20 years after Oslo
Palestinian healthcare in the interim
Twenty Years of Oslo: Palestinian Healthcare in the Interim

“Two communities must be seen as equal to each other in rights and expectations; only from such a beginning can justice proceed.”


On 13 September 2013, the Oslo Accords will reach their 20th anniversary. What was supposed to be an interim agreement not exceeding five years, preceding a permanent peace deal between Palestinians and Israelis, has turned into a lasting situation in which an occupied Palestinian population faces enduring insecurity and uncertain access to essential services. The Palestinian healthcare system is a prime example of the way in which the initial optimism surrounding Oslo has failed to translate into reality 20 years on.

The Road to Oslo

• Following the June War in 1967, Israel assumed responsibility for health services in the newly occupied West Bank (including East Jerusalem) and Gaza, as required by international law.

• In the years leading up to the Oslo Accords, responsibility first passed from the Israeli Ministry of Health to the military government and then to the Israel Civil Administration, under the Ministry of Defence.

• Between 1967 and 1993, Israel made no significant effort to develop the healthcare system or build the capacity of medical professionals, and many Palestinians were unaware of the entitlements they could receive under the Israeli Civil Administration’s health insurance programme.¹

• Health services in the occupied Palestinian territory were starved of funds, with shortages of staff, hospital beds, medication and essential and specialised services, forcing many Palestinians to seek treatment in Israel.

• According to two of Israel’s Chief Medical Officers at the time, Israel aimed only to maintain standards of public health and medical care that were sufficient to keep people satisfied and quiet, but not to build services beyond primary care.²

• In 1975, the entire West Bank health budget was substantially lower than the budget of one Israeli hospital.³ The lack of a comprehensive development plan and of serious investment in infrastructure created an unbalanced Palestinian health system deficient in numerous medical fields.

The Oslo Accords

• The Palestinian Liberation Organisation (PLO) and the Government of Israel signed the first Oslo Accord on 13 September 1993 and the second on 24 September 1995.

• The Accords led to the establishment of the Palestinian Authority (PA), which would inherit the neglected health services of Gaza and the West Bank under a newly created Ministry of Health.
There was no reference in the Accords to the need to ensure ongoing treatment for those who had already begun to receive services and the Israeli system refused to recognise responsibility towards those who had paid insurance fees for years or the services that had been promised.6

East Jerusalem became increasingly inaccessible for Palestinians in the rest of the West Bank and Gaza, with serious ramifications on the access of patients and medical staff to East Jerusalem’s six specialist hospitals.

Patients referred from one hospital to another had to obtain permits if their treatment necessitated a journey between the West Bank and Gaza, or between those areas and East Jerusalem or Israel.

Palestinians were now required to go through a complex procedure with the Israeli District Coordination Offices to obtain permits. These offices are often hard to reach, offer no explanation for a rejection, and have no clear appeals process.7

Palestinian Healthcare after Oslo

In the wake of the Oslo Accords, Palestinians faced new barriers to treatment that was not locally available:

- The ability of the PA to provide healthcare to Palestinians was hampered from the outset by the division of the West Bank into Areas A, B and C under the Oslo agreements.5 Although Area C accounts for 62% of the occupied West Bank, the PA has no power to construct hospitals and clinics in Area C, which is under full Israeli civil and security control.

- Under the terms of the agreement, Palestinian participation in medical training programmes and international conferences in Israel and abroad, the import of medicines and medical equipment donated or purchased abroad and the referral of medical patients remained dependent on Israel’s day to day consent.

- The transfer of responsibility for Palestinian health without a similar transfer of responsibility for key factors influencing health, such as freedom of movement and control over water, land and the environment, was a major defect of the agreements that created clear limitations for advancement.

Despite these and other obstacles, the PA has done much over the past 20 years to develop an equitable public health system with a reasonable spread of primary care clinics and hospitals across the West Bank and Gaza. Today, however, healthcare services remain fragmented and insufficient, while restrictions on patient referrals have become entrenched. Twenty years since the first Accord was signed, poor access to quality healthcare has become a common experience for Palestinians across the West Bank and Gaza:

- Although the Oslo Accords declared that Gaza and the West Bank would be one territorial unit, the continuing fragmentation of has impeded the development of quality health services.
• In 2012, the Health and Nutrition Cluster in occupied Palestine estimated that access to essential health services was impeded by restrictions on movement imposed by the Israeli authorities for nearly one million people in the West Bank, including 108,000 in Area C and East Jerusalem, and around 1.4 million people in Gaza.  

• Restrictions placed on the import and transfer of medical supplies, equipment and spare parts continue to hamper the treatment and care of patients.

• While the number of Ministry of Health-run primary healthcare centres has steadily grown to around 460 in the years since the Oslo Accords were signed, the Ministry of Health is heavily dependent on foreign aid. This raises troubling questions about long-term sustainability.

Gaza has experienced some of the most severe restrictions on healthcare in occupied Palestine:

• Healthcare services have deteriorated markedly in recent years due to the ongoing blockade and political divisions between Fatah and Hamas.

• These have undermined the effective functioning of the financing and management of the healthcare system.

• The land, air and sea blockade on Gaza since 2007 has eroded healthcare infrastructure, exacerbated shortages of medicine, rendered some medical equipment useless, due to a lack of spare parts, and impeded patient transfers.

• In 2012, 23% of all medical equipment in Gaza was not functional.

• More than 40% of the essential drug items in the essential drug list and more than 55% of medical consumables were out of stock before and during the attack on Gaza in November 2012.

• In 2012, important infrastructure such as waste disposal systems and utilities to provide essential healthcare services were lacking in 63% of primary healthcare facilities and 50% of hospitals in Gaza.

• Constant power cuts and degradation of water supplies and sewage disposal seriously affect the safe and efficient functioning of hospitals and clinics.

• Last year, permits for 701 Palestinian patients in Gaza to travel to the West Bank (including East Jerusalem) for treatment were denied or delayed.

• Six patients, including two young children, died in 2011 whilst waiting for health permits to be approved.

The legacy of Oslo is also affecting patients and medical professionals in the West Bank:

• Discriminatory planning and zoning policies implemented by the Israeli Civil Administration and the Israel military forces in Area C and East Jerusalem are blocking the construction of essential health facilities for Palestinian communities.

• 186 communities have limited access to essential healthcare and 249 communities do not have adequate access to emergency care.

• Restrictions on movement continue to prevent or impede referrals to medical centres within the West Bank (including East Jerusalem) and to Israel. Last year alone, 39,280 patients, companions and visitors from the West Bank and Gaza did not make it to hospital because their permits were denied by the Israeli authorities.

• Even in extreme emergencies ambulances from the West Bank are

Blood bags donated by MAP at al Shifa hospital, Gaza.
only permitted to enter Jerusalem in exceptional circumstances, when prior approval has been given by the Israeli Civil Administration, and checkpoint personnel agree. In 2012, only 9% of requests for ambulances to enter East Jerusalem were approved.16

Worlds Apart: Two Experiences of Healthcare after Oslo

The Jordan Valley is home to around 60,000 Palestinians. Eighty-seven percent of the Jordan Valley was categorised as Area C when the Oslo Accords were signed, leaving it under full Israeli control.17 In recent years, the Jordan Valley has been the site of significant settlement expansion and now contains approximately 9,400 Israeli settlers.

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**Healthcare in the Jordan Valley**

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<tr>
<th>Palestinians</th>
<th>Israeli Settlers</th>
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<tr>
<td>The Palestinian Ministry of Health is not able to build health facilities in 87% of the Jordan Valley without a building permit from the Israeli authorities — which is very rarely provided.</td>
<td>The Israeli Ministry of Health is able to freely construct and administrate health clinics for settlements in Area C.</td>
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<td>The closest hospitals for Palestinians are in Jericho and Nablus cities. The Jericho hospital, located in the south of the Jordan Valley, is far away from many Palestinian villages and Palestinians seeking treatment at Nablus hospital face potential delays at checkpoints that lie between the Jordan Valley and Nablus.</td>
<td>There is currently an Israeli project to build a hospital between the settlements of Petza’el and Tomer in the Jordan Valley. More Palestinians than settlers live in this area but only the settlers will be permitted use the hospital.</td>
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<td>Permit applications to build non-governmental healthcare clinics for Palestinians are typically denied by the Israeli Civil Administration.</td>
<td>Settlements are able to choose the best locations for their health clinics.</td>
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<td>Where Palestinian clinics do exist, they are not supplied with adequate medical items and equipment for everyday needs due to a lack of funds.</td>
<td>Settlement clinics are open five and a half days a week and contain all the necessary equipment and technology needed to treat the majority of illnesses.</td>
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<td>The PA lacks the resources to pay for necessary training for Palestinian health professionals in the Jordan Valley.</td>
<td>Settlement clinics are staffed by highly skilled practitioners.</td>
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The boy’s father, Tareq Abu Aoun, said that his son, Muhammed, had lost consciousness when he was bitten by a snake near the checkpoint. He asked Israeli soldiers to allow him to pass the checkpoint and call an ambulance, but they refused. They said he was obstructing the checkpoint and prevented him from queuing to pass through.

An ambulance from the Palestinian Red Crescent Society managed to get to the area after an hour and a half and transferred the boy to Rafida hospital, where he was said to be in a critical condition.

The boy’s father killed the snake and took it to the hospital so doctors would be able to identify the correct antidote.

He said the soldiers were laughing as they left the area.19

Endnotes
3 “A Legacy of Injustice: A Critique of Israeli Approaches to the Right to Health of Palestinians in the Occupied Territories”.
4 Ibid.
5 Area A (18% of the West Bank) falls under the PA civil and security control; Area B (20% of the West Bank) is under PA civil control, while responsibility for security is jointly held by Israel and the PA. The status of occupied East Jerusalem was left out of the Accords and, as such, it remains under de facto Israeli control.
6 “A Legacy of Injustice: A Critique of Israeli Approaches to the Right to Health of Palestinians in the Occupied Territories”
12 “Health sector reform in the Occupied Palestinian Territories (OPT): targeting the trees or the forest”.
14 Ibid.
16 “Health sector reform in the Occupied Palestinian Territories (OPT): targeting the forest or the trees?”

Today, Palestinians in the Jordan Valley are one of the most vulnerable groups in occupied Palestine. In contrast, Israelis living in illegal settlements in the area enjoy significant government subsidies and much greater access to services and local resources than Palestinian residents.

Twenty years after Oslo, unequal access to healthcare in the Jordan Valley provides one of the starkest examples of the extent to which the Accords have cemented the divide between Palestinian and Israeli services:

Case study:
Israeli soldiers deny medical help to boy bitten by snake

On 12 August 2013, it was reported that a young boy who suffered a snake bite was denied permission to pass through Hamra checkpoint for 90 minutes by Israeli soldiers, who also refused to call an ambulance.