



Right to health

**Crossing barriers to access health in
the occupied Palestinian territory, 2013**

1. Background: WHO monitoring on access	5
2. Methodology	7
2.1 Data sources	7
2.2 Data limitations	7
3. Findings	9
3.1 Referrals	9
3.2 Access	16
3.2.1 Gaza patients	17
3.2.2 West Bank patients	21
3.2.3 Ambulance transfers	23
3.2.4 East Jerusalem Hospital staff	24
3.3 Case studies: experience of patients	25
4. Conclusions and recommendations	34

Tables

Table 1.	MoH referrals, by region, destination and access route, 2011-2013	11
Table 2.	Medical classification and frequency of referrals, by region, 2013	15
Table 3.	Applications for health access permits in West Bank and Gaza, by response, 2011-2013	16
Table 4.	Patient access through Rafah, 2013	17
Table 5.	Israeli responses to applications from Gaza patients for health access permits through Erez checkpoint, 2013	19
Table 6.	Reasons for delay of permit applications at Erez, 2013	20
Table 7.	Palestinian Red Crescent Society ambulance access to Jerusalem, 2013	23
Table 8.	East Jerusalem hospital staff permit applications, by response, 2012-2013	24

Figures

Figure 1:	Total MoH referrals, 2000-2013	9
Figure 2:	Referrals within the oPt compared to referrals outside, 2011-2013	10
Figure 3:	Percentage of change in referrals in oPt and outside, 2011-2013	10
Figure 4:	Trend in volume of MoH referrals, by destination, 2011-2013	12
Figure 5:	Trend in referral destinations, 2011-2013 (%)	12
Figure 6:	Distribution of West Bank and Gaza referrals, 2013	12
Figure 7:	Comparison of West Bank and Gaza referral destinations, 2013 (%)	13
Figure 8:	MoH referrals, by age group, 2013	13
Figure 9:	Sex differentials of MoH referrals, by region, 2011-13	14
Figure 10:	Access requirements for MoH referrals of West Bank and Gaza patients, 2011-2013	16
Figure 11:	Monthly record of travelers and patients/companions exiting Gaza through Rafah, 2013	18
Figure 12:	Israeli responses to Gaza patient applications for access through Erez, by age group, 2013	19
Figure 13:	Israeli responses to Gaza patient applications for access through Erez, by sex, 2013	20
Figure 14:	Gaza patients denied or delayed access permits through Erez, 2006-2013 (%)	20
Figure 15:	West Bank patients denied/delayed health access, by Israeli responses to Palestinian district office, 2013	21
Figure 16:	Reasons given for denying access permits to West Bank patients, October-December 2013	22
Figure 17:	Reasons given for denying access permits to West Bank patient-companions, October-December 2013	22

Background

The Palestinian Ministry of Health (MoH) refers patients in the West Bank and Gaza for specialized care if unavailable in local MoH hospitals, and financially supports their treatment in outside medical facilities. Most referrals are to private/non-profit health facilities in the occupied Palestinian territory, while one in five are to neighbouring countries: Egypt, Israel or Jordan. The aim of this WHO study is to examine the problems encountered by patients in 2013 in accessing needed health services due to the movement restriction policies imposed by the Israeli occupation.

WHO has been monitoring the barriers to health care access since 2003 and has advocated for full unrestricted access for Palestinian patients to health care facilities both within the occupied Palestinian territory (oPt), and beyond. Previous WHO annual reports highlighted problems with health access from Gaza in 2010 and from both Gaza and West Bank in 2011-12. WHO also issues detailed monthly reports about the access situation of Gaza patients.

Patients referred by the Palestinian Ministry of Health, and also private patients who are referred by private physicians and insured by other health insurance or self-funded, require Israeli-issued permits to travel to treatment outside Gaza or the West Bank. Patients and patient-companions are one of the few categories of Palestinians who may apply for Israeli-issued access permits.¹⁴¹ The restrictive permit system is enforced by physical barriers --- walls, fences and checkpoints --- imposed by Israeli military authorities on Gaza and West Bank residents, and made more restrictive after 2006. The permit system applies to patients who need to travel through checkpoints within the occupied Palestinian territory --- that is, between Gaza and the West Bank, including to East Jerusalem, as well as for travel to Israel and Jordan. Travel from Gaza to health facilities in Egypt or beyond requires access permission through Egyptian-controlled Rafah border, also vulnerable to frequent closures for political reasons.

This third annual report presents the most comprehensive quantitative and qualitative data available for 2013 concerning barriers experienced by West Bank and Gaza Palestinian patients, companions and health personnel in reaching hospitals outside of their region. Information on ambulance access and staff access to East Jerusalem hospitals is also included. 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. Also Israel is a Member State 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 international humanitarian law 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.

Right to health

No individual should be physically restricted from accessing health care in their country, or arbitrarily denied when they need to leave their country for health care abroad. The right to health is one of the most widely acknowledged and respected of human rights and enshrined in major international laws and conventions as a "fundamental human right indispensable for the exercise of most other human rights."

Article 56, Geneva Convention 1V; Article 12, International Covenant on Economic, Social and Cultural Rights; General Comment 14 (2000), Committee for Economic, Social and Cultural Rights.

Methodology

The study aimed to collect and examine the data from 2013 concerning barriers to patient access to referral health services due to the movement restriction policies imposed by the Israeli occupation. Information on the access barriers for ambulances and staff of East Jerusalem hospitals was also examined.

2.1 Data sources

Referrals: Baseline quantitative data on patient referrals were obtained from the Palestinian Ministry of Health on the number and estimated cost of referrals from Gaza and the West Bank in 2013, disaggregated by region, age, sex and destination hospital. Data on the medical service to which patients were referred, and the aggregate cost by medical classification of the services were also obtained.

Access: Data on Israeli responses to patients' permit applications to travel outside of Gaza through Erez checkpoint were obtained from the Palestinian Coordination Office in Gaza. Data on Israeli responses to all West Bank permit applications for health access were obtained from the Palestinian General Authority for Civil Affairs and disaggregated by district coordination offices. However, the West Bank data were cumulative for all health access applications, whether patients or patient-companions and others. To separate the data according to category of applicant, WHO recruited fieldworkers to visit the 15 district offices and collect the monthly data for the last quarter of 2013 according to a matrix of actual responses.

Ambulance data for access to Jerusalem were obtained from the Palestinian Red Crescent Society in the West Bank. Data on staff permits to travel to the East Jerusalem hospitals were obtained from the individual hospitals.

Cases: For a deeper understanding of the problems in accessing referral health care in 2013, interviews were conducted with 67 patients and patients' families in the West Bank (17) and Gaza (50) who had been denied permits (46) or delayed permits (21).

Case studies of patients were collected by field workers in Gaza and the West Bank through face-to-face or telephone interviews, after obtaining informed consent. Families were interviewed in the cases of children and in the cases of deaths of patients following denial or delay of access. Information collected by interviews was triangulated whenever possible with information from hospitals and Palestinian coordination offices.

2.2 Data limitations

Referrals: The Gaza Referral Abroad office of the Ministry of Health is operated under the authority of the Palestinian Ministry of Health Referral Abroad Department (RAD) in Ramallah. WHO reports on a monthly basis the data on Gaza referrals which are processed in Gaza. For end-of-year totals WHO uses data for Gaza referrals as reported by the RAD office in Ramallah which reflects the MoH final decisions about the destination hospital and financial coverage of patients, but which also includes Gaza ID holders who bypassed the RAD office in Gaza and applied directly through the Ramallah office.

The Palestinian MoH reports on estimated cost of referrals rather than the actual cost incurred in hospitals after a lengthy auditing process.

Access: Patient age and sex is not normally recorded by West Bank district offices when registering permit application data; therefore it was not possible to carry out sex and age disaggregation in order to examine groups experiencing greater likelihood of being denied or delayed.

Israeli responses to permit applications were collected from the Palestinian district offices as received and recorded as approved or denied. Not all district offices maintain digital archives of permit data; this necessitated manual collection of records and introduced risk of human error in data collection. Responses from one of the West Bank district offices could not be disaggregated by patient and companion due to a change in the office's recording methods in 2013. Therefore WHO estimated the 2013 approval rates for that office by applying the rates obtained from WHO's analysis conducted in 2012.

Data about patient access to Egypt in 2013 was obtained from different sources according to availability, either directly from the Emergency Medical Services (EMS) or indirectly from the International Cooperation Department of the Ministry of Health in Gaza, until the registration of patients and companions in the EMS was stopped and patients' and companions' travel was coordinated by the Ministry of Interior. Data were also obtained from the terminal authority directly, but registration methods and procedures differed among employees, especially for patient-companions, so this data should be used with caution.

Permit data are published on the website of the Coordinator of Government Activities in the Territories (COGAT), a unit in the Israeli Ministry of Defense, but are not disaggregated, and therefore not useful for triangulation with WHO data.

A draft of this report was sent to the COGAT authorities responsible for health access, prior to publication. No comments were received by publication date.

Endnotes

¹http://www.emro.who.int/images/stories/palestine/documents/WHO_Referral_Abroad_Report_Gaza_2010.pdf?u=1

²http://www.emro.who.int/images/stories/palestine/documents/WHO_Access_Report-March_5_2013.pdf?u=1

³<http://www.emro.who.int/pse/publications-who-monthly-referral-reports.html>

⁴Categories of eligible persons, criteria for eligibility and conditions of travel for applicants are different for residents of Gaza and of the West Bank and are not transparent nor subject to formal appeal.

⁵See: www.emro.who.int/palestine