

BRIEFING AUTUMN 2018

BREAST CANCER IN THE OCCUPIED PALESTINIAN TERRITORY

In October 2016, Medical Aid for Palestinians (MAP) and Physicians for Human Rights Israel (PHRI) published a joint factsheet on barriers and limitations to breast cancer care for Palestinian women living in the occupied Palestinian territory (oPt).ⁱ It outlined how restrictions on the right to movement for both patients and health workers, shortages of essential medicines, shortcomings of the Palestinian health system, and social and cultural factors all constitute obstacles to continuous and effective treatment and care for Palestinian women with breast cancer.

As a result, breast cancer is the highest cause of cancer deaths among Palestinian women, with estimates of five-year survival rates as low as 40% in some areas, as compared to 81% in the UK and 86% in Israel.

Since 2016, the obstacles to accessing care have increase further still, particularly for women with breast cancer in Gaza. This update details in particular the growing barriers to freedom of movement of patients and depleting healthcare resources which are affecting breast cancer patients there.

LEGAL FRAMEWORK

As the occupying power, Israel has an obligation under the Fourth Geneva Convention to ensure humanitarian assistance to the population under its control, including access to medical care and the provision of adequate medical supplies. Israel furthermore has a duty to ensure that the right to health is fulfilled for this population, consistent with its reasonable security needs. In his March 2018 report, UN Special Rapporteur for human rights in the oPt, Prof Michael Lynk, found Israel to be “in profound breach of the right to health with respect to the occupied Palestinian territory”.ⁱⁱ

Notwithstanding the constraints of the occupation, all Palestinian duty-bearers, including the Palestinian Authority, are also obliged to respect, protect and fulfil the rights of Palestinians and ensure access to medical care without discrimination.

ZERO STOCK

In our 2016 briefing, MAP and PHRI reported that 17% of cancer drugs were at ‘zero stock’ in Gaza, meaning that less than one month’s supply was available on shelves. In August 2018, the World Health Organization (WHO) reported that shortages of cancer drugs reached around 85%, meaning that cancer services in Gaza were forced to halt. At the height of the crisis, Al Rantisi Hospital Director Dr Mohammed Abu-Silmiya highlighted that Filgrastim, a medicine needed to bolster immunity against infection during chemotherapy by boosting white blood cell production, had run out of stock. In response, the Ministry of Health in the West Bank released 29 cancer drugs from its central store, covering needs for these items for an additional three to four weeks.ⁱⁱⁱ

In total, 48% of all essential medicines – including those for cancer – were at ‘zero stock’ at the end of July 2018, with the majority of those (40%) completely unavailable.^{iv} For cancer patients, irregular supply of medications can mean chemotherapy courses are interrupted, which can severely reduce the treatment effectiveness and increases the risk of drug resistance in patients. Paying for medications privately is not an option for most families in Gaza, where more than 44% are unemployed after 11 years of illegal closure.^v

ACCESS

The only hospital offering radiotherapy for cancer in the entire oPt is the NGO-run Augusta Victoria Hospital, in occupied East Jerusalem. Other hospitals in East Jerusalem and the rest of the West Bank offer other treatments – such as surgeries and chemotherapy – unavailable in Gaza due to lack of resources or skills. Patients requiring these treatments, including those with breast cancer, must therefore obtain a permit from the Israeli Authorities to exit Gaza.

In our 2016 briefing, MAP and PHRI reported that, in the first half of 2016, 30% of all such medical exit permits requested were either denied or received no response by the date of the

appointment, meaning the patient was unable to travel to care. For breast cancer patients, this can mean being unable to attend the full cycle of appointments for radiotherapy and aftercare, thus undermining the effectiveness of the treatment.

In the whole of 2017, 46% of all medical exit permits – nearly half – were denied or delayed. Some 11,000 scheduled medical appointments were missed as a result. The WHO reported that 54 Palestinians, 46 of whom had cancer, are known to have died during the year following the denial or delay of their permits, by far the highest number of such deaths recorded. In February 2018, MAP, Al Mezan Centre for Human Rights, Amnesty International, Human Rights Watch and PHRI issued a joint press release on the alarming pattern of patient deaths and calling for international action.^{vi}

ABEER ABU-JAYYAB

Abeer Abu-Jayyab attended a MAP-supported health centre in Bureij Camp, Gaza, where she was involved in a patient support group for women with breast cancer. The centre's director described her as "one of the loveliest and most resilient women" and "a flame of vitality, energy and positivity." Her tragic case was highlighted in UN Special Rapporteur Prof Michael Lynk's March 2018 report to the UN Human Rights Council:

"Abeer Abu-Jayyab, 46, suffered from breast cancer, and required a treatment course of Herceptin. This drug was unavailable in Gaza, and she had applied for a health travel permit for treatment at Augusta Victoria hospital in East Jerusalem. Her travel applications were denied on security grounds by the Israeli authorities, and she missed her scheduled appointments. Abeer died in Gaza on 8 June 2017 after the cancer metastasized."^{vii}

In August 2018, Palestinian and Israeli human rights organisations Gisha, Al Mezan, Adalah, and PHRI found that the Israeli Authorities had barred Palestinian cancer patients from accessing care in East Jerusalem on the basis of having a "first degree relative [who] is a Hamas operative." The organisations stated that this policy was "a breach of international law"^{viii} and successfully petitioned Israel's High Court on behalf of seven Gaza cancer patients, including women with breast cancer. The High Court justices ruled that Israel's policy of denying medical need on the basis of alleged family political affiliation was invalid, in violation of fundamental human rights, and "contrary to the basic principles to which we are committed."^{ix}

MAP'S GROWING SUPPORT FOR PALESTINIAN BREAST CANCER CARE

Since 2017, MAP has embarked on an ambitious multi-year programme to help improve the quality of breast cancer care in the oPt, and to in turn improve the outcomes for patients affected by the disease. This includes regular visits from multi-disciplinary teams (including oncologists, surgeons, radiologists and palliative care specialists) from the UK to Gaza and the West Bank to provide on-the-job training to Palestinian clinicians so they can improve their knowledge and skills, as well as the provision of essential equipment. This work has been supported by a grant from the UN Office for the Coordination of Humanitarian Affairs.

RECOMMENDATIONS

To help Palestinian women with breast cancer in the oPt overcome barriers to adequate care, the UK Government should:

- 1 Regularly monitor and report publicly on permit denials and delays imposed by Israel on Palestinian cancer patients, including assessments of any health consequences or implications, and state what if any measures the UK Government is taking to improve the situation;
- 2 Support and facilitate knowledge-sharing between British and Palestinian cancer specialists, including through support to NHS staff visiting the oPt and Palestinian staff taking up fellowships or other training opportunities in the UK;
- 3 Provide support to the sustainable development of cancer services in Gaza and across the oPt, investing in long-term infrastructure and the development of technical skills for health workers;
- 4 Provide funding to NGOs supporting legal challenges to barriers imposed by the Israeli authorities to the freedom of movement of patients and their ability to access care elsewhere in the oPt, including East Jerusalem, or abroad;
- 5 Work to overcome the increasing political and functional separation of the West Bank and Gaza, and support greater integration and cooperation across the Palestinian Ministry of Health in the West Bank and Gaza; and
- 6 Publicly press the Government of Israel to lift the unlawful closure of Gaza, to lift restrictions on free movement of patients and health workers throughout the oPt, and ensure the 'dual use' list for Gaza does not obstruct vital medical equipment and supplies

To see our references/endnote, please visit:
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