Right to health

Crossing barriers to access health in the occupied Palestinian territory, 2014 – 2015

World Health Organization

WHO Library Cataloguing in Publication Data

World Health Organization. Regional Office for the Eastern Mediterranean
Right to health: crossing barriers to access health in the occupied Palestinian territory, 2014-2015 / World Health Organization. Regional Office for the Eastern Mediterranean
p.
WHO-EM/OPT/005/E
1. Health Services Accessibility - Palestine 2. Delivery of Health Care 3. Patient Rights 4. Human Rights I. Title II. Regional Office for the Eastern Mediterranean
(NLM Classification: WA 300)

© World Health Organization 2016

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: emrgoksp@who.int). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: emrgoegp@who.int.



CONTENTS

Executive summary **5**

1. Background: The right to health and access to services **7**

2. Methodology **9**

3. Findings **11**

3.1 Ministry of Health referrals 11

Box A. Reasons for referrals outside of Gaza: lack of medical equipment and medicines 18

Box B. Assessing causes of gender inequity in referrals in Gaza 19

3.2 Access barriers to referral health facilities in the oPt 20

Access denied for patients injured in Gaza border area 23

Box C. Gaza patients denied health access through Erez, 2014-2015: follow up 24

COGAT explains reasons behind denied permits for patients, June 2015 26

Box D. Gaza patients, companions and health personnel detained in 2014 and 2015 28

Box E. West Bank denied patients and companions: case studies 33

3.3 Access for health personnel and ambulances to East Jerusalem 35

3.4 Access for Palestinians in Area C to primary health services 36

3.5 Attacks on health in 2014 and 2015 and impact on access 39

Gaza nurse injured in war: "I had to help others" 40

Box F. Major incidents affecting health facilities in Gaza, July-August 2014 40

Box G. Incidents of violence affecting West Bank health facilities, October-December 2015 43

4. Conclusions and recommendations **45**



Executive summary

This WHO report, utilizing data on health access in 2014 and 2015 in the occupied Palestinian territory, is the latest in a series of evidence-based advocacy reports that focuses on bureaucratic barriers to Palestinian health caused by policies of the occupation that restrict access for patients, health personnel and ambulances.

WHO obtained quantitative data from official Palestinian sources for 2014-2015 to examine trends in health access for both West Bank and Gaza patients. WHO also used qualitative methods, based on interviews with patients, health personnel and health providers and field visits, to understand actual experiences and other aspects of health access. For the first time, the report also covers the impact on health access of attacks on health facilities, patients and health personnel, and looks at the health access situation for Palestinian communities in "Area C," the 60% of the West Bank where Israel retains full security and civil authority, according to the Oslo designations.

The Palestinian Ministry of Health purchases referral medical care from other health service providers when treatment is not available in its own facilities, most frequently for radiotherapy and chemotherapy for cancer. This has been an important part of health coverage provided by the Ministry of Health to West Bank and Gaza residents, and free access to medical centres is crucial.

Eighty-six percent of the 162 300 referrals issued by the Palestinian Ministry of Health in 2014 and 2015 were to Palestinian medical centres. However, most were located in East Jerusalem, which patients can no longer access without first obtaining an Israeli-issued permit, a complex process that can result in delays and denial of care. The remaining 14% of referrals are to Israeli hospitals, or to Jordan and Egypt, for which entry requires a permit, approval or other conditions from those governments. Few Gaza patients were able to exit through Rafah to Egypt in 2014 and 2015 due to the closed borders.

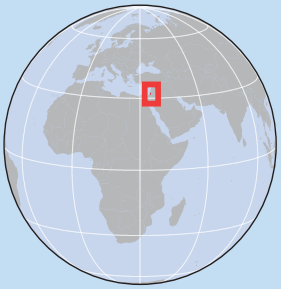
Israeli security services can deny travel permits without explanation, for 'security reasons.' Denials and delays in responding to health permit applications noticeably increased for Gaza patients who have faced tightened security procedures since 2012 and particularly over the past two years. The number of patients seeking access permits through Erez checkpoint has more than doubled from 2012 to 21 899 in 2015 but the permit approval rates have steadily dropped: from 92.5% in 2012 to 88.7% in 2013, 82.4% in 2014 and 77.5% in 2015. In contrast, an improvement in access was noted for West Bank patients over the same period, greater for patients than companions, due in part to security procedures being eased for older travellers.

Access barriers continue to reshape the Palestinian health system. In 2015, for the first time, more West Bank patients were referred to private and non-profit medical facilities within the West Bank (47%) than to East Jerusalem hospitals (43%), due to access barriers and local growth of private medical centres as more accessible alternatives. Patients from Gaza have similarly not benefited from local development of their public or private health system, and remain more dependent on referrals outside, requiring permits to exit the Gaza Strip.

The report concludes with health advocacy recommendations for the international community regarding the legal obligations of duty-bearers to respect and fulfil the right to health in the occupied Palestinian territory, based on the evidence provided of the difficulties that Palestinians face in accessing necessary health care.

OCCUPIED PALESTINIAN TERRITORY | AUGUST 2016

OCHA



Lebanon

Occupied Golan Heights (Syria)

Al Qunaytirah

Syria

Acre

Haifa

Tiberias

LAKE TIBERIAS

Nazareth

Jordan River / Sheikh Hussein

Irbid

Jenin

Tulkarm

Tubas

Ajloun

JORDAN RIVER

Qalqiliya

Nablus

Salfit

Tel Aviv-Yaffo

West Bank

Balqa

Ramallah

Amman

Jericho

Allenby / King Hussein

Ashdod

Jerusalem

Dead Sea

Madaba

Bethlehem

North Gaza

Gaza

Hebron

Khan Yunis

Middle Area

Rafah

Gaza Strip

Rafah

Be'er Sheva

Jordan

Karak

Israel

Al 'Ojah / Nitzana

0 15 30



1. Background: The right to health and access to services

Conflict and movement restrictions have a complex and serious impact on population health --- whether by disrupting health services, stifling health system development or hindering access of patients to health care, poorer health outcomes result. In light of this, the health of the Palestinian people, living for 50 years under occupation in the West Bank and Gaza Strip, is especially deserving of examination. WHO began in 2006 to monitor, report and advocate concerning the complex bureaucratic movement restrictions that have become barriers to the right to health. Since 2011,[1] WHO has provided annual, monthly and special issue reports during times of acute crisis that provide consistent evidence that access to health is precarious and unpredictable, and recommend actions for all international legal duty-bearers to improve health access.

This WHO report, utilizing data on health access in 2014 and 2015, is the latest in a series of evidence-based advocacy reports focusing on specific barriers to health access for patients, health personnel and ambulances in the occupied Palestinian territory.[2]

Access is a fundamental element of the right to health, as important as availability, acceptability and quality of health care. Improvements in health care are rendered meaningless if a population is unable to access the care they need, when they need it. Poor access for some groups to health services can create health inequities between population subsectors, often exacerbated by poor access to other basic social determinants of health.

Access to health care can be impeded through different kinds of barriers – financial, political, geographical and social – that can have differential impact on population subgroups. The Palestinian population is especially vulnerable to inequities emanating from Israeli policies that restrict freedom of movement, and particularly for Palestinians living in the Gaza Strip.

[1] See WHO occupied Palestinian territory monthly reports on access from Gaza and situation reports from the oPt: http://www.emro.who.int/countries/pse/index.html

[2] See earlier annual reports: WHO (2014) "Right to health: crossing barriers to access health the occupied Palestinian territory, 2013," http://www.emro.who.int/images/stories/palestine/documents/WHO_- RTH_crossing_barriers_to_access_health.pdf?ua=1&ua=1 and WHO (2013) "Right to health: barriers to health access in the occupied Palestinian territory, 2011 and 2012". http://www.emro.who.int/images/stories/palestine/documents/WHO_Access_Report-March_5_2013.pdf?ua=1 and WHO (2012), "Referral of patients from Gaza, data and commentary for 2010". http://www.emro.who.int/images/stories/palestine/documents/WHO_Referral_Abroad_Report_Gaza_2010.pdf?ua=1

Patients, health personnel and ambulances are prevented from directly accessing major Palestinian referral hospitals located in East Jerusalem. Collective movement restrictions were tightened after Israel's completion of the wall and permanent checkpoints in 2006, blocking normal travel of Palestinians in Gaza and the West Bank, and from both regions to Jerusalem. The positioning of Israeli settlements, settler roads, and the wall also separates and distances West Bank rural areas from population centres and a blockade and siege have left Gaza isolated.

For Palestinians from the West Bank and the Gaza Strip who are not Jerusalem residents, access to East Jerusalem medical referral centres is only possible after obtaining an Israeli-issued permit, a complex process that can result in delays and denial of care.

Palestinians in the occupied Palestinian territory also face other restrictions to health access. Patients from the Gaza Strip seeking specialized health care have been significantly affected since 2013 by the closure of the Rafah border crossing between the Gaza Strip and Egypt, one of only two exit points for its residents, and the most important and affordable for private patients. Only a limited number of patients were able to exit through Rafah in 2014 and 2015 owing to the closed borders.[3]

Further evidence has been published in academic journals in recent years detailing, for example, how poor access to health services in Palestine affects emergency care,[4] limits training for medical students,[5] and is rooted in geopolitics.[6]

The right to health is a basic, universal human right. 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. The right to the "highest attainable standard of health" is upheld in the WHO Constitution (1946), Declaration of Alma Ata (1978), World Health Assembly (1998), the International Covenant for Economic, Social and Cultural Rights (Article 12), and General Comment by the Committee on Economic, Social and Cultural Rights, which monitors the Covenant. International humanitarian law obliges governments to respect and protect the right to health of all people under their authority, including protected populations in conflict areas. As WHO has emphasized, [7] "The sick and wounded, health workers, medical equipment, hospitals and various medical units (including medical transportation) are all protected under humanitarian law principles. Denying access to medical care in some circumstances could constitute a war crime."

We hope that by providing credible and detailed evidence of the difficulties that Palestinians face in accessing necessary health care, this report will assist health advocacy efforts by the international community aimed at holding duty-bearers accountable according to their legal obligations to respect and fulfil the right to health in the occupied Palestinian territory.

> "If you do something for long enough, the world will accept it. The whole of international law is now based on the notion that an act that is forbidden today becomes permissible if executed by enough countries. … International law progresses through violations."
>
> - Daniel Reisner, *former head of the Israeli army's legal department*.
>
> http://www.haaretz.com/consent-and-advise-1.269127

[3] Communication from Rafah terminal officials, February 2016.

[4] Rytter, M., Kjældgaard, A., Brønnum-Hansen, H. and Helweg-Larsen, K. "Effects of armed conflict on access to emergency health care in Palestinian West Bank: systematic collection of data in emergency departments,"British Medical Journal, 2006;332:1122–4.

[5] Shahawy, S. and Diamond, M. "Attitudes of Palestinian medical students on the geopolitical barriers to accessing hospitals for clinical training: a qualitative study, Conflict and Health (2016) 10:5 DOI 10.1186/s13031-016-0067-8 restrictions have impact on training and quality of life of medical students.

[6] Smith, R. "Healthcare under siege: Geopolitics of medical service provision in the Gaza Strip" Social Science & Medicine 146 (2015) 332e340.

[7] "25 questions & answers on health and human rights," World Health Organization, Geneva, 2002.



2. Methodology

This report examined quantitative data for 2014 and 2015 that was collected from official Palestinian sources, either previously published or obtained directly from health providers by WHO request, and analysed the disaggregated data for trends in health access. WHO supplemented this data with qualitative data based on interviews with patients, health personnel and health providers and field visits to understand actual experiences and examine otherwise unreported aspects of health access.

Where possible, data were verified, and triangulated using available sources. Data gaps are reported for each category below. WHO noted that data from almost all main sources varied according to the reporting date, classification of data and definitions among different personnel and offices, in addition to human error in data entry and calculations. WHO followed up with sources to clarify discrepancies as much as possible. When unpublished data were obtained directly from the source, WHO noted the date it was obtained.

Referral data: WHO obtained the patient referral data for the West Bank and Gaza Strip used in this report from annual reports published by the Palestinian Health Information Centre of the Palestinian Ministry of Health and, for recent and disaggregated data, directly from the Special Purchase Unit.

Gaps: Data comparison of referrals over years and between regions should be treated with caution, since the Ministry has historically reported on administrative decisions, rather than actual numbers of patients. As a result current data may include multiple authorizations for a single patient, and which differ for patients in the West Bank and in Gaza due primarily to differences in access conditions. Also the official data from the Ministry does not support an equity analysis, due to the lack of standard criteria used for data collection and reporting, and limited disaggregated indicators, such as unique patient numbers for all categories, as well as actual costs of treatment and destinations.[8]

Permit data: WHO obtained data on permit applications for Gaza patients and companions for exit via Erez checkpoint from the Gaza Palestinian Coordination Office, including responses from Israeli authorities. The Palestinian General Authority of Civil Affairs reported the data on actual numbers of patients and companions who eventually crossed Erez, including those transferred by ambulance out of Gaza. For Palestinians applying through the district office in the West Bank, WHO obtained health permit data from the Palestinian General Authority for Civil Affairs central office.

[8] The Ministry of Health began to report using numbers of patients in late 2015 but the data are not fully disaggregated as yet and therefore could not be used by WHO for this report. WHO used available referral decision data as released by the Ministry in order to make comparisons over years.

Gaps: As in previous years, West Bank health access data was recorded by the General Authority of Civil Affairs in aggregate in 2014, which did not allow detailed analysis for patients. Therefore, WHO collected data directly from each of the 15 district offices for a three-month period in 2014 (October-December), in order to make further analysis. In 2015 the Palestinian Civil Affairs office upgraded their information system to report disaggregated data, although some gaps remain.

Rafah crossing data: WHO obtained data on patient access from Gaza to Egypt from Palestinian officials at the Rafah terminal authority.

Gaps: Exit data for patients through Rafah were not reported to WHO systematically for the period under review. After July 2014 patients, patients (primarily casualty patients) were transferred across the border by ambulance only, as reflected in WHO reports at the time. Later in 2014, referral patients were also permitted to travel through the terminal by bus. However these numbers were not reported to WHO until 2016 and therefore were not reflected in WHO monthly monitoring reports. This report uses data for both ambulance and ambulatory patients traveling to Egypt for health reasons for 2014 and 2015.

Data on health attacks: Preliminary (often real-time) data on violence against health personnel, health facilities, and vehicles, and deaths and injuries that may have occurred as a result, were recorded from reports from the East Jerusalem hospitals, Ministry of Health facilities, Palestinian Red Crescent Society emergency services, and media reports. Initial reports were then clarified and verified through on-site visits, direct follow up with parties involved and official health sector assessment reports.

Gaps: Attacks on health are likely underreported, especially in rural areas of the West Bank and by non-profit and private sector health providers.

Other access issues: Data on access for health personnel to East Jerusalem medical facilities, including patient transfer via emergency services, were obtained from the six East Jerusalem hospitals and from the Palestinian Red Crescent Society. For health access in Area C, a desk analysis was made of data from the health sector section of the Vulnerability Profile Project +2015, a national survey conducted by United Nations office for the Coordination of Humanitarian Affairs, with the Palestinian Central Bureau of Statistics and the Palestinian Ministry of Local Government in 2015.[9] This was followed up by field visits and interviews by WHO staff in vulnerable communities in eight West Bank districts from February to May 2016.

Data provided by COGAT: A draft of this report was shared with the Israeli Ministry of Health and with the Israeli Coordinator of Government Activities in the Territories (COGAT) for comments. In response, COGAT provided cumulative data for all West Bank and Gaza applicants on health permits issued for 2014 and 2015. The data received from COGAT are reported without disaggregation and therefore do not allow for further analysis.

COGAT noted for Gaza: “Many requests have been rejected on security grounds. Nevertheless the percent ratio between requests-permits issued of 2015 has quasi been maintained.” WHO’s analysis indicates that there is a declining rate of approval of permit requests for patients since 2012, from 92.5% in 2012, to 88.7% in 2013, to 82.4% in 2014 to 77.5% in 2015.

Regarding the West Bank, COGAT reported that in 2015, a total of 195 632 permits were issued to “patients and escorts” for “visits to hospitals and medical facilities.” Based on data from the Palestinian General Authority of Civil Affairs offices (published in their annual report), 182 537 permit requests were made through the Palestinian offices in 2015, and 151 842 permits were approved for patients and companions. The discrepancy between the totals reported by Israeli and Palestinian sources for West Bank health permits, similar to previous years, might be partly explained by the fact that some Palestinian residents apply directly to the Israeli civil administration for permits; possibly other categories of applicants are also included in the Israeli data. COGAT also pointed out that the number of health permits decreased in 2015 due to change in criteria of those requiring permits. “Males older than the age of 55 and females older than the age of 50 do not require a permit any more.”

[9] OCHA-PCBS Vulnerability Profile+ 2015 survey based on interviews with heads of village councils or community representatives.



3. Findings

3.1 Ministry of Health referrals

The Palestinian Ministry of Health provides a form of universal health coverage for Palestinians through primary and secondary health care in ministry clinics and hospitals, and financial coverage for referrals of insured patients to non-Ministry of Health facilities. However, since 2006, the Palestinian Ministry of Health has implemented a policy of universal health coverage for Gaza patients for tertiary health care, which recognizes that Gaza residents live in unique circumstances and are therefore entitled to receive referral services regardless of being insured or not.



Ramallah Medical Complex, the most advanced Ministry of Health facility in the West Bank, refers hundreds of patients to hospitals in East Jerusalem or in Israel for specialized treatment © WHO

Referrals are necessary for some specialized treatments due to various political, economic and policy factors: lack of essential medicines, medical disposables and equipment in Ministry of Health facilities; lack of specialists; a cost efficiency policy of outside procurement of services rather than government provision; lack of services; demand by patients; epidemiological transition toward chronic diseases along with demographic changes toward greater numbers of elderly; and greater dependence on government health care due to poverty. Radiotherapy treatment for cancers, for example, is available only in Jerusalem and so must be referred. The kind of complex trauma received during conflict is also a significant factor for referral services. Advanced orthopaedic, neuro-, vascular and plastic surgery is often not available within the public

health services. Also private patients in Gaza have reduced access through Rafah and face problems from Israeli permit system without a recommendation from the Ministry of Health.

Patients in need of specialized medical care must obtain a recommendation from a Ministry of Health physician, approved by the hospital director, and approved by the regional committee that reviews referral requests, before final approval from the Ministry Referral Directorate in Ramallah.[10] Urgent and emergency cases can be streamlined, otherwise the mostly paper-based process is lengthy and time-consuming. In 2014, WHO began providing technical support and equipment to the Gaza referral committee to establish a digital communication and approval system with the Ministry's Special Purchase Unit in Ramallah, which succeeded in shortening processing time for patients' referrals at these levels. Connections between Palestinian Ministry of Health hospitals and regional referral committees is in progress.



The Ministry of Health reported 30% zero stock of medicines and 40% zero stock of medical disposables in Gaza in 2015, increasing the need to refer patients out of Gaza © WHO



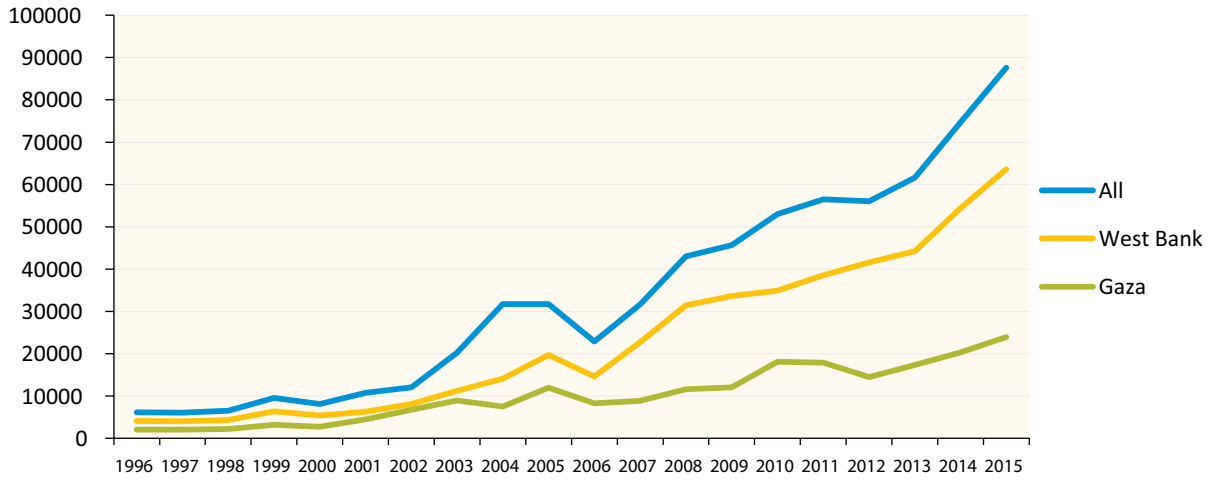
A young amputee, Shifa hospital © WHO

[10] Ministry referrals to Israeli hospitals are considered a destination of last resort due to their high cost; evidence must support the fact that similar treatment cannot be provided in any of the Palestinian referral hospitals before a referral is approved. Some tertiary care is currently available only in Israeli hospitals, however, such as for advanced oncology care, complex transplants and cardiac surgeries, congenital metabolic conditions and diagnostics requiring higher level laboratories and advanced medical equipment.

Referral trends

Fig. 1 shows that referrals have increased 14-fold in the 19 years following the establishment of the Palestinian Authority.[11] The increase since 2006 has been noticeably greater for West Bank patients than for Gaza patients, although caution is advised when interpreting referral data, due to the influence of checkpoint policies and access conditions distorting data. In 2014, referral costs represented almost one-half of the Ministry of Health budget.[12]

Fig 1. Historical trend of Ministry of Health referrals of West Bank and Gaza Strip patients, 1996-2015



Source: Ministry of Health annual reports. Regional data for 1996-1999 were not available and were estimated here by using proportions for 2000.



Patients and family members queue up at the Ministry of Health referral department in Gaza © WHO

[11] Referral data obtained from the Ministry of Health Medical Referral Directorate in Ramallah reflect the number of individual financial decisions, rather than unique patients referred. Financial decisions include renewed referrals for Gaza patients to Egypt who were unable to access through Rafah, approvals for additional treatment or procedures for in-patients in hospital, and special additional referrals.

[12] See *Ministry of Health Annual Report 2014*, Palestine, annex 198 and footnote.

Table 1. Ministry of Health referrals, by region of origin, location of destination hospital and permit required for access, 2013-2015

	2013						2014						2015					
	West Bank		Gaza		All		West Bank		Gaza		All		West Bank		Gaza		All	
Destination	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total	No.	% of total
Inside oPt																		
West Bank	18,828	*42.55%*	2,243	*12.90%*	21,071	*34.19%*	23,703	*43.62%*	3,481	*17.12%*	27,184	*36.40%*	29,986	*47.11%*	5,753	*24.00%*	35,739	*40.79%*
East Jerusalem	20,904	*47.25%*	5,946	*34.19%*	26,850	*43.56%*	26,463	*48.69%*	7,410	*36.43%*	33,873	*45.36%*	27,149	*42.66%*	9,583	*39.98%*	36,732	*41.92%*
Gaza	-	*0.00%*	2,481	*14.27%*	2,481	*4.03%*	-	*0.00%*	3,288	*16.17%*	3,288	*4.40%*	-	*0.00%*	3,016	*12.58%*	3,016	*3.44%*
oPt total	**39,732**	*89.80%*	**10,670**	*61.35%*	50,402	*81.77%*	**50,166**	*92.31%*	**14,179**	*69.72%*	64,345	*86.16%*	**57,135**	*89.77%*	**18,352**	*76.56%*	75,487	*86.16%*
Elsewhere																		
Egypt	32	*0.07%*	2,827	*16.26%*	2,859	*4.64%*	21	*0.04%*	2,454	*12.07%*	2,475	*3.31%*	14	*0.02%*	1,744	*7.28%*	1,758	*2.01%*
Jordan	202	*0.46%*	54	*0.31%*	256	*0.42%*	72	*0.13%*	31	*0.15%*	103	*0.14%*	34	*0.05%*	38	*0.16%*	72	*0.08%*
Israel	4,278	*9.67%*	3,840	*22.08%*	8,118	*13.17%*	4,086	*7.52%*	3,674	*18.06%*	7,760	*10.39%*	6,462	*10.15%*	3,838	*16.01%*	10,300	*11.76%*
Elsewhere total	4,512	*10.20%*	**6,721**	*38.65%*	11,233	*18.23%*	**4,179**	7.69%	**6,159**	*30.28%*	10,338	*13.84%*	6,510	*10.23%*	**5,620**	*23.44%*	12,130	*13.84%*
Grand Total	**44,244**	*71.78%*	**17,391**	*28.22%*	**61,635**		**54,345**	*72.77%*	**20,338**	*27.23%*	**74,683**		**63,645**	*72.64%*	**23,972**	*27.36%*	**87,617**	
*Israeli permit required to access health care	25,416		12,083		37,499		30,642		14,596		45,238		33,659		19,212		52,871	
**Egyptian approval required to exit Gaza via Rafah border			2,827		2,827				2,454		2,454				1,744		1,744	
Total permits					**40,326**						**47,692**						**54,615**	

Source: Health Annual Report 2014, Palestine, Ministry of Health (August 2015); data for 2015 from Ministry of Health Referral Directorate, January 2016.

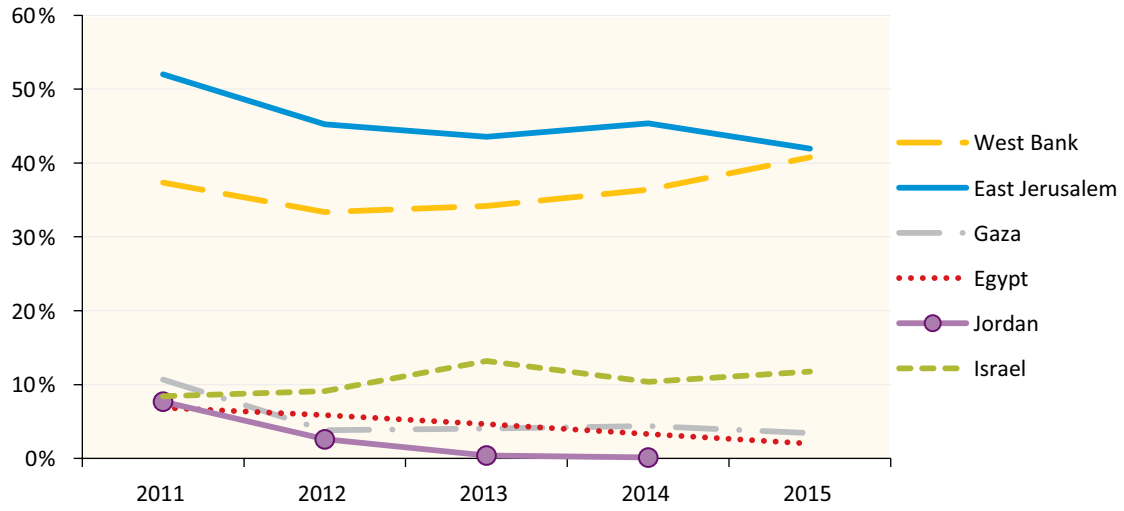
Preferred locations for referrals

Most patients who need tertiary care are referred to specialized non-governmental and private medical facilities within the occupied Palestinian territory – in the West Bank, East Jerusalem or Gaza Strip, as Fig. 2 and Fig. 3 demonstrate. The trend towards 'nationalization' of Palestinian referral care fulfils a stated political priority,[13] and may also be a response to the increase in restrictions on travel in recent years, as well as policy choices favouring cost efficiency, patient convenience and Palestinian economic interests. Access to reliable, locally available specialized treatment has grown due to the development of private and non-profit specialized health centres, particularly in the West Bank.

Although decreasing, a larger proportion of Gaza patients have been referred to hospitals outside of the occupied Palestinian territory (38% in 2013 to 23% in 2015) than West Bank patients (7% in 2013 to 10% in 2015) over the past three years. Table 3 shows that West Bank referral decisions regarding patients to Israeli hospitals increased by 51% between 2013 and 2015, according to Ministry of Health data, while Gaza referral decisions to Israel have remained constant in number since 2013, as shown graphically in Fig.4. The increase likely reflects new Ministry procedural guidelines requiring referral for each new procedure, as well as the previously mentioned distortion of numbers due to access conditions.[14] However, available data are inadequate for an equity analysis regarding destinations.

Referrals to hospitals in Jordan were halted after 2012 because of the Palestinian Authority's large debt for previous referral services. Referrals of Gaza patients to Egypt became less frequent after 2011, and the numbers were further reduced after the closure of the Rafah border in July 2013. Since then, the Ministry has continued to make referrals to Egypt, as the only possible destination for many patients, but patients often wait months to cross the border.

Fig. 2. MoH referral patients, by destination, 2011-2015

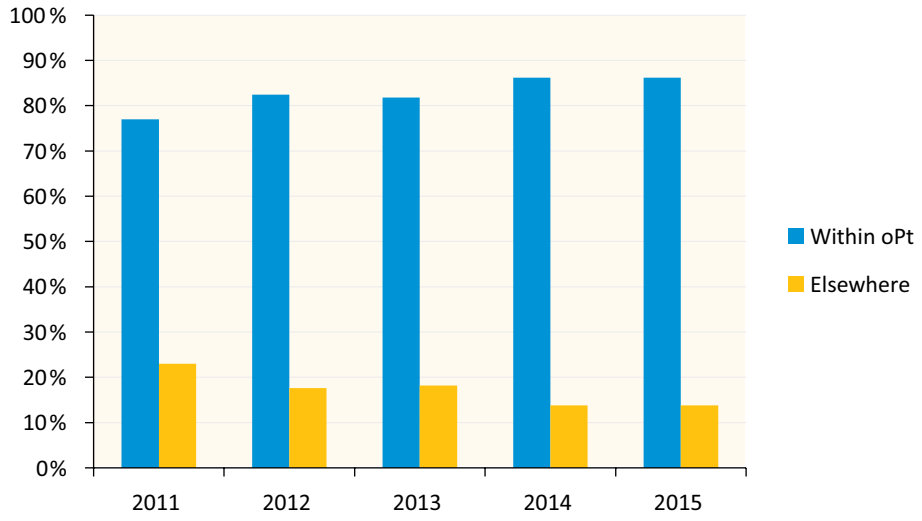


Source: Ministry of Health annual reports.

[13] Ministry of Health National Health Strategy, 2014-2016; Palestinian National Development Plan, 2014,. http://www.mopad.pna.ps/en/images/PDFs/Palestine%20State_final.pdf

[14] According to the Ministry of Health's data on number of patients, in fact fewer actual patients were referred to Israel during 2015 compared to 2014.

Fig. 3. MoH referrals within the oPt compared to outside destinations, 2011-2015



Source: Ministry of Health annual reports; data for 2015 from Ministry of Health Referral Directorate, January 2016.

Differences between West Bank and Gaza Strip referrals

Differences emerge when comparing referrals from the West Bank and Gaza regarding the destinations and kinds of specialized medical treatments required. Fig. 4 compares the destinations for referral patients between the two regions over the past three years. Gaza patients are dispersed over five locations, while West Bank patients are concentrated in three locations, and most frequently to specialized private hospitals within the West Bank. Variation in the number of destinations is linked to access restrictions at Rafah and Erez crossing points that require alternatives to be found in case of permit rejection or closure of Rafah. Fig. 5 gives the percentage of referral destinations outside of the occupied Palestinian territory from 2013 to 2015.

Fig. 4. MoH referrals, by destination and region, 2013-2015

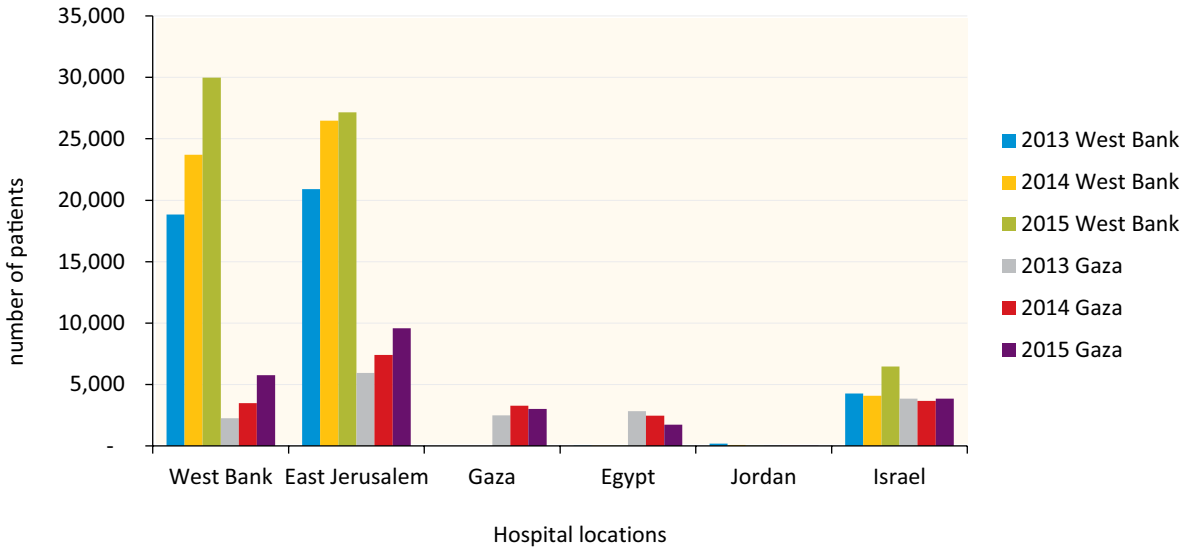
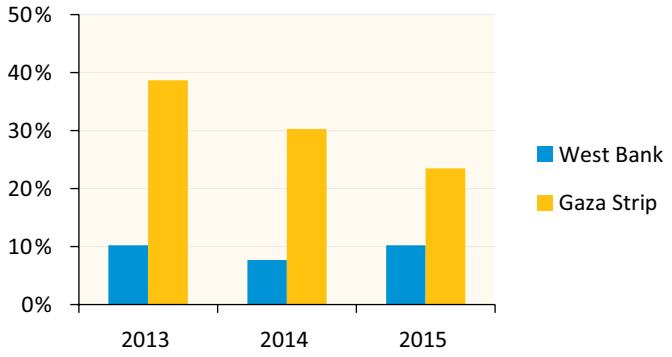
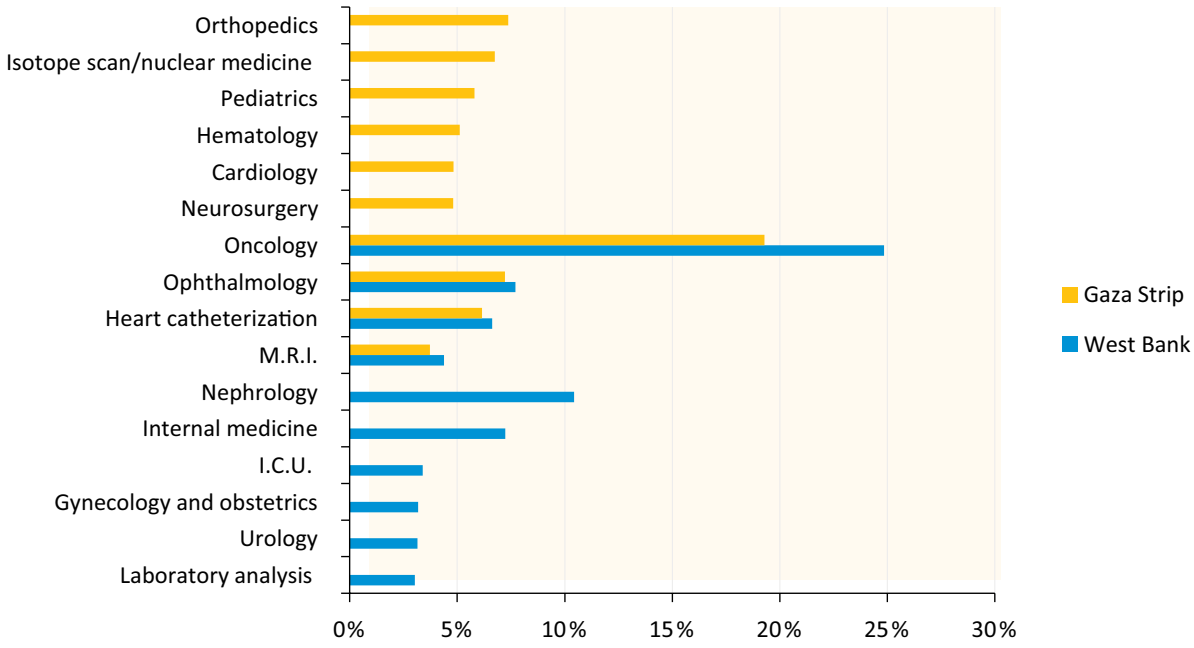


Fig. 5. MoH referral destinations outside of the oPt, by region, 2013-2015



The top 10 reasons for referrals differ significantly between the West Bank and Gaza. While four medical treatment areas are shared by referral patients from both regions, the remaining six reasons are quite different, due to the differences in the historical development of the respective health services (Figure 6).

Fig. 6. Major medical specialties for referrals, by region, 2015 (% of total referrals)



Source: Ministry of Health Referral Directorate, January 2016

Box A. Reasons for referrals outside of Gaza: lack of medical equipment and medicines[15]

During the last 5 years, the number of Gaza patients referred for health care to non-Ministry of Health facilities has increased by 34%. In October and November 2015, WHO examined the reasons for referrals to outside care from Shifa hospital, the origin of 50% of referral requests in Gaza. Referring physicians were asked to note the diagnosis and recommended treatment, and the reason why the patient could not be treated in Gaza.

Of the 1000 requests examined, 9% were for urgent treatment. The most frequent needed specialties were for oncology (33%) and orthopaedics (16%). The major causes for referrals were lack of:

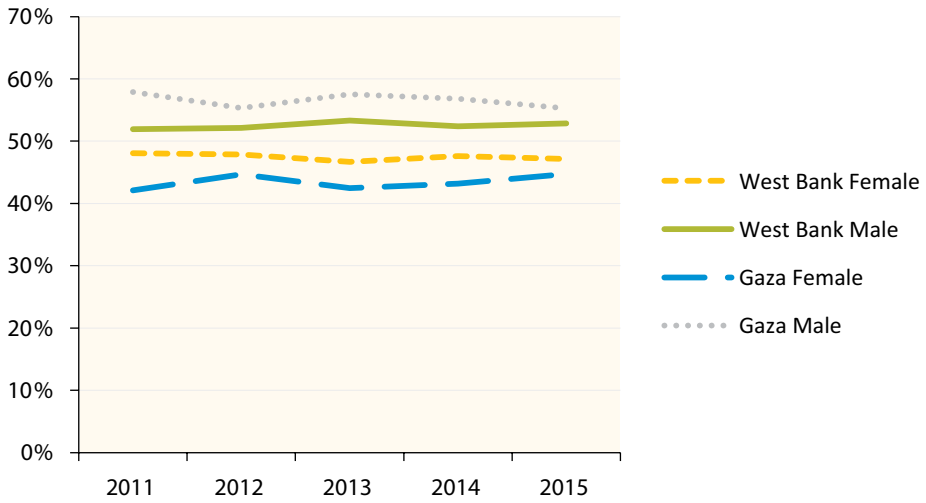
- medical equipment (37%)
- needed pharmaceuticals (23%)
- diagnostic services (14%)
- advanced specialized treatment centre (7%)
- specialized human resources (6%)
- rehabilitation services (3%)
- availability (long waiting list) (3%)
- other reasons (6%), (including family pressure 0.9%)

The data supported the conclusion that referrals cannot be reduced unless immediate and serious sustainable investment is made in the health system in the Gaza Strip to adequately address health needs and increase access to quality health care.

Demographic differences in referrals

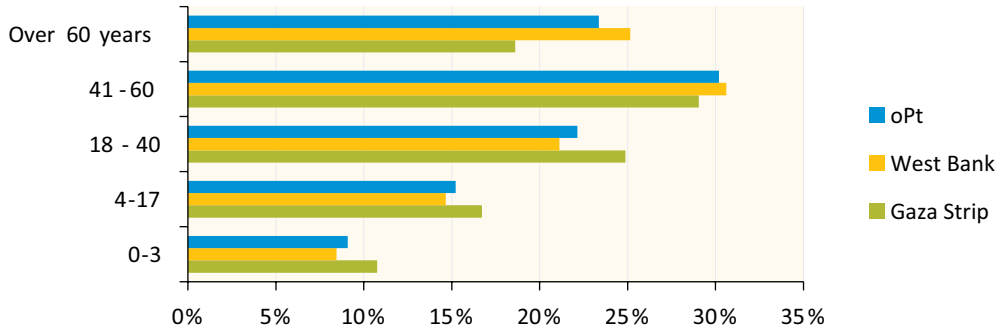
The demographic characteristics of referral patients from the West Bank differ somewhat from those from the Gaza Strip. A gender gap in referrals has been persistent in both the West Bank and the Gaza Strip over the past five years, but has remained wider in the Gaza Strip since 2012, as Fig. 7 shows, (see Box B). The gender gap in Gaza, unlike the West Bank, is true for every age group and in all medical specialties, with the exception of oncology, laboratory analysis and plastic surgery, according to a preliminary WHO data analysis.

Fig. 7. MoH referrals of West Bank and Gaza patients, by sex, 2011-2015 (%)



[15] Lafi,M., Ammar, W., Vitullo, A., Al-Farah, N. and Daher, M. "Reasons for medical referrals of Gaza patients, 2015," presented at the March 2016 LPHA conference, Amman, Jordan.

Fig. 8. MoH referrals of the West Bank and Gaza, by age group, 2015 (%)



In the West Bank, older groups represent a larger share of referrals than in the Gaza Strip, which has a proportionately younger population (Fig. 8). Epidemiologists highlight that as populations transition, longer lives and growing proportions of elderly mean that more attention must be paid to noncommunicable disease, especially prevention, detection of early disease and the effective management of common diseases, such as diabetes and hypertension.

Box B. Assessing causes of gender inequity in referrals in Gaza[16]

A gender gap favouring male patients has been noted in Gaza in recent years, and consistently wider than the gap in the West Bank. The gap is seen in Gaza in every age group: 0–3 years, 4–17 years, 18–40 years, 41–60 years and over 60 years. (An earlier WHO data analysis of unique patient referrals found that the gender gap was also apparent in medical categories where no gender differences were expected.) WHO sought to examine referral request data and women's health-seeking factors that may contribute to gender-based inequities at the referral level, in order to make recommendations to health providers about addressing inequities. The study used a mixed methods approach to collect and analyse quantitative hospital-based referral data from 2014 and qualitative data collected through focus groups and key informant interviews.

A gender gap was found in the initial requests for referrals of patients by Ministry of Health physicians in favour of male patients by 56% to 44%. The gap fluctuated by medical reason, which could be explained by epidemiological differences. Findings at both the hospital and referral system level were consistent and showed that recommendations for outside referrals depend on the nature of the disease, urgency of case and the lack of local treatment; no gender-based bias was apparent.

Focus group findings at the community level were consistent with women making their health decisions according to the seriousness of their disease, level of pain, financial resources, degree of trust in the health system and available family support, although access may have social determinants that favour males. Further comprehensive multidisciplinary analysis is needed to assess determinants for both women's and men's health-seeking behaviour.

[16] Ammar, W., Lafi, M., Qasem, T., Daher, M. and Vitullo, A. "**Assessing roots of gender inequity at Ministry of Health referral level in Gaza,"** presented at the March 2016 LPHA conference, Amman, Jordan.

3.2 Access barriers to referral health facilities in the oPt

Trends in access

All Palestinian patients with West Bank or Gaza ID cards must obtain Israeli-issued permits in order to travel to hospitals in occupied East Jerusalem, or in Israel, for medical treatment. Permits are required whether patients are referred by the Ministry of Health, by physicians under private health insurance or are patients without health insurance and sponsored by nongovernmental organization or charity, or self-funded. The permit system is neither transparent nor timely. Security services can deny travel permits without explanation, claiming 'security reasons.' Blanket denials can also be applied to specified geographical areas, as a collective punishment, or due to political events or Israeli holidays.



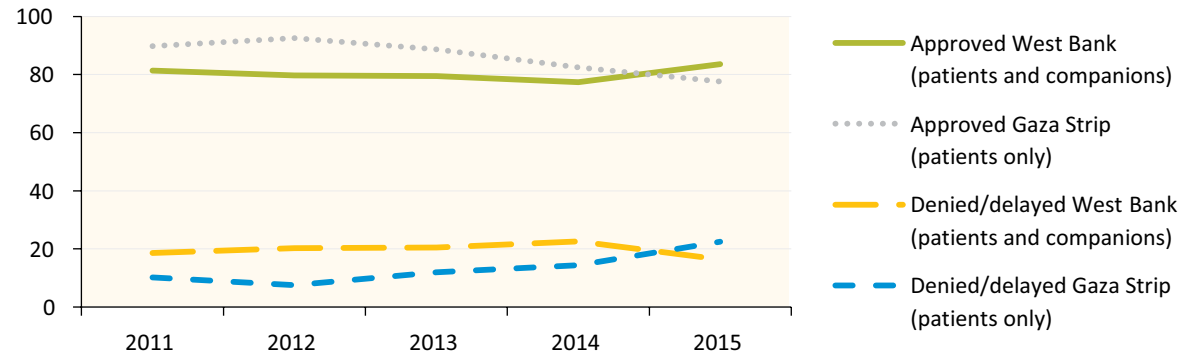
Bethlehem checkpoint © WHO

More than 110 000 Ministry of Health and private patients apply through Palestinian coordination offices for Israeli-issued health access permits annually, 18% for exit from the Gaza Strip through Erez checkpoint, and 82% for exit from the West Bank. The most frequent destination is one of the specialized Palestinian hospitals in East Jerusalem which have treated patients for a half century or more.

An almost equal number of patients' companions also apply for permits to accompany, assist and support the patient. Only one companion may have a permit and only "first-degree" relatives are eligible: parents, grandparents or siblings. Minors, aged 0 – 17, cannot travel to their hospital appointment without the accompaniment of a permit-holding family member.

Denials and delays in responding to health access applications noticeably increased for Gaza patients in the past two years, when security procedures were tightened. In contrast, an improvement in access was noted for West Bank patients over the same time period, as Fig. 9 indicates, greater for patients than companions. In 2015, men aged 55 and older, and women aged 50 and older, were no longer required to have permits for travel to Jerusalem, and Israel.[17]

Fig. 9. Responses to health access permit requests, by region, 2011-2015 (%)



Source: Palestinian Coordination office, Gaza; Palestinian General Authority for Civil Affairs central office, Ramallah, West Bank.

[17] WHO notes that in Quarter 4, 2014, an examination of disaggregated West Bank permit request data from 15 district offices show higher approval rates for patients (80.4%) than for companions (76.8%). Access improved in 2015 for both patients (87.2%) and companions (80.2%), in the 12 district offices reporting.

Exit from Gaza through Erez



1 kilometer corridor to Erez terminal © WHO

The number of Gaza patients seeking a health access permit has more than doubled since 2012 (Table 4, Fig. 10–11), while approval rates for patients' permits have steadily decreased, from 92.5% in 2012 to 77.5% in 2015. The increase in demand reflects increased difficulties in exiting the Gaza Strip via the Rafah border to Egypt, as well as greater health needs due to the lack of adequate supply of medicines and medical capacity within the Gaza Strip.

Even if an application is submitted weeks in advance, Gaza patients are informed only on the evening before their scheduled hospital appointment that their permit is approved, when the Palestinian Coordination Office receives the approved list from Israeli authorities and sends a telephone message to the patient. Patients denied or with no response to their application are informed only if they inquire at the Coordination Office.

Delays are registered when the date of the patient's hospital appointment passes without the patient receiving a response to their permit application. Delays in permit processing are increasing following the stricter policies on travel and slow processing times by officials at Erez. Delays are often the result of patients and companions being called to appear for a security interview by security officials as a condition for a permit. Delays can also occur if Israeli authorities advise patients to change their companion, without explanation (see Box C).



Gaza ambulances bring patients to Erez checkpoint where they must be transferred to Israeli-registered ambulances to travel to hospitals © WHO

Table 2. Gaza patients' permit requests, by Israeli response, 2006-2015

Year	Applications	Approved	%	Denied / delayed	%	Israeli security interview	%
2006	5,470	4,932	90.2	538	9.8	NA	
2007	8,803	7,176	81.5	1,627	18.5	NA	
2008	10,458	6,301	60.3	4,157	39.7	282	2.7
2009	7,514	5,130	68.3	2,384	31.7	636	8.5
2010	11,635	9,085	78.1	2,550	21.9	413	3.5
2011	10,560	9,478	89.8	1,082	10.2	197	1.9
2012	9,329	8,628	92.5	701	7.5	206	2.2
2013	13,667	12,121	88.7	1,546	11.3	312	1.5
2014	18,141	14,953	82.4	3,188	17.6	359	1.9
2015	21,899	16,981	77.5	4,918	22.5	327	1.5

Source: Palestinian Coordination Office, Ministry of Health. GSS data from 2013-2015, January 24, 2016.

Fig. 10. Permit requests submitted by Gaza patients for health access through Erez checkpoint, 2006-2015

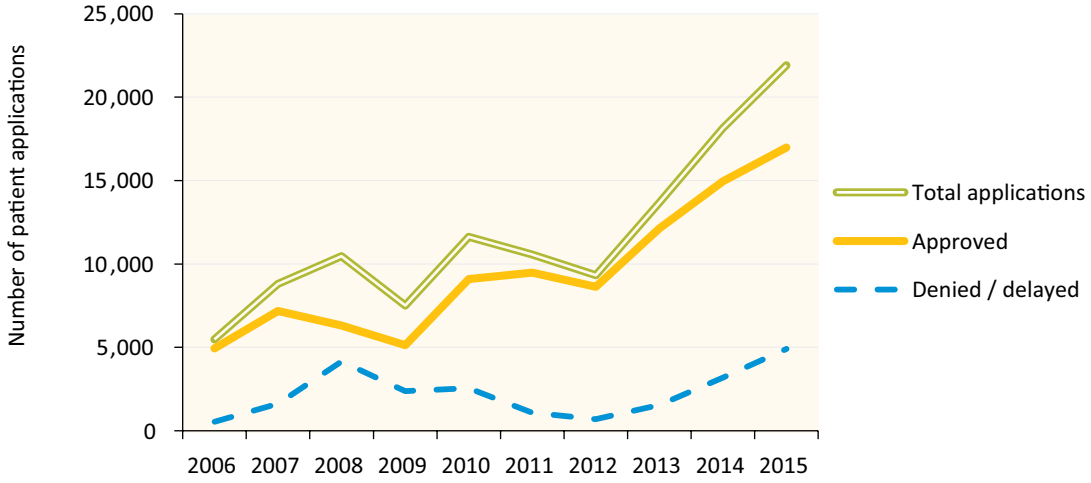
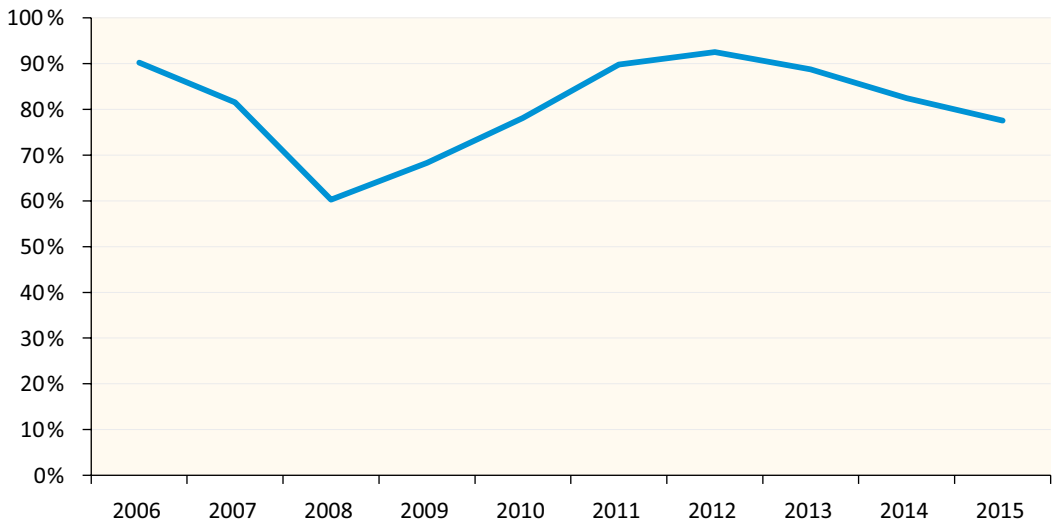


Fig. 11. Permit approval rates for Gaza patients for health access through Erez checkpoint, 2006-2015



In general, male patients faced more difficulties in health access out of Gaza in 2015 compared to 2014, and when compared to female patients in most age groups (Fig. 12). However, female children in 2014, aged 0 – 17, and female children, aged 4 – 17 in 2015, were less likely than their male age cohorts to be approved access permits. Reasons for this need to be examined further.

A review of disaggregated data for November 2015 indicated that some specialties were between two and six times more likely to be denied than others: orthopaedics, neurosurgery, general surgery and obstetrics/gynaecology, among others.

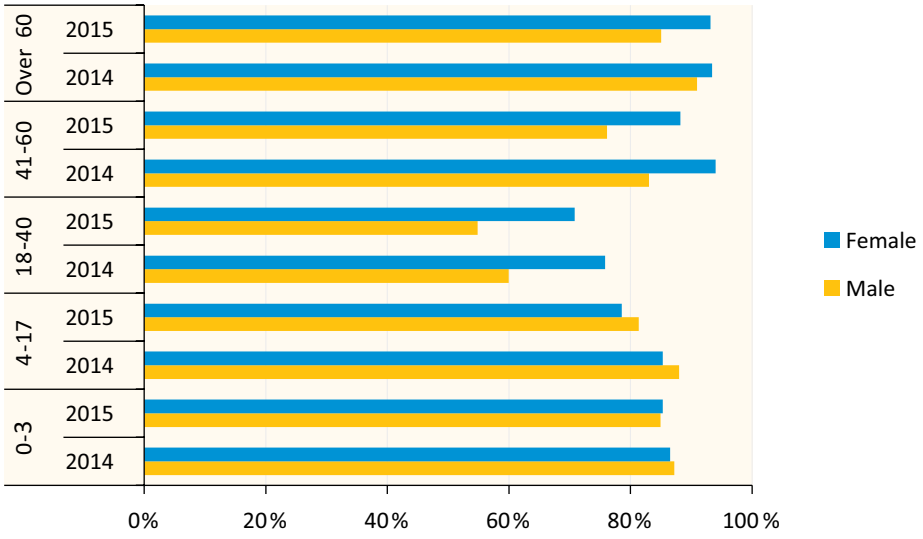
Access denied for patients injured in Gaza border area

Three cases were reported to WHO of patients denied access for treatment of traumatic injuries in October and November 2015:

- A 22-year-old man with injuries to both legs and large amount of bone and tissue loss required a complicated bone graft which was available only from an outside hospital. He applied twice for a permit for treatment outside of Gaza but was rejected by the Israeli authorities. He applied for a third time (status not known).
- A 39-year-old father of six children was injured in his spine and suffered paralysis of his lower limbs. Three days after his injury, he was referred to the West Bank for vertebral fixation and returned to Gaza following treatment. Physicians at Shifa hospital referred him again to the West Bank for further treatment to control a serious infection at the operation site but two applications for a permit were rejected. The patient's family requested to change his destination to Egypt, to wait for Rafah terminal to open.
- A 21-year-old man suffered trauma to his knee which caused severe vascular, nerve and bone damage. He was referred by physicians for outside care in order to save his leg from amputation. He twice applied for a permit and was rejected both times.

Source: Palestinian District Liaison Office in Gaza. Published in WHO Monthly Report, "Health Access for Referral Patients from the Gaza Strip, November 2015 (20 January 2016)".

Fig. 12. Permit approval rates for Gaza patients, by sex and age group, 2014-2015



Source: Based on monthly reports, Palestinian Coordination Office, 2015 and 2015.

Box C. Gaza patients denied health access through Erez, 2014-2015: follow up

In 2014 and 2015 the Israeli authorities denied almost 1800 requests from patients in the Gaza Strip to access health care facilities in East Jerusalem, West Bank, Israel and Jordan. Little is known about the status of patients following their denial of access to the specialized health care that they required. WHO examined the impact of access restrictions on this especially vulnerable group, in order to recommend advocacy measures for their health and well-being.

Of the total number of 1780 patients denied over the two-year period, 67.8% were males and 32.2% were females. Their medical appointments were in hospitals in East Jerusalem (47.08%), the West Bank (37.02%), Israel (12.02%), and Jordan (3.8%). More than half of the patients denied access in 2014 and 2015 needed medical treatment in one of three specialties: orthopaedics 419 (23.54%), neurosurgery 296 (16.63%) and ophthalmology 240 (13.48%).

Methodology: In late 2015 and early 2016, WHO contacted patients who were denied permits in 2014-2015 to follow up on the patients' access attempts and their health status. Of the total list of patients denied permits, arranged by date of hospital appointment, 10% (178) were selected by using a systematic random sampling approach of every tenth name. Patients, or their family members if the patient was underage or not available, were contacted by phone for verbal consent to a short interview using a semi-structured questionnaire. The questionnaire was first piloted with seven respondents and modified accordingly. All identifying patient information was kept confidential and anonymous.

Study sample		No.	%
Study participation of responders	List of patients denied permits in 2014-2015	1780	100.00
	Selection for study	178	10.00
	Piloting the tool	7	3.93
	Patients contacted (M:117; F:54)	171	96.07
	• Responded (M:95; F:48)	143	83.63
	- patients (M:64; F:15) (*79*)		
	- patient's family members (*64*)		
	• No response (M:22; F:6)	28	16.37
	- no answer (*5*)		
	- non-working phone (*18*)		
	- wrong number (*5*)		
	Participated (M:92; F:47)	139	97.20
	Declined to participated (M:3; F:0)	3	2.10
	Ineligible, did not match study criteria (M:1)	1	0.70

Findings		N=139	%
Residence by governorate	Gaza	58	41.73
	Khan Younis	29	20.86
	North	18	16.55
	Middle Area	23	12.95
	Rafah	10	7.19
	NA	1	0.72
Age group	0-3 years	2	1.44
	4-17 years	8	5.76
	18-40 years old	82	58.99
	41-60 years	38	27.34
	Over 60 years	9	6.47
Treatment recommended	Surgery	86	61.87
	Consultation	10	7.19
	Medical management	10	7.19
	Scheduled follow up	8	5.76
	Diagnosis	6	4.32
	Chemotherapy	3	2.16
	Other specialized procedures	16	11.51

Knowledge of permit status	Informed about permit denied • Informed of denial by Palestinian Coordination Office • Informed of denial by Israeli security NA	135 133 2 4	97.12 98.52 1.48 2.88
Method of information	Written confirmation Verbal confirmation	51 88	36.69 63.31
Prior permit experience	Ever travelled Never travelled NA	64 71 4	46.04 51.08 2.88
Denied a permit in 2014/2015 and before	Ever denied • Denied once • Denied multiple times NA	139 53 83 3	38.13 59.71 2.16
Security interview	Requested for security interview • Patient • Companion (for child patient) Not requested for interview NA	30 24 6 106 3	21.59 17.27 4.32 76.26 2.16
Reasons for denial	No reason given Security reason (patient) Security reason (companion of child) Documents missing Other reasons (diagnosis, etc.)	75 17 12 3 32	53.96 12.23 8.63 2.16 23.02
Action taken following permit denial	Action taken (157 multiple actions) • Sought treatment locally - Improved (6) • Requested MoH to change destination to Egypt - Travelled (3) • Appealed through a human rights organization - Approved (20) • Changed companion - Approved and travelled (4) • Reapplied via Palestinian DLO - Approved (41) No action taken	112 19 7 71 11 49 27	80.58 12.10 4.46 45.22 7.01 31.21 19.42
Outcome at time of interview	Treated • Outside Gaza • Locally Not treated	74 68 6 65	43.31 3.82 52.87
Length of delay of medical care (N= 68 patients denied, then approved)	Less than one month One to 3 months More than 3 months	8 37 23	11.76 54.41 33.83

Conclusion and recommendations

Patients denied permits to cross Erez checkpoint are more likely to be male (68%), in the 18-60 years age group (86%), and in need of specialized surgery (62%). Almost half of the patients who were denied had previously been able to travel for medical treatment. More than half of the patients had been denied multiple times. Almost one patient in five was requested to appear for a security interview by the Israeli Security Services as a condition to travel. While 12% of patients were informed they were denied for 'security reasons,' more than half of the denied patients did not know why they had been denied a permit. Twenty-three percent were denied on the claim that their medical diagnosis did not warrant treatment outside, unrelated to security reasons. By the time of the interview, 74 (53%) of the 139 patients who took further action (s) accessed health care after delays of weeks to several months, but 65 (47%) remained without health access to their treatment. The majority of denials of patients appears to be arbitrary and without relation to any security threats. There is no protection of this vulnerable group of patients to realize and practise their right to access needed health care, given the current severe restrictions on their freedom of movement, and blockade of Gaza, which hinders health system development.

COGAT explains reasons behind denied permits for patients, June 2015

After reviewing a list of 140 patients denied in June 2015, COGAT responded to WHO that the permit requests of 21 patients were denied on the grounds that patients were deemed 'unlikely to return to Gaza', or 'their medical condition could be treated locally'; 3 patients were granted permits although they had expired visitor permits and no Israeli-issued IDs; and 126 requests were received less than 7 days prior to their hospital appointment, leaving insufficient processing time for permits.

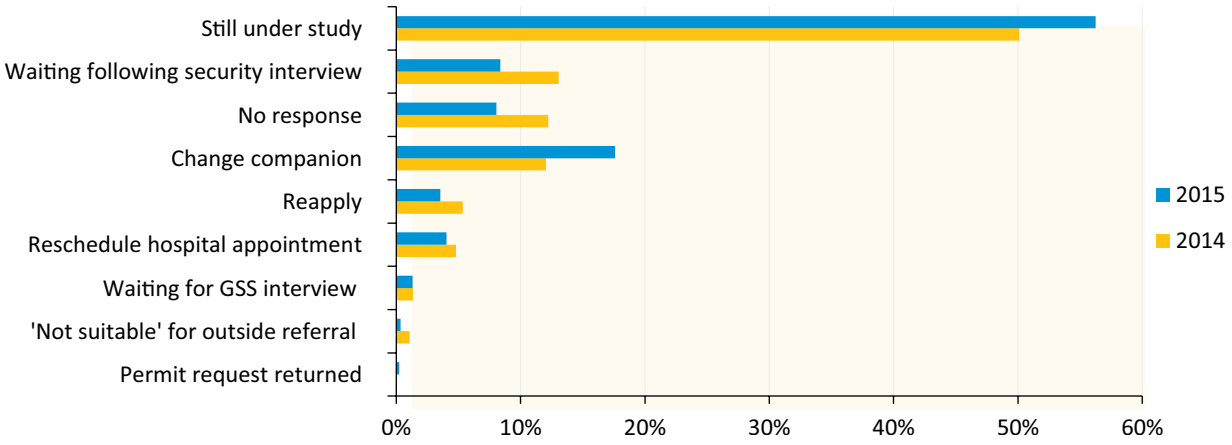
Patients who do not receive an answer to their applications in time for their hospital appointments must wait for health care, which affects their physical and mental well-being. Information about applications delayed beyond their hospital appointment is sometimes communicated by Israeli authorities to the Palestinian Coordination Office (Fig. 13). Clearly half of those reported delayed were "under study" by Israeli officials. The designation of "not suitable for outside referral" would appear to be interference by Israeli officials in a medical decision made by Palestinian physicians.



Gaza women patients protest the difficulties they face in accessing treatment for breast cancer outside of Gaza, 19 January 2016
© WHO

The Palestinian Ministry of Health has been proactive, within its abilities, to address some of the problems caused by Israeli occupation policies experienced by patients regarding access to health facilities. For example, the Ministry has insisted that Gaza residents lacking ID cards (due to Israeli refusal to update the population registry over the past seven years) should not be deprived of access to referral care. The issuing of special ID numbers succeeded in helping a number of patients reach needed medical care. The Ministry also tries to pressure for coordination through Erez for particularly needy patients who have not been successful in obtaining a permit from the Israeli Coordination Office, although appeals are not always successful.

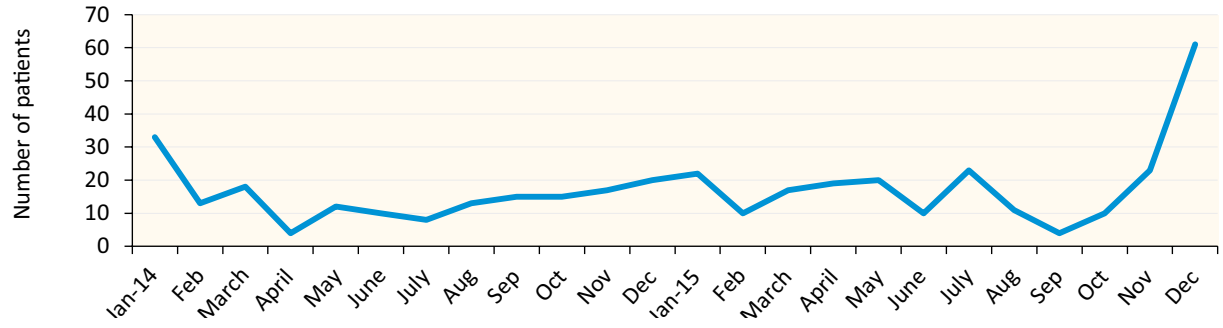
Fig. 13 Reasons given for delaying permits for Gaza patients, 2014-2015 (%)



Source: Based on monthly reports, Palestinian Coordination Office.

Any Gaza traveller can be called for a security interview at the request of the Israeli General Security Services, including patients and their companions. Interview calls carry the risk of intimidation, since there could be repercussions if they do not agree, put vulnerable people under stress, and may result in arrest. In late 2015, a sharp increase was seen in the number of patients called for security interviews as a condition for applying for access permits (Fig. 14). The increase may be attributable to a change in security personnel at the Erez checkpoint, according to the Palestinian Coordination Office in Gaza. In October 2015, Israeli security officials increased the age of companions who were subject to closer security scrutiny from 35 years to 55 years of age, which increased delays.[18] Delays of companions are particularly difficult for young mothers or fathers who need to accompany ill children, and with the new security procedure grandparents and other older first-degree relatives are also affected.

Fig. 14. Patients requested to appear for GSS security interview at Erez checkpoint, by month, 2014-2015



Source: Based on monthly reports, Palestinian Coordination Office, Ministry of Health.

Patients and companions also risk being arbitrarily detained and interrogated for days or weeks when trying to cross the Erez checkpoint, even with a valid permit (see Box D). Some individuals report being pressured to give information about others during security interviews and interrogations.

[18] Gisha http://gisha.org/updates/4754; http://www.haaretz.com/israel-news/.premium-1.689356

Box D. Gaza patients, companions and health personnel detained in 2014 and 2015

January 2014 28-year-old patient with impaired vision	Detained on January 6, 2014 by Israeli security forces at Erez crossing and released after 30 days. He had been on his way to the West Bank for an appointment for specialized treatment of an eye condition in a private hospital. He was sent back to Gaza without receiving medical treatment.
January 2014 34-year-old son of patient	Detained on January 16, 2014 by Israeli security forces at Erez crossing and released after 32 days. He had been on his way to hospital in Tel Aviv where his 70-year-old father was referred following open heart surgery in Nablus and deterioration in his condition. The hospital requested him to sign consent for his father's treatment. The father died three days after his son's arrest.
June 2014 42-year-old patient, with a cervical disc condition	Detained on June 18, 2014, at Erez crossing and released after 16 days. He had been on his way to Jordan for medical treatment of a spinal condition. His mother was called on the same day by an Israeli security officer who told her that her son was detained in Ashkelon prison.
September 2014 22-year-old casualty patient	Arrested in Ben Gurion airport on September 11, when he returned from medical treatment in Turkey. He had been treated locally for abdominal injuries in August 2014 and was referred for further treatment in Turkey. He was coordinated through Erez crossing and Ben Gurion airport as a war casualty. His situation improved significantly during his 2-week treatment abroad. On his return, accompanied by his mother, Israeli authorities arrested him in the airport. He was tried and sentenced to 13 months.
October 2014 patient with permit, held one year	Arrested at Erez on October 27 by Israeli authorities while en route to the Arab Specialized Hospital in Nablus. The patient was accompanied by his aunt and had a permit to travel for treatment. His aunt was returned to Gaza. He was tried and sentenced to one year.
October 2014 39-year-old son of patient,	Detained at Erez crossing and released after 9 days. He was accompanying his 68-year-old father to Makassed hospital in East Jerusalem, on October 27. Both had travel permits issued the previous day. The father, who had been referred for thoracic surgery, fainted while waiting for his son and was returned to Gaza. The son was held for 9 days in Ashkelon prison before being released back to Gaza.
October 2014 43 year old father of 5-year-old patient with leukaemia	Arrested at Erez crossing while returning to Gaza with his 5-year-old son who had been treated for leukaemia in an Israeli hospital. He was eventually tried and sentenced to 50 months.
November 2014 51-year-old patient with permit, detained at Erez, released after 26 days (second detention)	Detained at Erez, with a permit to travel and an appointment for follow up ophthalmic surgery in Jordan. He was held for 26 days by Israeli authorities before being released on December 14, 2014. It was his second unsuccessful attempt to leave Gaza for medical treatment. On September 17, 2014, the patient was detained at Erez when he attempted to travel with his permit for the same purpose. On that occasion he was held and interrogated for 6 hours before being returned to Gaza without treatment.
April 2015 25 year old patient with cervical disc condition	Detained at Erez crossing and released after 28 days. He had been en route to an appointment at Makassed hospital for his back condition. He was released back to Gaza without charge or trial.
July 2015 21-year-old patient with oral mass	Arrested at Erez crossing while en route to Ahli hospital in Hebron for treatment of an oral mass following a wisdom tooth extraction at Nasser hospital six months earlier. The patient applied for a permit to cross Erez checkpoint in June for his hospital appointment but was denied. He applied a second time, and was granted a permit to cross on July 9, 2015. He had been accompanied by his father when he was detained in the terminal. At a court hearing, the judge asked for a medical report before hearing his case. The patient was taken to a Beersheba hospital where tests reportedly showed a benign tumour. He was later sentenced to 10 years' imprisonment.
September 2015 23-year-old ophthalmic patient	Arrested at Erez crossing on his way to St. John's eye hospital in East Jerusalem, accompanied by his father. The patient, who suffered an eye injury from a road accident, appeared for an interview with Israeli security at Erez when he was detained. The patient had applied twice before for a permit but without response to his applications. He then appealed through human rights organizations and was approved a permit. In 2015 he was tried and sentenced to one year.

November 2015 31-year-old ophthalmic patient, married and a father of four	Arrested at Erez crossing en route to a private Ramallah hospital in the West Bank for a corneal transplant. He had a permit to travel and was summoned by Israeli security for an interview when he entered the terminal. Later his sister, who was accompanying him, was told that her brother had been arrested and she must return to Gaza. He was charged and sentenced to one year in prison.
December 2015 28-year-old Palestinian Red Crescent Society radiology technician trainee	Detained at Erez on December 13, 2015, on his way to medical training and released after 25 days. A radiology technician at the Palestinian Red Crescent hospital, Al-Quds, 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 in January 7, 2016, without charge or trial.

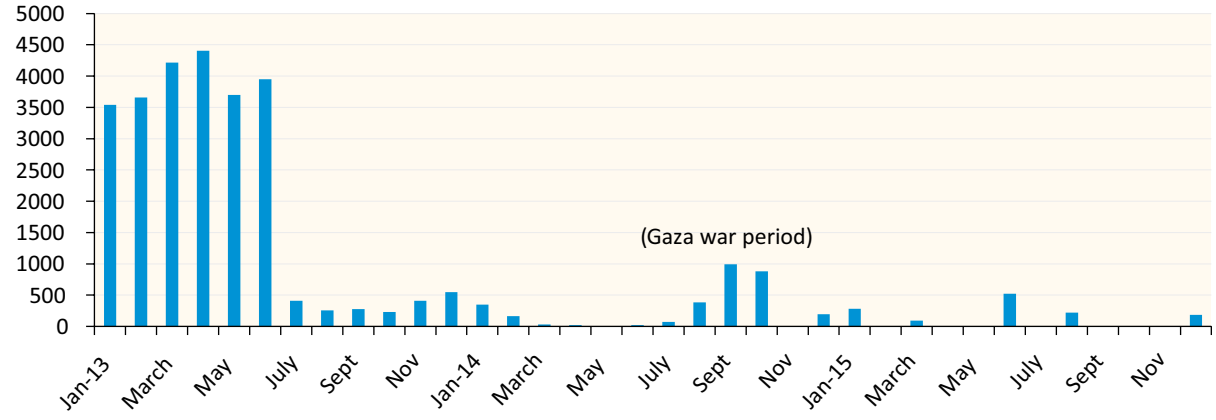
Source: Al Mezan Centre for Human Rights

Rafah border access

Rafah border has also been an important exit point for Gaza's population historically, allowing 4000 persons to travel through the border to Egypt for health-related reasons on a monthly basis – until the borders effectively closed in July 2013.

The border crossing was important for patients who were denied or who preferred not to travel through Erez checkpoint and for patients accustomed to traveling to Egypt for private health care. Patients, along with humanitarian cases of foreign residents and students, were put on priority lists for travel, to wait for the infrequent border openings. Fewer patients were able to travel from Gaza to Egypt in 2014 and 2015, as Fig. 15 shows, with the humanitarian exception of hundreds of casualty victims who were permitted to travel via ambulance in mid-2014 for treatment of trauma wounds. According to terminal authorities, in 2014, 3117 patients crossed the Rafah border, with Ministry of Health referrals or private physician medical reports. In 2015 only 1306 were able to cross for health reasons. By early 2016, about 3000 patients were registered on Ministry of Interior waiting lists for travel in the event the border was opened.

Fig. 15 Gaza patients' access through Rafah terminal for health care in Egypt and elsewhere, 2013-2015



Source: Rafah terminal authorities.

West Bank patients' access

West Bank patients must apply for permits to travel to outside health care, whether to East Jerusalem, that is, within the occupied Palestinian territory, or to Israel. However, unlike in the blockaded and besieged Gaza Strip, Israeli security forces have an extensive security network within the West Bank, and do not call patients and companions for individual security interviews. In addition, West Bank residents have relatively open access to Jordan for private health care; Israeli and Jordanian approval is required at the border but few residents are issued travel bans by Israel across the bridge.

Permit data from the Palestinian General Authority for Civil Affairs were reported in aggregate in 2014, for patients, companions and visitors, and disaggregated in 2015, as reporting systems were improved. As shown in Table 3, the number of permit applications was highest at 236 027 in 2013 and decreased in 2014 to 230 712. In 2015, requests for health access permits dropped further, by one-fifth in the West Bank. Likely reasons may be the mid-year exemption of older patients and companions (males, 55 years old and above; females, 50 years and above) from the permit system. Also some residents prefer to submit applications directly to Israeli civil administration authorities, bypassing the Palestinian Coordination Office. There may also have been less demand from private patients for access to Jerusalem, preferring health providers within the West Bank or in Jordan for easier access. The overall approval rate for permits for West Bank patients and companions improved from 77.37% in 2014 to 83.18% in 2015.

Table 3. West Bank patients' and companions' permit requests, by Israeli response, 2011-2015

	2011		2012		2013		2014		2015	
	No.	%	No.	%	No.	%	No.	%	No.	%
Approved	142,550	81.35	177,051	79.69	187,578	79.47	178,499	77.37	151,842	83.18
Denied	30,356	17.32	39,196	17.64	40,219	17.04	40,782	17.68	30,694	16.82
Delayed	2,322	1.33	5,941	2.67	8,230	3.49	11,431	4.95	NA	NA
Total	175,228	100	222,188	100	236,027	100	230,712	100.00	182,537	100.00

Source: Palestinian General Authority for Civil Affairs central office, Ramallah, West Bank.

To disaggregate data for patients and companions separately, WHO field researchers carried out a study of permit applications, in all 15 West Bank districts, that had been submitted in the last quarter of 2014. The findings (Table 4), showed that almost half (48%) of health access applications were submitted by patients, and 80.4% (76.5% male; 84.1% female) were approved, 14.9% (18.5% male; 11.4% female) were denied and 4.7% (4.9% male; 4.4% female) received no answer. Companions of patients had lower approval rates: 76.8% (72.3% male; 81.2% female) were approved; 21.5% (26% male; 17.2% female) were denied and 1.65% (1.7% male; 1.6% female) received no answer. The findings showed that approval rates were consistently higher for patients than for companions, and for females more than for males, as indicated in Table 4.

Table 4. West Bank patients' and companions' permit requests, by sex and by Israeli response, West Bank, October–December 2014

		Applications			Approved			Denied			Delayed (no answer)		
		Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All
Patients		10,999	11,463	22,462	8,419	9,651	18,070	2,036	1,309	3,345	749	703	1,452
		49.0%	51.0%		76.5%	84.2%	80.4%	18.5%	11.4%	14.9%	6.8%	6.1%	6.5%
		Applications			Approved			Denied			Delayed (no answer)		
Companions		Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All
		11,946	12,345	24,291	8,639	10,025	18,664	3,102	2,120	5,222	205	200	405
		49.2%	50.8%		72.3%	81.2%	76.8%	26.0%	17.2%	21.5%	1.7%	1.6%	1.7%

Source: WHO field research from data in all Palestinian District Coordination offices, 2015.

In two districts, Jericho and Bethlehem, where the age of patients was recorded, permit data were further examined to understand differences in responses received during the same time period, according to age groups. Table 5 shows that in both districts most permit requests were from patients aged 18 – 40 years old, but that this age group also had the most difficulty in obtaining permits, with the lowest approval rates. In the two offices, out of 454 patients denied permits, 93 were children aged 0 – 17 years, and 48 were over 60 years old.

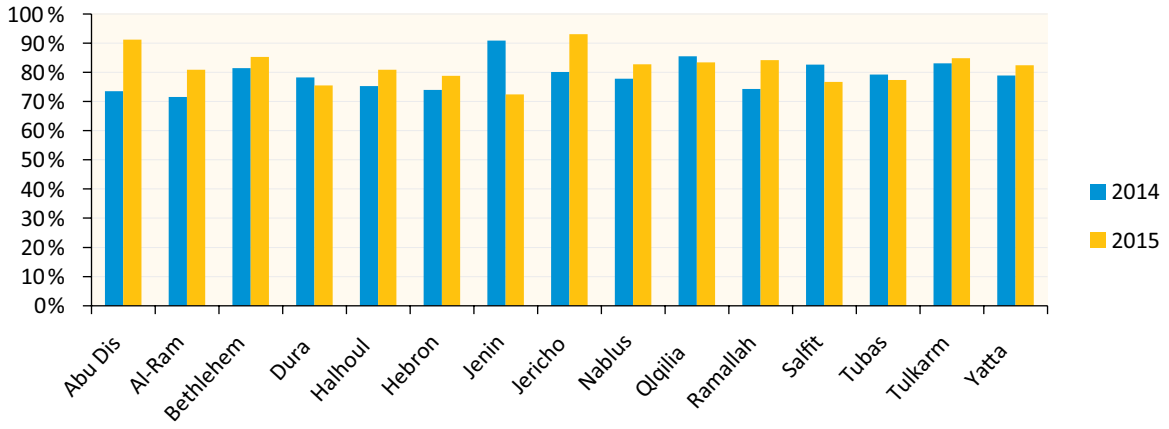
Table 5. West Bank patients' permit requests, by age group and by Israeli approval rate, Bethlehem and Jericho districts, October-December 2014

	Total applications by age group		Approval rate by age group	
	Jericho	Bethlehem	Jericho	Bethlehem
0 - 3	7.0%	5.9%	96.3%	85.9%
4-17	15.6%	17.4%	97.5%	86.5%
18-40	38.8%	34.9%	91.9%	83.4%
41 - 60	29.1%	31.0%	94.2%	86.5%
Over 60	9.5%	10.7%	98.6%	84.1%

Source: WHO field research from Palestinian District Offices in Bethlehem and Jericho, 2015.

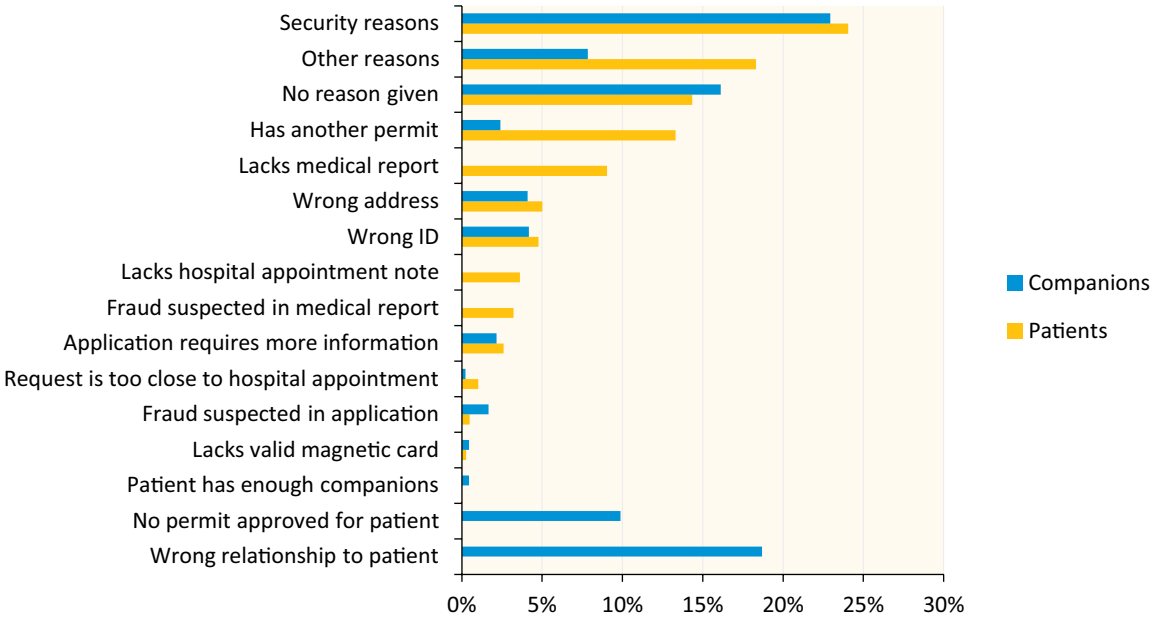
The rate of approvals of requests from patients and companions for permits for medical reasons improved in the West Bank in 2015 compared to 2014, except in five of the 15 districts – Dura, Jenin, Qalqilya, Salfit and Tubas (Fig. 16).

Fig. 16. Approval rates for West Bank health access permit requests, for West Bank patients and companions, by district, 2014-2015



The most frequent reason given by Israeli civil administration officials for denying travel requests from patients and companions to Jerusalem hospitals was 'security,' according to WHO's sample examination of responses to requests submitted during the last three months of 2014 (Fig. 17). For both patients and companions, either 'security' or no reason at all was given in 38% of the cases. These findings were consistent with studies carried out by WHO in previous years. Patients must adhere to a number of bureaucratic restrictions in order to be granted a permit for health access: for example, they must turn in any other kind of permit they hold, such as for work or business, a reason for 13% of denials; they must carry a personal magnetic card (issued by Israel); they must have updated information in their ID; and if a companion, they must be a close relative of a patient with a valid permit - a reason for 19% of denials.

Fig. 17. Reasons given for health permit denials for West Bank patients and companions, Q4 2014



Source: Palestinian District Coordination Offices, General Authority for Civil Affairs, West Bank.

WHO carried out interviews in 2015 of patients with serious health issues who had been denied permits to East Jerusalem hospitals, some multiple times. Several of the patients had previously been granted permits and then were subsequently denied, without reason. Two interviews were with parents of ill children who had been denied permits to accompany their child (see Box E). Patients sometimes find success through appeals via the International Committee of the Red Cross.



A mother is accompanying her daughter at Erez crossing to seek health care © WHO

Box E. West Bank denied patients and companions: case studies

38-year-old male from Abu Dis, suffers from eye disease, diabetes and rheumatoid arthritis	Ex-prisoner, denied a permit several times, for security reasons to St. John Eye hospital for treatment of chronic tearing, irritation and unclear vision in his right eye. Also denied access to Al Makassed hospital for specialized treatment for diabetes and rheumatoid arthritis as of 6 years ago following his imprisonment. He last applied in March 2015.
40-year-old male from Bethlehem, with complications from foot trauma	Denied regular access to Al Makassed hospital for follow up and treatment of complications of foot trauma. On 12 May 2014 he accessed Al Makassed hospital for foot surgery as an emergency case but was denied regular access for follow up; of 21 applications, 14 were approved. He suffers from inflammation and increase in pain which has limited his movement.
22-year-old man with a diploma in nursing from Beit Ummar/ Hebron, suffers from vision problem and meniscus tear in his right knee	Denied access to St. John Eye hospital for specialized corneal topography test not available in West Bank. He last applied in February 2015. Also needs a medical consultation for his knee at Al Makassed hospital. He was never detained, but was rejected for security reasons.
22-year-old man from Beit Ummar/Hebron with ischemic heart disease	Ex-prisoner, denied access for security reasons to Tel Hashomer for follow up treatment of heart condition, despite previous treatment in the hospital. Appealed through a human rights organization but he did not receive a permit.
45-year-old man married with three children from Beit Ummar/Hebron, suffers from corneal disease	Denied access to St. John Eye Hospital for specialized treatment in February 2015. He was rejected 4 times for 'security reasons' and appealed through the Palestinian Coordination Office, but did not receive a permit. He had been detained for 2 months when he was a teenager. He has no health insurance. He travelled to Jordan for consultation, but could not afford the treatment recommended and returned to the West Bank.
40-year-old female from Rujeeb/Nablus, complication of stomach surgery	The patient suffered complications following stomach surgery and nine attempts of corrective surgeries (in the Gulf, Jordan and Nablus) before being referred to Makassed hospital in Jerusalem. Both the patient and her father, who was her companion, applied three times in February 2015 but were denied, on the pretext that the physicians' reports were 'fake.' After having increased pain over several months, she eventually accessed the hospital as an emergency case with coordination by ambulance.
35-year-old male from Rumaneh suffers from spinal cord injury from a construction site work accident in Israel, asked to hire a security guard	Patient was given many permits for treatment in Israel over a four-year period, but received no answer to his application in September 2014. When he reapplied in February 2015 to access the same Israeli hospital for a follow up appointment, his permit was made contingent on him hiring a security company guard to accompany him, which the family could not afford. His health status is very bad: he lost his hearing, cannot walk or take care of himself.
Patient-companion: mother of 8-year-old girl with heart disease, from Abu Dis	Denied a permit twice for security reasons and could not accompany her young daughter to Makassed hospital cardiology department, although the mother does receive permits to visit her brother in prison in Israel.
Patient-companion: father of 6-year-old girl with hepatitis and renal failure, from Bethlehem	Denied access to accompany his daughter to Augusta Victoria hospital for kidney treatment on weekly basis, and sometimes for emergency treatment that is unavailable in the West Bank. The father's denied access also prevented the transfer of his daughter to hospital until the application was changed to the mother as her companion. When the father's presence was needed for consent to hospital treatment, he appealed to the International Committee of the Red Cross, and was granted a permit on four occasions.

Ambulance access to Jerusalem

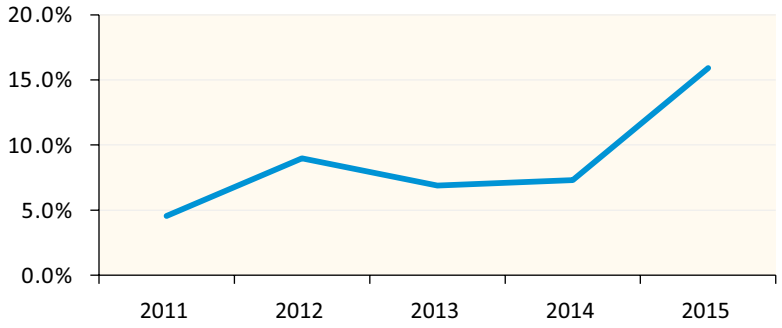
Ambulances have been prevented from entering an area, and have been prevented from treating people in the field. When transferring patients, ambulances can experience time-consuming delays by being held waiting by Israeli military and civilian staff at the checkpoints, even when the referring hospital and receiving hospital have obtained prior coordination from the Israel Civil Administration for the transfer.

The main provider of emergency services in the West Bank is the Palestinian Red Crescent Society. To avoid delay while negotiating access at Jerusalem checkpoints, the Palestinian Red Crescent Society uses "back-to-back" procedures for most of its trips from the West Bank to East Jerusalem. This means that a

West Bank-plated ambulance transfers a patient by stretcher to a waiting Jerusalem-plated ambulance at the checkpoint, a process that takes place in the open, and delays patient transfer by a minimum of 10 minutes, and often longer, due to security checks by checkpoint personnel.

In 2015, the volume of Red Crescent ambulance transfers to Jerusalem was 50% higher than in 2014 (1420 compared to 946), but the rate of direct access to Jerusalem hospitals improved. In 2015 16% of attempts succeeded, illustrated in Fig. 18, considerably higher than in 2014 when ambulances were permitted direct access to Jerusalem in only 7.8% of attempts, and in 2013 when the rate was 6.9%.[19]

Fig. 18. PRCS ambulances from West Bank allowed direct entry into Jerusalem, 2011-2015



Ambulances from the Hebron district were most likely to be denied direct entry into East Jerusalem at the Bethlehem checkpoint, necessitating a back-to-back transfer of the patient between ambulances, as indicated in the data in Table 6.

Table 6. PRCS ambulance access to East Jerusalem, by checkpoint, 2013-2015

		2013			2014			2015		
Ambulance origin	Route to enter Jerusalem	Total	Direct entry	Changing ambulances	Total	Direct entry	Changing ambulances	Total	Direct entry	Changing ambulances
Nablus	Qalandia checkpoint	62	0	62	25	0	25	69	20	49
Qalqilya		21	0	21	5	0	5	21	6	15
Tubas		0	0	0	0	0	0	0	0	0
Tulkarm		47	0	47	17	0	17	32	7	25
AlBireh		508	1	507	455	25	430	585	95	490
Jenin		39	0	39	10	0	10	6	6	0
Hebron	Bethlehem checkpoint	246	46	200	337	32	305	570	60	510
Bethlehem		159	29	130	90	10	80	110	25	85
Jericho	Zaim checkpoint	35	1	34	7	2	5	27	7	20
Total		1 117	77	1 040	946	69	877	1 420	226	1 194
			6.9%	93.1%		7.3%	92.7%		15.9%	84.1%

Source: Palestinian Red Crescent Society, 2016.

[19] Annual report of the Palestinian Red Crescent Society for 2014.

3.3 Access for health personnel and ambulances to East Jerusalem

Gaza

The WHO sub-office in Gaza assists with the online coordination of applications for access to and from Gaza for health personnel attending health-related meetings and trainings. These health personnel include WHO staff, Ministry of Health personnel, health sector partners and visiting medical delegations. Table 7 provides information on the number of approvals and rejections for health personnel requesting access through Erez from 2014 to 2015. Table 8 shows that approvals were slightly higher in 2015 compared to 2014, however, permit requests dropped by almost 40% in 2015.

Table 7. Access through Erez for health personnel, 2014 and 2015

	Submitted	Approved	Rejected
2014	222	192 (86.4%)	30
2015	136	120 (88.2%)	16

Source: WHO Gaza office.

East Jerusalem

Access to the six East Jerusalem non-profit hospitals, which are the major referral hospitals of the Palestinian public health system, is problematic for health personnel who reside in the West Bank and do not hold Jerusalem IDs. They must apply every six months for permits and are restricted to enter via designated checkpoints only. In 2013, of the 1117 personnel who had to apply, 12 were denied permits and 14 were issued permits for only 3 months. For the years under review, shown in Table 9, in 2014, the six East Jerusalem hospitals reported that 1528 applications were submitted for access permits for hospital staff to travel to work; while most were granted, 32 staff were given 3-month rather than 6-month permits and 19 staff were denied permits. In 2015, applications rose to 1554 and the approval rate rose slightly, to 97%, with 32 staff given 3-month permits, and 15 denied. Some individual physicians and nurses were granted permits to drive their cars into Jerusalem in 2015 on a pilot basis.

Table 8. East Jerusalem hospital staff requests for permits to access workplace, 2014-2015

Workplace	2014				2015			
	Total applied	Approved (6 months)	Approved (3 months)	Denied	Total applied	Approved (6 months)	Approved (3 months)	Denied
St. Joseph Hospital	210	207	3	0	210	207	3	0
Princess Basma Hospital	67	62	0	5	59	59	0	0
Makassed Hospital	655	627	20	8	655	625	20	10
Augusta Victoria Hospital	374	361	9	4	391	378	9	4
Red Crescent Soc Maternity	122	121	0	1	125	124	0	1
St John's Ophthalmic	100	99	0	1	114	114	0	0
Total	1 528	1 477	32	19	1 554	1 507	32	15
		96.7%	2.1%	1.2%		97.0%	2.1%	0.96%

Source: East Jerusalem hospitals.

The East Jerusalem hospitals are also important as the main training centres for Palestinian medical students. A 2014 survey supported by WHO[20] questioned 36 medical students from al Quds University in Abu Dis, located just beyond the separation wall, about their access to their clinical training sites. Half of the students reported experiencing unpredictable delays and difficulties at checkpoints, which they attributed to arbitrariness of soldiers; seven were denied permits to travel to training hospitals, a restriction which they described as a major barrier to their learning.

3.4 Access for Palestinians in Area C to primary health services[21]

Area C, which is still under direct Israeli military and civilian control, constitutes 62% of the West Bank and presents special access problems for its 300 000 residents. Access to health services in particular is considered to be a critical challenge to Palestinians living in Area C. According to interviews conducted by WHO in 2016 with residents in eight communities, the most problematic areas are those located close to settlements, the separation wall or near military zones**,** areas closed by gates (especially Bedouin communities) or inaccessible to services due to cost or availability of transportation. Travel to health facilities has become more difficult because of the need to travel circuitous ways on by-pass roads around settlements and around the wall where it intrudes into lands, and to cross barriers of various kinds. Area C residents also face risk of violence from armed settlers from recurrent raids, armed clashes, and from the presence of land mines.[22]



The 5,000 residents of Anin village, Jenin district, in Area C, find local services limited and travel to Jenin hospital, 18 kilometers away, requires a permit, hours and high cost for the commute. © WHO

In a survey of vulnerable communities,[23] more than two-thirds of 351 Area C communities reported some degree of health access difficulty, with one in four having particularly poor access to health services.[24] 82 communities had no health services at all, neither primary health clinic nor mobile clinic, and in almost half of these communities, residents had to travel more than 30 kilometres to attend a clinic. Hebron, Jenin and Tubas districts had the highest number of communities with poor access to health services, but even in Ramallah and Nablus districts, which have major service centres, half of the 26 Area C communities had very poor access. Where clinics do exist they may have very limited working hours, and lack specialized staff, medications and basic laboratories.

[20] Sarrah Shahawy, (2014) "Attitudes of Palestinian medical students on barriers to access of hospital sites of clerkship training," (abstract), presented at the Lancet Public Health Alliance conference, Beirut, March 2015.

[21] https://www.ochaopt.org/documents/atlas_2015_web.pdf

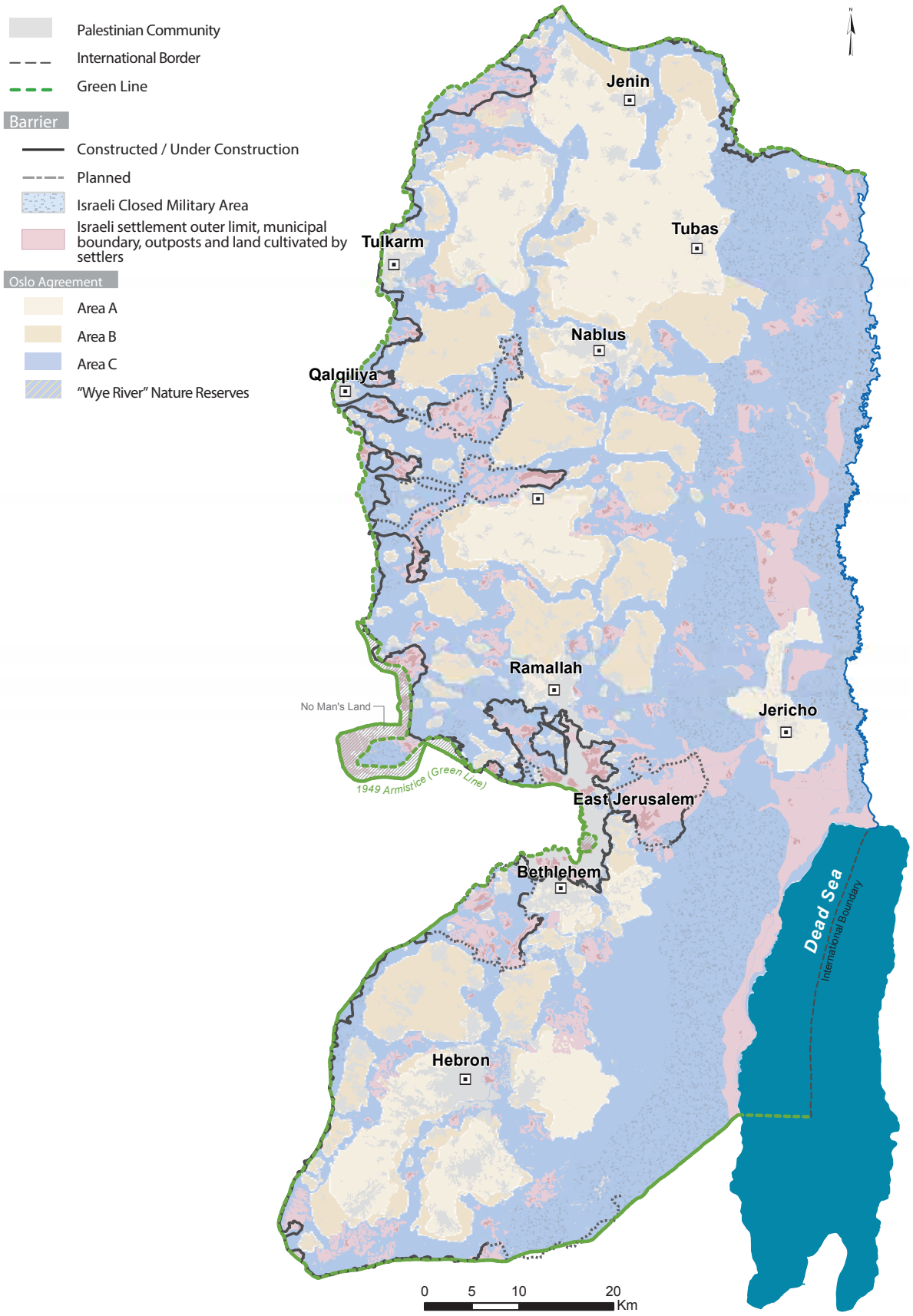
[22] In Ibziq, Tubas district, a Palestinian shepherd was reported killed in 2014 as a result of a mine explosion.

[23] OCHA-PCBS Vulnerability Profile+ 2015 survey based on interviews with heads of village councils or community representatives.

[24] Scoring for highest level of health vulnerability was made according to weighted indicators > 50%. Factors were:
Area C location, primary health centre outside the community, community served by mobile clinic, distance (and cost, obstacles) to nearest health centre, closures/checkpoints in area, lack of access to skilled staff or lack of specialized health centre, and weighted for population size and high vulnerability in other sectors such as food, water, land access and protection issues.

AREA C IN WEST BANK | NOVEMBER 2016

OCHA



Access to emergency services

In health emergencies such as childbirth, heart attacks, accidents or animal bites (especially scorpion and snake bites) access to health services must be timely to address urgent life-death situations. Area C residents report that access to emergency services is most challenging and risky at night and during Israeli holidays when there is no public transportation and when roads near settlements are closed. In Kisan, a small Palestinian village 11 kilometres south of Bethlehem, a father described the circumstances of the recent deaths of two of his children from sudden heart conditions, "We called an ambulance but the ambulance had trouble and took time in arriving. My son, just 24 years old, died before reaching the hospital in Beit Jala. His sister, a mother of two children and 27 years old, had died similarly two years before."

Vulnerable groups inside vulnerable communities

Certain social sectors are more affected by poor health access, such as women, children, elderly and persons with disabilities. Women are most vulnerable during pregnancy, childbirth and new born care, while sick children and infants may need emergency care at night, and the elderly, chronically ill and those with disabilities depend on others for access. The knowledge that health access may be difficult and risky during certain periods also serves as a psychological stressor and can affect health directly.

The separation wall isolates many villages in Area C from basic needs–land, livestock and agriculture, water recourses and electricity – all basic determinants of health. Most residents live below the poverty line and cannot easily make out-of-pocket payments for health services. The added cost for seeking specialized care or emergency services can be catastrophic. Communities served by mobile clinics report being unsure of the continuity of such services, and the quality and frequency of services provided.

Health access in Israeli prisons

Access to health services for the 6 000 Palestinian prisoners from the West Bank and Gaza Strip in detention centres and prison facilities in Israel, and for Palestinians held in Israeli military facilities in the West Bank, lacks transparency and supervision by the Israeli Ministry of Health, and independent external physicians are not given timely or sufficient access.[25] A new Israeli law on treatment of hunger strikers passed in July 2015 raised concern about ethical issues related to their health.[26]

According to the report on health conditions in the oPt by an independent mission team to the World Health Assembly in May 2016,[27] medical access for Palestinian prisoners remains an issue: "Health services in prisons are reported to be understaffed and the available care facilities described as inadequate. Medical treatment within the prison and referral to specialist diagnostics and treatment are frequently delayed, the latter at times up to several months. Important health services such as rehabilitation services and mental health assistance also appear to be insufficient within the prisons."

[25] Communication to WHO from Physicians for Human Rights – Israel (PHR-Israel), "Health in Prisons Program (HIPP) - World Health Organization," December 2014.

[26] WHO co-signed a United Nations Joint Statement in 2015 warning against forced feeding, http://www.emro.who.int/pse/palestine-news/un-joint-statement-on-new-israeli-law-on-force-feeding-of-detainees.html

[27] Report of a field assessment of health conditions in the occupied Palestinian territory, February 2016. http://apps.who.int/gb/Statements/Report_Palestinian_territory/Report_Palestinian_territory-en.pdf

3.5 Attacks on health in 2014 and 2015 and impact on access

WHO works with health partners to document incidents during which health facilities, ambulances, health personnel, patients and their family members are threatened with or experience violence. Data collected during the period under review is summarized in Table 9. Attacks on health facilities can have a serious both immediate and long-term impact on health and human rights, leading to death or injury, restricted or delayed access to health care, interference in the work of health personnel and obstacles in the supply of health materials. In the Gaza Strip in summer 2014 and in the West Bank in late 2015 attacks on health facilities and ambulances became a major issue of concern in the occupied Palestinian territory, jeopardizing patient health access as well as the protected status of health workers and health facilities.

Table 9. Violent incidents affecting health facilities in oPt, 2014-2015

Subject of attack	Persons Killed	Persons Injured	Facility Destroyed	Facility Damaged	Access Prevented/ Delayed	Persons Arrested	Incursions into facilities
Hospitals	6	101	1	18		2	8
Clinics			3	61			2
Ambulances	2	187	6	124	688	4	
Pharmacies, other facilities	2	4	10	24		13	
Health personnel (not in health facility)	1	1					

Source: WHO monitoring database. Major incidents and casualties were verified through site visits and interviews with health providers.

Gaza Strip

Health access was a critical issue during the sharp escalation of violence in the Gaza Strip in summer 2014.[28] Heavy bombardment from air and land over a period of 51 days in July and August resulted in high human loss and injuries (2 145 killed and 11 220 injured). Among health personnel, 23 were killed and 78 were injured.[29] Ambulance staff were the most affected by the violence, representing 13 of 23 deaths (19 males; 4 females) and 76 of 78 injured (77 males; 1 female) among health workers. Most of the health workers who died were Ministry of Health employees (11), and of injured health workers were primarily Civil Defence (36) and Palestinian Red Crescent Society paramedics (36). Forty-five ambulances were destroyed or damaged, and four Palestinian Red Crescent Society ambulance stations suffered damage.

In direct or indirect attacks, 20 of 31 hospitals and 57 of 97 primary care clinics were damaged or destroyed;[30] in those attacks, five persons were killed: two patients and three hospital visitors, and at least 60 injured.[31]. In a single incident in al Aqsa Hospital in Deir al Balah, four people, a patient and three visitors, were killed when an upper floor was damaged.[32] Up to 30 persons were injured, including a nurse.[33] The exact number is unknown, since many of those injured were transferred to area hospitals

[28] WHO press release, 24 July 2014. http://www.emro.who.int/media/news/humanitarian-corridor-gaza.html

[29] Abu Seif, A., Lafi, M., Ammar, W., Atatrah, T. and Vitullo, A. "Health workers in danger in the occupied Palestinian territory, 2014," abstract presented at the Lancet Public Health Alliance annual conference, March 2015.

[30] "Joint Health Sector Assessment Report, Gaza Strip," September 2014, http://www.emro.who.int/images/stories/palestine/documents/Joint_Health_Sector_Assessment_Report_Gaza_Sept_2014-final.pdf?ua=1&ua=1 ; see also "Detailed Needs Assessment (DNA) and Recovery Framework for Gaza Reconstruction, Ministerial Committee for the Reconstruction of Gaza." August, 2015.

[31] WHO situation reports #4 and #5, http://www.emro.who.int/pse/publications-who/gaza-situation-report-update-july-september-2014.html?format=html

[32] "Legal Analysis of Israel's attacks against the Occupied Gaza Strip, Briefing Note VII: Illegal Attacks on Health Facilities and Hospitals," 11 September 2014, http://www.alhaq.org/advocacy/topics/gaza/855-briefing-note-vii-illegal-attacks-on-health-facilities-and-hospitals

[33] WHO press release, World Humanitarian Day, 19 August 2015, http://www.emro.who.int/pse/palestine-infocus/gaza-nurse-injured-in-war-i-had-to-help-others.html



Al-Aqsa hospital, a Ministry of Health facility in Gaza, hit by rockets on 21 July 2014 © WHO



The remains of an ambulance hit during bombardment of Shajaiya neighbourhood, Gaza City, on July 20, 2014 © WHO

for treatment, along with other trauma victims from the neighbourhood. Three days later Durra Paediatric Hospital in Gaza city was hit and a young patient, 2 years old, who was being treated in the intensive care unit was killed. Al Wafa hospital, the only rehabilitation hospital in the Gaza Strip, was completely destroyed in a direct attack. Several hospitals were hit several times: al Wafa rehabilitation hospital, which eventually collapsed, and al Aqsa hospital. In addition to health facilities, a charitable residential care centre for the disabled was completely destroyed, killing two disabled persons and critically injuring four other persons (see Box F).[34]

Gaza nurse injured in war: "I had to help others"



Intensive care nurse, Iman Abu Jaiab, 33 years old, from Nusseirat refugee camp in Gaza, was wounded seriously in the arm when al Aqsa hospital was hit on 21, July 2014, during intensive bombardment in the surrounding residential neighbourhood. She was transferred to a nearby hospital where she remained for 18 days, for treatment of bone, nerve and arterial damage. She underwent 11 surgical procedures for cleaning of her infected wound and repair, then referred to Jordan for 6 months for muscle and skin grafts and internal fixation of her broken bone. Iman, who has only slight mobility in her right hand due to the nerve damage, has not been able to return to direct patient care, but learned to write with her left hand.

Box F. Major incidents affecting health facilities in Gaza, July-August 2014

Date of attack	Health facility	# killed	# injured
12 July	Al Rahma Association for Disabled (completely destroyed)	2 disabled persons	4 (3 disabled persons and one care worker)
21 July	Al Aqsa hospital (damaged)	4 (1 patient and 3 visitors)	16-30 (injured)
22 July	Beit Hanoun hospital (damaged)	0	3
23 July	Al Wafa hospital (completely destroyed) Balsam hospital	0	0
24 July	Al Durra hospital (damaged)	1 patient	30 (7 reportedly died from injuries)
25 July	Beit Hanoun hospital (damaged)	0	3 (including a nurse and international visitor)
30 July	Al Aqsa hospital (damaged)	0	1 nurse injured
1 August	Najjar hospital (damaged)	0	several civilians injured

Source: Gaza hospital administrators, WHO Gaza situation updates, 2014; al Mezan Center for Human Rights, Gaza;

[34] WHO situation update, July 12, 2014, http://www.emro.who.int/pse/palestine-news/situation-update-12-july-2014.html



Gaza children in front of the rubble of the 10-story Wafa hospital, Gaza's only rehabilitation center, hit several times in July 2014 and destroyed on 2 August 2014 © WHO

During the 51 days, many health facilities were understaffed and under-resourced due to shortages of essential materials and some became inaccessible to both patients and health workers. This was particularly difficult for trauma patients, pregnant women and the acutely ill who required urgent medical care. Ambulance movement did not stop during the conflict but was often carried out under the extremely dangerous conditions of ongoing military actions.

The administrative process of referring patients with chronic diseases and trauma victims to tertiary care hospitals outside of Gaza was disrupted. Patients also faced difficulty being transported due to the dangers of internal travel to the Erez checkpoint during the escalating violence. During July and August, both the number of Ministry of Health referrals and of patients' permit applications to exit Erez were half of normal levels.[35] On the other hand, during this period the Rafah border was opened by Egypt on an exceptional basis to allow the travel of several hundred trauma patients for medical care.

West Bank

Non-lethal ammunition can also have serious consequences. In May 2014 a Palestinian pediatrician died in an East Jerusalem hospital of respiratory failure four days after being overcome by excessive tear gas fired by Israeli military forces in the street in front of his clinic in Abu Dis where he was treating a child. A clinic physician could not attend to him when called due to the large amount of tear gas in the area. Also in May 2014 Israeli forces fired tear gas directly into the reception room of Jenin hospital forcing an evacuation of patients and their families to the yard.

From October to December 2015 frequent clashes took place in the West Bank, particularly in Jerusalem; clashes also erupted in Gaza along the border with Israel. The scale of violence in the West Bank reached

[35] See WHO monthly reports on Gaza access, http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html

the highest recorded by United Nations Office for the Coordination of Humanitarian Affairs in a single year since it began monitoring in 2005.[36] Hospitals and clinics located in areas where demonstrations had been dispersed with gunfire were targeted by security forces, looking for wounded (see Box G). Ten incidents of incursions by security forces into West Bank health facilities were reported to WHO by hospital administrators in 2015.[37] In the most serious incident, a young man, a relative of a patient, was killed in the patient's room in a Hebron hospital during the course of an arrest operation of the patient by Israeli security forces. At Makassed Hospital in East Jerusalem, which security forces entered five times over several weeks, tear gas was fired into hospital grounds on two occasions; two tear gas canisters entered through windows in patients' rooms, affecting patients and injuring a patient's mother. Six United Nations agency representatives including from WHO, visited Makassed Hospital in East Jerusalem on 2 November, following several incidents at the hospital.[38] In a joint United Nations statement issued following the visit, United Nations Humanitarian Coordinator for the oPt Robert Piper said: "The right to health is a fundamental human right which Israel must respect and protect at all times."[39]



Israeli security forces in Makassed Hospital, October 28, 2015 © WHO

In addition to permanent checkpoints at the entrances to Jerusalem, 29 cement barricades were erected in October at the entrances, and within, eight East Jerusalem neighbourhoods that affected the movement of 150 000 residents, including their access to hospitals and clinics. The East Jerusalem hospitals reported that severe traffic jams created delays in access for medical staff and patients which disrupted the operations of the six hospitals. Three of the barricades were at the entrances to East Jerusalem hospitals and surrounded Makassed hospital. Palestinian Ministry of Health referrals of dialysis and Gaza cancer patients housed in a nearby facility were particularly negatively affected by the checkpoints at hospitals, physical searches and delayed care. Most of the barricades were removed by early December 2015.

The Palestine Red Crescent Society reported a large number of incidents that affected their ability to operate emergency services in the West Bank and Gaza in 2015. A total of 147 paramedic personnel were injured, 92 ambulances were damaged, 96 ambulances were significantly delayed by security forces from reaching their destinations, and four injured persons were detained from Palestine Red Crescent Society ambulances.

[36] In 2015, the number of fatalities of Palestinians from military occupation and security violence totalled 170, http://www.ochaopt.org/documents/press_release_170_palestinians_and_26_israelis_killed_in_2015_english.pdf Of these, 127 occurred in the West Bank, including Jerusalem, and 25 in the Gaza Strip. http://www.ochaopt.org/poc26january-2february-2016.aspx and http://www.emro.who.int/images/stories/palestine/documents/WHO_Sitrep_on_oPt__health_attacks_12.2015_-_final.pdf?ua=1.
The United Nations Office for the Coordination of Humanitarian Affairs recorded 15 377 Palestinians and 350 Israelis injured during 2015, with more than 80% of casualties recorded in the last quarter of the year. United Nations Office for the Coordination of Humanitarian Affairs press release, 30 December 2015 (https://www.ochaopt.org/documents/press_release_170_palestinians_and_26_israelis_killed_in_2015_english.pdf

[37] Interviews, WHO.

[38] http://www.emro.who.int/palestine-press-releases/2015/un-agencies-call-for-respect-of-health-premises-and-the-right-to-health-care-november-2015.html

[39] http://www.emro.who.int/images/stories/palestine/documents/HC_Statement_East_Jerusalem_health_careFinalVersion.pdf?ua=1

Box G. Incidents of violence affecting West Bank health facilities, October-December 2015

Date of attack	Health facility	Summary
4 October	Nablus private hospital	A patient was arrested in his bed by an undercover security unit.
27 October	Makassed hospital, East Jerusalem	Security forces entered into hospital grounds. Officers entered the hospital with a court order for files of an injured person, and summoned health personnel to police station for questioning.
28 October	Makassed hospital, East Jerusalem	Security forces entered into hospital grounds in Jerusalem; officers had court order for hospital camera footage. The neonatal ward was emptied of staff and barricaded during the search. Hard disc was confiscated and hospital personnel threatened with arrest.
29 October	Makassed hospital, East Jerusalem	Hospital staff holding a sit-in to protest security forces entering Makassed hospital in Jerusalem were told by police to disperse, and then tear gas was fired into the crowd inside the hospital grounds, injuring 25. Gas entered neonatal intensive care unit, affecting infants.
30 October	NGO clinic	Palestinian Medical Relief Society clinic personnel and patients forced to evacuate clinic by security forces in Hebron city.
1 November	Private clinic, Sair, Hebron	The clinic was raided by security forces and staff and ambulance team, were detained and interrogated.
9 November	Makassed hospital, East Jerusalem	Security forces entered into hospital grounds in Jerusalem; officers had court order for file of an injured person. The person was not in the hospital in-patient or ER computer system.
12 November	Ahli NGO hospital, Hebron	Undercover security force unit entered the hospital and abducted a patient from his bed, shot and killed his cousin who was with him in the room, bound his brother to the bed and threatened hospital personnel.
17 November	Red Crescent Maternity hospital, East Jerusalem	Security forces surrounded the hospital in Jerusalem for one hour, demanding the hospital security camera footage. Hospital personnel did not allow them entry.
1 December	Makassed hospital, East Jerusalem	Police conducting a search in the neighbourhood fired tear gas canisters into hospital grounds; two canisters entered patients' rooms, injuring the mother of a child who was a patient and gas affected intensive care patients.



Al-Quba primary health care center which was destroyed in 2014 summer war © MoH



4. Conclusions and recommendations

The data findings from 2014 and 2015 compiled in this report are consistent with findings published in the three previous reports by WHO on barriers to health access experienced by Palestinians in the occupied Palestinian territory.[40] A very large number of Palestinians do not have direct access to their recommended specialized health care due to Israeli movement restrictions, even to Palestinian hospitals in Jerusalem which have served the population for half a century.

During the previous two years, almost 100 000 patients who were referred by the Ministry of Health required Israel-issued travel permits in order to access health care, two thirds of them were from the West Bank and one third from Gaza. The most frequent reason for referrals was for cancer treatment. Of these referrals, 86% were to hospitals in the Palestinian health care system and located within the occupied Palestinian territory but not accessible without a permit.

Patients who need specialized health care are already in a vulnerable position, physically and psychologically. The evidence presented here shows that the processing of travel permits for referral patients, in Gaza can entail lengthy procedures, exhaustive security checks, interviews by security agents, and refusals to approve permits for their family member or demands to change their companion. Patients are informed only the evening before travel, sometimes the same day, which is unnecessarily stressful. The patient, who may be awaiting radiotherapy for cancer, surgery for a shattered joint, or diagnosis of cardiac disease, or an infant with a life-threatening metabolic condition, may miss their hospital appointment. In the worst case, they may be denied a permit altogether. In the two years under review, almost 1 800 patients were denied permits to health care outside Gaza and more than 8000 patients did not receive a response to their applications in time for their hospital appointment, which delayed their medical care. In the West Bank, an estimated 35 000 patients who requested permits in 2014 and 2015, about one in five patients, were denied or not answered. Case studies undertaken by WHO show that decisions on permits are perceived to be arbitrary, denied one time for unexplained security reasons and approved another, and are never predictable. Young adults, aged 18 to 40 years, are the most likely age group to be called for security interviews and have the lowest approval rates, especially males.

Access to health is not fully respected to the extent required for population health and well-being and the functioning of the Palestinian health system.

The right to health is an international legal obligation for United Nations Member States, protected by both international humanitarian law and human rights law. Israel, as the occupying power, is foremost responsible for policies that compromise health access, the permit regime and physical obstacles that make travel to hospitals a serious problem for many Palestinians.

[40] http://www.emro.who.int/pse/publications-who/annual-opt-access-reports.html

Against this, there has been improvement in some indicators, for example, in direct access of ambulances to Jerusalem, and in elderly West Bank patients no longer being required to apply for permits. Approval rates for permits for West Bank patients improved somewhat in 2015. The Palestinian Authority is strengthening its referral system accounting procedures, and streamlining approvals for specialized care, with more attention toward equity issues and solving patients' access difficulties. Advocacy efforts are important in urging legal duty-bearers to end harmful policies.

At the Sixty-ninth World Health Assembly, WHO Member States signalled their overwhelming support for measures to improve the health access for Palestinians in the occupied Palestinian territory, through passage of decision A69/69.[41] The decision notes recommendations made in previous WHO reports on the barriers facing Palestinians patients and health services and calls again, as in the previous year, for a WHO field assessment to monitor progress in the health situation in the occupied Palestinian territory for the next year.[42] In 2014 and 2015, WHO also raised its concern about attacks on health carried out during this period which caused loss of life, injuries and damage to health facilities. The right to health, especially during armed conflict, must be respected and protected. With this background, this study repeats the following recommendations, first made in 2012, as vital for promoting and protecting the right to health in the oPt.

Government of Israel

1. Humanitarian access should be available 24/7 and without delay for all Palestinian patients requiring specialized health care, including exit out of Gaza and access into Jerusalem.
2. Registered ambulances should have direct access through Jerusalem checkpoints to East Jerusalem hospitals.
3. Permit application procedures should be clear, consistent and predictable to all parties and criteria for permit approvals must be written and publicly accessible.
4. Israeli permit personnel should not interfere in health care decisions, including the Ministry of Health's choice of destination hospitals for patient referrals.
5. Reasons for denial of a health permit should be made in writing and delivered to the patient. There must be a clear and speedy mechanism for appeal of a denied permit.
6. East Jerusalem hospital personnel should be issued long-term permits to access their workplace.
7. Patients needing frequent treatment sessions, such as cancer patients, should be facilitated with timely access.
8. Health professionals in Gaza and the West Bank require access to continuous medical education and opportunities for upgrading skills through training and conferences, which is necessary for patients to enjoy the highest sustainable standards of health.

Palestinian Authority

1. The provision of adequate and equitable supply of all essential drugs and medical disposables should be ensured to all MoH hospitals and primary health care centres in the West Bank and Gaza.
2. A mechanism should be established for financial support to poor patients who cannot afford the out-of-pocket costs of the referral process (transportation and daily living costs in hospital; tests and medicines).

Government of Egypt

1. Humanitarian access should be available 24/7 and without delay for all Palestinian patients requiring exit out of Gaza through the Rafah border.

[41] The roll call vote was 104 in favour, 4 against and 6 abstentions in favor of the draft decision, http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_Jour4-en.pdf The decision, http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_69-en.pdf

[42] http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_44Add1-en.pdf and the full report at, http://apps.who.int/gb/Statements/Report_Palestinian_territory/Report_Palestinian_territory-en.pdf



Referral Abroad Department in Gaza © WHO



Palestinians sitting at the Palestinian civil affairs checkpoint (5/5) waiting for Israeli permits to cross Erez terminal © WHO



Gaza residents waiting at Rafah terminal © WHO