



DEVELOPMENT

HEALTH UNDER OCCUPATION: CHAPTER 4

EXECUTIVE SUMMARY

Fifty years of Israeli occupation have devastated the development of the Palestinian economy and society and the provision of vital services. The development of the Palestinian health sector is far from immune, and is determined by a variety of barriers and processes imposed by Israel. Across the West Bank, including East Jerusalem, and Gaza, Israel's policies and practices breach Palestinians' right to development in multiple ways.¹ Through its prohibition of the construction of permanent health facilities for communities in Area C, restrictions on reconstruction materials and some medical supplies into Gaza and denials of permission for health workers and trainees needing to travel around the occupied Palestinian territory and abroad, Israel's occupation is stifling the development of Palestinian health services.

States and international organisations can help address the problem by prioritising investment in sustainable Palestinian-led health infrastructure, and ensuring that the root causes of the obstacles to Palestinian healthcare – including the closure and blockade of Gaza and the occupation of Palestinian territory – are brought to an end.

RECOMMENDATIONS FOR ACTION

In 2017, Palestinians mark 50 years of living under the world's longest ongoing military occupation. This occupation constitutes a major impediment to the health and dignity of Palestinians, and to peace for Palestinians and Israelis alike.

In addition to actively supporting an end to the occupation and the recommendations which MAP has highlighted in Chapters 1, 2 and 3 of this Health Under Occupation series, governments should promote the development of Palestinian healthcare by:

- Supporting measures aimed at ending the blockade of Gaza and the separation of the West Bank, East Jerusalem and Gaza through bilateral and multilateral engagement;
- Taking steps to reverse the harmful effects on Palestinian health and healthcare caused by the severe fragmentation of the occupied Palestinian territory (oPt) due to settlements, the separation wall and other barriers to movement;
- Supporting the provision and development of essential water, sanitation and electricity infrastructure in Gaza, and demanding that Israel permit entry of all the necessary materials;
- Demanding that Israel, and also Egypt and Jordan, end excessive restrictions on movement for Palestinian health personnel;
- Supporting access to training opportunities for Palestinian health workers in the oPt and abroad, including by facilitating appropriate international visas where necessary; and
- Investing in and/or providing technical support for locally-led, sustainable, affordable and effective healthcare programmes and the development of the Palestinian health sector.

INTERNATIONAL LAW

The Declaration on the Right to Development, which states that everyone has a right to fair and participatory economic and social development, is incorporated into the framework of the Sustainable Development Goals.²

The Declaration encompasses civil, political, economic, social and cultural rights documents that are binding on Israel. This includes the International Covenant on Economic, Social and Cultural Rights (ICESCR), which obligates Israel to create the conditions in which necessary medical services can be delivered. Israel is further obligated to refrain from policies or measures that could be considered retrogressive with regard to realising the rights to health and self-determination of Palestinians.³

International humanitarian law stipulates that, as the occupying power, Israel is responsible for the health and welfare of the Palestinian population under its control. This includes:

- Ensuring the population's access to adequate medical treatment;
- Ensuring the provision of medical supplies of the population if the resources of the occupied territory are inadequate; and
- Ensuring the functioning and maintenance of medical establishments in the occupied territory and allowing all health workers to carry out their duties.⁴

Additional legal frameworks promote humanitarian and development assistance. A comprehensive analysis of the legal context of development assistance in the oPt was recently published by Diakonia.⁵





DEVELOPMENT



Al Shifa Hospital, Gaza

“The current restrictions on the operating environment mean that much of the focus remains inevitably on short-term humanitarian and reconstruction projects, while the measures needed to move towards more sustainable recovery and development are continuously postponed.”

Office of the UN Special Coordinator for the Middle East Peace Process¹⁰

The right to development is fundamental to the progressive realisation of all human rights and freedoms. It recognises that development is a comprehensive economic, social and political process and at the improvement of the well-being of the population *“through their free and meaningful participation in development and in the fair distribution of benefits resulting there from.”*⁶ For Palestinians, self-determination is core to their right to development: determining how their health system is developed, delivered and improved, and ensuring equal access to employment and education.

Israel is obligated to respect the Palestinian people’s rights to self-determination and development. Yet its entrenched 50-year occupation continues to violate these rights.⁷ The UN has reported that the Palestinian economy would be at least twice as large without the presence of the occupation.⁸ In 2016, the UN Special Rapporteur for human rights in the occupied Palestinian territory (oPt) described the impact in Gaza as “de-development”:

*“Over the past decade, Gaza has undergone a process of “de-development”, with Israel enforcing a policy of maintaining Gaza at a level of essential humanitarian requirements and little more. A major study by the United Nations in 2012 questioned whether, under then-current conditions, Gaza would even be a sustainable place to live by 2020.”*⁹

Israel’s policies inhibit the construction and maintenance of medical infrastructure and the essential services needed to promote health, such as water, sanitation and electricity. Restrictions on free movement between different areas of the oPt (the West Bank, including East Jerusalem, and Gaza) limit the access of health workers to training and professional development. Restrictions on access to medical equipment and materials further prevent the development of services in some areas of the oPt.

These restrictions hamper the ability of Palestinian Ministries and international donors to invest in long-term infrastructure projects. In turn, the Palestinian health sector is forced to make frequent external medical referrals and use outdated treatments while patients suffer delays and obstacles to their treatment pathways.

As the occupying power, Israel is responsible for the progressive realisation of the rights to health and development for Palestinians living under its effective control. This means ensuring access to sustainable, Palestinian-led health infrastructure development, supported by the free movement of people and medical supplies.

Medical Aid for Palestinians (MAP) is working towards this goal in collaboration with key health providers in the oPt. We invest in local training programmes for Palestinian health workers and support the development of essential community and hospital based services. But sustainable development of Palestinian healthcare requires coordinated international pressure to create the necessary political conditions, including full self-determination for the Palestinian people, an end to the separation between the West Bank, East Jerusalem and Gaza and, ultimately, an end to Israel’s occupation.

HOW THE OCCUPATION OBSTRUCTS THE DEVELOPMENT OF PALESTINIAN HEALTHCARE

RIGHT TO DEVELOPMENT

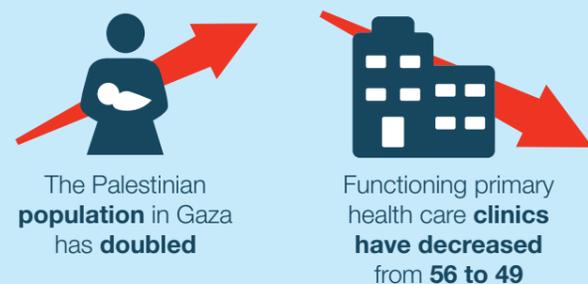
As the occupying power, Israel has an obligation to support the development of the health sector in Gaza and the West Bank, including East Jerusalem. After 50 years, Israel's occupation is stifling the provision of healthcare.

“ States are legally bound under international humanitarian and human rights law to ensure that their policies create an enabling environment for available and accessible health care for all in the shortest possible time. ”

World Health Organization, 2016

HEALTHCARE FACILITIES

According to the UN Special Coordinator for the Middle East Peace Process, in Gaza since 2000:



Resulting in:



Area C constitutes the **60% of the West Bank** under full Israeli civil and military control.

Between 2010 and 2014 Israel approved only **1.5%** of Palestinian **building permit** applications.

There are still no permanent Palestinian health facilities in Area C.

Of the **351 Palestinian communities** living in Area C:



By contrast, **illegal settlements** in the West Bank **have modern health clinics** and easy access to hospitals.

MEDICAL SHORTAGES IN GAZA

In May 2017, **34% of essential medicines** and **32% of medical disposables** were at **'zero stock'**, meaning that less than a month's supply was available.

This included:



Cancer medications



Medical disposables needed for operating rooms, emergency departments and intensive care

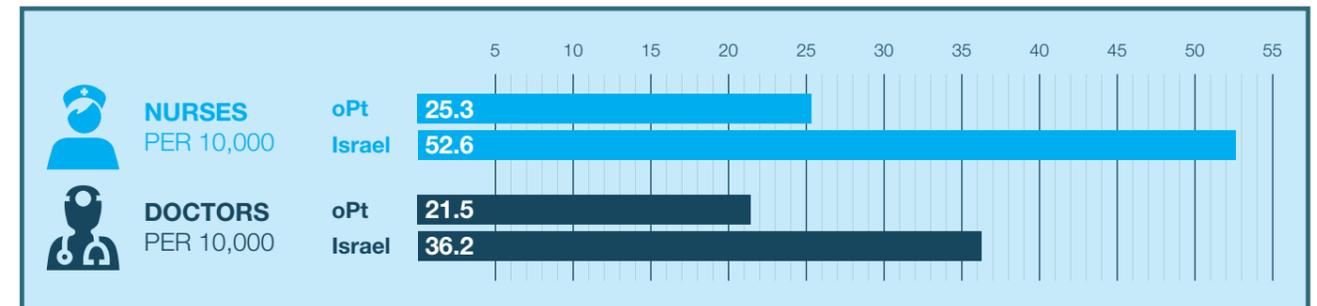


Treatments for immunological diseases

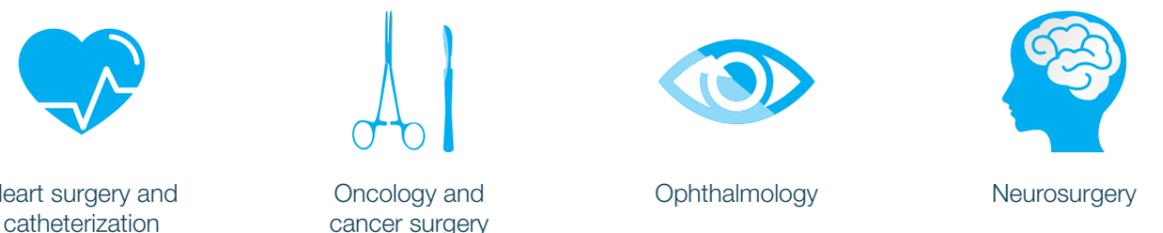
HEALTH WORKFORCE

The **freedom of movement** for health professionals is **restricted by Israel, as well as Jordan and Egypt.**

Between 2015-2016 there was a **28% decrease in permits** issued to Palestinian health workers by Israel to travel through Israeli checkpoints for work or training.



In **Gaza** there are **shortages of doctors and nurses** specialised in:



PRIORITISING SUSTAINABLE DEVELOPMENT

The **shortcomings of the Palestinian health sector** mean that many Palestinian patients must be **referred** either to other areas of the **occupied Palestinian territory** or to **Jordan, Egypt or Israel.**



Medical referrals are the Palestinian Ministry of Health's **second largest expense, at 40% of the budget**, costing **£130 million** for **49,000 patients** in 2015.



MAP'S EXPERIENCE

MAP and IDEALS **trained a local team of surgeons, nurses and physiotherapists** to provide **limb reconstruction treatment** at Al Shifa Hospital, Gaza.

This contributed to a **33% reduction in orthopaedic management referrals** between 2014-2016, potentially **saving the Palestinian Ministry of Health over £1 million.**

States, NGOs and international organisations must invest in sustainable Palestinian-led infrastructure to reduce costs and ensure impartial access to healthcare without the need for permits.

HUMAN RESOURCES

The development of the Palestinian health sector is impeded by barriers to the development of its workforce. There are 21.5 medical doctors and 25.3 nurses and midwives per 10,000 people in the oPt¹¹, significantly fewer than for the occupying power, Israel (36.2 and 52.6).¹² According to the World Health Organization (WHO), Gaza in particular lacks specialist doctors and nurses in the fields of heart surgery and catheterisation; oncology and cancer surgery (particularly specialist surgeons to treat oesophageal, breast, pancreatic and lung cancer); ophthalmology; and neurosurgery.¹³

This contributes to the high rate of referral of patients for specialist treatment, either to other areas of the occupied Palestinian territory or to hospitals in Jordan, Egypt, Israel or elsewhere abroad. In many cases, this requires an Israeli-issued permit and travel through checkpoints, or access through the Rafah crossing with Egypt which is closed for most of the year. In Gaza, where the barriers to professional development are greatest, the need for referrals is extensive. In 2015, 15,561 patients in Gaza received referrals for medical treatment elsewhere, costing the Palestinian Ministry of Health 176 million NIS (approximately £38 million).¹⁴

Part of the reason for the lack of medical specialisations in the oPt is this same restriction on freedom of movement. Israel's permit regime prevents many health professionals and trainees in the West Bank and Gaza from being able to travel for short or long training fellowships or conferences elsewhere in the oPt or abroad. This is particularly problematic for those seeking to travel to work or train at hospitals in occupied East Jerusalem, where six Palestinian hospitals providing vital specialised services are located.

Between 2015 and 2016, the number of permits approved for Palestinian health personnel to travel through Israeli checkpoints dropped by 28%, from 6,914 to 4,985.¹⁵

CASE STUDY:

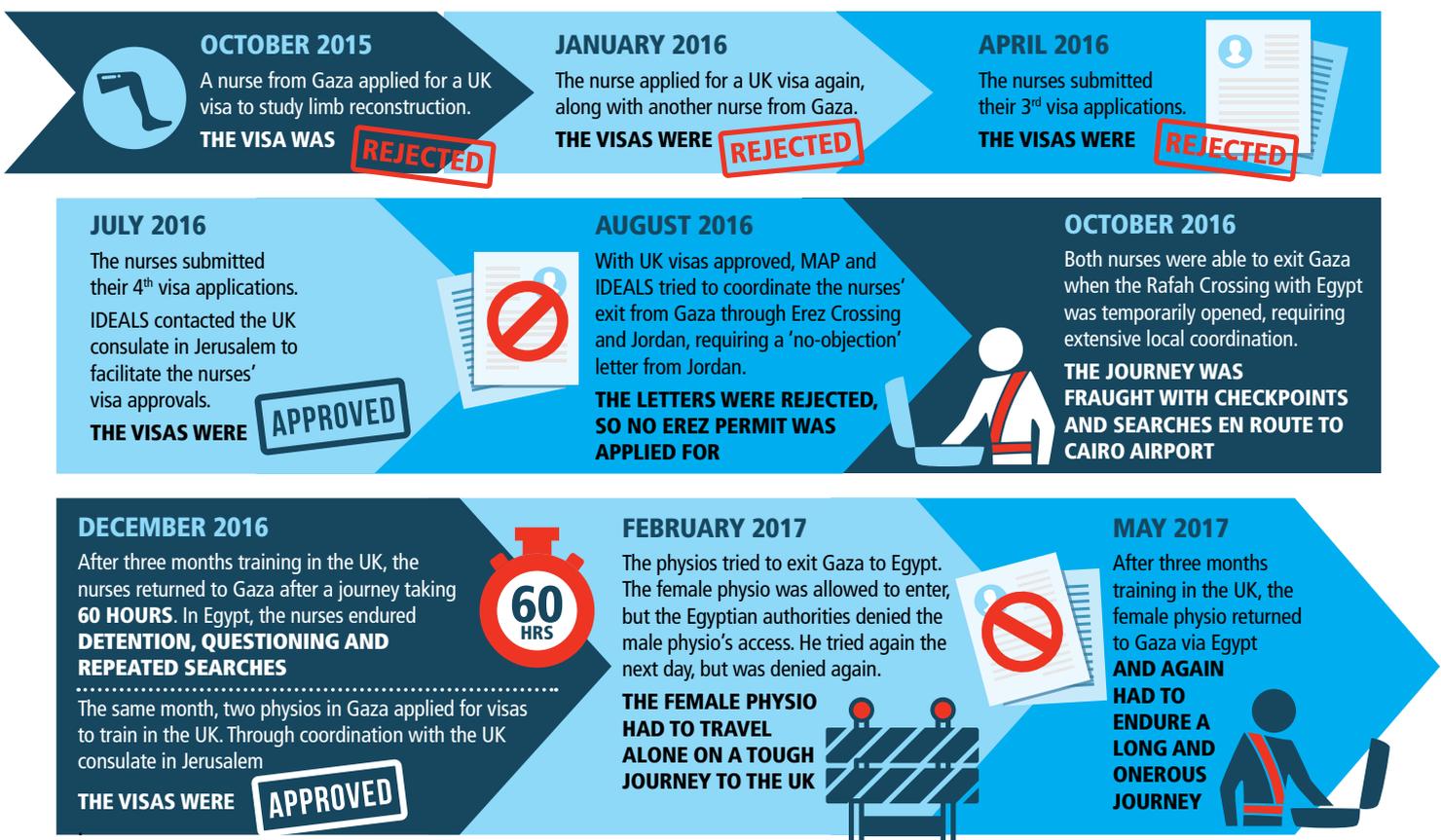
In April 2017, Physicians for Human Rights – Israel (PHRI) reported that the Molecular Genetics Department at al Makassed hospital in East Jerusalem had been severely affected by the fact that its head of department, Dr. Suheil Aesh, who has worked at al Makassed since 1997, has been denied an exit permit from Gaza since August 2016.¹⁶

“No specialist surgeons are available [in Gaza] for several types of cancer, such as cancer of the esophagus, pancreas and lungs. Israeli restrictions on the movement of people out of Gaza curtail opportunities for medical staff to receive training in specialized fields of oncology – as well as in other medical fields.”

World Health Organization, 2010¹⁷

THE STRUGGLE FOR TRAINING: MAP'S EXPERIENCE

Israel's 2014 military offensive killed 2,217 Palestinians and left approximately 11,000 injured. Many suffered limb injuries requiring complicated surgical intervention. With IDEALS, MAP began training a permanent team of surgeons, nurses and physiotherapists at Al Shifa Hospital to support these patients, and to establish Gaza's first permanent Limb Reconstruction Unit. For some staff, this training included study in the UK. This infographic shows the obstacles placed in the way of their travel by the governments of the UK, Jordan, Egypt and Israel.



CASE STUDY:

In December 2015, a 28-year-old Palestine Red Crescent Society radiology technician trainee was detained by Israeli authorities at Erez crossing, on his way to medical training in the West Bank. He had a valid permit and was traveling with a group of health professionals to the West Bank for training on cardiac catheterization. He was released after 25 days without charge or trial.¹⁸



Bedouin communities in Area C are routinely prevented from building permanent structures

“The limited access to construction materials and critical equipment since 2007 has delayed the construction, repair and upgrade of homes and infrastructure, needed to address rapid population growth and the devastation caused by recurrent hostilities. This has undermined the quality of health, education, and water and sanitation services available in Gaza.”

UN OCHA²⁷



HEALTH INFRASTRUCTURE

In Area C – which represents 60% of the West Bank and where Israel maintains full military and civil control – Palestinians are routinely prevented from building permanent infrastructure. Consequently, there is not a single permanent healthcare centre for approximately 300,000 Palestinians living there. For half of the 351 Palestinian communities in Area C the closest clinic is more than 30km away.¹⁹ Israelis living in illegal settlements on the same land, however, have access to permanent and modern health facilities.

In Gaza, the development of health infrastructure is impeded by Israel’s 10-year blockade and closure, and the destruction-rebuilding cycle caused by three major military offensives. 17 hospitals and 56 primary care clinics were damaged or destroyed in 2014. Reconstruction was slow,²⁰ in part due to the imposition of a ‘dual use list’ by Israel, restricting the import of basic building materials Israel considers to have a potential military function.

In May 2017, nearly three years on from the offensive, the WHO reported that Ministry of Health facilities have been repaired but that *“some private and nongovernmental organization facilities are still damaged”*.²¹ This includes Al Wafa Rehabilitation Hospital, the only centre of its kind in Gaza, which was completely destroyed in the offensive and has not been rebuilt. As a result, Gaza has been left without a dedicated rehabilitation hospital.

Gaza contends with severe economic constraints caused by the closure, ongoing separation from the West Bank, and decreasing international donor engagement. In November 2016, UN OCHA identified 10 primary healthcare centres where capacity and services, including laboratory and physiotherapy, needed to expand to accommodate the increasing number of patients. Only two had received donor funding for expansion, while the others faced *“significant gaps in their ability to respond to existing health needs in their catchment areas.”*²²

Stifled development in Gaza further extends to the infrastructure needed to keep the health system functioning, including water treatment, desalination and power generation. Even before Gaza’s sole power plant ceased operating on 16 April 2017, Gaza had only half the power it needed.²³ Irregular supply means that hospitals rely on backup generators to keep vital machinery operating. Limited fuel for these generators has caused severe cuts to medical services, with hospitals cancelling operations, discharging patients early, and scaling back cleaning and sterilisation services.²⁴

In some cases, the development of the health sector may even be going backwards, in part due to the effects of conflict. A recent report from the UN Special Coordinator for the Middle East Peace Process reported that:

“While the population in Gaza has doubled since 2000, the number of functioning primary health care clinics in Gaza has decreased from 56 to 49, resulting in crowded conditions, decreased doctor-patient time and reduced quality of service.” Office of the UN Special Coordinator for the Middle East Peace Process, May 2017²⁵

Over the next 30 years, the UN has predicted that Gaza’s population will double.²⁶ If the current slow rate of development of health infrastructure in Gaza is not addressed, this will mean further disparity between healthcare needs and institutional capacity.



Medical supplies are often in short supply in Gaza

MEDICAL MATERIALS

The blockade's stifling effect on Gaza's economy, ongoing political divisions with the West Bank, and Israel's 'dual use' list limit the availability of essential medicines and equipment in Gaza. Consequently, hospitals and clinics in Gaza have had to deal with constant stock shortages.

In May 2017, 34% of essential medicines and 32% of medical disposables were at 'zero stock' in Gaza, meaning that less than a month's supply was available. Among the 170 items affected were medications used to treat cancer and immunological diseases, and medical disposables needed for use in operating rooms, emergency departments and intensive care.²⁸

These shortages can prevent or interrupt patient treatment, and in turn restrict the development of medical services inside Gaza and increase the rate of costly patient referrals. For example, relatively simple hip and knee replacement operations are often referred outside Gaza because sterilisation and other infection control procedures are dangerously compromised by missing equipment and supplies.

The Israeli authorities also ban the entry of certain materials to the West Bank and Gaza which they say constitute a security risk, including short-lived radioisotopes used to assess the spread of breast cancer.²⁹

"Gaza lacks radioisotope diagnosis and radiotherapy services due to the highly restrictive Israeli policies controlling movement of people and goods into Gaza, as well as due to the poor financial situation of the Palestinian Ministry of Health ... These restrictive conditions have led to the current situation of a lack of trained physicians and technicians to support the services, as well as a lack of radioisotope equipment and materials, some of which Israel considers to be "dual use" and therefore subject to lengthy coordination procedures." World Health Organization, 2014³⁰

TAKE ACTION

This briefing is the fourth in a series highlighting the impact of 50 years of occupation on the health of Palestinians.

To read more, and support our demand for #HealthAndDignity for Palestinians, go to:

MAP.ORG.UK/ACTNOW

WE DEMAND
HEALTH
&
DIGNITY
FOR PALESTINIANS

For references, visit: www.map.org.uk/HU0c4ref

MAP works for the dignity and health of Palestinians living under occupation and as refugees.

MAP provides immediate medical aid to those in need at times of crisis, while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system.

MAP is also committed to bearing witness to the impact of occupation, displacement and conflict on Palestinian health and wellbeing, and campaigns for the realisation of Palestinian rights to health and dignity.

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