs during the course of violent hostilities between Israel and Palestinian factions (Mosleh, Dalal, Aljeesh, & Svanström, 2018), Gaza also faces a severe shortage of drugs and medical supplies. In June 2018, the Ministry of Health announced that while it requires $40 million annually for drugs and supplies, only $10 million was available (Monitor, 2019). The inability to “import necessary medical items such as medicines, disposables items, and spare parts for machinery” (Smith, 2015, p. 335) as well as regular power outages and energy shortages have impacted the patient climate safety as well (Elous, Akbari, Aljeesh, & Radwan, 2017). Gaza’s hospitals also have shortage of available beds. In 2018, the Ministry of Health reported that there was only one bed for every 760 people in Gaza (Palestinian Health Information Center, 2018, p. 61). With the onset of COVID-19, it was further reported that there were merely 70 available ICU beds (Physicians for Human Rights, 2020) and 45 operational ventilators in the Palestinian enclave (Hanona & Stewart, 2020). It was then in view of such inadequacies in the public healthcare system that a Gaza-based doctor said, “we have medical staff who are working on half the salary because the Palestinian government cannot pay. We don’t have enough beds, medicines or ventilators to fight this [pandemic]. We live in a high population density place where disease can spread, and we have a very poor population that cannot pay for health care. Because of all these problems, I am scared every day to come to work. We were already weak and COVID-19 made the situation even worse” (Phone Interview, May 2020).

In a sense, the multiplicity of development challenges faced by Palestinians as a consequence of the siege is evident in the manner in which it affects public health and the healthcare sector infrastructure. The siege’s impact on the economy both limits Palestinians’ access to healthcare and ensures that there is a lack of available resources for (re)building essential infrastructure. The limited movement of goods has resulted in a shortage of medical equipment and supplies. And, due to a hygiene and sanitation crisis, Gaza’s population is acutely vulnerable to the outbreak of diseases and viruses. Responding to these public health challenges, the United Nations declared that Gaza would be unliveable by 2020 (United Nations, 2012). It would seem that a wider outbreak of COVID-19 would further ensure that this is indeed the case.

2. Rethinking development in Gaza

One could argue that donor policy approaches in the Gaza Strip are overly determined by the dynamics of the Israeli-Palestinian conflict. This is not to say that the conflict is an unimportant factor. Evidently, Gaza has been severely impacted by the Israeli occupation. The ongoing siege has also led to further impoverishment in the Palestinian enclave and weakened its public infrastructure especially in the healthcare sector. However, donor policies in Gaza are largely stunted in their approach. For instance, the efforts of the European Union, the largest donor, are primarily focused on Palestinian state-building despite such efforts being inhibited by the Israeli occupation and siege. Admittedly, compelled by donor priorities, Palestinian stakeholders almost ritualistically engage in institutional reform and state-building practices (Face & Sen, 2019). Nonetheless, this does little to foster conditions conducive to meeting the development needs of the coastal enclave. In comparison, the U.S. has almost entirely seized its development assistance and aid to Gaza in response to Hamas’s takeover of the territory (Amr, Goldenberg, Huggard, & Sachs, 2018).
too, it is the Gaza Strip’s positionality in the broader nexus of the Israeli-Palestinian conflict that determines its population’s access to donor assistance. But the COVID-19 pandemic is “unique” as a development challenge in that it is not entirely an outgrowth of the long-standing hostilities in Israel-Palestine. Nonetheless, through the (potential) impact it can have on public health it lays bare to the multiplicity of development challenges faced by Gaza as a consequence of the siege. This provides the donor community with a rare opportunity to formulate a policy response to the pandemic that, while not explicitly engaging with the conflict as such, can nonetheless address the development challenges faced by a besieged Gaza Strip. Meaning, under the pretext of countering the impact of the pandemic, development policies can fulfill Gaza’s development needs that are the result of a siege that has lasted since 2007, without having to contend with the (political) stigma of doing so.

Declaration of Competing Interest

The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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