World Health Organization



RIGHT TO HEALTH

Crossing barriers to access health in the occupied Palestinian territory

2016

Cover photo: Breast cancer patients demonstrating after being denied permits multiple times to receive treatment outside the Gaza Strip, December 2016. Photo Credit: Aid and Hope Program for Cancer Patient Care.

RIGHT TO HEALTH

Crossing barriers to access health in the occupied Palestinian territory 2016



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This research was carried out by the WHO oPt Right to Health Advocacy project, supported by the Swiss Agency for Development and Cooperation.

Executive summary

The fragmentation of the West Bank and Gaza Strip due to Israeli movement restrictions has been especially disruptive for the functioning of the Palestinian health system and the continuity of patient care. The Palestinian Ministry of Health purchases referral medical care from other health service providers, most frequently for cancer and subspecialty services from East Jerusalem hospitals, when treatment is not available in its own facilities. Unrestricted access to medical care is crucial for patients. In this report WHO presents data on health access in the oPt in 2016, and focuses on the bureaucratic barriers to Palestinian health caused by policies of the occupation that restrict access for patients, health personnel and ambulances.

Quantitative detailed data for patient referrals, for requests for Israeli permits for health access, and for attacks on health facilities, patients and health personnel were obtained from official Palestinian sources and health providers, in addition to qualitative narratives on patients' experiences with health access. Data was analysed for trends over time.

In 2016, 83.7% of the 91,927 referrals issued by the Palestinian Ministry of Health were to Palestinian medical centres. Fifty-two per cent were located in East Jerusalem, which is accessible for patients with West Bank or Gaza identity cards only if they obtain an Israeli-issued permit. Permits were also required for the 14.3% of referrals to Israeli hospitals, while the 2% of referrals to Egypt and Jordan required the approval of both Israel and the foreign government.

Of note is a small rise in the proportion of total referrals for West Bank patients in recent years, which may reflect their easier access to local care than Gaza patients, who are more dependent on outside referrals requiring permits for exiting the Gaza Strip and have more difficulty in obtaining these. Only a limited number of patients were able to exit through Rafah in 2016 owing to the closure of the borders since mid-2013.

Every year the burdensome permit application process and security procedures result in delays and denial of care for thousands of Palestinian patients, and patient companions. 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 and to 62.1% in 2016. In 2016, the approval rate for permits for Gaza patients to cross Erez checkpoint was the lowest recorded by WHO since 2008, representing a 15% drop from the previous year: 62.07% of 26,282 permit applications submitted for Gaza patients in 2016 were approved, 6.57% were denied, and 31.36% of applicants did not receive a response to their applications in time for their medical appointments, and had to reapply with new appointments, postponing medical care. The approval rate for permits for patient companions was even lower (53%), a particular problem for parents accompanying sick children and for companions of the elderly and disabled. In the West Bank, of 190,733 permit applications submitted by patients and companions, 80.34% were approved, a drop of almost 3% from 2015. The most frequent reason given for permit denial by the Israeli security services is security.

All international legal duty bearers must act to improve health access in the occupied Palestinian territory. 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 to their legal obligations to respect and fulfil the right to health in the occupied Palestinian territory.

The right to health is a basic, universal human right. States are legally bound under both 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 human 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 in General Comment 14 by the Committee on Economic, Social and Cultural Rights, which monitors the Covenant.

In the context of armed conflict, which includes protracted occupation, 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. This includes the sick and wounded, health workers, medical equipment, hospitals and various medical units, including medical transportation, all protected under humanitarian law principles.

Source: WHO, 2002. *25 Questions and Answers on Health and Human Rights*, Geneva



Boy playing at Abu Dahouk Bedouin community at Khan al Ahmar near Jericho. Photo credit: ERIC GOURLAN/WHO

1. Background

2017 marks a half century that Palestinians have lived under Israeli military occupation. The positioning of Israeli settlements, settler roads, barricades and the wall separates and disconnects West Bank rural areas from population centres, and a blockade and siege have left Gaza isolated.

Israeli authorities have created an extensive bureaucratic apparatus to control the movement of Palestinians into and out of the West Bank and Gaza Strip. Palestinians can apply for travel permits for specific purposes, including patients to access health care and family members to accompany patients to hospital. While there is no quota for the number of patients who may receive permits for health care, all permit applicants are subject to evaluation by the Israeli security services for which there is no defined eligibility criteria[1].

The processing time for applications is open-ended and can involve being called for a security interview as a condition. In recent years security procedures have become stricter, and processing times often extend weeks and even months past the patients' medical appointment dates. If patients are granted a permit, they are not informed until the day prior to their scheduled appointment and travel. This creates uncertainty and unnecessary stress for a sick person and their family, and complicates the scheduling of medical procedures by receiving hospitals.

Access is a fundamental element of the right to health. In addition to the health impact of violence and psychological stress inherent in belligerent occupation, hindering patients' access to health care endangers their health outcomes. WHO, through its Right to Health advocacy project, has examined the scope of the complex bureaucratic impediments facing Palestinian patients in trying to reach medical facilities. The data and analyses have been presented in monthly and annual evidence-based advocacy reports[2],

Separation wall separating Shufat Refugee Camp from Jerusalem. Photo credit: WHO



[1] Gisha Legal Center for Freedom of Movement, an Israeli non-government organization, filed multiple Freedom of Information petitions to have all operating procedures used by COGAT to be made public. Since October 2014, Gisha has published some of these procedures in Hebrew on their website. http://gisha.org/legal/procedures-and-protocols Gisha published an English translation of the 56-page document, http://www.gisha.org/UserFiles/File/LegalDocuments/procedures/general/50en.pdf

[2] WHO, 2011 - 2017. See: Gaza monthly reports, http://www.emro.who.int/pse/publications-who/monthly-referral-reports.html and annual reports for West Bank and Gaza, http://www.emro.who.int/pse/publications

monitored for Gaza patients since 2006 and for West Bank patients since 2011. Health access in the oPt has been raised at the World Health Assembly and through UN human rights reports to the highest governing bodies in the UN, yet Palestinians' access to health care services continues to deteriorate, threatening lives.

Health access is a key factor in realizing the right to health and must be protected by all duty bearers.

Duty Bearers:

- **Israel** as the occupying power is responsible for the welfare of the population it controls, including access to health, under international humanitarian law. Israel is a member of WHO which recognizes the Right to Health in the preamble of the WHO Constitution and has ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR), and is therefore legally bound by all of its provisions, including those pertaining to the right to health, which are applicable to all territory and populations under its effective control.

- **The Palestinian Authority** has pledged to abide by internationally accepted rules and principles of human rights and the rule of law (Israeli-Palestinian Interim Agreement 1995, and evidenced most recently, April 2014, by accession by the State of Palestine to 20 international conventions including 8 human rights treaties).

- **The de facto government and the MoH in Gaza** have legal responsibilities according to the Palestinian public health law, Palestinian insurance provision and international human rights law to be accountable for public health services.

- **The humanitarian and donor community** is obligated under IHL to promote and to monitor that the occupying power is fulfilling its responsibilities for the welfare of the protected population. They are also obligated to respect Article 12 of the ICESCR to provide international assistance to countries to protect right to health - including availability, accessibility, acceptability and quality, to the highest attainable standard - for example, supporting investment and providing technical support in the health sector to build an effective financial and managerial system to ensure that adequate stocks of medications and disposables are procured and supplied to facilities.

2. Methodology

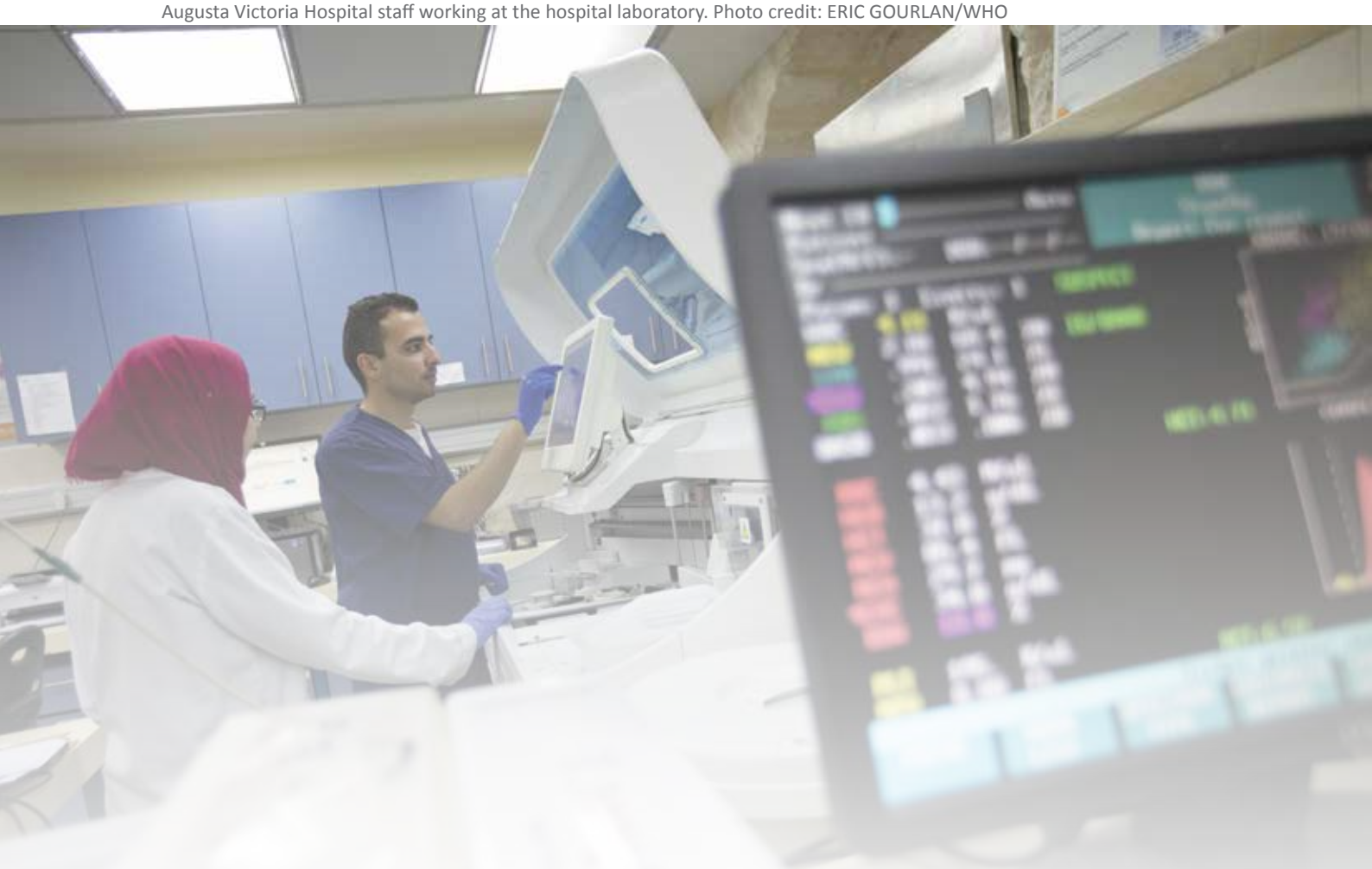
This report examines quantitative data for 2016 that was collected from official Palestinian sources or obtained directly from health providers at WHO request, and analyses the disaggregated data compared to previous years to understand trends in health access. WHO supplemented this data by using qualitative methods based on interviews with patients, health personnel and health providers and field visits to understand lived experiences and to examine otherwise unreported aspects of health access. Where possible, data was verified, and triangulated using available sources. Data gaps are reported for each category below.

Referral data was obtained from the Ministry of Health's Service Purchasing Unit (Directorate of Medical Referral) in early 2017. The data is based on the Ministry's administrative decisions, which may include multiple financial authorizations for a single patient, due to Ministry procedures, the nature of the treatment needed or regional access conditions. The Ministry of Health recently began to report the total number of unique patients served through referrals.

The official data from the Ministry does not support an equity analysis, due to the lack of definitions used for data collection and reporting, and limited categories that are disaggregated by gender, residence and age, as well as actual costs of treatment and destinations, using unique patient numbers for all categories.

WHO obtained data on permit applications for Gaza patients and companions for exit via Erez checkpoint from the Ministry of Health Directorate of Liaison and Coordination, Gaza, including responses from Israeli authorities. The Palestinian General Authority of Civil Affairs reported the data on actual numbers of

Augusta Victoria Hospital staff working at the hospital laboratory. Photo credit: ERIC GOURLAN/WHO



patients and companions who eventually crossed Erez, including those transferred by ambulance out of Gaza. For the West Bank, WHO obtained health permit data from the Palestinian General Authority for Civilian Affairs central office in the West Bank for Palestinians applying through the district offices.

For health access from the West Bank to East Jerusalem and to Israel, WHO collected data from the General Authority of Civil Affairs. However, the Civil Affairs office was not able to disaggregate West Bank health permit data by patient and companion in 2016 for technical reasons, so WHO has reported the data here as a cumulative total.

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

For attacks on health, preliminary data on violence against health personnel, health facilities, and vehicles, and on 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 with health providers.

Data on access for health personnel to East Jerusalem medical facilities, including patient transfer via ambulances, was obtained from the six East Jerusalem hospitals and specifically from the Palestinian Red Crescent Society for ambulance transfer data.

A draft of this report has been shared with the Israeli Ministry of Health and with the Israeli Coordinator of Government Activities in the Territories (COGAT) for comments. COGAT provided cumulative data for all West Bank and Gaza applicants on health permits issued for 2016, which does not allow for further analysis. There is discrepancy between the totals reported by Israeli and Palestinian sources for West Bank health permits, similar to previous years, partly explained by the fact that some Palestinian residents apply directly to the Israeli civil administration for permits, bypassing the Palestinian coordination offices.

In a meeting with WHO in February 2017, Israeli officials attributed the backlog of applications at Erez checkpoint to a computer problem encountered sometime in late 2016 that resulted in 1500 patient files being inadvertently deleted from the permit application database. However, the Ministry of Health Directorate of Liaison and Coordination, Gaza, were not made aware of this problem and no notice was subsequently given to patients of the need to submit new applications. The high rate of delayed requests continued in early 2017.

3. Findings

3.1 Medical referral trends

Summary data

The Palestinian MoH reported 91,927 medical referrals for patients from the West Bank and Gaza Strip in 2016 (67,311 and 24,616 respectively). The decisions represented 46,688 individual patients (33,450 from the West Bank and 13,238 from the Gaza Strip). Since 2014, when data on patients served was first made available by the Ministry of Health, WHO notes that the absolute number of referral decisions has increased at a higher rate than the number of patients served, 23.0% to 11.7%, respectively.

At the same time reported costs remained stable during this period, according to Ministry of Health estimated costs for referrals. The available data shows a slight decline of costs by -1.9% (-7.4% for the West Bank and 14.4% for the Gaza Strip). Equity between the two regions improved for Gaza, however, as its share of referral care expenditure rose from 25.08% to 29.28%[3],[4].

Concerning destinations, 83% of referrals to tertiary health care were to facilities within the occupied Palestinian territory, either locally within the West Bank or Gaza, or in East Jerusalem. The East Jerusalem hospitals were the most frequent destination hospitals for Ministry of Health referral patients in 2016, for both West Bank and Gaza patients, representing 43.75% of all referrals.

In 2016, 7.09% of referral patients were referred for care in Egypt, similar to 2015. This represents a decline from the pre-2013 rate of 20% of Gaza patient referrals to Egypt.

St John Eye Hospital Staff performing eye surgery for a patient from Jerusalem. Photo credit: ERIC GOURLAN/WHO



[3] Palestinian Health Information Centre, 2013 and 2014. *Health annual report Palestine,* Nablus.

[4] Ministry of Health, Directorate of Medical Referral: 2015 data obtained 18 January 2016 and 2016 data obtained 6 February 2017.

Table 1. Ministry of Health referrals, by region of origin, location of destination and permit required for access, 2013-2016

Destination	2013						2014						2015						2016					
	West Bank		Gaza		All		West Bank		Gaza		All		West Bank		Gaza		All		West Bank		Gaza		All	
	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	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%	28,944	43.00%	4,803	19.51%	33,747	36.71%
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%	29,636	44.03%	10,584	43.00%	40,220	43.75%
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%		0.00%	2,993	12.16%	2,993	3.26%
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%	58,580	87.03%	18,380	74.67%	76,960	83.72%
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%	9	0.01%	1,746	7.09%	1,755	1.91%
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%	24	0.04%	26	0.11%	50	0.05%
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%	8,698	12.92%	4,464	18.13%	13,162	14.32%
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%	8,731	12.97%	6,236	25.33%	14,967	16.28%
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		67,311	73.22%	24,616	26.78%	91,927	
*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		38,367		19,877		58,244	
**Egyptian approval required to exit Gaza via Rafah border			2,827		2,827				2,454		2,454				1,744		1,744				1,746		1,746	
Total permits					40,326						47,692						54,615						59,990	

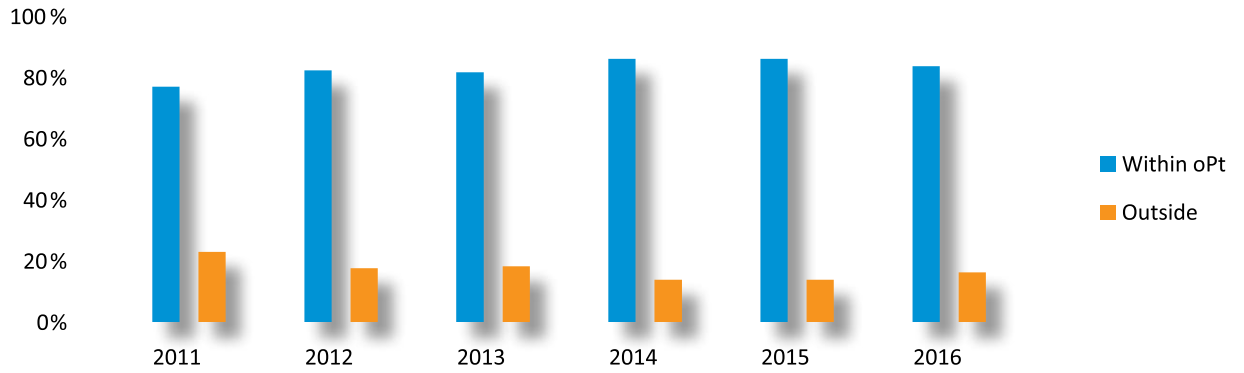
Sources: Health Annual Report Palestine (2013) and (2014); Ministry of Health, Directorate of Medical Referral (2015 data, obtained 18 January 2016) and (2016 data, obtained 6 February 2017).

Destinations

Palestinian versus outside providers

The localization and nationalization of referral care has been a strategic objective of the Palestinian Ministry of Health in recent years in order to improve patient access and to control referral costs[5]. The proportion of patients referred by the Ministry of Health to Palestinian medical facilities within the occupied Palestinian territory has exceeded 80% for the past five years, indicating some improved capacity in the Palestinian health system, including the private sector, Figure 1. A decade ago in 2006 only 57% of referral patients received care from Palestinian medical facilities within the oPt.

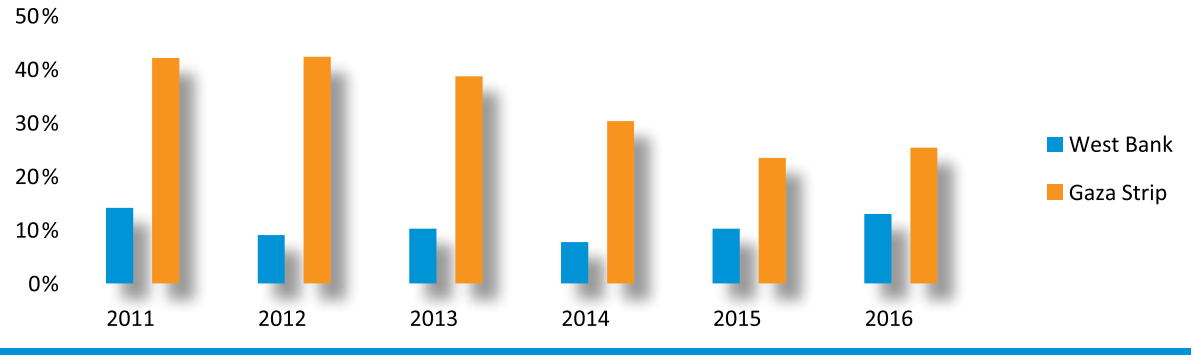
Fig. 1: MoH referrals within the oPt compared to outside destinations, 2011-2016



Source: Ministry of Health Referral Directorate

A much higher percentage of Gaza patients need to leave the Gaza Strip for tertiary medical care, compared to West Bank patients, Figure 2. This is due to the dearth of quality medical services within the Gaza Strip from public health providers, especially in certain medical specialties, compared to services available within the West Bank.

Fig. 2: MoH referral destinations outside of the oPt, by region, 2011-2016



Source: Ministry of Health Referral Directorate

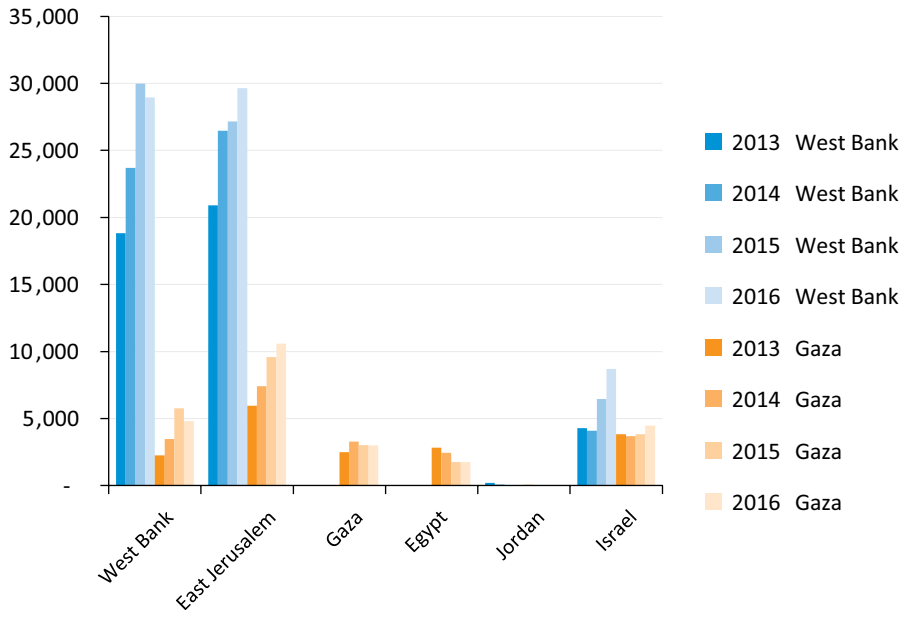
Hospital locations

The East Jerusalem hospitals were again the highest receiving hospitals in 2016 for both West Bank and Gaza referrals. (West Bank hospitals had been the most frequent destination for West Bank patients in 2015.) In absolute number of referral decisions, Augusta Victoria Hospital, which specializes in cancer care and kidney treatments, received the highest proportion of referrals at 26% of total referrals. Makassed Hospital, specializing in cardiac, pediatric and other subspecialty care, received the second highest proportion of referrals at 16% of all referral decisions in 2016.

[5] Ministry of Health, 2016. *National Health Strategy 2017-2022*, Draft English Summary available at http://www.lacs.ps/documentsShow.aspx?ATT_ID=29996

Referrals of Gaza patients to facilities within the Gaza Strip, mainly for such services as MRI and cardiac catheterization, remained similar to 2015, around 12%. Referrals to Israel increased for both West Bank and Gaza patients. No data was available on numbers of unique patients per destination.

Fig. 3: MoH referrals, by destination and region, 2013-2016



Source: Ministry of Health Referral Directorat

Medical reasons for referrals

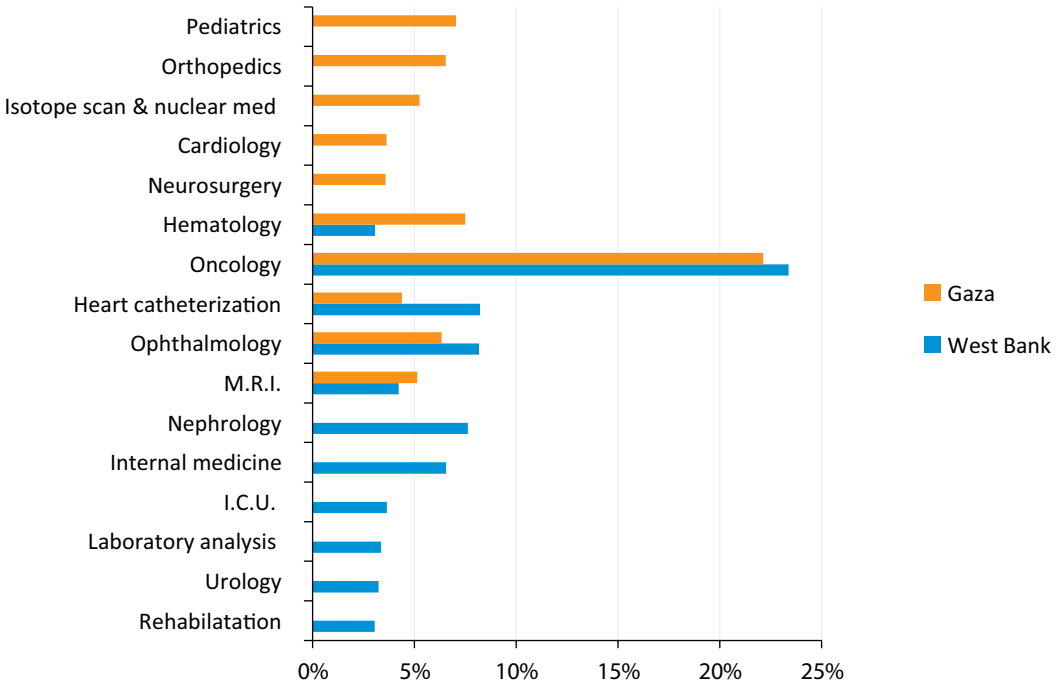
Cancer treatments were by far the top need for both West Bank and Gaza referral patients with more than one in five patients being referred for oncology care. One of the main reasons for cancer referrals constituting such a high proportion of the total number of referrals is the lack of needed radiotherapy and specialized chemotherapies in Ministry of Health hospitals. Since cancer patients may receive services through other specialties, such as hematology and isotope scan/ nuclear medicine, the total number of patients referred for cancer services represents almost one third of referrals, and 35.2% of total referral estimated costs in 2016.



Central drug store, Gaza. Photo credit: WHO

Other referral treatments were for hematology, pediatrics, orthopedics, ophthalmology, nuclear medicine, MRI, heart catheterization and neurosurgery, from 3% to 7% of referrals each, followed by 24 other specialties.

Fig. 4: Major medical specialties for referrals, by region, 2016

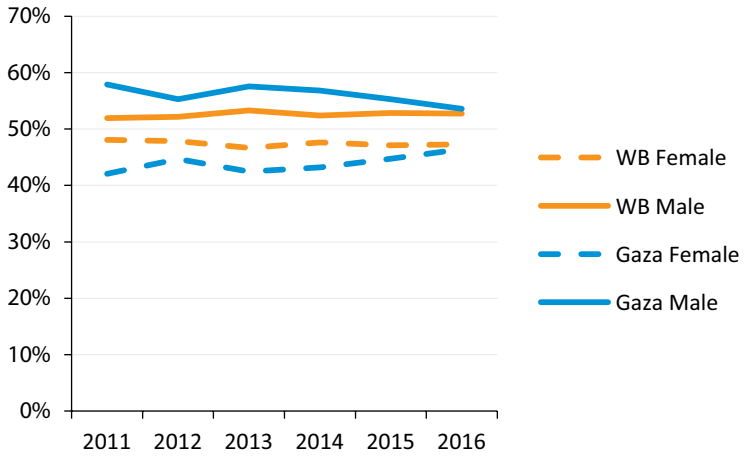


Source: Ministry of Health Referral Directorate

Sex

Data disaggregated by sex showed that the persistent gender gap in favor of males was the narrowest in six years for Gaza referrals, with females representing 46.4% of the total, close to the gap in the West Bank, where females represented 47.3%.

Fig. 5: MoH referrals of West Bank and Gaza patients, by sex, 2011-2016 (%)



Source: Ministry of Health Referral Directorate

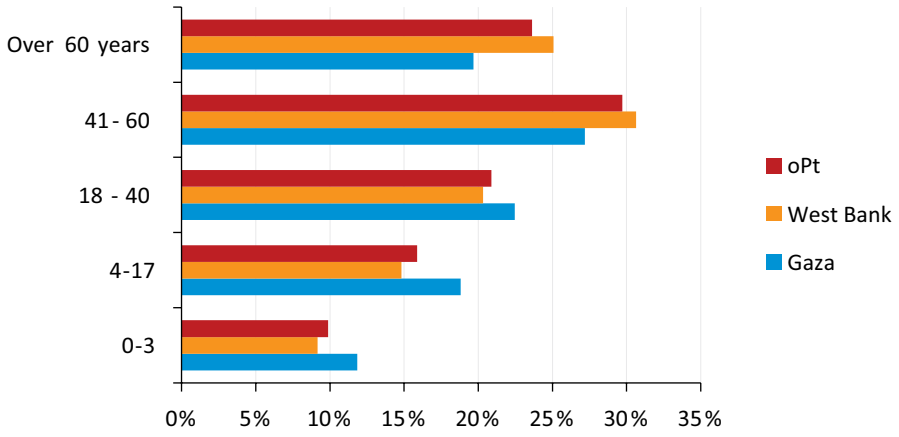


Hemodialysis unit – Al-Rantesi Paediatric Hospital, Gaza. Photo credit: WHO

Age

Most referral patients were aged between 41 and 60 years old but, when comparing the two regions, the West Bank had a higher proportion of older patients, 41 years and older, while the Gaza Strip had higher proportions in the younger age groups 0 to 40 years old, reflecting difference in their demographic structure.

Fig. 6: MoH referrals of West Bank and Gaza patients, by age group, 2016 (%)



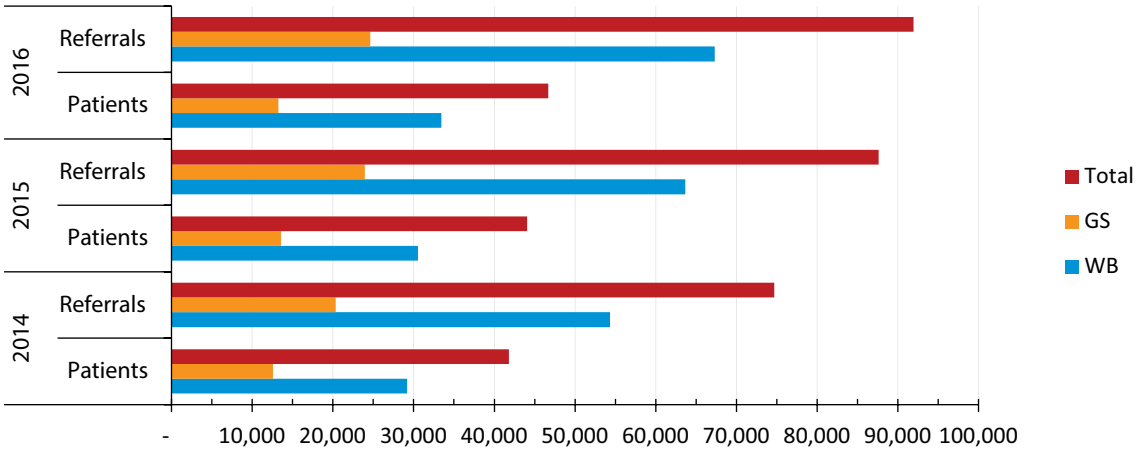
Source: Ministry of Health, Service Purchasing Unit.

Individual beneficiaries

The actual number of patients given referrals in 2016 was approximately half the number of referral decisions for both the West Bank (49.6%) and Gaza Strip (53.7%), a total of 46,688 unique patients and 91,927 referral decisions. There are a number of reasons, including administrative policies, type and frequency of medical treatment and access problems, why a patient may need more than one referral decision as they proceed through medical treatment.

Figure 7 shows that while referrals have increased each year, the number of patients served increased less rapidly as a whole. In 2016 the number of unique patients referred increased by 4.5% in the West Bank, but dropped by 2.2% in the Gaza Strip compared to the previous year.

Fig. 7: Unique referral patients served compared to total referrals, by region, 2014-2016



Source: Ministry of Health, Service Purchasing Unit

The proportion of Gaza patients given referrals out of the total for the West Bank and Gaza decreased in 2011, as Table 2 shows, compared to the share of population. The tightened access restrictions in Gaza may partly explain this.

Table 2. Proportion of unique patients served through Ministry of Health referrals

	Population, 2016	2014	2015	2016
WB	2.93 M	29,208	30,524	33,450
GS	1.88 M	12,589	13,547	13,238
Total	4.81 M	41,797	44,071	46,688
Gaza %	41.60%	30.12%	30.74%	28.35%

Source: Ministry of Health, Service Purchasing Unit



Separation wall in Bethlehem. Photo credit: ERIC GOURLAN/WHO

3.2 Health access barriers

Permit procedures

Patients are required to apply for permits from Israeli authorities working under COGAT in order to travel to referral hospitals located outside of the Gaza Strip or the West Bank. In the Gaza Strip, permit requests to exit Erez are submitted through the Ministry of Health Directorate of Liaison and Coordination, Gaza, which coordinates with Israeli authorities, receives responses, and carries out some follow up. In the West Bank, patients apply at one of the 15 local Palestinian Liaison Offices for Civil Affairs which in turn submits requests daily to Israeli military offices. The processing of permits in the West Bank takes three days on average, while in the Gaza Strip Israeli authorities require that applications be submitted at least ten days prior to the hospital appointment.



Civil Affairs office, where Palestinians in Gaza can apply for permits to travel through Erez. Photo credit: WHO

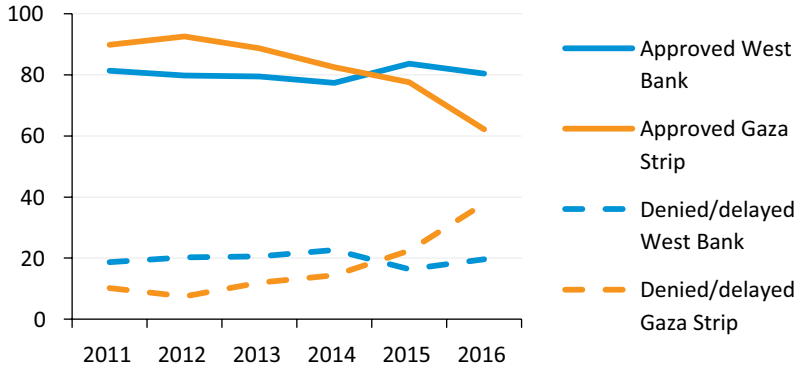
Applications can be approved, denied, or delayed. The latter occurs when the date of the patient's hospital appointment passes without the patient having received a response. While the eligibility criteria for permits have not been published, and explanations are seldom given, requests are most frequently rejected for 'reasons of security'. Other reasons patients receive include a lack of sufficient or updated personal documentation, lack of detailed medical reports, or a decision by Israeli authorities that medical treatment can be sought locally. The reasons for most rejections are not known.

Israeli authorities put new directives in place for Gaza in November 2015 requiring patients' companions up to the age of 55 years to undergo more intensive security investigation in order to receive permits, whereas previously this had been true only for those under the age of 35 years. In practice, additional security checks increase the rate of denials, increase processing times, result in delays and are most likely to affect children whose travel depends on a parent being approved a permit. In late 2016 Israeli authorities also began to request that patients and companions include their personal phone numbers, rather than another family member's phone number, in the permit application in order to have direct contact.

Permit requests in oPt in 2016

In both the West Bank and Gaza, the data indicate lower permit approval rates for patients and companions in 2016, more pronounced in Gaza.

Fig. 8: Israeli responses to patients' requests for travel permits for health treatment, 2011-2016



Source: Palestinian District Coordination Office, Ministry of Health, Gaza, and Palestinian General Authority for Civilian Affairs, West Bank.

Gaza permits

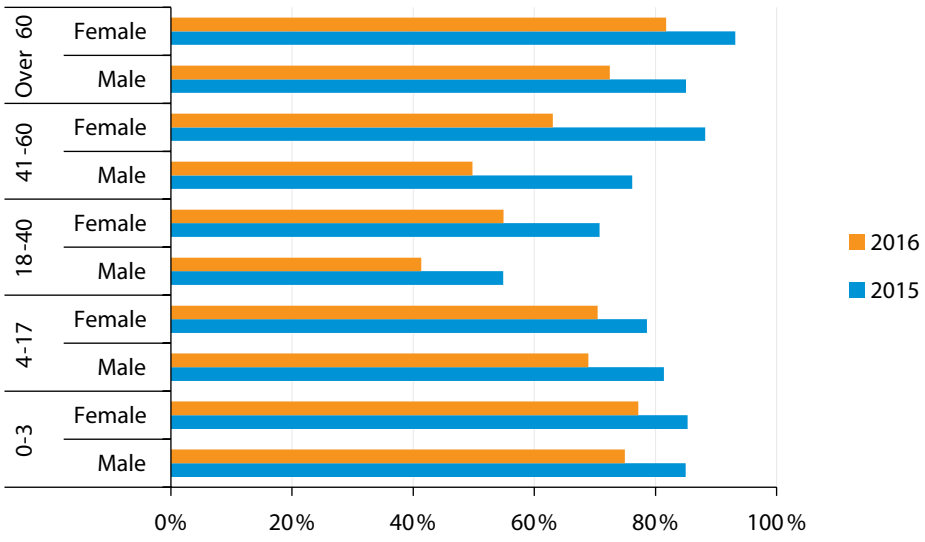
Responses to permit requests

A total of 26,282 applications for permits to exit Gaza via Erez checkpoint were submitted for Gaza patients in 2016. Of these, 16,314 (62.07%) were approved, 1,726 (6.57%) were denied, and 8,242 (31.36%) were delayed. Israeli General Security Services (GSS) requested 755 patients for interrogation as a condition for applying for a permit. The approval rate for Gaza patients has been falling since 2012 when more than 90% of requests were approved. The 2016 levels are the lowest recorded by WHO since 2008. Approval rates have fallen steadily over the past five years, as restrictions have been tightened: 2012 (92.5%), 2013 (88.7%), 2014 (82.4%), 2015 (77.5%) and 2016 (62.07%).

Approval rates for Gaza patients have fallen steadily over the past five years, as restrictions have been tightened: 2012 (92.5%), 2013 (88.7%), 2014 (82.4%), 2015 (77.5%) and 2016 (62.1%).

Permit approvals fell for patients in every age group in 2016, compared to the rates for patients in 2015. The sharpest drop in approvals was seen for the 18-40 year old and the 41-60 year old age groups, for both males and females. The lowest approval rates were for males aged 18-40 (41.31%) and the highest were for females over the age of 60 (81.77%). One third of patients who required permits were children aged 0-17 years, who must travel with a parent or grandparent.

Fig. 9: Israeli approvals of permits for patients to exit Gaza, by sex and age group, 2015-2016



Source: Palestinian District Coordination Office, Ministry of Health, Gaza.

BOX A. Gaza patients denied or delayed in 2016, case studies

4 year old girl, congenital heart defect	Denied a permit since 2015. The young child has been unable to receive urgent health evaluation for heart surgery. In 2013 the patient had heart surgery in Tel Hashomer Hospital shortly after birth and had three follow up visits, one of which required hospital admission for one month. Since July 2015, the family applied 10 times for an exit permit without success: seven times the request was still under study, twice the family was asked to change the companion, and once there was no response at all to the request. The child depends on oxygen therapy most of the time, and cannot talk or walk. She also has a hearing impairment and clings to her mother. The family appealed through two local human rights organizations without success.
10 year old boy, congenital heart condition (ventricular septal defect)	Denied access to Makassed Hospital in December 2016. His family applied for a permit 3 times to exit Gaza for a hospital appointment and was told that the requests were "under study." When his health deteriorated, he had surgery at Shifa hospital. After the surgery he had an unexplained fever, the physicians recommended follow up at an advanced cardiac center, with Egypt the only possible destination. The 10-year-old patient was transferred by ambulance to Egypt.
17 year old boy, congenital cardiac disease	Died on 14 January 2017 after being denied a permit in 2016 for valve replacement surgery at Tel Hashomer Hospital in Israel in November 2016. The patient had eight prior hospitalizations in Tel Hashomer since his first at birth, the last in December 2015. In February 2016, after the family requested a permit for travel to hospital, the mother was asked to appear for security interrogation; she was approved and she traveled with her son to Tel Hashomer in April, in preparation for surgery in November. When they applied for a permit in October, the patient was requested to appear for interrogation by the Israeli security, and after the interrogation both the patient and companion were denied the permit. In December the family applied again for travel in January and again the mother was requested for interrogation. She waited several hours at Erez crossing and was sent back to Gaza without meeting security officers. By the end of 2016 the patient had still not received a permit, and died in early January from his heart condition.  **Ahmad Shbair**
26 year old woman, renal failure	Denied a permit for treatment in Makassed Hospital since November 2016. The patient suffers renal failure and is on hemodialysis; she requires a new A-V shunt for which she was referred to Makassed Hospital in Jerusalem. She has applied three times for a permit without success: two times she was told her permit applications were under study and the third time she was informed a permit was denied.
31 year old man, lymphocytic leukemia	Denied a permit to begin chemotherapy at Augusta Victoria Hospital in Jerusalem, since the needed drugs were not available in Gaza. He applied for a permit in February 2016 and was requested for an interview by the Israeli security on March 1 2016. He traveled to Erez in the morning and waited until 5 p.m., and then he requested to return to Gaza without having the interview. His permit application was denied. The patient continued trying to access health care and submitted 4 more applications but all were denied. After appealing to the Palestinian Center for Human Rights he was told that he was denied due to security reasons. He began treatment in Gaza with an older, less effective alternative drug.
33 year old man, kidney donor for brother	Denied permit in September 2016 to travel to Ramallah hospital for surgery to donate a kidney to his brother. On 21 September 2016, his ill brother, who began hemodialysis 6 months earlier, travelled to Ramallah hospital for the transplant, scheduled for 15 October 2016. However, his brother who was the donor was denied a permit and the patient's transplant was delayed while his brother tried again to obtain a permit. After more than one month the patient was forced to return to Gaza without the life-saving surgery. Doctors advised the patient to change his treatment destination to Egypt.

45 year old woman, breast cancer	Denied a permit since December 2016 to Augusta Victoria Hospital to continue breast cancer treatment, after receiving two sessions. The patient lost 8 hospital appointments because her applications were still under study. Her health status is currently stable, but doctors caution that if she does not continue her treatment, she will suffer complications. Her husband appealed through a local human rights organization without success so far.
49 year old woman, breast cancer	Delayed a permit more than 6 months for an isotope bone scan in the Arab Care Center in Ramallah. The patient has breast cancer and previously Travelled for treatment in March 2016. Since then she has made 5 applications but did not receive a response and lost all of the appointments. She appealed through the Palestinian Center for Human Rights but did not receive a positive response. The patient said, "I am so tired … I sit alone and cry because I'm afraid that the cancer will spread to the other breast." Tahani's husband and her sister-in-law who lives with them are both disabled and depend on Tahani for care.
49 year old man, lung cancer	Denied a permit for security reasons since February 2016, although he had previously been granted a permit to access Augusta Victoria Hospital in Jerusalem for several sessions of radiotherapy. In March 2016, the patient was requested for a security interview after which he lost 8 hospital appointments, 5 denied and 3 without a response in time for his appointment. He appealed through a local human rights organization (PCHR) who informed him that he was denied for security reasons.
50 year old woman, colon cancer	Denied a permit to begin chemotherapy treatment at Augusta Victoria Hospital. Previously the patient had traveled twice to Augusta Victoria for lab analysis and a PET scan, with her 58-year-old husband as a companion. One month later, in September 2016, she was referred to the same hospital to begin chemotherapy but her application was denied. She rescheduled her hospital appointment and reapplied for a permit 12 times (until April 2017) without receiving an answer. She appealed to the Palestinian Center for Human Rights to follow up her case.
53 year old man, rectal adenocarcinoma	Delayed a permit for a PET scan in Assuta Hospital in Israel from December 2016 until April 2017, when he was finally granted a permit. The patient lost 5 appointments during the period that his applications were delayed, still under study. He had travelled previously to Assuta Hospital accompanied by his wife on four occasions, the last in September 2015.
55 year old man, thyroid cancer	Denied a permit to travel to his referral hospital, Tel Hashomer, in Israel for removal of a tumor. In March 2016 he had traveled to Tel Hashomer for investigation of the tumor and in August 2016 he applied for a permit for the date of his surgery to remove the tumor but he was denied. He reapplied in October 2016 and was requested for a security interview with the Israeli security. Fayez rescheduled appointments and reapplied three more times but was repeatedly denied. He appealed through Palestinian Center for Human Rights but he was told that he was denied due to security reasons.
61 year old man, prostate cancer	Denied a permit to continue his radiotherapy treatment at Augusta Victoria Hospital in Jerusalem. He had previously travelled accompanied by his wife as companion in May 2016, when he received 28 sessions of radiotherapy before returning to Gaza. He applied for another permit in July 2016 to complete the remaining 9 sessions of radiotherapy but his application remained pending. He made new appointments and submitted 6 more applications but was informed by the Ministry of Health Directorate of Liaison and Coordination, Gaza, that the Israeli response was "denied". He appealed through the Palestinian Center for Human Rights and was informed that he was denied for security reasons.
35 year old man, cancer complications	Denied from proceeding after receiving a permit to travel to Makassed Hospital for treatment of cancer complications. Previously he had traveled 9 times to Augusta Victoria Hospital and Makassed Hospital for cancer treatments since January 2015. He received a permit to travel for an appointment in Makassed in April 2016, but when he went to Erez checkpoint, Israeli security forces took him for interrogation that lasted for 5 hours, during which he was asked about the nature of his disease and the medical treatment he is receiving. After the interrogation, his permit was confiscated and he was forced to return to Gaza. The family requested the Ministry of Health to change destination of treatment to Egypt.

Of the 1,726 permit applications that were denied for patients (6.57% of the total applications), 70% were for male patients and 30% were for females. Eighty were for children aged 0-17 years and 109 were elderly patients over 60. The largest number of denied permits for one month occurred in May and June, 215 and 207 patients respectively.

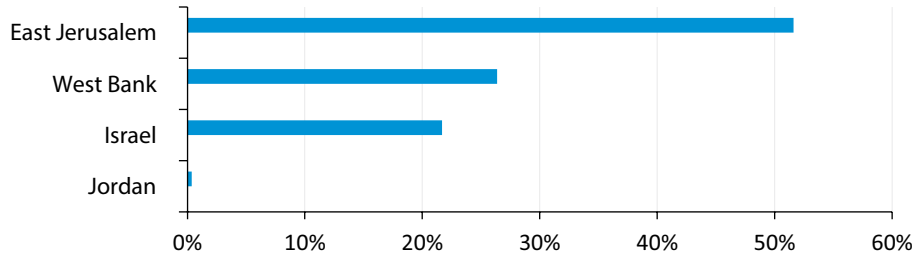


Breast cancer patients' demonstration after being denied permits many times to receive their treatment outside the Gaza Strip, December 2016. Photo credit: WHO

Patients denied were those requiring orthopedic services (28.7%), neurosurgery (11.82%), oncology (10.72%) and ophthalmology (6.78%), followed by other specialties. 87.72% of those denied were destined to Palestinian national hospitals in the West Bank including in Jerusalem. 11.6% were to Israeli hospitals and 0.7% were to Jordan. 96.64% submitted their applications at least 8 days before the appointment date.

One-fourth of patients who needed permits were seeking medical treatment for cancer. Cancer patients were also the most frequently delayed, followed by ophthalmology and orthopedics patients.

Fig. 10: Medical destinations of patients applying for Israeli permits to exit Gaza, 2016



Source: Ministry of Health Directorate of Liaison and Coordination, Gaza.

Receiving hospitals for Gaza permit applicants

Patients applying for Israeli permits to exit Gaza were destined for 60 different medical centers. The most frequent destinations for patients were Makassed Hospital where 26% had appointments, and Augusta Victoria Hospital, the national chemotherapy and radiotherapy center, where 18% had appointments, both in East

The approval rate for patients' companions, including parents of sick children, was lower than for patients at 53%.

Jerusalem. Najah Hospital in Nablus, West Bank, was the third most popular destination for 9.5% of patients. The Israeli hospitals Hadassah-Ain Karem in West Jerusalem and Tel Hashomer in Tel Aviv, were the destinations for 5.2% and 5.1% of patients.

93.6% of the 26,282 applications were for patients financially covered by the Palestinian Ministry of Health; 3.02% were self-funded and the remaining 3.38% were funded by humanitarian organizations and private insurance.

Delayed permit requests

Patients are instructed to submit permit applications a minimum of ten days prior to their medical appointment unless urgent medical care is needed, according to the Palestinian district office which coordinates permits. Most requests were submitted at least eight days before the appointment date: 12.33% of patient applicants submitted their applications 1-7 days before the appointment date, 30.12% 8-14 days before, 53.86% 15-30 days before, and 3.48% over 30 days before their appointment. 53 applications were missed.

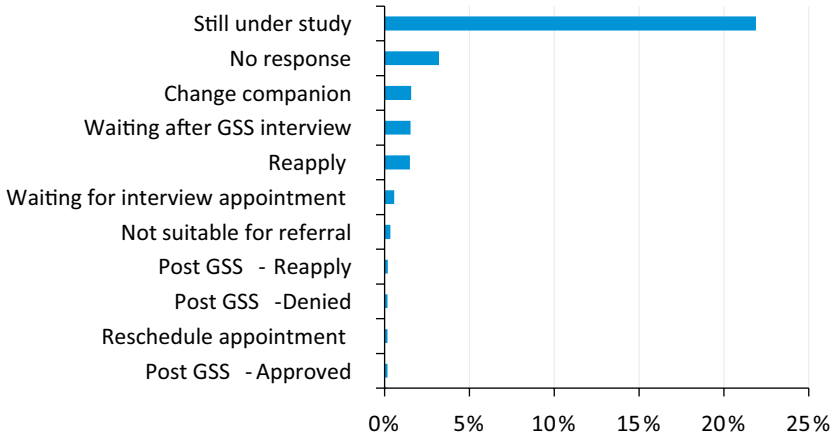


Gaza referral patient in Augusta Victoria Hospital attending for cancer treatment. Photo credit: ERIC GOURLAN/WHO

A greater volume of applications was evident in November and December, due largely to the accumulation of pending applications, since patients reapplied when they did not receive a response to an earlier application. In August 762 patients did not receive responses to their applications and thus were delayed, while 1,422 patients were delayed for appointments in December.

Although all delayed patients missed their originally scheduled hospital appointments, the data shows that 42.88%, that is, 3,534 patients, eventually received approvals later in the year, indicating unexplained slow processing from the Israeli side.

Fig. 11: Status of delayed patients' permit applications at date of medical appointment, 2016



Source: Ministry of Health Directorate of Liaison and Coordination, Gaza (No. = 5,751).

Permits for patients' companions

The approval rate for patients' companions, including parents of sick children, was lower than for patients. Companions submitted a total of 28,204 applications in 2016. 53.06% (14,966) were approved, 9.83% were denied and 37.11% were pending.



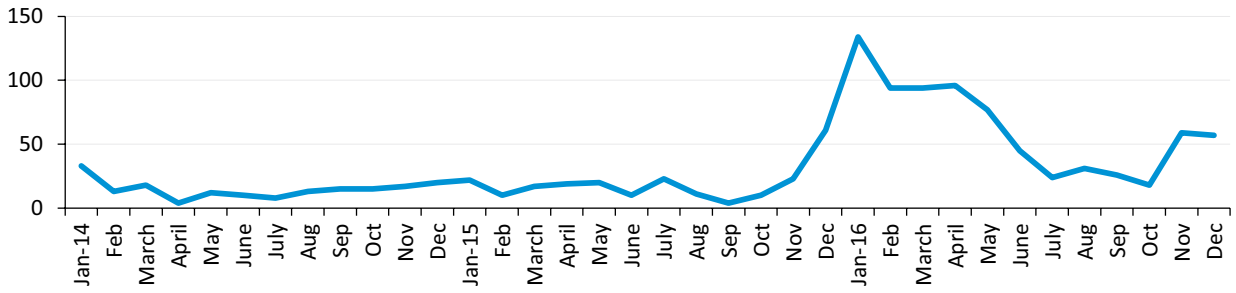
Father holding his sick child in the European Gaza Hospital, Gaza. Photo credit: WHO

Israeli General Security Services

Calls by the Israeli General Security Services, GSS, for patients to attend interrogation as a condition of their permit requests increased sharply in 2016 compared to previous years, Figure 12. Of the 755 patients requested for interrogation in 2016, 17 were children below the age of 18 and 59 were elderly above the age of 60. Two thirds of those interrogated were males (500) and one-third females (255). Among the 160,868 registered travelers applying for permits of any kind to exit Erez, patients represented 17.6% of the total but 45.2% of the total persons called for GSS interrogation.

Among patients who were requested for GSS interrogation, 212 (28%) were oncology patients, 68 (9%) ophthalmology, 66 (9%) neurosurgery, 66 (9%) cardiology, 61 (8%) hematology, 56 (7%) orthopedics, 54 (7%) for nuclear medicine, and the remaining 172 (23%) were for 19 other specialties.

Fig. 12: Trend in GSS interrogations of patients requesting health access permits, 2014-2016



Source: Ministry of Health Directorate of Liaison and Coordination, Gaza.

The annual data of 2016 from the Palestinian General Authority of Civil Affairs showed that 15,796 patients exited Gaza through Erez checkpoint; 16% traveled by ambulance. 93% of patients crossing were accompanied by a family companion.

BOX B. Gaza patients and companions detained in 2016

January 2016 Maher Mushtaha, 53, patient's husband, detained one day and released	According to Al-Mezan Center for Human Rights, on January 6, 2016, the Israeli security at Erez denied a Palestinian patient, 52-year-old Hekmat Baker Mushtaha, passage through Erez crossing to travel to Makassed Hospital in Jerusalem. The patient had been scheduled to undergo knee replacement surgery. Her husband, Maher Abdel Fattah Mushtaha, 53 years old, who was travelling with her using his permit as a businessman, was detained by Israeli security. The patient was ordered to return to Gaza without going to hospital, while her husband was interrogated for 8 hours and then transferred to Ashkelon prison. He was released the following day and sent back to Gaza.
February 2016 Fadi al-Sharif, 29, patient, detained 6 days and released	Detained by Israeli security at Erez on March 6, 2016, on his return to Gaza after having knee surgery at Makassed Hospital on March 3. The patient had initially crossed Erez for his appointment on February 28. He was detained for 6 days in Ashkelon prison and then released to Gaza without charge.
March 2016 Mohammed Abu Ouda, 34, patient with a dislocated lumber vertebra and a spinal stenosis	Detained on March 28, 2016 at Erez crossing and released after 21 days. He had been on his way to Musallam Specialty Centre in Ramallah for surgery, accompanied by his father. At the crossing, the patient was summoned for a security interview while his father waited and then was told Mohammed had been detained. When Mohammed appeared in court on April 18, 2016, the Israeli security asked that his detention be extended but the court ordered his release.
March 2016 Hani Sleem, 40, patient	Detained on March 24, 2016, at Erez crossing while on his way to Makassed Hospital in Jerusalem for a knee replacement. The patient's family received a call from an Israeli intelligence officer informing them of Hani's arrest. According to Al-Mezan Center for Human Rights, the patient was not permitted to see his lawyer the first 4 days of his detention. According to the family, Hani had a trial and was sentenced to 5 years imprisonment; he is currently in Nafha prison.
April 2016 Mahmoud Abu Ful, 19, torn artery in his leg due to injury from live ammunition during a protest in October 2015	Detained on April 18, 2016, after being called for a security interview at Erez crossing. The interview was requested by Israeli security after the patient applied for a permit to travel for follow up medical treatment at Najah University Hospital in Nablus. He had previously had surgery at the same hospital for an arterial graft and repair of a leg fracture in October 2015. After he applied for a new permit, the patient attended the security interview and later that day his family was informed by the Palestinian Authority of Civil Affairs that their son had been arrested and was scheduled for trial on June 1, 2016. The family was later informed by lawyers from al Mezan that he had been sentenced to 20 months imprisonment. The patient is being held at Bir Saba' prison and has not been able to see his family since his arrest.
May 2016 Mohamed Lebhaisi, 23, patient with vascular and nerve injuries in the foot due to live ammunition during a protest in the eastern border in November 2015	Detained on May 4, 2016, at Erez crossing while on his way back to Gaza after an outpatient clinic appointment in Barzilai hospital in Ashkelon, Israel. The patient, who had limited movement, was accompanied by his mother. On their return the patient and his mother were stopped by an Israeli border agent dressed in civilian attire, and asked to open their mobile phones. The phones were confiscated. They were then led to a hall where security personnel searched them and their belongings. The patient was then taken away by security personnel who told the mother that he would be returned in an hour or two but he was not returned. The patient was scheduled to appear in court on June 23, postponed to July 3. He was later sentenced to 12 months imprisonment, according to al Mezan.
June 2016 Usama Aiad, 36, father of ill child	Detained on July 7, 2016, at Erez as he was crossing with a valid permit to travel to Tel Hashomer Hospital to replace his wife as the companion for his 5-year-old son who was being treated for leukemia. The mother had spent 5 months in the hospital with the child. According to the family, Usama was sent to Nafha prison and is awaiting trial, scheduled for May 2017.
June 2016 Tareq al Haj, 41, father of young child who was bone marrow donor	Detained at Erez crossing on June 22, 2016, on his way back to Gaza from Tel Hashomer Hospital with his young son (30 months old). The child had been the bone marrow donor for his younger brother, 8 months old, for a familial immunity disease. The infant remained in Tel Hashomer Hospital with his mother for 3 months following the transplant. He was released after 15 days.

August 2016 Khalid Lidawi, 44, accompanying young daughter with metabolic disease	Detained on August 10, 2016, at Erez crossing. The father was accompanying his 10-year-old daughter to Hadassah Hospital in Jerusalem where the child had been previously been treated for a metabolic condition, accompanied by her father. The child's father was released after 6 days without charges. The family did not apply again for a permit, according to the Ministry of Health Directorate of Liaison and Coordination, Gaza.
September 2016 Mufeed Hissi, 60, brother of patient who was treated for hepatic coma	Detained at Erez crossing by Israeli forces on his return to Gaza on September 19, 2016. Mufeed had traveled on September 7 by ambulance to Makassed Hospital as the companion for his 47-year-old brother, who had liver disease and had been in a hepatic coma. After the patient's recovery, both the patient and his brother were returning to Gaza by ambulance. When they reached Erez crossing they were stopped by the Israeli security and Mufeed was detained and released 2 days later.



Patient waiting to travel through Rafah terminal. Photo credit: WHO

Health access via Rafah border with Egypt

The Rafah border was open for exit on only 38 days in 2016, allowing 1,690 patients to exit; 15% travelled by ambulance. For three months of the year (January, March and April), the terminal was closed completely including for humanitarian cases. Patients and companions represented 9% of the total number of travellers permitted to travel for humanitarian reasons. There were no medical delegates arriving to Gaza via Rafah in 2016 but some medical aid was transported in late 2016.

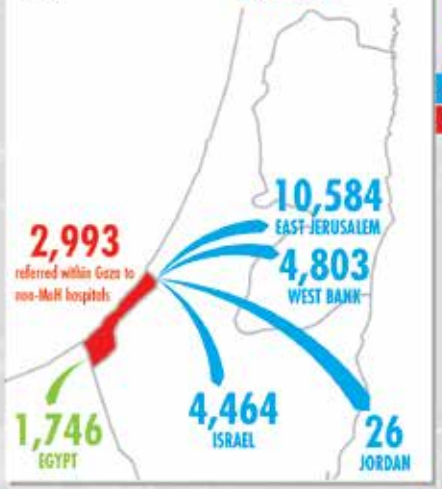
TIMELINE FOR GAZA PATIENT REFERRALS

World Health Organization
occupied Palestinian territory

Palestinian Ministry of Health (MoH) referrals

24,616 referrals for Gaza patients in 2016

19,877 required permits to cross Erez in 2016



1 MEDICAL DECISION

Doctor refers patient for treatment not available in Gaza MoH hospitals.

Regular cases: 7-2 days
Urgent cases: 1 day

2 MEDICAL APPROVAL

The Service Purchasing Unit (SPU), previously called the Referral Abroad Department (RAD), in Gaza medically approves decision for referral.

7-1 days
1 day

3 FINANCIAL APPROVAL

SPU in Ramallah medically and financially approves decision for referral.

7-1 days
1 day

4 APPOINTMENT DATE

SPU in Gaza requests an appointment from the receiving hospital. Hospitals give an appointment to SPU according to medical urgency. SPU informs patients of their appointment.

42-14 days
3-2 days

5 PERMIT APPLICATION

Patients or their relatives submit permit request to Palestinian Health Liaison Office (HLO) in Gaza.

5-2 hours
5-2 hours

Israeli Permits:

%62
Of **26,282** patient permit applications were approved, %31 delayed and %7 denied

%45 of permit applications were for female patients

One third of patients who required permits were children aged 17-0 years, who must travel with a parent or grandparent.

6 PERMIT PROCESS

The Israeli Coordination and Liaison Administration to the Gaza Strip (CLA) processes permit applications. Patients wait for a response by text through the HLO, which usually comes a day before their appointment date.

1 days
30-7 days

7 CROSSING EREZ CHECKPOINT

Patients pass through the de facto authority (4/4) checkpoint, Palestinian Authority (5/5) registration post and Israeli (Erez) checkpoint to exit Gaza, including a 1km corridor from the Palestinian to the Israeli terminals.
At the Erez terminal, patients undergo a body search, luggage search and permit checks. Patients and companions may be interrogated, arrested or detainted.

7-5 hours
7-5 hours

8 RECEIVING CARE

%60 of patients attending for healthcare require admission for in-patient stay. Further delays for patients can arise where services are overstretched and hospitals lack vacant beds.

9 TRAVEL BACK TO GAZA

Patients visiting West Bank hospitals must cross Qalandia checkpoint into Jerusalem, as well as having to pass through Erez checkpoint. Each checkpoint means further delays and the possibility of interrogation or arrest.

7-5 hours
7-5 hours

West Bank permits

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. The procedures differ from those in Gaza; Palestinians submit their requests to one of 15 local Palestinian District Coordination Offices in the West Bank, and receive responses within several days. Data from the General Authority of Civilian Affairs was not disaggregated between patient and companion, unlike in 2015, but estimating from previous years, patients represent half of total applications, Table 3.

While the number of Palestinians who applied for a permit to access a hospital for medical care through one of the 15 local Palestinian District Coordination Offices increased almost 5% from the previous year, Israeli approvals were 3% lower. One in five Palestinians who sought a permit to an East Jerusalem hospital or to hospitals in Israel was denied.

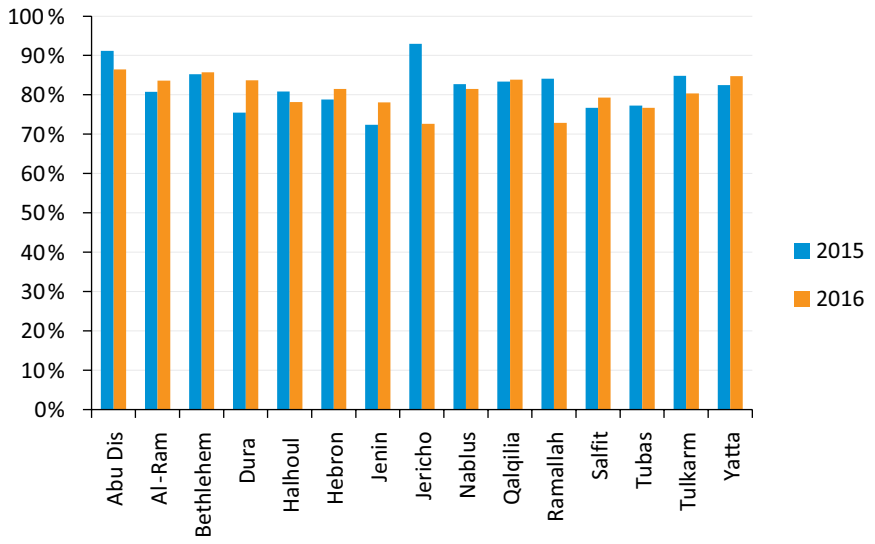
Table 3. West Bank patients' and companions' permit requests, by Israeli response, 2016

	2014		2015		2016	
	No.	%	No.	%	No.	%
Approved	178,499	77.4	151,842	83.2	153,241	80.3
Denied	40,782	17.7	30,694	16.8	34,468	18.1
Delayed	11,431	4.9	NA	NA	3,024	1.6
Total	230,712	100.0	182,537	100.0	190,733	100.0

Source: Palestinian General Authority for Civilian Affairs, West Bank.

Approval rates differed by district. Seven district offices reported lower approval rates of permits in 2016, compared to 2015; the Jericho district indicated the greatest drop in approvals of more than 20%, while eight offices reported higher rates.

Fig. 13: Israeli responses to patients permit requests, by district, 2015-2016



Source: General Authority for Civilian Affairs, Ramallah.



Patient transfer from an ambulance in the occupied Palestinian territory. Photo credit: WHO

Ambulances to East Jerusalem hospitals

Most ambulances transferring patients from the West Bank to East Jerusalem hospitals are routinely stopped at one of the three main checkpoints around Jerusalem, searched and prevented from direct travel to hospital. To avoid delaying health access, a Jerusalem-registered PRCS ambulance will meet the West Bank ambulance at the checkpoint for a back-to-back transfer procedure. The main provider of emergency services, the Palestinian Red Crescent Society, reported that the rate of ambulances allowed direct entry had fallen to only 9.3% of ambulances in 2016 from 15.9% in 2015. Direct entry was most difficult through Qalandia checkpoint, north of Jerusalem, Table 4.



People walking to Qalandia checkpoint. Photo credit: WHO

Table 4. PRCS ambulance access to East Jerusalem, by checkpoint, 2016

Ambulance origin	Route to enter Jerusalem	2016		
		total	Direct entry	Ambulance to ambulance
Nablus	Qalandia checkpoint	40	10	30
Qalqilya		3	1	2
Tubas		0	0	0
Tulkarem		5	3	2
AlBireh		1595	172	1423
Jenin		30	5	25
Hebron	Bethlehem checkpoint	560	62	498
Bethlehem		319	26	293
Jericho	Zaim checkpoint	34	4	30
Total		2586	283	2303
% denied direct entry			9.13%	90.87%

Source: Palestinian Red Crescent Society, 2016.

Hospital staff to East Jerusalem

Table 5. EJH hospital staff permit requests to access Jerusalem, 2016

Hospital	Total applied	Approved (6 mos)	Approved (3 mos)	Denied
St. Joseph Hospital	228	220	5	3
Princess Basma Hospital	57	57		
Makassed Hospital	734	703	10	21
Augusta Victoria Hospital	391	384	0	7
Red Crescent Society Maternity	123	123		
St John's Ophthalmic Hospital	106	106	0	0
Total	1,288	1,250	10	28

Source: East Jerusalem Hospitals.

Other Palestinian patients in vulnerable circumstances

Area C

Access to health services is restricted for the 172,104 people in Area C, which comprises 62% of the West Bank, and in the H2 area of Hebron near settlements. The separation wall, checkpoints, closed areas, and proximity to settlements for residents impede access, combined with the long distances to clinics for many residents of Area C. The scattered population are also hampered by poor roads and lack of public transportation which affects patients, health personnel and ambulances.[6]

Palestinian prisoners

Palestinian prisoners in Israeli civil prisons have access to health services under the supervision of the Israeli Ministry of Health only when they require and are referred for medical care outside of the prison. Otherwise their primary health care is administered by health personnel who are employees of the Israeli Ministry of Public Security, which operates the prison services, or of the Israeli Ministry of Defence, if they are held in a military detention center.[7]

[6] WHO, 2016. *Right to Health, crossing barriers to access health in the occupied Palestinian territory, 2014 - 2015*. Available at: http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_19231.pdf?ua=1

[7] Falk, R. 2012. *Report of the Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967*, A/HRC/25/67. Available at: http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session25/Pages/ListReports.aspx

Excluded from health entitlements

Thousands of Palestinian women with Gaza and West Bank IDs who are married to Palestinian citizens of Israel or to residents of East Jerusalem have been excluded from access to Israeli health care since 2003 when a special order was passed making family reunification in these cases unobtainable.[8] Israeli authorities have also made efforts to withdraw social benefits, which include health insurance, from the families of Palestinians in Jerusalem who have been accused of violence.



Head of WHO Office in the oPt and Head of WHO Gaza Office during a mission for a report on the health conditions in the occupied Palestinian territory, Gaza. Photo credit: WHO

Access for humanitarian health staff

WHO coordinates access for health personnel exiting or entering Gaza, including for WHO staff, Ministry of Health staff, staff of health partners, visiting medical missions and technicians of private sector medical companies. The approval rate for 314 requests was 48%, ranging between 33% for medical company staff to 87% for medical missions visiting Gaza. Processing times for requests are lengthy and require a minimum of 3 weeks.

Table 6. Requests for entry or exit through Erez checkpoint for health humanitarian staff, coordinated by WHO, 2016

2016	Requests	Approved	%	Denied	%	Pending	%
Out of Gaza: WHO staff	92	42	46%	27	29%	23	25%
Out of Gaza: MoH, health cluster partners	173	72	42%	19	11%	82	47%
Into Gaza: WHO staff (Jerusalem ID-holder)	16	9	56%	2	13%	5	31%
Into Gaza: International medical delegates	30	26	87%	0	0%	4	13%
Into Gaza: Medical companies (Jerusalem ID-holders)	3	1	33%	2	67%	0	0%
Total	314	150	48%	50	16%	114	36%

Source: WHO Gaza office.

[8] Daoud, N., Alfayumi-Zeadna, S., Jabareen, Y. 2016. *Lack of legal status as barrier to health care access: The case of Palestinian women spouses of Palestinian citizens of Israel*. SJD Abstract submitted on November 20, 2016 by Nihaya Daoud (nihaya.daoud@gmail.com)

Israeli COGAT (Coordination of Government Activities in the Territory) reported a 28% decrease (from 6,914 in 2015 to 4,985 in 2016) in issued permits of various kinds to Palestinian health personnel from the West Bank and Gaza to travel through Israeli checkpoints. (Of 3,165 applicants for travel permits out of Gaza for non-health "training, workshops and conferences" in 2016, only 11.6% were approved.)

Attacks on health

There were 43 separate occasions of attacks on health facilities or personnel reported during the year, all in the West Bank; no incidents were reported in Gaza. Eight to twelve clinic and emergency services personnel were injured by rubber bullets, tear gas, pepper spray or clubs. The Palestinian Red Crescent Society documented 52 incidents in which its ambulances were prevented from treating an injured person or delayed from ten minutes to one hour from transporting them to hospital.[9] Three UNRWA clinics were forcibly entered, and two were damaged in the raid, one by Palestinians and two by Israeli security forces. A fourth UNRWA clinic was damaged when Palestinians shot into the air during a funeral.

In December Israeli forces confiscated a caravan that was to be used as a primary healthcare centre in Al Mirkez community of Masafer Yatta, South Hebron, located in Area C, designated under Israeli civilian and military control.[10] The facility was provided by an international NGO, with donor funds from the Italian Development Cooperation, and staffed by a Ministry of Health doctor and nurse to provide essential services once a week to two communities, Al Mirkez and Al Halaweh, for a total of 203 people in a remote area that is difficult to access.

In contrast to the previous two years,[11] there were no reported attacks on Palestinian hospitals during the year.

Table 7. Attacks on health facilities and personnel in the oPt, 2016

Subject of attack	Persons injured	Facility damaged	Access prevented/ delayed*	Incursion into facility	Persons arrested	Facility confiscated
Hospitals						
Clinics		3		3		1
Ambulances	13	10	52		1 companion	
Pharmacies, other facilities				1		
Health personnel (not in health facility)			6			

Source: WHO database.

* Excluding ambulances delayed at checkpoints around Jerusalem.

[9] UNRWA, 2016. *UNRWA gravely concerned by death of young refugee in Israeli military operation*: Available at: UNRWA, August 2016, https://www.unrwa.org/newsroom/official-statements/unrwa-gravely-concerned-death-young-refugee-israeli-military-operation. (Accessed May 2017)

[10] WHO, 2016. *WHO and health partners stand in solidarity with vulnerable communities in Al Mirkez affected by the recent confiscation of a mobile health clinic caravan*: Available at: http://www.emro.who.int/pse/palestine-infocus/who-and-health-partners-stand-in-solidarity-with-vulnerable-communities-in-al-mirkez-affected-by-the-recent-confiscation-of-a-mobile-health-clinic-caravan-december-2016.html. (Accessed May 2017)

[11] WHO, 2016. *Right to health: Crossing barriers to access health in the occupied Palestinian territory 2014-2015*: Available at: http://www.emro.who.int/images/stories/palestine/documents/WHO_-_Access_Report_2014-15_-Final.pdf?ua=1&ua=1. (Accessed May 2017)

4. Conclusions and recommendations

Palestinian patients require an Israeli-issued permit to travel within the occupied Palestinian territory, and also to neighboring countries, for referral care. Despite growing international disapproval of the health barriers faced by Palestinians due to occupation, the most recent data collected by WHO shows that health access actually deteriorated in the occupied Palestinian territory in 2016 when compared to the previous year. The rate of approvals of patient permit requests declined in both the West Bank (83.2% to 80.3%) and Gaza Strip (77.5% to 62.1%).

The increased barriers to the right to health are likely due to a greater role taken by the Israeli security apparatus in rejecting requests from patients and their companions. Gaza health permit requests are now more often conditioned on interviews with security agents - the number of requests doubled in 2016 - and requests in both Gaza and the West Bank are denied most frequently for reasons of security. Under International Humanitarian Law, the occupying power should ensure that assistance and medical aid are rendered to any injured or affected persons at the earliest possible moment.

This WHO report is the fifth annual report that notes no significant progress has been made on its previous recommendations for improving health access in the occupied Palestinian territory.

In 2014, 2015 and 2016, WHO's governing body, the World Health Assembly, cited the WHO annual reports on health access and requested that a field assessment be conducted on health conditions in the occupied Palestinian territory to monitor progress. The latest assessment report which was submitted to the World Health Assembly for its May 2017 meeting concluded that while "many of the recommendations have been clear and explicit, … they seem to have resulted in very little concrete action to improve the situation. If the relevant authorities in Israel and Palestine are willing, a task force or working group could be set up with the aim to follow up on the recommendations from the World Health Assembly."

Children in Al-Shati' camp, Gaza. Photo credit: WHO



WHO welcomes initiatives to further advocate for respect for the protection of the right to health in the occupied Palestinian territory.

Based on the findings of 2017 report's, WHO proposes the following recommendations:

1. Consider establishing a task force with representatives from Israel and the Palestinian Authority with the aim to follow up on the recommendations from the World Health Assembly.

2. Israeli authorities have the following obligations under international law:

    - Establish procedures, which enable un-delayed access 24/7, for all Palestinian patients requiring specialized health care, including exit out of Gaza and access into Jerusalem, and which at the same time safeguard Israeli security concerns;

    - Establish procedures which ensure Palestinian health care personnel to be able to work, train and specialise in the oPt (the Gaza Strip and the West Bank, including East Jerusalem) and abroad.

    - Establish procedures which enable ambulances to have free access to patients and health care institutions without unnecessary delay. All procedures should be clear, consistent and predictable to all parties and criteria for permit approvals should be in writing and publicly accessible.

3. [Health workers]

    - Israeli authorities should ensure that health care workers have unhindered access to their workplace, and have possibilities for professional development and specialisation.

4. [Protection obligations]

    - All parties should adhere to the UN Security Council resolution 2286 (2016) stating relevant customary international law concerned with the protection of the wounded and sick, medical personnel engaged in medical duties, their means of transport and medical facilities.

    - Health care workers need to be respected and protected, and should not be prevented in their provision of health care to sick or injured patients. Information about this obligation to respect and protect health care workers and facilities and not to impede the provision of health care by preventing passage of medical personnel should be disseminated to security personnel at checkpoints and borders, armed forces and law enforcement personnel.

    - MoH and PRCS should continue to systematically document and monitor attacks on health care to ensure accountability of perpetrators.

5. [Prisoner health]

    - Israeli and Palestinian authorities should consider organising the prison health services independently from the prison services to ensure impartiality, and independent quality health services.

    - Security controlled Palestinian physicians should be allowed to visit patients regularly in Israeli prisons.

    - No one should be subjected to torture or to cruel, inhuman or degrading treatment or punishment. All complaints of torture should be investigated.

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